



WASHINGTON STATE PART C STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

Phase III, Year 4



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Executive Summary

Under the leadership of the Department of Children, Youth, and Families¹ (DCYF), the Early Support for Infants and Toddlers (ESIT) program has completed Phase I (Data Analysis), Phase II (Development of Strategic Plan) and Phase III – Years One through Four (Implementation and Evaluation) of Washington’s State Systemic Improvement Plan (SSIP).

Phases I, II and III are part of a comprehensive, data-driven process for the development, implementation and evaluation of a strategic, multi-year plan to improve results for infants and toddlers with developmental disabilities and their families. This multi-year plan is one of eleven performance indicators (Indicator C-11) required by the Office of Special Education Programs (OSEP) to be included in each state’s respective State Performance Plan (SPP)/Annual Performance Report (APR). Both internal DCYF representatives and external stakeholders have been, and continue to be, directly engaged in all aspects of the Phase I, II and III activities. The State Interagency Coordinating Council (SICC) continues to practice and model expanded levels of stakeholder engagement throughout its expanded sub-committee structure. Broad agency, programmatic, community and parental involvement will continue to be at the forefront of the multi-year plan.

Washington’s State-identified Measurable Result (SiMR) is to increase the percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program. Outcome A (the % of infants/toddlers with Individualized Family Service Plans (IFSPs) demonstrating improved positive social-emotional skills) of the Washington SPP/APR is the primary performance measure. As of Phase III, Year 4 there have been 10 sites (16 agencies total) with local implementation teams who have spearheaded activities serving the following counties: (Cohort 1) Columbia, Walla Walla, Island, Pierce, Yakima, (Cohort 2) Clark, Klickitat, Pacific, Skamania, Chelan, Douglas, Grant, Thurston, Grays Harbor, South Mason, (Cohort 3) Kitsap, North Mason, Lewis, Garfield and Whitman.

To date, SSIP implementation sites actively engaged in many activities designed to bring Washington closer to achieving the SiMR. The results of key activities for this year are summarized below, organized by the four strands of the Theory of Action.

Professional Development

This strand is comprised of activities related to implementing evidence-based practice to support social-emotional development and local infrastructure improvements to support this ongoing work. Implementation sites supported additional staff to receive foundational training, reach fidelity and become agency trainers with Promoting First Relationships (PFR), the evidence based model used for Washington’s SSIP. As a result, providers are gaining valuable skills as measured by the Home Visit Rating Scale (HOVRS) and children and families are demonstrating an increased rate of achieved outcomes on IFSPs. Local agencies have put many infrastructure improvements in place, including enhanced professional development opportunities related to social-emotional development, reflective supervision, mentoring and new staff “onboarding” processes. The SLA is in the process of developing a comprehensive system of personnel development (CSPD) which includes enhanced statewide training for all new providers and clear

¹ Governor Inslee signed House Bill 1661 on July 6, 2017, creating the Department of Children, Youth, and Families (DCYF), which is the state’s newest agency. It oversees several services previously offered through the state Department of Social and Health Services and the Department of Early Learning. DCYF is designated as the State Lead Agency (SLA) by the Office of the Governor.

written guidance to support the implementation of rules and regulations. These accomplishments will support the achievement of the SiMR. When providers have the supports and professional development they need to offer children and families high quality services regarding social-emotional development, those children will see more positive outcomes overall.

Qualified Personnel

This strand encompasses activities completed by implementation sites to support staff to obtain endorsement with the Washington Association for Infant Mental Health (WA-AIMH). Many have obtained endorsement at levels that will allow them to become qualified to provide reflective supervision to providers across the Washington early intervention system. ESIT is committed to adhering to the standards of quality outlined by WA-AIMH and will support the infrastructure sustainability for ongoing reflective supervision for providers.

Assessment

The assessment strand reflects efforts to achieve a high quality COS measurement system at the local level and increase the level of social-emotional evaluation and assessment for children referred for services. Implementation sites have completed many activities related to the COS process this year. Newly hired providers continue to complete introductory COS training models and demonstrate good understanding of the process. ESIT staff trained site leaders to use the Child Outcome Summary Team Collaboration (COS-TC) checklist² who implemented the tool with staff to gather data regarding specific elements of the COS process. As a result, the ESIT team will collaborate with site leaders to provide individualized training support to address any areas of need identified with the tool. This continued effort to strengthen the local infrastructure of training and quality COS data collection will lead to increased confidence in the data to be used for program improvement and the achievement of the SiMR. In addition to the COS process, this strand includes outcomes regarding social-emotional evaluation and assessment. This year, implementation sites continued to use recommended tools to gather more rich information about the social-emotional development of children referred for services. This practice will support the SiMR by giving providers what they need to more effectively plan and implement services to support growth in that area, leading to more progress for children in outcome A.

Accountability

This strand encompasses many of the infrastructure improvements made at the state level with regard to governance and the collection and use of COS data. The ESIT system re-design work, described in more detail further in this report, has led to many achieved activities this year including the passage of SB 2787, completing the transfer of the ESIT program from the Office of the Superintendent of Public Instruction (OSPI) to DCYF. This bill outlines statutory changes required to support the transfer of funds for the ESIT program and a method for equitable distribution of funds was developed in partnership with stakeholders including the SICC finance committee. The ESIT team developed new contracts for the 20/21 contract year that will align authority and funding for the SLA and include preparation activities for performance based contract metrics in the 21/22 contract year. This will lead to an increased focus on quality service delivery in addition to compliance standards. The system re-design will support Washington's movement on the SiMR by streamlining the statewide system, allowing all provider agencies to benefit from consistent governance. Also this year, ESIT continued to support provider agencies statewide, including implementation sites, to collect, analyze and use high quality COS data. A new COS decision tree was developed with extensive input from a wide variety of stakeholders including providers and caregivers.

²Early Childhood Technical Assistance Center COS-TC resource page <https://ectacenter.org/eco/pages/costeam.asp>

Quarterly calls continued with a focus on professional development regarding the COS process and quality indicators of the State Child Outcomes Measurement System (S-COMS) self-assessment were completed. Strengths and opportunities were identified using the tool in partnership with stakeholders representing implementation sites and the SICCC and potential new activities will be discussed with those groups in the coming months. A high quality child outcomes measurement system at the state and local levels will affect the SiMR on multiple levels. Providers will have the support they need to collect data in a consistent and structured way that increases data quality. This increase in data quality will lead to more analysis and use for program improvement and measurement of progress for children in Washington.

1) Summary of Phase III

1.a Theory of Action and Logic Model for the SSIP, Including the SiMR

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 the SiMR and developing broad improvement strategies and a theory of action (attachment A).

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. Adjustments have been made each year to align with the progress of the SSIP work.

The theory of action guides the implementation and evaluation of the SSIP, and all outcomes and measures in the evaluation plan are aligned with the four strands of the theory of action – professional development, qualified personnel, assessment and accountability.

This year marked the fourth year of Phase III, the implementation and evaluation phase. This report summarizes the activities and accomplishments of the work done this year. The following are the current outcomes from the logic model which have been revised over the course of Phase III based on implementation data and stakeholder input:

PHASE III, YEAR 4 REPORT

Type of Outcome	Outcome Description
1. Short-term	Providers have improved understanding of Child Outcome Summary (COS) quality practices.
2. Short-term	Providers have improved understanding of social-emotional screening and assessment.
3. Short-term	Providers have improved understanding of writing functional outcomes that support social-emotional development.
4. Short-term	State Lead Agency and Local Lead Agencies ensure timely analysis of accurate data.
5. Short-term	Providers report knowledge in Promoting First Relationships (PFR) practices to improve social-emotional skills for infants and toddlers.
6. Intermediate	State Lead Agency has the capacity to enforce the responsibilities of the County Lead Agencies and Early Intervention Provider Agencies so they can carry out IDEA and related state requirements.
7. Intermediate	State Lead Agency has a quality statewide system for in-service training and technical assistance in place.
8. Intermediate	Teams complete COS process consistent with best practices.
9. Intermediate	Local lead agencies (LLAs) improve ability to analyze and use COS data.
10. Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.
11. Intermediate	Teams develop functional Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.
12. Intermediate	Providers implement practices to promote positive social-emotional development.
13. Intermediate	Agencies demonstrate systems change to support the implementation of practices to promote positive social-emotional development.
14. Intermediate	Providers use data to select relevant improvement strategies regarding the child outcome summary process and/or practices.
15. Long-term	SLA has a high quality child outcomes measurement system.
16. Long-term	Families will have increased ability to support and encourage their children's positive social-emotional development.
17. Long-term	Families and children will achieve their individual functional IFSP outcomes.
18. 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.

1.b The Coherent Improvement Strategies or Principle Activities Employed During the Year, Including Infrastructure Improvement Strategies

The ESIT system re-design work continues to move forward. The overarching desired result of this effort is to ensure 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.

This work includes transition activities related to rules, resources, regionalization and robust data. This work is taking place 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). Updates for these four areas of the work are listed below.

Rules: One of the activities designed to improve infrastructure was "Early Support for Infants and Toddlers (ESIT) clarifies roles and responsibilities of DCYF as the 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. All steps to implement this activity are complete with the exception of a revised contracting process taking place in September 2020.

House Bill 5879, reaffirms the Department of Early Learning (now DCYF) as the State Lead Agency (SLA) for Part C. The Legislature required the development and submission of a System Re-design plan in support of comprehensive and coordinated services for all children eligible for the Early Support for Infants and Toddlers (ESIT) program in accordance with part C of the Individuals with Disabilities Education Act (IDEA). Among other requirements, the proposed plan included the identification and proposal for coordination of all available public financial resources within the state from federal, state, and local sources. ESSB 6257, enacted into law in 2017, provided a framework for addressing a key action step recommended in the system design plan, which is to align state funding with statutory authority and responsibilities. Beginning September 1, 2020, Local Early Intervention Provider Agencies (EIPAs) not located within one of the four largest counties³ in the state, will be issued contracts outlining new roles and responsibilities, allocations for both federal and state funding, and ongoing monitoring and supports provided directly by SLA personnel from the new Quality Assurance and Compliance Team. ESIT program consultants will have an expanded role in helping support and clarify implementation of the new structure. This will change the current structure of Local Lead Agencies as provider agencies with the responsibility for contract monitoring within their service area. CLAs and ESIT will coordinate that responsibility in the new structure.

Resources: A significant component of the system re-design was to align funding and authority. Senate Bill 6257 required a report outlining a framework for addressing this action step, and more recently Senate Bill 2787 "Completing the transfer of the early support for infants and toddlers program from the office of the superintendent of public instruction to the department of children, youth & families" addressed statutory changes required to support the funding shift. ESIT has worked with Local Lead Agencies, the SICC finance committee and other key stakeholders on this critical component of the re-design plan. The shift is expected to take place on September 1, 2020

³ King, Snohomish, Pierce and Spokane Counties will maintain their roles as County Lead agencies (CLAs).

Regionalization: Extensive stakeholder work has occurred to ensure quality services are available for children across the state within the context of the multiple changes happening within the system. Senate Bill 2787 will ensure that the funding allocated for early intervention is distributed to maximize dollars available for services to families. In the spring of 2020, ESIT will announce a competitive bid process to award contracts to provide Part C Services throughout the state to be in place on September 1, 2020. This is a shift to a competitive process for selecting agencies who will contract directly with DCYF.

