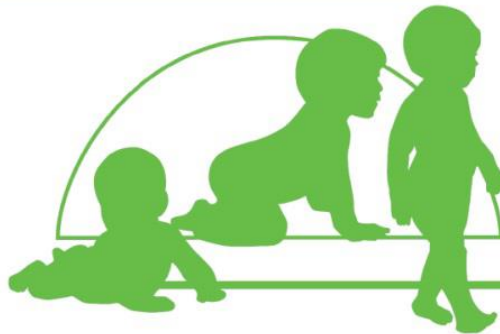




Washington State Department of
Early Learning

Early Support
for Infants
and Toddlers



Washington State Part C
State Systemic Improvement Plan (SSIP)
Phase III, Year 2
March 29, 2018

Table of Contents

A. Summary of Phase III.....	2
B. Progress in Implementing the SSIP.....	12
C. Data on Implementation and Outcomes.....	20
D. Data Quality Issues.....	26
E. Progress Toward Achieving Intended Improvements.....	27
F. Plans for Next Year.....	29
G. Attachments.....	32
A. Theory of Action	
B. Logic Model	
C. Action Plan	
D. SSIP Glossary	

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 (attachment A), 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 were 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 B) 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. The ESIT state office team worked 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. Four local lead agencies and their local implementation teams spearheaded activities, 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.

FFY 2017 was the second year of implementation and evaluation. Statewide activities to support infrastructure improvements and data quality continued to be implemented. The implementation sites listed above (Cohort 1) continued with focused training and technical assistance. Three additional implementation sites, serving ten counties, were added (Cohort 2). Educational Service District (ESD) 112 serves Clark, Klickitat, Pacific, and Skamania Counties in southwestern Washington; ESD 171 serves Chelan, Douglas, and Grant Counties in central Washington; and South Sound Parent to Parent serves Thurston, Grays Harbor, and South Mason Counties, in western Washington.

There were no revisions to the Theory of Action needed and there were minor revisions made to the Logic Model during this second year of Phase III. There were revisions to intended timelines as described in detail in attachment C, Action Plan.

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

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.

The ESIT system redesign work continues to move forward with transition activities related to rules, resources, regionalization and robust data. This work is moving forward through a coordinated and

collaborative effort with our primary stakeholders (the State Interagency Coordinating Council (SICC), providers, and school district staff) and partners at the Office of the Superintendent of Public Instruction (OSPI), which serves as Washington's State Education Agency (SEA).

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. In addition to governance, these efforts will improve the infrastructure components of finance, accountability and quality improvement.

Rules: This year was the first full year that ESIT had state rules in place. The ESIT team focused efforts on supporting problem solving with service providers and school districts regarding the caps on administrative indirect rates as outlined in the Washington Administrative Code (WAC). These caps resulted in a significant increase in direct service dollars going to service providers and as much as a 30% increase in funding for services in some areas.

Resources: Stakeholder meetings to gather feedback and discussions between DEL and OSPI leadership regarding how best to shift the ESIT designated state apportionment funding have been productive. The ultimate outcome will align funding for ESIT services with the authority of the state lead agency. Current activities include work with BERK consulting on proposals for allocation methodologies, which will be vetted by the SICC and relevant committees before going to agency leadership. Legislation passed this session with Senate Bill 6257, directs DEL to work with OSPI and other partners to develop a funding model for the distribution of this state apportionment funding.

<http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/Senate%20Passed%20Legislature/6257-S.PL.pdf>

Regionalization: Regional meetings were held across the state this year to facilitate other critical transition activities including determining which providers will hold contracts with DEL and which would continue to provide limited services through subcontracts. Family resources coordinator positions continued to transition to provider agencies in order to support their full participation on service provision teams. For an overview of regionalization progress and plans see:

<http://del.wa.gov/sites/default/files/public/ESIT/ESIT%20System%20Re-Design%20Stakeholder%20Update.mp4>

Robust Data: This year the ESIT data team researched options for updating the current data system's user interface (UI) to address the end of life Silverlight application. The solution was to use the model-view-controller framework to update the UI while maintaining the current database structure. The next step is to review current system business requirements and add new data collection elements while building the new UI. The goal is an effective data system that collects data for general supervision and increased accountability, billing activities, and reporting. Information will be available through targeted and pre-scripted reports.

Another infrastructure activity was completed to support quality personnel standards and professional development. The ESIT team, in partnership with stakeholders, incorporated social-emotional competencies and practices into early intervention competencies. The ESIT team worked closely with the DEL Professional Development team to align early intervention competencies to the Washington Core Competencies for Early Care and Education Professionals. The ESIT team convened another 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. A small workgroup continued work incorporating feedback from the large group. The competencies were finalized in March 2018.

The ESIT team completed a number of infrastructure activities to support data quality. The activities were designed to support Local Lead Agencies (LLAs) and early intervention providers in implementing high quality Child Outcome Summary (COS) rating processes. The ESIT continued to require all new early intervention providers statewide to complete COS training modules within 90 days of hire, and take a quiz to demonstrate their knowledge. The ESIT team provided training on engaging families as partners in assessment to providers in implementation sites. The ESIT team continued the quarterly call process with LLAs statewide to support the review and analysis of data. During these calls, ESIT Program Consultants provided technical assistance to LLAs on the use of Data Management System (DMS) COS reports, including reviewing data by race and ethnicity.

Washington's State Interagency Coordinating Council (SICC) has re-launched four committees: data, finance, personnel and training, and public policy. Each committee is chaired by a member of the SICC and will report findings and make recommendations to the SICC. These committees provide a structure for robust stakeholder involvement in infrastructure improvement activities. The committee selection process included the opportunity for any interested stakeholders to apply. The ESIT team, in partnership with the SICC chair and committee chairs, developed and used a selection grid to ensure diverse committee representation. It was a priority to ensure there was parent representation on each committee, along with representation from across the state, a variety of roles, and racial and ethnic diversity of participants.

The data committee reviews program data and reports, including reports and data analysis related to SSIP, provides recommendations to the SICC for multi-agency approaches to improve service and data outcomes.

The public policy committee promotes coordination and education strategies related to legislation. This committee updates the SICC of legislative activities that focus on early intervention, early learning and family support needs.

The objective of the finance committee is to maintain a sustainable system for early intervention that supports streamlined, equitable statewide funding of services for infants, toddlers, and their families and promotes best practice in early intervention. The finance committee reviews issues related to funding, including annual budget, funding formulas, funding allocation, and accessing funding sources. The finance committee is in the process of developing three workgroups: Medicaid, private insurance, and system of payments and fees. The workgroups will explore the following topics:

Medicaid:

- Identify and address current gaps and challenges in billing Medicaid
- Develop strategies for improvement
- Explore ways to expand allowable provider types and use early intervention specific codes
- Create training network to support billing Medicaid

Insurance:

- Identify and address current challenges in billing insurance
- Develop strategies for improvement
- Explore ways to expand allowable provider types and use EI specific codes
- Create training network to support billing insurance

- Work collaboratively with SOPAF and Medicaid work groups to prevent duplication and ensure consistency
- Work with appropriate State Agencies to reduce claim denials and ensure maximum return on insurance billing
- Explore options for insurance reimbursement of early intervention services provided via TelePractice

System of Payment and Fees (SOPAF):

- Explore consistency of SOPAF implementation
- Identify successes & challenges
- Identify need for adjustments to SOPAF
- Create trainings on SOPAF
- Identify and respond to barriers limiting full implementation statewide

The personnel and training committee reviews personnel issues. The committee has developed four workgroups: pre-service, in-service, recruitment and retention, and transition.

Pre-service:

- Update Qualified Personnel grid
- Explore Early Intervention Certification
- Explore Department of Health licensing for special instruction (Developmental Therapy) which would allow insurance billing
- Collaborate with higher education faculty around the content of classes and practicums in related under-graduate and graduate programs to inform and prepare students for early intervention, parent coaching, and home visiting. (linking competencies to pre-service coursework)
- Recommend ways to include an equity lens in pre-service training
- Discuss the connection between WA-AIMH Endorsement and early intervention providers

In-service:

- Revise Family Resources Coordinator (FRC) training and certification
- Link personnel competencies to in-service trainings
- Explore and provide recommendations on the future direction of early intervention provider training
- Plan for including equity and infant mental health trainings
- Recommend other trainings as needed

Recruitment and Retention:

- Develop strategies to increase the diversity of our workforce.
- Explore national recruitment efforts
- Develop recommendations to address turnover including use of mentoring and Reflective Consultation to support providers
- Consider impact of any new certification on professionals currently in the field so requirements do not become a barrier to retention
- Study salary and benefit information to address recruitment and retention issues

Transition:

This workgroup will be developing training materials and practice guidance around transition from Part C. The intended outcome is a family-centered, statewide framework that supports coordinated, effective, equitable, and culturally and linguistically responsive transitions from early intervention to preschool special education services and/or the Early Childhood Education and Assistance Program (ECEAP), Head Start, and other high quality early childhood settings.

Local Infrastructure Improvements:

In addition to state-level infrastructure improvements, the implementation sites reported a number of infrastructure improvements needed to support the SSIP work.

One site reported that they are hiring a Clinical Early Intervention Supervisor who will work alongside the current Early Intervention Program Supervisor. This individual will provide more focused support at the service level for providers to implement and coach on a variety of SSIP activities.

A second site reported that participation in the SSIP sparked the need for their program to evaluate their system and resources related to social-emotional outcomes for children from referral to transition. They developed a professional development plan for providers and coordinated with other programs to build capacity. They re-structured staff and providers to allow time to focus on this project. The Early Intervention Coordinator shifted responsibilities and worked closely with the Early Learning Coordinator. They are integrating SSIP work into regularly scheduled staff meetings and their County Interagency Coordinating Council is working closer with the Regional Early Learning Coalition around meeting social-emotional needs in transition.

A third site reported that they have increased staff training days from one time a year to four times a year. They have shifted staff positions to allow a new part-time position that focuses on community collaboration related to social-emotional work, establishing practice protocols, training new staff, and ongoing staff development. Another part-time position will work on additional SSIP activities including providing reflective consultation and Promoting First Relationships training. Additional administrative work includes outreach and grant writing to support social-emotional efforts.

3. The specific evidence-based practices implemented to date

The ESIT team continued to provide support to the implementation teams to implement evidence-based practices with fidelity. This support includes providing focused training and technical assistance (such as materials and monthly planning calls), and support for local implementation teams and developing local plans. Cohort 1 continued for a second year of implementation, and three additional implementation sites (Cohort 2) started the first year. Cohort 1 includes 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. Cohort 2 includes three LLAs serving ten counties: Educational Service District 112 serving Clark, Klickitat, Pacific, and Skamania Counties, Educational Service District 171 serving Chelan, Douglas, and Grant Counties, and South Sound Parent to Parent servicing Grays Harbor, Thurston, and South Mason Counties. These represent both western and eastern Washington, and rural and urban locations.

Cohort 1 continued their local implementation teams and the ESIT team supported Cohort 2 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 the ESIT team. Cohort 1 local implementation teams developed local plans for SSIP implementation. Cohort 2 teams have just begun work on local plans. The local plans mirror the state action plan and include steps, timelines, status and evidence for all SSIP activities.

The ESIT team funded training and ongoing support through the University of Washington 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. PFR has three training levels as follows:

Level 1 training is a two-day, foundational, knowledge building workshop for all early intervention providers that includes the following topics:

- 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.

PFR Level 1 Training

“IT’S A GREAT FOUNDATION TO HAVE EVERYONE DO THE TRAINING AND DEVELOP A COMMON BASE. IT’S HELPED US TO DEVELOP A MORE SUPPORTIVE MINDSET AND TO USE OPEN ENDED QUESTIONS WITH FAMILIES, LOOK AT BEHAVIORS FROM THE PARENTS’ AND CHILD’S PERSPECTIVE, ETC.
-SHARON BELL, TODDLER LEARNING CENTER

Level 2 training provides the opportunity for a select number of individuals to reach fidelity to PFR. Fidelity to PFR 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.

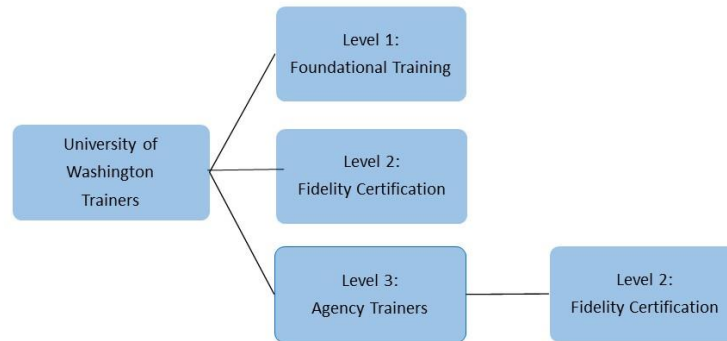
Level 3 training provides the opportunity for some of the providers who reached level 2 fidelity to continue with their training and become agency trainers. This process requires an additional 16 hours of

PFR Level 2 Training

I FEEL PFR HAS MADE A HUGE DIFFERENCE FOR MY FAMILIES. IT HAS HELPED ME WITH THE LONG-TERM PLANNING FOR MY FAMILIES AND HAS MADE OUR RELATIONSHIP (PROVIDER AND FAMILY) BETTER AND STRONGER. I HAVE REALLY ENJOYED DOING PFR AND LEARN MORE WITH EVERY FAMILY.
-SHIREEN HAUSER-MILLER, BIRTH TO THREE DEVELOPMENTAL CENTER

training which includes reaching fidelity with a second family and learning how to begin training learners at their agency. Level 3 agency trainers are then able to train additional providers at level 2. They receive ongoing reflective consultation from UW trainers.

