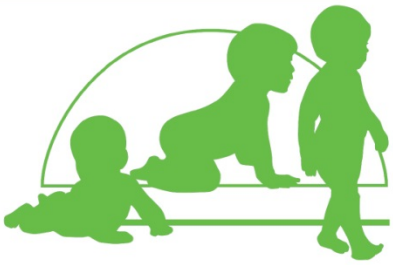
Washington State Department of Early Learning

Early Support for Infants and Toddlers



Washington State Part C
State Systemic Improvement Plan (SSIP)
Phase II

Table of Contents

Introduction

The Department of Early Learning (DEL) is the State Lead Agency for the Individuals with Disabilities Education Act (IDEA) Part C program for Washington State. Within DEL, the Part C programmatic home is the Early Support for Infants and Toddlers (ESIT) program.

During Federal Fiscal Year (FFY) 2014, Phase I of the Washington State Systemic Improvement Plan (SSIP) was completed by ESIT staff and the Phase I stakeholder leadership team. Phase I requirements included completing data and infrastructure analyses, identifying a focus area called the State Identified Measurable Result (SIMR), and developing broad improvement strategies and a theory of action.

The data analysis showed that Washington's child outcome summary (COS) data was lower in social-emotional skills and relationships when compared to data from other states. In-depth data analysis showed inconsistencies across the state in assessment and COS processes and early intervention services to address social-emotional concerns. The infrastructure analysis revealed both strengths and weaknesses in Washington's early intervention system.

The data and infrastructure analyses led to the development of the SIMR. Washington's SIMR is to increase the percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program. Broad improvement strategies and a theory of action (attachments A and B), based on the data and infrastructure analyses, were developed with the Phase I leadership team.

Phase II of the SSIP, developed in FFY 2015, focused on creating improvement and evaluation plans (see attachment C, "SSIP Action Plan" for details). All Phase II activities are built on the work completed in Phase I. The improvement plan includes specific activities, steps, resources needed, and timelines to implement the broad improvement strategies and achieve the intended outcomes. The plan focuses on improvements to the state infrastructure to better support local lead agencies, early intervention programs, and providers to implement evidence-based practices to improve the SIMR.

Technical assistance (TA) consultants supported the ESIT team in creating a logic model to inform the evaluation plan and refine the improvement plan. The process of developing the logic model included identifying inputs and outputs for each prioritized activity, and developing short-term, intermediate, and long-term outcomes (refer to attachment D, "Logic Model" for details). The evaluation plan describes how implementation activities and intended outcomes will be measured.

The following are the outcomes developed in Phase II:

Type of Outcome	Outcome Description
Short-term	Providers have improved understanding of Child Outcome Summary (COS) quality practices.
Short-term	Providers have improved understanding of social-emotional screening and assessment, Informed Clinical Opinion (ICO), and writing functional outcomes that support social-emotional development.

Short-term	Providers have knowledge and understanding of Promoting First Relationships (PFR) practices to improve social-emotional skills for infants and toddlers.
Intermediate	Teams complete COS process consistent with best practices.
Intermediate	Local lead agencies (LLAs) improve ability to analyze and use COS data.
Intermediate	Providers use strategies recommended in state guidance to link families to community services.
Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.
Intermediate	Teams develop functional Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.
Intermediate	Coaches provide support to providers on the use of PFR practices.
Long-term	Families will have access to community supports beyond early intervention services.
Long-term	Families and children will receive culturally appropriate and evidence-based social-emotional services.
Long-term	Families will have increased capacity to support and encourage their children's positive social-emotional development.
Long-term	Families and children will achieve their individual functional IFSP outcomes.
Long-term	Early Support for Infants and Toddlers (ESIT) and LLAs use data to implement relevant improvement strategies related to the SIMR.
Long-term	[SIMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program

The long-term outcomes are based on the outcomes developed in the Phase I theory of action. The theory of action has been revised to reflect the prioritizing that occurred in Phase II (refer to attachment E, "Revised Theory of Action"). In the Qualified Personnel strand, the activity to "recruit and retain diverse providers to represent the diversity of the children and families they serve" was removed. When activities were prioritized, it was determined this was beyond the scope of the SSIP project. Additional activities were added to this strand to reflect work at the local level to connect families to additional services in their communities. One long-term outcome was added to the theory of action: Families will have access to community supports beyond early intervention services.

Phase II Development Process

The Phase I leadership team was expanded in Phase II to include experts in the infant mental health field to advise and assist with SSIP planning, development and implementation (see attachment F for list of stakeholders). Members of the State Interagency Coordinating Council (SICC) and committee members from the data, family leadership and involvement, funding, and personnel and training committees participated. This team was integral to addressing Phase II requirements by providing insight, expertise and feedback that often reflected differing perspectives. The participants actively engaged in discussion of the activities and steps needed to improve the infrastructure and support providers in implementing evidence-based practices.

A DEL executive sponsor team, comprised of individuals from each division of DEL, provided advisory guidance (see attachment G). Throughout Phase II, OSEP funded TA consultants (see attachment H) assisted ESIT staff with completing Phase II activities.

In July of 2015, ESIT conducted a webinar to orient the leadership team to Phase II of the SSIP. A brief overview of Phase I was provided along with an introduction to Phase II. Following this webinar, the leadership team was divided into four action teams to address the four strands identified in the theory of action. Stakeholders made decisions as to which groups they would participate in, ensuring that each group consisted of individuals with knowledge and expertise in the particular topic. These strands included professional development for early intervention services, qualified personnel/partnerships and resources, assessment and accountability. Each action team met monthly from August 2015 to December 2015. In August, each action team developed a statement of work (see attachments I through L) to provide clarity about the work of the team. Action team members provided feedback on the Phase II terms of reference (see attachment M), which were developed to orient new members, define the roles and responsibilities of members, and describe stakeholder engagement and project communication. The statements of work included the purpose, scope, project activities and deliverables of each action team. The terms of reference included an executive summary and sections on project governance, stakeholder engagement, and project communications.

Action team 1 focused on professional development for early intervention services and consisted of 16 participants. Their purpose was to provide recommendations on enhancing the statewide system of professional development for early intervention services and designing a system of sustained follow-up support to ensure practices are implemented with fidelity. Stakeholders in this action team created a crosswalk to compare 15 evidence-based programs/models and curricula to specific Division of Early Childhood (DEC) Recommended Practices relating to social-emotional development, along with social-emotional practices compiled by the National Center for Systemic Improvement (NCSI) that operationalize the DEC practices. The activities of action team 1 included discussions and recommendations on the following:

- Selecting culturally appropriate evidence-based practices for supporting social-emotional development;

- Analyzing existing approaches/curriculum and selecting the model/approach that best supports implementation of the selected practices and aligns with other initiatives;
- Enhancing the professional development infrastructure to support implementation of practices with fidelity;
- Implementing early intervention evidence-based practices training; and
- Implementing a system of follow-up support for practitioners (mentoring, reflective supervision, observation, etc.) to ensure content of training and practices are implemented.

Action team 2 focused on qualified personnel/partnerships and resources and consisted of 16 participants. Their purpose was to provide recommendations to strengthen the expertise of current early intervention personnel to become infant mental health informed and partner with statewide initiatives to increase the availability of infant mental health specialists for consultation. The team explored building on the existing training avenues in Washington for home visiting and early intervention professionals, as well as the possibility for cross-disciplinary guidance to connect providers who serve infants and toddlers. The activities of action team 2 included discussions and recommendations on the following:

- Promoting infant mental health (IMH) endorsement for early intervention providers;
- Sharing IMH resources for all early intervention providers;
- Collaborating with Early Head Start and home visiting programs to increase access and knowledge of social-emotional development and resources; and
- Providing guidance on recruitment and retention strategies for diverse providers.

Action team 3 focused on assessment and consisted of 20 participants. Their purpose was to provide recommendations on enhancing statewide implementation of high-quality functional assessment and COS rating processes. Family involvement during assessment and the COS process itself were discussed and data from the DMS and provider polls were analyzed. The team found that both assessment and COS processes are inconsistent across the state and recommendations were made to improve quality and consistency. Many evaluation and screening tools were compared using a rubric to outline strengths, limitations, age range, cultural relevancy, time frame, administration and cost. The team ultimately recommended that the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) and the Ages and Stages Questionnaire: Social-emotional (ASQ-SE) as the tools to focus on for measuring social-emotional development. The activities of action team 3 included discussions and recommendations on the following:

- Initiating recommended social-emotional assessments in implementation sites;
- Improving the quality of the COS rating process;
- Engaging families as partners in assessment;
- Increasing appropriate use of informed clinical opinion (ICO) by early intervention teams in evaluations, including eligibility in the social-emotional domain; and
- Establishing consistent practices for social-emotional screening for all children in the implementation sites at intake.

Action team 4 focused on accountability and consisted of 13 participants. Their purpose was to provide recommendations to expand the general supervision and accountability system to support improving data quality, assessing progress, and improving results. State staff presented information to stakeholders on how Washington programs are using COS data for program improvement. It was determined that there was a need to develop systems for encouraging the use of data across the state. The team also discussed using the Center for IDEA Early Childhood Data Systems (DaSy) Framework to guide ESIT in developing and enhancing the data system. The activities of action team 4 included discussions and recommendations on the following:

- Implementing the DaSy Data Framework to enhance the ESIT data system;
- Improving data quality in the COS process;
- Using COS reports to analyze results and provide technical assistance;
- Local lead agency administrators using COS reports and tools to make program changes, increase compliance, improve performance, and assess progress; and
- Using data for state and local efforts- grant writing legislative/policy work.

In addition to the action team meetings, the DEL executive sponsor team met in July, August, October, November and December of 2015. ESIT gathered feedback and input from representatives of other DEL programs to maximize the possibilities of shared resources and collaboration. During each executive sponsor team meeting, ESIT provided updates on the work of each action team and members provided feedback on potential overlap with other projects and initiatives across DEL. This process was extremely valuable as it led to ideas on leveraging resources.

Another valuable stakeholder process was gathering feedback during quarterly meetings with the local lead agencies and SICC. Each quarter these groups received an update on SSIP with opportunities for discussion of topics. During these meetings, attendees were asked to give feedback on different components of the action team work as well as provide insight from the program/provider perspective. This feedback was helpful in prioritizing, planning and developing components of the SSIP.

In January, 2016, ESIT participated in a two-day site visit with TA consultants, which was critical to the development of the improvement plan, logic model, and evaluation plan. TA consultants supported ESIT to compile the recommendations from the action teams and prioritize activities so the plan is achievable. TA consultants have continued to provide intensive TA to further refine the plans.

ESIT determined that the infrastructure and data quality activities would be implemented statewide. In order to provide the funding and intensive training and technical assistance needed to implement the practice activities, implementation sites were selected for the first year. Federal funding will be re-allocated in subsequent years to expand implementation sites. ESIT will explore additional funding opportunities and develop a plan for scaling-up the practice activities statewide. The SIMR will continue to be statewide. ESIT is leveraging resources of the work that is happening in King County, the largest county in the state. The lead agency and some provider agencies have already begun implementing many of the components of this plan.

ESIT staff, with TA support, used the Hexagon Tool to develop questions to guide selection of implementation sites (http://implementation.fpg.unc.edu/resources/hexagon-tool-exploring-context). The following criteria were included: capacity, evidence, fit, need, readiness, and resources. Four sites were selected for initial implementation, and all four agreed to participate. The local lead agencies serve the following counties: Columbia and Walla Walla, Island, Pierce, and Yakima. This is a mix of large and small communities in western, central, and eastern Washington. Selecting Island, Pierce, and Yakima provided an opportunity to leverage resources. For example, the lead agency in Island County recently received a grant to support social-emotional work, Pierce County has funded training in the selected evidence-based practice to many providers, and Yakima has participated in an infant mental health pilot through the Department of Health.

A special SICC meeting and a DEL executive sponsor team meeting were held in March to gather input on the plan. A draft narrative was sent to SICC members and Phase II participants to provide written feedback. The variety of ways stakeholders were engaged in the Phase II process provided meaningful, valuable input to the plan.

Component 1: Infrastructure Development

1(a) Specify improvements that will be made to the State infrastructure to better support early intervention programs and providers to implement and scale up evidence-based practices to improve the state identified measurable result (SIMR) for infants and toddlers with disabilities and their families.

The Phase I infrastructure analysis revealed both strengths and weaknesses in Washington's early intervention system. Needs related to social-emotional outcomes were identified in the following infrastructure components: accountability, data, fiscal, governance, professional development, and quality standards. These needs informed the theory of action and selection of broad improvement strategies in Phase I and the work of the Phase II action teams.

During Phase II, the action teams and technical assistance (TA) consultants assisted the Early Support for Infants and Toddlers (ESIT) team to develop and prioritize infrastructure activities. Improvement activities related to infrastructure development were established to address the necessary supports to early intervention programs and providers to implement and scale up evidence-based practices to impact Washington's SIMR.

The following briefly describes the prioritized infrastructure activities. (See improvement plan section of attachment C "SSIP Action Plan" and attachment D "Logic Model" for additional details):

A key activity pertains to governance, as it is foundational to a high quality early intervention system. The Phase I infrastructure analysis indicated hindrances in authority and inconsistent implementation of Part C requirements. Concerns were identified related to Washington's decentralized early intervention system and governance structure. Statewide advocates brought concerns to the legislature, which led to Senate Bill 5879, signed by Governor Inslee on March 29, 2016 (see attachment N). Revised Code of Washington previously identified the Department of Early Learning (DEL) as the state Part C lead agency. This bill clarifies the authority of the lead agency, specifically stating that DEL develops and adopts rules that establish minimum requirements for Part C services. ESIT is in the process of developing Washington Administrative Code (WAC) for early intervention and updating the OSEP approved policies and procedures. Clarifying DEL's role as the state lead agency will greatly strengthen ESIT's ability to implement all other activities outlined in Phase II to lead to improvement of the SIMR.

Another key activity pertains to fiscal infrastructure. The Phase I infrastructure analysis identified a number of concerns with the fiscal system. ESIT has the responsibility for administering and supervising the statewide system but does not control the state funding for early intervention services. The federal funding ESIT receives has not kept pace with program growth. Public funding sources are inconsistent and the ability to bill insurance varies depending on the provider. ESIT has worked closely with stakeholders throughout the past two years to revise and implement an equitable funding formula for the Part C grant. With the help of statewide advocates, ESIT was awarded state funding by the legislature in 2015 for those Part C services that are not billable to another source. These funds are allocated to the field using the same funding formula. Health Care Authority (HCA) has funded a half-

time position to explore Medicaid financing strategies for accessing Medicaid as a sustainable resource for early learning initiatives, including ESIT.

In FFY 2016, ESIT will allocate federal Part C funding to support SSIP implementation at the state level and selected implementation sites. The state office will be adding an additional staff member to lead SSIP implementation. This will include coordinating with the Part C administrator regarding changes to infrastructure and resources needed, communicating with stakeholders and integrating feedback, and providing training and technical assistance to implementation sites. Funding for implementation sites will include support for training in evidence-based practices and social-emotional screening and assessment as well as coaching and reflective supervision. As SSIP is scaled-up to include additional implementation sites, funding will be allocated to new sites for training and ongoing support.

Several activities have been planned to address data quality. During the Phase I data and infrastructure analyses, concerns about data quality were identified. Specifically, there were concerns about the Child Outcome Summary (COS) rating process, including the accuracy of ratings. Statewide data analysis indicated that COS ratings for Outcome 3A (social-emotional skills) were high at entry, in particular for infants under age one. Families were inconsistently involved in the process. The in-depth data analysis revealed one region relied primarily on parent input for the ratings and had high ratings at entry, and another region relied primarily on professionals had low ratings.

ESIT will support local lead agencies (LLAs) statewide to produce high quality COS rating processes, analyze and monitor COS data quality, and use data to assess progress and make program adjustments. LLA administrators will receive technical assistance to improve their use of the Data Management System (DMS) COS reports. Improvements will be made to the DMS to give administrators better access to the data they need to make program adjustments. Early intervention providers statewide will complete COS training modules. Providers in implementation sites will participate in additional training on engaging families in the COS process. A select number of providers in implementation sites will be trained as coaches to monitor and support the COS process.

Phase I identified concerns about professional development. Specifically, lack of training, ongoing support, and funding for training were concerns. A statewide activity is revising ESIT's early intervention competencies to include social-emotional competencies. Activities at implementation sites include providing training and follow-up support to providers through coaching and reflective supervision.

Finally, the Phase II plan includes collaboration within the Department of Early Learning (DEL) for coordination of services that support social-emotional development, for infants and toddlers and their families, further described in section 1(b).

The combination of infrastructure activities will support the development of a sustainable early intervention system that improves the SIMR.

1(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start, and others which impact infants and toddlers with disabilities and their families.

The DEL executive sponsor team included the home visiting project manager, head start project administrator, representatives from a number of programs in the partnerships and collaboration division, and representatives from data governance, fiscal, professional development, and quality practice and professional growth. This group identified ways to leverage resources to improve the infrastructure to better support EIS programs and/or EIS providers to implement and scale up evidence-based practices to improve the SIMR**.**

ESIT will collaborate with DEL home visiting programs to support coordinated service delivery for children and families. A state level memorandum of understanding (MOU) and guidance to the field will be developed to ensure coordinated service delivery between DEL home visiting programs and early intervention. The guidance will include information on referrals, screening, follow-up, service coordination, teaming among multiple providers, and data sharing as appropriate. Implementation sites will revise or develop local MOUs and pilot the recommendations in the guidance. Early intervention providers will link families to other community services they are eligible for so that families have access to social-emotional supports in addition to early intervention.

ESIT and the DEL Home Visiting Services Account will share resources to provide training in evidence-based practice that supports social-emotional development (further described in section 2(a), and cross-disciplinary reflective supervision groups that include early intervention providers and home visitors. This collaboration will strengthen relationships at the local level and provide an infant mental health informed workforce in the implementation sites.

The DEL professional development team is another resource identified through the executive sponsor team meetings. This team is available to provide support and consultation to ESIT in the development of trainings and technical assistance materials. The DEL communications team has begun work with ESIT to restructure the website to be more user-friendly and a more effective method of communicating SSIP activities.

DEL is leading efforts to design a comprehensive birth to three system in Washington state, where race is no longer a predictor of success, and ESIT will be playing a critical role in the process. Many partners (including Thrive Washington, Department of Health (DOH), Department of Social and Health Services (DSHS), Health Care Authority (HCA), Office of Superintendent of Public Instruction (OSPI), Washington's ten Early Learning Regional Coalitions, DEL's Parent Advisory Group, and the Birth to Three Subcommittee of the Early Learning Advisory Council (ELAC)) are engaged in this work. The group will identify shared priorities for improving and expanding access to needed services, including early intervention, and implement strategies to improve collaboration and coordination between state and local partners.

The executive director of the Washington Association for Infant Mental Health (WA-AIMH) has been actively engaged in Phase II. ESIT will align the state's early intervention competencies with the WA-AIMH infant mental health competencies, and support providers to become WA-AIMH endorsed.

Refer to attachment C, the improvement plan section of the "SSIP Action Plan" for a detailed outline of activities, steps, resources, and timelines related to these initiatives.

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

The ESIT team is responsible for implementing changes to the infrastructure, obtaining resources, tracking outcomes, and ensuring the timeline for completing improvement efforts is followed. The ESIT team includes the Part C Coordinator, Program Consultants, Program Specialist, Data Manager and Assistant Data Manager. DEL is the State Lead Agency, and ESIT is the Part C programmatic home within DEL. The ESIT program resides in the Partnerships and Collaboration Division. The DEL Director and the Assistant Director of Partnerships and Collaboration approve actions to infrastructure, obtaining resources, and improvement efforts.

The plan for Phase III includes identifying an SSIP coordinator to oversee the implementation activities and timelines. This will involve ongoing communication with DEL leadership, the ESIT team, the implementation sites, and stakeholders.

Each implementation site will form a local leadership team to develop and implement a local plan.

The resources needed and timelines for completing improvement efforts are described in attachment C, improvement plan section of the "SSIP action plan."

1(d) Specify how the State will involve multiple offices within the Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

In Phase II, ESIT established a DEL executive sponsor team, comprised of individuals from each division of DEL, to provide advisory guidance. The purpose of this group was to gather feedback and input from representatives of other DEL programs, to maximize the possibilities of shared resources and collaboration. As described in section 1(b), this group led to opportunities to leverage resources within the agency.

ESIT invited members of the State Interagency Coordinating Council (SICC), including representatives from several state agencies, to participate on action teams. A representative from the state education agency, Office of Superintendent of Public Instruction (OSPI) was an active participant on action team 4, providing valuable feedback on data quality activities. A representative from the Department of Social and Health Services (DSHS), Children's Administration, participated on action team 3, providing feedback on statewide screening efforts for children who have experienced abuse or neglect. Representatives from the Department of Health (DOH) provided input on collaboration opportunities for developmental screening and family involvement. Representatives from the Department of Services for the Blind (DSB) and Center for Childhood Deafness and Hearing Loss (CDHL) provided input on assessment activities that capture the unique needs of children with sensory loss. A representative from the state Medicaid agency, Health Care Authority (HCA), and from the Office of the Insurance Commissioner (OIC), provided input on the overall plan and shared ideas about potential strategies to build the fiscal infrastructure. Representatives from higher education (University of Washington and Central Washington University) shared important feedback and ideas about evidence-based practices and professional development.