Robust Data: The ESIT Data Systems & Analysis Team (D-SAT) has continued to promote the design and development of a new updated user interface (UI) to address the end of life Silverlight application and to restructure the architecture of the data management system for full optimization. User interviews, staff-driven inquiries and system enhancement requests are currently under review to ensure proposed system business requirements and new data collection elements are responsive and aligned with user and programmatic needs. The goal of this priority initiative continues to be development and implementation of an effective and efficient data system that collects valid and reliable data for general supervision and increased state, regional and local accountability, billing activities and reporting.

In addition to the work relating directly to the system re-design, a sustainability plan outlining key SSIP activities with aligned objectives was implemented (attachment C, section VII). This plan focused on building capacity within local infrastructures to sustain the implementation of PFR training and practices as well as professional development on topics including engaging families in the COS process, writing functional IFSP outcomes and providing social-emotional assessment. Another key focus of the sustainability plan was increased numbers of providers qualified to offer reflective supervision within the ESIT system.

The ESIT team completed a number of infrastructure activities to promote COS data quality. The activities were designed to support LLAs and early intervention providers in implementing a high quality Child Outcome Summary (COS) rating process. The ESIT program 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 continued the quarterly call process with LLAs statewide to support the understanding and implementation of high quality practices. During these calls, ESIT Program Consultants provided technical assistance to LLAs on multiple aspects of the COS process including data collection, professional development and analysis. The sustainability plan included an objective to measure the quality of aspects of the local COS process using the Child Outcome Summary Team Collaboration (COS-TC) checklist. Those results are discussed in section 2.c of this report.

A new COS decision tree was developed in partnership with a wide range of stakeholder input from caregivers to providers to program directors and incorporated the talents of a graphic designer to support meaningful visual representations. The decision was made to require all providers to use the decision tree with all families to select a descriptor statement for the entry and exit COS. This requirement took effect on January 1, 2020 for all Washington provider agencies, including non-SSIP implementation sites. During the first quarter of the contract year, July-September 2019, information was gathered from individual providers regarding their current use of the decision tree and understanding of the COS process. Stakeholders were engaged in September and October to gather input on elements of a family and provider-friendly decision tree, which was then tested in November and December before releasing a final draft in January. Training was developed and implemented in January to coincide with the release of the decision tree and the requirement to use it with families. The tool will continue to be reviewed and edited as feedback is gathered regarding the usability before a final draft is issued. The descriptor statements used in Washington will also be revised during the next contract year.

Washington’s SICC has continued with four committees: data, finance, personnel and training and public policy. These committees actively worked on infrastructure activities related to the system re-design and beyond. Some of these activities included training development, partnering with higher education to support recruitment of highly qualified providers, support for agencies to effectively bill Medicaid and private insurance, and child transition guidance.

1.c 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 training materials and monthly planning calls, support for local implementation teams and facilitating the development of local plans. Implementation sites with all three cohorts have completed their formal participation in SSIP activities and are currently focused on their sustainability plans.

In Year 4, activities and timelines for all three cohorts were merged to focus on the sustainability plan. ESIT staff facilitated regular calls to discuss the status of activities, answer questions and allow the implementation site leaders to share with each other about successes and barriers.

ESIT funded training and ongoing support through the University of Washington (UW) at each implementation site for the provision of culturally appropriate evidence-based practices with Promoting First Relationships (PFR). PFR was selected as the best curriculum in Phase II after reviewing a number of evidence-based practices for alignment with 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 nonverbal 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
- Intervention planning development

PFR Level 1 Training
<p>“I SEE THE VALUE OF IT IN CHANGING THE WAY PARENTS SEE THEIR CHILDREN AND INTERACT WITH THEM”</p> <p>-JANELLE BERSCH, ESD 171</p>

PFR Level 2 Training

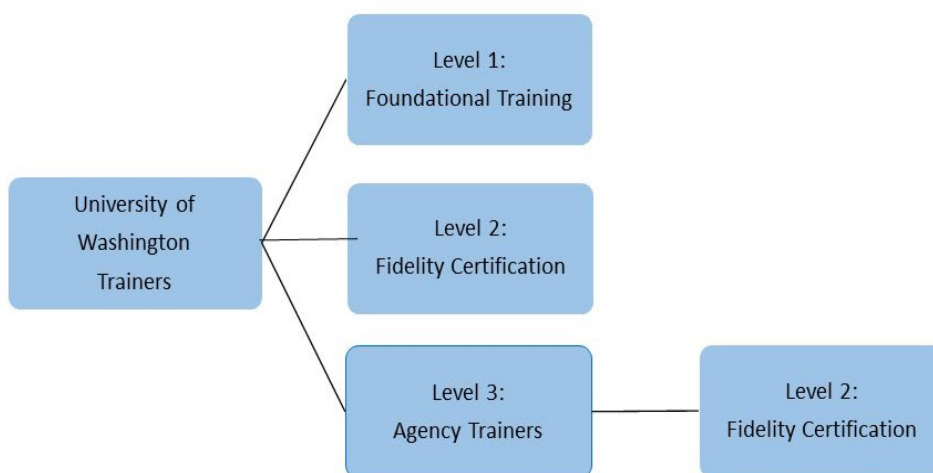
“STAFF ARE FEELING VERY SUPPORTED AND MORE EQUIPPED TO WORK WITH FAMILIES”

-KARLA PEZZAROSSO, CHILDREN’S VILLAGE

Level 2 training provides the opportunity for a select number of individuals to reach fidelity to PFR. Fidelity occurs over the course of 16 weeks and includes video review and consultation with a PFR trainer, then completing the 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 providers who reached Level 2 to fidelity to continue with their training and become agency trainers. This process requires an additional 16 hours of 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:



Providers who do not continue to Level 2 or 3 will have other opportunities for follow-up support. ESIT staff and PFR trainers developed a reference guide for agency trainers to support those with Level 1 training to retain what they learned. Some providers at each implementation site participate in reflective consultation groups, which provide opportunities for learning and reflection on supporting the social-emotional

Reflective Consultation Groups

“REFLECTIVE SUPERVISION HAS SUPPORTED THE LONGEVITY OF MY CAREER IN EARLY INTERVENTION PT. INTENTIONAL SLOWING DOWN IN A THOUGHTFUL, JUDGEMENT-FREE ZONE HELPS ME MANAGE WORK-RELATED STRESS AND PROVIDE HIGHER QUALITY, COMPASSIONATE CARE TO FAMILIES. GROUP SUPERVISION HAS FOSTERED TRUST AND COLLABORATION IN OUR ORGANIZATION. THIS ENCOURAGES PROVIDERS TO SPEAK UP AND SEEK HELP WITH ISSUES THAT NEED TO BE RESOLVED. I HIGHLY RECOMMEND IT FOR ALL WORKPLACES.” **PHYSICAL THERAPIST WITH NEARLY FOUR YEARS IN EARLY INTERVENTION**

development of the infants and toddlers they serve. This year, ESIT funded eight reflective consultation groups for providers of all three cohorts. Pierce County funded reflective consultation groups with local funds.

1.d Brief Overview of the Year's Evaluation Activities, Measures and Outcomes

In addition to the evaluation of existing outcomes, the primary focus of the SSIP this year was on sustainability for key activities for all three cohorts. The Sustainability Plan (attachment C, section VII), developed in partnership with the SICC and implementation sites, served as a guide for activities and data collection this year with an eye on the future of statewide implementation. It addressed PFR training, WA-IMH endorsement, targeted training follow up and the use of the HOVRS and COS-TC. For more information about this stakeholder process, see section 4.b of this report. The plan describes the objectives of each activity in terms of sustainability and the steps and timeline for each. Below is a summary of each activity included in the plan and the measurement objectives for sustainability.

Promoting First Relationships

Objective: Each agency will have access to an agency trainer, consistent with UW expectations, who can train at least two staff each year for Level 2. In addition, every new staff receives Level 1 training, and “refresher” materials are available. There will be opportunities for ongoing learning and professional development. Recertification for Level 2 is encouraged, but not required.

Status: Training at all three levels of PFR continue, increasing the number of providers in the field reaching fidelity to the model. Refresher materials were developed in partnership with UW to provide agency trainers the ability to continue supporting providers who received Level 1 training.

WA-AIMH Endorsement and Reflective Supervision

Objective: Each agency will have access to someone who is endorsed at category 3 or vetted at category 2 to provide reflective supervision.

Status: Providers continue to pursue endorsement, primarily at category 3. A two-day training, provided by WA-AIMH, is scheduled for April 1 for those providers who meet qualifications to provide reflective supervision. Ten providers will attend, several of whom have expressed interest in providing reflective supervision outside of their agency as well as within. This will increase opportunities for providers to access this resource as it is cost prohibitive to contract for a qualified facilitator or reflective supervision groups. In addition, a training on the benefits and use of reflective practice facilitated by WA-AIMH was held in March 2020 for implementation sites.

Training Follow Up for the Following Topics: Engaging Families in the COS, Writing Functional IFSP Outcomes and Social-emotional Assessment

Objective: ESIT will develop follow up training in partnership with SSIP sites. Each agency will receive individualized follow up from ESIT or SSIP site leadership.

Status: Collaborative planning has taken place to determine the needs of individual agencies regarding the training topics listed above. Training and materials will be provided to each agency as needed based on this planning.

Home Visit Rating Scale

Objective: All agencies will complete selected scales of the HOVRS with the updated implementation guidelines and submit data to ESIT for 10% or a minimum of three staff. All agencies will also provide HOVRS data based on self-assessment of selected scales for all staff, including those who were observed.

Status: All providers at implementation sites have completed the self-assessment using selected scales of the HOVRS, and a smaller set of observations have taken place. This data has been analyzed and is reported in more detail in section 2.a of this report. Further analysis will take place in partnership with the SICC data committee and implementation sites to determine how to provide appropriate professional development supports for continued implementation of high quality practices to support social-emotional development.

Child Outcome Summary-Team Collaboration (COS-TC) Checklist

Objective: All agencies will complete selected sections of the COS-TC with the updated implementation guidelines and submit data to ESIT.

Status: Providers at implementation sites have completed the self-assessment using selected sections of the COS-TC, and a smaller set of observations have taken place. This data has been analyzed and is reported in more detail in section 2.c of this report. Further analysis will take place in partnership with the SICC data committee and implementation sites to determine how to provide appropriate professional development supports for continued implementation of a high quality COS process.

1.e Highlights of Changes to Outcomes, Implementation and Improvement Strategy

Several changes have been made to the activities and intended outcomes. These changes are reflected in the action plan, evaluation plan, theory of action, logic model and table below.