The following visual depicts the three levels:



In Phase III, Year 1, 104 individuals from Cohort 1 completed the Level 1 foundational training. In Phase III, Year 2, 105 individuals completed the training. In addition, Pierce County (from Cohort 1) funded a two-day learner’s workshop for additional staff and 40 providers attended.

Sixteen Cohort 1 providers (two from each agency) had the opportunity to pursue fidelity to PFR, and 15 have reached fidelity. The provider who has not yet reached fidelity is receiving additional support to continue to working toward fidelity. Twelve Cohort 2 providers (two from each agency) had the opportunity to pursue fidelity to PFR. Three providers have reached fidelity and nine are working toward it.

Of the providers who reach fidelity, at least one from each implementation site will pursue level 3 agency trainer status. These individuals will be able to continue training providers at level 2 which will support sustainability of the practice. Of the eight Cohort 1 providers pursuing level 3, five have reached certification as agency trainers and the other three working toward certification. Cohort 1 implementation sites have identified an additional 19 providers who will pursue level 2 training through the agency trainers.

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. The ESIT team has offered three reflective consultation groups to each cohort through a collaborative contract with the DEL home visiting services team. Pierce County has funded reflective consultation groups with local funds. Once agency trainers are certified, those individuals will be able to provide reflective consultation within their agencies to support further sustainability.

In addition, training was provided in May 2017 on the Home Visiting Rating Scales by the authors of the tool, and supervisors from both cohorts participated. Cohorts 1 and 2 are launching this tool to be used by coaches or supervisors to observe home visits and provide opportunities for reflection and growth for

SSIP Impact

“THE TRAINING OPPORTUNITIES AND REFLECTIVE SUPERVISION HAVE HAD THE GREATEST IMPACT ON OUR TEAM. HAVING OUR ENTIRE TEAM TRAINED IN PROMOTING FIRST RELATIONSHIPS AND OTHERS WITH LEVEL 2 AND 3 TRAINING HAS CHANGED THE WAY OUR TEAM VIEWS THE CAREGIVER-CHILD RELATIONSHIP, AND THE WAY THAT WE SUPPORT THAT RELATIONSHIP. THAT FOUNDATION HAS HELPED US SHIFT THE WAY WE VIEW BEHAVIORS IN THE CONTEXT OF SOCIAL-EMOTIONAL DEVELOPMENT AND ATTACHMENT. OUR TEAM COACHING AND SUPPORT FOR EACH OTHER AND THE FAMILIES WE SERVE HAS BECOME DEEPER AND MORE SENSITIVE WITH MONTHLY REFLECTIVE CONSULTATION. WE ARE GRATEFUL FOR THE SUPPORT THAT HAS BEEN PROVIDED THROUGH THE SSIP EFFORTS!”

-KAREN SMITH-STEDMAN, CHILDREN’S THERAPY CENTER

providers.

The ESIT team collected data in addition to the SSIP evaluation plan to assess the ongoing impact of the PFR training and follow-up supports. Cohort 1 early intervention providers completed a short survey to gather data on PFR one-year after participating in foundational training. 89 providers completed the survey with the following 3 questions:

- The PFR Training has helped me more effectively perform my job: 99% responded true or definitely true;
- I have been able to integrate what I learned during the PFR Training into my work with children and families: 99% responded true or definitely true; and
- I have been able to use PFR strategies with families, such as using joining questions, positive instructive feedback, and reflective questions: 94% responded true or definitely true.

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 in Phase III, Year 2 were that 98% 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. At this point in Phase III, Year 2, 51% of LLAs report progress from their first quarterly call to their fourth quarterly call.

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. This performance indicator was measured by two questions. The results in Phase III, Year 2 were 94%, which is an average of the two questions.

Progress was 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 were 16 providers in Cohort 1 participating in the fidelity process. Of those, fifteen have reached fidelity. All 16 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.” The 15 providers who have reached fidelity met criteria for videotaped home visit.

5. Highlights of changes to implementation and improvement strategies

A change was made to one improvement activity. The original infrastructure activity 12 was “ESIT defines and implements coaching system within implementation sites.” The revised practice activity is “Providers within implementation sites participate in coaching activities for the Child Outcome Summary process.” This change reflects a mid-course correction based on feedback from implementation sites. Participation in the SSIP project has been a tremendous amount of work for implementation sites. During the first year of implementation, sites receive a small stipend to support the additional staff time needed for PFR levels 2 and 3. The stipend does not cover the actual cost. Feedback to the ESIT team led to a change in expectation for the COS-TC. Rather than requiring that implementation sites identify a coach, the ESIT team allowed each provider agency to determine how they would best implement the use of the tool. Some will have identified coaches and some will complete as a team self-assessment. The ESIT team provided training and materials and will provide ongoing coaching to teams and identified coaches. Changes to the activity are reflected in attachment B, Logic Model, and attachment C, Action Plan.

Barriers and timeline adjustments are described in detail in attachment C, Action Plan. In summary, the main barrier has been staff capacity. The SSIP coordinator, data manager, and training and technical assistance manager are all still functioning as Program Consultants. The entire ESIT team is over capacity with work load, which impacted SSIP timelines. In addition, the ESIT team worked to get caught up from implementation delays in Phase III, Year 1.

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 is a summary of major accomplishments and milestones met in Phase III, Years 1 and 2. For detail on intended and adjusted timelines, please refer to attachment C, Action Plan.

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).

Year 1:

- DEL/ESIT wrote Washington Administrative Code (WAC) for early intervention
- ESIT team updated policies and procedures

Year 2:

- ESIT team provided training materials on WAC

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.

Year 1:

- SSIP coordinator supported development of local implementation teams

Year 2:

- Cohort 1 local implementation teams developed local plans

Activity 3

Infrastructure: ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment.

Year 1:

- ESIT team required early intervention providers statewide to complete COS training modules
- ESIT team developed training on engaging families as partners in the COS process

Year 2:

- ESIT team provided training to providers at implementation sites
- ESIT data team enhanced Data Management System (DMS) to accurately reflect family involvement in the COS process

Activity 4

Infrastructure: ESIT supports local lead agencies to analyze and monitor COS data quality.

Year 1:

- ESIT team developed a process for regular communication with local lead agencies statewide to support the review and analysis of data

- ESIT team developed guidance materials for local lead agency administrators statewide to conduct periodic targeted sample reviews of COS data

Year 2:

- ESIT team provided technical assistance statewide on use of DMS COS reports, including reviewing data by race/ethnicity
- ESIT team developed additional guidance materials

Activity 5

Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments.

Year 1:

- ESIT team updated WA self-assessment tool to include steps to use COS data to identify program improvement strategies related to global child outcomes. Local Child Outcomes Measurement System Self-Assessment (LCOMS-SA) included with contracts for year 2

Year 2:

- LLA administrators completed LCOMS-SA

Activity 6

Infrastructure: ESIT collaborates with DEL home visiting programs to support coordinated service delivery.

Year 1:

- ESIT team shared resources with DEL Home Visiting Services Account to support reflective practice groups for early intervention providers
- ESIT team, in collaboration with the DEL Home Visiting Services Account team, developed MOU including referrals, screening, follow-up, service coordination and data sharing as appropriate
- ESIT team, in collaboration with DEL home visiting programs (including DEL Home Visiting Services Account and Early Head Start) developed guidance for providers including elements of MOU
- Cohort 1 LLAs developed or revised MOUs with community home visiting programs

Year 2:

- ESIT team continued support of reflective practice groups for early intervention providers in Cohort 2

Activity 7

Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies. ESIT refines existing state competencies to incorporate WA-AIMH competencies and selected DEC Recommended practices.

Year 2:

- Early intervention competencies completed

Activity 8

Practice: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement.

Year 2:

- ESIT team supported providers in implementation sites by funding WA-AIMH endorsement fees
- Local implementation teams identified providers to pursue endorsement at levels 1, 2, and 3

Activity 9

Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment.

Year 2:

- ESIT team created Social-Emotional Assessment Practice Guide
- ESIT team developed training on culturally appropriate social-emotional screening and assessment
- Providers at implementation sites participated in training on social-emotional screening and assessment

Activity 10

Practice: ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.

Year 2:

- ESIT team revised the Practice Guide on Functional Outcomes
- ESIT team developed training on writing functional, routines-based outcomes that incorporate the parent-child relationship
- Providers at implementation sites participated in training on functional outcomes

Activity 11

Practice: ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.

Year 1:

- All Cohort 1 providers invited to PFR (level 1) training
- Selected Cohort 1 providers pursued fidelity to PFR (level 2)

Year 2:

- Selected Cohort 1 providers pursued PFR Level 3- agency trainer
- All Cohort 2 providers invited to PFR (level 1) training
- Selected Cohort 2 providers pursued fidelity to PFR (level 2)

Activity 12

Infrastructure: ESIT defines and implements coaching system within implementation sites.

Year 2:

- ESIT team provided training and materials to teams and coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality Practices Reflection Tool

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 in Phase III, Years 1 and 2: (please refer to attachment C, Action Plan for additional detail).

Improvement Activity	Completed Steps	Output
----------------------	-----------------	--------

<p>ESIT clarifies roles and responsibilities of DEL as Washington Part C lead agency to support implementation of the SSIP.</p>	<p>Washington Administrative Code (WAC) for EI are completed and posted on the website.</p>	<p>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</p>
	<p>Policies and procedures are updated and disseminated to the field.</p>	<p>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</p>
	<p>Training on WAC and policies and procedures</p>	<p>Updated Frequently Asked Questions document to website in May 2017: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A%20rev_6-29.pdf</p> <p>Developed “Understanding ESIT Administrative Costs” document: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_Administrative_Costs.pdf</p> <p>Worked with OSPI to develop communication to school districts in May 2017: https://content.govdelivery.com/accounts/WAOSPI/bulletins/197d6f7</p>
<p>ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment.</p>	<p>ESIT develops a mechanism to track completion of COS training modules.</p>	<p>ESIT developed quiz to demonstrate practitioner’s knowledge upon completion of modules. Quiz software tracks completion. https://www.onlineexambuilder.com/esit-child-outcomes-summary-cos-modules/exam-81572</p>
	<p>ESIT develops guidance materials for local lead agency administrators statewide to conduct periodic targeted sample reviews of COS data.</p>	<p>COS Review Sheet: https://del.wa.gov/sites/default/files/public/ESIT/COS_Review_Sheet.pdf</p> <p>Guiding Questions: https://del.wa.gov/sites/default/files/public/ESIT/Guiding%20questions%20for%20data%20analysis.pdf</p> <p>Data Activity Template: https://del.wa.gov/sites/default/files/public/ESIT/Data%20activity%20template.pdf</p>
<p>ESIT develops process for using COS data to assess progress and make program adjustments.</p>	<p>ESIT updates WA self- assessment tool to include steps to use COS data to identify program improvement strategies related</p>	<p>Local Child Outcomes Measurement System-Self Assessment tool and supporting documents posted to website: https://del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit/information-early-intervention-providers</p>

	to global child outcomes.	
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 MOU Guidance developed and posted to website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf
ESIT incorporates social-emotional competencies and practices into EI competencies.	ESIT refines existing state competencies to incorporate WA-AIMH competencies and selected DEC Recommended practices	Finalized document posted to website: https://del.wa.gov/sites/default/files/public/ESIT/Early%20Intervention%20Competencies%20March%202018.pdf
ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment.	ESIT creates Social-Emotional Assessment Practice Guide	Practice Guide provided to implementation sites during SSIP trainings and posted to website: https://del.wa.gov/sites/default/files/public/ESIT/SE%20Assessment%20Practice%20Guide%204-12-17.pdf
ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.	ESIT revises the Practice Guide on Functional Outcomes	Practice Guide provided to implementation sites during SSIP trainings and posted to website: https://del.wa.gov/sites/default/files/public/ESIT/Functional%20Outcomes%20Practice%20Guide%20April%202017.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
	Coaches observe home visits using adapted Home Visit	ESIT developed the following tools:

	Rating Scale for providers who completed level 1 PFR.	Spreadsheet for data collection: https://del.wa.gov/sites/default/files/public/ESIT/HOVRs%20tracking.xlsx Professional development plan template for coaching: https://del.wa.gov/sites/default/files/public/ESIT/HOVRs%20PDP%20template.docx
Providers within implementation sites participate in coaching activities for the Child Outcome Summary process.	ESIT provides training to teams and coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality Practices Reflection Tool.	Materials posted to ESIT website: COS-TC tracking spreadsheet: https://del.wa.gov/sites/default/files/public/ESIT/COS_TC_tracking.xlsx COS-TC Improvement Plan template: https://del.wa.gov/sites/default/files/public/ESIT/COS-TC_improvement_plan_template.docx

2. Stakeholder involvement in SSIP implementation

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

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

Group	Date(s)	Topic(s)
State Interagency Coordinating Council (SICC)	Meetings 4/19/17, 8/2/17, and 10/18/17	SSIP updates
	Webinar March 14, 2018	SSIP updates and feedback
SICC Data committee	Meeting 1/11/18	SSIP data analysis plan- review and feedback
	Meeting 2/15/18	SSIP data analysis- review and feedback
SICC Personnel and Training committee, personnel competency workgroup	6/22/17, 7/20/17, 8/17/17, 9/28/17, 10/6/17, 11/22/17, 1/5/18, 1/19/18	Small workgroup- personnel competencies' edits to integrate stakeholder feedback
	All-day workgroup meeting 10/24/17	Large workgroup- personnel competencies review and feedback
Local Lead Agency representatives (east and west)	Meeting 8/8/17	Feedback on L-COMS and COS change in DMS
	Meetings 11/8/17 and 11/14/17	Feedback on personnel competencies
	Meetings 2/22/18 and 2/27/18	Feedback on personnel competencies
Local implementation site leadership teams	Bi-monthly meetings April 2017-March 2018	Feedback on SSIP activities: successes, barriers, mid-course corrections

Implementation site leaders' community of practice	Monthly phone calls April 2017-March 2018	Feedback on SSIP activities: successes, barriers, mid-course corrections
All stakeholders	March 2018	Developed SSIP webpage: https://del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit/information-early-intervention-providers

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

Child Outcome Summary- Family Involvement

During the August 2017 LLA meetings, the ESIT team discussed the change to the Data Management System to more accurately reflect family involvement in the Child Outcome Summary process. Participants provided feedback on how to message the change to the field and how to support training for providers who will not receive training as an implementation site. Mid-course corrections from this feedback include providing training to provider agencies in addition to those in implementation sites and providing training at the annual statewide conference. One provider suggested developing practice guidance that is currently under development.

ESIT Personnel Competencies



The ESIT team worked with the DEL Professional Development team to align ESIT competencies to WA State Core Competencies. Next, the ESIT team held a large stakeholder workgroup on March 3, 2017. A small group was formed to continue in-depth edits, and held five full-day meetings over the course of several months to edit the competencies. A large stakeholder workgroup was convened on October 24, 2017. The meeting was held in central Washington to

encourage diverse geographic participation. Using a racial equity lens, the small workgroup reached out to invite racially and ethnically diverse stakeholder representatives. The small workgroup met three more times to continue editing and sent final draft to stakeholders in February 2018. The ESIT team provided an opportunity for input from tribal representatives at the Indian Policy in Early Learning Committee



meeting March 15, 2018. In March 2018, the small workgroup incorporated feedback and finalized competencies.

Local Implementation Site Leadership Teams

Local implementation teams met every other month and provided ongoing feedback to the ESIT team using a common agenda with built in “feedback loop” sections. Each meeting 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:

- Home Visiting Rating Scales (HOVRS) coaching tools;
- Child Outcome Summary Team Collaboration (COS-TC) Quality Practices Checklist materials; and
- Local plan templates

Implementation Site Leaders’ Community of Practice

Leadership from each implementation site participated in a monthly conference call with the ESIT team. 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 provided feedback to the ESIT team to inform decisions. Two mid-course corrections made during the second implementation year were the following:

- Implementation site leaders expressed concerns over the time commitment, capacity, and funding at the local level to support the SSIP work. The ESIT team provided the opportunity for local teams to make decisions on the implementation of coaching tools (HOVRS and COS-TC) to with parameters from the ESIT team. Cohort 1 teams included coaching plans in their local implementation plans.
- Data demonstrated that the providers who indicated they were unsure how to integrate PFR practices into their work with children and families were largely Family Resources Coordinators (FRCs). The ESIT team provided clarification that FRCs could pursue fidelity to PFR (Level 2). FRCs who are certified in PFR can provide the PFR curriculum as an IFSP service under “Family Training.”

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. The ESIT team 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 the ESIT team would measure whether the activities occurred. The outcomes were developed to measure whether each intended outcome would 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

This year, there are data to report on eight key measures listed below with corresponding data sources. Collection procedures are described in section C.1.d.

Short-term outcome: Providers have improved understanding of COS quality practices. The data source for this outcome was a quiz developed by the ESIT team with TA support. Viewing ESIT's COS modules and completing the quiz was a requirement in July 1, 2017 contracts 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, the ESIT team 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.

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 98% of providers met criteria for understanding COS quality practices.

Short-term outcome: Providers have improved understanding of social-emotional screening and assessment. The data source for this outcome was a quiz developed by the ESIT team.

The performance indicator is that 90% of providers meet criteria for understanding social-emotional screening and assessment. Criteria was a score of 80% or higher on the quiz. The results were that 80% of providers met criteria for understanding social-emotional screening and assessment.

Short-term outcome: Providers have improved understanding of writing functional outcomes that support social-emotional development. The data source for this outcome was a quiz developed by the ESIT team.

The performance indicator is that 90% of providers meet criteria for understanding functional outcomes. Criteria was a score of 80% or higher on the quiz. The results were that 87% of providers met criteria for understanding functional outcomes.

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 2, 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 the ESIT team 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.

The performance indicator is that 100% of participating providers report having adequate knowledge of PFR practices. The results in Phase III, Year 2 were 94%, which is an average of the two questions. The results for the first question, this Promoting First Relationships training provided me with useful knowledge and skills, were 94%. The results for the second question, this Promoting First Relationships training will help me more effectively perform my job, were 93%.

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 the ESIT team with TA support.

Progress was 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. The ESIT team 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 2019 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

In Phase III, Year 1, the initial quarterly calls in October 2016 focused on an orientation to the reports, including 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.

In Phase III, Year 2, quarterly calls continued. April 2017 calls included review of guiding questions document and activity template and review of children served by race and ethnicity, comparing local to state demographic data to determine if LLAs were over or underserving. July 2017 calls included a self-guided data analysis activity in which LLAs determined what questions they would like to research.

Evidence of progress toward this intermediate outcome is 51% of LLAs report progress from their first quarterly call to their fourth quarterly call.

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 was made toward this outcome. There were 16 providers in Cohort 1 participating in the fidelity process. Of those, 15 have reached fidelity. All 16 met the performance indicator to review at least five videos with their coach.

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, the 15 providers who have reached fidelity met criteria for videotaped home visit.

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.

Data for FFY 16 = 55.69%. The target was 56.70%.

c. Description of baseline data for key measures

Measures 1-7 do not have baseline data. Baseline data for Outcome A/SS1 in FFY13 was 56.21%.

d. Data collection procedures and associated timelines

The ESIT team collected data on the COS modules in spreadsheet form from the quiz software.

- 188 providers completed the quiz between March 1, 2017-February 8, 2018
- 160 passed on their first attempt
- 25 passed on second attempt or after
- 185 total passed
- 3 providers did not pass
- 98% of providers who took the quiz met requirement
- $185/188 = 98\%$

A quiz on social-emotional screening and assessment was completed by each participant immediately following the training. Responses were compiled on a spreadsheet created by the ESIT team.

A quiz on functional outcomes was completed by each participant immediately following the training. Responses were compiled on a spreadsheet created by the ESIT team.

A Promoting First Relationships post-training questionnaire was collected from each participant immediately following each Level 1 training. Trainings occurred between July and October 2017. All 105 training participants completed a questionnaire.

LLA evaluation questions were asked of all 25 LLAs during April 2017 and July 2017 quarterly calls. Responses were recorded on quarterly call logs and compiled on a spreadsheet created by the ESIT team with TA support.

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.

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 SSIP coordinator and data manager co-lead the SSIP evaluation plan. During Phase III, Year 2, a formal data analysis plan was developed. A data management plan was also developed to streamline data collection and use an organized process to track data. TA Consultants reviewed the data management and analysis plans. The SICCC data committee reviewed and provided feedback on the plans.

The data analysis plan includes the following information:

- How data will be aggregated and disaggregated,
- How data will be compared to other data points,
- How data will be shared with stakeholders, and
- How stakeholders will be engaged in data analysis.

The data management plan includes the following information:

- How data will be entered,
- When data will be entered,
- By whom data will be entered,
- How data will be transmitted, and
- How data will be stored.

The ESIT team analyzed data as it became available with TA support and stakeholder feedback as described in section C.3.a. These processes allow for assessment of progress toward achieving intended outcomes.

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. The ESIT team gathered feedback from data committee, shared results with SICC, and held an evaluation webinar for stakeholder feedback. SSIP coordinator presented data and gathered feedback from DEL director, Heather Moss, and Assistant Director of Partnerships and Collaboration, Greg Williamson.

b. Evidence of change to baseline data for key measures

n/a

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

Data have supported mid-course corrections, in particular with the training quizzes.

The ESIT team reviewed the social-emotional assessment quiz responses and identified three items missed by at least 30% of providers. The ESIT team reviewed these three questions with implementation sites and the SICC data committee. The mid-course corrections included updating the three quiz questions for clarity and adjusted training content to clarify implementation expectations related to one of the quiz questions. In addition, the ESIT team plans to develop a handout to share back correct answers with implementation sites.

The ESIT team reviewed the functional outcomes quiz responses and identified one item that was frequently missed. The ESIT team reviewed this question with implementation sites and the SICC data committee. The mid-course corrections included updating the quiz question for clarity. In addition, the ESIT team plans to develop a handout to share back correct answer with implementation sites.

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

In Phase III, Year 2, the ESIT team reviewed some of the outcomes and performance indicators with the SICC data committee, the SICC, and the SSIP Implementation Sites, to gather feedback on modifications to intended outcomes. The data analysis completed resulted in questions on alignment of outcomes and performance indicators within the evaluation plan.

Upon review of the data analysis plan, the SICC data committee recommended to separate one of the short-term outcomes into two short-term outcomes. The original outcomes was “Providers have improved understanding of social-emotional screening and assessment and writing functional IFSP outcomes that support social-emotional development.” This was separated into two outcomes, “Providers have improved understanding of social-emotional screening and assessment,” and “Providers have improved understanding of writing functional IFSP outcomes that support social-emotional development.”

During data analysis on one of the intermediate outcomes, the ESIT team realized that the measurement could be better aligned with the intended outcome. The intermediate outcome was originally, “Providers have knowledge and understanding of PFR practices to improve social-emotional

skills for infants and toddlers.” The outcome was changed to “Providers report knowledge of PFR practices to improve social-emotional development for infants and toddlers.” The measurement will be changed so that training participants only respond to one question to measure this rather than two. Stakeholders recommended that the performance indicator be lower than 100% so it will be changed to 90% for Phase III, Year 3.

The last modification was related to an intermediate outcome and a long-term outcome that were measuring similar performance indicators. The original intermediate outcome was “Coaches provide support to providers on the use of PFR practices.” The original long-term outcome was “Families and children will receive culturally appropriate and evidence-based social-emotional services.” The outcome was changed to the following intermediate outcome: “Providers implement strategies to promote positive social-emotional development.”

3. Stakeholder involvement in the SSIP evaluation

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

Stakeholders were informed of the ongoing evaluation of the SSIP in a number of ways.

ESIT has re-launched SICC committees, including the data committee. The data committee reviewed the SSIP data analysis plan and provided feedback. The committee reviewed and analyzed SSIP data and provided feedback. Implementation site leaders provided feedback as well.

ESIT shared data results with the State Interagency Coordinating Council (SICC) in February 2018. The ESIT team facilitated an evaluation webinar in March 2018 for stakeholder feedback. Participants included SICC members, implementation site leaders, and local lead agency representatives.

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.

Changes based on SICC data committee feedback included changing a short-term outcome into two separate outcomes. The committee and implementation site leaders recommended mid-course corrections related to training and quiz questions.

Changes based on the broader stakeholder webinar in March 2018 included changes to intermediate outcomes.

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 achieved. This is because children who were not adequately assessed and rated too high at entry will turn three and be rated with more accuracy at exit, thus could potentially show a decreased rating. The impact of social-emotional interventions will be seen further down the road as early intervention providers continue to increase skills and implement more effective practices when working with children and families.

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. All new early intervention providers statewide will complete COS training modules. Providers in implementation sites will participate in additional training on engaging families in the COS process. As early intervention providers increase their knowledge and skills and completing the COS process with fidelity, the COS rating outcomes will become more accurate.