In addition, Phase II included a variety of additional stakeholders, including parents, local lead agency administrators, early intervention providers and agency administrators, infant mental health specialists, and family resources coordinators.

Stakeholder feedback has been an extremely valuable process in both phases of the SSIP work. Moving into Phase III, ESIT will invite the stakeholders who have been involved to continue to provide feedback on infrastructure improvement activities. Some examples are the following:

- DEL Rules Coordinator will lead the rulemaking process and consult on related activities,
- SICC finance committee will continue exploring, with HCA, billing options for targeted case management for family resources coordination,
- SICC data committee members will provide input on guidance materials, and
- SICC personnel and training committee will provide input on social-emotional competencies.

(Refer to attachment C, the improvement plan section of the "SSIP Action Plan" for additional detail).

ESIT will communicate updates and gather stakeholder input through the DEL website, email, webinars, and in-person meetings, and commits to closing the feedback loop. Stakeholders requested an SSIP glossary to improve their understanding of the numerous acronyms and unfamiliar terminology of Phases I and II (see attachment O), which is a useful communication tool.

Each implementation site will develop a local leadership team that includes a variety of stakeholders from the implementation site communities. Each site will have a communication loop within their site and to report back and provide feedback to ESIT.

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

2(a) Specify how the State will support early intervention programs and providers in implementing the evidence-based practices (EBPs) that will result in changes in Lead Agency, early intervention program, and early intervention provider practices to achieve the state identified measurable result (SIMR) for infants and toddlers with disabilities and their families.

The improvement plan includes several ways in which providers will be supported in implementing the evidence-based practices that will result in changes in practices to impact the SIMR.

Quality screening and assessment results are critical to identify children who need intervention for social-emotional concerns. As discussed in section 1(a), data analysis indicated that Child Outcome Summary (COS) ratings for social-emotional skills were high at entry, in particular for infants under age one. If social-emotional concerns are not being identified, then families are not receiving the necessary supports to address needs in this area. ESIT surveyed providers statewide to learn which screening and assessment tools were already in use. Action team 3 provided feedback on the strengths and limitations of each tool (see attachment P). The team recommended the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) and the Ages and Stages Questionnaire: Social-emotional (ASQ-SE) as the most impactful and culturally appropriate tools for measuring social-emotional development. ESIT will update guidance to include best practice in social-emotional assessment, family engagement during assessment, using informed clinical opinion for eligibility when social-emotional concerns are identified, and writing functional outcomes that incorporate typical settings and the parent-child relationship as contexts for outcomes and strategies. ESIT will develop training for providers at implementation sites on these topics. The training materials will then be available for scale-up statewide. These activities will lead to children with social-emotional needs being accurately identified at intake so they receive the services they need.

In addition to the screening and assessment activities, ESIT will provide training in an evidence-based model. To narrow down models to choose from, ESIT first surveyed providers statewide to learn which models were already in use. With help from technical assistance (TA) consultants, ESIT identified social-emotional practices to crosswalk with the models used throughout the state (see attachment Q). These were from the Division of Early Childhood (DEC) Recommended Practices along with social-emotional practices compiled by the National Center for Systemic Improvement (NCSI). The practices include the following:

DEC Recommended Practices - Interactional Practices

- INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.

- INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

- INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

NCSI Specific social-emotional practices that operationalize the DEC Recommended Practices:

- Provision of social-emotional developmental guidance
    - Information about developmental expectations
    - Identification of emerging strengths
    - Assistance with caregiving strategies
    - Discussions of limit setting for non-adaptive behaviors
- Modeling of coping and regulation
    - Interacting with caregiver and the young child—exhibiting patience, compassion, understanding
    - Re-framing/reinterpreting behaviors
    - Speaking for the baby
- Provision of relational guidance
    - Encouraging understanding during spontaneous interactions
    - Helping caregiver to think about child's experience of the world
    - Encouraging pleasurable interactions between caregiver and child
- Modifying parenting behaviors
    - Skill based practical work
    - Getting on the floor with caregivers and young children
    - Videotaping and reviewing with parents
    - Instruction sheets (knowledge based) do not work as well as practice

Action team 1 identified Promoting First Relationships (PFR) as the evidence-based model that best implements the above social-emotional practices, and applies to a broad range of children rather than a specific diagnosis. PFR aligns clearly with all of the social-emotional practices (http://pfrprogram.org/).

All providers in implementation sites will participate in level-one knowledge building training through a two-day learner's workshop. This training is designed to give service providers knowledge about using PFR within one's own practice. The training includes:

- Elements of a healthy relationship;
- Attachment theory and secure relationships;
- Contingent and sensitive caregiving;
- Baby cues and non-verbal language;
- Understanding the world from the child and parents' point of view;
- Reflective capacity building;
- Development of self for infants and toddlers;
- PFR consultation strategies;
- Challenging behaviors and reframing the meaning of behavior; and
- Intervention planning development.

Those who complete level-one training will be matched with a coach within their agency or community who will support them in implementing key social-emotional practices supported by PFR training into their practice. The coach will use an adapted checklist to provide feedback about the use of social-emotional practices during a visit with a family. In addition, some of the providers will participate in reflective practice groups, to further discuss, reflect on, and develop their skills. Reflective practice with colleagues will support providers to implement social-emotional practices supported by PFR. Local implementation teams will create a plan for sustainability of coaching and reflective practice groups.

A select number of providers will continue to level-two, skill building. This level starts with six weeks of on-line training that includes an implementation manual, PFR video series, and weekly sessions with a PFR mentor to reflect on PFR infant mental health essentials. The videos demonstrate the PFR practice with four parent-child dyads and two child care providers; the series provides an in-depth discussion of PFR and is narrated by the developer Dr. Jean Kelly. During the next 10 weeks, trainees will be mentored weekly as they implement PFR with a caregiver and child. Sessions will include reflection on videos of the interactions that trainees upload to a secure website, and discussion about how to implement the PFR concepts and consultation strategies. Those completing level-two will reach fidelity to PFR if the provider demonstrates the PFR practices as observed by the mentor.

In addition, at least one provider per implementation site will continue to level-three, train-the-trainer. These individuals will be able to mentor future trainees to support sustainability of the evidence-based model.

As previously described, a number of criteria were used to select implementation sites, including readiness and capacity. The sites that have been selected have demonstrated both readiness and capacity to incorporate training for all providers in their systems. Pierce County is the largest of the implementation sites, and they have already trained two-thirds of their providers in PFR in the past three months. Island and Yakima have participated in other social-emotional initiatives, and Columbia-Walla Walla has grown as a lead agency and demonstrated readiness to try new initiatives. The infrastructure activities will allow ESIT to scale-up and provide training to additional implementation sites.

These activities will ultimately lead to an improved understanding of social-emotional development that will positively impact the use of social-emotional screening and assessment and evidence-based practices. Ultimately, families and children will receive culturally appropriate and evidence-based social-emotional services and will have increased capacity to support and encourage their children’s positive social-emotional development to achieve their individual IFSP outcomes.

2(b) Identify steps and specific activities needed to implement the coherent improvement strategies including communication strategies; stakeholder involvement; how identified barriers will be addressed; who will implement activities and strategies; how the activities will be implemented with fidelity; the resources that will be used to implement them; and, timelines for completion.

Communication with stakeholders will continue to be a priority during Phase III. ESIT will communicate updates and gather stakeholder input through the DEL website, email, webinars, and in-person meetings, and commits to closing the feedback loop. Stakeholder input will be incorporated in the development of guidance and training materials.

Each implementation site will establish a local leadership team that includes a variety of stakeholders from the community. Each leadership team will develop an implementation plan. Each site will have a communication loop within their site and to report back and provide feedback to ESIT.

The improvement activities will be implemented with fidelity as described in section 2(a). Barriers will be addressed by the leadership team and ESIT through ongoing discussion and brainstorming.

The resources needed and timelines for completing improvement efforts are described in the improvement plan section of attachment C, “SSIP action plan.”

2(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the State Education Agency (SEA) to support EIS providers in scaling up and sustaining the implementation of EBPs once they have been implemented with fidelity.

As discussed in section 1(d), Phase II included stakeholders from the State Interagency Coordinating Council (SICC), with representatives from several state agencies participating on action teams. ESIT will invite these stakeholders to continue their involvement in Phase III.

Phase II also included involvement from multiple programs within the state lead agency through the DEL executive sponsor team. The DEL executive sponsor team meetings will continue in Phase III and will allow for identification of strategies to support scaling up and sustaining the implementation of EBPs.

In Phase III, ESIT will invite the stakeholders who have been involved to continue to provide feedback on evidence-based practice activities. Some examples are the following:

- Consultation with DEL professional development team for support to develop training materials and activities,
- Consultation with DEL professional development team to align coaching system with DEL coaching framework that is already in place, and
- Collaboration with University of Washington to provide training on PFR and mentoring for providers to reach fidelity.

(Refer to attachment C, the improvement plan section of the “SSIP Action Plan” for additional detail).

Phase II Component #3: Evaluation

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in state identified measurable result (SIMR) for infants and toddlers with disabilities and their families.

After working with the four action teams to identify implementation activities, the Early Support for Infants and Toddlers (ESIT) program participated in a two-day on-site visit with technical assistance (TA) consultants. During the visit, TA consultants supported ESIT to combine the recommendations and prioritize activities that would have the greatest impact on the SIMR. TA consultants supported ESIT in creating a logic model to inform the evaluation plan and refine the improvement plan. The process of developing the logic model included identifying inputs and outputs for each prioritized activity, and developing short-term, intermediate, and long-term outcomes. The outcomes were based on the expected results of the activities. (Refer to attachment D, "Logic Model" for additional detail.)

ESIT received intensive TA to continue refining the logic model and develop the evaluation plan, which includes measurements of the outputs and outcomes. Measurements were developed by forming questions and establishing performance indicators to indicate whether the outcomes will be achieved. TA consultants helped ESIT prioritize the outputs and outcomes to measure so the evaluation plan is achievable.

The evaluation plan is closely aligned with the theory of action. Action team members identified implementation activities needed to implement the broad improvement strategies developed in Phase I. These strategies were embedded in the Phase I theory of action. The outputs were developed from the implementation activities, to determine how ESIT would measure whether the activities occurred. The outcomes were developed to measure whether each intended outcome will be achieved. Three of the five long-term outcomes were identified in the Phase I theory of action as the outcomes for children and families that would lead to the SIMR. As discussed in the introduction, an additional long-term outcome was incorporated into the theory of action (refer to attachment E, "Revised Theory of Action"). The ultimate long-term outcome is the SIMR.

Refer to the introduction for a list of the short, intermediate, and long-term outcomes, and refer to attachment C, the "SSIP Action Plan" for a detailed outline of the evaluation plan.

The evaluation will be handled internally by ESIT and Department of Early Learning (DEL) staff. The ESIT team includes the Program Administrator, Data Manager, Assistant Data Manager, Program Consultants and SSIP Coordinator. The DEL Research Director will provide support and guidance on use of data for program improvements. There are sufficient resources within DEL and ESIT to conduct the evaluation.

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

ESIT utilized stakeholder meetings in February with local lead agencies (on both the east and west sides of the state) and the State Interagency Coordinating Council (SICC) to gather input on the logic model.

A special SICC meeting and a DEL executive sponsor team meeting were held in March to gather input on the entire plan, including the evaluation plan and timelines. Stakeholders had concerns about the feasibility of the plan which led to prioritizing which outputs and outcomes to measure.

Communication with stakeholders will continue to be a priority during Phase III. ESIT will communicate updates and gather stakeholder input through the DEL website, email, webinars, and in-person meetings, and commits to closing the feedback loop.

Each implementation site will develop a local leadership team that includes a variety of stakeholders from the community. Each site will have a communication loop within their site and to report back and provide feedback to ESIT.

Stakeholders will be involved in reviewing the evaluation results and providing input on modifications needed mid-course to the improvement and evaluation plans. The SICC data committee will be closely involved with this process. Statewide stakeholders will be involved for the statewide implementation activities, and stakeholders from the local implementation sites will be involved for the activities that are specific to implementation sites.

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

A number of the evaluation questions will be answered using methods already in place such as the Data Management System (DMS) and online Individualized Family Service Plan (IFSP). Some evaluation methods will require revisions to existing tools, such as the ESIT self-assessment tool and development of new reports in the DMS. ESIT will work with TA consultants to adapt existing measures including the Child Outcome Summary-Team Collaboration tool (COS-TC) and the Early Childhood Outcomes Family Outcome Survey-Revised (ECO FOS-R). Others will require the development of new methods such as post-training surveys.

Short-term outcomes will be primarily measured with post-training surveys as they all relate to providers having increased knowledge. Training on coaching, social-emotional screening and assessment, COS quality practices, writing functional outcomes and training in Promoting First Relationships (PFR) will be measured this way.

Intermediate outcomes will be measured through a variety of methods. Providers will enter data into the DMS through the online IFSP; this will be used to measure the use of social-emotional screenings and assessment tools and collaboration with community programs that support social-emotional development. An adapted version of the Child Outcome Summary-Team Collaboration (COS-TC) will be used to measure whether the COS process is implemented consistent with best practice to improve COS data quality. A coach (peer or supervisor) will observe home visits to complete the COS-TC. The ESIT self-assessment tool will measure whether teams are developing functional IFSP outcomes that address social-emotional development. Local teams will complete the self-assessment and submit the results to ESIT.

Long-term outcomes will also be measured in a variety of ways, including video observation and review of early intervention services by a coach. Another method is the ECO FOS-R with the addition of a few items. The SIMR will be measured through child outcome data for indicator 3A, social-emotional. This data is collected at entry to and exit from early intervention, using the COS process.

As discussed in component 2, PFR is the evidence-based model that was selected to address social-emotional concerns. All early intervention providers in implementation sites will complete level-one PFR training. Providers will have a coach who will support them in implementing key social-emotional practices supported by PFR training into their practice. The coach will use an adapted checklist to provide feedback about the use of social-emotional practices during a visit with a family. This will help ensure that providers are implementing social-emotional practices as intended. A select number of providers will continue to level-two, skill building, which includes mentoring directly from PFR trainers at the University of Washington. Those completing level-two will reach fidelity to PFR if the provider demonstrates the PFR practices as observed by the mentor.

For more information, refer to attachment C, the “SSIP Action Plan” for a detailed outline of the evaluation plan.

As discussed in the introduction, four implementation sites were identified to pilot intensive training and TA activities. These sites were carefully selected to represent the state's demographics and geography. The sites include urban and rural as well as east and west locations. The local implementation teams will be responsible for reporting data to the state office. This includes tracking providers attending the trainings and ensuring that post-training surveys are completed.

ESIT will be responsible for adapting and developing new measures, collecting and analyzing data, and determining mid-course modifications needed. Prior to implementing evaluation components, ESIT will develop a detailed process for analyzing evaluation data.

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

ESIT is working to create a culture of data use throughout the state. After attending the child outcomes data quality intensive TA meeting, Program Consultants began providing TA on data use to local lead agencies.

ESIT will review data regularly throughout Phase III, both statewide and disaggregated by implementation sites. (Refer to attachment C, the "SSIP Action Plan" for a detailed timeline of evaluation activities.) The ESIT team, including the Data Manager and Assistant Data Manager, will participate in the review. Program Consultants will continue to work directly with local lead agency administrators to review data. The SSIP Coordinator will discuss evaluation data directly with the local implementation teams.

Evaluation results data will be used to make mid-course adjustments to the improvement plan activities at the state level and at the local level in implementation sites. Stakeholders will be involved in reviewing the evaluation results and providing input on modifications needed. The SICC data committee will be involved with this process.

Phase II Component #4: Technical Assistance and Support

4) Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: infrastructure development; support for EIS programs and providers implementation of EBPs; evaluation; and stakeholder involvement in Phase II.

The technical assistance (TA) provided by the OSEP funded consultants working with ESIT has been fantastic and extremely helpful. TA consultants have supported ESIT through every aspect of Phase II, and have been critical to the planning process. The two-day site visit was valuable to help ESIT consolidate and prioritize activities. The TA consultants have gone above and beyond to provide intensive support for the creation of the improvement plan, logic model, and evaluation plan.

ESIT requests continued support from the knowledgeable team of consultants for Phase III. Support is needed for the infrastructure development activities, in particular for the governance and data quality activities.

ESIT will use Early Childhood Technical Assistance (ECTA) Center and The Center for IDEA Early Childhood Data Systems (DaSy) resources as guides for developing materials and trainings. It will be helpful if the consultants review and provide feedback on materials as well.

Assistance will also be helpful for the process of evaluating the effectiveness of the improvement activities and outcomes.

Washington State Broad Improvement Strategies

As the result of data and infrastructure analyses, the broad improvement strategies identified below will address the key areas of need within and across the statewide system. By implementing these broad improvement strategies, the percentage of infants and toddlers with disabilities who substantially increase their rate of growth in positive social-emotional skills, including social relationships, will improve by the time they exit the early intervention program.

1. **Professional Development**
   Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

2. **Fidelity of Implementation**
   Develop a system of follow-up support for practitioners to ensure content of training and practices are implemented with fidelity.

3. **Qualified Personnel**
   Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and who are able to provide culturally appropriate services.

4. **Partnerships and Resources**
   Collaborate and share resources with Early Head Start (EHS), home visiting, and other state and local initiatives to increase access to services and resources for families, and training for early intervention practitioners on social-emotional skills and social relationships.

5. **Assessment**
   Enhance statewide implementation of high-quality functional assessment and Child Outcome Summary (COS) rating processes.

6. **Accountability**
   Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

Washington State Department of Early Learning

Theory of Action

Early Support for Infants and Toddlers

Strands of Action	If DEL/Early Support for Infants and Toddlers	Then Local Lead Agencies and/or Early Intervention Program Administrators	Then Early Intervention Providers	Then Families and Children	Then
Professional Development for Early Intervention Services	…enhances the statewide system of professional development for early intervention services and designs a system of sustained follow-up support to ensure practices are implemented with fidelity….	…will assure ongoing support and supervision of the personnel who are providing culturally appropriate, evidence-based services for children with social-emotional needs…	…will create high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and implement evidence-based practices, including coaching parents and caregivers, to address social-emotional needs of all children…	…will receive culturally appropriate and evidence-based social-emotional services, …will have increased capacity to support and encourage their children's positive social-emotional development, and …will achieve their individual IFSP outcomes.	**…there will be an increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program.**
Qualified Personnel	…strengthens the expertise of current early intervention personnel to become infant mental health informed, and partners with statewide initiatives to increase the availability of infant mental health specialists for consultation…	…will support early intervention personnel to become infant mental health-informed practitioners and make efforts to recruit and retain diverse providers…	…will have more knowledge about infant mental health-informed practices, have access to infant mental health specialists for consultation, and represent the diversity of the children and families they serve…		
Assessment	…enhances statewide implementation of high-quality functional assessment and COS rating processes…	…will-provide ongoing support and supervision of the implementation of high-quality, functional assessment and COS rating processes…	…will (1) use appropriate assessment tools to identify infant or toddler social-emotional needs, (2) use multiple sources of assessment information, (3) include families in both the assessment and COS rating processes, and (4) use Informed Clinical Opinion to determine eligibility in the social-emotional domain…		
Accountability	…expands the general supervision and accountability system to support improving data quality, assessing progress, and improving results…	…will review and utilize COS reports to determine if (1) training is needed to improve data quality, (2) children are making sufficient progress in their early intervention program, and (3) make program-level improvements as appropriate...	…will provide accurate and consistent COS data, assess progress of children served, and make practice adjustments…		

Attachment C

Washington Part C SSIP Action Plan

I. State: Washington

II. Part C

III. State SSIP Planning Team Members, Role and Organization Represented

SSIP Planning Team Member	Role	Organization
Laurie Thomas	Early Support for Infants and Toddlers (ESIT) Program Administrator	Department of Early Learning (DEL)
Debi Donelan	ESIT Program Consultant	DEL
Susan Franck	ESIT Program Consultant	DEL
Kathy Grant-Davis	ESIT Program Consultant	DEL
Terri Jenks-Brown	ESIT Assistant Data Manager	DEL
Linda Jennings	ESIT Program Specialist	DEL
Bob Morris	ESIT Data Manager	DEL
Adrienne O'Brien	ESIT Program Consultant	DEL

IV. State-Identified Measurable Result(s)

Increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills by the time they exit the early intervention program.

V. Improvement Strategies

1. **Professional Development**
   Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

2. **Fidelity of Implementation**
   Develop a system of follow-up support for practitioners to ensure content of training and practices are implemented with fidelity.

