Washington State Part C
State Systemic Improvement Plan (SSIP)
Phase III, Year 1
March 31, 2017

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A. Summary of Phase III

1. Theory of action or logic model for the SSIP, including the SIMR

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.

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. 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 improvement strategies and achieve 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.

A logic model (attachment C) was created 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 evaluation plan describes how implementation activities and intended outcomes will be measured. The long-term outcomes are based on the outcomes developed in the Phase I theory of action.

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 development.

FFY 2016 was the first year of Phase III of the SSIP, the implementation and evaluation phase. Activities were completed by ESIT staff in partnership with local implementation teams. Activities to support infrastructure improvements and practice changes were implemented statewide, while focused training and technical assistance activities were completed within four implementation sites. Activities within the four sites were spearheaded by local lead agencies and their local implementation teams, serving the following counties: Columbia and Walla Walla, Island, Pierce, and Yakima. This is a mix of urban and rural communities in western, central, and eastern Washington.

There were no revisions to the Theory of Action or Logic Model needed during this first year of Phase III. There were, however, revisions to intended timelines which are described in detail in attachment D, the Action Plan Tracking Template.

2. **The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies**

The following is a summary of the infrastructure improvement activities carried out this past year.

The first of a number of activities designed to improve infrastructure was "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)." This activity was designed to improve the governance component of Washington's Part C system.

Senate Bill 5879, passed by the Senate on March 7, 2016, clarified DEL's role as the state Part C lead agency. Updated policies and procedures were approved by OSEP and finalized June 29, 2016 (https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf). For the first time in the program's history, Washington Administrative Code (WAC) for early intervention was developed and finalized (http://app.leg.wa.gov/wac/default.aspx?cite=170-400).

Senate Bill 5879 required DEL to develop and submit a plan to the Washington Legislature on comprehensive and coordinated services for all children eligible for the ESIT program. The final plan can be found here: https://del.wa.gov/sites/default/files/public/ESIT/ESIT%20Plan_FINAL_7.pdf.

DEL received significant feedback from stakeholders during the development of the plan and made substantial changes to the final version in response. The themes which emerged from stakeholder feedback reflected a desire for consistency, quality and equity relating to services for infants, toddlers and their families, as well as maximizing available funds and an overarching recognition of the importance of positive relationships and collaboration among state and local agencies.

The recommendations that DEL is making for the ESIT redesign efforts are paired with the four system issues that have been prioritized: regionalization, resources, robust data, and rules. The overarching desired result of this system redesign effort is to ensure that all eligible infants and toddlers and their families receive high quality comprehensive services that meet their individual needs and increase their potential for school readiness and participation in home and community life.

These efforts will improve the infrastructure components of governance, finance, accountability and quality improvement through the following overarching system design outcomes:

Outcome #1 - Regionalization: ESIT service delivery system must be reorganized for efficiency and accountability, from the current 25 into 12 regions by 2018 to ensure consistent monitoring and support, effective communication, collaboration and training. Local Lead Agencies will be designated where there are significant numbers of provider agencies and efficiencies can be realized. King, Snohomish, Pierce and Spokane Counties will maintain their roles as LLA's. Provider agencies not included under one of the four LLA's will receive support and monitoring directly from DEL staff.

Outcome #2 - Resources: The ESIT program must be adequately resourced to support services for children and families. This includes consistently accessing all available resources (Medicaid, parent fees, state funding and public & private insurance).

Outcome #3 - Robust Data: An effective data system must be in place that collects data for general supervision and increased accountability, billing activities, and reporting. Information must be available through targeted and pre-scripted reports and is accessible to stakeholders.

Outcome #4 - Rules: To ensure that eligible infants, toddlers and their families receive equitable access to high-quality services and the supports needed to promote positive outcomes; the rules, lines of authority, and responsibilities at state, LLA, and provider levels must be clearly articulated and followed.

In addition to the system re-design efforts, the following SSIP infrastructure activities have been completed to date:

One activity was to allocate federal funding to support SSIP implementation at the state level and selected local implementation sites. ESIT provided funding to support training and materials for implementation sites, and identified an SSIP Coordinator who:

- Facilitated SSIP activities with local implementation sites;
- Developed communication protocols with implementation teams for sharing information and decisions; and
- Developed feedback loops to quickly resolve unexpected issues with implementation.

ESIT completed a number of infrastructure activities to support data quality. The activities were designed to support LLAs and early intervention providers in implementing high quality Child Outcome Summary (COS) rating processes.

ESIT required all early intervention providers statewide to complete COS training modules and take a quiz to demonstrate their knowledge. ESIT developed training on engaging families as partners in assessment. ESIT developed a process for regular communication with LLAs statewide to support the review and analysis of data. Program Consultants provided technical assistance to LLAs on the use of Data Management System (DMS) COS reports, including reviewing data by race and ethnicity.

Two additional infrastructure activities were completed to support quality personnel standards and professional development. First, the ESIT team collaborated with DEL home visiting programs to support coordinated service delivery at the local level. ESIT and the DEL Home Visiting Services Account team developed a Memorandum of Understanding (MOU) that includes information on referrals, screening, follow-up, service coordination and data sharing.

ESIT is in the process of incorporating social-emotional competencies and practices into early intervention competencies. The ESIT team has worked closely with the DEL Professional Development team to align early intervention competencies to the Washington Core Competencies for Early Care and Education Professionals. ESIT convened a large stakeholder group to review and revise existing competencies to incorporate Washington Association for Infant Mental Health (WA-AIMH) competencies and Division of Early Childhood (DEC) recommended practices while applying a racial equity lens.

3. The specific evidence-based practices implemented to date

ESIT provided focused training and technical assistance to four implementation sites. Cohort 1 included four LLAs serving five counties: Children's Village/Yakima Valley Memorial Hospital serving Yakima County, Educational Service District 123 serving Columbia and Walla Walla Counties, Pierce County Community Connections serving Pierce County, and Toddler Learning Center serving Island County. Three of these LLAs are the main early intervention provider agency in their region. Pierce County was the largest LLA and includes Tacoma, Washington. Four main early intervention provider agencies serve Pierce County and participated in the project. ESIT was able to support Pierce County as an implementation site by leveraging local resources. Prior to Phase III, the county funded two foundational Promoting First Relationships (PFR) trainings and during Phase III the county funded reflective consultation groups.

ESIT supported the four sites to develop local implementation teams to lead activities at the local level. Local teams were expected to include the following:
- LLA representative/team lead;
- Early intervention program administrator (may be the same as LLA representative);
- Early intervention provider;
- Local infant mental health expert;
- Home visiting program representative and/or Early Learning Regional Coalition member; and
- Parent representative.

Each LLA identified a team lead to guide local SSIP activities, facilitate monthly implementation team meetings, and participate in a monthly call with ESIT. Each site developed communication protocols to facilitate communication between the local site leader and the team, and between the implementation site and ESIT staff. The sites agreed to a common agenda format that included documentation of

feedback loops. ESIT developed an agenda with support from the DEL State to Local Collaboration team. (See attachments E and F for a communication protocol template and an example agenda).

ESIT provided training and ongoing support at each implementation site for the provision of culturally appropriate evidence-based practices. The evidence-based practice selected in Phase II was Promoting First Relationships (PFR). It was selected after reviewing a number of evidence-based practices as they relate to the Division of Early Childhood (DEC) recommended practices.

All early intervention providers in the four implementation sites were given the opportunity to participate in a level-one knowledge building training through a two-day learner's workshop. A total of 104 providers completed the training.

The training is designed to give 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.

A total of 16 providers are working toward pursuing fidelity to PFR (level 2), and so far seven individuals have reached fidelity. Seven additional providers are in the final weeks of their level 2 training. Two providers started later due to their schedules and are on track to be done with training by mid-June 2017. The level 2 process occurs over 16 weeks and includes video review and consultation with a PFR trainer, then completing the PFR curriculum with a family for 10 weeks. Sessions are recorded and reviewed with the trainer for feedback. The trainee submits a final video that the PFR trainer scores for fidelity.

Of the providers who reach fidelity, at least one from each implementation site will pursue level 3, "train-the-trainer" status to ensure sustainability of the practice. This requires an additional 16 hour process which includes reaching fidelity with a second family and learning how to begin training learners at their agency.

Providers who do not continue to level 2 or 3 will have other opportunities for follow-up support. Some providers at each implementation site are participating in reflective consultation groups, which provide opportunities for learning and reflection on supporting social-emotional development of the infants and toddlers they serve. In addition, training will be provided in May 2017 on the Home Visiting Rating Scales. This tool will be used by coaches or supervisors to observe home visits and provide opportunities for reflection and growth for providers.

4. **Brief overview of the year's evaluation activities, measures, and outcomes**

The first short-term outcome measured is "providers have improved understanding of COS quality practices." The performance indicator is that 90% of providers meet criteria for understanding COS quality practices. The results were that 93% of providers met criteria for understanding COS quality practices.

LLAs made progress on the intermediate outcome "LLAs improve ability to analyze and use COS data." The performance indicator is that 80% of LLAs demonstrate progress in their ability to use reports to analyze and use COS data during ongoing calls with state staff. With support from TA providers, the ESIT team learned to follow a sequence for learning using adult learning principles. The goal was to meet LLA program coordinators/administrators where they are and provide coaching to support their growth in understanding and using data.

Next there are outcomes associated with Promoting First Relationships (PFR) training. The short-term outcome for the providers who attended the two-day foundational training is "providers have knowledge and understanding of PFR practices to improve social-emotional skills for infants and toddlers." The performance indicator is that 100% of participating providers report having adequate knowledge of PFR practices. The results were that 100% of the 104 participants reported adequate knowledge of PFR practices.

Progress has been made toward the intermediate and long-term outcomes connected to PFR. The intermediate outcome for providers reaching fidelity to PFR is "coaches provide support to providers on the use of PFR practices." There are currently 16 providers participating in the fidelity process. Of those, seven have reached fidelity. Each of those seven met the performance indicator to review at least five videos with their coach. The long-term outcome is that "families and children will receive culturally appropriate and evidence-based social-emotional services." Again, seven providers have reached fidelity to PFR. Each of those providers met criteria for videotaped home visit to reach fidelity.

5. **Highlights of changes to implementation and improvement strategies**

Only one minor change was made to an improvement activity step. Activity 9 is "ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment." The first step was originally "ESIT revises the following practice guides: Evaluation and Assessment, Screening, and Informed Clinical Opinion, to incorporate information about social-emotional assessment and screening, engaging families as partners in assessment, and using social-emotional assessment information for eligibility via informed clinical opinion." This step has been changed to reflect a mid-course correction. The ESIT team determined that revisions to the Evaluation and Assessment Practice Guide would be so significant that they would require an extensive statewide stakeholder process. ESIT has instead developed an interim practice guide on social-emotional assessment to pilot with implementation sites prior to merging and revising the original practice guide.

Barriers and timeline adjustments are described in detail in attachment D, the Action Plan Tracking Template. In summary, the main barrier has been staff capacity. Over the past year, ESIT staff have prioritized the system design work required by SB 5879, which has included extensive stakeholder engagement activities. After the SSIP coordinator was promoted, there were delays in posting the open Program Consultant position and a lack of qualified applicants during the initial posting which impacted the ability to hire for this open position. In addition, the ESIT data manager resigned. A new data manager was identified who was also promoted from a Program Consultant position. The SSIP coordinator and data manager are both still functioning as Program Consultants. The entire ESIT staff is over capacity with work load, which impacted SSIP timelines.

B. Progress in Implementing the SSIP

    1. Description of the State's SSIP implementation progress

        a. Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed

The following chart summarizes the accomplishments and milestones that have been met this year, as well as the next steps in implementation. For detail on intended and adjusted timelines, please refer to attachment D, Action Plan Tracking Template.

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
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.a. ESIT includes SSIP requirements in local lead agency contracts.	Completed Evidence: July 1, 2016 LLA contracts included training requirements. In addition, July 1, 2016 implementation site contracts included SSIP requirements.	N/A
	1.b. DEL/ESIT writes Washington Administrative Code (WAC) for early intervention.	Completed. New rules effective January 2, 2017. Evidence: http://app.leg.wa.gov/wac/default.aspx?cite=170-400	N/A
	1.c. ESIT updates policies and procedures.	Completed. Submitted to OSEP with federal application. Policies and Procedures in place for Federal Fiscal Year (FFY) 2016. Evidence: Policies and Procedures posted on ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	1.d. ESIT trains statewide on WAC and updated policies and procedures.	In process Evidence: • Developed and posted Frequently Asked Questions document to website in February 2017. https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A_rev3-27.pdf • Information sent to stakeholder list serve 1/4/17, 2/21/17, and 3/1/17. • Discussion with Local Lead Agencies 2/8/17 (east) and 2/14/17 (west) • Discussion with SICC 2/15/17 • Next step is offering training to stakeholders prior to June 2017.	N/A
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.	2.a. ESIT hires an SSIP Coordinator to: 1. Facilitate SSIP activities with local implementation sites; and, 2. Develop implementation leadership teams to lead activities at the local level. 3. Develop local implementation plans to guide	In process Evidence: An ESIT Program Consultant was promoted to Assistant Administrator of Training and Technical Assistance effective 7/8/16. This individual serves as the SSIP Coordinator. In that role, she has completed steps 1, 2,	Barriers: Delays in posting open Program Consultant position and lack of qualified applicants impacted ability to hire for this open position. Workload of SSIP Coordinator and other team members has been over capacity. In addition, monthly implementation site meeting agendas were full of SSIP items ESIT needed feedback on. SSIP Coordinator was not able to facilitate the development of local implementation plans. Actions to Address Barriers: ESIT team worked with DEL to re-post the position on 3/22/17. SSIP Coordinator will request TA support to

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	activities and use strategic planning for sustainability. 4. Develop communication protocols with implementation teams for sharing information and decisions. 5. Develop feedback loops to quickly resolve unexpected issues with implementation.	4, and 5 with the first cohort of implementation sites.	facilitate process of developing local implementation plans. Adjustments: Adjusted timeline to develop local implementation plans during year two of implementation. Implications of Adjustments: Local implementation plans have not yet been developed.
	2.b. ESIT provides funding to implementation sites: • To support personnel as coaches; and, • For training and materials.	Completed Evidence: • A small stipend toward staff time was included in implementation site contracts executed July 1, 2016. • ESIT funded required SSIP training for implementation sites. • ESIT purchased assessment tools and tablets for video recording home visits.	N/A
	2.c. ESIT explores funding opportunities to scale-up statewide.	In process Evidence: ESIT staff began participating in the Fiscal Initiative provided by national TA. Circle of Involvement	Barriers: Senate Bill 5879 required DEL to develop and submit a plan to the Washington Legislature on comprehensive and coordinated services for all children eligible for the ESIT program. The recommendations that DEL is making for the ESIT redesign efforts are paired with four system issues that have been prioritized. One of these issues is Resources. The recommendation in the

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
		completed to identify key stakeholders and relationships.	plan is: *The ESIT program must be adequately resourced to support services for children and families. This includes consistently accessing all available resources (Medicaid, parent fees, state funding and public & private insurance).* Over the past year, ESIT staff have prioritized the system design work, which has included extensive stakeholder engagement activities. The next step is to re-launch the SICC finance committee to partner with ESIT staff to move this work forward. Actions to Address Barriers: ESIT staff are developing a plan to re-launch SICC committees, including the finance committee. The plan will be brought to the April SICC meeting. ESIT staff are planning a large stakeholder meeting in early May 2017 to gather broad stakeholder feedback on finance. Adjustments: Adjusted end date of timeline as this is an ongoing process. Implications of Adjustments: Changing the end date does not impact other implementation activities and steps. It does impact the timeline in which DEL/ESIT can request funding from the legislature for statewide scale-up.
3. Infrastructure: ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment.	3.a. ESIT develops a mechanism to track completion of COS training modules.	Completed 6/30/2016 Evidence: ESIT developed quiz to demonstrate practitioner's knowledge upon completion of modules. Quiz software tracks completion. ESIT developed internal spreadsheet for tracking and disseminating results to local lead agencies. https://www.onlinee xambuilder.com/esit-	Barriers: Original plan was to host modules along with DEL professional development modules. In April 2016, ESIT learned that DEL plans to purchase an IT system that has the capability of hosting online classes. This system will be managed internally and will be very robust, but would not be ready for 18 months. Hosting modules this way will allow tracking of completion of modules. In the interim, ESIT needed to identify a different method of hosting modules. Actions to Address Barriers: ESIT was not able to track completion of modules, but found a cost effective option through Quizworks, called Online Quiz Creator, to develop and track completion of quiz. SSIP Coordinator and Administrative Assistant compiled results monthly and sent spreadsheets

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
		child-outcomes-summary-cos-modules/exam-81572	to local lead agencies. Adjustments: Timeline was not impacted, alternative tracking system was in place on schedule. Implications of Adjustments: n/a
	3.b. ESIT requires early intervention providers statewide to complete COS training modules.	Completed 12/31/16 Evidence: July 1, 2016 LLA contracts included COS training requirement. Online Quiz Creator generates spreadsheet listing data including: • Individual name and email address • Date quiz was completed • County/LLA • Score on quiz and responses to each item • Feedback on modules	N/A
	3.c. ESIT develops training on engaging families as partners in assessment.	Completed Evidence: Training provided May 6, 2016 at Infant and Early Childhood Conference	N/A
	3.d. ESIT provides training to providers at implementation sites.	Not in process	Barriers: Delays in posting open Program Consultant position and lack of qualified applicants impacted ability to hire for this open position. Workload of SSIP Coordinator and other team members has been over capacity. In addition, ESIT has been in process of gathering feedback to develop additional trainings (activities 9 & 10) that will be held the same day as this training.