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 redesign the ESIT team 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

Promoting First Relationships (PFR) training, as described in section A3, has three levels. Level 1 training is a two-day, foundational, knowledge building workshop. Level 2 training provides the opportunity for individuals to reach fidelity to PFR. Level 3 training provides the opportunity for some of the providers who reached level 2 fidelity to continue with their training and become agency trainers.

Fidelity to PFR 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.

Achieving Level 3 fidelity as an agency trainer requires an additional 16 hour process which includes reaching fidelity with a second family and learning how to begin training learners at their agency. Level 3 agency trainers are then able to train additional providers to fidelity at level 2.

The fidelity process includes providing the PFR intervention with a family for 10 weekly sessions, and reviewing videos of those sessions with a trainer during a weekly mentoring session. After the 10 weeks, the provider submits a final video of a session with the family to the trainer to score for fidelity. Fidelity is scored on a scale from 1-40, and to reach fidelity the provider must score 36 or above.

Examples of provider behaviors that are coded for fidelity include the following:

- Encourage positive, social-emotional connection between the caregiver and child
- Encourage positive, social-emotional connection between the caregiver and provider
- Encourage feelings of trust and security (secure base/safe haven) between the caregiver & child
- Encourage feelings of trust and security (secure base/safe haven) between the caregiver & provider
- Encourage feelings of competence and confidence in the caregiver

The following is a summary of training and fidelity status across both cohorts:

Cohort 1:

- Level 1 training: 104 individuals completed

- Level 2 training: 15 of 16 individuals have reached fidelity; the 16th is receiving additional support
- Level 3 training: 8 of the individuals who achieved Level 2 fidelity are working toward Level 3 agency trainer. Six have completed the training and become certified as agency trainers.
- Level 3 trainers will train 19 additional providers at Level 2

Cohort 2:

- Level 1 training: 105 individuals completed
- Level 2 training: three individuals have reached fidelity and nine are currently pursuing fidelity
- Level 3 training: 6 of the Level 2 trainees will move on to Level 3 training

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., the ESIT team met the performance indicators for one of the two short-term outcomes that was measured this year. The ESIT team did not meet the performance indicators for three additional short-term outcomes, however mid-course corrections were identified and implemented to address this. There is evidence of progress made toward the two intermediate and one long-term outcome for which there were data this year. The ESIT team has confidence 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 the data improved slightly but did not reach the target. The percentage of those children who entered the program below age expectations in social-emotional development and substantially increased their rate of growth improved from 55.63% in FFY 15 to 55.69% for FFY 16. The target was 56.70%.

F. Plans for Next Year

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

The third year of implementation will include continuation of statewide infrastructure activities and activities for Cohorts 1 and 2, as well as adding Cohort 3.

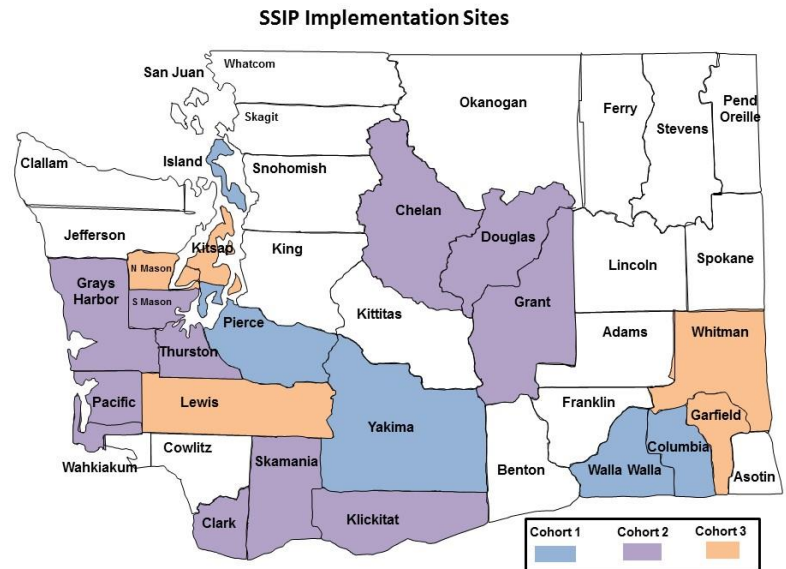
Cohort 1 will complete formal participation as an implementation site by June 30, 2018. Prior to this, they will complete coaching activities using the HOVRS and COS-TC, and submit data to the ESIT team. Providers will complete the Washington Infant Mental Health Endorsement Process. The local implementation teams will finalize local plans for sustainability of the project.

Cohort 2 will continue receiving training on social-emotional assessment, engaging families in the child outcome process, and writing functional IFSP outcomes. They will move forward on developing local plans with their local implementation teams. Providers will apply for Washington Infant Mental Health Endorsement and participate in coaching activities with Reflective Consultation, the HOVRS and the COS-TC. Early intervention provider agencies will develop local memorandums of understanding with other early learning home visiting programs to best collaborate to support families.

The ESIT team recruited a third cohort through the same application process as the year prior. Cohort 3 implementation sites includes three LLAs serving four counties. They are: Boost Collaborative serving Garfield and Whitman Counties, Holly Ridge Center serving Kitsap and North Mason Counties, and Reliable Enterprises serving Lewis County. This is a combination of western and eastern Washington.

Cohort 3 will complete the same activities the two cohorts before them have completed. These activities include all providers participating in the Promoting First Relationships 2-day foundational training. A number of individuals will continue on to level 2 to reach fidelity, and one individual from each agency will continue to level 3-agency trainer. The implementation sites will develop local implementation teams and local plans. Providers will participate in trainings on social-emotional assessment, engaging families in the child outcome process, and writing functional IFSP outcomes.

Statewide, all new early intervention providers will complete the child outcome summary modules. The ESIT team will continue completing child outcomes data quality activities with LLAs through quarterly calls. The ESIT team will use the results of the Local-Child Outcomes Measurement System Self-Assessment results to plan system improvement activities related to the use of data for program improvement.



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 C, Action Plan.

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 2 will be evaluated again for cohort 3. This outcome is measured by post-training questionnaires.

The short-term outcome “Providers have improved understanding of social-emotional screening and assessment” will be evaluated for both Cohorts 2 and 3. This outcome is measured by post-training questionnaires.

The short-term outcome “Providers have improved understanding of writing functional outcomes that support social-emotional development” will be evaluated for both Cohorts 2 and 3. This outcome is 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 “Providers implement strategies to promote positive social-emotional development” will be evaluated by the roster of providers who reach fidelity to PFR.

The long-term outcome “Families will have access to community supports beyond early intervention services” will be evaluated through review of online IFSPs.

The long-term outcome “Families will have increased capacity to support and encourage their children’s positive social-emotional development” will be evaluated through family survey.

The long-term outcome “Families and children will achieve their individual functional IFSP outcomes” will be evaluated through review of online IFSPs.

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., the ESIT team learned about barriers to implementation from Cohorts 1 and 2 that have informed mid-course corrections for cohort 3. The largest barrier to has been staff time and capacity. The ESIT team 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.

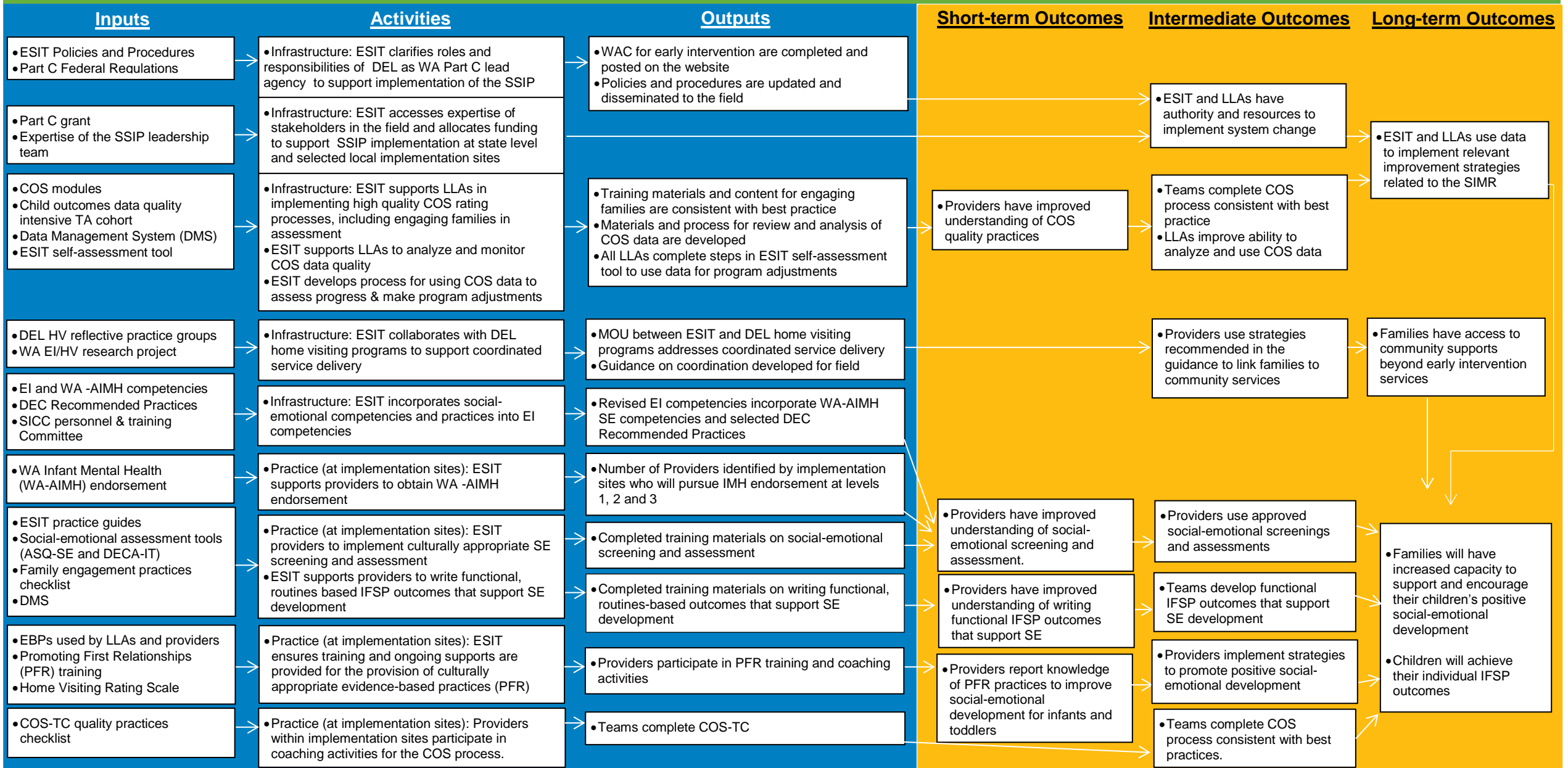
4. The State describes any needs for additional support and/or technical assistance

The technical assistance provided by the OSEP funded consultants working with the ESIT team has been extremely helpful through all phases of the SSIP, including Phase III. TA consultants have provided critical support to implementation and evaluation activities. The ESIT team requests continued support from the knowledgeable team of consultants for Phase III. In particular, the ESIT team anticipates the need for support for continued data analysis.

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
 <p>Professional Development for Early Intervention Services</p>	<p>...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...</p>	<p>...will assure ongoing support and supervision of the personnel who are providing culturally appropriate, evidence-based services for children with social-emotional needs...</p>	<p>...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...</p>	<p>...will receive culturally appropriate and evidence-based social-emotional services,</p>	<p>...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.</p>
 <p>Qualified Personnel</p>	<p>...strengthens the expertise of current early intervention personnel to become infant mental health informed, and partners with statewide initiatives to support coordinated service delivery...</p>	<p>...will support early intervention personnel to become infant mental health-informed practitioners and strengthen connections with community family support services...</p>	<p>...will have more knowledge about infant mental health-informed practices and link families to services in the community that support social-emotional development...</p>	<p>...will have increased capacity to support and encourage their children's positive social-emotional development,</p>	
 <p>Assessment</p>	<p>...enhances statewide implementation of high-quality functional assessment and COS rating processes...</p>	<p>...will-provide ongoing support and supervision of the implementation of high-quality, functional assessment and COS rating processes...</p>	<p>...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...</p>	<p>... will have access to community supports beyond early intervention services, and</p>	
 <p>Accountability</p>	<p>...expands authority and the general supervision and accountability system to support improving data quality, assessing progress, and improving results...</p>	<p>...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...</p>	<p>...will provide accurate and consistent COS data, assess progress of children served, and make practice adjustments...</p>	<p>...will achieve their individual IFSP outcomes.</p>	

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



Washington 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	DEL
Susan Franck	ESIT Data Manager	DEL
Adrienne O'Brien	ESIT Training and Technical Assistance Manager	DEL
Sue Rose	ESIT Family Engagement Coordinator	DEL
Debbie De La Fuente	ESIT Program Consultant	DEL
Tammy McCauley	ESIT Program Consultant	DEL
Kim Hopkins	ESIT Data Coordinator	DEL
Implementation Site Leaders:		
Sharon Bell	Infant/ Toddler Educator, Family Resources Coordinator	Toddler Learning Center- Island County
Janelle Bersch	Early Childhood Coordinator	ESD 171- Chelan, Douglas, and Grant Counties
Rene Denman	Executive Director	Toddler Learning Center- Island County
Carol Hall	Director Early Intervention	ESD 112- Clark, Klickitat, Pacific, and Skamania Counties
Alissa McClellan	Early Intervention Provider	South Sound Parent to Parent- Thurston, Grays Harbor, and North Mason Counties
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 C

Brittany Reuling	Early Intervention Specialist	ESD 112- Clark, Klickitat, Pacific, and Skamania Counties
Kim Smith	Executive Director	South Sound Parent to Parent- Thurston, Grays Harbor, and North Mason Counties
Erin Tomlinson	Early Learning Coordinator	ESD 123- Columbia and Walla Walla Counties
Brayde Wilson	Early Intervention Program Specialist	Pierce County Community Connections

Attachment C

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 C

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.
Short-term	Providers have improved understanding of 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.