3. **Qualified Personnel**
   Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and who are able to provide culturally appropriate services.

4. **Partnerships and Resources**
   Collaborate and share resources with Early Head Start (EHS), home visiting, and other state and local initiatives to increase access to services and resources for families, and training for early intervention practitioners on social-emotional skills and social relationships.

5. **Assessment**
   Enhance statewide implementation of high-quality functional assessment and Child Outcome Summary (COS) rating processes.

6. **Accountability**
   Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

VI. SSIP Improvement Strategy and Evaluation Details

A. Intended Outcomes

Type of Outcome	Outcome Description
Short-term	Providers have improved understanding of Child Outcome Summary (COS) quality practices.
Short-term	Providers have improved understanding of social-emotional screening and assessment, Informed Clinical Opinion (ICO), and writing functional outcomes that support social-emotional development.
Short-term	Providers have knowledge and understanding of Promoting First Relationships (PFR) practices to improve social-emotional skills for infants and toddlers.
Intermediate	Teams complete COS process consistent with best practices.
Intermediate	Local lead agencies (LLAs) improve ability to analyze and use COS data.
Intermediate	Providers use strategies recommended in state guidance to link families to community services.
Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.
Intermediate	Teams develop functional Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.
Intermediate	Coaches provide support to providers on the use of PFR practices.
Long-term	Families will have access to community supports beyond early intervention services.
Long-term	Families and children will receive culturally appropriate and evidence-based social-emotional services.
Long-term	Families will have increased capacity to support and encourage their children's positive social-emotional development.
Long-term	Families and children will achieve their individual functional IFSP outcomes.
Long-term	Early Support for Infants and Toddlers (ESIT) and LLAs use data to implement relevant improvement strategies related to the SIMR.
Long-term	[SIMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development.

B. Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
1. Infrastructure: Early Support for Infants and Toddlers (ESIT) clarifies roles and responsibilities of Department of Early Learning (DEL) as Washington Part C lead agency to support implementation of the State Systemic Improvement Plan (SSIP).	1. ESIT includes SSIP requirements in local lead agency contracts. 2. DEL/ESIT writes Washington Administrative Code (WAC) for early intervention. 3. ESIT updates policies and procedures. 4. ESIT trains statewide on WAC and updated policies and procedures.	ESIT Policies and Procedures Part C Federal Regulations Current local lead agency contracts WA State rulemaking procedures	Department of Early Learning (DEL) and ESIT staff	1. April-June, 2016 2. WA rulemaking process April, 2016-January, 2017. 3. Public participation period for updated policies and procedures: February 24-April 25, 2016. Submit to OSEP with federal application by April 21, 2016, 4. Training on WAC and policies and procedures: January-June, 2017.	DEL Rules Coordinator will lead the rulemaking process and consult on related activities.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
2. Infrastructure: ESIT accesses expertise of stakeholders in the field and allocates federal funding to support SSIP implementation at state level and selected local implementation sites.	1. ESIT hires an SSIP Coordinator to: a. Facilitate SSIP activities with local implementation sites; and, b. Develop implementation leadership teams to lead activities at the local level. c. Develop local implementation plans to guide activities and use strategic planning for sustainability. d. Develop communication protocols with implementation teams for sharing information and decisions. e. Develop feedback loops to quickly resolve unexpected issues with implementation. 2. ESIT provides funding to implementation sites: a. To support personnel as coaches; and, b. For training and materials. 3. ESIT explores funding opportunities to scale-up statewide.	Part C grant	ESIT staff and local implementation teams	1. July-September 2016 a. July, 2016-June, 2017 b. April-July, 2016 c. July-September, 2016 d. July-September, 2016 e. July-September, 2016 2. July, 2016-June, 2017 3. July, 2016-June, 2018	Health Care Authority (HCA) has funded a half-time position to explore Medicaid financing strategies for accessing Medicaid as a sustainable resource for early learning initiatives, including ESIT. The SICC finance committee will continue exploring, with HCA, billing options for targeted case management for family resources coordination.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
3. Infrastructure: ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment.	1. ESIT develops a mechanism to track completion of COS training modules. 2. ESIT requires early intervention providers statewide to complete COS training modules. 3. ESIT develops training on engaging families as partners in assessment. 4. ESIT provides training to providers at implementation sites. 5. ESIT enhances Data Management System (DMS) to accurately reflect family involvement in the COS process.	COS training modules Family Engagement Practices Checklist Child outcomes data quality intensive TA cohort DMS	ESIT staff and early intervention providers at local implementation sites	1. April-June, 2016 2. July-December, 2016 3. April-May, 2016 4. January-March, 2017 5. July-December, 2016	Collaboration with DEL professional development team to host COS training modules through DEL website.
4. Infrastructure: ESIT supports local lead agencies to analyze and monitor COS data quality.	1. ESIT enhances the DMS to include COS reports by providing agency. 2. ESIT develops a process for regular communication with local lead agencies statewide to support the review and analysis of data. 3. ESIT develops guidance materials for local lead agency administrators statewide to conduct periodic targeted sample reviews of COS data. 4. ESIT provides technical	DMS SICC data committee Child outcomes data quality intensive TA cohort	ESIT staff, SICC data committee, and local lead agency administrators	1. April-June, 2016 2. April-June, 2016 3. April-September, 2016 4. September, 2016-June, 2017	SICC data committee includes a representative from the state education agency, WA Office of Superintendent of Public Instruction (OSPI) and early intervention providers. Data

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
	assistance statewide on use of DMS COS reports, including reviewing data by race/ethnicity.				committee members will provide input on guidance materials.
5. Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments.	1. ESIT updates WA self-assessment tool to include steps to use COS data to identify program improvement strategies related to global child outcomes. 2. Local lead agencies statewide complete the self- assessment tool and identify improvement strategies related to child outcomes. 3. ESIT uses results from tool to support local lead agencies through targeted training and technical assistance.	ESIT self-assessment tool	ESIT staff and local lead agency administrators	1. January-June, 2017 2. July-December, 2017 3. January, 2017-June, 2018	DEL Research Director will provide support and guidance on use of data for program improvements. SICC data committee members will provide input on guidance materials.
6. Infrastructure: ESIT collaborates with DEL home visiting programs to support coordinated service delivery.	1. ESIT shares resources with DEL Home Visiting Services Account to fund staffing to support a pilot of cross-discipline reflective practice groups for early intervention providers and home visitors. a. ESIT, in collaboration with DEL home visiting, develops criteria for group process and participants.	DEL home visiting reflective practice groups Early intervention/ home visiting research project	ESIT staff, DEL Home Visiting Services Account Manager, and DEL Head Start Collaboration Office Manager	1. July, 2016-June, 2017 2. April-October, 2016 3. April-December, 2016 4. January-June, 2017 5. July, 2017-June, 2018 6. July, 2017-June,	Collaboration with DEL home visiting programs (Home Visiting Services Account and Early Head Start) to share resources and develop MOU

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
	2. ESIT, in collaboration with the DEL Home Visiting Services Account, develops MOU including referrals, screening, follow-up, service coordination and data sharing as appropriate. 3. ESIT, in collaboration with DEL home visiting programs (including DEL Home Visiting Services Account and Early Head Start) develops guidance for providers including referrals, screening, follow-up, service coordination, teaming among multiple providers, and data sharing as appropriate. 4. ESIT, in collaboration with DEL home visiting programs, pilots, disseminates and trains on guidance 5. Local lead agencies in implementation sites develop or revise MOUs with community home visiting programs, with feedback from local implementation team. 6. ESIT, in collaboration with DEL home visiting programs, revises guidance as needed.			2018	and guidance.
7. Infrastructure: ESIT incorporates social-	1. ESIT refines existing state competencies to incorporate	ESIT competencies	ESIT staff and SICC personnel and	1. July, 2016-June, 2017	SICC personnel and training

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
emotional competencies and practices into EI competencies.	WA-AIMH competencies and selected DEC Recommended practices. a. ESIT includes feedback from a diverse stakeholder group as part of the process. b. ESIT applies a racial equity lens to review of competencies. 2. ESIT ensures all ESIT trainings are mapped to updated competencies. 3. ESIT disseminates and trains statewide on updated competencies.	WA-AIMH competencies Division of Early Childhood (DEC) Recommended Practices SICC personnel and training committee	training committee	2. July, 2017-June, 2018 3. July, 2017-June, 2018	committee includes representatives from higher education, state agencies and early intervention programs. Committee members will provide input on competencies and implementation.
8. Practice: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement.	1. ESIT supports providers in implementation sites by funding WA-AIMH endorsement fees. 2. Local implementation teams identify providers to pursue endorsement at levels 1, 2, and 3. 3. Selected providers complete endorsement application process.	WA-AIMH infant mental health endorsement	ESIT staff and local implementation sites	1. July, 2016-June, 2017 2. July-September, 2016 3. September, 2016-June, 2017	Collaboration with WA-AIMH executive director and training coordinator to advise ESIT and individuals pursuing endorsement.
9. Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and	1. ESIT revises the following practice guides: Evaluation and Assessment, Screening, and Informed Clinical Opinion, to incorporate information about social-emotional assessment and	ESIT practice guides Social-emotional assessment	ESIT staff and early intervention providers at local implementation sites	1. April-December, 2016 2. April-December, 2016 3. January-June, 2017	Consultation with DEL professional development team for support to

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
assessment.	screening, engaging families as partners in assessment, and using social-emotional assessment information for eligibility via informed clinical opinion. a. ESIT includes feedback from a diverse stakeholder group as part of the process. b. ESIT applies a racial equity lens to review of practice guides. 2. ESIT develops training on culturally appropriate social-emotional screening and assessment. 3. Providers at implementation sites participate in training on social-emotional screening and assessment.	tool selected (DECA-IT) Social-emotional screening tool selected (ASQ-SE)			develop training materials and activities.
10. Practice: ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.	1. ESIT revises the Practice Guide on Functional Outcomes to add information on supporting social-emotional development, including using typical settings and the parent-child relationship as a context for outcomes and strategies. a. ESIT includes feedback from a diverse stakeholder group as	ESIT practice guides	ESIT staff and early intervention providers at local implementation sites	1. April-December, 2016 2. April-December, 2016 3. January-June, 2017	Consultation with DEL professional development team for support to develop training materials and activities.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
	part of the process. b. ESIT applies a racial equity lens to review of practice guide. 2. ESIT develops training on writing functional, routines-based outcomes that incorporate the parent-child relationship. 3. Providers at implementation sites participate in training on functional outcomes.				
11. Practice: ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.	1. ESIT develops training plan and contract with University of Washington (UW) to provide training and mentoring on Promoting First Relationships (PFR). 2. All providers at implementation sites participate in PFR (level 1) training. 3. Coaches observe home visits using adapted Home Visiting Rating Scale for providers who completed level 1 PFR. 4. Selected providers at implementation sites pursue fidelity to PFR (level 2). 5. ESIT supports training one or two "train-the-trainers" (level 3) at each implementation site to ensure sustainability of the	Evidence-based practices used by LLAs/ providers Promoting First Relationships (PFR) training Home Visiting Rating Scale	ESIT staff, UW trainers, and early intervention providers at local implementation sites	1. April-June, 2016 2. July-September, 2016 3. July, 2016-June, 2017 4. July-December, 2016 5. January-June, 2017	Collaboration with UW to provide training and mentoring on PFR.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved
	evidence-based practice.				
12. Infrastructure: ESIT defines and implements coaching system within implementation sites.	1. ESIT establishes: a. guidance for selecting coaches; and b. a training plan for coaches that includes ongoing support. 2. ESIT provides training to coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality Practices Reflection Tool and Family Engagement Practices Checklist. 3. Coaches at implementation sites use the COS-TC Quality Practices Reflection Tool and Family Engagement Practices Checklist to observe and assess COS and assessment processes. 4. Implementation sites submit aggregated results to ESIT. 5. ESIT and implementation sites use aggregate results to determine additional professional development needs related to COS and assessment processes.	DEL/Early Achievers Coaching Framework COS-TC Quality Practices Reflection Tool Family Engagement Practices Checklist	ESIT staff and local implementation sites	1. April-June, 2016 2. July-December, 2016 3. January-June, 2017 4. June 30, 2017 5. July, 2017-June, 2018	Consultation with DEL professional development team to align coaching system with DEL coaching framework that is already in place.

C. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
1. Infrastructure: ESIT clarifies roles and responsibilities of DEL as Washington Part C lead agency to support implementation of the SSIP.	Washington Administrative Code (WAC) for EI are completed and posted on the website.	Finalized WAC can be viewed on ESIT website	April, 2016-June, 2017
	Policies and procedures are updated and disseminated to the field.	Revised policies and procedures approved by the Office of Special Education Programs (OSEP) and posted on website	April, 2016-June, 2017
3. Infrastructure: ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment.	Training materials and content for engaging families are consistent with best practice.	Process agenda for training reflects best practices, as reviewed by national experts	April, 2016-December, 2016
4. Infrastructure: ESIT supports local lead agencies to analyze and monitor COS data quality.	Materials and process for review and analysis of COS data are developed.	Materials reflect best practices in analysis and use of COS data	April, 2016-June, 2017
5. Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments.	All LLAs complete steps in self-assessment tool to use data for program adjustments	Review of all LLA self-assessments by ESIT staff	January, 2017-June, 2018
6. Infrastructure: ESIT collaborates with DEL home	MOU between ESIT and DEL HV programs addresses coordinated service delivery	State-level MOU is developed	July, 2016-June, 2018

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
visiting programs to support coordinated service delivery.	Guidance developed by ESIT and DEL HV programs addresses coordinated service delivery	Guidance is disseminated to all LLAs	July, 2016-June, 2018
7. Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies.	Revised EI competencies incorporate WA-AIMH SE competencies and selected DEC Recommended Practices	Review of competencies by stakeholders and national experts	July, 2016-June, 2018
8. Practice: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement.	Number of providers identified by implementation sites who will pursue endorsement at levels 1, 2 and 3	Roster of identified providers, by endorsement level and site	July, 2016-June, 2017
9. Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment.	Completed training materials on social-emotional screening and assessment	Process agenda for training reflects best practices, as reviewed by national experts	April, 2016-June, 2017
10. ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.	Completed training materials on writing functional, routines-based outcomes that support social-emotional development	Process agenda for training reflects best practices, as reviewed by national experts	April, 2016-June, 2017
11. Practice: ESIT ensures training and ongoing	Providers at implementation sites participate in training	Participation rate; participation attendance list, by implementation site	April, 2016-June, 2017

Attachment C

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.			
	Providers at implementation sites participate in follow-up support to integrate PFR strategies into their practice	Coaching logs, UW roster for fidelity certification	April, 2016-June, 2017
12. Infrastructure: ESIT defines and implements coaching system within implementation sites.	Coaches available to support providers	Number of coaches available by site; roster of coaches by site	April, 2016-June, 2018

2. **Evaluation of Intended Outcomes**

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline (projected initiation and completion dates)
Short-term	Providers have improved understanding of COS quality practices.	Do providers master the content on COS quality practices?	90% of providers meet criteria for understanding COS quality practices.	Post training survey after providers complete all of the online modules.	January 2017
Short-term	Providers have improved understanding of social-emotional screening and assessment, Informed Clinical Opinion (ICO), and writing functional outcomes that support social-emotional development.	Do providers have improved understanding of social-emotional screening and assessment, ICO, and writing functional outcomes as a result of participating in the training?	90% of providers meet criteria for understanding social-emotional screening and assessment, ICO, and writing functional outcomes.	Post training survey	January-June, 2017
Short-term	Providers have knowledge and understanding of PFR practices to improve social-emotional skills for infants and toddlers.	Do providers report gaining adequate understanding of the PFR practices as a result of participating in the 2-day training and the video review?	100% of participating providers report having adequate knowledge of PFR practices.	Post training survey (informed by collaboration with UW)	July-December, 2016
Intermediate	Teams complete COS process consistent with best practices.	To what extent do teams implement the COS process as intended, consistent with best practices?	75% of teams observed meet established criteria on the adapted COS-TC checklist.	Adapted COS-TC checklist completed by peer coach	July-December, 2016
Intermediate	LLAs improve ability to analyze and use COS data.	Do LLAs report proficiency/competency in their ability to use reports to analyze and use COS data?	80% of LLAs demonstrate progress in their ability to use reports to analyze and use COS data during ongoing calls with state staff.	Ongoing calls between state staff and LLAs	July, 2016-June, 2017

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline (projected initiation and completion dates)
Intermediate	Providers use strategies recommended in the guidance to link families to community services.	Does consultation happen between Part C and other home visiting programs in the community?	1) Increase in the percentage of functional outcomes related to accessing community resources is apparent on IFSPs as reflected in activities and goals. 2) Increase in the percentage of IFSPs reviewed that include data in the 'other services' section of the online IFSP.	Online IFSP for newly enrolled infants and toddlers compared to previously enrolled infants and toddlers	Before training and 12 months after training. (report Phase III Year 2- 2018)
Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.	To what extent are providers' assessments consistent with ESIT policies and procedures?	90% of newly enrolled infants and toddlers are screened with the recommended screeners.	Online IFSP for newly enrolled infants and toddlers	September, 2017
Intermediate	Teams develop functional IFSP outcomes that support social-emotional development.	Are IFSP teams developing functional outcomes?	70% of sampled goals meet criteria as a functional outcome.	ESIT Self-Assessment Tool, tally of functional outcomes	January, 2017-June, 2018
Intermediate	Coaches provide support to providers on the use of PFR practices.	Did providers review at least 5 videos with their Level 3 PFR coach or UW staff?	100% of level 2 PFR providers review at least 5 videos with their coach.	UW Certification database	October-December, 2016
Long-term	Families will have access to community supports beyond early intervention services.	Do families have access to community supports beyond early intervention services?	1) Increase in the number of family outcomes included in the IFSPs. 2) Increase in the outcomes and strategies that reflect coordinating and accessing other services.	Online IFSP for newly developed IFSPs	Baseline one year before implementation; annually, beginning with Phase III Year 3 September, 2018-April, 2019

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline (projected initiation and completion dates)
Long-term	Families and children will receive culturally appropriate and evidence-based social-emotional services.	Do providers implement PFR practices with fidelity?	100% of providers using the PFR with families will meet criteria for videotaped home visit.	Video observation review and reflection	Phase III Year 1 January-June, 2017
Long-term	Families will have increased capacity to support and encourage their children's positive social-emotional development.	(1) Do families report an increased capacity to help their child develop and learn? (2) Are families more engaged in the implementation of their child's IFSP strategies?	(1) Increase in the percentage of families that report an increased capacity to help their child develop and learn. (2) 80% of families report engagement in the implementation of their child's IFSP strategies.	Early Childhood Outcomes Family Outcomes Survey-Revised (addition of a few items)	Annually, beginning Phase III Year 2 through FFY 2018
Long-term	Families and children will achieve their individual functional IFSP outcomes.	Does the percent of outcomes achieved by families and children participating in Part C services increase?	Increase in the percentage of outcomes met within the identified timelines.	Online IFSPs for children in program at least 6 months that have been reviewed within the 3 month reporting period	Baseline one year before implementation; annually through FFY 2018
Long-term	ESIT and LLAs use data to implement relevant improvement strategies related to the SIMR.	Are the proposed improvement strategies informed by data and more relevant to the SIMR?	Strategies included in the self-assessment tool improvement plan have evidence that they are data informed.	Self-assessment tool improvement plan	Annually, through FFY 2018
Long-term	[SIMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in	Have more infants and toddlers exiting early intervention services demonstrated an increase in the rate of growth in positive social-emotional development?	By the end of FFY 2018, 67.25% of children will substantially increase their rate of growth in social-emotional development by the time	Data reported for APR indicator C3, which is collected at entry and exit using the COS process	Annually, through FFY 2018

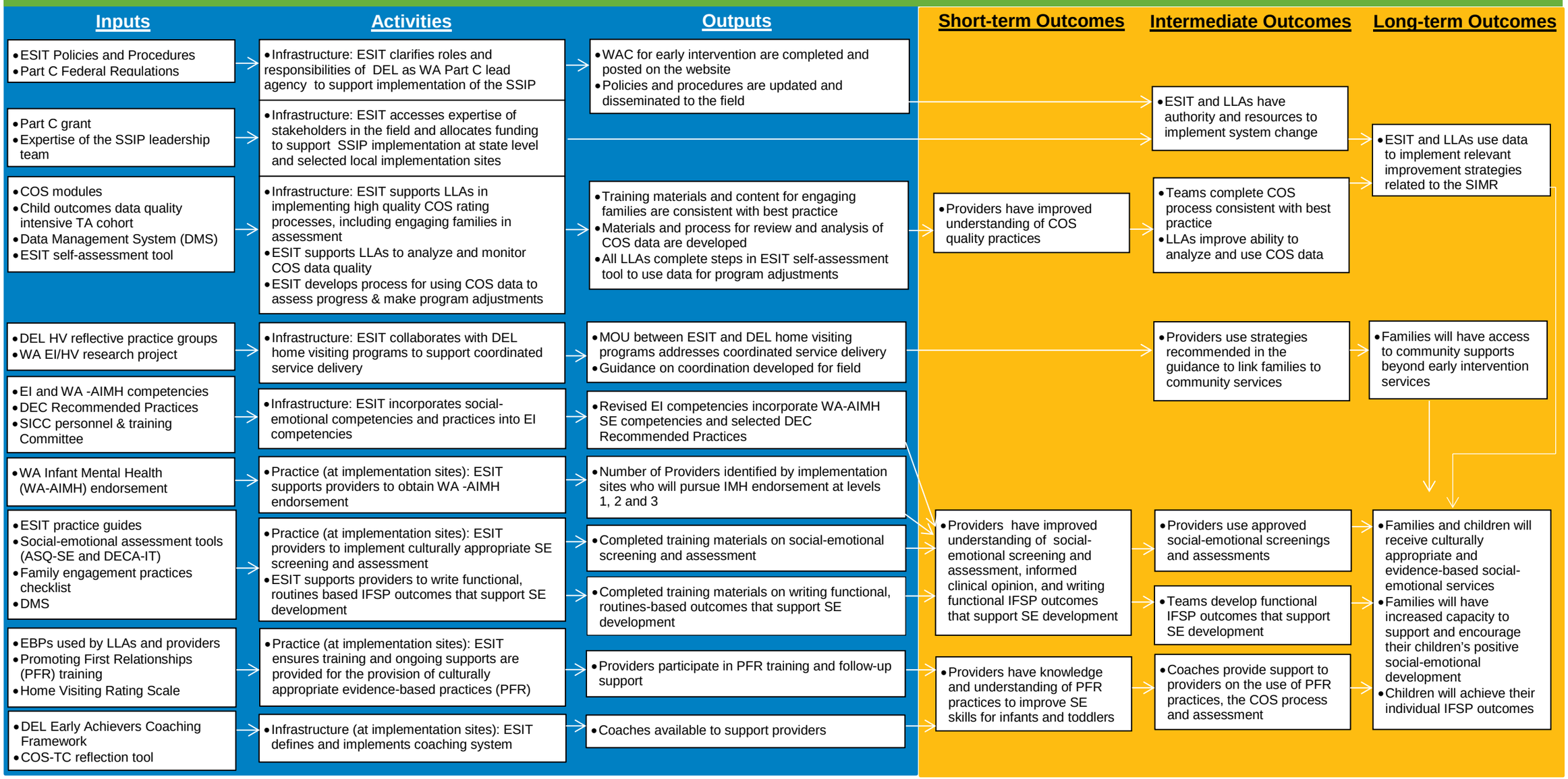
Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline (projected initiation and completion dates)
	positive social-emotional development.		they exit the program.		