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
			Actions to Address Barriers: ESIT team worked with DEL to re-post the position on 3/22/17. Adjustments: Adjusted timeline to be completed by August 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.
	3.e. ESIT enhances Data Management System (DMS) to accurately reflect family involvement in the COS process.	In process Evidence: Feedback collected from implementation sites for clear wording. This activity has been added to the next sprint cycle (April 3-28).	Barriers: The ESIT data team needed to prioritize work on Silverlight. The Silverlight platform that the data system is built on will no longer be secure. The data system needs to be rebuilt without that platform. Another barrier was the resignation of the data manager and associated staff shortage. A new data manager has been identified but did not receive transition support from outgoing data manager. Actions to Address Barriers: DEL hired an ESIT project manager within the IT department to provide oversight of the data management system. The project manager has begun implementing an agile process and requirements log for efficiency and improved documentation and communication. This process should support moving projects forward in addition to the large Silverlight project. Adjustments: Timeline was adjusted to be complete by June 30, 2017. Implications of Adjustments: The timing of completing this activity aligns well with the revised timelines for conducting the training.
4. Infrastructure: ESIT supports local lead agencies to analyze and monitor COS data quality.	4.a. ESIT enhances the DMS to include COS reports by providing agency.	In process Evidence: Reports released in data management system test environment. Testing completed with affected users and	Barriers: The ESIT data team needed to prioritize work on Silverlight. The Silverlight platform that the data system is built on will no longer be secure. The data system needs to be rebuilt without that platform. Another barrier was the resignation of the data manager and associated staff shortage. A new data manager has been identified but did not receive transition support from outgoing

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
		errors identified. Fixes have been added to the next sprint cycle (April 3-28).	data manager. Actions to Address Barriers: DEL hired an ESIT project manager within the IT department to provide oversight of the data management system. The project manager has begun implementing an agile process and requirements log for efficiency and improved documentation and communication. This process should support moving projects forward in addition to the large Silverlight project. Adjustments: Timeline was adjusted to be complete by June 30, 2017. Implications of Adjustments: Implementation site agencies in Pierce County have not been able to view their data by agency.
	4.b. ESIT develops a process for regular communication with local lead agencies statewide to support the review and analysis of data.	Completed September 2016 Evidence: Quarterly call logs for calls completed with each LLA, October 2016 and January 2017	N/A
	4.c. ESIT develops guidance materials for local lead agency administrators statewide to conduct periodic targeted sample reviews of COS data.	In process Evidence: First material developed and posted to website- COS Review Sheet https://del.wa.gov/sites/default/files/public/ESIT/COS_Review_Sheet.pdf	Barriers: Senate Bill 5879 required DEL to develop and submit a plan to the Washington Legislature on comprehensive and coordinated services for all children eligible for the ESIT program. The recommendations that DEL is making for the ESIT redesign efforts are paired with four system issues that have been prioritized. One of these issues is Robust Data. The recommendation in the plan is: *An effective data system must be in place that collects data for general supervision and increased accountability, billing activities, and reporting. Information must be available through targeted and pre-scripted reports and is accessible to stakeholders.* Over the past year, ESIT staff have prioritized the system design work, which has included extensive stakeholder engagement activities. The next step is to re-launch the SICC data

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
			committee to partner with ESIT staff to move this work forward. Actions to Address Barriers: ESIT staff are developing a plan to re-launch SICC committees, including the data committee. The plan will be brought to the April SICC meeting. Adjustments: Adjusted end date of timeline as this is an ongoing process. Implications of Adjustments: The data committee was not involved in developing materials but will be moving forward.
	4.d. ESIT provides technical assistance statewide on use of DMS COS reports, including reviewing data by race/ethnicity	In process Evidence: Quarterly call logs for calls completed with each LLA, October 2016 and January 2017	N/A
5. Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments.	5.a. ESIT updates WA self- assessment tool to include steps to use COS data to identify program improvement strategies related to global child outcomes.	In process Evidence: Local Child Outcomes Measurement System-Self Assessment, currently in draft by TA centers, was identified as the best method for this activity. One implementation site piloted the tool and provided feedback to TA. ESIT staff gathered feedback from LLAs by survey to select which and how many quality indicators to use. Four quality indicators were identified to add to the self-assessment tool. ESIT's self-assessment tool has	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
		been updated to include these quality indicators. The updated tool will be included in July 1, 2017 LLA contract requirements.	
	5.b. Local lead agencies statewide complete the self-assessment tool and identify improvement strategies related to child outcomes.	Not in process	N/A
	5.c. ESIT uses results from tool to support local lead agencies through targeted training and technical assistance.	Not in process	N/A
6. Infrastructure: ESIT collaborates with DEL home visiting programs to support coordinated service delivery.	6.a. 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.	In Process Evidence: Providers in implementation sites are participating in reflective consultation groups.	N/A
	6.b. ESIT, in collaboration with the DEL Home Visiting Services Account, develops MOU including referrals, screening, follow-up, service coordination and data sharing as appropriate.	Completed Evidence: MOU posted to website: https://www.del.wa.gov/sites/default/files/public/ESIT/ESIT_and_Home_Visiting_Services_Program_MOU.pdf	N/A
	6.c. ESIT, in collaboration with	Completed	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	DEL home visiting programs (including DEL Home Visiting Services Account and Early Head Start) develops guidance for providers including elements of MOU.	Evidence: Guidance posted to website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf	Note: Guidance developed with feedback from local implementation teams.
	6.d. ESIT, in collaboration with DEL home visiting programs, pilots, disseminates and trains on guidance	In process

Evidence: Collaborative learning webinar held Feb 23, 2017. Standing agenda item for monthly ESIT/ implementation site leaders call and for each local implementation team agenda. | N/A |
| | 6.e. Local lead agencies in implementation sites develop or revise MOUs with community home visiting programs, with feedback from local implementation team. | In process

Evidence: Information updates from each local implementation team on progress in developing or revising local MOUs. | N/A |
| | 6.f. ESIT, in collaboration with DEL home visiting programs, revises guidance as needed. | Not in process | N/A |
| 7. Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies. | 7.a. ESIT refines existing state competencies to incorporate WA-AIMH competencies and selected DEC Recommended practices. | In process

Evidence: Agenda and notes from all-day stakeholder meeting held March 3, 2017. | Barriers: Upon working with DEL Professional Development team, ESIT learned that prior to incorporated social-emotional competencies, the ESIT competencies needed to be aligned to the Washington State Core Competencies. This alignment will support a statewide system and use of the DEL system to track professional |

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	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.		development of early intervention providers. Actions to Address Barriers: ESIT worked with DEL Professional Development team to align ESIT competencies to WA State Core Competencies. After completion, ESIT gathered stakeholder workgroup and held webinar in January 2017. ESIT decided with stakeholder feedback to hold an all-day workgroup in February 2017. Workgroup was cancelled due to weather. It was rescheduled and held March 3, 2017. Members of Family Leadership and Involvement Committee participated in the workgroup and offered a parent perspective. Workgroup determined next steps to be convening small group to continue in-depth edits. Then large group will re-convene for final round of feedback. Using a racial equity lens, ESIT recommended thinking about who wasn't at the table for the first workgroup meeting and reaching out to invite diverse stakeholder representatives. Adjustments: Adjusted timeline to be completed by October 2017. Implications of Adjustments: Delay in completion of competencies will not impact other SSIP activities. Aligning to WA State Core Competencies will support ESIT professional development efforts. Thorough, meaningful stakeholder process will support a quality product.
	7.b. ESIT ensures all ESIT trainings are mapped to updated competencies.	Not in process	N/A
	7.c. ESIT disseminates and trains statewide on updated competencies.	Not in process	N/A
8. Practice: ESIT supports providers at implementation sites to obtain	8.a. ESIT supports providers in implementation sites by funding WA-AIMH	In process Evidence: Funds added to	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
Washington Association for Infant Mental Health (WA-AIMH) endorsement.	endorsement fees.	contract with WA-AIMH. Contract amendment in process.	
	8.b. Local implementation teams identify providers to pursue endorsement at levels 1, 2, and 3.	Not in process	Barriers: Applying for endorsement is a time consuming process. Consistent feedback from implementation teams has been that it is difficult to complete all of the SSIP activities. Actions to Address Barriers: ESIT extended timeline to allow early intervention providers to thoughtfully consider whether they would like to apply for endorsement. This activity is encouraged but not required. Adjustments: Adjusted timeline to identify Cohort 1 providers by June 2017. Implications of Adjustments: This adjustment does not impact other SSIP activities.
	8.c. Selected providers complete endorsement application process.	Not in process	Barriers: ESIT learned after developing this timeline that providers would not be eligible for endorsement until they have completed one year of reflective consultation. Actions to Address Barriers: ESIT is funding reflective consultation groups within three implementation sites to support providers to meet this endorsement requirement. Pierce County is using local funds to support reflective consultation groups within their county. Adjustments: Adjusted timeline to be completed by June 2018. Implications of Adjustments: This adjustment does not impact other SSIP activities.
9. Practice: ESIT supports providers at implementation sites to implement	9.a. ESIT revises the following practice guides: Evaluation and Assessment,	In Process Evidence: Local	Note: Step 9a was changed to reflect change in process. ESIT team determined that revisions to the Evaluation and Assessment Practice Guide

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
culturally appropriate social-emotional screening and assessment.	~~Screening, and Informed Clinical Opinion,~~ creates Social-Emotional Assessment Practice Guide to incorporate information about social-emotional assessment and 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	implementation team agendas and draft practice guide.	would be so significant that they would require an extensive statewide stakeholder process. ESIT has instead developed an interim practice guide on social-emotional assessment to pilot with implementation sites prior to merging and revising original practice guide. Barriers: As described in Activity 2, workload of SSIP Coordinator and other team members has been over capacity. ESIT was not able to begin this activity until fall of 2016. In addition, creating a practice guide with clear guidance that allows for some local flexibility as appropriate is a process that requires ongoing stakeholder feedback from the local implementation teams. Actions to Address Barriers: ESIT team shared multiple iterations of the draft with local implementation teams for ongoing feedback throughout development. Adjustments: Adjusted timeline to be completed by April 2017. Implications of Adjustments: Delayed completion of practice guide delays the development and delivery of training.
	9.b. ESIT develops training on culturally appropriate social-emotional screening and assessment.	In process Evidence: Draft Power Point and calendar appointments blocked for training development time.	Barriers: ESIT team determined the need to wait until completion of practice guide (step 9.a.) prior to developing training. Actions to Address Barriers: ESIT team has begun developing training and has scheduled time to complete this by May 2017. Adjustments: Adjusted timeline to be completed by May 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.
	9.c. Providers at implementation sites participate in training on social-emotional screening and	Not in process	Barriers: See steps 9.a. and 9.b. Actions to Address Barriers: See steps 9.a. and 9.b.

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	assessment.		Adjustments: Adjusted timeline to be completed by September 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.
10. Practice: ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.	10.a. 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 part of the process. b. ESIT applies a racial equity lens to review of practice guide.	In process Evidence: Local implementation team agendas and draft practice guide.	Barriers: As described in Activities 2 and 9, workload of SSIP Coordinator and other team members has been over capacity. ESIT was not able to begin this activity until fall of 2016. In addition, creating a practice guide with clear guidance that allows for some local flexibility as appropriate is a process that requires ongoing stakeholder feedback from the local implementation teams. Actions to Address Barriers: ESIT team shared multiple iterations of the draft with local implementation teams for ongoing feedback throughout development. Adjustments: Adjusted timeline to be completed by April 2017. Implications of Adjustments: Delayed completion of practice guide delays the development and delivery of training.
	10.b. ESIT develops training on writing functional, routines-based outcomes that incorporate the parent-child relationship.	In process Evidence: Draft Power Point and calendar appointments blocked for training development time.	Barriers: ESIT team decided to wait until completion of practice guide (step 10.a.) prior to developing training. Actions to Address Barriers: ESIT team has begun developing training and has time scheduled to complete this by May 2017. Adjustments: Adjusted timeline to be completed by May 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.
	10.c. Providers at implementation sites participate in training	Not in process	Barriers: See steps 10.a. and 10.b. Actions to Address Barriers: See steps 9.a. and

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	on functional outcomes.		9.b. Adjustments: Adjusted timeline to be completed by September 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.
11. Practice: ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.	11.a. ESIT develops training plan and contract with University of Washington (UW) to provide training and mentoring on Promoting First Relationships (PFR).	Completed Evidence: Contract in place with UW.	N/A
	11.b. All providers at implementation sites participate in PFR (level 1) training.	Completed Evidence: Post-training questionnaires (developed in collaboration with UW) completed by participants	N/A
	11.c. Coaches observe home visits using adapted Home Visiting Rating Scale for providers who completed level 1 PFR.	In process Evidence: Authors of Home Visiting Rating Scale scheduled to present at Infant and Early Childhood Conference(IECC) http://ieccwa.org/2017/program/daily_schedule.php?day=wednesday#14023813 1-2 staff from each implementation site have registered for conference.	Barriers: ESIT learned that training on the Home Visiting Rating Scales needs to be provided by the authors rather than state staff. Actions to Address Barriers: ESIT is funding authors to present 2-day training at Infant and Early Childhood Conference. Implementation sites are each identifying 1-2 staff to attend who will be coaches. ESIT worked with conference organizer to ensure these staff attend at no cost to them. Adjustments: Adjusted timeline to be complete for Cohort 1 by June 2018. Implications of Adjustments: Early intervention providers who received Level 1 training have not received coaching.

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	11.d. Selected providers at implementation sites pursue fidelity to PFR (level 2).	In process Evidence: 16 providers are pursuing Level 2 certification and fidelity to PFR. Seven providers have reached fidelity and all others are currently working toward it. Providers pursuing fidelity are proportionate across implementation sites.	Barriers: The process to reach Level 2 certification and fidelity is extensive and time consuming. There are videos that providers view on their own, 6 weeks of weekly meetings with a UW trainer, and 10 weeks of home visits with a family with reflection with the UW trainer. Actions to Address Barriers: ESIT has learned more about the time commitment to communicate to Cohort 2 implementation sites. With advance notice, providers can prepare to have adequate time in their schedules to complete Level 2. Adjustments: Adjusted timeline to be complete by June 2017. Implications of Adjustments: This minor adjustment does not impact other activities.
	11.e. ESIT supports training one or two "train-the-trainers" (level 3) at each implementation site to ensure sustainability of the evidence-based practice.	Not in process	Barriers: See step 11.d. Providers need to complete Level 2 prior to beginning Level 3. Actions to Address Barriers: Adjusted timeline. Adjustments: Adjusted timeline to be complete by September 2017. Implications of Adjustments: This minor adjustment does not impact other activities.
12. Infrastructure: ESIT defines and implements coaching system within implementation sites.	12.a. ESIT establishes: a. guidance for selecting coaches; and b. a training plan for coaches that includes ongoing	Not in process	Barriers: As described in Activities 2, 9, and 10, workload of SSIP Coordinator and other team members has been over capacity. This activity has been most impacted as ESIT has not been able to begin this yet. Actions to Address Barriers: ESIT team is working with DEL to re-post open position.

Activities to Meet Outcomes	Steps to Implement Activities	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	support.		Adjustments: Adjusted timeline to complete in upcoming year now that other SSIP activities have been completed. Implications of Adjustments: Coaching on COS process has not yet occurred.
	12.b. ESIT provides training to coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality Practices Reflection Tool and Family Engagement Practices Checklist.	Not in process	See Step 12.a.
	12.c. 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.	Not in process	See Step 12.a.
	12.d. Implementation sites submit aggregated results to ESIT.	Not in process	See Step 12.a.
	12.e. ESIT and implementation sites use aggregate results to determine additional professional development needs related to COS and assessment processes.	Not in process	See Step 12.a.

b. **Intended outputs that have been accomplished as a result of the implementation activities**

The following chart summarizes the outputs resulting from the implementation of improvement activities this year: (please refer to attachment D, Action Plan Tracking Template for additional detail).

Improvement Activity	Completed Steps	Output
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: http://app.leg.wa.gov/wac/default.aspx?cite=170-400 Link to rules on ESIT website: https://www.del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit Link to FAQ document: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A_rev3-27.pdf
	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 ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf
ESIT collaborates with DEL home visiting programs to support coordinated service delivery.	MOU between ESIT and DEL HV programs addresses coordinated service delivery	State-level MOU developed and posted on ESIT website: https://www.del.wa.gov/sites/default/files/public/ESIT/ESIT_and_Home_Visiting_Services_Program_MOU.pdf
ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.	Providers at implementation sites participate in training	Participation attendance lists, by implementation site
	Providers at implementation sites participate in follow-up support to integrate PFR strategies into their practice	UW roster for fidelity certification

2. **Stakeholder involvement in SSIP implementation**

a. **How stakeholders have been informed of the ongoing implementation of the SSIP**

As discussed in section A2, Senate Bill 5879 required DEL to develop and submit a plan to the Washington Legislature on comprehensive and coordinated services for all children eligible for the ESIT

program. DEL/ESIT received significant feedback from stakeholders during the development of the plan and made substantial changes to the final version in response. A table detailing stakeholder feedback can be found in the appendix of the final plan: https://del.wa.gov/sites/default/files/public/ESIT/ESIT%20Plan_FINAL_7.pdf.

The table below summarizes additional stakeholder feedback on the SSIP and specific SSIP activities:

Group	Date(s)	Topic(s)
State Interagency Coordinating Council (SICC)	Meetings April 26, 2016, July 20, 2016, and October 19, 2016	SSIP updates
	Meeting January 18, 2017	Target setting
	Webinar March 8, 2017	Evaluation plan
SICC Personnel and Training committee, Family Leadership and Involvement Committee (FLIC), and local implementation team members	Webinar January 5, 2017	Personnel competencies
	Webinar February 28, 2017	Preparation for FLIC members prior to all-day meeting
	All-day workgroup meeting March 3, 2017	Personnel competencies
Local Lead Agency representatives (east and west)	Meetings May 12 and 18, 2016	Feedback on implementation: Child Outcome Summary module/quiz requirement
	Meetings Nov 9 and 16, 2016	Feedback on barriers and mid-course corrections: Child Outcome Summary module/quiz requirement
	Meetings Feb 8 and 14, 2017	Feedback on Self-Assessment tool: Local Child Outcomes Measurement
Local implementation site leadership teams	Monthly meetings September 2016-March 2017	Feedback on SSIP activities: successes, barriers, mid-course corrections
Implementation site leaders' community of practice	Monthly phone calls September 2016-March 2017	Feedback on SSIP activities: successes, barriers, mid-course corrections
Implementation team members and Phase II leadership team members	Webinars July 6, 2016, August 8, 2016, and September 26, 2016	Feedback on ESIT/HV MOU

b. **How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP**

Child Outcome Summary (COS) Modules and Quiz

During the February 2016 Local Lead Agency (LLA) meetings, ESIT discussed the new contract requirement for all early intervention providers to view Child Outcome Summary (COS) modules 1-4 and take a quiz to demonstrate their knowledge. A suggestion at the west side meeting was to gather feedback on the modules for future improvement. ESIT's Program Administrator decided to add an open-ended feedback field to the quiz. The feedback received through this process was invaluable for mid-course corrections. For example, ESIT learned that links in the modules were broken due to DEL's new website and changes in external websites. The ESIT team was able to quickly provide updated links. This requirement was for all early intervention providers, regardless of whether they were new to the field or not. Feedback from early intervention providers who have been in the field for some time was mixed: some indicated they had already learned the information through their provider agency, and others indicated that they wished they had this information years ago. The lesson learned for the ESIT team is when creating a new statewide training requirement in the future, is to:

- Consider a condensed version of the training for current providers, and
- Develop a process for a provider agency to demonstrate that their in-house training covers the topic.

A barrier ESIT realized mid-course was the LLA contract required providers to take the quiz, not pass. ESIT brought this dilemma to the November 2016 LLA meetings. LLA administrators reached consensus that ESIT should require a passing score. ESIT made mid-course corrections to the quiz software so providers could login more than once and would receive an automatic notification when they didn't pass that they would need to re-take the quiz.

Viewing the modules and taking the quiz will be an ongoing requirement for new early intervention providers within their first three months on the job. Contract language for July 1, 2017 contracts was adjusted to reflect the requirement of passing the quiz rather than just taking the quiz. Because tracking completion of the quiz was a cumbersome process, an LLA administrator provided feedback for ongoing tracking. Upon passing the quiz, providers will now receive a notification to print the evidence of the passing score for their personnel file.

Local Child Outcomes Measurement- Self Assessment

During the February 2017 LLA meetings, ESIT staff introduced the Local Child Outcomes Measurement System Self-Assessment (LCOMS-SA). ESIT provided an electronic survey for LLA administrators to complete to provide feedback on which and how many LCOMS-SA quality indicators to use. The four quality indicators identified to add to the self-assessment process were the four most frequently selected in the survey.

ESIT/Home Visiting Memorandum of Understanding and Guidance

The ESIT team collaborated with the DEL Home Visiting Services Account team to develop a state-level Memorandum of Understanding (MOU). The MOU includes information on referrals, screening, follow-up, service coordination and data sharing. The MOU was developed between July-September 2016 with stakeholder input through monthly webinars. Local implementation team members along with SSIP Phase II leadership team members were invited to participate. After the MOU was finalized, ESIT gathered feedback from local implementation teams to develop a companion guidance document.

ESIT Personnel Competencies

ESIT recruited current SICC Personnel and Training committee members, interested stakeholders, and local implementation team members to participate in a workgroup to update ESIT's personnel competencies by incorporating social-emotional competencies and Division of Early Childhood (DEC) Recommended Practices. ESIT scheduled a series of three webinars between January and March 2017 to revise the draft ESIT competencies. Based on stakeholder input prior to and during the initial webinar, ESIT made a mid-course correction and decided to hold an all-day, in person workgroup meeting. The meeting was held March 3, 2017.

Members of the Family Leadership and Involvement Committee participated in the workgroup and offered a parent perspective. Participants provided valuable feedback on edits and additions to the competencies.

The workgroup recommended another mid-course correction. Rather than completing the competencies by the end of March as planned, the group determined the need for more in-depth editing and an adjusted timeline. The next steps are to convene a small group to continue in-depth edits and then re-convene the large group in-person for a final round of feedback. Using a racial equity lens, ESIT recommended thinking about who wasn't at the table for the first workgroup meeting and reaching out to invite diverse stakeholder representatives.

Local Implementation Site Leadership Teams

Local implementation teams met monthly and provided ongoing feedback to ESIT using a common agenda with built in "feedback loop" sections. Each month they had the opportunity to provide feedback on successes, challenges or barriers, and suggestions for mid-course corrections. Local teams provided meaningful feedback on the following:

- Family involvement in COS process- (editing responses in data management system for clarity and best practice),
- Implementing coaching with the Home Visiting Rating Scales (HOVRS),
- ESIT/HV practice guide,
- Social-emotional assessment practice guide, and
- Functional outcomes practice guide.

The ESIT team revised the practice guides with feedback and shared back multiple iterations of the drafts for ongoing feedback throughout development.