Type of Outcome	Outcome Description	Performance indicator
Short-term Outcome (4) Outcome and Performance Indicator Revised	State Lead Agency and Local Lead Agencies ensure timely analysis of accurate data.	State will use the State Child Outcomes Measurement System (S-COMS). SLA receives a score of at least 5 for the following quality indicators: AN3, AN4 and AN5.
Intermediate Outcome (8) Performance Indicator Revised	Teams implement COS process consistent with best practices.	90% of individuals will score 87% or better on the adapted COS-TC checklist, section II, as indicated by a score of 7 out of 8. 90% of teams will score 87% or better for each outcome area on the adapted COS-TC checklist, section IV, as indicated by a score of 7 out of 8 for each outcome area.
Intermediate Outcome (12) Performance Indicator Revised	Providers implement practices to promote positive social-emotional development.	80% of providers who receive any level of PFR training and completed the Home Visit Rating Scale (HOVRS) receive a rating of 5, 6 or 7 on each of the two scales.
Intermediate Outcome (13) NEW	Agencies demonstrate systems change to support	80% of the agencies surveyed will respond with a “yes” for three of five questions

	the implementation of practices to promote positive social-emotional development.	asked regarding local strategies implemented. See Action Plan (attachment C).
Intermediate Outcome (14) Changed from Long Term to Intermediate	Providers use data to select relevant improvement strategies regarding the child outcome summary process and/or practices.	Strategies added to the local improvement plan by LLAs will be linked to L-COMS quality indicators with a rating of 5 or less.
Long-term Outcome (15) Revised	SLA has a high quality child outcomes measurement system.	SLA receives a score of at least 5 for the quality indicators of the S-COMS self-assessment: PR, DC, AN, RP, UD and EV

As mentioned in previous sections of this report, a significant addition to the SSIP this year was a Sustainability Plan. See section 1.d for details. Because this plan focused on ongoing activities, no changes were made to the action plan other than date ranges for completion.

Adjustments have been made to the logic model and action plan to reflect ESIT’s work toward a high quality COS measurement system. The first adjustment is captured with a revised outcome (4) and accompanying performance indicator. In previous years, Washington’s SSIP captured the State Lead Agency’s capacity to support provider agencies to use and analyze COS data for program improvement. Many activities supported this outcome including quarterly data calls, the use of the Local Child Outcomes Measurement System (L-COMS) and the ongoing support for ESIT staff to build data analysis skills. Because these activities have shifted slightly (see action plan) the focus is now on ensuring timely analysis of accurate data. The SSIP has moved beyond measuring the capacity of the SLA to support LLAs to use and analyze COS data and is now focused on using that knowledge to ensure the accuracy of those data. This direction is more aligned with the logic model and overall goal to improve COS data quality.

Following this short-term outcome is a revision to outcome 8, which measures the implementation of a high quality COS process at the local level and outcome 14, which is now an intermediate outcome as opposed to long-term. The change to outcome 14 was identified during a review of the logic model and is better aligned as an intermediate step toward the long-term outcome of having a high quality statewide COS measurement system. Outcome 8 measures the completion of the COS process consistent with best practices and revisions to the performance indicator are reflected in the table above. During the development of the SSIP sustainability plan, stakeholders gave input on the use of two sections of the COS-TC, II & IV, as the most applicable to the primary focus of their work on local COS measurement systems. These sections measure the provider’s ability to explain the COS process to families and build consensus for a high quality COS rating. The previous performance indicator included the use of the full COS-TC, and ESIT took feedback from implementation sites that this, in addition to other SSIP activities, was very difficult due to their own capacity to find staff time to complete. Both sections will provide data to support analysis of the impact of training and new materials developed to support provider understanding of these two aspects of the COS process. In addition, the activity related to quarterly calls with LLAs to improve their ability to analyze and use COS data was updated to include additional topics for those calls including COS purpose, data collection and COS related professional development.

Long-term outcome 15 was also revised. Previously, it measured a well-articulated purpose for Washington's COS process. The new language references a high quality COS measurement system overall which captures a more meaningful goal for ESIT. Many of Washington's SSIP activities are designed to improve the COS measurement system with a focus on improving provider understanding and increasing data quality. A new step was added to the action plan to capture the work being done to complete S-COMS quality indicators regarding Analysis, Purpose, Data Collection, Reporting, Data Use and Evaluation to identify strengths and gaps in the statewide system. This new outcome language and activity more accurately captures the direction Washington is going in terms of quality COS infrastructure.

A new outcome was added (13) to capture work done by ESIT and implementation sites to make local systems change to support the implementation of practices to promote positive social-emotional development. This important step informs on other intermediate and long-term outcomes regarding provider practice. Having information regarding the categories of local systems change to processes regarding professional development plans, reflective supervision/practice, training and mentoring further inform on the outcomes implementation sites are seeing as a result of their SSIP work. Data collected for this outcome will support statewide implementation in future years by identifying patterns of local change, ultimately moving Washington closer to the SiMR. See section 5 of this report for more detail on next year's plan to add activities to the action plan reflecting ESIT's training and technical assistance infrastructure.

The performance indicator for outcome 12 was also revised. This outcome, which measures the implementation of practices to promote positive social-emotional development, measures the activities regarding PFR training at implementation sites. Originally, the performance indicator was to measure provider responses to a survey given one year after they received Level 1 PFR training regarding their use of learned strategies. The current performance indicator uses two scales from the HOVRS tool. Two scales were selected in partnership with implementation sites for their alignment with PFR. Similar to the COS-TC, two scales were selected as opposed to the full tool to make this activity manageable for providers. This new performance indicator will provide much richer information, as measured by self-assessment and validated by observation, regarding how PFR has influenced provider practice.

In addition, the action plan includes steps to implement training follow-up related to activities regarding high quality COS rating processes at the local level, social-emotional screening and assessment and writing functional IFSP outcomes. ESIT staff and implementation site leaders identified gaps in practice as compared to training content from the start of each cohort. The additional activity will include revisiting previous training materials or developing something new depending on the individual needs of the sites, and providing support to staff through ESIT or site leaders.

2) Progress in Implementing the Key Activities of SSIP, Including Measurable Outcomes and Resulting Data

The following is a detailed description of the implementation of key activities from the Improvement Plan (attachment C, section B) and intended outcomes from the evaluation plan (attachment C, section C.b) organized by Washington's Theory of Action strands.

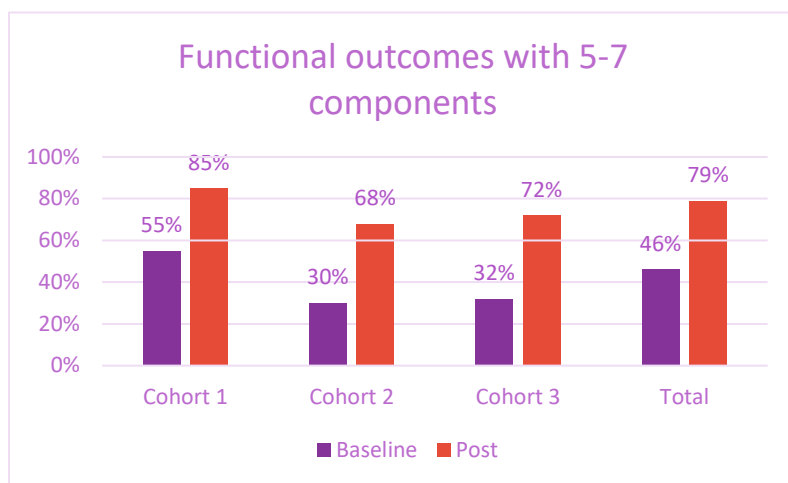
This section includes the following:

- Description of SSIP implementation progress
- Data on implementation and outcomes
- Data quality issues

For information regarding data sources, data collection procedures and timelines, sampling procedures and data comparisons see the evaluation plan (attachment C, section VI.C.b).

2.a Professional Development

Activity 10: ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development [Practice].



Status: This activity is composed of several steps including the development of a practice guide and the development and implementation of training on writing functional outcomes. All of these steps have been completed according to the projected timeline. A sampling of post-training outcomes for Cohort 3 was pulled and reviewed for the presence of seven components including (1) necessary/functional, (2) real-life contextual settings, (3) discipline-free, (4) jargon-free, (5) positive, (6) active, and (7) context of a relationship. ESIT staff pulled data based on a yearlong date range beginning three

months after training. Data indicate that 72% of outcomes reviewed met the criteria; five of seven components were present. This brings the total rate for all three cohorts to 79%. This is a significant increase from the baseline of 46%. ESIT also conducted analysis on whether or not the specific component regarding development within the context of a relationship was present in the outcomes. This component was highlighted during the training and those data indicate close to a 10% increase in the appearance of that component. While Washington met the performance indicator for this outcome overall, the ESIT team will use these results to inform further training to continue to improve the quality of IFSP outcomes.

ESIT staff conducted individual meetings with each implementation site to discuss successes and barriers for their staff when writing functional IFSP outcomes. Key elements from the original training were reviewed and areas of need were identified. Many reported satisfaction overall with the quality of their outcomes and feel that most include all seven components described above. Several requested training and TA support from ESIT on this topic. Interestingly, all of these sites had some of the highest rated outcomes when reviewed by ESIT staff. This correlation could mean these agencies are particularly focused on functional outcomes and continue to see opportunity for growth. Of those who did not request direct support, most have a process in place for ongoing staff training and outcomes review. Additional follow-up may be needed following this report to look closer at those sites who has lower rated outcomes as indicated by ESIT review. There may be differences in how the sites are reviewing their own outcomes. Perhaps they are not using the review tool developed by ESIT or considering all seven components in their review. It is also possible aspects of their internal process for developing outcomes is not aligned with ESIT’s expectations. These agencies need further support and guidance to continue to improve. New steps to achieve activities regarding high quality COS rating processes (activity 3) and developing functional IFSP outcomes (activity 10) to address the training follow-up activities that will take place in the coming year.

The ESIT team, in partnership with stakeholders, took steps to evaluate the statewide system for in-service training and technical assistance. Facilitated by national TA providers, the group completed quality indicator PN7 of the ECTA systems framework self-assessment tool. While the performance indicator was not met, the group identified many strengths including individualized in-service learning opportunities, much of the professional development offered by ESIT is aligned with national professional organization and state personnel standards, and a variety of TA opportunities offered to providers. Areas that are in need of particular attention include finalizing a Comprehensive System of Personnel Development (CSPD). The ESIT team is participating in a TA cohort to support this work. Another area for improvement is to coordinate in-service personnel development across early childhood systems and delivered collaboratively. This is happening on different levels both locally and statewide and more work will be done to create a coordinated system overall.

Data:

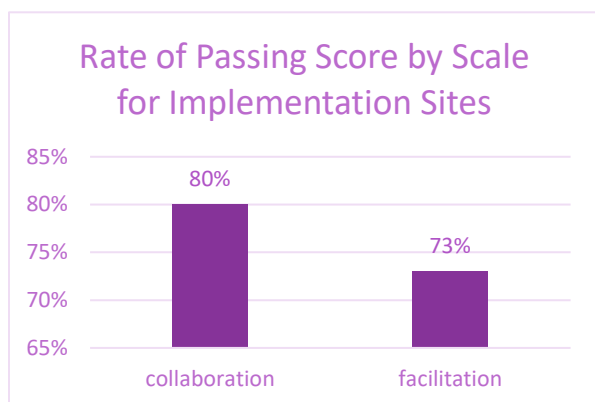
Intermediate Outcome (7)	Performance Indicator	Result
SLA has a quality statewide system for in-service training and TA in place.	SLA receives a score of at least 5 for the quality indicator PN7 of the ECTA Center System Framework.	Did not meet indicator PN7: rating of 4
Intermediate Outcome (11)	Performance Indicator	Result
Teams develop functional IFSP outcomes that support social-emotional development.	70% of sampled goals meet criteria as a functional outcome.	Outcome Achieved Implementation sites: 79% Cohort 1: 85% Cohort 2: 68% Cohort 3: 72% Baseline: Implementation sites: 46% Cohort 1: 55% Cohort 2: 30% Cohort 3: 32%
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan))		
One step toward consistent, coordinated training will be complete by the end of this contract year and will be added to the action plan in Year 5. A new system for training new early intervention providers in Washington will be implemented beginning July 2020. All new providers will receive two levels of training; a series of foundational level modules covering the federal and state requirements, and regulations followed by five virtual trainings going more in depth on key aspects of providing early intervention in Washington. Topics include ESIT guiding principles, evaluation and assessment, the COS and writing functional IFSP outcomes. It will also include a full day training on communication, meeting facilitation and challenging conversations. This will support a consistent message regarding statewide expectations and key strategies for implementing high quality services.		