Washington State Department of Early Learning

WA Part C State Systemic Improvement Plan Logic Model

Early Support for Infants and Toddlers

State Identified Measurable Result: Increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills by the time they exit the early intervention program.



Washington State Department of Early Learning

Theory of Action

Early Support for Infants and Toddlers

Strands of Action	If DEL/Early Support for Infants and Toddlers	Then Local Lead Agencies and/or Early Intervention Program Administrators	Then Early Intervention Providers	Then Families and Children	Then
Professional Development for Early Intervention Services	…enhances the statewide system of professional development for early intervention services and designs a system of sustained follow-up support to ensure practices are implemented with fidelity….	…will assure ongoing support and supervision of the personnel who are providing culturally appropriate, evidence-based services for children with social-emotional needs…	…will create high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and implement evidence-based practices, including coaching parents and caregivers, to address social-emotional needs of all children…	…will receive culturally appropriate and evidence-based social-emotional services, …will have increased capacity to support and encourage their children's positive social-emotional development, … will have access to community supports beyond early intervention services, and …will achieve their individual IFSP outcomes.	**…there will be an increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program.**
Qualified Personnel	…strengthens the expertise of current early intervention personnel to become infant mental health informed, and partners with statewide initiatives to support coordinated service delivery…	…will support early intervention personnel to become infant mental health-informed practitioners and strengthen connections with community family support services…	…will have more knowledge about infant mental health-informed practices and link families to services in the community that support social-emotional development…		
Assessment	…enhances statewide implementation of high-quality functional assessment and COS rating processes…	…will-provide ongoing support and supervision of the implementation of high-quality, functional assessment and COS rating processes…	…will (1) use appropriate assessment tools to identify infant or toddler social-emotional needs, (2) use multiple sources of assessment information, (3) include families in both the assessment and COS rating processes, and (4) use Informed Clinical Opinion to determine eligibility in the social-emotional domain…		
Accountability	…expands authority and the general supervision and accountability system to support improving data quality, assessing progress, and improving results…	…will review and utilize COS reports to determine if (1) training is needed to improve data quality, (2) children are making sufficient progress in their early intervention program, and (3) make program-level improvements as appropriate...	…will provide accurate and consistent COS data, assess progress of children served, and make practice adjustments…		

Attachment F

WA Part C SSIP Phase II Action Team Members

Name	Role	Agency
Angie Ahn-Lee	Early Intervention Program Coordinator	Snohomish County Human Services
Bess Windecker-Nelson	Licensed Marriage and Family Therapist	Family Touchstone, LLC
Caitlin Jensen	Head Start Project Administrator	Department of Early Learning
Candy Watkins	Executive Director	A Step Ahead in Pierce County
Cathy Buchanan	Family Resources Coordinator, MSW	Children's Village
Carol Dean	Healthy Starts & Transitions Consultant	WA State Department of Health
Carol Good	Counseling Manager	ChildStrive
Chris Cuneo	Social Worker	Holly Ridge Center
Colleen O'Brien	Program Manager	Spokane Regional Health District
Connie Ashmun	Regional Coordinator, Disabilities	Puget Sound ESD
Connie Zapp	Infant Toddler Program Director	Holly Ridge Center, Inc.
Dana Stevens	Clinical Director	Northwest Autism Center
Dae Shogren	Screening and Assessment Program Manager	Children's Administration
Darci Ladwig	Parent/Parent Coalition Coordinator/FLIC Co-Chair/SICC Member	Arc of Spokane
Darcy Dockery	Occupational Therapist	Children's Village
Darlene Keene	Educator	Children's Village
DeEtte Snyder	Statewide Coordinator for B-3, BVI	Washington State School for the Blind
Debbie Jackson	Parent/Intake & Family Services Coordinator	Birth To Three Developmental Center
Ivy Kardes	Special Education Coordinator	Griffin School

Attachment F

Name	Role	Agency
Janelle Bersch	Early Childhood Coordinator	North Central ESD 171
Janet George	Program Director/SICC Member	Washington State School for the Blind
Janet Spybrook	Associate Professor, Language, Literacy and Special Education/SICC Member	Central Washington University
Julie Fisher	Infant Mental Health Clinical Supervisor	Kindering
Karla Pezzarossi	Early Intervention Program Supervisor/Physical Therapist	Children's Village
Kellie Horn	Early Childhood Special Services coordinator	Educational Service district 123
Kris Ching	Outreach Director for birth-preschool	WA State Center for Childhood Deafness & Hearing Loss (CDHL)
Laura Alfani	Home Visiting Project Manager	Department of Early Learning
Laura Reed	Physical Therapist	Children's Village
Lisa Greenwald	Chief Program Officer/SICC Member	Kindering
Lisa Ibanez	Assistant Director, READi Lab	University of Washington
Liz Jaquette	Senior Manager of Programs	WithinReach
Lou Olson	Clinical Supervisor/ LICSW	HopeSparks
Megan Cromar	Early Intervention Program Manafer/SICC Member	King County Developmental Disabilities Division
Melissa Adame	Early Intervention Program Manager	Pierce County Community Connections
Mara Calhoun	Clinical Social Worker- CHERISH	Kindering

Attachment F

Name	Role	Agency
Marie Fleming	FRC Manager	Kindering
Mary Perkins	Volunteer	
Maryanne Barnes	Executive Director/SICC chair	Birth to Three Developmental Center
Meredith Pyle	Healthy Starts & Transitions (Includes CSHCN)	Washington State Department of Health
Nina Auerbach	Executive Director	Washington Association for Infant Mental Health
Rebecca Miller	Educator	Children's Village
René Denman	Executive Director/SICC Member	Toddler Learning Center
Sandy Hill	Infant Mental Health Specialist/ Psychotherapist	Private practice
Sara Burch-Wilhelm	Speech-Language Pathologist/Infant Mental Health Specialist	Toddler Learning Center
Sharon Bell	Infant Toddler Educator/FRC	Toddler Learning Center
Stacey Bushaw	Family Health Care Services Unit Supervisor/SICC member	WA State Health Care Authority
Sugely Sanchez	Parent/Parent-to-Parent Coordinator/FLIC Co-Chair/SICC Member	Arc of Snohomish County
Susan Sandall	Professor, College of Education/ Director, National Center on Quality Teaching & Learning	University of Washington
Suzanne Quigley	Executive Director	Listen and Talk

Attachment F

Name	Role	Agency
Tiffany Wheeler-Thompson	Parent/Island County Parent to Parent Coordinator/FLIC member	Island County
Val Arnold	Compliance Monitor Officer	OSPI
Wendy Harris	Early Intervention Program Manager	King County Developmental Disabilities Division
Wendy Stone	Professor of Psychology/ Director, READi Lab	University of Washington

Attachment G

DEL Executive Leadership Team for ESIT State Systemic Improvement Plan

Executive Sponsor

Greg Williamson, Assistant Director, Partnerships and Collaboration

Sponsor

Laurie Thomas, ESIT Program Administrator

Executive Leadership Team

Adrienne Dorf, Healthiest Next Generation Program Manager
Angela Abrams, Professional Development Administrator
Caitlin Jensen, Head Start Project Administrator
Carrie Wolfe, Data Governance Coordinator
Juliet Jack, Budget Analyst 4
Evette Jasper, State to Local Coordination Program Manager
Judy King, Strengthening Families WA Administrator
Laura Alfani, Home Visiting Project Manager
Luba Bezborodnikova, Assistant Director
Lynne Shanafelt, Child Care Administrator
Roxanne Garzon, QRIS Special Projects Lead
Sheryl Garrison, Professional Development Coordinator
Veronica Santangelo, MTCC Administrator

ESIT Core Team

Adrienne O'Brien, Program Consultant
Bob Morris, Data Manager
Debi Donelan, Program Consultant
Kathy Grant-Davis, Program Consultant
Linda Jennings, Program Specialist
Susan Franck, Program Consultant
Terri Jenks-Brown, Assistant Data Manager

Attachment H

ESIT Technical Assistance providers (funded by Office of Special Education Programs):

Lead: Anne Lucas, MS
Frank Porter Graham Child Development Institute/The Center for IDEA Early Childhood Data Systems (DaSy)/Early Childhood Technical Assistance (ECTA) Center

Kathi Gillaspy, M.Ed.
Frank Porter Graham Child Development Institute/The Center for IDEA Early Childhood Data Systems (DaSY)/Early Childhood Technical Assistance (ECTA) Center

Katrina Martin, Ph.D.
SRI International/The Center for IDEA Early Childhood Data Systems (DaSY)/Early Childhood Technical Assistance (ECTA) Center

Robin Nelson, Ph.D.
The Center for IDEA Early Childhood Data Systems (DaSY)/IDEA Data Center (IDC)

Cornelia Taylor, Ph.D.
SRI International/The Center for IDEA Early Childhood Data Systems (DaSY)/Early Childhood Technical Assistance (ECTA) Center /IDEA Data Center (IDC)/National Center for Systemic Improvement (NCSI)

Megan Vinh, Ph.D.
Frank Porter Graham Child Development Institute/The Center for IDEA Early Childhood Data Systems (DaSY)/Early Childhood Technical Assistance (ECTA) Center

Frank Porter Graham Child Development Institute
http://fpg.unc.edu/

SRI International, Center for Education and Human
Services https://www.sri.com/about/organization/education/cehs

The Center for IDEA Early Childhood Data Systems (DaSY)
http://dasycenter.org/

Early Childhood Technical Assistance (ECTA) Center
http://ectacenter.org/

IDEA Data Center (IDC)
https://ideadata.org/about-us

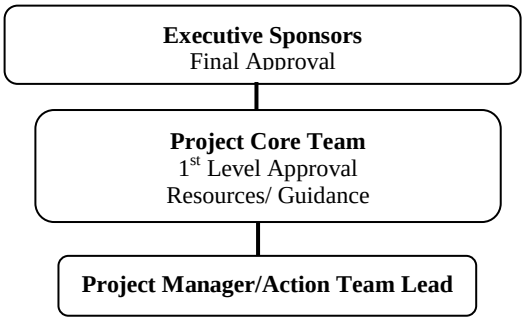
National Center for Systemic Improvement (NCSI)
https://www.wested.org/project/national-center-for-systemic-improvement/

Att I

Action Team 1: Professional Development for Early Intervention Services

Purpose	Enhances the statewide system of professional development for early intervention services and designs a system of sustained follow-up support to ensure practices are implemented with fidelity.		
Scope	The action team will develop recommendations to DEL sponsors on: • Infrastructure needs • Implementation activities • Evaluation of activities		
Major Project Activities	Examples: • Identify culturally appropriate evidence-based practices for supporting social-emotional development, for example coaching parents • Recommend training and supports needed to implement evidence-based practices with fidelity • Identify evaluation tools and processes to measure success of implementation • Identify resources and infrastructure needed for initial and on-going implementation		
Deliverables	Implementation Activities worksheet, to include: • Intended outcomes of the activities (short-term and intermediate) • Prioritized infrastructure needs • Prioritized activities with associated steps • Evaluation questions and indicators • Resources needed to complete the activities • Timelines for 16/17 implementation and evaluation		
Schedule • ***Estimated Project Completion date*** • ***Major Milestones***	Start: 08/2015 Estimated Completion: 04/2016 Milestones: Recommendations to DEL Sponsors by 12/2015 Review and provide feedback on plan by 03/2016		
Subgroup	**Name**	**Role**	**Major Responsibility or Contribution**

Action Team 1: Professional Development for Early Intervention Services

Members	Lisa La Rue	Project Manager	Keeping project on schedule, agenda development, communication to the project core team
	Kathy Grant-Davis	Lead	Workgroup lead, agenda development collaboration, tactical decision maker
	Janet George	SME	Program expertise; active participation
	Lisa Greenwald	SME	Program expertise; active participation
	Wendy Harris	SME	Program expertise; active participation
	Sandy Hill	SME	Program expertise; active participation
	Debbie Jackson	SME	Program expertise; active participation
	Ivy Kardes	SME	Program expertise; active participation
	Rebecca Miller	SME	Program expertise; active participation
	Colleen O'Brien	SME	Program expertise; active participation
	Lisa Olson	SME	Program expertise; active participation
	Mary Perkins	SME	Program expertise; active participation
	Meredith Pyle	SME	Program expertise; active participation
	Laura Reed	SME	Program expertise; active participation
	Susan Sandall	SME	Program expertise; active participation
	Janet Spybrook	SME	Program expertise; active participation
	Wendy Stone	SME	Program expertise; active participation
	Bess Windecker-Nelson	SME	Program expertise; active participation
Chain of Command			
Stakeholders	• Local Lead Agency Part C Coordinators, EI Program Administrators, EI		

Action Team 1: Professional Development for Early Intervention Services

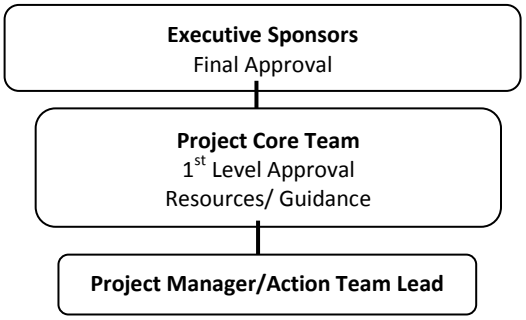
	Providers, Parents
Dependencies and Constraints	• Funding • Personnel

Action Team 2: Qualified Personnel/ Partnerships and Resources

Purpose	Strengthens the expertise of current early intervention personnel to become infant mental health informed, and partners with statewide initiatives to increase the availability of infant mental health specialists for consultation.
Scope	The action team will develop recommendations to DEL sponsors on: • Infrastructure needs • Implementation activities • Evaluation of activities
Major Project Activities	Examples: • Explore partnerships with current statewide initiatives that address social-emotional development, for example Washington Association of Infant Mental Health, Home Visiting programs, Early Head Start, etc. • Make recommendations about increasing access to Infant Mental Health specialists for consultation and treatment • Recommend resources for all early intervention practitioners • Recommend recruitment and retention strategies for diverse providers
Deliverables	Implementation Activities worksheet, to include: • Intended outcomes of the activities (short-term and intermediate) • Prioritized infrastructure needs • Prioritized activities with associated steps • Evaluation questions and indicators • Resources needed to complete the activities • Timelines for 16/17 implementation and evaluation
Schedule • ***Estimated Project Completion date*** • ***Major Milestones***	Start: 08/2015 Estimated Completion: 04/2016 Milestones: Recommendations to DEL Sponsors by 12/2015 Review and provide feedback on plan by 03/2016

Subgroup	**Name**	**Role**	**Major Responsibility or Contribution**

Action Team 2: Qualified Personnel/ Partnerships and Resources

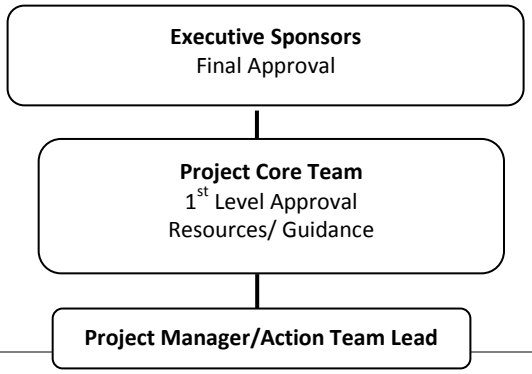
Members	Lisa La Rue	Project Manager	Keeping project on schedule, agenda development, communication to the project core team
	Debi Donelan	Lead	Workgroup lead, agenda development collaboration, tactical decision maker
	Laura Alfani	SME	Program expertise; active participation
	Nina Auerbach	SME	Program expertise; active participation
	Sara Burch-Wilhelm	SME	Program expertise; active participation
	Stacey Bushaw	SME	Program expertise; active participation
	Kris Ching	SME	Program expertise; active participation
	Chris Cuneo	SME	Program expertise; active participation
	Carol Dean	SME	Program expertise; active participation
	Julie Fisher	SME	Program expertise; active participation
	Wendy Harris	SME	Program expertise; active participation
	Caitlin Jensen	SME	Program expertise; active participation
	Darlene Keene	SME	Program expertise; active participation
	Janet Spybrook	SME	Program expertise; active participation
	Dana Stevens	SME	Program expertise; active participation
	Candy Watkins	SME	Program expertise; active participation
Chain of Command			
Stakeholders	• Local Lead Agency Part C Coordinators, EI Program Administrators, EI Providers, Parents		
Dependencies/ Constraints	• Funding • Personnel		

Action Team 3: Assessment

Purpose	Enhances statewide implementation of high-quality functional assessment and COS rating processes.
Scope	The action team will develop recommendations to DEL sponsors on: • Infrastructure needs • Implementation activities • Evaluation of activities
Major Project Activities	Examples: • Research and identify culturally appropriate tools and processes for assessing social-emotional development • Recommend a system of implementing high-quality Child Outcome Summary (COS) rating process • Explore ways to include families in all assessment activities, including the COS rating processes • Identify ways to increase appropriate use of Informed Clinical Opinion (ICO) by early intervention teams in all evaluations, including eligibility in the social-emotional domain
Deliverables	Implementation Activities worksheet, to include: • Intended outcomes of the activities (short-term and intermediate) • Prioritized infrastructure needs • Prioritized activities with associated steps • Evaluation questions and indicators • Resources needed to complete the activities • Timelines for 16/17 implementation and evaluation
Schedule • ***Estimated Project Completion date*** • ***Major Milestones***	Start: 08/2015 Estimated Completion: 04/2016 Milestones: Recommendations to DEL Sponsors by 12/2015 Review and provide feedback on plan by 03/2016

Subgroup	**Name**	**Role**	**Major Responsibility or Contribution**

Action Team 3: Assessment

Members	Lisa La Rue	Project Manager	Keeping project on schedule, agenda development, communication to the project core team
	Debi Donelan	Lead	Workgroup lead, agenda development collaboration, tactical decision maker
	Malissa Adame	SME	Program expertise; active participation
	Angie Ahn-Lee	SME	Program expertise; active participation
	Sharon Bell	SME	Program expertise; active participation
	Janelle Bersch	SME	Program expertise; active participation
	Cathy Buchanan	SME	Program expertise; active participation
	Mara Calhoun	SME	Program expertise; active participation
	Magan Cromar	SME	Program expertise; active participation
	Darcy Dockery	SME	Program expertise; active participation
	Carol Good	SME	Program expertise; active participation
	Lisa Greenwald	SME	Program expertise; active participation
	Margaret Gunshows	SME	Program expertise; active participation
	Sandy Hill	SME	Program expertise; active participation
	Kellie Horn	SME	Program expertise; active participation
	Lisa Ibanez	SME	Program expertise; active participation
	Liz Jaquette	SME	Program expertise; active participation
	Dae Shogren	SME	Program expertise; active participation
	DeEtte Snyder	SME	Program expertise; active participation
	Connie Zapp	SME	Program expertise; active participation
Chain of Command			

