WASHINGTON STATE PART C STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III, YEAR 5

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

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FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR) Optional Template

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR). (Please limit your response to 785 characters without space).

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.

Has the SiMR changed since the last SSIP submission?   No

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space).
NA

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Baseline Data: 56.21%

Has the SiMR target changed since the last SSIP submission?   No

FFY 2018 Target:	58.25%	**FFY 2019 Target:**	58.50%
FFY 2018 Data:	59.06%	**FFY 2019 Data:**	61.11%

Was the State's FFY 2019 Target Met?   Yes

Did slippage[1] occur?   No

If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space).
NA

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR?
Yes

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR. (Please limit your response to 1600 characters without space).
This year, the SLA collected data used to measure progress toward outcomes. Implementation sites continued to receive training in all levels of Promoting First Relationships (PFR), the evidence based practice being implemented in Washington. Training was provided to one hundred and sixteen at level 1, six at level 2 and three at level 3 from April 2020 to March 2021. Implementation sites continued to complete observations and self-assessments using the Home Visit Rating Scale (HOVRS). The results were collected to measure the

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[1] The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:

1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
    a. It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
    b. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
    a. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
    b. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

implementation of PFR specifically related to the facilitation of the caregiver-child relationship and collaboration with caregivers as partners. This intermediate outcome has been achieved with more than 80% of providers who completed the HOVRS receiving a score of 5, 6, or 7 on two scales of the tool. This indicates a high level of skill for those who have received PFR training in supporting families to address their children's social-emotional development needs. The SLA continues to analyze Child Outcome Summary (COS) data entered into the DMS by providers statewide with a focus on the distribution of COS ratings 6 and 7. The Local Child Outcomes Measurement System (L-COMS) self-assessment results were collected from all ESIT provider agencies. These data are being reviewed by the provider agency and their ESIT program consultant for local improvement activities and will be analyzed further to measure outcomes on the logic model this coming year. Data continues to be collected as new providers statewide complete introductory COS training modules and demonstrate their understanding through a quiz. This short term outcome was achieved this year. Ninety-eight percent of providers who took the quiz passed with a score of 80% or higher.

The Devereaux Early Childhood Assessment (DECA) results for children referred to the ESIT program were tracked using the Data Management System (DMS) as well as the e-DECA system which offers online scoring and reporting for the tool. Updated qualitative data was collected during a stakeholder call regarding the governance and personnel and workforce components of the systems framework.

Did the State identify any provide describe of general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period?
No

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space).
Nothing new since last reporting period.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period?
Yes

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (Please limit your response to 3000 characters without space).
The most significant SSIP related data submission for implementation sites were HOVRS results. They reported capacity challenges for providers and supervisors to complete home visit observations as well as collecting self-assessment results. Even with flexibility from the SLA, some were overwhelmed by the response requirements during the pandemic which impacted their ability to provide all the data requested. Data was submitted by most implementation sites for a smaller number of providers than the previous year. This impacted the completeness of the data set. Another aspect of HOVRS observations impacted by COVID-19 was the ability for providers and supervisors to record sessions. Conflicting guidance regarding the security of video sharing and storage from different sources led to confusion and may have led to fewer video recorded observations. The SLA is currently working to clarify data security requirements for recordings. The Pandemic forced providers and families to make the shift to virtual services very quickly. While Washington providers rose to the challenge and began engaging families in a number of ways, challenges related to this quick shift may also affect the reliability of the HOVRS observations. Observations and self-assessments may have happened with providers during their transition to virtual service delivery and the scores may not truly reflect

their skills. The SLA provided guidance regarding tele-practice and alternate methods of service delivery to mitigate these challenges.