Data limitations: There were no data limitations identified by internal or external stakeholders.

Activity 11: ESIT ensures training and ongoing supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices [Practice].

Status: This activity describes the work done to implement evidence-based practices with PFR. Based on qualitative data gathered by implementation sites and providers, this training has been very well received. Each step needed to implement this activity is either complete or ongoing. This year 41 providers from all three cohorts were trained at Level 1. The data in the table below indicates that 100% of providers who attended the Level 1 training felt it provided them with useful knowledge and skills (outcome 5). For all Cohorts to date, 39 providers have reached fidelity to the practice at Level 2, 10 of whom were trained by Level 3 agency trainers. Additionally, eight have completed Level 3.

This was the first year data were collected to measure the actual implementation of PFR practices. The Home Visit Rating Scale was used during observation and self-assessment by providers at implementation sites and data was submitted to ESIT. Two scaled of the HOVRS aligned with PFR practices were used. Guidelines for the use of the HOVRS for providers who received PFR training included observations for 10% or a minimum of three providers at each implementation site agency and self-assessment for all staff. The results indicate that the scores from the observations support the validity of the self-assessment data due to even distribution of scores across both types. Data reported in the table and charts below reflect the results of the self-assessment scores.



73% of providers at implementation sites who received PFR training reported a score of either 5, 6 or 7 for scale 3. This scale reflects skills regarding the home visitor’s facilitation of the caregiver-child interaction. According to the authors of the tool, a high score indicates the provider “elicits and encourages positive, responsive, developmentally supportive caregiver-child interactions⁴.”

80% of providers reported a score of either 5, 6 or 7 for scale 4. This scale reflects skills regarding the home visitor’s collaboration with caregivers as partners. According to the authors of the tool, a high score indicates the provider “supports caregiver(s) in [a] primary teaching role by increasing caregiver competence and confidence without interrupting or intruding between caregiver and child⁵.”

A new outcome (13) was added this year to capture the infrastructure improvements made by implementation sites to support the implementation of practices to promote positive social-emotional development. Each implementation site leader completed a survey in January 2020 and responses indicate that most have implemented change within their agencies in terms of more focused professional development, reflective practice and mentoring. Some have added new positions specifically designed to support this work, including dedicated HOVRS observation and follow-up support. Others reported an increased focus on parent coaching and reflective supervision for staff. Additional training agencies have accessed outside of SSIP include trauma-informed care, Play Project and other social-emotional development

⁴ Roggman, L. A., Cook, G. A., Innocenti, M. S., Jump Norman, V. K., Boyce, L. K., Christiansen, K., & Olson, T. L. (pending). *The Home Visit Rating Scales-3*. Baltimore, MD: Brookes.

training with certified infant mental health specialists. It is evident that these sites see the value in supporting staff to gain valuable skills that will enhance the quality of services they provide to children and families.

PFR is designed to increase the capacity of the family to meet the social-emotional needs of their child (outcome 16). This area of development is foundational to all other domains, and ESIT’s logic model reflects the correlation between providers using PFR and families achieving their IFSP outcomes (outcome 17). Data in support of outcome 17 demonstrates an overall increase in the percent of families who achieve their IFSP outcomes for implementation sites. This is a result of a decrease for cohorts 1 and 3 and an increase for cohort 2. A question remains regarding how much impact aspects of those sites have on the rate of outcomes achieved. These aspects include, but are not limited to, the makeup of the staff in terms of discipline, whether the program is more clinical in nature, the average number of IFSP outcomes written per IFSP for each site, the average length of those outcomes and the focus of the outcomes in each IFSP. ESIT, with stakeholder support, will determine the best way to analyze these results to inform activities moving forward.

Data:

Short term Outcome (5)	Performance Indicator	Result
Providers report knowledge of PFR practices to improve social-emotional skills for infants and toddlers.	90% of participating providers report having adequate knowledge of PFR practices by answering 4 or 5 to the following question: This Promoting First Relationships training provided me with useful knowledge and skills.	Outcome achieved. 100% of participants gave a score of 4 or 5.
Intermediate Outcome (12)	Performance Indicator	Result
Providers implement practices to promote positive social-emotional development.	80% of providers who received any level of PFR training and completed the HOVRS received a rating of 5, 6 or 7 on each of the two scales.	Did not meet indicator. Scale 3 (facilitation of caregiver-child interaction) Implementation sites: 73% Cohort 1: 72% Cohort 2: 81% Cohort 3: 72% Scale 4 (collaboration) Implementation sites: 80% Cohort 1: 85% Cohort 2: 81% Cohort 3: 70%
Intermediate Outcome (13) NEW	Performance Indicator	Result
Agencies demonstrate systems change to support the implementation of practices to promote positive social-emotional development.	80% of the agencies surveyed will respond with a “yes” for 3 of 5 questions asked regarding local strategies implemented.	Outcome achieved. Q1: 90% Q2: 80% Q3: 80% Q4: 90%

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	<p>With regard to strategies to promote positive social-emotional development, has your agency...</p> <ol style="list-style-type: none"> 1. Changed the way professional development plans are used? 2. Added ongoing reflective practice for staff? 3. Added other trainings to support professional development? 4. Changed anything about the agency “onboarding” process for new staff? 5. Added new elements of mentoring for staff? 	Q5: 80%
Long term Outcome (16)	Performance Indicator	Result
Families will have increased ability to support and encourage their children’s positive social-emotional development.	<p>(1) Increase in the percentage of families that report an increased capacity to help their child develop and learn.</p> <p>(2) 80% of families report engagement in the implementation of their child's IFSP strategies.</p>	ESIT is currently in the process of updating the family outcome survey to include questions to measure this outcome.
Long term Outcome (17)	Performance Indicator	Result
Families and children will achieve their individual functional IFSP outcomes.	Increase in the percentage of outcomes met within the identified timelines.	<p>Outcome achieved.</p> <p><u>Baseline</u> Implementation sites: 17% Cohort 1: 20% Cohort 2:12% Cohort 3: 15%</p> <p><u>Post training</u> Implementation sites: 18% Cohort 1: 19% Cohort 2:17% Cohort 3: 14%</p>
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan)		
ESIT, with support from implementation sites, developed data collection sheets to capture the results of the HOVRS. These sheets included information about the individual completing the tool to allow for in depth analysis based on factors including discipline, years in the field, and level of PFR training.		

Data limitations: There was feedback from some implementation sites that the questions asked to measure outcome 13 were not specific enough to lead to accurate responses. Stakeholders will review these questions

to determine if edits are needed. As mentioned above, ESIT needs to complete further analysis to interpret the results for outcome 17. The evaluation report calls for annual reporting of these data, however, due to the unclear aspects mentioned above, more conversation with stakeholders will determine how we pull and analyze those data from the DMS. ESIT did not receive HOVRS data from every implementation site and efforts will continue to collect it in order to complete the data analysis.

2.b Qualified Personnel

Activity 8: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement [Practice].

Status: ESIT has provided scholarship funds for providers at implementation sites to apply for WA-AIMH endorsement. In Year 4, four providers obtained endorsement at category 2. This brings the total to 16 at category 2, and one at category 3.

ESIT's goal is for each SSIP site to have access to someone who can provide ongoing reflective supervision to their program. To support this objective, ESIT planned to host two trainings provided by WA-AIMH in March 2020. The first training was to be an overview and introduction to the concept of relationship-based, reflective practice and how this supports work with infants, young children and families. Providers learn strategies for incorporating reflection into their everyday practice. The second training was to be a two-day training designed for professionals who have participated in ongoing reflective supervision and want to be Reflective Supervisors themselves. The training covers skills and best practices based in part on the Region X Reflective Supervision Guidelines for Home Visiting Programs. A monthly reflective consultation peer group to support providers as they put their reflective supervision skills in place with their team follows the training. These two trainings were cancelled due to Washington's inability to gather in large groups to slow the spread of the Coronavirus (COVID-19). ESIT will reschedule these trainings.

ESIT also funded participation in eight additional reflective supervision/consultation groups for providers from all three cohorts, as well as a group for ESIT Program Consultants. This is a total of 36 providers receiving reflective supervision. A highly skilled reflective supervisor/consultant from UW has facilitated these groups. ESIT staff that have participated in a reflective consultation group report that the experience has been very insightful and that they have a better understanding of how the reflective process benefits providers. To date, 107 providers have received reflective supervision through the SSIP.

2.c Assessment

Activity 3: ESIT supports local lead agencies in implementing high quality COS rating processes, including engaging families in assessment [Infrastructure].

Status: Many of the steps to implement this activity are complete for Cohorts 1, 2 and 3. All steps including COS training modules, enhancements to the DMS and in-person training on engaging families in the COS process were completed within the expected timelines. Newly hired providers across the state continue to review the modules and take the required quiz, which is tracked by ESIT and verified by LLAs. The resulting data for Year 4 indicate that 87% of providers who completed the modules passed the quiz with a score of 80% or higher. These data demonstrate a strong foundation of understanding of high quality COS rating processes across the state. They also inform on areas of improvement. The ESIT team continues to develop

guidance and training opportunities to support an understanding of the COS process including the newly designed quarterly call agendas described in section 2.d of this report and the action plan (attachment C).

New steps added to this activity include the development of a new COS decision tree with training materials. This is related to performance-based contracting (PBC) efforts underway to use the decision tree with every family. The new step also supports PBC as well as aspects of the SSIP. High quality COS data is a priority for the SSIP and ESIT providers in general. Many activities in this plan are designed to increase data quality. Inconsistent COS processes across the state, including engaging the family and using the decision tree, are reflected in the COS data as reported in Phase I. It was hypothesized that COS ratings, for outcome A in particular, may not be accurate due to social-emotional assessment and COS practices. The ENHANCE Project and other national resources informed the decision to require the use of the decision tree with all families in selecting a descriptor statement. It is meant to bring structure and consistency to the process of collecting COS data. The new decision tree reflects input from families and providers of many disciplines and is in use statewide. Feedback will be collected and necessary changes will be made to ultimately create a tool that is culturally responsive and user friendly, for both families and providers.

Mid-course Correction: After review of the intended use of the measurement of outcome 1 during data analysis and review of the improvement and evaluation plans, ESIT will make a recommendation that the word “improved” be removed from the outcome language. The results of the quiz are not being compared to a baseline. This will be discussed with stakeholders and national TA.