Action Team 3: Assessment

Stakeholders	• Local Lead Agency Part C Coordinators, EI Program Administrators, EI Providers, Parents
Dependencies and Constraints	• Funding • Personnel

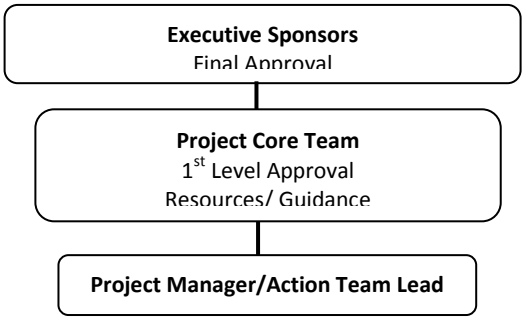
Att L

Action Team 4: Accountability

Purpose	Expands the general supervision and accountability system to support improving data quality, assessing progress, and improving results.
Scope	The action team will develop recommendations to DEL sponsors on: • Infrastructure needs • Implementation activities • Evaluation of activities
Major Project Activities	Examples • Develop recommendations to expand the current general supervision and accountability system, focusing on results and monitoring practice fidelity. • Review COS data to determine training and processes needs to improve data quality • Research and recommend training and processes to improve COS data quality • Research and recommend training on how to analyze COS data • Research and recommend training using COS data to make program improvements and increase child outcomes • Collect data for legislative efforts • Recommend use of data for "policy informed practice, practice informed policy"
Deliverables	Implementation Activities worksheet, to include: • Intended outcomes of the activities (short-term and intermediate) • Prioritized infrastructure needs • Prioritized activities with associated steps • Evaluation questions and indicators • Resources needed to complete the activities • Timelines for 16/17 implementation and evaluation
Schedule • ***Estimated Project Completion date*** • ***Major Milestones***	Start: 08/2015 Estimated Completion: 04/2016 Milestones: Recommendations to DEL Sponsors by 12/2015 Review and provide feedback on plan by 03/2016

Subgroup	**Name**	**Role**	**Major Responsibility or Contribution**

Action Team 4: Accountability

Members	Lisa La Rue	Project Manager	Keeping project on schedule, agenda development, communication to the project core team
	Susan Franck	Co-Lead	Workgroup lead, agenda development collaboration, tactical decision maker
	Bob Morris	Co-Lead	Workgroup lead, agenda development collaboration
	Terri Jenks-Brown	Co-Lead	Workgroup lead, agenda development collaboration
	Malissa Adame	SME	Program expertise; active participation
	Val Arnold	SME	Program expertise; active participation
	Magan Cromar	SME	Program expertise; active participation
	René Denman	SME	Program expertise; active participation
	Darci Ladwig	SME	Program expertise; active participation
	Jena Lavik	SME	Program expertise; active participation
	Karla Pezzarossi	SME	Program expertise; active participation
	Carla Reyes	SME	Program expertise; active participation
	Marie Fleming	SME	Program expertise; active participation
Chain of Command			
Stakeholders	• Local Lead Agency Part C Coordinators, EI Program Administrators, EI Providers, Parents		
Dependencies/ Constraints	• Funding • Personnel		

State Systemic Improvement Plan
Phase II
Terms of Reference

Terms of Reference History

Date Incorporated	Summary of Changes
7/15/15	Initial Draft
7/30/15	Updated with input from Project Team
8/5/15 and 8/13/15	Reviewed and requested participant feedback
8/20/15	Updated with input from Project Team
8/28/15	Approved and signed by sponsors
10/12/15	Approved and signed by new Program Administrator

SSIP Phase II
Terms of Reference

Table of Contents

SSIP Phase II
Terms of Reference

1. Executive Summary

1.1 Background

The Department of Early Learning (DEL) is the State Lead Agency for the Individuals with Disabilities Education Act (IDEA) Part C program for Washington State. Within DEL, the Part C programmatic home is the Early Support for Infants and Toddlers (ESIT) program.

During Federal Fiscal Year (FFY) 2014, Phase I of the Washington State Systemic Improvement Plan (SSIP) was completed by ESIT staff and the SSIP Leadership Team. The SSIP is a comprehensive, ambitious, yet achievable multiyear plan for improving results for infants and toddlers with disabilities. ESIT collects and reports data annually on compliance and performance indicators to the Office of Special Education Programs (OSEP). The SSIP is the new Indicator 11 to be reported in the Annual Performance Report.

An SSIP Leadership Team of statewide stakeholders was formed to advise and assist with SSIP planning, development and implementation. This team was integral to addressing Phase I requirements by providing insight, expertise and feedback that often reflected differing perspectives. The participants actively engaged in data and practice discussions that led to reasoned conclusions and action steps. Members of the State Interagency Coordinating Council (SICC) and Family Leadership and Involvement Committee (FLIC) provided advisory guidance. Throughout Phase I, OSEP funded technical assistance consultants assisted ESIT staff and the Leadership Team with planning and implementing Phase I activities.

Phase I requirements included completing broad and in-depth data and infrastructure analyses, identifying a focus area called the State Identified Measurable Result (SIMR), and developing broad improvement strategies and a theory of action.

The broad data analysis conducted showed that Washington's Child Outcome Summary (COS) data was lower in social-emotional skills and relationships when compared to other states. The in-depth data analysis showed that there were inconsistencies across the state in COS processes and assessment and early intervention services to address social-emotional concerns.

Washington's Part C SIMR is to increase the percentage of infants and toddlers with disabilities in Washington State who will substantially increase their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program.

Phase II of the SSIP will focus on developing an implementation and evaluation plan. It will be developed in FFY 2015 and submitted to OSEP by April 1, 2016.

SSIP Phase II
Terms of Reference

1.2 Vision

Families will receive culturally appropriate and evidence-based social-emotional services, have increased capacity to support and encourage their children's positive social-emotional development, and families and children will achieve their Individualized Family Service Plan (IFSP) outcomes.

1.3 Goals and Objectives

The following broad improvement strategies were developed during Phase I to address the key areas of need within and across the statewide system.

a. **Professional Development**

Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

b. **Fidelity of Implementation**

Develop a system of follow-up support for practitioners to ensure content of training and practices are implemented with fidelity.

c. Qualified Personnel

Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and who are able to provide culturally appropriate services.

d. **Partnerships and Resources**

Collaborate and share resources with Early Head Start (EHS), home visiting, and other state and local initiatives to increase access to services and resources for families, and training for early intervention practitioners on social-emotional skills and social relationships.

e. **Assessment**

Enhance statewide implementation of high-quality functional assessment and Child Outcome Summary (COS) rating processes.

f. **Accountability**

Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

1.4 Scope and Project Goals

The plan must identify the improvements that will be made to the state's infrastructure to better support early intervention programs and providers to implement and scale up evidence-based practices to improve the SIMR. It must describe the activities that will be implemented, the resources needed and timelines of implementation. The plan must also include a description of how Washington Part C will evaluate the implementation of its SSIP.

SSIP Phase II
Terms of Reference

The Theory of Action is structured to describe the flow of action steps involving the following: State Lead Agency (DEL/ESIT), local lead agencies (LLAs), early intervention providers, children and families. See attached.

Washington State Department of Early Learning

Theory of Action

Early Support for Infants and Toddlers

Strands of Action	If DEL/Early Support for Infants and Toddlers	Then Local Lead Agencies and/or Early Intervention Program Administrators	Then Early Intervention Providers	Then Families and Children	Then
Professional Development for Early Intervention Services	…enhances the statewide system of professional development for early intervention services and designs a system of sustained follow-up support to ensure practices are implemented with fidelity….	…will assure ongoing support and supervision of the personnel who are providing culturally appropriate, evidence-based services for children with social-emotional needs…	…will create high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and implement evidence-based practices, including coaching parents and caregivers, to address social-emotional needs of all children…	…will receive culturally appropriate and evidence-based social-emotional services, …will have increased capacity to support and encourage their children's positive social-emotional development, and …will achieve their individual IFSP outcomes.	**…there will be an increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program.**
Qualified Personnel	…strengthens the expertise of current early intervention personnel to become infant mental health informed, and partners with statewide initiatives to increase the availability of infant mental health specialists for consultation…	…will support early intervention personnel to become infant mental health-informed practitioners and make efforts to recruit and retain diverse providers…	…will have more knowledge about infant mental health-informed practices, have access to infant mental health specialists for consultation, and represent the diversity of the children and families they serve…		
Assessment	…enhances statewide implementation of high-quality functional assessment and COS rating processes…	…will-provide ongoing support and supervision of the implementation of high-quality, functional assessment and COS rating processes…	…will (1) use appropriate assessment tools to identify infant or toddler social-emotional needs, (2) use multiple sources of assessment information, (3) include families in both the assessment and COS rating processes, and (4) use Informed Clinical Opinion to determine eligibility in the social-emotional domain…		
Accountability	…expands the general supervision and accountability system to support improving data quality, assessing progress, and improving results…	…will review and utilize COS reports to determine if (1) training is needed to improve data quality, (2) children are making sufficient progress in their early intervention program, and (3) make program-level improvements as appropriate...	…will provide accurate and consistent COS data, assess progress of children served, and make practice adjustments…		

1.5 Deliverables

- Terms of Reference
- OSEP Guidance Tool, to include:
    - Prioritized infrastructure needs
    - Prioritized installation and implementation strategies with associated activities
    - Evaluation activities and methods
    - Resources needed

1.6 Timeframes

A detailed project schedule will be managed by the Project Core Team and updated throughout the project. See attached.

Attachment M

SSIP Phase II
Terms of Reference

Activities	2015										2016			
	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April
A. Recruit New Stakeholders to Phase II Leadership: Executive Team and Action Teams														
B. New Leadership Members Orientation														
C. Professional Development Planning Meeting (3/10/15)														
D. State Interagency Coordinating Council Meeting and PD Infrastructure Self-Assess (4/22/15)														
E. IDEA Data Center Institute – SSIP (4/28 – 4/29)														
F. Workshop Feedback IECC (5/8/15)														
G. Stakeholder Input and Updates at LLA Meetings (5/20 and 5/ 27/15)														
H. ESIT Team Briefing and Brainstorming (5/28/15)														
I. ESIT Workgroup and TA Planning Call (6/17/2015)														
J. Identify Action Team Members														
K. State Interagency Coordinating Council Meeting- Stakeholder Updates (7/15/15)														
L. Leadership Team Call (7/21/15)														
M. Convene Executive Leadership Team Meeting (7/27/15)														
N. Create Communication Systems: Website, Sharepoint, etc.														
O. Create Logic Model														
P. Complete Self-Assessment Tool – ECTA System Framework														
Q. Gather Evidence-Based Practices from all regions/other states														
R. Choose Local Areas for Targeted Support														
S. Create Statewide Implementation Structure														
T. Stakeholder Input and Updates at LLA Meetings (8/19 and 8/25/15)														
U. State Interagency Coordinating Council Meeting- Stakeholder Input and Updates (10/28/15)														
V. Develop Action Plan														
W. Develop Evaluation Plan – Demonstrate how to measure progress to achieve the SIMR														
X. Stakeholder Input and Updates at LLA Meetings (11/10 and 11/18/15)														
Y. Drafts and Revisions SSIP Phase II														
Z. SSIP Reviews by Leadership, TA, OSEP, DEL														
AA. Submit FFY14 APR/SPP – Indicator #11 (3/31/16)														

2. Governance

2.1.Project Oversight

2.1.1. Executive Sponsors

Greg Williamson

- Provide executive level oversight of the team.
- Resolve issues that cannot be resolved at a lower level.
- Make decisions.
- Provide resources to support deliverables.
- Meet with the Project Sponsors and review Project status, as part of standing meetings.

2.1.2. Sponsors

Karen Walker

- Provide project oversight.
- Provide guidance and direction as needed to the Project Manager and Project Team Leads.
- Review and make decisions regarding major risks with an exposure rating greater than 15 and issues with a high severity rating (see Section 7.3, Risk and Issue Quantification).
- Review and approve project work items, deliverables, and options.
- Ensure planning priorities are clear and objectives can be met.
- Resolve issues that cannot be resolved at a lower level.
- Facilitate decision making around recommendations from the team.
- Provide Executive Sponsor updates on Project status, as part of standing meetings.

2.2. Project Team

2.2.1. Executive Leadership Team

Greg Williamson, Karen Walker, Lisa LaRue, Debi Donelan, Susan Franck, Kathy Grant-Davis, Terri Jenks-Brown, Linda Jennings, Bob Morris, Angela Abrams, Laura Alfani, Luba Bezborodnikova, Adrienne Dorf, Sheryl Garrison, Roxanne Garzon, Juliet Jack, Evette Jasper, Caitlin Jensen, Judy King, Veronica Santangelo, Lynne Shannafelt, Carrie Wolfe,

- Provide executive level oversight of the team.
- Resolve issues that cannot be resolved at a lower level.
- Inform executive sponsor in the decision making process.
- Provide resources to support deliverables.
- Attend monthly meetings.

2.2.2. Project Manager

Lisa LaRue

- Plan, organize, monitor, coordinate and direct project activities.
- Schedule and facilitate meetings.
- Provide appropriate communication to the Project Team and Sponsors.
- Ensure completion of deliverables.
- Track and manage issues.
- Escalate risks and issues when necessary.

- Create processes and criteria to build in opportunities for early issue identification and effective mitigation.

2.2.3. Core Action Project Team

ESIT Staff: Debi Donelan, Susan Franck, Kathy Grant-Davis, Terri Jenks-Brown, Linda Jennings, Bob Morris

- Serve as the primary stakeholder and provides program expertise, setting direction for business requirements for each deliverable.
- Convene and oversee action team efforts, as assigned
- Review project deliverables and coordinates any stakeholder input or involvement where appropriate (e.g. usability testing, business requirement development).
- Coordinate activities with Project Manager and respective agency staff.
- Coordinate respective agency staff input into the deliverables and options.
- Oversee planning activities within their area of responsibility.
- Develop and implement the Action Plan Schedule.
- Ensure completion of tasks as listed on the Action Plan Schedule.
- Escalate any risks, concerns or issues to Project Manager.
- Identify and coordinate with other staff needed to plan and perform activities in support of the project.
- Communicate with the respective agency Fiscal Lead on tracking expenditures and forecasting project costs, as needed.

2.2.4. Action Team Members

To Be Named

- Actively participate in preparing, reviewing and editing draft materials for project deliverables.
- Be prepared to support workgroup meetings.
- Coordinate activities with Project Manager within their area of responsibility.
- Responsible for ensuring the completion of tasks to complete Project Deliverables on time.
- Escalate any concerns or issues to Project Manager.
- Identify and coordinate with other staff as needed to plan and perform activities in support of the project.
- Participate in sub-groups supporting the larger objectives of the Project.

2.2.5. Work Group Consultants

To Be Named

- Coordinate activities with Project Manager and staff within their area of responsibility.
- Assist in the completion of tasks to complete Project Deliverables (where appropriate).
- Review project deliverables and provides input, where appropriate.
- Escalate any concerns or issues to Project Manager and their management representative.

3. STAKEHOLDER ENGAGEMENT

DEL is the designated lead agency;

Other stakeholders that might be affected would include:

- Parents and families
- Local Lead Agency Part C Coordinators

- Early Intervention Program Administrators
- Early Intervention Providers
- School Districts

The specific outreach activities for Stakeholder Engagement will be identified for implementation via a Communications Plan, which may include a Communications Strategy. This plan will represent tasks for each deliverable. DEL will utilize existing communication methods to maximize resources.

4. PROJECT COMMUNICATIONS

The Project Manager will use a variety of communication approaches to ensure team members and other interested parties are informed on the progress of work items and other activities. A distribution list for communications will be established for each action item, and participating members will coordinate feedback and distribute communications within their respective teams. Teamwork, collaboration, and cooperation are significant parts of the project. A detailed Communications Plan will be created and maintained by the Project Manager.

4.1. Document Library

The Library is located on Drop Box and with the a SharePoint site that is secure and accessible to only authorized representatives. The library will contain project materials, deliverables, status reports, issue and risk logs, issue papers, work plans, and other documents. The Project Manager, Team Leads and Project Team members shall post and update documents as appropriate. The purpose of the library is to have the most current documentation available to interested parties. The Project Manager is the key contact for acquiring the most up to date information on the project. The document library will be available to all members of the Project Team and designated individuals serving in a committee or steering committee capacity.

4.2. Communication Tools and Protocols

The project will use many methods for reporting progress, primarily using email for distribution. For example, status reports will be distributed monthly and will capture information on activities performed, planned activities, milestones and major tasks. Monthly status reports will be completed by the Project Manager, with input from the Project Team Leads. No financial reporting is anticipated.

4.3. Project Meeting Schedule

The following table is a listing of the anticipated meetings, responsible parties, and the meetings expected frequency.

Event	Frequency	Initiator	Additional Information
Executive/Sponsor Project Meetings	Monthly	Project Manager – Lisa LaRue	Additional meetings as needed.
Core Project Team Meetings	Every other week (2 hour mtg) through April 2016	Project Manager – Lisa LaRue	Substitute meetings will be scheduled as needed when other meetings conflict.
Action Team meetings	Monthly	Lead assigned to action team	The participants may extend beyond the action team

5. Project Forms or Templates

5.1 Risk & Issue Quantification

Program risk and issues will be documented and updated via the monthly status report using the tables below.

Risks					
Risk Description and Impact	Owner	Probability (1-5)	Severity (1-5)	Exposure (1-25)	Mitigation

The **Risk Item Description** is a description of an event that could have a detrimental effect on the Program or Redesign implementation. The **Probability** is a quantification of the likelihood of it occurring. **Severity** is the nature, or degree of the impact. **Exposure** is the assignment of an overall risk factor, gained by multiplying the probability factor by the risk impact severity factor.

Issues					
Issue	Owner	Severity	Due Date	Status	Resolution

The Specific Issue is a description of an event that has detrimental effect on the Program or Redesign implementation. The Issue Description is the effect/result the event has upon the Program. Severity is the nature, or degree of the issue.

Severity level	**What could this level mean?**	**Values**
Low Severity	Low Severity normally means if any one of the following is true: A task may be completed late but major deliverables are not jeopardized. The product will remain what was initially intended.	1 or 2
Medium Severity	Medium Severity normally means if any one of the following is true: A major deliverable may be late or the intended content or behavior of the product is not quite what was initially intended.	3
High Severity	High Severity normally means if any one of the following is true: Major deliverables or end product are very late or that the content or behavior of the end product is quite different (perhaps incorrect or severely limited) from what was initially intended.	4 or 5

Probability Level	**What could this level mean?**	**Values**
Low Probability	Risk item is unlikely to occur	1 or 2
Medium Probability	Risk item will have reasonable chance of occurring	3
High Probability	Risk item is likely to occur	4 or 5

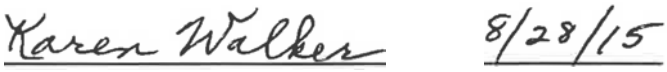
Attachment M

SSIP Phase II
Terms of Reference

Authorization

Explanation: These signatures authorize implementation of the State Systemic Improvement Plan, as described in the Terms of Reference.

Greg Williamson, Assistant Director Date
Executive Sponsor



Karen Walker, ESIT Administrator Date

SSIP Phase II
Terms of Reference

Authorization

Explanation: These signatures authorize implementation of the State Systemic Improvement Plan, as described in the Terms of Reference.

_____ _____

Greg Williamson, Assistant Director
Executive Sponsor

Date

10/12/15

Laurie Thomas, ESIT Administrator
Sponsor

Date

CERTIFICATION OF ENROLLMENT

SENATE BILL 5879

64th Legislature
2016 Regular Session

Passed by the Senate March 7, 2016
Yeas 47 Nays 1

President of the Senate

Passed by the House March 1, 2016
Yeas 92 Nays 5

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 5879** as passed by Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

Secretary of State
State of Washington

SENATE BILL 5879

AS AMENDED BY THE HOUSE

Passed Legislature - 2016 Regular Session

State of Washington 64th Legislature 2015 Regular Session

By Senators Billig, McAuliffe, and Kohl-Welles; by request of Department of Early Learning

Read first time 02/06/15. Referred to Committee on Early Learning & K-12 Education.