Implementation Site Leaders' Community of Practice

Leadership from each implementation site participated in a monthly conference call with ESIT staff. During these calls, each site leader shared feedback on the successes and challenges of their teams. The group brainstormed strategies for mid-course corrections and supported ESIT staff in decisions. Some examples of mid-course corrections made during the first implementation year are the following:

- One implementation site leader expressed that providers in her region were confused about the purpose of PFR training in relation to their early intervention practice. A mid-course correction was identified to create a one-pager to help providers understand the connections of PFR to their work. ESIT worked with the UW PFR program to create the document (see attachment G, Promoting First Relationships and ESIT).
- Implementation site leaders expressed concern over their agency's abilities to cover ongoing costs associated with PFR level 3, agency trainer. ESIT was able to add ongoing level 3 costs to next year's budget to alleviate this concern.

Site leaders also identified mid-course corrections that will support the next implementation cohort. These include:

- This year ESIT purchased tablets for recording home visits and assessment tools for each implementation site. This process was lengthy and cumbersome. A mid-course correction for the next cohort is adding contract funds to the LLA contracts and specifying allowable costs toward tablets and assessment tools.
- One implementation site leader identified a barrier with her team was not understanding the purpose of reflective consultation groups. This lead to confusion and frustration at the initiation of the group. A mid-course correction will be ESIT working with the Washington Association for Infant Mental Health to develop a one-page description of reflective consultation groups so future participants have realistic expectations and make an informed decision to participate.
- Another implementation site leader identified a barrier with her team was difficulty with the technology to share videos with the PFR trainer. ESIT discussed with the UW PFR program the benefit of creating a one-pager to explain the technology and they offered to create such a document.
- Each implementation site identified time and staff capacity as a concern. Although mid-course corrections could not benefit their staff, ESIT learned more about the time commitments of the project to communicate to future implementation sites.

C. Data on Implementation and Outcomes

    1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan

        a. How evaluation measures align with the theory of action

The evaluation plan is closely aligned with the theory of action. During Phase I, the SSIP leadership team developed broad improvement strategies and a theory of action with the improvement strategies embedded throughout. In Phase II, stakeholders identified the activities needed to implement the broad improvement strategies for each strand of the theory of action. ESIT created 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 activity, and developing short-term, intermediate, and long-term outcomes. Outputs were developed to determine how ESIT would measure whether the activities occurred. The outcomes were developed to measure whether each intended outcome will be achieved. Measurements were developed by forming questions and establishing performance indicators to indicate whether the outcomes 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 State Identified Measurable Result (SIMR). An additional long-term outcome was incorporated into the theory of action. The ultimate long-term outcome is the SIMR.

        b. Data sources for each key measure

There are six key measures for which there is data to report this year. Listed below are the measures and corresponding data sources. Collection procedures are described in section C.1.d.

    1. Short-term outcome: Providers have improved understanding of COS quality practices. The data source for this outcome was a quiz developed by ESIT with TA support. Viewing ESIT's COS modules and completing the quiz was a requirement in July 1, 2016 contracts, with a due date of 12/31/16. It remains an ongoing requirement for new early intervention providers within their first three months of hire. To review the quiz, please click the following link: https://www.onlineexambuilder.com/esit-child-outcomes-summary-cos-modules/exam-81572. To develop the questions, ESIT emphasized four key concepts: the purpose of the COS process, understanding global child outcomes and the summary of functional performance, the importance of family involvement and cultural considerations, and the importance of teaming and including the family resources coordinator as part of the COS process.

        With TA support, ESIT was able to complete an item analysis of level of difficulty to determine if either the content was not covered in the modules or the questions were too difficult. 19 of the 20 questions were answered correctly 80% of the time or more. One question was answered correctly 76% of the time. With stakeholder input it was determined that this question was difficult to understand. ESIT decided not to change the wording of the question in the middle of the time period when all providers were working on the requirement.

        The performance indicator is that 90% of providers meet criteria for understanding COS quality practices. Criteria was a score of 80% or higher on the quiz. The results were that 93% of providers met criteria for understanding COS quality practices.

2. Short-term outcome: Providers have knowledge and understanding of PFR practices to improve social-emotional skills for infants and toddlers. The data source for this outcome is a post-training survey developed in collaboration with UW. This was completed for Cohort 1, and will be an ongoing measure for new implementation sites.

   The first eleven questions were developed by UW to measure understanding of specific PFR practices. Questions 12 and 13 were developed by ESIT with TA support to measure the short-term outcome. The questions are: this Promoting First Relationships training provided me with useful knowledge and skills, and this Promoting First Relationships training will help me more effectively perform my job. Response options were on a 5-point Likert scale as follows: 1 definitely false, 2 false, 3 don't know, 4 true, and 5 definitely true. (To review the results by question, please refer to attachment H, Combined 2016 PFR Post-Questionnaire Results)

   The performance indicator is that 100% of participating providers report having adequate knowledge of PFR practices. Criteria were responses of a 4 or 5 on the Likert scale. The results were that 100% of the 104 participants reported adequate knowledge of PFR practices.

3. Intermediate outcome: LLAs improve ability to analyze and use COS data. The data source for this outcome is a list of evaluation questions developed by ESIT with TA support. (To review the evaluation questions, please refer to attachment I, COS data evaluation questions).

   Progress has been made toward this outcome. With support from TA providers, the ESIT team learned to follow a sequence for learning using adult learning principles. The goal was to meet LLA program coordinators/administrators where they are and provide coaching to support their growth in understanding and using data. Following this sequence, the first step was finding the reports in the data system, and the last step is using the reports to assess progress and make program adjustments, with incremental steps in between. ESIT is providing tools and ongoing support to work in partnership with LLAs toward this outcome. As a mid-course correction, the timeline to measure this intermediate outcome was lengthened to end in June 2018 to accommodate the stages of adult learning.

   LLA program coordinators/administrators were asked to self-report their own ability on a 5-point Likert scale (1 not at all competent, 2 somewhat competent, 3 moderately competent, 4 very competent, and 5 extremely competent) on the following:
   - Ability to locate/access the child outcome summary reports
   - Understanding of the data in those reports (both for the quality of the ratings and children's progress)
   - Ability to use the reports to analyze COS data
   - Ability to monitor COS data quality
   - Ability to use the reports to assess progress and make program adjustments

   The first quarterly calls in October 2016 focused on an orientation to the reports which included how to find them and what they each mean. The next quarterly calls in January 2017 included an exercise for LLAs to demonstrate their understanding of the COS process, and a data activity to compare local patterns to state patterns.

Evidence of progress toward this intermediate outcome is the average ability to access reports score increased from 3.5 in October to 4.2 in January.

4. Intermediate outcome: Coaches provide support to providers on the use of PFR practices. The data source for this outcome is a fidelity roster submitted quarterly by UW.

   Progress has been made toward this outcome. There are currently 16 providers participating in the fidelity process. Of those, seven have reached fidelity. Each of those seven met the performance indicator to review at least five videos with their coach.

5. Long-term outcome: Families and children will receive culturally appropriate and evidence-based social-emotional services. The data source for this outcome is a fidelity roster submitted quarterly by UW.

   As discussed above, seven providers have reached fidelity to PFR. Each of those providers met criteria for videotaped home visit to reach fidelity.

6. Long-term outcome/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.

   The data source for this outcome is the Child Outcome Summary (COS) process.

   Through data analysis, it was determined that data for Indicator 3 Outcome A/SS1 and Indicator 3 Outcome B/SS1 were switched and reported incorrectly in the FFY13 APR. These data were used to set targets in 2014.

   - Outcome A/Summary Statement 1 should have been 56.21%. Instead, 65.11% was reported.
   - Outcome B/Summary Statement 1 should have been 65.11%. Instead, 56.21% was reported.

   ESIT has put the following safeguards in place to prevent a similar error from happening in the future: The Part C data manager position is now located with program staff and supervised by the Part C coordinator. This will improve accountability and communication for data accuracy. The Part C data manager created an internal protocol for data verification and reporting. In addition, the data manager will work with DEL's director of analysis and research to develop a data retrieval and archive plan. DEL's IT department hired a project manager to provide oversight of the data management system. This will improve data accuracy by ensuring developers are addressing system defects and enhancements in a timely fashion. The project manager will implement an agile process and requirements log for efficiency and improved documentation and communication.

   Updated baseline and targets:
   Outcome A/SS1 baseline was corrected to 56.21%. Outcome B/SS1 baseline was corrected to 65.11%. On January 18, 2016, ESIT shared proposed targets and received feedback from SICC members and other participating stakeholders. After group discussion, SICC members

recommended that targets should increase by .10% increments each year up to FFY18. This would create an FFY18 target of 57% for Outcome A/SS1.

Upon working with Technical Assistance Consultants, ESIT staff determined the need to create more rigorous targets to demonstrate a meaningful difference by FFY18. For Outcome A, the increases for FFY 16 and 17 remained at the increment of .10%, as SICC recommended. The rationale for small increments is that performance data may decrease before it increases as data quality improves. Using the meaningful difference calculator, it was determined that a meaningful difference from 56.21% was 2 percentage points, and 58.25% was selected. Please refer to chart below for targets through FFY18 and actual data through FFY15.

Data for FFY 15 = 56.63% Target has been met indicating progress toward SIMR.

	FFY 13		FFY 14		FFY 15		FFY 16		FFY 17		FFY 18	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
A- SS1	56.21	56.21	56.25	56.38	56.5	56.63	56.7		56.8		58.25	

    c. **Description of baseline data for key measures**

Measures 1-5 do not have baseline data. As described in the above section, corrected baseline data for Outcome A/SS1 in FFY13 is 56.21%.

    d. **Data collection procedures and associated timelines**
1. Viewing ESIT's COS modules and completing the quiz was a requirement in July 1, 2016 contracts, with a due date of 12/31/16. ESIT collected data in spreadsheet form from the quiz software. Due to challenges with the current structure of early intervention service provision, ESIT does not have an exact number of service providers. ESIT emailed a spreadsheet monthly (from September to December) to LLAs to provide the names of individuals who completed the quiz, and relied on LLAs to confirm when all the providers in their region met the requirement. The following information was gathered through this process:

   - **1,019** providers completed the quiz
   - Of those, **6** providers did not pass and did not retake the quiz
   - **1,013** passed (34 passed on second attempt)
   - **69** providers did not complete the quiz
     - 2 LLA staff with family emergencies
     - 67 school district providers
   - **93%** of providers met criteria of passing quiz (calculated as follows: 6 + 69 = 75; 75/1,013= 7%)
2. Promoting First Relationships post-training questionnaires were collected from each participant immediately following each Level 1 training. Trainings occurred between July and October 2016. All 104 training participants completed a questionnaire.
3. LLA evaluation questions were asked of all 25 LLAs during October 2016 and January 2017 quarterly calls. Responses were recorded on quarterly call logs and compiled on a spreadsheet created by ESIT staff with TA support.

4. The contract with University of Washington (UW) PFR program includes a deliverable to submit a quarterly roster of individuals who have completed Level II certification and their fidelity scores. As of March 30, 2017, seven individuals have reached fidelity. An updated roster will be submitted June 30, 2017.
5. Same as above.
6. The Child Outcome Summary (COS) process: All infants and toddlers who have received at least six months of consecutive service has an exit COS completed. Entry COS data must be collected prior to completion of the initial IFSP, and exit COS data must be collected prior to the child's exit from early intervention. Rigorous data management business rules enforce both of these requirements. The IFSP and the COS rating processes are integrated. The ESIT data management system is programmed to gather and aggregate child outcome data, progress categories, and summary statement data.

e. **[If applicable] Sampling procedures**

n/a

f. **[If appropriate] Planned data comparisons**

n/a

g. **How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements**

The Part C data manager created an internal protocol for data verification and reporting. In addition, the data manager will work with the agency's director of analysis and research to develop a data retrieval and archive plan.

The SSIP coordinator and data manager co-lead the SSIP evaluation plan. Due to staff capacity issues, ESIT did not develop a formal data analysis plan for this first year of SSIP implementation. Moving forward ESIT plans to develop a data analysis plan to allow for streamlined assessment of progress toward achieving intended improvements.

ESIT analyzed data as it became available with TA support and stakeholder feedback as described in section C.3.a.

2. **How the State has demonstrated progress and made modifications to the SSIP as necessary**

a. **How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR**

Part C coordinator, SSIP coordinator, data manager, and other ESIT team members reviewed data on an ongoing basis as it was collected. SSIP coordinator shared data with implementation site leaders and gathered input to inform mid-course corrections. ESIT held an evaluation webinar (further described in section C.3.a.) for stakeholder feedback. SSIP coordinator presented data and gathered feedback from members of DEL's leadership team and DEL director, Ross Hunter.

b. **Evidence of change to baseline data for key measures**

As discussed in detail in section C.1.b.6, ESIT made a change to Indicator 3 Outcome A/SS1 baseline data and targets after discovering an inadvertent data reporting error. The change was not related to whether progress had been made or not.

c. **How data support changes that have been made to implementation and improvement strategies**

Data have supported mid-course corrections, in particular with the COS quiz requirement. The following examples all pertain to this activity.

After gathering data in September and October, ESIT quickly realized that some providers were not meeting criteria because they did not have a passing score. ESIT's contract required early intervention providers *take* the quiz, not *pass.* ESIT brought this dilemma to stakeholders during the November LLA meetings. After receiving stakeholder feedback that a passing score should be required, ESIT made adjustments. The quiz software was updated to notify providers that they need to retake the quiz if they did not score an 80% or above, and to allow providers to login more than once so they could retake the quiz. Before the adjustment, six providers did not pass the quiz and did not retake it. After the adjustment, 34 providers who did not pass on their initial attempt re-took the quiz and passed.

In addition, ESIT was able to complete an item analysis of level of difficulty to determine if either the content was not covered in the modules or the questions were too difficult. 19 of the 20 questions were answered correctly 80% of the time or more. One question was answered correctly 76% of the time. With stakeholder input it was determined that this question was difficult to understand. ESIT decided not to change the wording of the question in the middle of the time period when all providers were working on the requirement. ESIT will make the mid-course correction to the quiz now that the majority of providers have met the requirement.

The quiz contained an open-ended question to gather stakeholder feedback on the COS modules. In September ESIT began collecting and analyzing data from the quiz which included this feedback. ESIT learned that providers were experiencing frustration with two aspects of the modules: the first was the slow speech rate of the presenter, and the second was multiple broken links on the modules. ESIT made two mid-course corrections based on these data. First, ESIT sent information to providers to notify them that the Power Points (including notes) were available on the website along with the modules. The notes contain the entire script that the presenter used when recording the modules. If they wished to mute the speaker's voice and read along at their own pace, they could choose that option. Second, ESIT worked with the DEL communications team to fix the broken links which occurred when DEL's website was upgraded. ESIT also added corrected links for other materials that were moved from external websites.

    d. **How data are informing next steps in the SSIP implementation**

The data collected to this point, and the analysis conducted on these data, indicate that ESIT is on the right path with SSIP implementation. Aside from the mid-course corrections described above, there are no substantive changes to SSIP implementation.

    e. **How data support planned modifications to intended outcomes (including the SIMR)— rationale or justification for the changes or how data support that the SSIP is on the right path**

Since there are no planned modifications to intended outcomes, this section will focus on how data support that the SSIP is on the right path. As described in section C.1.b., ESIT has met the performance indicators for the two short-term outcomes that were measured this year. There is evidence of progress made toward the two intermediate and two long-term outcomes for which there were data this year. The ESIT team feels confident that the data collected thus far indicate the SSIP is on the right path.

  3. **Stakeholder involvement in the SSIP evaluation**

    a. **How stakeholders have been informed of the ongoing evaluation of the SSIP**

Stakeholders have been informed of the ongoing evaluation of the SSIP in a number of ways. The first data available were the results of the Promoting First Relationships post-training questionnaires. These were shared with each local implementation team and with the University of Washington PFR program for their review.

All early intervention providers who completed the COS quiz had the opportunity to provide feedback. (This option was based on stakeholder feedback from May 2016 LLA meetings that ESIT should include an open-ended feedback section on the quiz.) ESIT included the following statement: "We would like to hear your feedback on the Child Outcome Summary Modules. Please let us know what you think in the box below."

During the November LLA meetings (both east and west), ESIT reviewed data from the COS quiz. These data included the number and percentage of passing scores, analysis of correct and incorrect answers, and analysis of the open-ended feedback. ESIT coded the feedback as positive, constructive (negative), or neutral (containing both positive and constructive). ESIT received feedback on these items during the LLA meetings through open-ended questions and discussion with participants.

Members of the State Interagency Coordinating Council (SICC) and local implementation teams participated in a webinar on March 8, 2017, to review and provide feedback on the evaluation plan.

ESIT staff are developing a plan to re-launch SICC committees, including the data committee. The plan will be brought to the April SICC meeting. The data manager and SSIP coordinator's goal is to have the data committee be closely involved in SSIP data analysis on an ongoing basis.

> **b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP**

Stakeholders have had a voice in decision-making regarding the ongoing evaluation of the SSIP.

As described above, ESIT reviewed data from the COS quiz during the November LLA meetings. LLA administrators reached consensus that ESIT should require providers pass the quiz, which lead to that mid-course correction.

The open-ended feedback providers shared when they completed the COS quiz lead to a number of mid-course corrections as described in section C.2.c.

Providers also made suggestions in the open-ended feedback field that will be incorporated into future ESIT decisions. For example, if ESIT requires a state-wide training of all early intervention providers in the future, ESIT will develop a condensed version for those who have already received training through their provider agency.

During the evaluation plan webinar, ESIT requested feedback on several items. The first was requesting advice on how to best communicate to the 7% of providers who have not yet taken the COS quiz that they still need to do so. Stakeholders suggested a letter coming directly from DEL/ESIT with a short turn-around time for completion because they already had several months to complete the requirement. For the question on the quiz that was answered correctly 76% of the time, webinar participants provided suggested ways to re-word the question for clarity. Stakeholders suggested re-wording some of the LLA evaluation questions for clarity. Based on the feedback of which questions weren't clear, ESIT staff re-worded the questions with TA support and sent them to LLAs for additional input.
Stakeholders had a voice in the target setting decision. During the January 18 SICC meeting, ESIT shared the updated Outcome A/SS1 baseline of 56.21% and proposed new targets for discussion and feedback. ESIT received feedback from SICC members and other participating stakeholders. After group discussion,

SICC members recommended that targets should increase by .10% increments each year up to FFY18. This would create FFY18 targets of 57% for Outcome A/SS1. Upon working with TA, ESIT staff determined the need to create more rigorous targets to demonstrate a meaningful difference by FFY18. For Outcome A, the increases for FFY 16 and 17 remained at the increment of .10%, as SICC recommended. The rationale for small increments is that performance data may decrease before it increases as data quality improves. Using the meaningful difference calculator, it was determined that a meaningful difference from 56.21% was 2 percentage points, and 58.25% was selected for FFY18.

D. Data Quality Issues

    1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR due to quality of the evaluation data

        a. Concern or limitations related to the quality or quantity of the data used to report progress or results

There have not been concerns or limitations identified at this point related to quantity of the data used to report progress or results.

During Phase I a number of data quality concerns were identified that lead to improvement strategies around data quality. Specifically, there were concerns about the COS rating process, including the accuracy of ratings. Statewide data analysis indicated that COS ratings for Outcome 3 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 and had low ratings.

        b. Implications for assessing progress or results

The ESIT team, SICC members, and other stakeholders have concerns that a result of increasing data quality will be a decrease in Outcome 3, Summary Statement 1, before an increase is realized. This is because children who were not adequately accessed and rated too high at entry will turn three and be rated with more accuracy at exit, thus could potentially show a decreased rating.

        c. Plans for improving data quality

The SSIP includes a number of activities to support data quality. These include supporting 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 have begun receiving technical assistance to improve their use of the COS reports. 93% of early intervention providers statewide have completed 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.

One barrier experienced this year is that 69 providers did not complete the COS modules and quiz as required. Two of these providers are LLA staff with family emergencies who were granted extensions. 67 are school district providers are not under direct contract with a LLA or ESIT. The ESIT team is drafting a letter to these providers to notify them that this is still a requirement and provide a shorter deadline.

E. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

a. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SIMR, sustainability, and scale-up

The desired result of the SSIP infrastructure activities completed to date, along with the system re-design ESIT is working toward, is to ensure that all eligible infants and toddlers and their families receive high quality comprehensive services that meet their individual needs and increase their potential for school readiness and participation in home and community life. A coordinated system with clear governance, adequate resources, a comprehensive data system, and qualified personnel will all support achievement of the SIMR, sustainability, and scale-up.

b. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects

A total of 16 providers are working toward pursuing fidelity to PFR (level 2), and so far seven individuals have reached fidelity. Seven additional providers are in the final weeks of their level 2 training. Two providers started later due to their schedules and are on track to be done with training by mid-June 2017. The fidelity process occurs over the course of 16 weeks and includes video review and consultation with a PFR trainer, then completing the PFR curriculum with a family for 10 weeks. Sessions are recorded and reviewed with the trainer for feedback. The trainee submits a final video that the PFR trainer scores for fidelity.

Of the providers who reach fidelity, at least one from each implementation site will pursue level 3, "train-the-trainer" status to ensure sustainability of the practice. This requires an additional 16 hour process which includes reaching fidelity with a second family and learning how to begin training learners at their agency.

c. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR

As described in section C.1.b., ESIT has met the performance indicators for the two short-term outcomes that were measured this year. There is evidence of progress made toward the two intermediate and two long-term outcomes for which there were data this year. The ESIT team feels confident that the data collected thus far indicate the SSIP is on the right path toward achieving the SIMR.

d. Measurable improvements in the SIMR in relation to targets

Data collected for progress in social-emotional development (Outcome A) indicate as a whole, children in Washington State have improved. The percentage of those children who entered the program below age expectations in social-emotional development and substantially increased their rate of growth has improved from 56.38 in FFY14 to 56.63 in FFY15.

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline

The second year of implementation will include continuation of statewide infrastructure activities and activities for the first cohort of implementation sites. The first cohort will receive additional training, finalize their local MOUs, and move forward with coaching activities.

ESIT developed an application to recruit three additional implementation sites (please refer to attachments J Implementation Site Application, and K Expectations for Implementation Sites). The application contained questions from the Implementation Science Hexagon Tool to assure need, fit, resources, readiness, evidence and capacity. Three LLAs applied and all three demonstrated match in those six areas. This second cohort of implementation sites includes three LLAs serving nine counties. They are: Educational Service District 112 serving Clark, Klickitat, Pacific, and Skamania Counties, North Central Educational Service District serving Chelan and Douglas Counties, and South Sound Parent to Parent serving Thurston, Mason and Grays Harbor Counties. This is a combination of western, south western, and central Washington containing both urban and rural areas. A detailed timeline of cohort two activities is included in attachment D, Action Plan Tracking Template.

2. Planned evaluation activities including data collection, measures, and expected outcomes

The following is a brief summary of evaluation activities for the upcoming year. For more details, please refer to attachment D, Action Plan Tracking Template.

The short-term outcome "Providers have improved understanding of COS quality practices" will be measured again for any new early intervention providers hired during the year. The measure is the COS quiz.

The short-term outcome "Providers have knowledge and understanding of PFR practices to improve social-emotional skills for infants and toddlers" that was evaluated this year for cohort 1 will be evaluated again for cohort 2. This outcome is measured by post-training questionnaires.

The short-term outcome "Providers have improved understanding of social-emotional screening and assessment, Informed Clinical Opinion (ICO), and writing functional outcomes that support social-emotional development" will be evaluated for both Cohorts 1 and 2. This outcome is also measured by post-training questionnaires.

The intermediate outcome "Teams complete COS process consistent with best practices" will be evaluated using the Child Outcome Summary-Team Collaboration checklist.

The intermediate outcome "LLAs improve ability to analyze and use COS data" will be evaluated using the LLA evaluation questions.

The intermediate outcome "Providers use approved social-emotional assessments as described in ESIT practice guides" will be evaluated through review of online IFSPs.

The intermediate outcome "Teams develop functional IFSP outcomes that support social-emotional development" will be evaluated through the ESIT Self-Assessment tool.

The intermediate outcome "Coaches provide support to providers on the use of PFR practices" and the long-term outcome "Families and children will receive culturally appropriate and evidence-based social-emotional services" will be evaluated by the roster of providers who reach fidelity to PFR.

The 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" will be evaluated through Outcome A SS1 data.

3. **Anticipated barriers and steps to address those barriers**

As described in section B.2.b., ESIT learned about barriers to implementation from cohort 1 implementation sites that have informed mid-course corrections for cohort 2. The largest barrier has been staff time and capacity. ESIT learned more throughout this first year of implementation about the time commitment of the various activities of the project, and included this in the implementation site application process. Each new site demonstrated that they have the time and staff capacity to complete project activities.

Additional mid-course corrections include creating one-pagers to describe the purpose of reflective consultation groups and explain the technology for sharing videos with PFR trainers.

ESIT will continue to offer the opportunity for implementation sites to communicate barriers on an ongoing basis and engage in brainstorming with the site leaders to find solutions.

4. **The State describes any needs for additional support and/or technical assistance**

The technical assistance provided by the OSEP funded consultants working with ESIT has been extremely helpful through all phases of the SSIP, including Phase III. TA consultants have provided critical support to implementation and evaluation activities.

ESIT requests continued support from the knowledgeable team of consultants for Phase III. In particular, support is needed to develop a data analysis plan, help implementation sites develop local plans, develop ongoing data quality activities for LLAs, and review training materials.

<u>Washington State Broad Improvement Strategies</u>

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.

Theory of Action

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,	**…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…	…will have increased capacity to support and encourage their children's positive 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…	… will have access to community supports beyond early intervention services, and	
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…	…will achieve their individual IFSP outcomes.	

WA Part C State Systemic Improvement Plan Logic Model

Washington State Department of Early Learning

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.

Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
• ESIT Policies and Procedures • Part C Federal Regulations	• Infrastructure: ESIT clarifies roles and responsibilities of DEL as WA Part C lead agency to support implementation of the SSIP	• WAC for early intervention are completed and posted on the website • Policies and procedures are updated and disseminated to the field		• ESIT and LLAs have authority and resources to implement system change	• ESIT and LLAs use data to implement relevant improvement strategies related to the SIMR
• Part C grant • Expertise of the SSIP leadership team	• Infrastructure: ESIT accesses expertise of stakeholders in the field and allocates funding to support SSIP implementation at state level and selected local implementation sites				
• COS modules • Child outcomes data quality intensive TA cohort • Data Management System (DMS) • ESIT self-assessment tool	• Infrastructure: ESIT supports LLAs in implementing high quality COS rating processes, including engaging families in assessment • ESIT supports LLAs to analyze and monitor COS data quality • ESIT develops process for using COS data to assess progress & make program adjustments	• Training materials and content for engaging families are consistent with best practice • Materials and process for review and analysis of COS data are developed • All LLAs complete steps in ESIT self-assessment tool to use data for program adjustments	• Providers have improved understanding of COS quality practices	• Teams complete COS process consistent with best practice • LLAs improve ability to analyze and use COS data	
• DEL HV reflective practice groups • WA EI/HV research project	• Infrastructure: ESIT collaborates with DEL home visiting programs to support coordinated service delivery	• MOU between ESIT and DEL home visiting programs addresses coordinated service delivery • Guidance on coordination developed for field		• Providers use strategies recommended in the guidance to link families to community services	• Families will have access to community supports beyond early intervention services
• EI and WA -AIMH competencies • DEC Recommended Practices • SICC personnel & training Committee	• Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies	• Revised EI competencies incorporate WA-AIMH SE competencies and selected DEC Recommended Practices			
• WA Infant Mental Health (WA-AIMH) endorsement	• Practice (at implementation sites): ESIT supports providers to obtain WA -AIMH endorsement	• Number of Providers identified by implementation sites who will pursue IMH endorsement at levels 1, 2 and 3			
• ESIT practice guides • Social-emotional assessment tools (ASQ-SE and DECA-IT) • Family engagement practices checklist • DMS	• Practice (at implementation sites): ESIT providers to implement culturally appropriate SE screening and assessment • ESIT supports providers to write functional, routines based IFSP outcomes that support SE development	• Completed training materials on social-emotional screening and assessment • Completed training materials on writing functional, routines-based outcomes that support SE development	• Providers have improved understanding of social-emotional screening and assessment, informed clinical opinion, and writing functional IFSP outcomes that support SE development	• Providers use approved social-emotional screenings and assessments • Teams develop functional IFSP outcomes that support SE development	• Families and children will receive culturally appropriate and evidence-based social-emotional services • Families will have increased capacity to support and encourage their children's positive social-emotional development • Children will achieve their individual IFSP outcomes
• EBPs used by LLAs and providers • Promoting First Relationships (PFR) training • Home Visiting Rating Scale	• Practice (at implementation sites): ESIT ensures training and ongoing supports are provided for the provision of culturally appropriate evidence-based practices (PFR)	• Providers participate in PFR training and follow-up support	• Providers have knowledge and understanding of PFR practices to improve SE skills for infants and toddlers	• Coaches provide support to providers on the use of PFR practices, the COS process and assessment	
• DEL Early Achievers Coaching Framework • COS-TC reflection tool	• Infrastructure (at implementation sites): ESIT defines and implements coaching system	• Coaches available to support providers			

Washington Part C Tracking and Reporting Implementation and Evaluation Data for State Systemic Improvement Plan (SSIP)

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 Assistant Administrator of Training and Technical Assistance	DEL
Susan Franck	ESIT Data Manager	DEL
Kathy Grant-Davis	ESIT Assistant Administrator of Policy, Contracts, and Compliance	DEL
Terri Jenks-Brown	ESIT Assistant Data Manager	DEL
Adrienne O'Brien	ESIT Program Consultant	DEL
Sue Rose	ESIT Family Engagement Coordinator	DEL
Sharon Smith	ESIT Project Manager	DEL
Implementation Site Leaders:		
Malissa Adame	Developmental Disabilities Supervisor	Pierce County Community Connections
Sharon Bell	Infant/ Toddler Educator, Family Resources Coordinator	Toddler Learning Center- Island County
Rene Denman	Executive Director	Toddler Learning Center- Island County
Jaenemy Perez de Luengas	Birth-Five Program Coordinator	ESD 123- Columbia and Walla Walla Counties
Karla Pezzarossi	Physical Therapist Early Intervention Program Supervisor	Children's Village, Yakima Valley Memorial Hospital- Yakima County

Attachment D

Erin Tomlinson	Early Learning Coordinator	ESD 123- Columbia and Walla Walla Counties
Brayde Wilson	Early Intervention Program Specialist	Pierce County Community Connections

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.

Attachment D

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)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
Activity 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.a. ESIT includes SSIP requirements in local lead agency contracts.	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.a. April-June, 2016 | N/A Completed | DEL Rules Coordinator will lead the rulemaking process and consult on related activities. | Completed

Evidence:
July 1, 2016 LLA contracts included training requirements.
In addition, July 1, 2016 implementation site contracts included SSIP requirements. | N/A |
| | 1.b. DEL/ESIT writes Washington Administrative Code (WAC) for early intervention. | | | 1.b. WA rulemaking process April, 2016-January, 2017. | N/A Completed | | Completed. New rules effective January 2, 2017.

Evidence:
http://app.leg.wa.gov/wac/default.aspx?cite=170-400 | N/A |
| | 1.c. ESIT updates policies and procedures. | | | 1.c. Public participation period for updated policies and procedures: February 24-April 25, 2016. Submit to OSEP with federal | N/A Completed | | Completed. Submitted to OSEP with federal application. Policies and Procedures in place for Federal Fiscal Year (FFY) 2016. | N/A |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
				application by April 21, 2016,			Evidence: Policies and Procedures posted on ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf	
	1.d. ESIT trains statewide on WAC and updated policies and procedures.			1.d. Training on WAC and policies and procedures: January-June, 2017.	N/A Will be complete by June 30, 2017		In process Evidence: • Developed and posted Frequently Asked Questions document to website in February, 2017. https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A_rev3-27.pdf • Information sent to stakeholder list serve 1/4/17, 2/21/17, and 3/1/17. • Discussion with	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
							Local Lead Agencies 2/8/17 (east) and 2/14/17 (west) • Discussion with SICC 2/15/17 • Next step is offering training to stakeholders prior to June 2017.	
Activity 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.	2.a. ESIT hires an SSIP Coordinator to: 1. Facilitate SSIP activities with local implementation sites; and, 2. Develop implementation leadership teams to lead activities at the local level. 3. Develop local implementation plans to guide activities and use strategic planning for sustainability. 4. Develop communication	Part C grant	ESIT staff and local implementation teams	2.a. July-September 2016 1. July, 2016-June, 2017 2. April-~~July~~ September, 2016 ~~3. July-September, 2016~~ July, 2017-June, 2018 4. July-September, 2016 5. July-September, 2016	2.a. SSIP Coordinator will facilitate activities with Implementation Cohort 2 July, 2017-June, 2018 2.a. 1. July, 2017-June, 2018 2. July-Oct, 2017 3. July, 2017-June, 2018 4. July-Oct, 2017 5. July-Oct, 2017		In process Evidence: An ESIT Program Consultant was promoted to Assistant Administrator of Training and Technical Assistance effective 7/8/16. This individual serves as the SSIP Coordinator. In that role, she has completed steps 1, 2, 4, and 5 with the first cohort of implementation sites.	Barriers: Delays in posting open Program Consultant position and lack of qualified applicants impacted ability to hire for this open position. Workload of SSIP Coordinator and other team members has been over capacity. In addition, monthly implementation site meeting agendas were full of SSIP items ESIT needed feedback on. SSIP Coordinator was not able to facilitate the development of local implementation plans. Actions to Address Barriers: ESIT team worked with DEL to re-post the position on 3/22/17. SSIP Coordinator will request TA support to facilitate process of developing local implementation plans. Adjustments: Adjusted timeline to develop local implementation

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	protocols with implementation teams for sharing information and decisions. 5. Develop feedback loops to quickly resolve unexpected issues with implementation.							plans during year two of implementation. Implications of Adjustments: Local implementation plans have not yet been developed.
	2.b. ESIT provides funding to implementation sites: • To support personnel as coaches; and, • For training and materials.	Part C grant	ESIT staff and local implementation teams	2.b. July, 2016-June, 2017	2.b. July, 2017-June, 2018		Completed Evidence: • A small stipend toward staff time was included in implementation site contracts executed July 1, 2016. • ESIT funded required SSIP training for implementation sites. • ESIT purchased assessment tools and tablets for video recording home visits.	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	2.c. ESIT explores funding opportunities to scale-up statewide.	SICC Finance Committee	ESIT staff	2.c. July, 2016-June, ~~2018~~ 2019	2.c. July, 2016-June, 2019	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.	In process

Evidence: ESIT staff began participating in the Fiscal Initiative provided by national TA. Circle of Involvement completed to identify key stakeholders and relationships. | Barriers: Senate Bill 5879 required DEL to develop and submit a plan to the Washington Legislature on comprehensive and coordinated services for all children eligible for the ESIT program. The recommendations that DEL is making for the ESIT redesign efforts are paired with four system issues that have been prioritized. One of these issues is Resources. The recommendation in the plan is: *The ESIT program must be adequately resourced to support services for children and families. This includes consistently accessing all available resources (Medicaid, parent fees, state funding and public & private insurance).*

Over the past year, ESIT staff have prioritized the system design work, which has included extensive stakeholder engagement activities. The next step is to re-launch the SICC finance committee to partner with ESIT staff to move this work forward.

Actions to Address Barriers: ESIT staff are developing a plan to re-launch SICC committees, including the finance committee. The plan will be brought to the April SICC meeting. ESIT staff are planning a large stakeholder meeting in early May, 2017 to gather broad stakeholder feedback on finance.

Adjustments: Adjusted end date of timeline as this is an ongoing process.

Implications of Adjustments: Changing the end date |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								does not impact other implementation activities and steps. It does impact the timeline in which DEL/ESIT can request funding from the legislature for statewide scale-up.
Activity 3								
Infrastructure: ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment.	3.a. ESIT develops a mechanism to track completion of COS training modules.	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	3.a. April-June, 2016	N/A Completed	Collaboration with DEL professional development team to host COS training modules through DEL website.	Completed 6/30/2016 Evidence: ESIT developed quiz to demonstrate practitioner's knowledge upon completion of modules. Quiz software tracks completion. ESIT developed internal spreadsheet for tracking and disseminating results to local lead agencies. https://www.onlineexambuilder.com/esit-child-outcomes-summary-cos-modules/exam-81572	Barriers: Original plan was to host modules along with DEL professional development modules. In April, 2016, ESIT learned that DEL plans to purchase an IT system that has the capability of hosting online classes. This system will be managed internally and will be very robust, but would not be ready for 18 months. Hosting modules this way will allow tracking of completion of modules. In the interim, ESIT needed to identify a different method of hosting modules. Actions to Address Barriers: ESIT was not able to track completion of modules, but found a cost effective option through Quizworks, called Online Quiz Creator, to develop and track completion of quiz. SSIP Coordinator and Administrative Assistant compiled results monthly and sent spreadsheets to local lead agencies. Adjustments: Timeline was not impacted, alternative tracking system was in place on schedule. Implications of Adjustments: n/a
	3.b. ESIT requires early intervention providers statewide to complete			3.b. July-December, 2016	3.b. Ongoing requirement for new early		Completed 12/31/16	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	COS training modules.				intervention providers January, 2017- June, 2018		Evidence: July 1, 2016 LLA contracts included COS training requirement. Online Quiz Creator generates spreadsheet listing data including: • Individual name and email address • Date quiz was completed • County/LLA • Score on quiz and responses to each item • Feedback on modules	
	3.c. ESIT develops training on engaging families as partners in assessment.			3.c. April-May, 2016	N/A Completed		Completed Evidence: Training provided May 6, 2016 at Infant and Early Childhood Conference	N/A
	3.d. ESIT provides training to providers at implementation sites.			3.d. January-March, 2017 May-August, 2017	3.d. Continue for Cohort 2: October, 2017- June, 2018		Not in process	Barriers: Delays in posting open Program Consultant position and lack of qualified applicants impacted ability to hire for this open position. Workload of SSIP

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								Coordinator and other team members has been over capacity. In addition, ESIT has been in process of gathering feedback to develop additional trainings (activities 9 & 10) that will be held the same day as this training. Actions to Address Barriers: ESIT team worked with DEL to re-post the position on 3/22/17. Adjustments: Adjusted timeline to be completed by August, 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.
	3.e. ESIT enhances Data Management System (DMS) to accurately reflect family involvement in the COS process.			3.e. ~~July-December, 2016~~ March-June, 2017	3.e. N/A Will be complete by June 30, 2017		In process Evidence: Feedback collected from implementation sites for clear wording. This activity has been added to the next sprint cycle (April 3-28).	Barriers: The ESIT data team needed to prioritize work on Silverlight. The Silverlight platform that the data system is built on will no longer be secure. The data system needs to be rebuilt without that platform. Another barrier was the resignation of the data manager and associated staff shortage. A new data manager has been identified but did not receive transition support from outgoing data manager. Actions to Address Barriers: DEL hired an ESIT project manager within the IT department to provide oversight of the data management system. The project manager has begun implementing an agile process and requirements log for efficiency and improved documentation and communication. This process

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								should support moving projects forward in addition to the large Silverlight project. Adjustments: Timeline was adjusted to be complete by June 30, 2017. Implications of Adjustments: The timing of completing this activity aligns well with the revised timelines for conducting the training.
Activity 4								
Infrastructure: ESIT supports local lead agencies to analyze and monitor COS data quality.	4.a. ESIT enhances the DMS to include COS reports by providing agency.	DMS	ESIT staff	~~4.a. April-June, 2016~~ March-June, 2017	4.a. N/A Will be complete by June 30, 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 committee members will provide input on guidance materials.	In process Evidence: Reports released in data management system test environment. Testing completed with affected users and errors identified. Fixes have been added to the next sprint cycle (April 3-28).	Barriers: The ESIT data team needed to prioritize work on Silverlight. The Silverlight platform that the data system is built on will no longer be secure. The data system needs to be rebuilt without that platform. Another barrier was the resignation of the data manager and associated staff shortage. A new data manager has been identified but did not receive transition support from outgoing data manager. Actions to Address Barriers: DEL hired an ESIT project manager within the IT department to provide oversight of the data management system. The project manager has begun implementing an agile process and requirements log for efficiency and improved documentation and communication. This process should support moving projects forward in addition to the large Silverlight project. Adjustments: Timeline was adjusted to be complete by June 30, 2017.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								Implications of Adjustments: Implementation site agencies in Pierce County have not been able to view their data by agency.
	4.b. ESIT develops a process for regular communication with local lead agencies statewide to support the review and analysis of data.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and local lead agency administrators	4.b. April ~~June,~~ September, 2016	N/A Completed		Completed September, 2016 Evidence: Quarterly call logs for calls completed with each LLA, October, 2016 and January, 2017	N/A
	4.c. ESIT develops guidance materials for local lead agency administrators statewide to conduct periodic targeted sample reviews of COS data.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and local lead agency administrators	4.c. ~~April September, 2016~~ September, 2016-June, 2018	4.c. Continue activity July, 2017-June, 2018		In process Evidence: First material developed and posted to website- COS Review Sheet https://del.wa.gov/sites/default/files/public/ESIT/COS_Review_Sheet.pdf	Barriers: Senate Bill 5879 required DEL to develop and submit a plan to the Washington Legislature on comprehensive and coordinated services for all children eligible for the ESIT program. The recommendations that DEL is making for the ESIT redesign efforts are paired with four system issues that have been prioritized. One of these issues is Robust Data. The recommendation in the plan is: *An effective data system must be in place that collects data for general supervision and increased accountability, billing activities, and reporting. Information must be available through targeted and pre-scripted reports and is accessible to stakeholders.* Over the past year, ESIT staff have prioritized the system design work, which has included extensive stakeholder engagement activities. The next step is