Attachment C

B. Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
<p>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).</p>	<p>1.a. ESIT includes SSIP requirements in local lead agency contracts.</p>	<p>ESIT Policies and Procedures Part C Federal Regulations</p>	<p>Department of Early Learning (DEL) and ESIT staff</p>	<p>1.a. April-June, 2016</p>	<p>DEL Rules Coordinator will lead the rulemaking process and consult on related activities.</p>	<p>Completed. <u>Evidence:</u> July 1, 2016 LLA contracts included training requirements. In addition, July 1, 2016 implementation site contracts included SSIP requirements.</p>	<p>N/A</p>
	<p>1.b. DEL/ESIT writes Washington Administrative Code (WAC) for early intervention.</p>	<p>Current local lead agency contracts WA State rulemaking procedures</p>		<p>1.b. WA rulemaking process April, 2016-January, 2017.</p>	<p>DEL partnered with Office of Superintendent of Public Instruction (OSPI) to issue guidance and clarification to the field.</p>	<p>Completed. New rules effective January 2, 2017. <u>Evidence:</u> http://app.leg.wa.gov/wac/default.aspx?cite=170-400</p>	<p>N/A</p>
	<p>1.c. ESIT updates policies and procedures.</p>			<p>1.c. Public participation period for updated policies and procedures: February 24-April 25, 2016. Submit to OSEP with federal application by April 21, 2016,</p>		<p>Completed. Submitted to OSEP with federal application. Policies and Procedures in place for Federal Fiscal Year (FFY) 2016. <u>Evidence:</u> Policies and Procedures posted on ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf</p>	<p>N/A</p>
	<p>1.d. ESIT trains statewide on WAC and updated policies and procedures.</p>			<p>1.d. Training on WAC and policies and procedures: January-June, 2017.</p>		<p>Completed. <u>Evidence:</u> <ul style="list-style-type: none"> Updated Frequently Asked Questions document to website in May 2017: https://del.wa.gov/sites/default/files/public/ESIT/WAC Q and A%20rev 6-29.pdf </p>	<p>N/A</p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						<ul style="list-style-type: none"> Developed “Understanding ESIT Administrative Costs” document: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_Administrative_Costs.pdf Worked with OSPI to develop communication to school districts in May 2017: https://content.govdelivery.com/accounts/WAOSPI/bulletins/197d6f7 	
<p>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.</p>	<p>2.a. ESIT hires an SSIP Coordinator to:</p> <ol style="list-style-type: none"> Facilitate SSIP activities with local implementation sites; and, Develop implementation leadership teams to lead activities at the local level. Develop local implementation plans to guide activities and use strategic planning for sustainability. Develop communication protocols and feedback loops to quickly resolve unexpected issues with implementation. 	<p>Part C grant</p>	<p>ESIT staff and local implementation teams</p>	<p>2.a. July 2016- June 2019</p>		<p>Completed for Cohort 1 In process for Cohort 2</p> <p><u>Evidence:</u> Cohort 1: SSIP Coordinator and other ESIT staff developed local plan template with feedback from site leaders. Site leaders worked with local teams to develop local plans and submitted plans to ESIT in February 2018.</p> <p>Cohort 2: All three cohort 2 sites had local implementation team kickoff meetings in February 2018.</p>	<p><u>Barriers:</u> Cohort 2 local implementation team kickoff meetings were delayed because SSIP Coordinator and ESIT staff were focused on providing SSIP trainings to cohort 1 sites in fall 2017.</p> <p><u>Actions to Address Barriers:</u> ESIT staff began planning local implementation teams with Cohort 2 as soon as schedules allowed.</p> <p><u>Adjustments:</u> Adjusted timeline for Cohort 2 to complete local implementation activities in spring 2018.</p> <p><u>Implications of Adjustments:</u> Cohort 2 local implementation teams had a delayed start. This delay did not impact other activities.</p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	2.b. ESIT provides funding to implementation sites: <ul style="list-style-type: none"> To support personnel as coaches; and, For training and materials. 	Part C grant	ESIT staff and local implementation teams	2.b. July 2016-June 2019		Completed <u>Evidence:</u> <ul style="list-style-type: none"> A small stipend toward staff time was included in implementation site contracts executed July 1, 2017. ESIT funded required SSIP training for implementation sites. ESIT provided funds for assessment tools and tablets for video recording home visits. 	N/A
	2.c. ESIT explores funding opportunities to scale-up statewide.	SICC Finance Committee SICC Public Policy Committee	ESIT staff	2.c. July, 2016-June, 2019	The SICC finance committee will explore, with Health Care Authority, billing options for targeted case management for family resources coordination. ESIT staff, OSPI, and Department of Health will meet to explore adding developmental therapy as a billing option and will work with SICC finance committee and public policy committee.	In process <u>Evidence:</u> Administrative indirect rates outlined in the Washington Administrative Code (WAC) resulted in a significant increase in direct service dollars going to service providers and as much as a 30% increase in funding for services in some areas. Stakeholder meetings to gather feedback and discussions between DEL and OSPI leadership regarding how best to shift the ESIT designated state apportionment funding have been productive. The ultimate outcome will align funding for ESIT services with the authority of the state lead agency. Current activities include: <ul style="list-style-type: none"> Work with BERK consulting on proposals for allocation methodologies, which will be vetted by the SICC and relevant committees before going to agency leadership. Legislation passed this session with Senate Bill 6257, directs the agency to work with OSPI and other partners to develop a funding model for the distribution of this state 	N/A

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						apportionment funding: http://apps2.leg.wa.gov/billsummary?BillNumber=6257&Year=2017&BillNumber=6257&Year=2017	
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	ESIT staff and early intervention providers at local implementation sites	3.a. April-June, 2016	Collaboration with DEL professional development team to host COS training modules through DEL website.	Completed 6/30/2016 <u>Evidence:</u> 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	N/A
	3.b. ESIT requires early intervention providers statewide to complete COS training modules.	DMS		3.b. July-December, 2016 for all providers. Ongoing requirement for new early intervention providers January, 2017-June, 2019.		Completed <u>Evidence:</u> July 1, 2017 LLA contracts included COS training requirement for all new early intervention providers. Online Quiz Creator generates spreadsheet listing data including: <ul style="list-style-type: none"> • 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.			3.c. April-May, 2016		Completed <u>Evidence:</u> Training provided May 6, 2016 at Infant and Early Childhood Conference	N/A

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	3.d. ESIT provides training to providers at implementation sites.			3.d. July 2017- June 2019		<p>Completed for Cohort 1 In process for Cohort 2</p> <p><u>Evidence:</u> Cohort 1 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 <p>Pierce County agencies:</p> <ul style="list-style-type: none"> • Birth to Three October 13, 2017 • HopeSparks October 25, 2017 • A Step Ahead November 1, 2017 • Children’s Therapy Center November 15, 2017 <p>Cohort 2 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • South Sound Parent to Parent January 12, 2018 • ESD 112 March 12, 2018 	<p><u>Barriers:</u> Workload of SSIP Coordinator and ESIT staff has been over capacity. In addition, ESIT staff were in process of gathering feedback to develop additional trainings (activities 9 & 10) to be held the same day as this training.</p> <p><u>Actions to Address Barriers:</u> Trainings were developed as quickly as possible and scheduled with implementation sites as their schedules allowed.</p> <p><u>Adjustments:</u> Adjusted timeline for Cohort 1 trainings to be delivered by November 2017 and Cohort 2 to be delivered between January and June 2018.</p> <p><u>Implications of Adjustments:</u> Providers at local implementation sites received the training later than anticipated. This delay impacted implementation of coaching activities- the Home Visit Rating Scale and Child Outcome Summary Team Collaboration Quality Practices Checklist.</p>
	3.e. ESIT enhances Data Management System (DMS) to accurately reflect family involvement in the COS process.			3.e. July 2017- June 2019		<p>Completed</p> <p><u>Evidence:</u> Change effective 9/28/17, notice to field sent 9/27/17</p>	<p><u>Barriers:</u> 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.</p> <p><u>Actions to Address Barriers:</u> The ESIT data team is using the agile process to support staying on track with timelines.</p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
							<p><u>Adjustments:</u> Timeline was adjusted to be complete by September 2017.</p> <p><u>Implications of Adjustments:</u> The timing of completing this activity aligned well with the revised timeline for conducting the training. No other activities were impacted by the delay.</p>
<p>Infrastructure: ESIT supports local lead agencies to analyze and monitor COS data quality.</p>	<p>4.a. ESIT enhances the DMS to include COS reports by providing agency.</p>	<p>DMS</p>	<p>ESIT staff</p>	<p>4.a. April-June 2018</p>	<p>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.</p>	<p>In process</p> <p><u>Evidence:</u> 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).</p>	<p><u>Barriers:</u> 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.</p> <p><u>Actions to Address Barriers:</u> The ESIT data team is using the agile process to support staying on track with timelines.</p> <p><u>Adjustments:</u> Timeline was adjusted to be complete by June 30, 2018.</p> <p><u>Implications of Adjustments:</u> This activity was a result of the DMS being designed around the Family Resources Coordinator (FRC) rather than the child. Provider agencies where the FRC is housed within another program were effected. In Pierce County, the largest implementation site, FRCs have moved to provider agencies as part of ESIT's system re-design, so this is no longer an issue. It remains an issue for provider agencies that provide specialized services and do not have FRCs on staff. One example is provider agencies that children with sensory disabilities such as deafness, hearing loss, or visual impairment. These</p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	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. September 2016		Completed September, 2016 <u>Evidence:</u> Quarterly call logs for calls completed with each LLA, October, 2016 and January, 2017	agencies do not yet have access to their data at the aggregate level. 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. September 2016-June 2018		In process <u>Evidence:</u> First material developed and posted to website-COS Review Sheet in Phase III, Year 1: https://del.wa.gov/sites/default/files/public/ESIT/COS_Review_Sheet.pdf Additional materials developed and posted to website in Phase III, Year 2: Guiding Questions: https://del.wa.gov/sites/default/files/public/ESIT/Guiding%20questions%20for%20data%20analysis.pdf Data Activity Template: https://del.wa.gov/sites/default/files/public/ESIT/Data%20activity%20template.pdf	N/A
	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 2018		In process <u>Evidence:</u> Quarterly call logs for calls completed with each LLA, October 2016, January 2017, April 2017, and July 2017	N/A
Infrastructure: ESIT develops process for using COS data to assess	5.a. ESIT updates WA self- assessment tool to include steps to use COS	ESIT self-assessment tool	ESIT staff and local lead agency	5.a. January-June, 2017	DEL Research Director will provide support	Completed <u>Evidence:</u>	N/A

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
progress and make program adjustments.	data to identify program improvement strategies related to global child outcomes.		administrators		and guidance on use of data for program improvements. SICC data committee members will provide input on guidance materials.	Local Child Outcomes Measurement System-Self Assessment was included in July 1, 2017 LLA contract requirements. Tool and supporting documents posted to website: https://del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit/information-early-intervention-providers	
	5.b. Local lead agencies statewide complete the self- assessment tool and identify improvement strategies related to child outcomes.			5.b. July 2017-March 2018		In process <u>Evidence:</u> Contract deliverable due 3/30/18	N/A
	5.c. ESIT uses results from tool to support local lead agencies through targeted training and technical assistance.			5.c. April 2018-June 2019		Not in process	N/A
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 2019	Collaboration with DEL home visiting programs (Home Visiting Services Account and Early Head Start) to share resources and develop MOU and guidance.	Completed for Cohort 1 In Process for Cohort 2 <u>Evidence:</u> Washington Association for Infant Mental Health (WA-AIMH) quarterly report. Three groups from Cohort 1 have completed one year. Three groups from Cohort 2 started in January-February 2018.	N/A
	6.b. ESIT, in collaboration with the DEL Home Visiting Services Account, develops MOU including referrals, screening, follow-up, service			6.b. April-October, 2016		Completed <u>Evidence:</u> ESIT and Home Visiting Services MOU posted to website: https://del.wa.gov/sites/default/files/publi	N/A