Data:

Short term Outcome (1)	Performance Indicator	Result
Providers have improved understanding of COS quality practices.	90% of providers meet criteria for understanding COS quality practices on a quiz following modules. Criteria is passing score of 80%.	Did not meet indicator. New data this year: 87% of providers who completed the COS training passed the quiz with a score of 80% or higher.
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan))		
A new decision tree for the selecting COS descriptor statements was developed. In addition to the decision tree, training was developed and offered to providers and written guidance is currently being updated to match training content.		

Data limitations: There were no data limitations identified by internal or external stakeholders.

Activity 12: Providers within implementation sites participate in coaching activities for the Child Outcome Summary (COS) process [Practice].

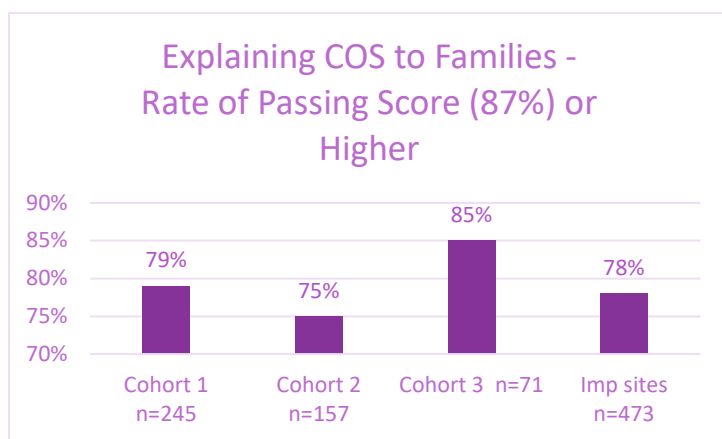
Status: ESIT and implementation sites completed all but one of the steps to implement this activity.

ESIT staff held individual calls with each implementation site to gather updated information about what their local process for engaging the family in the COS currently looks like. ESIT provided training on this topic at the beginning of each cohort. Site leaders reported overall progress in the engagement of families. Data from the DMS indicate that the majority of families are present for the COS discussion and participate in the selection of the descriptor statement. Many have put ongoing staff supports in place with new hire training and

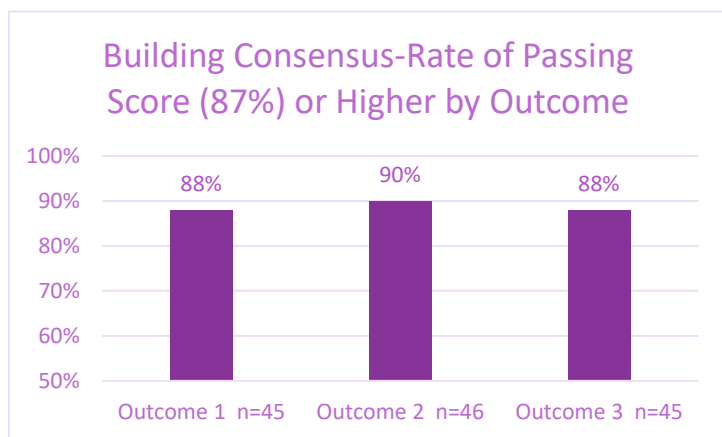
teaming opportunities. Many sites with high staff turnover have requested ESIT come to provide a “refresher” training for their entire program.

By Phase III Year 4, all implementation sites participated in training for the Child Outcome Summary Team Collaboration (COS-TC) checklist. This tool was used to evaluate the implementation of a high quality COS process. ESIT revised the guidelines for completing this tool with staff at each agency after input from the SICC and implementation sites. These guidelines include the completion of sections II and IV to measure how providers are explaining the COS process to families and building consensus for a high quality COS rating. These aspects of the process have been a focus of training and guidance throughout the SSIP.

Mid-course Correction: ESIT revised the performance indicator for outcome 8 with input from the SICC and implementation sites, and support from national TA. The COS-TC collects responses in terms of the extent to which a quality practice is being implemented (Yes, Partly, No). A point system was attached (Yes=2, Partly=1, No=0) in order to calculate a “passing score.” Sections II and IV are each comprised of four practices, each of which could have a response of yes, partly or no. It was determined that 87% was a reasonable score and does not allow for any components of the tool to have a “no” response and be passing.



Preliminary data collected for section II, explaining the COS process to families indicate 78% of providers received a passing score. Responses are for individual providers. There appears to be an even distribution of providers who are at least partly implementing each specific practice with only a few implementation sites having any “no” responses at all.



Preliminary data collected for section IV, building consensus for a high quality rating, indicate nearly 90% of teams received a passing score for each outcome area addressed. Again, the scores that were not passing came from just a few agencies. Individual follow-up will take place on these results and supports will be built in to overall technical assistance and training follow-up regarding the COS process.

Data:

Intermediate Outcome (8)	Performance Indicator REVISED	Result
Teams implement COS process consistent with best practices.	<p>90% of individuals will score 87% or better on the adapted COS-TC checklist, section II, as indicated by a score of 7 out of 8.</p> <p>90% of teams will score 87% or better for each outcome area on the adapted COS-TC checklist, section IV, as indicated by a score of 7 out of 8 for each outcome area.</p>	<p>Section II Did not meet indicator. Implementation sites: 78%</p> <p>Section IV Partially met indicator. Implementation sites: Outcome A: 88% Outcome B: 90% Outcome C: 88%</p>

Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan))

ESIT, with support from implementation sites, developed data collection sheets to capture the results of the COS-TC. These sheets included information about the individual or team completing the tool to allow for in depth analysis based on factors including discipline, years in the field and training received. A new page on the ESIT website is available, which consolidates all training materials and resources regarding the COS. The page includes the purpose statement for the COS measurement system, materials for providers and families as well as training resources including engaging families in the COS, use of the decision tree and the COS-TC.

Data limitations: Criterion-related validity was used and the observation data supports the validity of the self-assessment results for section II of the COS-TC. However, ESIT did not receive COS-TC data from three of the 16 agencies across all 3 cohorts. ESIT staff will continue to collect these data to complete a full analysis. Due to the small n for section IV results, conclusions about the distribution of yes, partly and no responses by question are limited.

Activity 9: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment [Practice]

Status: This activity is complete for Cohorts 1, 2 and 3. Steps included developing and implementing training materials regarding ESIT’s expectations for completing more in-depth, social-emotional screening and assessment for all children referred for services. ESIT provided a list of recommended tools.

Implementation sites began using these screening and assessment practices following their initial training with ESIT. Initially, many used the ASQ-SE for every child to determine the need to complete a more in-depth tool such as the DECA. At this time, the majority of sites report using the DECA for every child and bypassing the ASQ-SE. These sites also report using other tools recommended in ESIT’s Social-Emotional Assessment Practice Guide, depending on the individual child and the family or referral sources concerns. View the list of recommended tool on the ESIT website. ESIT staff attempted to analyze the performance indicator for this outcome by pulling all evaluation and assessment tools entered into the DMS for newly enrolled children at implementation sites. Those data indicated that recommended tools might not be entered into the system consistently and accurately. In speaking with several implementation sites regarding these results, they

indicated it was not clear the intent was to enter the DECA into the DMS. The data in the table below reflect the number of recommended social-emotional evaluation/assessment tools used divided by the total number of social-emotional eval/assessment tools used for initial IFSPs issued during a one-year period starting three months after SSIP training. It is possible the way these data were pulled from the DMS does not accurately measure the performance indicator. ESIT staff will review these data and the methods used to pull it from the DMS. It does not appear to match qualitative data collected from implementation sites and there may be data limitations to explore.

Mid-course correction: ESIT staff will collaborate with implementation sites and the SICC data committee to determine next steps for this outcome and may need to adjust the guidance and/or measurement and data collection method.

Data:

Intermediate Outcome (10)	Performance Indicator	Result
Providers use approved social-emotional assessments as described in ESIT practice guides.	90% of newly enrolled infants and toddlers are evaluated or assessed with the recommended tools.	Indicator not met. Implementation sites: 58% Cohort 1: 28% Cohort 2: 14% Cohort 3: 16%

Data limitations: See narrative above

2.d Accountability

Activity 1: ESIT clarifies roles and responsibilities of DCYF as Washington’s Part C lead agency to support implementation of the State Systemic Improvement Plan (SSIP) [Infrastructure].

Status: This activity includes steps outlined in the ESIT system re-design plan, which are nearly all complete. Steps reported last year were anticipated to be complete by June 2019. However, due to legislative decisions regarding the state funds for early intervention, final steps were delayed. SB 2787 has passed through the Legislature, completing the transfer of these funds and solidifying the role of DCYF as the State Lead Agency for Part C in Washington. This is an important landmark for this activity as it aligns funding with authority and brings clarity and efficiency to the statewide system. More details on the status and impact of this activity are in section 3.a.

ESIT, in partnership with stakeholders, completed the Governance section of the ECTA Center Systems Framework self-assessment tool to evaluate the SLA’s capacity to enforce the responsibilities of contractors. This is a key component of ESIT’s system re-design work that may affect the SiMR. By aligning funding with the authority of the SLA, direct contractual relationships with Washington provider agencies will be strengthened. This will support ESIT’s ability to create a more streamlined, supportive infrastructure in many areas including funding distribution, training and technical assistance, monitoring and policy/regulation development. As we work toward statewide scaled up of the SSIP activities, ESIT’s capacity to enforce the responsibilities of contractors is key to the achievement of the SiMR.

Strengths identified using the systems framework include clear roles and responsibilities of DCYF and other state partners in regulations, policies and procedures, contracts and interagency agreements. State level partnerships are strong, and the passing of SB 2787 makes system wide roles enforceable. Specific areas for growth came up for two quality elements. The first being lack of clarity for implementation in the WA Part C legal foundations. Written guidance and procedural information is available to clarify implementation, however, more is needed overall with particular attention paid to topics such as the System of Payment and Fees (SOPAF). Members of the SICC finance committee are currently working on revisions to Washington’s SOPAF policy and written guidance and training will follow. The other quality element identified as an area of needed focus is equitable access to services statewide. Some areas of the state continue to struggle to recruit an adequate number of staff/contractors to cover their service area. ESIT is moving closer to filling these identified gaps with the system re-design work, including the passage of SB 2787 and the shift from a structure with LLAs to directly contracting with the majority of ESIT provider agencies. This will support the role of DCYF as the state lead agency to support contractors and enforce contract requirements.