AN ACT Relating to early intervention services for infants and toddlers with disabilities and their families; amending RCW 70.195.010, 70.195.020, 28A.155.065, and 43.215.020; adding new sections to chapter 43.215 RCW; creating new sections; recodifying RCW 70.195.005, 70.195.010, 70.195.020, and 70.195.030; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 70.195.010 and 1998 c 245 s 125 are each amended to read as follows:

For the purposes of implementing this chapter, the governor shall appoint a state ((~~birth-to-six~~)) birth-to-three interagency coordinating council and ensure that state agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families shall coordinate and collaborate in the planning and delivery of such services.

No state or local agency currently providing early intervention services to infants and toddlers with disabilities may use funds appropriated for early intervention services for infants and toddlers with disabilities to supplant funds from other sources.

All state and local agencies shall ensure that the implementation of this chapter will not cause any interruption in existing early intervention services for infants and toddlers with disabilities.

Nothing in this chapter shall be construed to permit the restriction or reduction of eligibility under Title V of the Social Security Act, P.L. 90-248, relating to maternal and child health or Title XIX of the Social Security Act, P.L. 89-97, relating to medicaid for infants and toddlers with disabilities.

Sec. 2. RCW 70.195.020 and 1992 c 198 s 17 are each amended to read as follows:

The state ((~~birth-to-six~~)) birth-to-three interagency coordinating council shall identify and work with county early childhood interagency coordinating councils to coordinate and enhance existing early intervention services and assist each community to meet the needs of infants and toddlers with disabilities and their families.

Sec. 3. RCW 28A.155.065 and 2007 c 115 s 7 are each amended to read as follows:

(1) ((~~By September 1, 2009,~~)) Each school district shall provide or contract for early intervention services to all eligible children with disabilities from birth to three years of age. Eligibility shall be determined according to Part C of the federal individuals with disabilities education ((~~improvement~~)) act or other applicable federal and state laws, and as specified in the Washington Administrative Code adopted by the state lead agency, which is the department of early learning. School districts shall provide or contract, or both, for early intervention services in partnership with local birth-to-three lead agencies and birth-to-three providers. Services provided under this section shall not supplant services or funding currently provided in the state for early intervention services to eligible children with disabilities from birth to three years of age. The state-designated birth-to-three lead agency shall be payor of last resort for birth-to-three early intervention services provided under this section.

(2)(a) By October 1, 2016, the office of the superintendent of public instruction shall provide the department of early learning, in its role as state lead agency, with a full accounting of the school district expenditures from the 2013-14 and 2014-15 school years,

disaggregated by district, for birth-to-three early intervention services provided under this section.

(b) The reported expenditures must include, but are not limited to per student allocations, per student expenditures, the number of children served, detailed information on services provided by school districts and contracted for by school districts, coordination and transition services, and administrative costs.

(3) The services in this section are not part of the state's program of basic education pursuant to Article IX of the state Constitution.

NEW SECTION. **Sec. 4.** (1) The department of early learning shall provide a full accounting of the early support for infants and toddlers expenditures from the 2013-14 and 2014-15 school years in the plan required under section 6 of this act. The accounting shall include the reported expenditures from the office of the superintendent of public instruction required under section 3 of this act.

(2) This section expires August 1, 2017.

Sec. 5. RCW 43.215.020 and 2013 c 323 s 5 are each amended to read as follows:

(1) The department of early learning is created as an executive branch agency. The department is vested with all powers and duties transferred to it under this chapter and such other powers and duties as may be authorized by law.

(2) The primary duties of the department are to implement state early learning policy and to coordinate, consolidate, and integrate child care and early learning programs in order to administer programs and funding as efficiently as possible. The department's duties include, but are not limited to, the following:

(a) To support both public and private sectors toward a comprehensive and collaborative system of early learning that serves parents, children, and providers and to encourage best practices in child care and early learning programs;

(b) To make early learning resources available to parents and caregivers;

(c) To carry out activities, including providing clear and easily accessible information about quality and improving the quality of

early learning opportunities for young children, in cooperation with the nongovernmental private-public partnership;

(d) To administer child care and early learning programs;

(e) To apply data already collected comparing the following factors and make biennial recommendations to the legislature regarding working connections subsidy and state-funded preschool rates and compensation models that would attract and retain high quality early learning professionals:

(i) State-funded early learning subsidy rates and market rates of licensed early learning homes and centers;

(ii) Compensation of early learning educators in licensed centers and homes and early learning teachers at state higher education institutions;

(iii) State-funded preschool program compensation rates and Washington state head start program compensation rates; and

(iv) State-funded preschool program compensation to compensation in similar comprehensive programs in other states;

(f) To serve as the state lead agency for Part C of the federal individuals with disabilities education act (IDEA) and to develop and adopt rules that establish minimum requirements for the services offered through Part C programs, including allowable allocations and expenditures for transition into Part B of the federal individuals with disabilities education act (IDEA);

(g) To standardize internal financial audits, oversight visits, performance benchmarks, and licensing criteria, so that programs can function in an integrated fashion;

(h) To support the implementation of the nongovernmental private-public partnership and cooperate with that partnership in pursuing its goals including providing data and support necessary for the successful work of the partnership;

(i) To work cooperatively and in coordination with the early learning council;

(j) To collaborate with the K-12 school system at the state and local levels to ensure appropriate connections and smooth transitions between early learning and K-12 programs;

(k) To develop and adopt rules for administration of the program of early learning established in RCW ((~~43.215.141~~)) 43.215.455;

(l) To develop a comprehensive birth-to-three plan to provide education and support through a continuum of options including, but not limited to, services such as: Home visiting; quality incentives

for infant and toddler child care subsidies; quality improvements for family home and center-based child care programs serving infants and toddlers; professional development; early literacy programs; and informal supports for family, friend, and neighbor caregivers; and

(m) Upon the development of an early learning information system, to make available to parents timely inspection and licensing action information and provider comments through the internet and other means.

(3) When additional funds are appropriated for the specific purpose of home visiting and parent and caregiver support, the department must reserve at least eighty percent for home visiting services to be deposited into the home visiting services account and up to twenty percent of the new funds for other parent or caregiver support.

(4) Home visiting services must include programs that serve families involved in the child welfare system.

(5) Subject to the availability of amounts appropriated for this specific purpose, the legislature shall fund the expansion in the Washington state preschool program pursuant to RCW ((~~43.215.142~~)) 43.215.456 in fiscal year 2014.

(6) The department's programs shall be designed in a way that respects and preserves the ability of parents and legal guardians to direct the education, development, and upbringing of their children, and that recognizes and honors cultural and linguistic diversity. The department shall include parents and legal guardians in the development of policies and program decisions affecting their children.

NEW SECTION. **Sec. 6.** By December 15, 2016, the department of early learning shall develop and submit a plan to the appropriate committees of the legislature on comprehensive and coordinated early intervention services for all eligible children with disabilities in accordance with Part C of the federal individuals with disabilities education act. The proposed plan shall include, but is not limited to, the following:

(1) A full accounting of all the expenditures related to early support for infants and toddlers from both the department of early learning and the office of the superintendent of public instruction as required in RCW 28A.155.065 and section 4 of this act;

(2) The identification and proposal for coordination of all available public financial resources within the state from federal, state, and local sources;

(3) A design for an integrated early learning intervention system for all eligible infants and toddlers who have been diagnosed with a disability or developmental delays and their families;

(4) The development of procedures that ensure services are provided to all eligible infants and toddlers and their families in a consistent and timely manner; and

(5) A proposal for the integration of early support for infants and toddlers services with other critical services available for children birth to age three and their families.

NEW SECTION. **Sec. 7.** RCW 70.195.005, 70.195.010, 70.195.020, and 70.195.030 are each recodified as sections in chapter 43.215 RCW.

--- END ---

ESIT State Systemic Improvement Plan (SSIP) Glossary

Assessment: the process of gathering information to make decisions. Assessment informs intervention and, as a result, is a critical component of services for young children who have or are at risk for developmental delays/disabilities and their families. In early intervention and early childhood special education, assessment is conducted for the purposes of screening, determining eligibility for services, individualized planning, monitoring child progress, and measuring child outcomes. Definition from http://ectacenter.org/decrp/topic-assessment.asp

Coaching: a relationship-based process that is used to support practitioners' use of the innovation or practice in order to achieve desired or intended outcomes. Definition excerpted from A Guide to the Implementation Process: Stages, Steps & Activities (ECTA, 2014) available from http://ectacenter.org/implementprocess/implementprocess.asp

Child Outcomes: States' Part C and Part B Preschool programs report data annually on three global outcomes:
1. Social relationships, which includes getting along with other children and relating well with adults
2. Use of knowledge and skills, which refers to thinking, reasoning, problem-solving, and early literacy and math skills
3. Taking action to meet needs, which includes feeding, dressing, self-care, and following rules related to health and safety

Child Outcome Summary (COS) process: a team process for summarizing assessment information related to a child's development as compared to same-age peers in each of the three child outcome areas on a 7-point scale.

Child Outcomes Summary (COS) modules: a series of training modules developed by ESIT which provide key information about the COS process, and the practices that contribute to consistent and meaningful COS decision-making.

Child Outcomes Summary (COS) reports: a series of reports generated by the Data Management System displaying entry and exit COS ratings. Charts and tables represent groups of children and can be computed by local lead agency, program, or state.

Child Outcome Summary – Team Collaboration Toolkit (COS-TC): a tool used by states and programs to help define, observe, and assess recommended team collaboration practices in COS implementation underscoring ways to actively engage families as critical members in the COS process.

Child Outcomes Data Quality Intensive TA Cohort (ECTA/DaSy TA Outcomes cohort) means a national group of state agencies receiving intensive training and technical assistance to improve the quality of child outcomes data sponsored by the Early Childhood Technical Assistance Center (ECTA) and The Center for IDEA Early Childhood Data Systems (DaSy)

Comprehensive System of Personnel Development (CSPD), a federal requirement for the Department of Early Learning, to ensure that infants, toddlers, and young children with disabilities and their families, are provided services by knowledgeable, skilled, competent, and highly qualified personnel, and that sufficient numbers of these personnel are available in the state to meet service needs. Definition adapted from the ECTA systems framework available from http://ectacenter.org/sysframe/

Culturally appropriate practice: services that support the cultural practices of individuals and families.

Data quality: the extent to which data are complete, valid, consistent, timely and accurate.

Data Management System (DMS): ESIT's electronic data management system used by early intervention providers to enter required state and federal data.

Department of Early Learning (DEL): the Washington State lead agency which is designated by the Governor to receive federal funds to administer the State's responsibilities under the Individuals with Disabilities Education Act, Part C.

DEL Early Achievers Coaching Framework: a practice based coaching framework that supports the development of cultural competency, parallel process and adult resiliency.

DEL Home Visiting Services Account (HVSA): The HVSA was established by the Washington state legislature in 2010. This account helps fund and evaluate home visiting programs and leverages state dollars by providing private dollars as a match. The account also helps build and maintain the training, quality improvement and evaluation infrastructure needed for effective statewide home visiting services. Thrive Washington is a key partner in building the statewide home visiting system and jointly administers the HVSA with DEL.

Division of Early Childhood (DEC): a nonprofit organization advocating for individuals who work with or on behalf of children with special needs, birth through age eight, and their families. Definition from http://www.dec-sped.org/

DEC Recommended Practices: a source developed to provide guidance to practitioners and families about the most effective ways to improve the learning outcomes and promote the development of young children, birth through five years of age, who have or are at-risk for developmental delays or disabilities. Definition adapted from ECTA SEC Recommended Practices: Online Edition (http://ectacenter.org/decrp/decrp.asp)

Early Childhood Technical Assistance (ECTA) Center: a program of the Frank Porter Graham Child Development Institute of the University of North Carolina at Chapel Hill, funded through cooperative agreement number H326P120002 from the Office of Special Education Programs, U.S. Department of Education.

Family Engagement Practices Checklist: a checklist developed by the Early Childhood Technical Assistance Center (ECTA) which includes the kinds of practitioner help-giving practices that can be used to actively engage parents and other family members in obtaining family-identified resources and supports or actively engaging parents and other family members in the use of other types of intervention practices. Definition adapted from ECTA. Checklist available from http://ectacenter.org/~pdfs/decrp/FAM-3_Fam_Engagement.pdf

Early Intervention (EI) Competencies: a set of competencies developed by ESIT and stakeholders that define the professional knowledge needed to provide quality early intervention services.

Early Intervention Provider: an entity (whether public, private, or nonprofit) or an individual that provides early intervention services.

Early Intervention Services (EIS): developmental services provided through the ESIT program that are necessary to meet the individual needs of a child with a disability and their family. EIS include, but are not limited to: assistive technology device and service, audiology, family resources coordination, family training and counseling, health, medical, nursing, nutrition, occupational therapy, physical therapy, psychological services, sign and cued language, social work, special instruction, speech-language pathology, transportation and related costs, and vision services.

Early Support for Infants and Toddlers (ESIT): the program in Department of Early Learning that administers the Individuals with Disabilities Education Act, Part C according to federal regulations and state law.

ESIT Policies and Procedures : federally approved policies and procedures outlining the provision of part C in Washington State. http://www.del.wa.gov/publications/esit/Default.aspx

ESIT Practice Guides: publications developed by ESIT and stakeholders to inform the field on specific topics related to the provision of part C. http://www.del.wa.gov/development/esit/training.aspx

ESIT Self-Assessment Tool: a checklist used by programs to evaluate the quality of implementation of components of the IFSP process.

Evidence-based Practices (EBP): "a decision-making process that integrates the best available research evidence with family and professional wisdom & values". EBP are informed by research, in "which the characteristic and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome."
Definition adapted from:
Buysse, V., & Wesley, P. W. (2006). *Evidence-based practice in the early childhood field*. Washington, DC: ZERO TO THREE.
See http://eric.ed.gov/?id=ED500097
Dunst, C. J., Trivette, C. M., & Cutspec, P. A. (2007). *An evidence-based approach to documenting the characteristics and consequences of early intervention practices* (Winterberry Research Perspectives, v.1, n.2). Asheville, NC: Winterberry Press

Fidelity of Implementation: The degrees to which specified procedures, innovations or practices are implemented as intended by developers and achieve expected results or benefits. Fidelity implies strict and continuing faithfulness to the original innovation or practice. Definition from A Guide to the Implementation Process: Stages, Steps & Activities (ECTA, 2014) available from http://ectacenter.org/implementprocess/implementprocess.asp

Family Resources Coordinator (FRC): an individual who assists an eligible child and his/her family in gaining access to the early intervention services and other resources as identified in the Individualized Family Service Plan, and receiving the rights and procedural safeguards of the early intervention program.

Functional IFSP outcomes: child and/or family-focused, participation-based statements which center on child interests that provide opportunities for learning and development within the context of daily routines and activities.

Functional Assessment: an assessment that combines the family's priorities and concerns and the child's unique strengths and needs across settings and routines.

General Supervision and Accountability System: the state's multiple methods (or components) to ensure implementation of IDEA 2004, identify and correct noncompliance, facilitate improvement, and support practices that improve results and functional outcomes for children and families. Definition from http://ectacenter.org/

Infant Mental Health (IMH): an interdisciplinary field dedicated to understanding and promoting the social and emotional wellbeing of all infants, very young children, and families within the context of secure and nurturing relationships. Definition from http://www.wa-aimh.org/

Infant Mental Health Specialist: trained professionals with expertise in providing mental health interventions for children under three and their families.

Individualized Family Service Plan (IFSP): a written plan to provide early intervention services through ESIT to an eligible child with a disability and the child's family.

Individuals with Disabilities Education Act, Part C: the Infants and Toddlers with Disabilities program under the federal Individuals with Disabilities Education Act.

Informed Clinical Opinion (ICO): the required element of all eligibility decisions, for each individual professional and for all teams. ICO may be used as the only basis for an eligibility decision when there are no appropriate test results because of a child's age or condition.

Infrastructure: the organizational structure needed to support the provision of services.

Local Lead Agency (LLA): the locally designated agency or organization that provides general supervision and monitoring of all early intervention service providers to ensure that early intervention services are provided in accordance with Part C of IDEA federal and Washington state requirements.

Logic Model: an illustration that links activities to outcomes.

Part C Grant: the federal grant from the US Department of Education, Office of Special Education Programs, awarded to DEL as the State lead agency.

Promoting First Relationships (PFR): a training program at the Barnard Center for Infant Mental Health and Development at the University of Washington dedicated to promoting children's social-emotional development through responsive, nurturing caregiver-child relationships. Definition from http://pfrprogram.org/

Reflective Practice Groups: group supervision to support providers to examine their thoughts and feelings related to professional and personal responses within the infant and family field.

Substantially increase their rate of growth: children who entered early intervention below age expectations in a particular child outcome, whose growth trajectory increased by the end of their participation in early intervention. Definition from http://ectacenter.org/

Social-emotional: the capacity to experience and regulate emotions, form secure relationships, and explore and learn. Definition from Zero to three, National Center for Infants, Toddlers and Families. www.zerotothree.org

State Identified Measurable Result (SIMR): the desired long-term outcome of the State Systemic Improvement Plan. The Washington Part C SIMR is to increase the percentage of infants and toddlers with disabilities in Washington State who will substantially increase their rate of growth in positive social-emotional skills by the time they exit the early intervention program.

State Systemic Improvement Plan (SSIP): a comprehensive and multi-year plan, focused on improving results for children with disabilities.

Theory of Action: a graphic illustration structured to describe the flow of action steps involving the following: State Lead Agency (DEL/ESIT), local lead agencies (LLAs), early intervention providers, children and families.

Washington Administrative Code (WAC): rules that are adopted by Washington state agencies.

Washington Association for Infant Mental Health (WA-AIMH): a nonprofit organization that supports an interdisciplinary community of professionals and policymakers in order to promote the social and emotional well-being of young children and their parents and caregivers throughout Washington. Definition adapted from http://www.wa-aimh.org/

WA-AIMH competencies: a description of specific areas of expertise, responsibilities and behaviors that are required to earn the WA-AIMH endorsement. Definition from http://www.wa-aimh.org/

WA-AIMH endorsement: a nationally recognized system of endorsement which, when completed, indicates an individual's efforts to specialize in the promotion and practice of infant mental health with his/her own chosen discipline. It does not replace licensure, certification or credentialing, but instead is meant as an overlay to these. Definition from http://www.wa-aimh.org/

WA EI/HV research project: a project funded by the DEL Home Visiting Services Account and completed by WithinReach, that examined referral pathways between early intervention and home visiting programs in several communities, and developed recommendations for DEL to improve collaboration.