One of the more significant COVID-19 impact to SSIP data may be virtual evaluation and assessments. These critical aspects of information gathering that support the selection of a COS rating may be negatively affected by using tools that were not designed to be administered virtually. The reliability of the results of these evaluations and assessments could lead to less valid COS ratings, progress categories and SS1 data. Efforts to mitigate this include guidance on tools best suited for virtual administration as well as training opportunities on virtual evaluation and assessment and other resources provided by the SLA and ESIT Provider Agencies. Another result of COVID that may affect the validity of COS data is the shift in priorities for families that may have led to lower engagement and ability to participate in services. These data will be analyzed over the next few years to see the difference in progress categories and SS1 for children enrolled during this pandemic.

Ultimately, the shift in priorities for SLA staff and providers in the field (working from home, providing virtual services, caring for our own children who are unable to attend school in person) had a significant impact on the completeness of the data analyzed this year. Washington's Phase III Year 4 report included plans for extensive data collection and analysis in year 5 that was not able to happen as planned.

Section B: Phase III Implementation, Analysis, and Evaluation

Is the State's theory of action new or revised since the previous submission?
No

If "Yes", please provide a description of the changes and updates to the theory of action (Please limit your response to 1600 characters without space).
NA

Did the State implement any new (previously or newly identified) infrastructure improvement strategies during the reporting period?
No

If "Yes", describe each new (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).
NA

Provide a summary of each infrastructure improvement strategy that the State continued to implement in the reporting period, including the short-term or intermediate outcomes achieved (Please limit your response to 3000 characters without space).
Strategy: Enhance the statewide system of personnel development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Work toward a more robust system of personnel development (CSPD) resulted in new introductory training modules, which are required for all new providers and local program administrators in Washington starting 7/1/21. Providers access these modules through a new training portal maintained by the Department of Children, Youth, and Families (DCYF). The intermediate outcome measured with regard to this strategy is that the SLA has a high quality system for in-service training and technical assistance in place. This outcome has not yet been achieved. Stakeholders gathered to complete an updated review of the ECTA Center System

Framework quality indicator Personnel and Workforce (PN) 7. Analysis of the results indicate a continued overall rating of 4. The SLA made specific improvements; however, as Washington continues to work on the development of a CSPD, this outcome will likely be achieved.

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

The SLA continued activities to grow sustainability at the local level for reflective supervision. Providers at implementation sites had ongoing access to reflective supervision consultation groups, hosted by qualified professionals through WA-AIMH. Twenty-five providers at implementation sites were offered training to become qualified to lead their own groups. There is not a specific outcome related to this activity currently being measured on the logic model. This infrastructure improvement will support providers at implementation sites to have the capacity for personal and group reflection as they work with families to understand and support the social-emotional development of their children. The sustainability of the local infrastructure for reflective supervision will support all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in all outcome areas.

Strategy: Enhance statewide implementation of high-quality functional assessment and COS rating processes.

The SLA continued implementation of a newly developed COS decision tree and follow up survey to track its use and gather feedback from direct service providers. The survey data indicate that 79% of providers report using the decision tree in some capacity and 52% report using it with 80-100% of the families on their caseload. Qualitative data include suggestions for more family-friendly language and more resources to support providers in explaining the COS process to families.

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

New contracts are in place between DCYF and ESIT Provider Agencies (EPAs) and County Lead Agencies (CLAs) providing a direct contractual relationship and clear line of authority. The largest source of funding for the ESIT program has shifted from the Office of Superintendent of Special Instruction (OSPI) to DCYF. This enables the SLA to coordinate funding sources for the statewide system of services. Washington's intermediate outcome that the SLA has the capacity to enforce the responsibilities of contractors to carryout IDEA and related state requirements was achieved. Internal and external stakeholders documented improvement in all three quality indicators measured (GV2, 3, & 4) with QI ratings for GV2 and 4 increasing from November, 2019.

Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please limit your response to 3000 characters without space):
Strategy: Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

Outcomes measured this year related to this strategy include implementation of PFR, the evidence based practice. The measurement of the outcome related to PFR uses the HOVRS to determine the level to which providers are implementing practices to promote positive social-emotional development. This intermediate outcome has been achieved with more than 80% of providers who completed the HOVRS receiving a score of

5, 6, or 7 on two scales of the tool. These data indicate a high level of skill among providers with PFR training which supports the continuation of the improvement strategy.