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								to re-launch the SICC data committee to partner with ESIT staff to move this work forward. Actions to Address Barriers: ESIT staff are developing a plan to re-launch SICC committees, including the data committee. The plan will be brought to the April SICC meeting. Adjustments: Adjusted end date of timeline as this is an ongoing process. Implications of Adjustments: The data committee was not involved in developing materials but will be moving forward.
	4.d. ESIT provides technical assistance statewide on use of DMS COS reports, including reviewing data by race/ethnicity	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and local lead agency administrators	4.d. September, 2016-June, 2017	4.d. Continue activity July, 2017-June, 2018		In process Evidence: Quarterly call logs for calls completed with each LLA, October, 2016 and January, 2017	N/A
Activity 5								
Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments.	5.a. ESIT updates WA self- assessment tool to include steps to use COS data to identify program improvement strategies related to global child outcomes.	ESIT self-assessment tool	ESIT staff and local lead agency administrators	5.a. January-June, 2017	N/A will be completed by June 30, 2017	DEL Research Director will provide support and guidance on use of data for program improvements. SICC data committee members will provide input	In process Evidence: Local Child Outcomes Measurement System-Self Assessment, currently in draft by TA centers, was identified as the	N/A

Attachment D

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						on guidance materials.	best method for this activity. One implementation site piloted the tool and provided feedback to TA. ESIT staff gathered feedback from LLAs by survey to select which and how many quality indicators to use. Four quality indicators were identified to add to the self-assessment tool. The tool will be included in July 1, 2017 LLA contract requirements.	
	5.b. Local lead agencies statewide complete the self- assessment tool and identify improvement strategies related to child outcomes.			5.b. July-December, 2017	5.b. July, 2017-March, 2018 Timeline for completion extended based on stakeholder feedback		Not in process	N/A
	5.c. ESIT uses results from tool to support local lead agencies through targeted training and technical assistance.			5.c. January, 2017-June, 2018	5.d. April, 2018-June, 2019 Timeline adjusted to complete after self-assessments are completed		Not in process	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
Activity 6								
Infrastructure: ESIT collaborates with DEL home visiting programs to support coordinated service delivery.	6.a. 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.	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	6.a. July, 2016-June, 2017	6.a. Continue activity for Cohort 2, July, 2017-June, 2018	Collaboration with DEL home visiting programs (Home Visiting Services Account and Early Head Start) to share resources and develop MOU and guidance.	In Process Evidence: Providers in implementation sites are participating in reflective consultation groups.	N/A
	6.b. ESIT, in collaboration with the DEL Home Visiting Services Account, develops MOU including referrals, screening, follow-up, service coordination and data sharing as appropriate.			6.b. April-October, 2016	6.b. N/A Completed		Completed Evidence: https://www.del.wa.gov/sites/default/files/public/ESIT/ESIT_and_Home_Visiting_Services_Program_MOU.pdf	N/A
	6.c. ESIT, in collaboration with DEL home visiting programs (including DEL Home Visiting Services Account and Early Head Start) develops guidance for providers including elements of MOU.			6.c. April-~~December, 2016~~ April 2017	6.c. N/A Completed		Completed Evidence: Guidance posted to website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf	N/A Note: Guidance developed with feedback from local implementation teams.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	6.d. ESIT, in collaboration with DEL home visiting programs, pilots, disseminates and trains on guidance			6.d. January-June, 2017	6.d. Continue activity for Cohort 2 July, 2017-June, 2018		In process Evidence: Collaborative learning webinar held Feb 23, 2017. Standing agenda item for monthly ESIT/ implementation site leaders call and for each local implementation team agenda.	N/A
	6.e. Local lead agencies in implementation sites develop or revise MOUs with community home visiting programs, with feedback from local implementation team.			6.e. July, 2017-June, 2018 (Goal to complete draft by April, 2017 and final by June, 2017)	6.e. Continue activity for Cohort 2 July, 2017-June, 2018		In process Evidence: Information updates from each local implementation team on progress in developing or revising local MOUs.	N/A
	6.f. ESIT, in collaboration with DEL home visiting programs, revises guidance as needed.			6.f. July, 2017-June, 2018	6.f. Continue activity July, 2017-June, 2018		Not in process	N/A
Activity 7								
Infrastructure: ESIT incorporates social-emotional competencies and	7.a. ESIT refines existing state competencies to incorporate WA-AIMH	ESIT competencies	ESIT staff and SICC personnel and training	7.a. July, 2016-~~June, 2017~~ October, 2017	7.a. Continue and extend timeline to October, 2017.	SICC personnel and training committee includes	In process Evidence: Agenda and notes	Barriers: Upon working with DEL Professional Development team, ESIT learned that prior to incorporated social-emotional competencies, the ESIT competencies

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
practices into EI competencies.	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.	WA-AIMH competencies Division of Early Childhood (DEC) Recommended Practices SICC personnel and training committee	committee			representatives from higher education, state agencies and early intervention programs. Committee members will provide input on competencies and implementation. Collaboration with WA-AIMH executive director and training coordinator to advise ESIT and individuals pursuing endorsement. Consultation with DEL professional development team for support.	from all-day stakeholder meeting held March 3, 2017.	needed to be aligned to the Washington State Core Competencies. This alignment will support a statewide system and use of the DEL system to track professional development of early intervention providers. Actions to Address Barriers: ESIT worked with DEL Professional Development team to align ESIT competencies to WA State Core Competencies. After completion, ESIT gathered stakeholder workgroup and held webinar in January, 2017. ESIT decided with stakeholder feedback to hold an all-day workgroup in February, 2017. Workgroup was cancelled due to weather. It was rescheduled and held March 3, 2017. Members of Family Leadership and Involvement Committee participated in the workgroup and offered a parent perspective. Workgroup determined next steps to be convening small group to continue in-depth edits. Then large group will re-convene for final round of feedback. Using a racial equity lens, ESIT recommended thinking about who wasn't at the table for the first workgroup meeting and reaching out to invite diverse stakeholder representatives. Adjustments: Adjusted timeline to be completed by October, 2017. Implications of Adjustments: Delay in completion of competencies will not impact other SSIP activities. Aligning to WA State Core Competencies will support ESIT professional

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								development efforts. Thorough, meaningful stakeholder process will support a quality product.
	7.b. ESIT ensures all ESIT trainings are mapped to updated competencies.			7.b. ~~July,~~ November, 2017-June, 2018	7.b. Continue with adjusted start of timeline to reflect completion of competencies. November, 2017-June, 2018		Not in process	N/A
	7.c. ESIT disseminates and trains statewide on updated competencies.			7.c. ~~July,~~ November, 2017-June, 2018	7.c. Continue with adjusted start of timeline to reflect completion of competencies. November, 2017-June, 2018		Not in process	N/A
Activity 8								
Practice: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement.	8.a. ESIT supports providers in implementation sites by funding WA-AIMH endorsement fees.	WA-AIMH infant mental health endorsement	ESIT staff and local implementation sites	8.a. July, 2016-June, 2017	8.a. Continue activity for Cohort 2, July, 2017-June, 2018	Collaboration with WA-AIMH executive director and training coordinator to advise ESIT and individuals pursuing endorsement.	In process Evidence: Funds added to contract with WA-AIMH. Contract amendment in process.	N/A
	8.b. Local implementation teams identify providers to pursue endorsement at levels 1, 2, and 3.			8.b. ~~July-September, 2016~~ April-June, 2017	8.b. Continue activity for Cohort 2, July, 2017-June, 2018		Not in process	Barriers: Applying for endorsement is a time consuming process. Consistent feedback from implementation teams has been that it is difficult to complete all of the SSIP activities.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								Actions to Address Barriers: ESIT extended timeline to allow early intervention providers to thoughtfully consider whether they would like to apply for endorsement. This activity is encouraged but not required. Adjustments: Adjusted timeline to identify Cohort 1 providers by June, 2017. Implications of Adjustments: This adjustment does not impact other SSIP activities.
	8.c. Selected providers complete endorsement application process.			8.c. ~~September, 2016-June, 2017~~ July, 2017-June, 2018	8.c. Continue activity for Cohort 2, July, 2018-June, 2019		Not in process	Barriers: ESIT learned after developing this timeline that providers would not be eligible for endorsement until they have completed one year of reflective consultation. Actions to Address Barriers: ESIT is funding reflective consultation groups within three implementation sites to support providers to meet this endorsement requirement. Pierce County is using local funds to support reflective consultation groups within their county. Adjustments: Adjusted timeline to be completed by June, 2018. Implications of Adjustments: This adjustment does not impact other SSIP activities.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
Activity 9								
Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment.	9.a. ESIT ~~revises the following practice guides: Evaluation and Assessment, Screening, and Informed Clinical Opinion,~~ creates Social-Emotional Assessment Practice Guide to incorporate information about social-emotional assessment and 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	ESIT practice guides Social-emotional assessment tool selected (DECA-IT) Social-emotional screening tool selected (ASQ-SE)	ESIT staff and early intervention providers at local implementation sites	9.a. ~~April-December, 2016~~ September, 2016-April, 2017	9.a. Continue activity to revise based on feedback from implementation sites as they implement practices. July, 2017-June, 2018	Consultation with DEL professional development team for support to develop training materials and activities.	In Process Evidence: Local implementation team agendas and draft practice guide.	Note: Step 9a was changed to reflect change in process. ESIT team determined that revisions to the Evaluation and Assessment Practice Guide would be so significant that they would require an extensive statewide stakeholder process. ESIT has instead developed an interim practice guide on social-emotional assessment to pilot with implementation sites prior to merging and revising original practice guide. Barriers: As described in Activity 2, workload of SSIP Coordinator and other team members has been over capacity. ESIT was not able to begin this activity until fall of 2016. In addition, creating a practice guide with clear guidance that allows for some local flexibility as appropriate is a process that requires ongoing stakeholder feedback from the local implementation teams. Actions to Address Barriers: ESIT team shared multiple iterations of the draft with local implementation teams for ongoing feedback throughout development. Adjustments: Adjusted timeline to be completed by April, 2017. Implications of Adjustments:

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								Delayed completion of practice guide delays the development and delivery of training.
	9.b. ESIT develops training on culturally appropriate social-emotional screening and assessment.			9.b. ~~April-December, 2016~~ January-May, 2017	9.b. N/A will be completed prior to July, 2017		In process

Evidence: Draft Power Point and calendar appointments blocked for training development time. | Barriers: ESIT team determined the need to wait until completion of practice guide (step 9.a.) prior to developing training.

Actions to Address Barriers: ESIT team has begun developing training and has scheduled time to complete this by May, 2017.

Adjustments: Adjusted timeline to be completed by May, 2017.

Implications of Adjustments: Providers at local implementation sites have not yet received this training. |
| | 9.c. Providers at implementation sites participate in training on social-emotional screening and assessment. | | | 9.c. ~~January-June, 2017~~ May-September, 2017 | 9.c. Continue for Cohort 2: October, 2017-June, 2018 | | Not in process | Barriers: See steps 9.a. and 9.b.

Actions to Address Barriers: See steps 9.a. and 9.b.

Adjustments: Adjusted timeline to be completed by September, 2017.

Implications of Adjustments: Providers at local implementation sites have not yet received this training. |
| **Activity 10** | | | | | | | | |
| Practice: ESIT supports providers at implementation sites to write functional, | 10.a. ESIT revises the Practice Guide on Functional Outcomes to add information on | ESIT practice guides | ESIT staff and early intervention providers at | 10.a. ~~April-December, 2016~~ September, 2016-April, 2017 | 10.a Continue activity to revise based on feedback from | Consultation with DEL professional development | In process

Evidence: Local | Barriers: As described in Activities 2 and 9, workload of SSIP Coordinator and other team members has been over capacity. ESIT was not able to begin this activity |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.	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 part of the process. b. ESIT applies a racial equity lens to review of practice guide.		local implementation sites		implementation sites as they implement practices. July, 2017-June, 2018	team for support to develop training materials and activities	implementation team agendas and draft practice guide.	until fall of 2016. In addition, creating a practice guide with clear guidance that allows for some local flexibility as appropriate is a process that requires ongoing stakeholder feedback from the local implementation teams. Actions to Address Barriers: ESIT team shared multiple iterations of the draft with local implementation teams for ongoing feedback throughout development. Adjustments: Adjusted timeline to be completed by April, 2017. Implications of Adjustments: Delayed completion of practice guide delays the development and delivery of training.
	10.b. ESIT develops training on writing functional, routines-based outcomes that incorporate the parent-child relationship.			10.b. ~~April-December, 2016~~ January-May, 2017	10.b. N/A will be completed prior to July, 2017		In process Evidence: Draft Power Point and calendar appointments blocked for training development time.	Barriers: ESIT team decided to wait until completion of practice guide (step 10.a.) prior to developing training. Actions to Address Barriers: ESIT team has begun developing training and has time scheduled to complete this by May, 2017. Adjustments: Adjusted timeline to be completed by May, 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	10.c. Providers at implementation sites participate in training on functional outcomes.			10.c. ~~January-June, 2017~~ May-September, 2017	10.c. Continue for Cohort 2: October, 2017-June, 2018		Not in process	Barriers: See steps 10.a. and 10.b. Actions to Address Barriers: See steps 9.a. and 9.b. Adjustments: Adjusted timeline to be completed by September, 2017. Implications of Adjustments: Providers at local implementation sites have not yet received this training.
Activity 11								
Practice: ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.	11.a. ESIT develops training plan and contract with University of Washington (UW) to provide training and mentoring on Promoting First Relationships (PFR).	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	11.a. April-June, 2016	11.a Continue for Cohort 2 March-June, 2017.	Collaboration with UW to provide training and mentoring on PFR.	Completed Evidence: Contract in place with UW.	N/A
	11.b. All providers at implementation sites participate in PFR (level 1) training.			11.b. July-~~September~~ October, 2016	11.b. Continue for Cohort 2 July-October, 2017.		Completed Evidence: Post-training questionnaires (developed in collaboration with UW) completed by participants	N/A
	11.c. Coaches observe home visits using			11.c. ~~July, 2016-June, 2017~~	11.c. Continue for Cohort 2		In process	Barriers: ESIT learned that training on the Home Visiting

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	adapted Home Visiting Rating Scale for providers who completed level 1 PFR.			July 2017-June 2018	after completion of Level 1 training, Nov 2017-June 2018		Evidence: Authors of Home Visiting Rating Scale scheduled to present at Infant and Early Childhood Conference(IECC) http://ieccwa.org/2017/program/daily_schedule.php?day=wednesday#14023813 1-2 staff from each implementation site have registered for conference.	Rating Scales needs to be provided by the authors rather than state staff. Actions to Address Barriers: ESIT is funding authors to present 2-day training at Infant and Early Childhood Conference. Implementation sites are each identifying 1-2 staff to attend who will be coaches. ESIT worked with conference organizer to ensure these staff attend at no cost to them. Adjustments: Adjusted timeline to be complete for Cohort 1 by June, 2018. Implications of Adjustments: Early intervention providers who received Level 1 training have not received coaching.
	11.d. Selected providers at implementation sites pursue fidelity to PFR (level 2).			11.d. July 2016-December, 2016 June, 2017	11.d. Continue for Cohort 2, September 2017-June 2018		In process Evidence: 16 providers are pursuing Level 2 certification and fidelity to PFR. Seven providers have reached fidelity and all others are currently working toward it. Providers pursuing fidelity are proportionate	Barriers: The process to reach Level 2 certification and fidelity is extensive and time consuming. There are videos that providers view on their own, 6 weeks of weekly meetings with a UW trainer, and 10 weeks of home visits with a family with reflection with the UW trainer. Actions to Address Barriers: ESIT has learned more about the time commitment to communicate to Cohort 2 implementation sites. With advance notice, providers can prepare to have adequate time in their schedules to complete Level 2.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
							across implementation sites.	Adjustments: Adjusted timeline to be complete by June, 2017. Implications of Adjustments: This minor adjustment does not impact other activities.
	11.e. ESIT supports training one or two "train-the-trainers" (level 3) at each implementation site to ensure sustainability of the evidence-based practice.			11.e. ~~January-June~~ April-September, 2017	11.d. Continue for Cohort 2, January-September, 2018		Not in process	Barriers: See step 11.d. Providers need to complete Level 2 prior to beginning Level 3. Actions to Address Barriers: Adjusted timeline. Adjustments: Adjusted timeline to be complete by September, 2017. Implications of Adjustments: This minor adjustment does not impact other activities.
Activity 12								
Infrastructure: ESIT defines and implements coaching system within implementation sites.	12.a. ESIT establishes: a. guidance for selecting coaches; and b. a training plan for coaches that includes ongoing support.		ESIT staff and early intervention providers at local implementation sites	12.a. ~~April-June, 2016~~ April-June, 2017	12.a. April-June, 2017	Consultation with DEL professional development team to align coaching system with DEL coaching framework that is already in place.	Not in process	Barriers: As described in Activities 2, 9, and 10, workload of SSIP Coordinator and other team members has been over capacity. This activity has been most impacted as ESIT has not been able to begin this yet. Actions to Address Barriers: ESIT team is working with DEL to re-post open position. Adjustments:

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
								Adjusted timeline to complete in upcoming year now that other SSIP activities have been completed. Implications of Adjustments: Coaching on COS process has not yet occurred.
	12.b. ESIT provides training to coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality Practices Reflection Tool and Family Engagement Practices Checklist.			12.b. ~~July-December, 2016~~ July-October 2017	12.b. Continue for Cohort 2, October, 2017-June, 2018		Not in process	See Step 12.a.
	12.c. 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.			12.c. ~~January-June, 2017~~ October, 2017-June 2018	12.c. Continue for Cohort 2, July, 2018-June, 2019		Not in process	See Step 12.a.
	12.d. Implementation sites submit aggregated results to ESIT.			12.d. ~~June 30, 2017~~ June 30, 2018	12.d. Continue for Cohort 2, June 30, 2019		Not in process	See Step 12.a.
	12.e. ESIT and implementation sites use aggregate results			12.e. ~~July, 2017-June, 2018~~ June 2018-July	12.e. Continue for Cohort 2, June, 2019-July,		Not in process	See Step 12.a.