Attachment P

Recommended Social-Emotional Assessment Tools

Comparison Chart

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
DECA-I/T (Devereux Early Childhood Assessment for Infants and Toddlers)	A standardized, norm-referenced, strength-based assessment that assesses protective factors and screens for social and emotional risks in very young children. It meets Early Head Start performance standards. e-DECA is a web-based computer version of the DECA.[1]	• Can help identify/quantify challenges with initiation or regulation, but does not look at social interactions as much as I'd like. – MS • Allows you to qualify a child on just one of those sub-scales • Accompanied by helpful curricula (strategies guide and other materials provided by Devereaux) • Many providers at the 3-5 age level are familiar with the DECA for preschoolers, so there is a name recognition/built-in trust of Devereaux and their products when the children transition to the next system. – Julie, infant mental health trainer/CHERISH lead • Breaks down social emotional development into three components that are easy to explain to families • Has the potential to be completed by a provider to show any differences in social emotional behavior based on environment—this can be useful in determining if the potential delay is more environmental (parenting), allowing providers to fine tune their intervention methods. – Mary, social worker and infant mental health specialist • The DECA-IT is ideal because we can qualify children with at least a 25% delay in any of the subscore areas. This helps significantly in picking up on delays other tools may miss. Michigan Part C used the DECA-IT with positive results. – MC	• Parent report is biggest limitation among others. – Julie, infant mental health trainer/CHERISH lead • Relies on parent report, which can be misleading at times • Another challenge is if a child has an area that is a strength, like Attachment and Relationships, but also has an area of need in Self Regulation, the strength can override the need in the final score. Luckily we can use professional opinion or break down the score to qualify a child. – Mary, Mary, social worker and infant mental health specialist • If parents aren't good reporters or a child is in a new foster home, this tool can be less reliable. – MB	DECA Infant: 4 weeks-18 months DECA Toddler: 18-36 months	Not reported	33 or 36 item assessment completed by parents and caregivers of infants and toddlers, comprising protective factor scales: initiative, attachment/relationship, self-regulation, and a total protective factors scale	DECA-I/T Kit: $199.95	6

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
CBCL (Child Behavior Checklist)	The Child Behavior Checklist for Ages 6 to 18 (CBCL/6-18) is a standardized questionnaire for assessing children's behavioral, emotional, and social problems and competencies. It can be self-administered by parent figures or administered by interviewers. A version for ages one-and-a-half to five years (CBCL/1.5-5) assesses language development as well as problems. These questionnaires are components of the Achenbach System of Empirically Based Assessment (ASEBA).[5]	• Scoring software looks at items in more than one way and provides some suggestions for possible diagnostic categories • Looks at atypical behavior. – GC • Has good psychometric properties	• Evaluators must be very careful in their interpretation of results. – JW • Long and cumbersome to score without the scoring software and requires some training to properly interpret the results	1 and a half-5 years 6-18 years	Not reported	Parent-reported assessment of child's competencies & problems. Can be self-administered or administered by an interviewer.	Pre-school Age Hand Scoring Starter Kit: $160.00 CBCL only: $30.00	3
ASQ-SE (Ages and Stages Questionn-aires: Social-Emotional)	Parent completed questionnaires designed to identify children in need of additional assessment. Personal-social areas assessed include self-regulation, communication, autonomy, coping, and relationships. Varies from 21-32 items, depending on age interval. English and Spanish versions available.[3]	• Recommended for looking at overall development. – GC • Although it's a screening tool, it's a reliable source of information for teams when completing the COS and will help families be more involved in the process. – KH		Birth to 72 months	~ 15-20 mins, less if parents complete independe ntly (each question-aire takes 10-20 mins to complete, 2-3 mins to score)	Parent or caregiver-completed questionnaires	Starter Kit with English Questionna ires: $275.00 Spanish questionna ires: $225.00	2

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
BDI-2 (Battelle Develop-mental Inventory, 2nd Ed.)	An individually administered assessment battery of key developmental skills in 5 domains: adaptive, personal-social, communication, motor, and cognitive. It is designed for use by infant interventionists: preschool, kindergarten, primary school teachers and special educators.[4]	• Combine with DECA to get most comprehensive information—I'm looking for a combination of seeing how the child relates/connects with others and regulation & managing emotions as well as parent-child connection. – SB • Many people use this and it's recognizable, as well as standardized and easy to administer and score. –MB	• Under-identifies children with behavioral problems	Birth to 7 years, 11 months	Complete BDI: 1-2 hours. Screener BDI: 10-30 mins for adminis-tration, 15-30 for scoring	An observational tool using structured assessment, parent interview, and observations of the child in natural settings. May be administered by a team of professionals or an individual service provider.	Complete Kit w/ Manipu-latives: $1,282.00 Screener Kit w/ Manipu-latives: $405.70	2

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
Bayley-III (Bayley Scales of Infant and Toddler Development, 3rd Ed.) *Recomm-ended with the use of a visual representation of behavior frequency	A norm-referenced, standardized assessment used to identify the child's developmental competencies; identify deficits in very young children across five major developmental domains: cognitive, language, motor, social-emotional, and adaptive behavior.[2]	• Using a visual representation of the behavior frequency as well seems to make choosing a frequency easier for families • It is a test kit that many 0-3 programs own and are currently using • Has all 5 developmental areas, if that was wanted or needed • There are more test items for younger kids • Was recommended at the Infant Mental Health Conference • Adjusts for prematurity. If a child has spent several weeks to months in a NICU and is being tested at a young age, that is important information to take into account • There are more items on this tool than most other tools we reviewed. This gives you more information and a bigger picture, but is not excessively long or difficult to give • There are clear stopping points for age groups. Other tools do not have clear stopping points and some parents can over attribute skills to their child. - CB & DD	• Sensory-focused in a non-useful way. – MS	1 to 42 months	30-90 mins, depending on age of child	Any qualified personnel can administer (must be trained in administration and analyzing/interpreting results). Has a core battery of five scales: three administered with child interaction (cognitive, motor, language) and two conducted with parent questionnaires (social-emotional, adaptive behavior). Also included: Caregiver Report Form and Behavior Observation Inventory	(Both Manual Scoring and Software Scoring prices) Compre-hensive Kit: $1,135.00 Complete Kit: $1,025	2

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
AEPS (Assessment, Evaluation, and Programming System for Infants and Children, 2nd Ed.)	A curriculum embedded measurement system for use with children with special needs. It allows for the testing of a variety of skills as the child goes about everyday developmentally appropriate activities. Addresses 6 key developmental areas in young children. AEPS helps identify educational targets tailored for each child's needs, formulate developmentally appropriate goals, conduct before and after evaluations to ensure interventions are working, and involve families in the whole process.[4]	• Combine with DECA to get most comprehensive information—I'm looking for a combination of seeing how the child relates/connects with others and regulation & managing emotions as well as parent-child connection. – SB		Birth to 6 yrs	Not reported	The AEPS test is administered to assess goals and objectives in six key areas (Fine motor, gross motor, cognitive, adaptive, social-communication, and social) while observing children and caregivers engaging in everyday activities. Family members give input through the Family Report, and a Child Progress Record is completed by the test administrator	Birth to 3 set: $179.00 3 to 6 set: $179.00	1

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
BASC-2 (Behavior Assessment System for Children, 2nd Ed.)	Can be used for both assessment and intervention planning. It comprises two rating scales and forms: the Teacher Rating Scales (TRS) and the Parent Rating Scales (PRS). Teachers or other qualified observers complete the TRS to measure adaptive and problem behaviors in the preschool setting. A child's specific behaviors are rated on a four-point scale of frequency, ranging from "Never" to "Almost Always." Similarly, the PRS measures adaptive and problem behaviors in the community and home setting, using a four-choice response format. Results yield two functional scales and eight clinical scales for children ages 2-5. Available in English and Spanish.[3]	• Has good psychometric properties and is easy to use	• Parents find some of the questions very confusing • At age 2 most of the final scoring is based on parent input and this can often be way-out-of-line…so final scoring and subsequent evaluation should not be based exclusively on parent input/scores unless the parent has been interviewed in person and the child observed. – JW	2-21 years, 11 months	10-20 mins	Evaluations from three different perspectives: teacher, parent/caregiver, and self. For the teacher perspective, the teacher completes the Teaching Rating Scale (TRS), and a clinician or qualified observer records their observations in the Student Observation System (SOS). For the parent perspective, the parent or caregiver completes the Parent Rating Scale (PRS). For the self perspective, the administrator completes the Structured Developmental History (SDH). For older children, the Self-Report of Personality-Interview is conducted, and the child completes the Self-Report of Personality (SRP).	Hand-Scoring Examination Set: $214.00 Hand-Scoring Starter Set: $747.00	1

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
DAYC-2 (Develop-mental Assessment of Young Children, 2nd Ed.)	The DAYC is used to identify children with possible delays in children who may benefit from early intervention. There are five subsets that can be administered separately or as a comprehensive battery to individual children. Involve parents and caregivers by interviewing them as part of the assessment process. The DAYC format allows you to obtain information about a child's abilities through observation, interview of caregivers, and direct assessment.[4]	• Fosters discussion around important questions. - JW	• Doesn't provide enough on maladjustment. - GC • Doesn't paint a useful picture of SE development of help identify strengths/needs in that area. – MS • Scores are based on few items • Parents often fill out the questionnaire incorrectly	Birth-5 years, 11 months	10-20 mins per subset	In 5 individually administered subsets, a qualified administrator obtains information about a child's abilities through observation, interview of caregivers, and direct assessment.	DAYC-2 Kit: $345.00	1
DC 0-3R (Diagnostic Classification of Mental Health and Develop-mental Disorders of Infancy and Early Childhood)	The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3R) is an age-appropriate approach for assessing infants, toddlers and preschool children. This tool classifies mental health and developmental disorders in children from birth through four years old considered in relationship to their families, culture and communities.[6]	• Recognizing DC 0-3 as a valid tool may encourage more agencies to view mental health as an area of specialty that is missing from their teams—and provide more parity in care for this population. – CG		0-3 years	Not reported	A mental health professional examines a child's developmental history, current functioning and family history and observes the child's interactions	Paperback version: $37.95	1

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
ITSEA/ BITSEA (Infant Toddler Social Emotional Assessment/ Brief Infant Toddler Social Emotional Assessment	Focuses on competencies, as well as deficits, and relies on input from the parent and childcare provider. Use the BITSEA to quickly identify possible developmental delays, followed by the ITSEA to provide in-depth analysis and intervention guidance. Spanish-language parent and childcare provider forms are available.[1]	• The brief version has both parent report forms and child care provider report forms. • Has adequate representation of children from diverse backgrounds. – LI	• Too long and doesn't offer useful information. – MS • Starts at 12 months. – Julie, infant mental health trainer/CHERISH lead	12-36 months	ITSEA: 25-30 mins BITSEA: 7-10 mins	Qualified administrator completes the assessment forms , which cover 17 subscales that address 4 domains: Externalizing, Internalizing, Dysregulation, and Competence Use BITSEA to identify possible developmental delays, follow-up with ITSEA for the in-depth analysis and intervention guidance.	Manual Scoring ITSEA Kit: $187.20 BITSEA Kit: $118.90 ITSEA and BITSEA Combo Kit: $287.15 Software-based scoring ITSEA and BITSEA Combo Kit: $339.20	1
Sensory Profile 2	The Sensory Profile™ 2 family of assessments provides you with standardized tools to help evaluate a child's sensory processing patterns in the context of home, school, and community-based activities. These significantly revised questionnaires evaluate a child's unique sensory processing patterns from a position of strengths, providing deeper insight to help you customize the next steps of intervention.[10]	• Administered as a secondary assessment if an SI issue is suspected (e.g., following DAYC). - JW	• Not a social-emotional assessment, shouldn't be used as such	Birth-14 years, 11 months	5-20 mins	Standardized forms are completed by caregivers and teachers, who are in the strongest position to observe the child's response to sensory interactions that occur throughout the day.	Sensory Profile 2 Starter Kit: $260.00	1

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
TABS (Temper-ament and Atypical Behavior Assessment Tool)	The TABS Assessment Tool is a norm-referenced tool designed to identify temperament and self-regulation problems that can indicate that a child is developing atypically or is at risk for atypical development. This 55-item checklist covers areas such as temperament, attention, attachment, social behavior, play, vocal and oral behavior, sense and movement, self-stimulation and self-injury, and neurobehavioral state. The parent-completed checklist takes approximately 15 minutes. The results give a detailed evaluation of atypical behavior in four categories-detached, hypersensitive-active, underreactive, and dysregulated.[8]	• Administered as a secondary assessment if there are clues for possible autism (e.g., following DAYC). - JW		11-71 months	~ 15 mins.	Parent-completed checklist	TABS Tool package of 30: $35.00	1
TPBA2 (Transdisci-plinary Play-Based Assessment)	*Transdisciplinary Play-Based Assessment, Second Edition (TPBA2)* is a comprehensive, easy-to-follow process for assessing four critical developmental domains—sensorimotor, emotional and social, communication, and cognitive—through observation of the child's play with family members, peers, and professionals.[9]	• The social-emotional domain has a lot of social skills and behaviors broken down • Has a great family assessment component tied to each strand. – KH		Birth-6 years	60-90 mins for a complete play session	Qualified personnel facilitate play with the child/observe the child with along with a parent	Spiral Bound TPBA2: $54.95	1

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
TPBA2 (Transdisci-plinary Play-Based Assessment)	*Transdisciplinary Play-Based Assessment, Second Edition (TPBA2)* is a comprehensive, easy-to-follow process for assessing four critical developmental domains—sensorimotor, emotional and social, communication, and cognitive—through observation of the child's play with family members, peers, and professionals.[9]	• The social-emotional domain has a lot of social skills and behaviors broken down • Has a great family assessment component tied to each strand. – KH		Birth-6 years	60-90 mins for a complete play session	Qualified personnel facilitate play with the child/observe the child with along with a parent	Spiral Bound TPBA2: $54.95	1
Vineland SEEC (Vineland Social Emotional Early Child-hood Scale)	Three scales (Interpersonal Relationships, Play and Leisure Time, and Coping Skills) and the Social-Emotional Composite assess usual social-emotional functioning in children from birth through 5:11. Data is collected through an interview with the parent or caregiver. The tool assesses strengths and weaknesses in specific areas of S-E development that can be used to plan targeted activities and supports, monitor progress, or evaluate success after completion of a program.	• Not great but most other tools have very few questions really focused on social/emotional development. - SH	• Maladaptive behavior scales have limited utility, but the VABS-3 is coming out in the spring so it remains to be seen how the update changes it	Birth-5 years, 11 months	15-25 mins	Data is collected through an interview with the parent or caregiver. Can be used alone or in conjunction with the Mullen Scales of Early Learning for a more complete assessment of a young child's development.	Vineland SEEC Complete Kit includes Manual, Record Forms 25 Pack: $242.00 Vineland SEEC Record Forms 25 Pack: $107.00	1
PICCOLO (Parenting Interactions with Children: Checklist of Obser-vations Linked to Outcomes)	PICCOLO is a checklist of 29 observable developmentally supportive parenting behaviors with children ages 10–47 months in four domains. It is a positive, practical, versatile, culturally sensitive, valid, and reliable tool for practitioners that shows what parents can do to support their children's			10-47 months	Scored from a 10-minute obser-vation, live or from video	Family support professionals such as home visitors, child development specialists, family educators, etc. can complete the PICCOLO	PICCOLO Provider Starter Kit: $55.00 PICCOLO Tool: $25.00	Suggested twice as a potentially effective tool

Name of tool	Description	Strengths	Limitations	Age Range	Time Frame	Administration	Cost	# Of Recommen-dations
	development. PICCOLO helps practitioners observe a wide range of parenting behaviors that help children develop over time—an approach known as *developmental parenting*. Parenting strengths—what the parent already believes is important to do and is comfortable doing with his or her child—are a valuable resource for increasing the developmental support available to young children.[7]							
BABES (Behavioral Assessment of Baby's Emotional and Social Style)	Behavioral screening instrument, consisting of three scales—temperament, ability to self-soothe, and regulatory processes. This instrument is intended for use in pediatric practices, clinics, and early intervention programs. Available in both English and Spanish.[3]			0-36 months	10 minutes	Parent or other caregiver-completed screener	Couldn't find	Mentioned as a possible effective tool
Further suggestion: Tools that address the interaction/relationship between parent and child • The Parent-Child Early Relationship Assessment • Indicator of Parent Child Interaction (IPCI) • PICCOLO • Infant Toddler Temperament Tool (IT3) • Greenspan Social Emotional Growth Chart • Screening for depression in parents?								

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4. http://www.collaboratingpartners.com/docs/3.6AssessRes.pdf
5. http://www.encyclopedia.com/doc/1G2-3045300316.html
6. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_149097
7. http://www.brookespublishing.com/resource-center/screening-and-assessment/piccolo/
8. http://products.brookespublishing.com/Temperament-and-Atypical-Behavior-Scale-TABS-Assessment-Tool-P526.aspx
9. http://products.brookespublishing.com/Transdisciplinary-Play-Based-Assessment-Second-Edition-TPBA2-P215.aspx
10. http://www.pearsonclinical.com/therapy/products/100000822/sensory-profile-2.html#tab-details

Evidence-based Programs/Models Worksheet

DEC Recommended Practices - Interactional Practices

INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.

INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.

INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

Specific Practices that Operationalize the DEC Recommended Practices

Practices used in EBPs:

- Provision of developmental guidance
  - Information about developmental expectations
  - Identification of emerging strengths
  - Assistance with caregiving strategies
  - Discussions of limit setting for non-adaptive behaviors
- Modeling of coping & regulation
  - In interacting with caregiver and the young child—exhibiting patience, compassion, understanding
  - Re-framing/reinterpreting behaviors
  - Speaking for the baby
- Provision of relational guidance
  - Encouraging understanding during spontaneous interactions
  - Helping caregiver to think about child's experience of the world
  - Encouraging pleasurable interactions between caregiver & child
- Modifying parenting behaviors
  - Skill based practical work
  - Getting on the floor with caregivers and young children
  - Videotaping & reviewing with parents

- Instruction sheets (knowledge based) do not work as well as practice

Which of the specific practices for improving social emotional outcomes are addressed in the professional development materials for each Evidence-base Programs/Models and Curricula?

	Evidence-based Programs/Models and Curricula														
	Hanen Spark	Circles of Security	FIND	Promoting First Relationship	Floortime	NCAST	Early Start Denver Model	ABA	AEPS	Hawaii Early Learning Profile	Teaching Strategies Gold	CHERISH	Reciprocal Imitation Training	P.L.A.Y. Project	Carolina Curriculum
Provision of developmental guidance															
Information about developmental expectations	X	X		X	X	X	X	X	X	X		X	X	X	X
Identification of emerging strengths	X	X		X	X	X	X	X	X	X		X	X	X	X
Assistance with caregiving strategies	X	X		X	X	X	X		X	X		X	X	X	X
Discussions of limit setting for non-adaptive behaviors				X	X		X	X	X			X	X	X	X
Modeling of coping & regulation															
Interactions with caregiver and the young child	X	X	X	X	X	X	X	X	X			X	X	X	X
Re-framing/reinterpreting behaviors	X	X	X	X	X	X	X	X	X			X	X	X	X
Speaking for the baby	X		X	X	X		X					X	X		
Provision of relational guidance															
Encouraging	X	X	X	X	X	X	X	X	X			X	X	X	X

	Evidence-based Programs/Models and Curricula														
	Hanen Spark	Circles of Security	FIND	Promoting First Relationship	Floortime	NCAST	Early Start Denver Model	ABA	AEPS	Hawaii Early Learning Profile	Teaching Strategies Gold	CHERISH	Reciprocal Imitation Training	P.L.A.Y. Project	Carolina Curriculum
understanding during spontaneous interactions															
Helping caregiver to think about child's experience of the world	X	X	X	X	X	X	X	X	X			X	X	X	X
Encouraging pleasurable interactions between caregiver & child	X	X	X	X	X	X	X	X	X				X	X	X
Modifying parenting behaviors															
Skill based practical work	X	X		X	X	X	X	X				X	X	X	
Getting on the floor with caregivers and young children	X	X	X	X	X		X	X	X			X	X	X	X
Videotaping & reviewing with parents	X		X	X	X								X	X	
Instruction sheets (knowledge based) do not work as well as practice	X			X			X						X		
Recommended Practices															
INT 1- Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.	X	X	?	X	X	X	X						X		

	Evidence-based Programs/Models and Curricula														
	Hanen Spark	Circles of Security	FIND	Promoting First Relationship	Floortime	NCAST	Early Start Denver Model	ABA	AEPS	Hawaii Early Learning Profile	Teaching Strategies Gold	CHERISH	Reciprocal Imitation Training	P.L.A.Y. Project	Carolina Curriculum
INT 2- Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.	X	X	?	X	X	X	X						X		
INT 3- Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.	X	X	?	X	X	X	X						X		
Other Considerations															
Are there professional development materials accessible without cost?	N	N	?	N	N	N	Y-few						Y		
Is certification required?	Y	Y	Y	N	Y	Y	N						N		

Hanen Spark-

SPARK Communication™ is an intensive 2-day Hanen training designed specifically for professionals who work with young children with language delays and their families (non-SLPs). Participants learn research-based responsive interaction strategies — drawn from Hanen's It Takes Two to Talk® program and guidebook — that are known to accelerate children's early language development. They also learn how to coach parents to apply these strategies during everyday interactions with their child to make language learning a natural, ongoing process for the child.

This training is based on current research and best practice and offers the framework early intervention providers need to effectively support children's early communication development by making parents a central part of the intervention process. By taking this training, providers learn:

1. The four early communication stages and styles, and how the various interactive roles parents play affect their child's opportunities to interact and learn.
2. The evidence-based interaction and language-building strategies that accelerate early communication development.
3. A coaching framework for involving and teaching parents so they play a key role in facilitating their child's early communication development.
4. A concrete plan for applying the *SPARK* coaching framework and interaction strategies with the families on their caseload.
5. A set of invaluable resources to support their daily work with families (valued at $109 USD).
6. A common language and approach to use with other members of multidisciplinary teams in order to provide consistent.

Practices from list included: 13/14
DEC RP INT 1-3 Practices: 3/3
Cost: Yes
Certification required: Yes
Other-Specific to children with language delays

Circles of Security-
The Circle of Security (COS) is a relationship based early intervention program designed to enhance attachment security between parents and children. The COS intervention and the graphic designed around it are intended to help caregivers increase their awareness of their children's needs and whether their own responses meet those needs. With increased awareness parents can expand their moment-to-moment parenting choices where needed. In this shift from mind-blindness to seeing what is hidden in plain sight lies the potential to break the stranglehold of problematic attachment patterns, passed from one generation to the next, that can compromise healthy relationships throughout a child's lifespan.

The COS is a user-friendly, visually based approach (utilizing extensive use of both graphics and video clips) to helping parents better understand the needs of their children. It is based extensively upon attachment theory (from the work of John Bowlby and Mary Ainsworth) and current affective neuroscience.

It is also a basic protocol that can be used in a variety of settings, from group sessions (20 weeks) to family therapy to home visitation. The common denominator is that all of the learning is informed around the following themes:

- Teaching the basics of attachment theory via the Circle of Security.
- Increasing parent skills in observing parent/child interactions.
- Increasing capacity of the caregiver to recognize and sensitively respond to children's needs.
- Supporting a process of reflective dialogue between clinician and parent to explore both strengths and areas of parent difficulties (i.e., being "Bigger, Stronger, Wiser, and Kind," supporting exploration, and supporting attachment).
- Introducing parent to a user-friendly way to explore defensive process.