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

The short-term outcome measured this year with regard to this strand was that providers have improved understanding of COS quality practices. This is measured by the percentage of providers who pass a quiz after viewing training modules on the COS process. The performance indicator is that 90% of providers receive a passing score of 80% on the quiz. Of those who completed the quiz during this reporting period, 98% received 80% or higher on the quiz. This short-term outcome is achieved.

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

As measured by the ECTA Center System Framework (GV2, 3, & 4) Washington achieved the intermediate outcome that the SLA increased the capacity to enforce the responsibilities of contractors to carry out IDEA and related state requirements. Internal and external stakeholders documented Improvement in all three quality indicators with QI ratings for GV2 and 4 increasing from November, 2019.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space):
Strategy: Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

The SLA will continue to participate in the Early Childhood Personnel Center (ECPC) cohort to develop a CSPD. With this system in place, the intermediate outcomes measuring Washington's statewide system for in-service training and technical assistance will be achieved. Training will be developed and required for all new ESIT providers which will focus on the IFSP process within the context of the COS, positive social relationships and racial equity. Training for PFR at all three levels will continue. The SLA is developing plans for continued support for those completing HOVRS observations by offering communities of practice and continued opportunities to become reliable on the tool.

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

The SLA will collect qualitative data regarding reflective supervision at implementation sites. This will include information from those ESIT providers who attended reflective supervision training, additional reflective supervision and are working toward starting their own reflective groups within implementation sites. There are no outcomes directly related to this activity measured on the logic model. However, this activity supports the SLA's efforts to implement the evidence based practice and improve outcomes for children and families by creating an infrastructure of support for ESIT providers to reflect with each other and strengthen their skills.

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

Building from the training mentioned above, the SLA will continue to focus on a high quality COS process across the state. These activities will be statewide and include training, TA materials, and communities of practice and support for local infrastructure to implement the COS consistent with best practice as measured by the COS-TC. This intermediate outcome is expected to be achieved in the next reporting period.

The SLA continues to support implementation of more in-depth social-emotional assessment using the e-DECA program. IFSP teams at implementation sites use the tool, or other in-depth social-emotional evaluation or assessment tools, with all children during the eligibility determination process. The results are used for more effective program planning and the selection of appropriate COS descriptor statements. The data related to this activity will be analyzed in the spring and summer of 2021.

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

Also related to the activities mentioned above focused on a high quality COS process at the local level, the SLA will also be measuring the statewide child outcomes measurement system. Results from the S-COMS will be determined in April of 2021 with a focus on the purpose and data collection quality indicators. This long-term outcome is expected to be achieved and the results of the S-COMS will guide continued work on this activity.

Did the State implement any new (previously or newly identified) evidence-based practices?
No

If "Yes", describe the selection process for the new (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space):
NA

Provide a summary of the continued evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):
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 PFR. The SLA selected PFR in Phase II after reviewing a number of evidence-based practices for alignment with to the Division of Early Childhood (DEC) recommended practices. Through PFR, providers gain knowledge and skills in areas including elements of a healthy relationship, attachment theory and secure relationships, and reflective capacity building. These skills are key for supporting parents to better understand their child's social-emotional development and meet their needs

Implementation sites 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. Many implementation sites have restructured their staff to allow for increased 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.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space):

PFR training has three levels. Level 1 training is a foundational, knowledge-building workshop provided by the UW. Level 2 provides the opportunity for individuals to reach fidelity to PFR provided by UW or an agency trainer. Level 3 provides the opportunity for those who reached Level 2 fidelity to 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. Fidelity is scored on a scale from 1-40, and to reach fidelity the provider must score 36 or above. Examples of provider behaviors coded for fidelity include;

1. Encourage positive, social-emotional connection between the caregiver and child,
2. Encourage positive, social-emotional connection between the caregiver and provider,
3. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and child,
4. Encourage feelings of trust and security (secure base/safe haven) between the caregiver and provider, and
5. Encourage feelings of competence and confidence in the caregiver.