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	coordination and data sharing as appropriate.					c/ESIT/ESIT and Home Visiting Services Program MOU.pdf	
	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-October, 2016		Completed <u>Evidence:</u> ESIT and Home Visiting Services MOU Guidance posted to website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT And Home Visiting Services Program MOU Guidance.pdf	N/A
	6.d. ESIT, in collaboration with DEL home visiting programs, pilots, disseminates and trains on guidance			6.d. January 2017-June 2019		In process <u>Evidence:</u> Collaborative learning webinar held Feb 23, 2017. Incorporated into local plans.	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. January 2017-June 2019		Completed for Cohort 1 In process for Cohort 2 <u>Evidence:</u> Cohort 1 submitted MOUs to ESIT.	N/A
	6.f. ESIT, in collaboration with DEL home visiting programs, revises guidance as needed.			6.f. July 2018-June 2019		Not in process	N/A
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.	ESIT competencies WA-AIMH competencies	ESIT staff and SICC personnel and training committee	7.a. March 2018	SICC personnel and training committee includes representatives from higher	Completed <u>Evidence:</u> Finalized document posted to ESIT website: https://del.wa.gov/sites/default/files/public/	<u>Barriers:</u> 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

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	<p>a. ESIT includes feedback from a diverse stakeholder group as part of the process.</p> <p>b. ESIT applies a racial equity lens to review of competencies.</p>	<p>Division of Early Childhood (DEC) Recommended Practices</p> <p>SICC personnel and training committee</p>			<p>education, state agencies and early intervention programs. Committee members will provide input on competencies and implementation. Collaboration with WA-AIMH endorsement coordinator to advise ESIT and individuals pursuing endorsement. Consultation with DEL professional development team for support.</p>	<p>c/ESIT/Early%20Intervention%20Competencies%20March%202018.pdf</p>	<p>State Core Competencies. This alignment will support a statewide system and use of the DEL system to track professional development of early intervention providers.</p> <p><u>Actions to Address Barriers:</u> ESIT worked with DEL Professional Development team to align ESIT competencies to WA State Core Competencies. Next, ESIT held a large stakeholder workgroup on March 3, 2017. A small group was formed to continue in-depth edits, and had five full-day meetings over the course of several months to edit competencies. A large stakeholder workgroup was convened on October 24. The meeting was held in central Washington to encourage diverse geographic participation. Using a racial equity lens, small workgroup reached out to invite racially and ethnically diverse stakeholder representatives. Small workgroup met three more times to continue editing and sent final draft to stakeholders in February 2018. ESIT provided opportunity for input from tribal representatives at Indian Policy in Early Learning Committee meeting March 15, 2018. In March 2018, small workgroup incorporated feedback and finalized competencies.</p> <p><u>Adjustments:</u> Adjusted timeline to be completed by March 2018.</p> <p><u>Implications of Adjustments:</u></p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, 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.			7.b. April-June, 2018		Not in process	N/A
	7.c. ESIT disseminates and trains statewide on updated competencies.			7.c. April-June, 2018		Not in process	N/A
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 2019	Collaboration with WA-AIMH executive director and training coordinator to advise ESIT and individuals pursuing endorsement.	Completed <u>Evidence:</u> Funds added to contract with WA-AIMH.	N/A
	8.b. Local implementation teams identify providers to pursue endorsement at levels 1, 2, and 3.			8.b. April 2017 to December 2018		Completed for Cohort 1 <u>Evidence:</u> 30 providers from Cohort 1 are pursuing endorsement.	N/A
	8.c. Selected providers complete endorsement application process.			8.c. July 2017-June 2019		In process for Cohort 1 <u>Evidence:</u> Washington Association for Infant Mental Health (WA-AIMH) quarterly report. As of 2/26/18, 19 providers have registered for endorsement scholarships and begun application process.	N/A

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
<p>Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment.</p>	<p>9.a. ESIT 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</p>	<p>ESIT practice guides</p> <p>Social-emotional assessment tool selected (DECA-IT)</p> <p>Social-emotional screening tool selected (ASQ-SE)</p>	<p>ESIT staff and early intervention providers at local implementation sites</p>	<p>9.a. September 2016-April 2017</p>	<p>Consultation with DEL professional development team for support to develop training materials and activities.</p>	<p>Completed</p> <p><u>Evidence:</u> Practice Guide provided to implementation sites during SSIP trainings and posted to website: https://del.wa.gov/sites/default/files/public/ESIT/SE%20Assessment%20Practice%20Guide%204-12-17.pdf</p>	<p>N/A</p>
	<p>9.b. ESIT develops training on culturally appropriate social-emotional screening and assessment.</p>			<p>9.b. January-June, 2017</p>		<p>Completed</p> <p><u>Evidence:</u> Training materials including Power Points and handouts developed.</p>	<p>N/A</p>
	<p>9.c. Providers at implementation sites participate in training on social-emotional screening and assessment.</p>			<p>9.c. July 2017-June 2019</p>		<p>Completed for Cohort 1 In process for Cohort 2</p> <p><u>Evidence:</u> Cohort 1 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 	<p><u>Barriers:</u> Workload of SSIP Coordinator and ESIT staff has been over capacity.</p> <p><u>Actions to Address Barriers:</u> Trainings were developed as quickly as possible and scheduled with implementation sites as their schedules allowed.</p> <p><u>Adjustments:</u></p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						Pierce County Family Resources Coordinators: <ul style="list-style-type: none"> October 11, 2017 November 15, 2017 Cohort 2 Training provided to implementation sites: <ul style="list-style-type: none"> South Sound Parent to Parent January 12, 2018 ESD 112 March 12, 2018 	Adjusted timeline for Cohort 1 trainings to be delivered by November 2017 and Cohort 2 to be delivered between January and June 2018. <u>Implications of Adjustments:</u> Providers at local implementation sites received the training later than anticipated Implementation Note: Provided this training section to Family Resources Coordinators in Pierce County as they will be introducing social-emotional assessment to families at intake.
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. <ol style="list-style-type: none"> ESIT includes feedback from a diverse stakeholder group as part of the process. ESIT applies a racial equity lens to review of practice guide. 	ESIT practice guides	ESIT staff and early intervention providers at local implementation sites	10.a. September 2016-April 2017	Consultation with DEL professional development team for support to develop training materials and activities	Completed <u>Evidence:</u> Practice Guide provided to implementation sites during SSIP trainings and posted to website: https://del.wa.gov/sites/default/files/public/ESIT/Functional%20Outcomes%20Practice%20Guide%20April%202017.pdf .	N/A
	10.b. ESIT develops training on writing functional, routines-based outcomes that			10.b. January-June, 2017		Completed <u>Evidence:</u> Training materials including Power Points and handouts developed.	N/A

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	incorporate the parent-child relationship.						Implementation note: Two provider agencies in Pierce County (Birth to Three and Children’s Therapy Center) completed this training through the King County Local Lead Agency.
	10.c. Providers at implementation sites participate in training on functional outcomes.			10.c July 2017- June 2019		<p>Completed for Cohort 1 In process for Cohort 2</p> <p><u>Evidence:</u> Cohort 1 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 <p>Pierce County agencies:</p> <ul style="list-style-type: none"> • HopeSparks October 25, 2017 • A Step Ahead November 1, 2017 <p>Cohort 2 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • South Sound Parent to Parent January 12, 2018 <p>ESD 112 March 12, 2018</p>	
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	ESIT staff, UW trainers, and early intervention providers at local implementation sites	11.a. April-June, 2016	Collaboration with UW to provide training and mentoring on PFR.	Completed <u>Evidence:</u> Contract in place with UW.	N/A
	11.b. All providers at implementation sites participate in PFR (level 1) training.	Home Visiting Rating Scale		11.b. July 2016- December 2018		Completed <u>Evidence:</u> Post-training questionnaires (developed in collaboration with UW) completed by participants	N/A
	11.c. Coaches observe home visits using			11.c. March 2018- June 2019		In process	<u>Barriers:</u>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	adapted Home Visit Rating Scale for providers who completed level 1 PFR.					<p><u>Evidence:</u> Cohort 1 identified implementation plan in local plans submitted February 2018. ESIT developed the following tools: Spreadsheet for data collection: https://del.wa.gov/sites/default/files/public/ESIT/HOVRs%20tracking.xlsx Professional development plan template for coaching: https://del.wa.gov/sites/default/files/public/ESIT/HOVRs%20PDP%20template.docx</p>	<p>Workload of implementation site leaders and staff has been over capacity due to the number and complexity of SSIP activities.</p> <p><u>Actions to Address Barriers:</u> ESIT staff extended timeline for implementation of this activity.</p> <p><u>Adjustments:</u> Timeline adjusted to start this spring.</p> <p><u>Implications of Adjustments:</u> Early intervention providers who did not go beyond Level 1 training have not received coaching.</p>
	11.d. Selected providers at implementation sites pursue fidelity to PFR (level 2).			11.d. July 2016- June 2019		<p>In process</p> <p><u>Evidence:</u> Quarterly Report from UW. Cohort 1: 15 of 16 providers reached fidelity. Cohort 2: 3 of 12 providers reached fidelity, 9 are in process.</p>	
	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. April 2017- June 2019		<p>In process</p> <p><u>Evidence:</u> Quarterly Report from UW. Cohort 1: 6 of 8 have reached fidelity as agency trainers.</p>	
Infrastructure: ESIT defines and implements coaching system within implementation sites.	12.a. ESIT establishes: a. —guidance for selecting coaches; and		ESIT staff and early intervention providers at local	12.a. January- March 2018	Consultation with DEL professional development team to align	<p>Completed</p> <p><u>Evidence:</u> Training provided March 28, 2018.</p>	<p><u>Barriers:</u> As described in Activities 2, 9, and 10, workload of SSIP Coordinator and other team members has been over capacity. In addition, workload of implementation site</p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
<p>Revision: Practice: Providers within implementation sites participate in coaching activities for the Child Outcome Summary process.</p>	<p>b. training plan for teams and coaches that includes ongoing support.</p>		<p>implementation sites</p>		<p>coaching system with DEL coaching framework that is already in place.</p>		<p>leaders and staff has been over capacity due to the number and complexity of SSIP activities.</p> <p><u>Actions to Address Barriers:</u> ESIT staff extended timeline for implementation of this activity.</p> <p><u>Adjustments:</u> Timeline adjusted to start this spring.</p> <p><u>Implications of Adjustments:</u> Cohort 1 providers who were trained in fall of 2017 were delayed in starting COS-TC. Cohort 2 providers are not impacted.</p>
	<p>12.b. ESIT provides training to teams and coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality Practices Reflection Tool.</p>			<p>12.b. March 2018</p>		<p>Completed</p> <p>Training provided March 28, 2018.</p> <p>Materials posted to ESIT website: COS-TC tracking spreadsheet: https://del.wa.gov/sites/default/files/public/ESIT/COS_TC_tracking.xlsx</p> <p>COS-TC Improvement Plan template: https://del.wa.gov/sites/default/files/public/ESIT/COS-TC_improvement_plan_template.docx</p>	<p>See Step 12.a.</p>
	<p>12.c. Teams or coaches at implementation sites use the COS-TC Quality Practices Reflection Tool to observe and assess COS and assessment processes.</p>			<p>12.c. April-June 2019</p>		<p>In process for Cohort 1</p> <p><u>Evidence:</u> Two teams have submitted results to ESIT. All other Cohort 1 teams scheduled to start in April.</p>	<p>See Step 12.a.</p>

Attachment C

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	12.d. Implementation sites submit aggregated results to ESIT.			12.d. June 2018-June 2019		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.			12.e. June 2018-June 2019		Not in process	See Step 12.a.