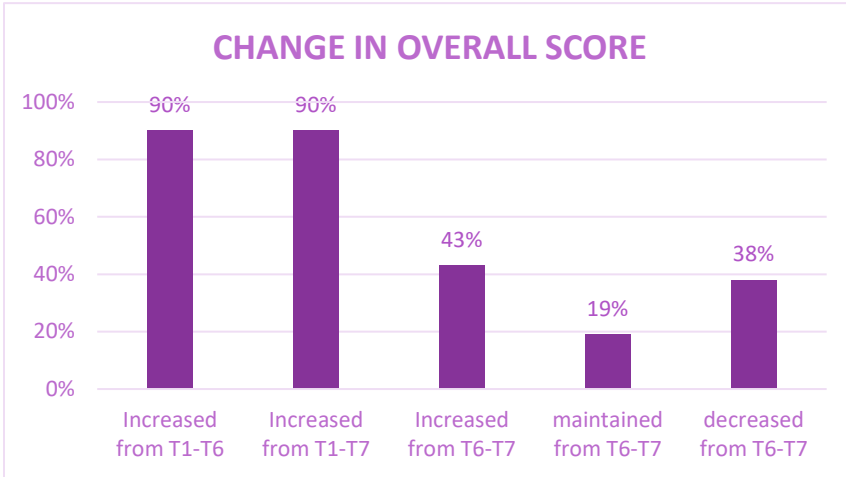
Data:

Intermediate Outcome (6)	Performance Indicator	Result
SLA has the capacity to enforce the responsibilities of contractors so they can carry out IDEA and related state requirements.	SLA receives a score of at least 5 for the following quality indicators of the ECTA Center System Framework: GV2, GV3, GV4.	Partially met indicator. GV2: 4 GV3: 5 GV4: 5
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan))		
ESIT offered extensive stakeholder input opportunities to gather input on the system re-design work, the state funding distribution in particular. A roadmap outlining the planned steps and “stakeholder intersections” and other materials are posted to the ESIT website. https://dcyf.wa.gov/services/child-dev-support-providers/esit/system-design		

Data limitations: There were no data limitations identified by internal or external stakeholders.

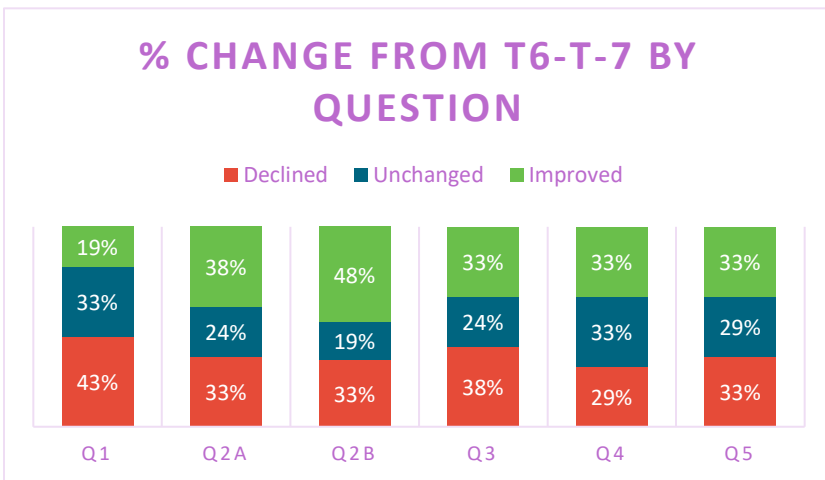
Activity 4: ESIT supports local lead agencies to analyze and monitor COS data quality [Infrastructure].

Status: Most of the steps to complete this activity are in process. The quarterly calls have focused on an individualized approach, targeting TA around COS data purpose, collection, usage and analysis. This is a shift from previous calls, which focused more directly on analyzing COS data and discussing ways to use those data for program improvement. ESIT made this determination based on the continued variance in responses to the evaluation questions. While there is overall improvement from the first call, each site continues to have specific areas of need that may not be addressed using a consistent agenda for the calls.



Based on the recommendation of national TA support, ESIT asked the evaluation questions once, rather than each quarter. This graph shows several data points of interest regarding the change in score. The first two bars represent the percent of LLAs who showed an increase in confidence/competence from the first call (T1) to the sixth (T6) and seventh (T7). T6 and T7 were 15 months apart. Overall, LLAs maintained the same level of overall improvement from the first call. The third bar represents the percent of LLAs who

increased their score from T6 to T7, 43%. The fourth bar represents the percent of LLAs who maintained or had an unchanged score from T6 to T7, 19%. The fifth bar represents the percent of LLAs whose score decreased from T6 to T7, 38%.



This graph shows the change demonstrated by a decline, unchanged or improved level of confidence/competence for each question. Optional answers for the questions below ranged from not at all competent/confident (1) to extremely competent/confident (5).

Question 1: How competent do you feel about your ability to access child outcomes reports from the DMS?

Question 2: How confident do you feel in your understanding of the data in those reports?

2a) How confident do you feel in using the reports to draw inferences about the quality of the data?

2b) How confident do you feel in using the reports to draw inferences about children’s progress?

Question 3: How competent do you feel about your ability to use the reports to analyze COS data?

Question 4: How competent do you feel about your ability to use these reports as one method for monitoring COS data quality?

Question 5: How competent do you feel about your ability to use the reports as one method to assess progress and make program adjustments?

About one third of the LLAs declined in their self-reported confidence/competence, possibly demonstrating the impact of changing the focus from data analysis and a focus on the DMS COS data reports to more targeted professional development topics relating to the purpose, collection, usage and analysis.

The other component of this activity relates to the timely analysis of accurate data. The ESIT team, in partnership with stakeholders, completed the State Child Outcomes Measurement System (S-COMS) self-assessment tool in the area of Analysis. WA has at least partially implemented all of the quality elements indicated on the tool with some fully implemented. Compared to baseline data for AN4, progress was made in terms of local ability to conduct analysis and keep records. The larger counties in particular have processes in place to support data analysis with subcontractors for local/countywide system improvements. Those areas that will be a focus moving forward include growing the ESIT data team to increase the capacity for data analysis, continue working toward an enhanced data management system to allow for more data that is easily accessible, and continued professional development for ESIT staff and local programs to check the accuracy of COS data.

Data:

Short term Outcome (4)	Performance Indicator	Result
The SLA and LLAs ensure timely analysis of accurate data.	State will use the State Child Outcomes Measurement System (S-COMS). SLA receives a score of at least 5 for the following quality indicators: AN2, AN3, AN4 and AN5.	Baseline: AN2 – QI rating of 2 AN4 – QI rating of 3 Current: Partially met indicator. AN2: Not completed AN3: 4 AN4: 4 AN5: 6
Intermediate Outcome (9)	Performance Indicator	Result
LLAs improve ability 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.	Outcome Achieved. 90% of LLAs report increased ability from the first call to the last (7 calls total).

Data limitations: The number of LLAs who received quarterly calls decreased due to four LLAs merging into two. Yakima and Kittitas are now one LLA, and Island and San Juan and now one LLA. This decreased the total number of LLAs included in the data. There were also a few new program administrators that were responding to the evaluation questions. AN2 was not completed this year to measure outcome 4. This will take place next year.

Activity 5: ESIT develops a process for using COS data to assess progress and make program adjustments [Infrastructure]

Status: Steps to complete this activity have been postponed due to LLA capacity during the COVID-19 outbreak. Contract deliverables for LLAs and subcontractors to complete the L-COMS have been postponed until July 2020. Individualized support has been provided to LLAs regarding improvement activities for program adjustment. These activities will be finalized and updated at the end of this contract year and new activities will be selected based on current L-COMS results. ESIT staff and stakeholders completed quality indicators of the S-COMS to measure the SLAs child outcomes measurement system.

Mid-course Correction: Long-term outcome 15 was revised to capture the statewide COS measurement system as opposed to the purpose alone. A clear purpose statement was developed in Year 3 and is now easily accessible on the ESIT website. The revised outcome and performance indicator reflect ESIT’s desire to think about the COS measurement system as a whole, and continue to improve using quality indicators from the S-COMS as a guide. See results for the performance indicator so far described for activity 4 above.

Data:

Long term Outcome (15) Revised	Performance Indicator	Result
SLA has a high quality child outcomes measurement system.	SLA receives a score of at least 5 for the quality indicators of the S-COMS self-assessment: PR, DC, AN, RP, UD and EV.	Partially met indicator. AN3: 4 AN4: 4 AN5: 6 PR: unavailable DC: unavailable RP: unavailable EV: unavailable

Data limitations: Revisions to the performance indicator were not complete until after the S-COMS was complete for the Analysis quality indicator. ESIT staff will bring stakeholders back together to complete the additional quality indicators.

3) Progress Toward Achieving Intended Improvements

3.a Infrastructure Changes that Support SSIP Initiatives, Including How System Changes Support Achievement of the SiMR, Sustainability and Scale-up

ESIT and implementation sites completed a significant amount of work this year with regard to infrastructure to support local sustainability and scale-up. The sustainability plan focused on increasing the numbers of providers in the field who could provide professional development and support that outside contractors currently provide. This includes increased number of PFR agency trainers and staff qualified to provide reflective supervision. In addition, ESIT sponsored HOVRS training for implementation sites to increase the number of agencies with staff qualified to use the tool for observations and reflective feedback and professional development support. Similarly, an increased number of staff became familiar with the COS-TC which is a tool ESIT will encourage the continued use of for staff observation and self-assessment. In the ongoing effort to increase COS data quality, the COS-TC, in addition to the L-COMS, is an essential part of informing local programs as well as the state on the status of COS quality practices. Both of these practices, PFR and quality COS processes, support the achievement of the SiMR. Embedding PFR into local systems will ensure ongoing training and professional development for providers who implement this evidence-based practice with families to support social-emotional development. Quality COS data is a primary focus of the SSIP which leads to important infrastructure changes. Achieving a high quality COS process that results in accurate data will provide ESIT and local providers with the confidence to use data for program improvement.

Within each of the three components of the ECTA Center System Framework identified for State Lead Agency (SLA) continuous improvements, there have been foundational infrastructure changes that have increased the SLA’s capacity to provide the administrative oversight necessary to lead meaningful systems change at the state, county and local levels. A crucial aspect of the systems change is the SLA’s ability to leverage fiduciary

resources in support of county and local lead agencies' capacity to achieve and sustain increases in the SiMR. Plans for scaling the SSIP key initiatives beyond the three original cohorts are addressed under Section 5, Plans for Next Year.

The most significant infrastructure changes are associated with the Governance component. Steps completed this year include an extensive stakeholder process to put forth recommendations to DCYF for the distribution methodology of state funds allocated to DCYF as a result of SB 2787. This bill completes the transfer of state funds to DCYF to solidify its role as the State Lead Agency. This process included a partnership between ESIT staff and the SICC finance committee as well as provider agency representatives across the state. As a result of this work, ESIT recommended an equitable distribution method that will maximize state funding for provider agencies that supports statewide access to quality services. With the passage of SB 2787 work can move forward on the reorganization of statewide early intervention services designed to increase efficiency and accountability. Programmatic oversight for early intervention service delivery has been streamlined to reflect a smaller set of regions by September 2020 to ensure consistent monitoring and support, effective communication, collaboration and training. These infrastructure improvement will support Washington's achievement of the SiMR by providing the foundation for statewide scale up of SSIP activities. See section 2.d for more detail on how these system re-design activities will support the SiMR.