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Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	Timeline Implementation Site Cohort 2 beginning July 1, 2017	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	to determine additional professional development needs related to COS and assessment processes.			2019	2020			

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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)	Status and Data
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	Completed Evidence: Rules: http://app.leg.wa.gov/wac/default.aspx?cite=170-400 Link to rules on ESIT website: https://www.del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit Link to FAQ document: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A_rev3-27.pdf
	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	Completed Evidence: Policies and Procedures posted on ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf
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	Completed Evidence: Training developed with TA provider
4. Infrastructure: ESIT supports local lead agencies to analyze and	Materials and process for review and	Materials reflect best practices in analysis	April, 2016-June, 2017	In process

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
monitor COS data quality.	analysis of COS data are developed.	and use of COS data	September, 2016-June, 2018	Evidence: First material developed and posted to website-COS Review Sheet https://del.wa.gov/sites/default/files/public/ESIT/COS_Review_Sheet.pdf
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	July, 2017-June, 2018	Not in process Note: Local Child Outcomes Measurement System-Self Assessment, currently in draft by TA centers, was identified as the best method for this activity. One implementation site piloted the tool and provided feedback to TA. ESIT staff gathered feedback from LLAs by survey to select which and how many quality indicators to use. Four quality indicators were identified to add to the self-assessment tool, and the tool has been updated to include them. The tool will be included in July 1, 2017 LLA contract requirements
6. Infrastructure: ESIT collaborates with DEL home visiting programs to support coordinated service delivery.	MOU between ESIT and DEL HV programs addresses coordinated service delivery	State-level MOU is developed	July, 2016-June, 2018	Completed Evidence: MOU posted to website: https://www.del.wa.gov/sites/default/files/public/ESIT/ESIT_and_Home_Visiting_Services_Program_MOU.pdf
	Guidance developed by ESIT and DEL HV programs addresses coordinated service delivery	Guidance is disseminated to all LLAs	July, 2016-June, 2018	In process Evidence: Guidance posted to website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf

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Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
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~~ October, 2017	In process Evidence: Agenda and notes from all-day stakeholder meeting held March 3, 2017.
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-September, 2016~~ April-June, 2017	Not in process
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~~ January-May, 2017	In process Evidence: Draft Power Point and calendar appointments blocked for training development time.
10. Practice: 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~~ January-May, 2017	In process Evidence: Draft Power Point and calendar appointments blocked for training development time.
11. Practice: ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.	Providers at implementation sites participate in training	Participation rate; participation attendance list, by implementation site	April, 2016-June, 2017	Completed Evidence: Post-training questionnaires completed by participants

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
	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	In process Evidence: 16 providers are pursuing Level 2 certification and fidelity to PFR. Seven providers have reached fidelity and all others are currently working toward it.
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	Not in process

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)	Measurement Intervals	Status	Data and Evaluation Notes
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.	July, 2016- January 2017

Ongoing requirement for new early intervention providers January, 2017- June, 2018 | One time, as providers complete training | Completed for current early intervention providers. Ongoing requirement for new early intervention providers.

Met performance indicator: 93% of providers met criteria for understanding COS quality practices. | Data as of March 1, 2017:

93% of providers completed the COS training and passed the quiz.

Due to challenges with the current structure of early intervention service provision, ESIT does not have an exact number of service providers. ESIT emailed a spreadsheet monthly to LLAs to provide the names of individuals who completed the quiz, and relied on LLAs to confirm when all the providers in their region met the requirement. The following information was gathered through this process:

- 1,019 providers completed the quiz
- Of those, 6 providers did not pass and did not retake the quiz
- 1,013 passed (34 passed on second attempt)
- 69 providers did not complete the quiz
- 2 LLA staff with family emergencies
- 67 school district providers
93% of providers met requirement
6 + 69 = 75
75/1,013= 7% |

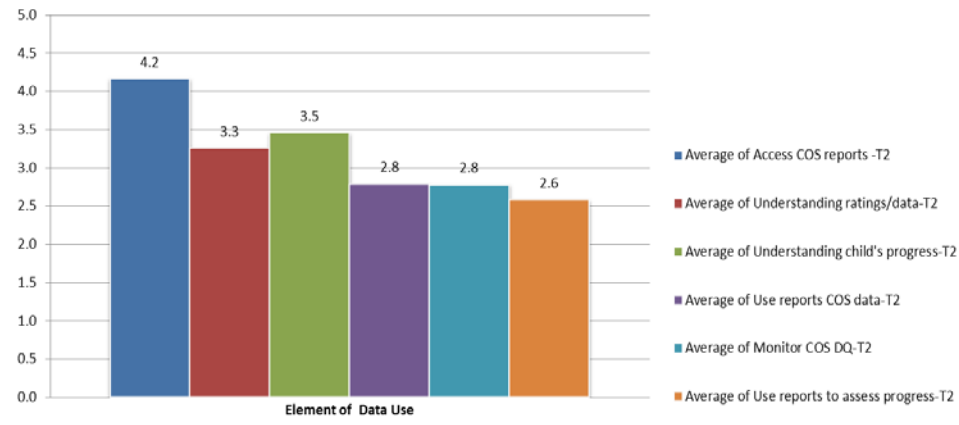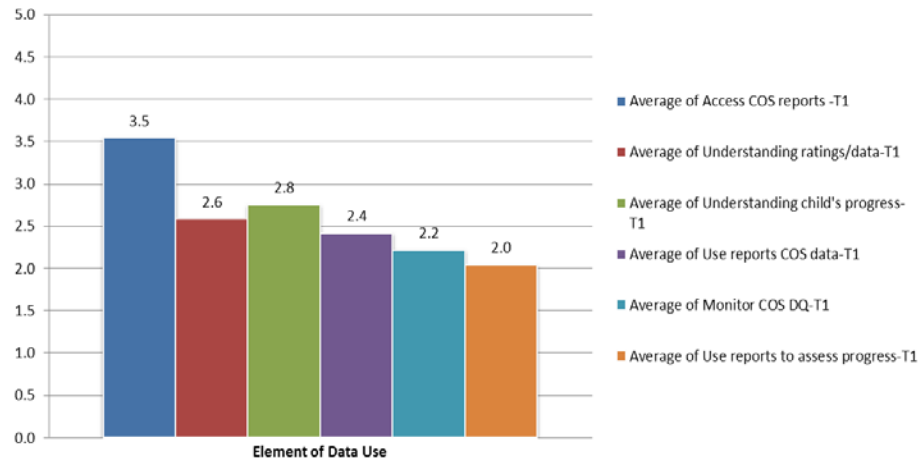| Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline (projected initiation and completion dates)	Measurement Intervals	Status	Data and Evaluation Notes

								<u>Mid-course corrections:</u>
								
								• Contract required providers *take* the quiz, not *pass*.
								  o LLAs reached consensus that ESIT should require passing score
								  o ESIT clarified contract language for next contract year as this is an ongoing requirement for all new early intervention providers
								• Adjusted quiz software so providers:
								  o Could login to retake
								  o Receive a notification that they need to retake if they score below 80%
								• 34 providers who did not pass on initial attempt re-took the quiz and passed
								
								<u>Barriers and Actions to Address Barriers:</u>
								69 providers did not complete the modules and quiz as required.
								• 2 LLA staff with family emergencies were granted extensions
								• 67 school district providers are not under direct contract with LLA or ESIT. ESIT team is drafting letter to these providers to notify them of requirement and new deadline.

Short-term	Providers have	Do providers have	90% of providers	Post training	~~January~~ June,	One time, as	Not yet initiated,	N/A

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)	Measurement Intervals	Status	Data and Evaluation Notes
	improved understanding of social-emotional screening and assessment, Informed Clinical Opinion (ICO), and writing functional outcomes that support social-emotional development.	improved understanding of social-emotional screening and assessment, ICO, and writing functional outcomes as a result of participating in the training?	meet criteria for understanding social-emotional screening and assessment, ICO, and writing functional outcomes.	survey	2017 May-September, 2017	providers complete training	refer to activities 9 and 10 for additional detail.	
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 (developed in collaboration with UW)	July-December, 2016 Continue for Cohort 2 July-October, 2017.	One time, as providers complete training	Completed for Cohort 1 Met performance indicator: 100% of 104 participants reported adequate knowledge of PFR practices, as measured on post-training questionnaire.	Data for Cohort 1: 104/104 of participants gave a score of 4 or 5 on two questions on questionnaire following training. Score of 4 indicated true and 5 indicated definitely true. Questions and scores were as follows: 1. This Promoting First Relationships training provided me with useful knowledge and skills • 28 responded 4/true

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)	Measurement Intervals	Status	Data and Evaluation Notes
								• 76 responded 5/definitely true • Rating average 4.73 2. This Promoting First Relationships training will help me more effectively perform my job • 28 responded 4/true • 76 responded 5/definitely true • Rating average 4.73
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~~ July 1, 2017-June 30, 2018	Annually	Not yet initiated, refer to activities 2, 9, 10, and 12 for additional detail on adjusted timelines.	N/A
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~~ 2018 (Extended end date to reflect ongoing nature of activity)	Quarterly LLA calls	In process, timeline extended to report on intermediate outcome. Evidence: Quarterly call logs for calls completed with each of 25 LLAs, October, 2016 and January, 2017	Mid-course corrections: With support from TA providers, ESIT team learned to follow a sequence for learning. Goal was to meet LLA program coordinators/ administrators where they are and provide coaching to support their growth in understanding and using data. ESIT developed evaluation questions to ask during each quarterly call. LLA program coordinators/administrators were asked to self-report their own ability on a scale of 1-5 (1=not at all competent; 5=extremely competent) on the following: • Ability to locate/access the child outcome summary reports

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)	Measurement Intervals	Status	Data and Evaluation Notes
								• Understanding of the data in those reports (both for the quality of the ratings and children's progress) • Ability to use the reports to analyze COS data • Ability to monitor COS data quality • Ability to use the reports to assess progress and make program adjustments Activities completed during the quarterly calls follow this sequence. The October 2016 quarterly calls focused on locating reports in the data system and orienting to the reports. The January 2017 calls included an exercise for LLAs to demonstrate their understanding of the COS process, and a data activity to compare local patterns to state patterns. As a mid-course correction, the timeline to measure this intermediate outcome was lengthened to end in June 2018 to accommodate the stages of adult learning. Progress has been made toward this outcome. As illustrated by the charts to the left, the average ability to access reports score increased from 3.5 during call one in October to 4.2 during call two in January.

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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)	Measurement Intervals	Status	Data and Evaluation Notes
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)	Pre/post	Not yet initiated	N/A
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'~~ June, 2018 Cohort 2, September 2017-June 2018	Annual	Not yet initiated, adjusted timeline to measure after training is completed.	N/A

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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)	Measurement Intervals	Status	Data and Evaluation Notes
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~~ October, 2017-June, 2018	Periodic sampling	Not yet initiated, adjusted timeline to measure after training is completed.	N/A
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~~ June, 2017 Cohort 2, September 2017-June 2018	Quarterly contract deliverable from UW	In process 100% of providers who have completed PFR Level 2 met criteria.	Data as of March 30, 2017 4 of 16 providers have completed PFR Level 2. During the Level 2 training they each reviewed 5 videos with their coach.
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	Online IFSP for newly developed IFSPs	Baseline one year before implementation; annually, beginning with Phase III Year 3 September, 2018-April, 2019	Annual	Not yet initiated	N/A

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)	Measurement Intervals	Status	Data and Evaluation Notes
			services.					
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 Cohort 1 January-June, 2017 Cohort 2, September 2017-June 2018	Quarterly contract deliverable from UW	In process 100% of providers who have completed PFR Level 2 met fidelity.	Data as of March 30, 2017 4 of 16 providers have completed PFR Level 2 and met criteria for videotaped home visit to reach fidelity.
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	Annual	Not yet initiated	

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)	Measurement Intervals	Status	Data and Evaluation Notes
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	Annual	Not yet initiated	
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	Annual	Not yet initiated	N/A
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	Have more infants and toddlers exiting early intervention services demonstrated an increase in the rate of growth in positive social-emotional	By the end of FFY 2018, ~~67.25%~~ 58.25% of children will substantially increase their rate of growth in social-emotional development by the time they exit the	Data reported for APR indicator C3, which is collected at entry and exit using the COS process	Annually, through FFY 2018	Annual	In process Data for FFY 15 = 56.63% For detailed description of updated targets, please see next	Mid-course correction: Through data analysis, it was determined that data for Indicator 3 Outcome A/SS1 and Indicator 3 Outcome B/SS1 were switched and reported incorrectly in the FFY13 APR. We used these data to set targets in 2014. Performance data: • Outcome A/SS1 should have been 56.21%. We reported 65.11% • Outcome B/SS1 should have been

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)	Measurement Intervals	Status	Data and Evaluation Notes
	social-emotional development.	development?	program.				column. Target has been met indicating progress toward SIMR.	65.11%. We reported 56.21% ESIT has put the following safeguards in place to prevent a similar error from happening in the future. The Part C data manager position is now located with program staff and supervised by the Part C coordinator. This will improve accountability and communication for data accuracy. The Part C data manager created an internal protocol for data verification and reporting. In addition, the data manager will work with the agency's director of analysis and research to develop a data retrieval and archive plan. The agency's IT department hired a project manager to provide oversight of the data management system. This will improve data accuracy by ensuring developers are addressing system defects and enhancements in a timely fashion. The project manager will implement an agile process and requirements log for efficiency and improved documentation and communication. Updated baseline and targets: Outcome A/SS1 baseline was corrected to 56.21%. Outcome B/SS1 baseline was corrected to 65.11%. On January 18, 2016, ESIT shared proposed targets and received feedback from SICC members and other participating stakeholders. After group discussion, SICC members recommended that targets should

Attachment D

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)	Measurement Intervals	Status	Data and Evaluation Notes
								increase by .10% increments each year up to FFY18. This would create FFY18 targets of 57% for Outcome A/SS1. Upon working with Technical Assistance Consultants, ESIT staff determined the need to create more rigorous targets to demonstrate a meaningful difference by FFY18. For Outcome A, the increases for FFY 16 and 17 remained at the increment of .10%, as SICC recommended. The rationale for small increments is that performance data may decrease before it increases as data quality improves. Using the meaningful difference calculator, it was determined that a meaningful difference from 56.21% was 2 percentage points, and 58.25% was selected. Please refer to chart below for targets through FFY18 and actual data through FFY15.

	FFY 13		FFY 14		FFY 15		FFY 16		FFY 17		FFY 18	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
A- SS1	56.21	56.21	56.25	56.38	56.5	56.63	56.7		56.8		58.25	

Attachment E

SSIP Implementation Communication Protocol Worksheet

Implementation Team Internal Communication/Meeting

Issues to Communicate	
Responsible Individual(s)	
Schedule, Time Allotted	
Team Meeting Format	

Communication *from* Implementation Team *to* ESIT State Team

Issues to Communicate	
Responsible Individual(s)	
Communication Format	
Response Timeline	
Response Format	

Pierce County Implementation Team
March 2, 2017

Welcome and Follow-up

1. Team check-in/updates:

2. Please review attached information on PFR Agency Trainer and let us know if there are any questions.

3. We made a number of changes to the SE Practice Guide and Functional Outcomes Practice Guide based on feedback from the last meetings. Please review these one more time and let us know any other suggestions you have. Questions are below and in the comments on the documents.

Social-Emotional Assessment

Please review updated draft guidance with the following in mind:

1) If wording isn't clear or should be more concise, please provide ideas for alternative wording.

2) Are we missing any tools on the tool menu?

Functional Outcomes

Please review updated draft guidance:

1) Please take a look at the examples in tables 1 and 2.
   a. Do these examples meet the criteria of functional, participation-based outcomes?

   b. Do you have any additional examples you would like us to include?

2) Please provide any general feedback you have on the draft. You can insert comments directly onto the document and send it back to us, or note your comments here.

Feedback to ESIT

Do you have any feedback on any of the SSIP activities you have completed so far?
 	
   1. Successes
 	
   2. Barriers/challenges
 	
   3. Mid-course corrections (suggestions for local and state)

Promoting First Relationships and Early Support for Infants and Toddlers

Background

Promoting First Relationships (PFR) training is one component of the Washington Part C State Systemic Improvement Plan (SSIP). The goal of the SSIP is to improve social-emotional outcomes for the children and families we serve. PFR was selected after reviewing a number of evidence-based practices as they relate to the Division of Early Childhood (DEC) recommended practices. We think PFR is a great fit with Part C early intervention and we are very excited to be able to provide this training opportunity.

Promoting First Relationships Training

All early intervention providers in SSIP implementation sites will participate in level-one knowledge building training through a two-day learner's workshop. This training is designed to give 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.

How you can integrate PFR into your practice

Because most early intervention providers in your community are participating in the training, we hope you will develop a shared language and understanding of promoting social-emotional development in your work with children and families.

A **Family Resources Coordinator** (FRC) will find that the PFR strategies of *joining* and *positive instructive feedback* are easily incorporated at all points in the IFSP process. Foundational knowledge about social-emotional development will support FRCs as they complete screenings and talk with families about their concerns and priorities. It will inform a higher quality Child Outcome Summary (COS) process, along with strengthening teaming and collaboration. The following are some specific examples of PFR strategies that FRCs might use:

- Using *joining* questions to gain a full understanding of the parents' needs and identify potential barriers that might interfere with successful follow through of services.
- Using *positive instructive feedback*, live, during the intake process to support the caregiver in the skills they have and to enhance the caregiver's sense of connection and trust with the provider and the agency.
- Using *reflective questions* to better understand how the parent is feeling about the potential service in order to best provide helpful information.

An **Educator, Speech-Language Pathologist, Occupational Therapist, or Physical Therapist** should be able to seamlessly integrate the principles from this training into their practice. Relationships are the foundation for development, and if we can support parents' relationships with their child we can enhance their capacity to help their child grow and learn in all areas of development. PFR consultation strategies can be built into any home visit for any outcome. The following are some specific examples of PFR strategies that providers may use:

- Using *joining* and *reflective questions* to better understand the concerns that parents have about behavior or autism.
- Using *positive instructive feedback* regarding social-emotional needs either live or while reviewing a video of mealtime with a parent when the child has feeding concerns.
- Using *baby cues* as a way to increase caregiver sensitivity to child's nonverbal communications regarding distress.
- Brainstorming with a parent what their child needs from them to make tummy time enjoyable or tolerable.
- Using *positive instructive feedback* to both build caregiver confidence and competence and help them understand the importance of their actions/interventions (e.g. use of language, supporting motor development, sensitivity) to their child's needs.
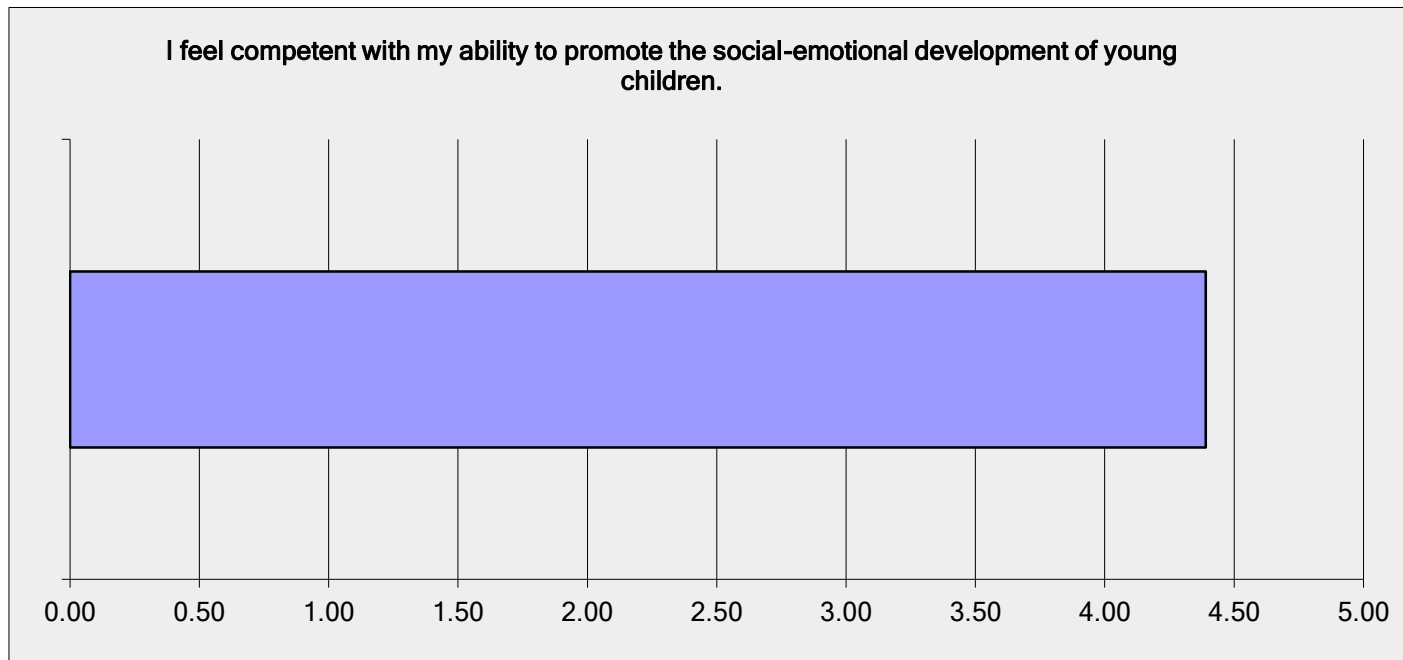
An **Infant Mental Health Specialist** will be working with children and families with more complex needs. They have already had specialized training but should still find this training useful to develop skills to coach families using a PFR lens and a common language to use with their early intervention colleagues. Specific examples include:

- Using video feedback and all of the PFR verbal strategies to support a parent who may be behaving in an intrusive manner. Increasing parents' *reflective capacity* to recognize how that behavior contributes to child avoidance during play time.
- Using *PFR intervention worksheet* and *handouts* to reframe challenging behavior by reflecting on the underlying reasons for behavior and understanding behavior as "language of distress."
- Helping a child care provider understand the underlying contributing factors to problematic child behavior and developing a plan that meets the child's social and emotional needs to prevent the child from being expelled.
- Using the PFR 10-week home visiting model to enhance sensitivity and prevention of child maltreatment.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

1. I feel competent with my ability to promote the social-emotional development of young children.
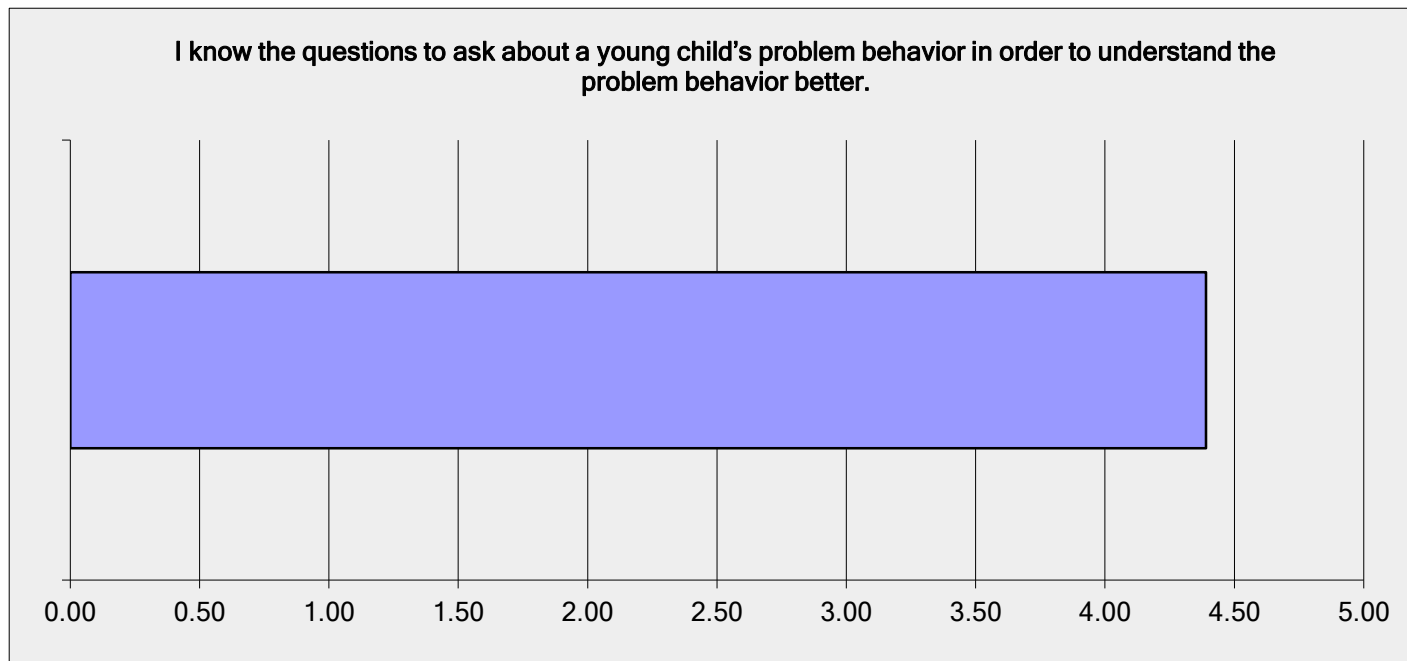
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	2	59	43	4.39	104
						answered question	104
						skipped question	0

I feel competent with my ability to promote the social-emotional development of young children.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

| 2. I know the questions to ask about a young child's problem behavior in order to understand the problem behavior better.						
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	2	59	43	4.39	104
					answered question		104
					skipped question		0

I know the questions to ask about a young child's problem behavior in order to understand the problem behavior better.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

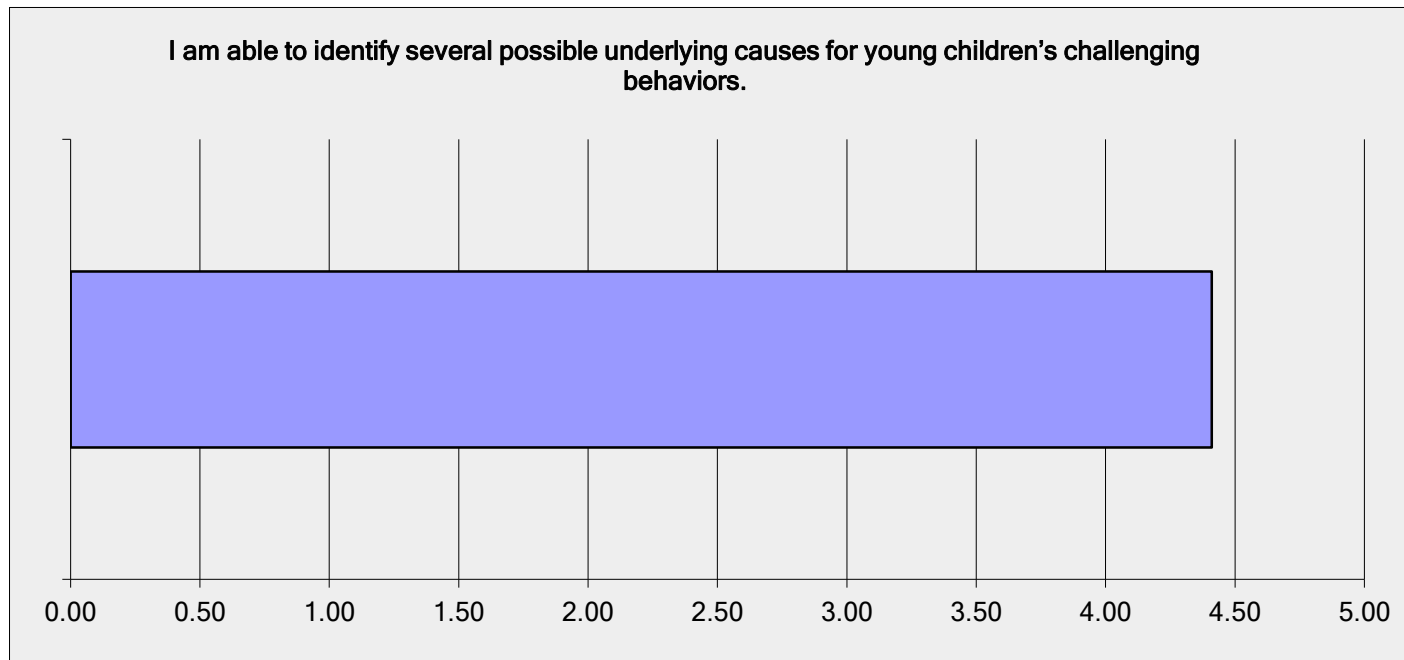| 3. I feel capable of working with the parents of young children who have behavioral difficulties.						
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	1	3	70	30	4.24	104
					answered question		104
					skipped question		0

I feel capable of working with the parents of young children who have behavioral difficulties.
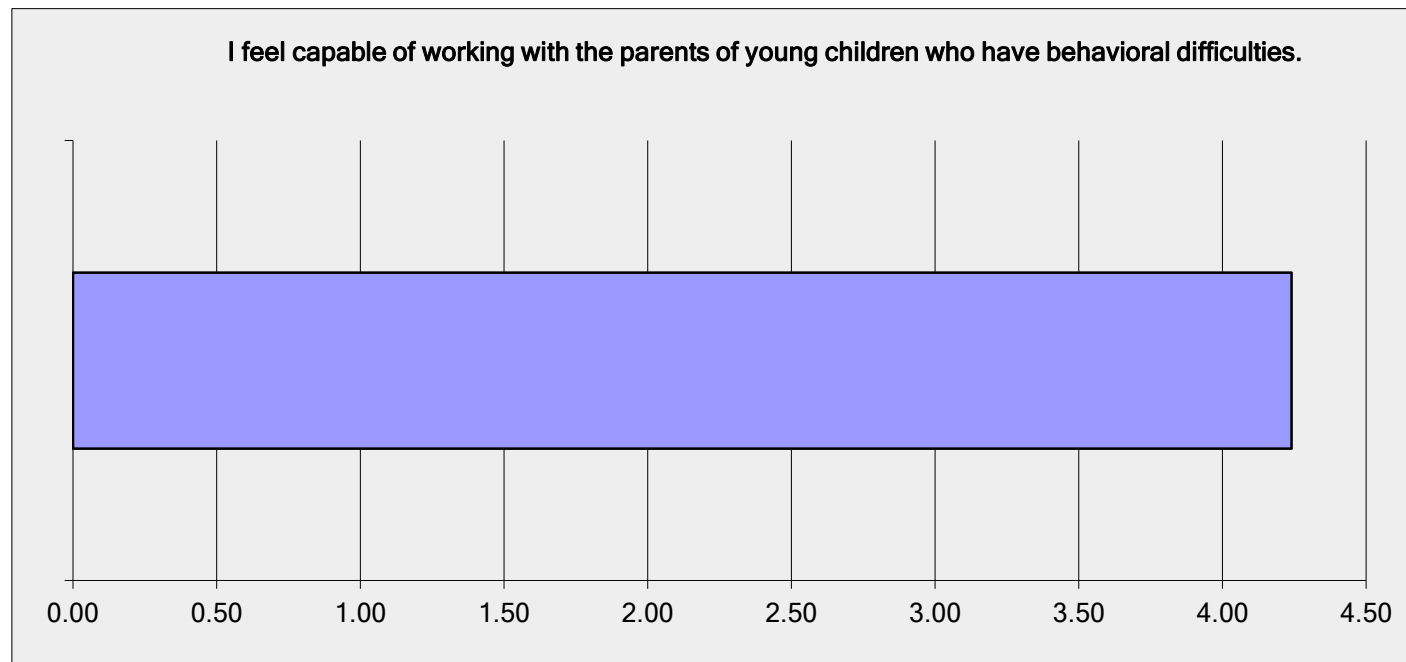
Promoting First Relationships Post Questionnaire for Early Intervention Providers

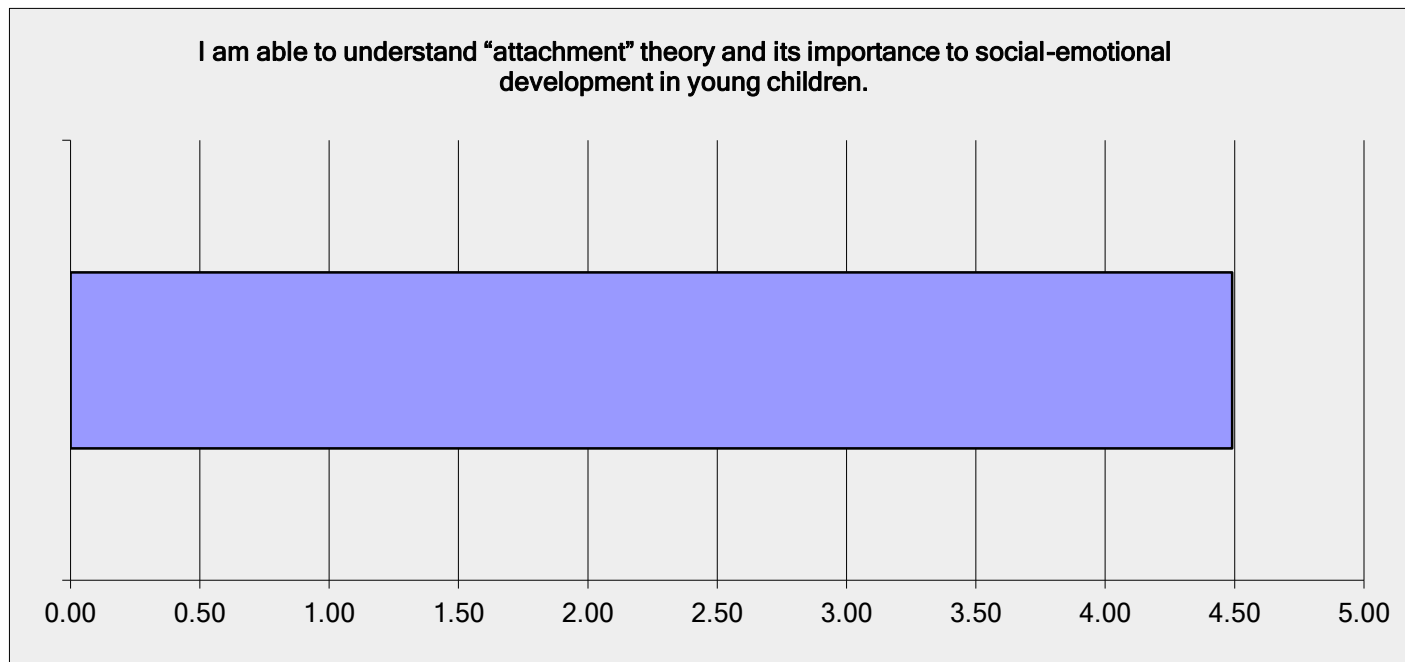| 4. I am able to identify several possible underlying causes for young children's challenging behaviors.						
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	1	59	44	4.41	104
					answered question		104
					skipped question		0

I am able to identify several possible underlying causes for young children's challenging behaviors.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

5. I am able to understand "attachment" theory and its importance to social-emotional development in young children.
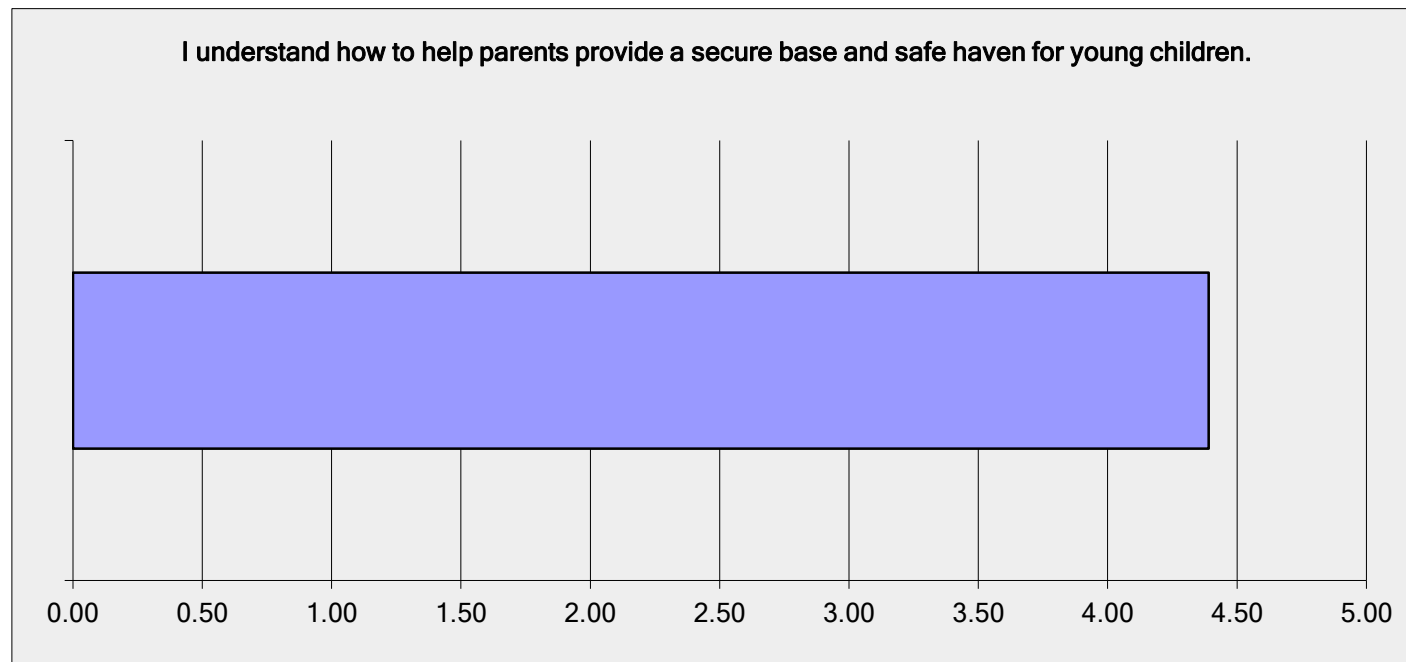
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	1	51	52	4.49	104
						answered question	104
						skipped question	0

I am able to understand "attachment" theory and its importance to social-emotional
development in young children.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

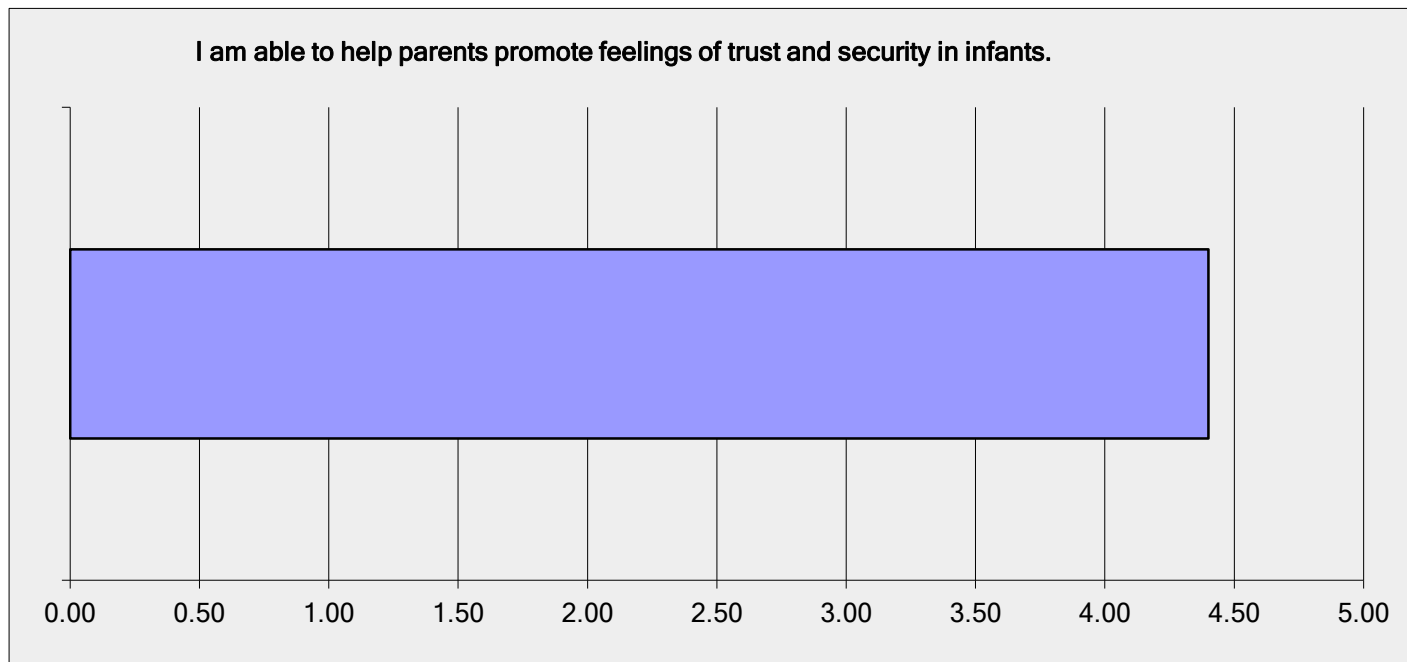| 6. I understand how to help parents provide a secure base and safe haven for young children.						
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	2	59	43	4.39	104
					answered question		104
					skipped question		0

I understand how to help parents provide a secure base and safe haven for young children.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