Attachment C

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
<p>1. Infrastructure: ESIT clarifies roles and responsibilities of DEL as Washington Part C lead agency to support implementation of the SSIP.</p>	<p>Washington Administrative Code (WAC) for EI are completed and posted on the website.</p>	<p>Finalized WAC can be viewed on ESIT website</p>	<p>April 2016-June 2017</p>	<p>Completed</p> <p><u>Evidence:</u> Rules: http://app.leg.wa.gov/wac/default.aspx?cite=170-400</p> <p>Link to rules on ESIT website: https://www.del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit</p> <p>Link to FAQ document: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A_rev3-27.pdf</p>
	<p>Policies and procedures are updated and disseminated to the field.</p>	<p>Revised policies and procedures approved by the Office of Special Education Programs (OSEP) and posted on website</p>	<p>April 2016-June 2017</p>	<p>Completed</p> <p><u>Evidence:</u> Policies and Procedures posted on ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf</p>
<p>3. Infrastructure: ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment.</p>	<p>Training materials and content for engaging families are consistent with best practice.</p>	<p>Process agenda for training reflects best practices, as reviewed by national experts</p>	<p>April 2016-December 2016</p>	<p>Completed</p> <p><u>Evidence:</u> Training developed with TA provider. Training materials including Power Points and handouts developed.</p>
<p>4. Infrastructure: ESIT supports local lead agencies to analyze and monitor COS data quality.</p>	<p>Materials and process for review and analysis of COS data are developed.</p>	<p>Materials reflect best practices in analysis and use of COS data</p>	<p>September 2016-June 2018</p>	<p>In process</p> <p><u>Evidence:</u> First material developed and posted to website-COS Review Sheet in Phase III, Year 1:</p>

Attachment C

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
				https://del.wa.gov/sites/default/files/public/ESIT/COS_Review_Sheet.pdf Additional materials developed and posted to website in Phase III, Year 2: Guiding Questions: https://del.wa.gov/sites/default/files/public/ESIT/Guiding%20questions%20for%20data%20analysis.pdf And Data Activity Template: https://del.wa.gov/sites/default/files/public/ESIT/Data%20activity%20template.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	In process, contract deliverable due March 30, 2018
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 <u>Evidence:</u> ESIT and Home Visiting Services 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	Completed <u>Evidence:</u> ESIT and Home Visiting Services MOU Guidance posted to website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf

Attachment C

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- March 2018	Completed <u>Evidence:</u> Finalized document posted to ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Early%20Intervention%20Competencies%20March%202018.pdf
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	April-June 2017	In process <u>Evidence:</u> Spreadsheet roster submitted to WA-AIMH
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	July-November 2017	Completed <u>Evidence:</u> Process agenda reviewed by TA providers and input incorporated into training. Training materials including Power Points and handouts developed.
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	July-November 2017	Completed <u>Evidence:</u> Process agenda reviewed by TA providers and input incorporated into training. Training materials including Power Points and handouts developed.
11. Practice: ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally	Providers at implementation sites participate in training	Participation rate; participation attendance list, by implementation site	April, 2016-June 2018	Completed for Cohorts 1 and 2 <u>Evidence:</u> Post-training questionnaires completed by participants

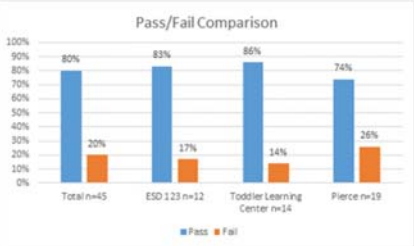
Attachment C

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
appropriate evidence-based practices.	Providers at implementation sites participate in follow-up support to integrate PFR strategies into their practice	Coaching logs, UW roster for fidelity certification	April, 2016-June 2018	<p>In process for Cohorts 1 and 2</p> <p><u>Evidence:</u> Quarterly Report from UW.</p> <p>Cohort 1: 15 of 16 providers reached fidelity.</p> <p>Cohort 2: 3 of 12 providers reached fidelity, 9 are in process of pursuing fidelity.</p>
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

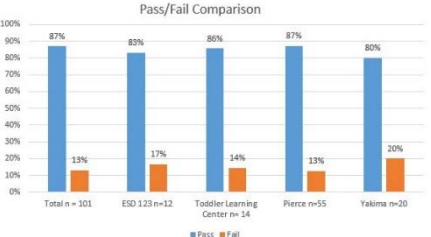
2. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results 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. (Criteria is passing score of 80%)	<p><u>Measurement:</u> Post training survey after providers complete all of the online modules.</p> <p><u>Data Collection Method:</u> Online Quiz Creator software</p> <p><u>Measurement Intervals:</u> Phase III Year 2: new providers complete within 90 days of hire</p>	<p>Review quiz results and calculate percentage of providers who passed the quiz. Total number who passed quiz/total number of new providers = percentage who passed</p> <p>Data will be aggregated statewide and disaggregated by LLA and provider agency. Data will be listed by percent of correct/incorrect answers. These data will be shared with LLA administrators. Item analysis will be conducted and shared with SICC data committee at state level and LLAs at LLA and provider level. Stakeholders will engage in discussion about</p>	July, 2016- June, 2019	Completed for current early intervention providers. Ongoing requirement for new early intervention providers. Met performance indicator: 98% of providers met criteria for understanding COS quality practices.	<p><u>Data as of March 1, 2017:</u> 98% of providers completed the COS training and passed the quiz.</p> <p>ESIT collected data on the COS modules in spreadsheet form from the quiz software.</p> <ul style="list-style-type: none"> • 188 providers completed the quiz between March 1, 2017-February 8, 2018 • 160 passed on their first attempt • 25 passed on second attempt or after • 185 total passed • 3 providers did not pass • 98% of providers who took the quiz met requirement • 185/188= 98%

Attachment C

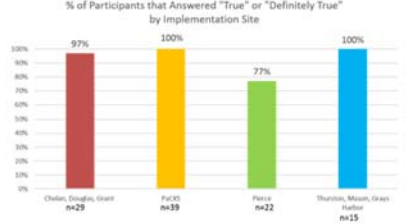
Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes															
					additional training needs based on incorrect responses. Data will be compared to the same data from the previous year.																		
Short-term	Providers have improved understanding of social-emotional screening and assessment.	Do providers have improved understanding of social-emotional screening and assessment as a result of participating in the training?	90% of providers meet criteria for understanding social-emotional screening and assessment. Criteria is passing score of 80%	<u>Measurement:</u> Post training quiz <u>Data Collection Method:</u> Written quiz <u>Measurement Interval:</u> One time, as providers complete training	Review quiz results and calculate percentage of providers who passed the quiz. Total number who passed quiz/total number of providers = percentage who passed Data will be aggregated by total number of providers who took the quiz and disaggregated by implementation site. Data will be listed by percent of correct/incorrect answers. Data will be disaggregated by correct/incorrect answers. These data will be shared with SICC data committee and local implementation sites. Stakeholders	July 2017-June 2019	Complete for Cohort 1 Did not meet criteria In process for Cohort 2	<u>Data:</u> <ul style="list-style-type: none"> 80% of providers scored 80% or higher on quiz. 36 of 45 providers passed the quiz Data disaggregated by implementation site:  <table border="1" data-bbox="2139 818 2553 1062"> <caption>Pass/Fail Comparison</caption> <thead> <tr> <th>Implementation Site</th> <th>Pass (%)</th> <th>Fail (%)</th> </tr> </thead> <tbody> <tr> <td>Total (n=45)</td> <td>80%</td> <td>20%</td> </tr> <tr> <td>ESD 123 (n=12)</td> <td>83%</td> <td>17%</td> </tr> <tr> <td>Toddler Learning Center (n=14)</td> <td>86%</td> <td>14%</td> </tr> <tr> <td>Pierce (n=19)</td> <td>74%</td> <td>26%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Discussed potential reasons for lower score in Pierce County, determined it was likely due to trying to match training to multiple agencies with different social-emotional assessment processes. Identified 3 quiz responses that were missed by at least 30% of providers Reviewed quiz questions with implementation sites and SICC data committee <u>Mid-course corrections:</u>	Implementation Site	Pass (%)	Fail (%)	Total (n=45)	80%	20%	ESD 123 (n=12)	83%	17%	Toddler Learning Center (n=14)	86%	14%	Pierce (n=19)	74%	26%
Implementation Site	Pass (%)	Fail (%)																					
Total (n=45)	80%	20%																					
ESD 123 (n=12)	83%	17%																					
Toddler Learning Center (n=14)	86%	14%																					
Pierce (n=19)	74%	26%																					

Attachment C

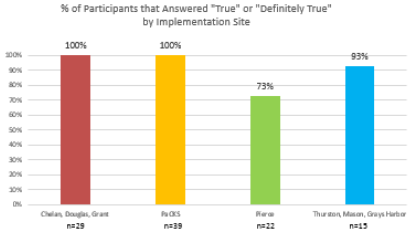
Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes																		
					will engage in discussion about wording of questions to ensure clarity and potential changes needed to training based on incorrect responses.			<ul style="list-style-type: none"> • Training participants completed evaluations and state team continuously updated training based on evaluation feedback. • Based on feedback from implementation sites and SICC data committee, updated three quiz questions for clarity. • Plan to develop one-pager to share back correct answers with implementation sites. <p>In addition, adjusted training content to clarify implementation expectations related to one of the quiz questions.</p>																		
Short-term	Providers have improved understanding of writing functional outcomes that support social-emotional development.	Do providers have improved understanding of writing functional outcomes as a result of participating in the training?	90% of providers meet criteria for understanding writing functional outcomes. Criteria is passing score of 80%	<u>Measurement:</u> Post training quiz <u>Data Collection Method:</u> Written quiz <u>Measurement Interval:</u> One time, as providers complete training	Review quiz results and calculate percentage of providers who passed the quiz. Total number who passed quiz/total number of providers = percentage who passed Data will be aggregated by total number of providers who took the quiz and disaggregated by implementation site. Data will be listed by percent of correct/incorrect answers. Data will be disaggregated by	July 2017-June 2019	Complete for Cohort 1 Did not meet criteria In process for Cohort 2	<p><u>Data:</u></p> <ul style="list-style-type: none"> • Did not meet criteria. • 87% of providers scored 80% or higher on quiz. • Data disaggregated by implementation site:  <p>Pass/Fail Comparison</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Pass (%)</th> <th>Fail (%)</th> </tr> </thead> <tbody> <tr> <td>Total n = 101</td> <td>87%</td> <td>13%</td> </tr> <tr> <td>ESO 123 n = 12</td> <td>83%</td> <td>17%</td> </tr> <tr> <td>Toddler Learning Center n = 14</td> <td>86%</td> <td>14%</td> </tr> <tr> <td>Pierce n = 55</td> <td>87%</td> <td>13%</td> </tr> <tr> <td>Yakima n = 20</td> <td>80%</td> <td>20%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Reviewed quiz question that was frequently missed with implementation sites and SICC data committee <ul style="list-style-type: none"> ○ Determined the question should be reworded for clarity 	Group	Pass (%)	Fail (%)	Total n = 101	87%	13%	ESO 123 n = 12	83%	17%	Toddler Learning Center n = 14	86%	14%	Pierce n = 55	87%	13%	Yakima n = 20	80%	20%
Group	Pass (%)	Fail (%)																								
Total n = 101	87%	13%																								
ESO 123 n = 12	83%	17%																								
Toddler Learning Center n = 14	86%	14%																								
Pierce n = 55	87%	13%																								
Yakima n = 20	80%	20%																								

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					correct/incorrect answers. These data will be shared with SICC data committee and local implementation sites. Stakeholders will engage in discussion about wording of questions to ensure clarity and potential changes needed to training based on incorrect responses			<ul style="list-style-type: none"> ○ Question required checking responses that apply. Discussed giving partial credit for respondents who selected some of the correct responses. Data committee advised to mark the question either right or wrong rather than giving partial credit, to be consistent with other scoring. <p><u>Mid-course corrections:</u></p> <ul style="list-style-type: none"> ● Training participants completed evaluations and state team continuously updated training based on evaluation feedback. ● Based on feedback from implementation sites and SICC data committee, updated one quiz question for clarity. <p>Plan to develop one-pager to share back correct answer with implementation sites.</p>
Short-term	Providers have knowledge and understanding of PFR practices to improve social-emotional skills for infants and toddlers. Change for Phase III, Year 3: Providers	Do providers report gaining adequate understanding of the PFR practices as a result of participating in the 2-day training? Change for Phase III, Year 3: Do providers report knowledge of PFR practices as a result	100% of participating providers report having adequate knowledge of PFR practices. Criteria is scores of 4 (true) and 5 (definitely true) on	<u>Measurement:</u> Post training survey (developed in collaboration with UW) <u>Data Collection Method:</u> Written survey	Review survey results and calculate percentage of providers who reported having adequate knowledge and skills. Total number who reported 4 (true)	July 2016-June 2019	Completed for Cohort 2 Did not meet performance indicator: 94% of participants reported that the training provided them with useful knowledge and	<u>Data for Cohort 2:</u> <ul style="list-style-type: none"> ● 99/105 of participants gave a score of 4 or 5 on first survey question following training. ● Score of 4 indicated true and 5 indicated definitely true on the question: “This Promoting First Relationships training provided me with useful knowledge and skills.”