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 able to train additional providers to fidelity at Level 2.

Training was provided to one hundred and sixteen newly hired providers at level 1, six at level 2 and three at level 3 from April 2020 to March 2021. In total, 56 providers have been trained to fidelity statewide.

Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

The SLA provided professional development activities and the use of the HOVRS to support the knowledge and use of PFR. Professional development activities for PFR are described above. Training is currently underway to continue growing statewide capacity to implement the HOVRS. In addition to those already trained to use the tool at implementation sites, 120 more providers will receive introductory training and 60 more will receive additional training for scoring the tool. Those 60 will then be qualified to provide observations and reflection using the tool. As this training continues through the end of May 2021, 60 more will attend the introductory training and 60 will attend scoring training.

Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts. (Please limit your response to 3000 characters without space):

Implementation sites met with the SLA on several occasions to discuss progress on SSIP activities and data collection. These included opportunities for peer networking regarding HOVRS implementation and discussion regarding Year 4 HOVRS and COS-TC data.

Work continued this year with many systems level changes which required opportunities for stakeholders to provide input and feedback. The largest funding source for Part C services has shifted to the SLA. Stakeholder engagement intersections related to the state funding transfer were planned and continued to be held from Apri1 1, 2020 through the release of the RFQ in August 2020. The development of new mechanisms for

distributing the maximum amount of funding greatly benefited from this engagement and the SLA is now in a better position to ensure high quality services across the state. The ESIT state administrators also convened Fireside Chats inviting a broad, diverse set of stakeholders to join them for a series of "We are Listening" sessions during the Fall/Winter Quarters of FFY 2019.

The SLA gathered input on the assessment of many aspects of our state infrastructure that affect the SSIP. A group initially formed in 2019 was reconvened to consider progress in the Governance and Personnel and Workforce quality indicators of the ECTA Center System Framework. Another group formed in 2019 will also be invited back this Spring to consider progress on the State Child Outcomes Measurement System (S-COMS) Self-Assessment tool. These groups provide an opportunity for shared decision making regarding the status of elements of the statewide system that are moving quality forward.

Related to the statewide focus on the COS process, stakeholders have been engaged in the field testing of Washington's newly developed COS decision tree. Direct service providers across the state are providing feedback on a quarterly basis to support understanding regarding how the tool is being used, challenges faced by providers and families and suggestions for improvement. The usage rate is also being analyzed through this survey in order to set a realistic target for required use of the tool in the 2021-22 contract year.

Were there any concerns expressed by stakeholders during engagement activities?
Yes

If "Yes", describe how the State addressed the concerns expressed by stakeholders. (Please limit your response to 1600 characters without space):
Stakeholders raised concerns about the implementation of the HOVRS and new decision tree during the engagement activities above. Due to the COVID-19 pandemic, capacity was a concern for EPAs, CLAs and the SLA. Implementation sites shared concerns about their ability to conduct enough observations and self-assessments using the HOVRS. The pandemic stretched capacity with increased need for child find and public awareness activities, shifting to virtual services and new requirements related to the funding shift. While HOVRS data collection continued to be a requirement for SSIP sites, flexibility was necessary regarding number of observations and self-assessments required to be submitted. Many implementation sites continued with their internal process for observation and were able to submit what they had without attempting to capture data for their full staff. Others were able to submit data for all applicable staff.

Providers shared concerns related to the implementation of the new decision tree tool. These concerns centered around engaging families in the COS process during virtual visits and the need for additional guidance on how to explain the COS and the decision tree to families, especially those who speak a language other than English. The SLA offered several opportunities, both statewide and for individual EPAs, to discuss the COS process and decision tree which included resource sharing and peer learning. Additional support and a review of the feedback for decision tree edits is planned for this spring.

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space):
NA