Practices from list included: 10/14
DEC RP INT 1-3 Practices: 3/3
Cost: Yes
Certification required: Yes

Filming Interactions to Nurture Development (FIND)-
FIND is a video coaching program for parents and other caregivers of high-risk children. Consistent with other video coaching strategies, FIND employs video to reinforce naturally occurring, developmentally supportive interactions between caregivers and young children. This simple, practical approach emphasizes caregivers' strengths and capabilities. FIND was developed by Dr. Fisher and colleagues at the Oregon Social Learning Center (OSLC) and OSLC Developments Inc. The approach has roots in the tradition of microsocial interaction research at OSLC and in an intervention called Marte Meo, which has been widely implemented in Europe and elsewhere.

FIND utilizes the concept of *Serve and Return* that was developed at the Center on the Developing Child at Harvard University as the framework within which developmentally supportive interactions are identified. A serve occurs when a child initiates an interaction using words or gestures, or by focusing their attention on something or someone. The serve is returned when the caregiver notices and responds. Within the context of FIND, 5 specific elements of serve and return are emphasized, with one element introduced in each coaching session.

The FIND program has been implemented in both individual and group settings. In both cases, it begins with video recordings of a caregiver and child in their home or other natural setting. The film is carefully edited to show brief clips in which the caregiver is engaged in developmentally supportive interactions with the child. At an individual or group coaching session, the FIND Coach reviews the edited clips in detail with the caregivers.

The FIND edited film is specially designed to facilitate learning and optimize engagement. Each film focuses on one of the 5 elements of *Serve and Return* that comprise the FIND model. For each film, three short clips are selected. Each clip begins with a brief description that appears as text on the screen and is read aloud by the coach. This text cues the parent to notice the child's initiation (serve) and the their own developmentally supportive response (return). Then the clip plays three times. First, the clip plays all the way through. The second time there are embedded pauses placed by the editor, which cue the coach to pause and comment on specific elements of the interaction. Finally, the clip plays once more all the way through, giving the caregiver an opportunity to consolidate what they've learned. Consistent with other video coaching approaches, the film begins and ends with a still image of the caregiver and child.

Practices from list included: 8/14
DEC RP INT 1-3 Practices Included: ?
Cost: ?
Certification required: Yes

Promoting First Relationships
PROMOTING FIRST RELATIONSHIPS is a training program at the Barnard Center for Infant Mental Health and Development at the University of Washington dedicated to promoting children's social-emotional development through responsive, nurturing caregiver-child relationships. This training program trains service providers in the use of practical, in-depth, effective strategies for promoting secure and healthy relationships between caregivers and young children (birth to 3 years).

Features of the training program include:
- Videotaping caregiver-child interactions to provide insight into real-life situations.
- Giving positive feedback that builds caregivers' competence with and commitment to their children.
- Focusing on the deeper emotional feelings and needs underlying caregivers and children's distress and behaviors.
- Promoting a wondering stance in parents and caregivers through reflection and mindfulness

The *Promoting First Relationships* Curriculum covers issues critical to supporting and guiding caregivers in building nurturing and responsive relationships with children, including:
- Theoretical foundations of social and emotional development in early childhood (birth to 3 yrs.).
- Consultation strategies for working with parents and other caregivers.
- Elements of a healthy relationship.
- Promoting the development of trust and security in infancy.
- Promoting healthy development of self during toddlerhood.
- Understanding and intervening with children's challenging behaviors.
- Developing intervention plans for children and caregivers.
- Individualizing Promoting First Relationships for your setting.

Practices from list included: 14/14
DEC RP INT 1-3 Practices Included: 3/3
Cost: Yes
Certification required: No

Floortime

The three components of The Greenspan Floortime Approach Training and Certification Program offer a learning system for working with children with autism. These components progressively explain how to achieve his goals for children with ASD, which are to:

- Deepen Relationships through meaningful interactions with the people in their lives.
- Strengthen Communication by expressing wants, ideas, and opinions.
- Expand Thinking and learning by understanding concepts.
- Foster Better Behavior through understanding and self-control.

The first two training components—The Professional Course and the Floortime Manual—provide the basics of Dr. Greenspan's developmental model and Floortime intervention. You can take them individually as well as part of the certification program

Practices from list included: 13/14
DEC RP INT 1-3 Practices Included: 3/3
Cost: Yes
Certification required: Yes
Other-Specific to children with autism

NCAST-

In the late 1960's, researchers began to investigate how to identify children at risk for failure to thrive, abuse or neglect. In 1971, **Dr. Kathryn Barnard**, Professor of Family and Child Nursing at the University of Washington, initiated research that brought the ecology of early child development closer to the level of clinical practice by developing methods for assessing behaviors of children and parents. She identified environmental factors that are critical to a child's well-being and demonstrated the importance of parent-child interaction as a predictor of later cognitive and language development. These assessment tools, widely known as the NCAST Feeding and Teaching Parent-Child Interaction scales, were initially taught in 1979 to over 600 nurses in a series of eight classes via satellite in the U.S. After the satellite training experiment ended, **NCAST** (**Nursing Child Assessment Satellite Training**), under the direction of Georgina Sumner, started offering a Certified Instructor Workshop in Seattle. These professionals gained reliability in the use of the Feeding and Teaching Scales and after obtaining certification as an NCAST Local Instructor went back to their communities to teach others in the use of the scales.

In the 1980's NCAST became a self-sustaining organization at the University of Washington that reached beyond traditional academic or continuing education programs to advance knowledge around the world for the benefit of families and children.

The Feeding and Teaching Scale program was updated in 1994 and is currently known as the Parent-Child Interaction (PCI) Program. Since its beginning, NCAST has trained over 800 Certified Instructors representing almost every state in the U.S. and several foreign countries. NCAST's Certified Instructors have trained more than 20,000 health care professionals in the use of the NCAST PCI Feeding and Teaching Scales. The PCI Scales are being used in many settings, including state, province and county health departments, community outreach programs, hospitals, clinics and universities and in various disciplines such as public health nursing, social work, child care, physical and occupational therapy,

psychology, psychiatry, and pediatrics.

The PCI Feeding & Teaching Scales are also widely used in research all over the world. They have been used in major studies including the Administration of Children, Youth and Families' study, the Memphis New Mother Project, The David Olds Study and the Early Childhood Longitudinal Study, Birth Cohort, Comprehensive Child Care programs and projects promoted by the National Committee to Prevent Child Abuse, to name a few.

Dr. Jean Kelly, professor emeritus at the University of Washington's Family-Child Nursing Department, served as NCAST Director from 2001-2009. Under her direction, several new innovative programs were developed including Promoting First Relationships, Promoting Maternal Mental Health During Pregnancy, and BabyCues: A Child's First Language.

In 2009, Dr. Monica Oxford, research professor at the Department of Family and Child Nursing at the University of Washington, became the new Director of NCAST Programs. NCAST Programs now represents the work of faculty from the Department of Family-Child Nursing and the Center for Human Development and Disability and continues to develop dynamic educational programs which combine research and practice with various teaching strategies to assist professionals working with infants, young children and families.

Practices from list included: 9/14
DEC RP INT 1-3 Practices Included: 3/3
Cost:
Certification required: Yes

Early Start Denver Model
The Early Start Denver Model (ESDM) is a comprehensive behavioral early intervention approach for children with autism, ages 12 to 48 months. The program encompasses a developmental curriculum that defines the skills to be taught at any given time and a set of teaching procedures used to deliver this content. It is not tied to a specific delivery setting, but can be delivered by therapy teams and/or parents in group programs or individual therapy sessions in either a clinic setting or the child’s home.

Psychologists Sally Rogers, Ph.D., and Geraldine Dawson, Ph.D., developed the Early Start Denver Model as an early-age extension of the Denver Model, which Rogers and colleagues developed and refined. This early intervention program integrates a relationship-focused developmental model with the well-validated teaching practices of Applied Behavior Analysis (ABA). Its core features include the following:

- Naturalistic applied behavioral analytic strategies
- Sensitive to normal developmental sequence
- Deep parental involvement
- Focus on interpersonal exchange and positive affect
- Shared engagement with joint activities

- Language and communication taught inside a positive, affect-based relationship

At the heart of the ESDM is the empirical knowledge-base of infant-toddler learning and development and the effects of early autism. ESDM intervention is provided in the home by trained therapists and parents during natural play and daily routines. ESDM is a relationship-based intervention, and involves the parents and families; An *Early Start for your Child with Autism*, is a parent's guide to using everyday activities to help kids connect, communicate, and learn. The aim of ESDM is to increase the rates of the development in all domains for children with ASD as it simultaneously aims to decrease the symptoms of autism. In particular, this intervention focuses on boosting children's social-emotional, cognitive, and language, as development in these domains is particularly affected by autism. ESDM also uses a data based approach and empirically supported teaching practices that have been found effective from research in applied behavior analysis. ESDM fuses behavioral, relationship-based, and a developmental, play-based approach into an integrated whole that is completely individualized and yet standardized.

Practices from list included: 13/14
DEC RP INT 1-3 Practices Included: 3
Cost: Yes
Certification required: No
Other-Specific to children with autism

Applied Behavior Analysis-
ABA is a systematic approach for influencing socially important behavior through the identification of reliably related environmental variables and the production of behavior change techniques that make use of those findings (BACB.com).
The following ABA practices may be applied depending on the child and family needs, and are recognized as evidence-based according to the National Professional Development Center on Autism Spectrum Disorders and their literature review "Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder" (2014):

- Applied Behavioral Analysis
- Antecedent-Based Interventions
- Differential Reinforcement of Other Behaviors
- Discrete Trial Teaching
- Functional Behavior Assessment
- Functional Communication Training/Modeling
- Picture Exchange Communication System
- Pivotal Response Training
- Positive Behavior Support
- Naturalistic Interventions
- Prompting - use of prompting hierarchies
- Reinforcement

- Response Redirection
- Social Skills Training
- Visual Support

Recommended as standard practice for children when they receive a diagnosis of ASD. Also applicable to other developmental delay/social-communication delays. ABA is the science of understanding behavior and how it is affected by the environment. The better we understand the environmental variables that influence behavior, the better we can predict and change behavior. This includes focusing on teaching socially appropriate behavior and decreasing challenging behaviors through the use of reinforcement.

It must be implemented in a naturalistic way with parent coaching as a component for it to be considered EI. Traditional Lovaas style discrete trial at a table would not fit in EI/ESIT. But if implemented properly, can be very appropriate and effective. For example, Early Start Denver Model, UW EEU Baby Data, Kindering's CUBS plus EI, etc.

Practices from list included: 10/14
DEC RP INT 1-3 Practices Included: ?
Cost: Yes
Certification required: Yes

AEPS-
As an early childhood professional, you work hard every day to catch young children's delays as early as possible, choose effective interventions, and ensure that every child makes real progress. At the same time, you face a host of responsibilities, from meeting accountability mandates to managing reams of paperwork. You need the power of the **Assessment, Evaluation, and Programming System for Infants and Children (AEPS®),** ***Second Edition***: one system that meets all your needs at once.

The AEPS seamlessly links assessment, goal development, intervention, and evaluation. Features of AEPS:

- It's comprehensive. AEPS is the one system that helps you do it all: assess children, plan meaningful IEPs and IFSPs, corroborate or determine eligibility, meet accountability mandates, and monitor progress.
- It's a proven, reliable, and highly regarded system that's been helping children for decades.
- It meets all NAEYC guidelines and DEC recommended practices for assessment.
- It's easy to use and fits right into your daily schedule.
- It's great for children with special needs, picking up delays and small increments of progress that most tests miss.
- It saves time, with web-based data management and group assessment activities.
- It's the family favorite, helping parents learn about their child's development and addressing their concerns and goals.

Practices from list included: ?
DEC RP INT 1-3 Practices Included: ?
Cost: ?
Certification required: ?

Hawaii Early Learning Profile
HELP® (0-3) is a widely-used, family-centered, curriculum-based assessment for use by professionals working with infants, toddlers, and young children, and their families: As a curriculum-based assessment, HELP is not standardized; it is used for identifying needs, tracking growth and development, and determining 'next steps' (target objectives).

HELP is widely recognized as a comprehensive, on-going, family centered curriculum based assessment process for infants, toddlers, preschoolers and their families.

Benefits include:

- **Comprehensive framework:** HELP 0-3, covers 685 and HELP 3-6 covers 622 developmental skills and behaviors to provide a comprehensive framework for ongoing assessment, planning and tracking progress.
- **HELP domains** include Cognitive, Language, Gross Motor, Fine Motor, Social-Emotional, and Self-Help.
- **Supports Federal Requirements** for Part C, of IDEA, and, Early Head Start programs.
- **Aligned with Federal performance measures:** HELP domains and Strands are aligned with OSEP outcomes and Head Start five essential domains and school readiness goals.
- **Links assessment with curriculum:** HELP products include a variety of assessment options and curriculum materials. They are cross-referenced through skill ID #'s for easy linking between assessment and curriculum materials.
- **Authentic Assessment and Intervention:** HELP 0-3 assessment procedures and curriculum activities focus upon everyday routine "observational opportunities" within the child's natural environments using toys, materials, and activities that are meaningful to each child and their family.
- **Training:** HELP 0-3 Training options to match you needs: Online course through University of Kentucky, Verified HELP Trainers, and Learning HELP 0-3.
- **Program support:** Ask the Author and Frequently Asked Questions.
- **Data Reporting for Early Head Start:** Comprehensive progress reporting system through KinderCharts measures developmental progress in essential domains and school readiness goals. Learn more.
- **Cost:** HELP offers the best breadth and depth of content at the lowest cost.

Practices from list included: ?
DEC RP INT 1-3 Practices Included: ?

Cost: Yes
Certification required: No

Teaching Strategies Gold-Creative Curriculum
The Creative Curriculum for Infants, Toddlers & Twos is a comprehensive curriculum that now offers expanded daily support, guidance, and inspiration to teachers and caregivers of the youngest learners. It consists of *The Foundation*, three research-based volumes that provide the "what" and "why" of responsive caregiving, and *Daily Resources*, which offer the important "how" to help foster children's learning and growth. The Creative Curriculum for Infants, Toddlers & Twos:

- is based on 38 objectives for development and learning, which are fully aligned with the *School Readiness Goals for Infants and Toddlers* in Head Start and early learning standards for each state.
- helps teachers and caregivers implement developmentally appropriate practices and offer responsive daily routines and meaningful experiences that nurture learning and development.
- offers daily opportunities for teachers and caregivers to use assessment information to individualize routines and experiences for young children.
- provides built-in guidance for building the kind of meaningful partnerships with families that are an essential factor in how infants, toddlers and twos experience your program and how much they gain from it.
- offers complete support in classrooms where children are learning two languages.

Practices from list included: ?
DEC RP INT 1-3 Practices Included: ?
Cost: ?
Certification required: ?

CHERISH
Children **E**ncouraged by **R**elationships **I**n **S**ecure **H**omes (CHERISH) Program is an in-home early intervention service addressing trauma-exposed foster children's attachment and adjustment needs.

The goal of CHERISH is to develop attachment security in trauma-affected children. CHERISH is based on Child Parent Psychotherapy. Per Don't Hit My Mommy (the manual for CPP), Second Edition, The six premises of CPP are:
1) The attachment system is the main organizer of children's responses to danger and safety in the first 5 years of life.
2) Emotional and behavioral problems in infancy and early childhood are best addressed in the context of the child's primary attachment relationships
3) The cultural and socioeconomic ecology of the family must be an integral component of clinical formulations and treatment plans.
4) Interpersonal violence is a traumatic stressor that has specific pathogenic repercussions on those who witness it and those who experience it.
5) The therapeutic relationship is a fundamental mutative factor in treatment.
6) Treatment includes "speaking the unspeakable" while promoting safety and hope.

Attachment Q

The Six Intervention modalities of CPP:
1) Promoting developmental progress through play, physical contact, and language 2) Offering unstructured reflective developmental guidance 3) Modeling appropriate protective behavior 4) Interpreting feelings and actions 5) Providing emotional support and empathic communication and 6) Providing crisis intervention, case management, and concrete assistance with problems of living.

CHERISH has already been replicated across King County successfully, albeit some programs still in early stages. Has a track record for successful implementation ACROSS a variety of disciplines (SLP, OT, ED, SW, Family Tx).

Per Don't Hit My Mommy, Second Edition, page 39:
"The uniqueness of CPP resides in the integrated use of these (6) modalities, which are flexibly deployed according to the family's needs. In this sense, CPP is truly cross-disciplinary, combining elements of social work, mental health intervention, teaching, and advocacy."

Please note that although it is based on CPP principles, it is implemented in a way that is appropriate for multiple disciplines and is appropriate and effective for early intervention.

Could be adapted for more broadly to children with other *histories.*

Time involved:
1) This is a relationship-based model and includes multiple collateral contacts (the child's DCFS SW, private agency SW, CASA, etc.) Because of this, CHERISH takes more time.
2) Reflective Supervision/Consultation is a requirement of this work.

CHERISH, being based on CPP, is not compatible with curriculum-driven didactic instruction. It is a very "individualized-to-the-dyad" intervention and therefore it cannot be applied with a "one size fits all" approach.

Practices from list included: 11/14
DEC RP INT 1-3 Practices Included: ?
Cost: ?
Certification required: ?

Reciprocal imitation Training
Reciprocal imitation training (RIT) is a naturalistic behavioral intervention that teaches imitation to children with autism spectrum disorder (ASD) within a social- communicative context.

Practices from list included: 14/14
DEC RP INT 1-3 Practices Included: 3
Cost: Yes

Certification required: No
Other-Autism Specific?

PLAY Project

The PLAY Project early intervention program reduces autism symptomology and improves social impairment, a core deficit of children with autism. PLAY Project is an evidenced-based parent-mediated autism intervention model that can be learned and delivered by experts in child development. PLAY Project offers a certification training and supervision combination that prepares trainees to deliver the intervention with fidelity (in accordance with the research).

PLAY has been implemented as a primary intervention for ASD in early intervention settings and often supplements existing services (e.g. special education, language and occupational therapies, and/or ABA/behavioral interventions). The state of Ohio has been using PLAY Project as their primary intervention through their birth to three early intervention services program for more than four years.

The principles, methods and techniques of the PLAY Project emphasize the child's readiness or following the child's lead as a means for improving social impairment, a core deficit of autism spectrum disorder. Professionals coach parents to build a joyous, engaged relationship with their child with autism spectrum disorder.

With parent-mediated autism intervention models, a child development expert provides services to both the child and parents/caregivers. Parents/caregivers learn techniques and activities so they can support their child's social-emotional growth during everyday activities. This approach empowers parents and gives children intervention at a high intensity level. PLAY Autism Intervention is one of several parent-mediated approaches; however, the PLAY autism Intervention model has undergone one of the largest and most rigorous research studies of its kind. The results of a three-year randomized controlled trial, published in the October 2014 issue of the Journal of Developmental and Behavioral Pediatrics, confirmed significant positive outcomes for children with autism and their parents who participated in the PLAY Autism Intervention program.

Practices from list included: ?
DEC RP INT 1-3 Practices Included: ?
Cost: Yes
Certification required: Yes?
Other-Autism Specific?

Carolina Curriculum

The Carolina Curriculum for Infants and Toddlers with Special Needs, Third Edition is one of the two volumes of the Carolina Curriculum, an assessment and intervention program designed for use with young children from birth to five years who have mild to severe disabilities.

Attachment Q

Developed for use with children from birth to 36 months, the CCITSN is an easy-to-use, criterion-referenced system that clearly links assessment with intervention and lets professionals work closely with the child's teachers, family members, and other service providers. Already trusted by thousands of early childhood professionals from coast to coast, this proven system is even easier to use with the revisions and updates in this third edition.

Using The Carolina Curriculum is simple. In each of the age-specific volumes—now reorganized to establish a seamless transition between the two—all the areas to be assessed are clearly laid out in logical sequences in an Assessment Log. A professional observes the child playing with familiar toys and other available materials in a naturalistic environment, and caregivers may or may not participate. After all appropriate activities in each sequence have been observed or attempted, professionals and caregivers examine the strengths and weaknesses revealed during assessment, pinpoint items that need the most work, and select from the teaching activities that correspond to the items in each sequence of the Assessment Log.

CCITSN includes 24 logical teaching sequences covering five developmental domains: personal-social, cognition, communication, fine motor, and gross motor. Curricular sequences each consist of an introduction that explains why that sequence is important; suggested adaptations for children with visual, motor, and hearing impairments; and a list of behaviors associated with that sequence. For each behavior, users get a criterion that pinpoints the objective, a list of suggested materials for eliciting that behavior, procedures that help, and functional activities for encouraging that behavior within the child's daily routine. Appendices cover play and children with motor impairments, using object boards for teaching children with motor impairments, and more.

Practices from list included: ?
DEC RP INT 1-3 Practices Included: ?
Cost: Yes
Certification required: ?