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes															
	<p>report knowledge of PFR practices to improve social-emotional skills for infants and toddlers.</p>	<p>of participating in the 2-day training?</p>	<p>the following questions: This Promoting First Relationships training provided me with useful knowledge and skills. This Promoting First Relationships training will help me more effectively perform my job Change for Phase III, Year 3: 90% of participating providers report having adequate knowledge of PFR practices. Only use first question: This Promoting First Relationships training provided me with useful knowledge and skills.</p>	<p><u>Measurement Interval:</u> One time, as providers complete training</p>	<p>and 5 (definitely true) /total number of providers who completed survey = percentage who reported having adequate knowledge and skills. Data will be aggregated by total number of providers who completed the survey and disaggregated by implementation site. Data will be disaggregated by provide role. These data will be shared with SICC data committee and local implementation sites.</p>		<p>skills, as measured on post-training survey. 93% of participants reported that the training will help them more effectively perform my job, as measured on post-training survey</p>	<ul style="list-style-type: none"> Data disaggregated by implementation site:  <table border="1"> <caption>% of Participants that Answered "True" or "Definitely True" by Implementation Site</caption> <thead> <tr> <th>Implementation Site</th> <th>Percentage</th> <th>n</th> </tr> </thead> <tbody> <tr> <td>Cohort 1</td> <td>97%</td> <td>29</td> </tr> <tr> <td>Pierce</td> <td>100%</td> <td>39</td> </tr> <tr> <td>Pierce</td> <td>77%</td> <td>22</td> </tr> <tr> <td>Thurston, Mason, Grays Harbor</td> <td>100%</td> <td>15</td> </tr> </tbody> </table> Discussed potential reasons for lower score in Pierce County. This county is a Cohort 1 site and the county funded an additional PFR foundational training this year. Participants were asked to complete survey one month after the training rather than immediately after. SICC data committee suggested that ratings may have been lower due to the time lapse. Data disaggregated by role: <ul style="list-style-type: none"> Of those who left the question blank or answered "don't know," four were Family Resources Coordinators (FRC), one was a Special Educator, and one had both roles. SICC data committee suggested that FRCs may not know they can 	Implementation Site	Percentage	n	Cohort 1	97%	29	Pierce	100%	39	Pierce	77%	22	Thurston, Mason, Grays Harbor	100%	15
Implementation Site	Percentage	n																					
Cohort 1	97%	29																					
Pierce	100%	39																					
Pierce	77%	22																					
Thurston, Mason, Grays Harbor	100%	15																					

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes															
								<p>implement PFR as part of their role.</p> <ul style="list-style-type: none"> 98/105 of participants gave a score of 4 or 5 on second survey question following training. Score of 4 indicated true and 5 indicated definitely true on the question: "This Promoting First Relationships training will help me more effectively perform my job." Data disaggregated by implementation site:  <table border="1" data-bbox="2136 787 2553 1015"> <caption>% of Participants that Answered "True" or "Definitely True" by Implementation Site</caption> <thead> <tr> <th>Implementation Site</th> <th>Percentage</th> <th>Sample Size (n)</th> </tr> </thead> <tbody> <tr> <td>Chelsea, Douglas, Grant</td> <td>100%</td> <td>28</td> </tr> <tr> <td>Fox Creek</td> <td>100%</td> <td>39</td> </tr> <tr> <td>Fiske</td> <td>73%</td> <td>22</td> </tr> <tr> <td>Thurston, Mason, Gray Harbor</td> <td>92%</td> <td>25</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Data disaggregated by role: <ul style="list-style-type: none"> Of those who left the question blank, answered "don't know," "false," or "definitely false" five were Family Resources Coordinators (FRC), one was a Special Educator, and one was a Physical Therapist. SICC data committee suggested that FRCs may not know they can 	Implementation Site	Percentage	Sample Size (n)	Chelsea, Douglas, Grant	100%	28	Fox Creek	100%	39	Fiske	73%	22	Thurston, Mason, Gray Harbor	92%	25
Implementation Site	Percentage	Sample Size (n)																					
Chelsea, Douglas, Grant	100%	28																					
Fox Creek	100%	39																					
Fiske	73%	22																					
Thurston, Mason, Gray Harbor	92%	25																					

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
								<p>implement PFR as part of their role.</p> <p><u>Mid-course corrections:</u></p> <ul style="list-style-type: none"> Update ESIT/PFR one-pager to clarify that FRCs can provide PFR as an intervention.
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 meet established criteria on the COS-TC checklist.	COS-TC checklist completed by team or coach Annually		April 2018-June 2019	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.	<p><u>Measurement:</u> Questionnaire</p> <p><u>Data Collection Method:</u> Responses recorded during quarterly calls</p> <p><u>Measurement Interval:</u> Quarterly</p>	Data will be aggregated statewide and disaggregated by LLA and question. In addition, data will be disaggregated by new LLA administrator. Data from new administrators will be compared with data from ongoing administrators. Data will be shared with LLAs and SICC data committee. We will engage stakeholders in discussion on which items LLAs reported the most competence, the least competence,	July, 2016-June, 2018	<p>Made progress</p> <p>Evidence of progress toward this intermediate outcome is 51% of LLAs report progress from their first quarterly call to their fourth quarterly call. This is an overall average of the progress reported on all six questions. Question 1 Ability to locate/access the child outcome summary reports: 39% reported improvement between call 1 and call 4.</p>	<p>Activities completed during the quarterly calls follow this sequence:</p> <ul style="list-style-type: none"> October 2016 calls focused on locating reports in the data system and orienting to the reports. 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. April 2017 calls included review of guiding questions document and activity template and review of children served by race and ethnicity, comparing local to state demographic data to determine if LLAs were over or underserving. July 2017 calls included a self-guided data analysis activity in which LLAs determined what questions they would like to research.

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					and the most positive change.		<p>Question 2a Understanding how to use reports to draw inferences about the quality of the data: 57% reported improvement between call 1 and call 4.</p> <p>Question 2b Understanding how to use reports to draw inferences about children’s progress: 35% reported improvement between call 1 and call 4.</p> <p>Question 3 Ability to use the reports to analyze COS data: 52% reported improvement between call 1 and call 4.</p> <p>Question 4 Ability to use reports as one</p>	<ul style="list-style-type: none"> October 2017 calls focused on compliance indicators rather than child outcomes data January 2018 calls were not completed, see barrier below <p>Disaggregated by new LLA administrator:</p> <ul style="list-style-type: none"> There were two LLAs with new administrators between call 1 and call 4 who were not joined by existing staff on the calls. Their responses were excluded from the data analysis. <p><u>Barriers:</u> During the July 2017 quarterly calls, LLAs identified questions they would like to research. State team reviewed topics and identified themes. A prominent theme was analyzing COS entry scores to determine if COS module trainings were effective in decreasing the percentage of high COS social-emotional entry scores. State team designed an activity for November 2017 LLA meeting to review COS entry scores by quarterly intervals. During the east side meeting, an LLA administrator drilled down to child level detail and helped the state team identify a problem with the report being used. The COS report is an “entry by exit” report, which shows entry scores of children who had exited during the</p>

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
							<p>method to monitor COS data quality: 65% reported improvement between call 1 and call 4.</p> <p>Question 5 Ability to use the reports as one method to assess progress and make program adjustments: 57% reported improvement between call 1 and call 4.</p>	<p>identified time periods, rather than children who had entry COS scores completed during those time periods. The state data team developed a data query to pull COS entry scores during specified time periods, and the data manager is in process of cleaning the data for use during April 2018 quarterly calls.</p>
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?	<p>1) Increase in the percentage of functional outcomes related to accessing community resources is apparent on IFSPs as reflected in activities and goals.</p> <p>2) Increase in the percentage of IFSPs reviewed that include data in the 'other services'</p>	Online IFSP for newly enrolled infants and toddlers compared to previously enrolled infants and toddlers Pre/post training	Data will be aggregated by implementation sites and disaggregated by LLA and provider agency. Comparisons will be pre and post training. Data will be shared with local implementation teams and SICC data committee. Stakeholders will	Before training and 12 months after training. (report Phase III Year 3-2019)	Not yet initiated	N/A

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
			section of the online IFSP.		engage in discussion and analysis of pre and post comparisons.			
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 Annual	Data will be aggregated by implementation sites and disaggregated by LLA and provider agency. Percentage will be calculated of total number of children with approved SE assessment tool completed divided by total number of children. Data will be shared with local implementation teams and SICC data committee. Stakeholders will engage in discussion and analysis of data.	June, 2018 (report Phase III Year 3- 2019)	Not yet initiated, adjusted timeline to measure after training is completed.	N/A
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.	Periodic sampling	Outcomes will be compared pre-training and post-training. Data will be shared with local implementation teams and SICC data	April-June, 2019 (report Phase III Year 3- 2019)	Not yet initiated, adjusted timeline to measure after training is completed.	N/A

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					committee for feedback.			
Intermediate	Coaches provide support to providers on the use of PFR practices. <i>Change for Phase III, Year 3: This outcome will be removed and combined with long-term outcome below.</i>	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 Quarterly contract deliverable from UW	Data will be disaggregated by implementation site Data will be shared with local implementation teams and SICC data committee for feedback	October 2016--June 2019	Complete for Cohort 1 Met criteria: 100% of providers who have completed PFR Level 2 met criteria. Complete for Cohort 2: 100% of providers pursuing PFR Level 2 fidelity met criteria.	<u>Data as of March 15, 2018</u> <ul style="list-style-type: none"> 16 out of 16 Cohort 1 providers completed the video review section of PFR Level 2 training with a coach. 12 out of 12 Cohort 2 providers completed the video review section of PFR Level 2 training with a 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 services.	Online IFSP for newly developed IFSPs Annual	Data will be aggregated by implementation sites and disaggregated by LLA and provider agency. Comparisons will be pre and post training. Data will be shared with local implementation teams and SICC data committee. Stakeholders will engage in discussion and analysis of pre	Baseline one year before implementation; annually, beginning with Phase III Year 3 September 2018- April 2019	Not yet initiated	N/A

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
<p>Long-term</p> <p>Change for Phase III, Year 3: Intermediate</p>	<p>Families and children will receive culturally appropriate and evidence-based social-emotional services.</p> <p>Change for Phase III, Year 3: This outcome will be re-written to combine with outcome above and reflect measurable activities. The new intermediate outcome will be: Providers implement strategies to promote positive social-emotional development</p>	<p>Do providers implement PFR practices with fidelity?</p>	<p>100% of providers using the PFR with families will meet criteria for videotaped home visit.</p>	<p>Video observation review and reflection Quarterly contract deliverable from UW</p>	<p>and post comparisons.</p> <p>Data will be disaggregated by implementation site Data will be shared with local implementation teams and SICC data committee for feedback</p>	<p>October 2016--June 2019</p>	<p>In process for Cohorts 1 and 2</p> <p>Cohort 1: 94% of providers who have completed PFR Level 2 met fidelity.</p> <p>Cohort 2: report Phase III, Year 3</p>	<p><u>Data as of March 15, 2018</u></p> <ul style="list-style-type: none"> 15 of 16 Cohort 1 providers completed PFR Level 2 and met criteria for videotaped home visit to reach fidelity. Currently at 94%. One provider did not reach fidelity the first time through and is receiving support from her agency trainer to go through the 10-week fidelity process with another family. 3 of 12 Cohort 2 providers reached fidelity to PFR Level 2.
<p>Long-term</p>	<p>Families will have increased capacity to support and encourage their children’s positive social-emotional development.</p>	<p>(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?</p>	<p>(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</p>	<p>Early Childhood Outcomes Family Outcomes Survey-Revised (addition of a few items) Annual</p>	<p>Data will be aggregated statewide and disaggregated by LLA and implementation sites. Data will be compared between implementation</p>	<p>September 2018- June 2019</p>	<p>Not yet initiated</p>	

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
			implementation of their child's IFSP strategies.		sites and non-implementation sites. Data will be shared with LLAs, local implementation teams, and SICC data committee for feedback			
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 Annual	Data will be aggregated statewide and disaggregated by LLA and implementation sites. Data will be compared between implementation sites and non-implementation sites. Data will be shared with LLAs, local implementation teams, and SICC data committee for feedback	Baseline one year before implementation; annually through June 2019	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 Annual	Data will be aggregated statewide and disaggregated by LLA and implementation site.	April 2018-June 2019	Not yet initiated	N/A

Attachment C

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					Data will be compared between implementation sites and non-implementation sites. Data will be shared with LLAs, implementation sites, and SICC data committee. We will engage stakeholders in discussion and analysis.			
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.	Have more infants and toddlers exiting early intervention services demonstrated an increase in the rate of growth in positive social-emotional development?	By the end of FFY 2018, 58.25% of children will substantially increase their rate of growth in social-emotional development by the time they exit the program.	Data reported for APR indicator C3, which is collected at entry and exit using the COS process Annual	Data will be aggregated statewide and disaggregated by LLA and implementation site. Data will be compared between implementation sites and non-implementation sites. Data will be shared with LLAs, implementation sites, and SICC data committee. We will engage stakeholders in discussion and analysis.	Annually, through June 2019	In process Data for FFY 16 = 55.69%	Data collected for progress in social-emotional development (Outcome A) indicate the data improved slightly but did not reach the target. The percentage of those children who entered the program below age expectations in social-emotional development and substantially increased their rate of growth improved from 55.63% in FFY 15 to 55.69% for FFY 16. The target was 56.70%.

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:

Buyse, 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.