In addition, there were infrastructure changes implemented connected to the Personnel/Workforce component within the SLA to support achievement of the SiMR. Efforts to develop a system of training for all new early intervention providers in Washington is underway. Currently, new Family Resources Coordinators (FRCs) complete online training modules and attend two of four in-person trainings with ESIT in their first year. In addition, they complete a full day training on relationship building and constructive communication in their second year. ESIT staff, in partnership with the SICC in-service workgroup and other targeted stakeholders, are creating a new system, which will open up training for all new providers, not just FRCs. This new training will include interactive modules and six virtual trainings within their first six months of hire. These trainings align with the ESIT competencies and reflect best practice for implementation of Part C in Washington. In addition to this new training system, a requirement for providers to use the COS decision tree was implemented (described previously in this report). The addition of decision tree training and written guidance to ESIT's training system will provide ongoing support for providers and guidance will continually be updated to reflect the needs of the field. Lastly, enhancements made to ESIT's quarterly TA calls with LLAs have provided for an individualized approach to offering TA and resources on topics related to the COS that meet each agency's needs. These changes will support a consistent, statewide understanding of key components of early intervention service delivery in Washington. These activities are key to achieving the SiMR once activities are implemented statewide. SSIP data collected so far reflects a positive impact when providers receive consistent training on topics including functional IFSP outcomes, PFR, and engaging the family in the COS. Expanding on those topics and broadening the number of providers trained will ensure consistent, high quality services to children and families across the state. See section 5 for ESIT's plan to add these activities to the action plan next year.

Changes to infrastructure linked to the Data Systems component was evident in FFY 2018. Additional staff have been hired on the ESIT team including a data analyst, business analyst and product owner. This data systems and analysis team are leading the development of a new data management system guided by user input and supported by external contractors. The new system will collect data from providers in a way that makes it easily accessible and meaningful when analyzing for program improvement regarding the SiMR and

beyond. Solving the usability issues of the system will make it easier for providers to input data and encourage the analysis and use of local data.

3.b Evidence that SSIP’s Evidence-based Practices are Being Carried Out with Fidelity and Having the Desired Effects

PFR training, as described in section 1.b, 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:

- 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 and child
- Encourage feelings of trust and security (secure base/safe haven) between the caregiver and provider
- Encourage feelings of competence and confidence in the caregiver

The following is a summary of training and fidelity status for all three cohorts:

PFR Level	Trained in Year 4	Total Trained to Date
Level 1	80	448
Level 2	3	49
Level 3	8	11

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

Phase III, Year 4 has marked the achievement of many short-term, intermediate and long-term outcomes of the logic model. Below is a summary of the progress made and the impact to the state system, organized by the strands of the Theory of Action.

Professional Development

Implementation sites have institutionalized new processes for writing functional IFSP outcomes as indicated by the results of a review of randomly selected outcomes from each implementation site. With an increase of 33% in the number of outcomes that include all seven quality components, it is evident that agencies are incorporating new practices which will lead to services directly related to the functional needs of the child and family. These agencies also continue to make it possible for their staff to participate in PFR training, growing Washington's capacity to achieve a common foundational understanding of how to support the parent-child relationship and a growing provider base qualified to provide these evidence-based practices. Results of the HOVRS indicate providers at implementation sites who received PFR training demonstrate strong coaching and reflective practice skills. This supports the caregiver's ability to meet the needs of their child and support strong parent-child interaction. One implementation site, made up of four agencies, has already begun to budget funds each year to host their own Level 1 training and most have restructured their staff structure to allow for increase capacity of agency trainers. These structural changes, along with others regarding professional development, mentoring and new staff onboarding practices have resulted in progress toward the SSIP outcome measuring the implementation of practices to promote positive social-emotional development. These changes will ultimately lead to improved program planning to address the social-emotional needs of enrolled children. Providers are more equipped to identify needs and plan for and provide more effective services to support social-emotional development, ultimately leading to the SiMR.

Qualified Personnel

In Year 4, four additional providers obtained WA-AIMH endorsement and 36 providers received reflective supervision from a qualified facilitator. Washington's work toward an increased network of providers qualified to provide reflective supervision will impact the SiMR by continuing to offer direct service providers the support they need to implement high quality services. The opportunity to reflect and share with peers in a supportive environment is beneficial for retaining high quality staff and increasing their own reflective practice with families. These reflective qualities are foundational to increasing a caregiver's ability to support their child's development. Implementation sites continue to report benefits of reflective supervision for staff which has led to the continuation of these activities.

Assessment

Providers at implementation sites continue to use recommended tools to gather more in-depth information regarding the social-emotional development of children referred for services. The most commonly used tool continues to be the DECA-IT and data indicate it is being used with just over half of the children enrolled at implementation sites. As mentioned previously in this report, those data require further analysis to ensure their accuracy. However, it is clear that children are receiving more in-depth evaluation and assessment, which will provide valuable information regarding their strengths and level of need to be used for determining an accurate COS rating and program planning.

Washington moved closer to achieving several additional outcomes in this strand. Two of these outcomes include the understanding and implementation of the COS process consistent with best practices. Results indicate a strong foundational knowledge of the COS process demonstrated by a high rate of passing scores on the COS module quiz. Additionally, results of the COS-TC indicate a high level of skill at the provider level to build consensus for a high quality COS rating as an IFSP team. This will continue to grow as providers begin to integrate the new decision tree into their process. ESIT identified an opportunity for growth regarding provider skill at explaining the COS process to families and ESIT staff and stakeholders will develop plans for

next year to address this with training and written guidance including an updated version of the Engaging Families in the COS Process practice guide.

The growing capacity of providers to implement a high quality COS process and social-emotional evaluation and assessment is supporting movement toward achieving the SiMR. With high quality data to rely on, data analysis at the local and state level will be increasingly meaningful. Local agencies will have more confidence in their data to make program adjustments and have a more accurate picture of the progress children make because of their services. An early hypothesis regarding the data analysis results in Phase I was that COS ratings may not be accurate for outcome A because information gathered for this functional area of development was not as rich as it could have been. These changes will ultimately lead to increased levels of understanding for the individual needs of children and families with regard to social-emotional development and therefore, more accurate COS ratings.

Accountability

ESIT has moved closer to achieving the outcome regarding the SSIP infrastructure activity meant to clarify roles and responsibilities of the SLA to support the implementation of the SSIP. As measured by the ECTA Center System Framework self-assessment tool, ESIT has at least partially implemented most quality indicators for legal foundations, administrative structures and enforcement of roles and responsibilities. These results reflect the impact of the system re-design work in terms of contract requirements and alignment of funding and authority. Both of which will bring Washington closer to the SiMR by increasing the ability of the SLA to enforce responsibilities and support ongoing program improvement at the local and state levels. In addition to this governance outcome result, three outcomes from the logic model measure two other infrastructure activities regarding the COS process and data analysis. Statewide, LLAs continue to demonstrate an increased level of competence and confidence in using their COS data. Results from the S-COMS indicate ESIT is very close to achieving the outcome of ensuring timely analysis of accurate data with nearly all elements of quality that were assessed being at least partially implemented. ESIT staff, with the support of stakeholders including SICC, provider representatives and national TA providers, identified elements of data accuracy and analysis that support the SiMR including support to local programs, completeness of data and improved access to data needed for thorough analysis. Again, the increasing level of understanding and ability to use COS data is supporting more accurate ratings and resulting program improvement that support quality services and an accurate picture of progress for children receiving services.

3.d Evidence that SSIP's Evidence-based Practices are Being Carried Out with Fidelity and Having the Desired Effects

Current 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 SiMR has not changed since the last SSIP submission.

Key activities and institutionalized improvements this year that affected the SiMR include an increased rate of outcomes achieved on IFSPs, high quality COS practices at the local level including engaging the family, high quality functional IFSP outcomes and more in-depth social emotional assessment.

Data collected for progress in social-emotional development (Outcome A) indicated improvement. The percentage of children who entered the program below age expectations in social-emotional development

and substantially increased their rate of growth increased from 56.74% in FFY 17 to 59.06% for FFY 18. The target was 58.25%.

Progress toward the SiMR							
	Baseline Data	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
FFY Target		56.25%	56.50%	56.70%	56.80%	58.25%	58.50%
FFY Data (Actual)	56.21%	56.38%	56.63%	55.69%	56.74%	59.06%	

- The SiMR baseline data has not changed since the last SSIP submission.
- SiMR targets have not changed since the last SSIP submission.
 - The FFY19 target was set following recommendations made by the SICC Data Committee in January 2020.
- ESIT did not use additional data to assess and describe progress toward the SiMR.
- ESIT did not identify data quality issues specific to the SiMR for the reporting period.

4) Stakeholder Involvement in Implementation and Evaluation

4.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)	February, 2019	Input on SSIP changes and sustainability plan development
Implementation sites	May and June, 2019	Sustainability Plan development
Implementation site leaders' community of practice	August, 2019 September, 2019 October, 2019 December, 2019 February, 2020	Feedback on SSIP activities: success, barriers, mid-course corrections for implementation of the sustainability plan
Implementation site, SICC and CLA representatives and national TA providers	November, 2019	Completion of the Systems Framework self-assessment and S-COMS self-assessment tools
Implementation site leaders	January, 2020	In depth training follow-up interviews
SICC	February, 2020	Input on data analysis for statewide implementation and mid-course corrections
SICC data committee	February, 2020	Input on data analysis for statewide implementation

4.b How Stakeholders Have Had A Voice and Been Involved in Decision-making Regarding the Ongoing Implementation of the SSIP

Stakeholders have been informed of the ongoing implementation and evaluation of the SSIP.

In February 2019, ESIT presented an overview of SSIP activities and progress to the SICC. The intent was to solicit stakeholder feedback on performance indicators, outcomes and mid-course corrections for SSIP activities including Promoting First Relationships, Functional Outcomes and Quarterly LLA Data Calls. SICC attendees also participated in small group discussions to provide feedback on WA-AIMH Endorsement, HOVRS, COS-TC and SSIP training activities. Stakeholder input collected from this meeting was incorporated into the development of our SSIP Statewide Sustainability Plan and helped guide changes to some of our performance indicators.

In May and June of 2019, ESIT held calls with SSIP site leaders to obtain additional feedback for the development of the Sustainability Plan. During the calls, ESIT discussed the insights and recommendations gathered about SSIP implementation thus far. SSIP site leaders and the ESIT team had rich discussions about the successes and challenges faced when implementing SSIP activities and developed recommendations for moving forward. In August 2019, a draft version of the Sustainability Plan was sent to SSIP Site Leaders to solicit additional comments and feedback. Site Leaders from all three cohorts provided ESIT with valuable information that was used to develop the final version of our SSIP Statewide Sustainability Plan.

Additionally, from August 2019 to February 2020, ESIT held several Community of Practice calls with SSIP Site Leaders to discuss any questions they had about the Statewide Sustainability Plan and to provide technical assistance for SSIP activities. Site leaders were able to share with each other their accomplishments and also any barriers they faced while implementing SSIP activities. Sites made adjustments to their local sustainability plans as needed. These calls provided valuable peer-to-peer support for SSIP site leaders and also provided ESIT with information that will be incorporated into future sustainability efforts.

In November 2019, ESIT completed the Systems Framework and the S-COMS Self-Assessment process with input from various stakeholders including representatives from the SICC, CLAs and implementation sites. The purpose of the self-assessment was to evaluate the functioning of parts of our system in the areas of Governance, In-service Personnel Development and Child Outcomes Measurement and Analysis. During the calls we reviewed each element and assessed the current status and quality of system components, including strengths and opportunities for improvement. With the guidance of National TA, we decided on a rating as a group that best described the current status of each element. Stakeholder involvement in this process was very helpful in bringing forward aspects of these systems from diverse perspectives at both the state and local level.