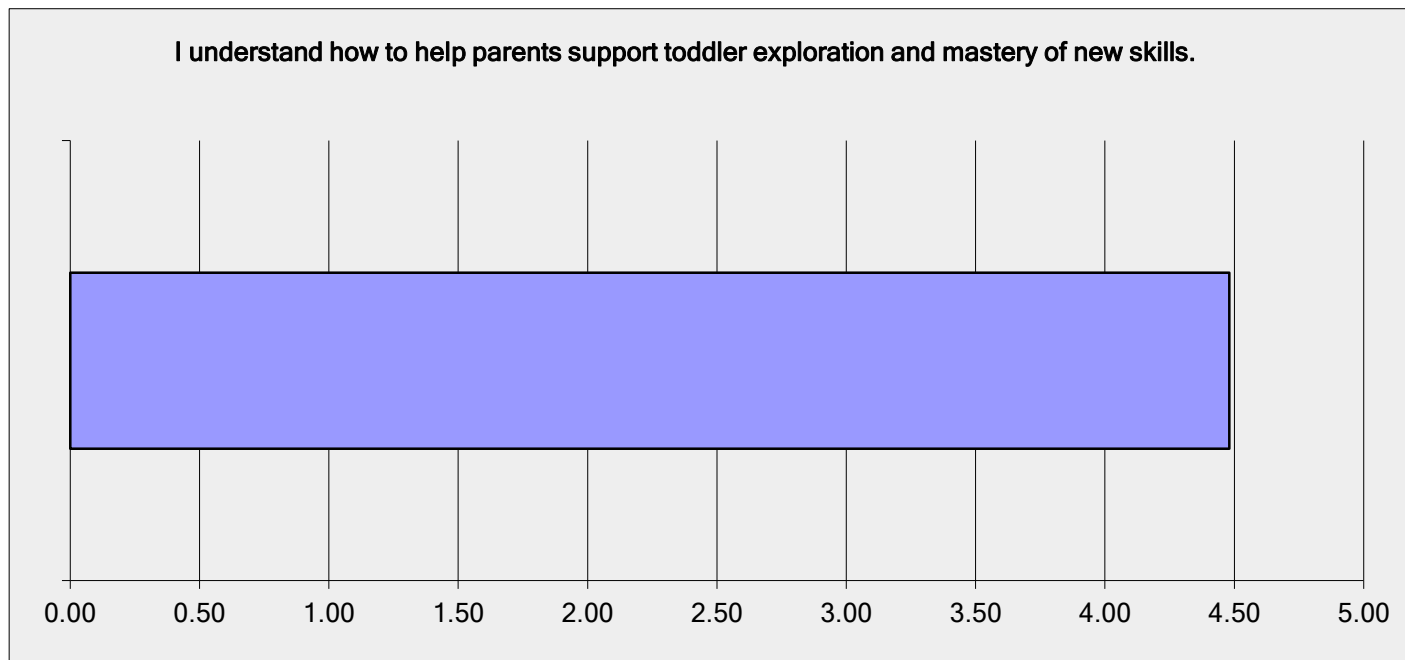**7. I am able to help parents promote feelings of trust and security in infants.**

Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	2	58	44	4.40	104
						answered question	104
						skipped question	0

I am able to help parents promote feelings of trust and security in infants.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

8. I understand how to help parents support toddler exploration and mastery of new skills.
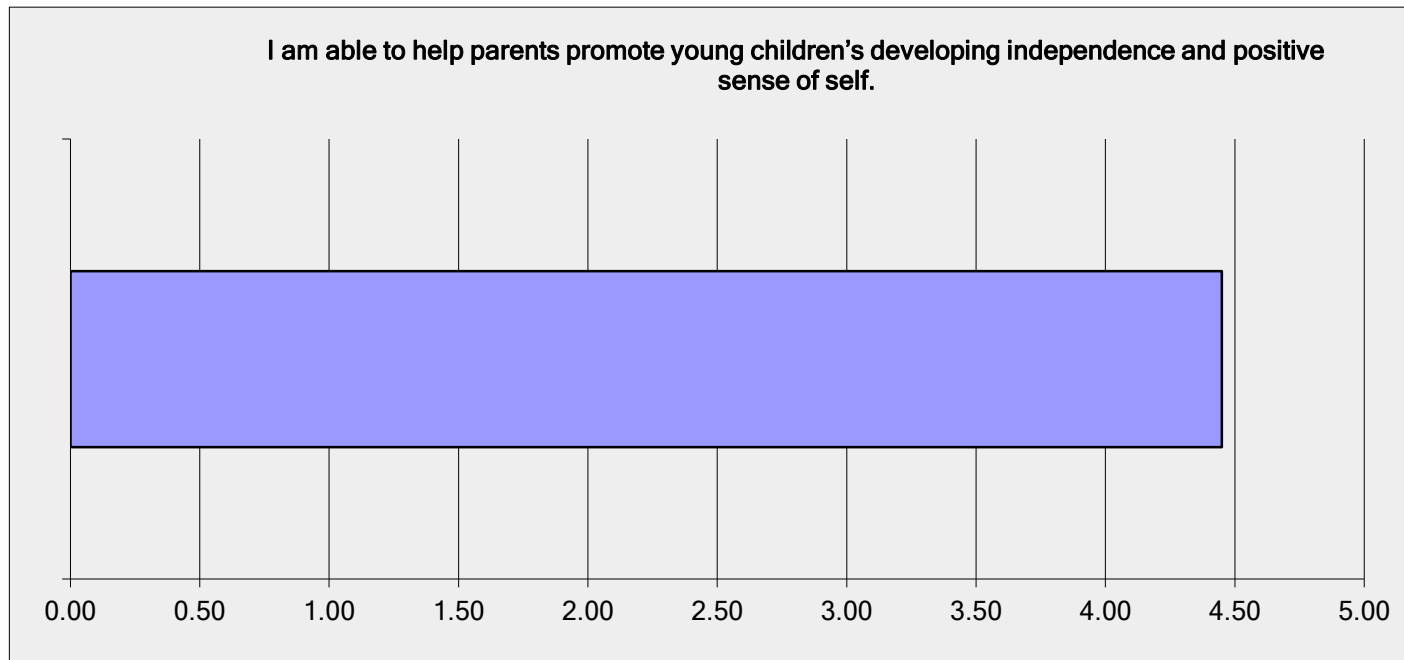
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	3	48	53	4.48	104
						answered question	104
						skipped question	0

I understand how to help parents support toddler exploration and mastery of new skills.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

9. I am able to help parents promote young children's developing independence and positive sense of self.
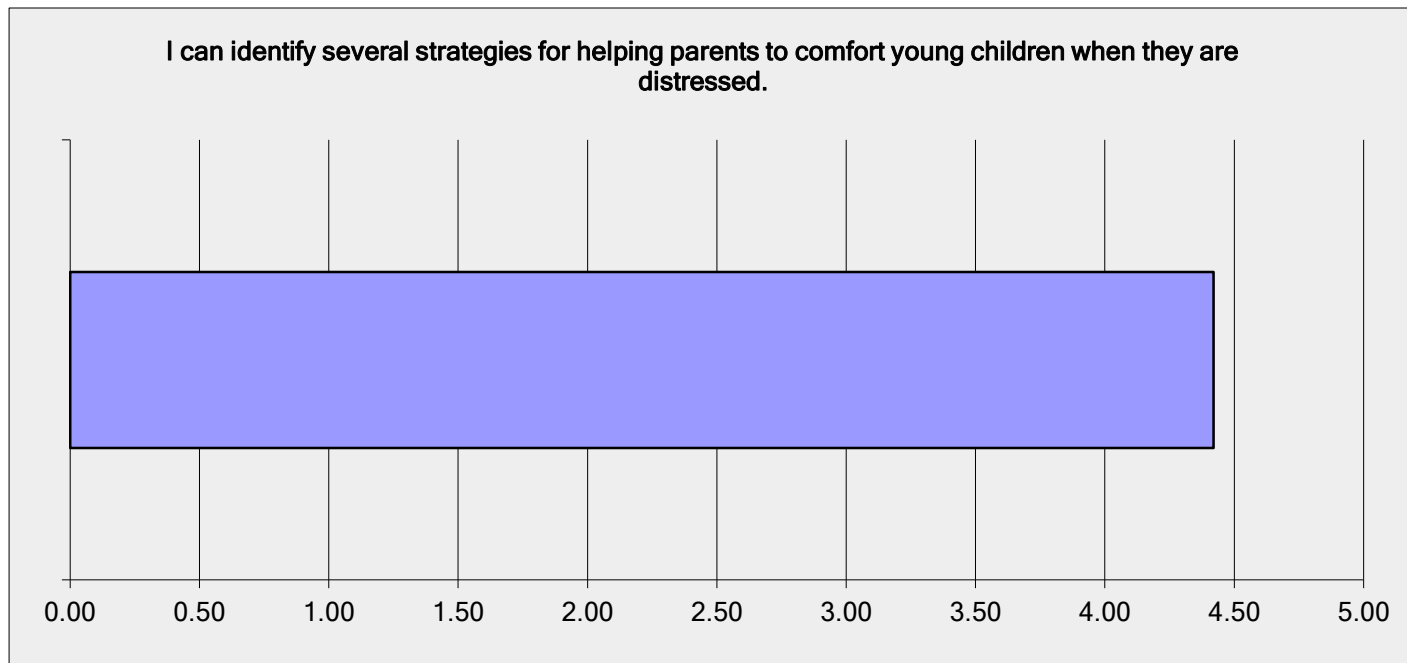
Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	0	56	46	4.45	102
						answered question	102
						skipped question	2

I am able to help parents promote young children's developing independence and positive sense of self.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

**10. I can identify several strategies for helping parents to comfort young children when they are distressed.**

Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	2	56	46	4.42	104
						answered question	104
						skipped question	0

I can identify several strategies for helping parents to comfort young children when they are distressed.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

11. I am able to establish trusting and secure relationships with parents.

Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	2	44	58	4.54	104
						answered question	104
						skipped question	0

I am able to establish trusting and secure relationships with parents.
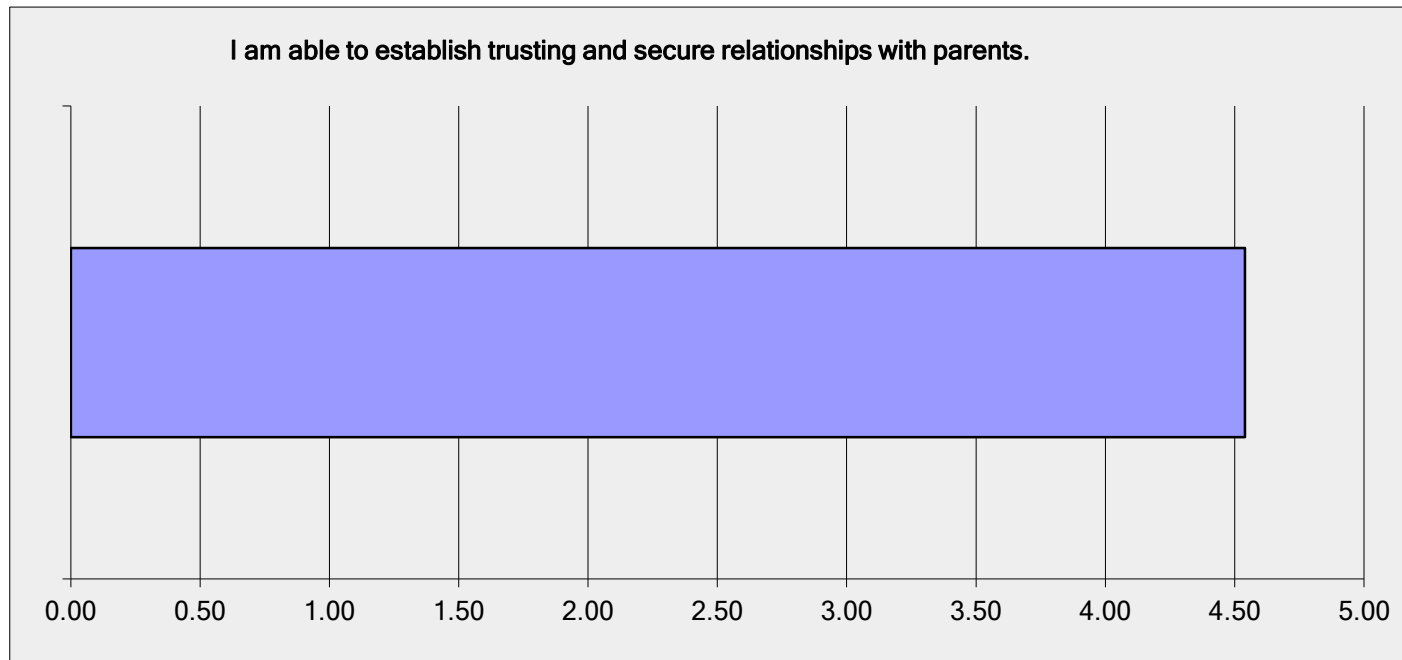
Promoting First Relationships Post Questionnaire for Early Intervention Providers

12. This Promoting First Relationships training provided me with useful knowledge and skills.

Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	0	28	76	4.73	104
						answered question	104
						skipped question	0

This Promoting First Relationships training provided me with useful knowledge and skills.

Promoting First Relationships Post Questionnaire for Early Intervention Providers

13. This Promoting First Relationships training will help me more effectively perform my job.

Answer Options	Definitely False	False	Don't Know	True	Definitely True	Rating Average	Response Count
	0	0	0	28	76	4.73	104
						answered question	104
						skipped question	0

This Promoting First Relationships training will help me more effectively perform my job.

Attachment I

How competent do you feel about your ability to access child outcomes reports from the DMS?
1. Not at all competent
2. Somewhat competent
3. Moderately competent
4. Very competent
5. Extremely competent

How do you feel about your understanding of the data in those reports?

    a) Understanding for the quality of the ratings and resulting data
        1. None
        2. Very few reports
        3. Few reports
        4. Almost all the reports
        5. All the reports
    b) Understanding for children's progress on the outcomes
        1. None
        2. Very few reports
        3. Few reports
        4. Almost all the reports
        5. All the reports

How competent do you feel about your ability to use the reports to analyze COS data?

1. Not at all competent
2. Somewhat competent
3. Moderately competent
4. Very competent
5. Extremely competent

> If 3 or higher, ask additional open-ended questions. Describe your process for analyzing COS data? How do you use the information?

How competent do you feel about your ability to monitor COS data quality?

1. Not at all competent
2. Somewhat competent
3. Moderately competent
4. Very competent
5. Extremely competent
> If 3 or higher, ask additional open-ended questions. Describe your process for monitoring COS data? How do you use the information?

How competent do you feel about your ability to use the reports to assess progress and make program adjustments?

1. Not at all competent
2. Somewhat competent
3. Moderately competent
4. Very competent
5. Extremely competent

> If 3 or higher, ask additional open-ended questions. How do you use the reports to assess progress? Describe your process for using reports to implement program adjustments?

Application for State Systemic Improvement Plan (SSIP) Implementation Sites

Thank you for your interest in participating in SSIP as an implementation site! Please answer the questions below to help us determine the best fits for this next cohort. Please provide detailed and concise responses, thoroughly describing relevant information without extraneous information.

Name: **Local Lead Agency (LLA):**

Phone Number(s):   **Email Address:**

County(s) Served: **Number of Provider Agencies in Region:**

Approximate Total Number of Early Intervention Providers in Region (includes FRCs):

Briefly Describe the Service Delivery System in Region:

Need

Please describe your interest in participating as an SSIP Implementation Site. Consider the following in your response:

- Describe the need for focused training and technical assistance in your region to support social-emotional development for the children and families you serve.

Fit

Please describe how SSIP activities fit with current initiatives in your region. Consider the following in your response:

- How does the SSIP work fit with community values in your region?
- How does it fit with existing initiatives?
- How does it fit with organization structure and priorities?

Resources

Please describe any resources that are available within your LLA to support implementation. Consider the following in your response:

- Please describe any local resources/funding that can be used to support training activities and staff time.
- Are you able to provide program staff release time to attend required trainings? Trainings include:

- o 2-day Promoting First Relationships (PFR) foundational training for all providers;
- o 16 hour PFR Level II fidelity process for select number of providers (at least two);
- o Additional 16 hour PFR level III agency trainer process for at least one provider;
- o Full day training for all providers facilitated by ESIT staff. Topics include engaging families in COS process, social-emotional assessment, and functional IFSP outcomes;
- o Two-day training for 1-2 coaches at IECC for use of Home Visiting Rating Scale;
- o Half-day coaching training for use of Child Outcome Summary-Team Collaboration (COS-TC) tool; and
- o Monthly 2-3-hour reflective consultation groups for 6-8 providers.

Evidence

Please describe any evidence you have that demonstrates a need for improvement activities in your region. Consider the following in your response:

- Describe any Child Outcome Summary (COS) data quality concerns you identified during your self-assessment process.
- Describe any discrepancies between state and local data with COS Outcome 1, positive social-emotional skills and social relationships. (See attached statewide data for reference).
- Describe any disparities based on race or ethnicity within your COS Outcome 1 data.
- Describe your access (or lack of) to providers with infant mental health expertise in your region.

Readiness

Please describe the readiness of your region to participate in SSIP implementation. Consider the following in your response:

- Describe the support at all levels of your organization, including leadership, to participate in this project.
- What efforts already exist in your agency or community around infant mental health and social-emotional support for families?

Capacity

Please describe the capacity in your agency to participate in SSIP implementation. Consider the following in your response:

- Do you have a staff person to identify as the implementation site leader? Responsibilities include:
    - o Act as a point of contact with ESIT,

- - Establish and facilitate a local implementation team that meets monthly and includes key local stakeholders,
  - Participate in monthly implementation site leader calls, and
  - Lead the development of Memorandum(s) of Understanding with other home visiting programs in your region.
- This project depends on stable staff and leadership. Describe turnover trends within your agency and efforts at staff retention.
- Will you be able to identify internal coaches to monitor implementation of practices with fidelity? (One coach for PFR level III agency trainer and another for COS-TC- could be the same person but does not have to be).
- Will you be able to secure training locations and advertise trainings to ensure all providers in your region attend?

Is there anything else you would like to share with us to consider with your application?

Washington Part C State Systemic Improvement Plan (SSIP)
Implementation Site Expectations

The Early Support for Infants and Toddlers (ESIT) program is implementing Phase III of the State Systemic Improvement Plan (SSIP). The SSIP is a multi-year, achievable plan that increases the capacity of early intervention programs to implement, scale up, and sustain evidence-based practices, and improves outcomes for infants and toddlers with disabilities and their families. Washington's State Identified Measurable Result (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.

The SSIP includes statewide activities in addition to focused training and technical assistance activities at local implementation sites.

Your Local Lead Agency (LLA) is invited to apply to participate as an implementation site. If selected, this will be a two-year partnership. The goal of the LLA/ESIT partnership is to plan, implement, and sustain evidence-based practices to enhance the knowledge and skills of early intervention providers in meeting the social-emotional needs of infants and toddlers with disabilities and their families.

To meet this goal, the specific objective of the LLA/ESIT partnership is to build local capacity to foster professional development of early intervention providers that:

1. Improves Child Outcome Summary (COS) data quality;

2. Supports the accurate assessment of social-emotional concerns;

3. Supports the implementation and sustainability of culturally appropriate evidence-based practices that address social-emotional concerns; and

4. Enhances knowledge and skills or all early intervention providers.

Benefits for an Implementation Site

Each implementation site will receive training and individualized technical assistance and support, including:

- Training in the evidence-based practice (Promoting First Relationships) that will be implemented by your site's early intervention providers;
- Support to a leadership team from your program;
- Materials and tools that can be used for implementation and evaluation, (including assessment tools); and
- Training and ongoing support to internal coaches from your program who will assist implementation site staff.

Implementation Sites must agree to:

- Maintain a high-quality early intervention program with a stable staff and strong leadership;
- Commit to providing evidence-based practices program-wide as an implementation site for two years after completion of training;
- Work in collaboration with ESIT staff to ensure fidelity;
- Collect and use evaluation data to guide program-wide implementation, support provider implementation, and monitor child progress and outcomes;
- Establish a leadership team that meets on a regular basis and includes key local stakeholders. The local leadership team will receive support from an ESIT staff member who will guide implementation steps;
- Provide program staff time to attend trainings and related activities;
- Identify an internal coach to monitor implementation of practices with fidelity;
- Participate in evaluation activities and provide data to ESIT; and
- Develop local level Memorandum(s) of Understanding with other home visiting programs in the community.

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.