To gather additional feedback and guide our SSIP sustainability efforts, in depth interviews were conducted with leaders from each SSIP site during January 2020. These interviews provided insight into ongoing training needs related to Functional Outcomes, Social-Emotional Assessment, and Engaging Families in the Child Outcome Summary (COS) Process. ESIT helped sites evaluate their progress in these areas, identified their training needs, and shared training resources with site leaders. The ESIT team is currently developing a plan to provide additional SSIP training and support through site visits to programs that have requested it.

In February of 2020 the ESIT team collaborated with the SICC data committee to discuss the implementation of the sustainability plan and other SSIP activities so far. The group completed an activity to provide input on data analysis for determining which SSIP activities will warrant state wide roll out. Based on the SSIP activities organized by the theory of action strands, responses were given to the following questions: 1) What are the most critical data points moving forward as we dig deeper to plan for what to roll out statewide? And, 2) What are we looking for in order to know if this activity merits statewide implementation? What level of impact would we need to see in order to go statewide? During the February SICC meeting, the Council built upon the

data committee input with the same. Input provided by council members following the SICC meeting regarding mid-course corrections to outcomes was incorporated into the plan. See these changes described in section 1.e of this report.

5) Plans for Next Year

Washington's SSIP is an ambitious plan with many moving parts designed to achieve the key outcomes outlined in the logic model. ESIT planned to spend Year 4 immersed in the data and planning for sustainability and scale up of the plan statewide. Due to capacity issues within the ESIT team, sustainability of current activities took precedence over data analysis for statewide scale up. Year 4 marks the end of Cohort 3 and provides an opportunity to maintain activities on the sustainability plan and complete the analysis needed for scale up. ESIT gathered input from the SICC and members of the data committee on how to focus that analysis. Members were asked the following questions regarding activities in each of the four strands of the theory of action:

1. What are the most critical data points moving forward as we dig deeper to plan for statewide roll out?
2. What are we looking for in order to know if these activities merit statewide implementation?
3. What level of impact would we need to see in order to go statewide?

Recommendations made by these two groups will be included in a data analysis plan and additional activities for the action plan for Phase III Year 5. ESIT staff, implementation sites, the SICC and parent representatives will collaborate on a scale up plan to broaden the number of providers receiving training for PFR, COS process, reflective practice and supervision, writing functional outcomes and social-emotional assessment. Analysis of the variation in practices across agencies statewide will provide additional information regarding what to scale up. In the coming year, ESIT will implement significant system wide changes as a result of the re-design. These changes to contract requirements, funding structure and professional development will require a shift in resources for the SLA regarding staff time and attention. The SSIP work will depend on how these changes take hold within the system and a plan for scale up will be developed based on the progress and any unanticipated barriers. ESIT will take advantage of technical assistance to analyze the progress of these changes and the impact to the SiMR

SSIP Cohorts engaged in activities and data collection on a staggered timeline during Phase III. Data reflecting annual progress, as outlined in the evaluation plan for several outcomes, has been a challenge because of these varying timelines and comparing between cohorts and to statewide data is difficult. For example, comparing annual data reflecting percent of outcomes achieved on IFSPs for implementation sites and statewide must be done in three separate comparisons, one for each cohort. At the end of Year 4, all cohorts have completed the majority of the SSIP activities and can be combined for final analysis of implementation sites. Year 5 data analysis will be clearer between post SSIP activities and baselines (when available) as well as statewide data.

The following are plans for each of Washington's improvement strategies/theory of action strands.

Professional Development

ESIT staff, in partnership with the SICC in-service workgroup, is developing new infrastructure for high quality, consistent, statewide professional development for providers. This includes introductory modules on regulations and requirements including the COS and virtual trainings on implementing services in Washington as well as communication and leadership. Training "packages" will also be developed for ESIT staff and local leadership to use on specific topics such as engaging families in the COS process and writing functional IFSP

outcomes. ESIT will continue to contract with external resources for training on topics including PFR, reflective supervision and practice and the HOVRS. Stakeholders supported the identification of several quality elements of the ECTA Center Systems Framework. Regarding subcomponent 4 of Personnel/Workforce, in-service personnel development, increased efforts for the development of a Comprehensive System of Personnel Development (CSPD) plan will take place next year. There are other elements to the statewide system that need to be in place before a CSPD can be developed but ESIT is engaged with the Early Childhood Personnel Center (ECPC) to support this work. ESIT will propose to stakeholders a new activity to the action plan regarding the CSPD and other professional development infrastructure improvements. Steps to implement this activity include ESIT's participation in technical assistance with the Early Childhood Personnel Center (ECPC), developing a system of training for all newly hired early intervention professionals, coordinating in-service personnel development across early childhood systems and connecting the in-service training activities completed by providers to the DCYF Managed Education and Registry Information Tool (MERIT). There have been barriers internal to DCYF in adding ESIT to MERIT including the capacity of that team to address other requests within DCYF. Regarding subcomponent two of the Governance component of the framework, legal foundations, ESIT plans on continued attention to clearly written guidance on the implementation of legal foundations (e.g. statutes, regulations, interagency agreements and/or policies). All ESIT practice guides are on a schedule for revision that includes stakeholder input and alignment with training and other required forms/documents.

Most of the new modules and virtual training will be available for all new providers in July, 2020.

During the winter of 2020, SSIP sites from all cohorts were interviewed to determine their ongoing training needs related to the Functional Outcomes, Social-Emotional Assessment, and Engaging Families in the Child Outcome Summary (COS) Process training they received when they first became implementation sites. Most of the site leaders felt they were equipped to provide refresher training to current staff and train newly hired staff on these topics. A few sites asked that ESIT come out to their agencies and train their staff. These were all sites that reported to have significant staff turnover in the time since the initial training. ESIT is working on a plan to get out to the sites who requested ESIT training in the spring and summer of 2020, and to provide training materials to sites who will do their own ongoing training. These activities will be rolled into the proposal mentioned above for ESIT's professional development infrastructure.

At this point in time, data are not available to measure whether families report an increased ability to support their child's development. The data analysis plan is designed to review the Family Outcomes Survey for those who received PFR from a provider who had reached fidelity to the practice. The family survey is under revision and questions will be added to capture impact of PFR trained providers on the families ability to support their child. Additional measurement will take place to ensure PFR is being implemented with fidelity using the HOVRS. This tool is also featured in the preparation for performance based contract metric. Several training opportunities to learn to use the tool for observations will be offered in the coming year and the ESIT team will be planning for the most effective way to implement the tool. Results from HOVRS data collected in Year 4 indicate a potential need to follow up regarding practices captured in both scales. Further analysis of scores by level of PFR training, years in the field, discipline and other factors will take place in the spring and summer of 2020 to identify the focus for follow up and improvement. ESIT will collaborate with UW PFR trainers to interpret the results.

Qualified Personnel

ESIT will continue to support providers within implementation sites to obtain WA-AIMH endorsement, with an emphasis on staff who plan to obtain training to become qualified to provide reflective supervision. This two-day training and an additional three-hour training on reflective practice with WA-AIMH was scheduled for April, 2020, and will be rescheduled due to social distancing requirements as a result of the COVID-19 outbreak. ESIT will evaluate the feedback of attendees and their subsequent provision of reflective supervision to determine how to allocate resources moving forward.

Assessment

Washington had a goal last year to develop a COS learning community for providers to take advantage of as needed. This was not able to happen and planning will occur next year to develop a monthly or quarterly webinar designed to be a forum for discussion on COS related topics where providers can learn how to implement best practice from each other as well as the ESIT team. Action step 12.f of the Improvement Plan regarding use of aggregate results to determine professional development needed related to the COS will be addressed in the coming year. With an effective data collection/measurement system in place, the ESIT team will analyze results submitted to determine next steps for support to the field.

Additional efforts are needed to track the number of newly enrolled children who have been evaluated/assessed with recommended tools. ESIT staff will work with implementation sites and the SICC data committee to determine the best way to move forward. Qualitative data suggests that the majority of providers used the ASQ-SE or DECA for all newly enrolled children, which does not match with quantitative data from the DMS. These data are an essential part of evaluating the impact of in-depth social emotional assessment on the SiMR.





Accountability

This coming year will begin to show the impact of a significant amount of work captured in this improvement strategy including the shift of funds to the SLA, new contracts with provider agencies as well as other local level impacts related to the system re-design plan. All of this will support the SLA's ability to support quality and accountability within Washington's Part C system.

Continued work in this area for next year includes improvements to the quarterly calls with contractors. The ESIT team will continue to receive national TA support from the ECTA and DaSy Centers to continue developing internal data analysis skills and to create a system for providing effective external data analysis training and support. Provider agencies, with support from ESIT Staff, will develop new Local System Improvement Plans following the submission of the L-COMS self-assessment and other monitoring deliverables in July 2020. Closing out current plans will allow ESIT staff to analyze the progress that was made on selected activities. This will provide valuable information for assessing the impact of the improvement activities on the SiMR.

As mentioned earlier in this report, equitable access to services statewide was identified as an area of focus for next year within the Governance subcomponent 3, administrative structures. The system re-design work including the funding shift and updated contracting process will support this component. The SICC recruitment and retention workgroup has collected information to paint a picture of the workforce landscape and those data will be analyzed to learn more about what the gaps are and the reasons behind them.

Washington State Part C Theory of Action

Strands of Action	<u>If</u> DCYF/Early Support for Infants and Toddlers (ESIT)...	<u>Then</u> Local Lead Agencies and/or Early Intervention Program Administrators...	<u>Then</u> Early Intervention Providers...	Then	Then
 Professional Development For Early Intervention	...enhances the statewide system of professional development for early intervention services and designs a system of sustained follow-up support to ensure practices are implemented with fidelity...	...will assure ongoing support and supervision of the personnel who are providing culturally appropriate, evidence-based services for children with social-emotional needs...	...will create high quality, functional IFSP outcomes and strategies that support social-emotional development and social relationships, and implement evidence-based practices, including coaching parents and caregivers, to address social-emotional needs of all children...	...the State Lead Agency will have a well-articulated purpose for its Child Outcomes Measurement System... ...providers will use data to select relevant improvement strategies...	... there will be an increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills, including social relationships, by the time they exit the early intervention program.
 Qualified Personnel	...strengthens the expertise of current early intervention personnel to become infant mental health informed...	...strengthens the expertise of current early intervention personnel to become infant mental health informed...	...strengthens the expertise of current early intervention personnel to become infant mental health informed...	...families will have the increased ability to support and encourage their children's positive social-emotional development... ...families will achieve their individual IFSP outcomes...	
 Assessment	...enhances statewide implementation of high-quality functional assessment and COS rating processes...	...will provide ongoing support and supervision of the implementation of high quality, functional assessment and COS rating processes...	...will (1) use appropriate assessment tools to identify infant or toddler social-emotional needs, (2) use multiple sources of assessment information, (3) include families in both the assessment and COS rating processes and (4) use Informed Clinical Opinion to determine eligibility in the social-emotional domain...		
 Accountability	...the State Lead Agency will have a high-quality data system that reflects the purpose of the COS process...	...will review and utilize COS reports to determine if (1) training is needed to improve data quality, (2) children are making sufficient progress in their early intervention program and (3) make program-level improvements as appropriate...	...will provide accurate and consistent COS data, assess progress of children served and make practice adjustments...		



Draft Washington Part C State Systemic Improvement Plan Logic Model

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

