



WASHINGTON STATE PART C STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III, YEAR 7



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Family Support Programs | Approved for Distribution by Ciara Saalfeld, Workforce Development Specialist



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (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.

Has the SiMR changed since the last SSIP submission? (yes/no)

No.

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

No.

Is the State's theory of action new or revised since the previous submission? (yes/no)

No.

Please provide a link to the current theory of action.

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ESIT-SSIP2022-Theory-of-Action.pdf>

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages). Select yes if the State uses two targets for measurement. (yes/no)

No.

Historical Data

Baseline Year	Baseline Data
2013	56.21%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	58.75%	59.00%	59.25%	59.50%	59.75%

FFY 2021 SPP/APR Data

Sum of children who improved functioning to a level nearer to same-aged peers but did not reach it (c) and those who improved function to reach a level comparable to same-aged peers (d).	all children except those who started at a level comparable to same-aged peers and maintained that function (e)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,367	4,283	55.63%	58.75%	55.27%	Did not meet target	No Slippage

Provide the data source for the FFY 2021 data.

ESIT Data Management System

Please describe how data are collected and analyzed for the SiMR.

SiMR data is collected within ESIT's Data Management System via direct input from providers in the field. The data is then collected via Data Management System reporting as an Excel spreadsheet for data cleaning. The usage of the COS rating process relates to how the SiMR data is collected. COS rating data are pulled from ESIT's DMS for the current Federal Fiscal Year and contain data elements such as Service Area, Entry and Exit scoring, COS Type, and scoring metrics. These data are cleaned and placed into pivot tables to allow for customization and further analysis. Data are analyzed to examine the % at an age-expected (AE) level as demonstrated by COS ratings of 6 or 7 and N for those at an AE level (with COS ratings of 6 or 7). AE % and AE N values are computed both at entry and exit. The pivot table also includes the N and % in each of the five Progress Categories; and the % on Summary Statement 1 (SS1) for each child. Analysis involved looking at the particular FFY by itself and across multiple years and looking at trending data of entry/exit ratings and then comparing those percentages to the specific SS1% for each year. This analysis shows the trending data per outcomes and years and compares to SS1% to give a view of how the SiMR is progressing, where there are trending patterns of note, and how the SiMR is being impacted. Important to note is that the data included for the SiMR is statewide data and most of the implemented SSIP activities, strategies, and practices have been with a smaller group of implementation sites. The SiMR only includes outcome A from indicator three and more details about data analysis are included in the narrative above for indicator three.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

Yes.

Describe any additional data collected by the State to assess progress toward the SiMR.

This year the SLA continued to collect data to measure progress towards outcomes. Implementation sites continued to receive training opportunities in all levels of Promoting First Relationships (PFR), the evidenced based practice being implemented in Washington. Implementation sites continued to complete observations and self-assessments using the Home Visit Rating Scales (HOVRS). The results were collected to measure the implementation of PFR, specifically related to the facilitation of the caregiver-child interaction and collaboration with caregivers as partners. The SLA continues to analyze COS data entered into the DMS by providers statewide with a focus on the distribution of COS entry ratings of six and seven. The focus on these ratings is to consider if greater understanding of social-emotional functioning helps providers and teams identify children's challenges in social- emotional functioning earlier, leading to more accurate COS ratings. Data also continues to be collected as new providers statewide complete introductory COS training modules and demonstrate their understanding through a quiz. The SLA collected updated COS-TC data from implementation sites to measure COS teaming practices. The COS-TC is designed to assist with improving team collaboration and partnership skills during the COS process. Having higher COS-TC scores may assist with providers' abilities to make more accurate COS ratings, which may lead to an increase in SS1. Overall, the SLA is analyzing COS ratings and SS1 trends statewide. More in-depth analyses are expected during the upcoming reporting year to assess the continued impact of SSIP activities on the SiMR. The SLA is also considering the impact the COVID-19 pandemic may have on overall results, implications, and next steps. The SLA will include stakeholders when reviewing analysis results and will gather feedback regarding results, implications, and decision making for future planning.

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

No.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

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.

The SLA gathered feedback from agencies regarding the impact of COVID-19 on SSIP activities. The information discussed in the next two paragraphs was gathered from ESIT agencies by the DCYF ESIT Technical Assistance team and the DCYF ESIT Accountability, Quality and Improvement team. The impact of COVID-19 on data quality and services varies across the state. Some agencies reported that due to COVID-19 and other illnesses, there have been increased cancellations of services and barriers with making up sessions, while other agencies reported a decreased gap in services due to families being more supporting of virtual services. Other challenges reported include staffing issues, such as, loss of high-quality staff, limited availability of staff, difficulties with training new staff on PFR, and the time commitment to complete trainings. However, the SLA also received feedback that having virtual opportunities has increased training accessibility. Additional feedback regarding the impact of COVID-19 relates to challenges with staff burnout, access to resources, funding implications, supporting multiple platforms to serve families, and staffing issues. While some agencies reported continued difficulties due to COVID-19, another agency reported being fully operational with no challenges or barriers impacting SSIP activities. Staffing issues may impact data quality in various ways, such as, not having enough staff to complete necessary services or not having adequately trained staff due to staff turnover.

The SLA received feedback that due to COVID-19, there were decreased opportunities for social engagement, which has likely impacted peer socialization and development. This may have impacted the SiMR due to decreased social opportunities for children and families receiving ESIT services. Additional feedback the SLA received was that some staff increased their skills with coaching and improved their abilities to provide coaching practices virtually, however, the difference between virtual interactions and in-person social engagement may continue to impact relationships. Due to COVID-19, some families are still preferring visits outside of the home and providers are having to provide more education around ESIT services and natural environments. Some agencies reported receiving increased referrals regarding social-emotional needs, as well as providers noticing this need even when children are referred for other reasons. The SLA received feedback that the impact of COVID-19 still impacts scheduled appointments and impacts the timelines for IFSPs, which can also impact funding and data quality. There continues to be reports of challenges centering around decreased social opportunities for children and families, which likely continues to impact the SiMR.

During the January 2023 State Interagency Coordinating (SICC) meeting, attendees participated in a discussion on the impact of COVID-19 on services and the impact of SSIP activities on SS1. The information discussed in the next two paragraphs was gathered from this SICC meeting. Stakeholders discussed how there have been less opportunities for social interaction as well as increased family stress and decreased resources, all

impacting services and SS1. Participants discussed how during COVID-19, parents and caregivers had increased expectations to implement interventions and supports around social-emotional skills, which may have been challenging for many families due to lack of support and resources. Increased isolation and possible developmental regressions have also likely impacted SS1. Additional feedback centered on challenges with virtual settings, such as, difficulties with building rapport with families and concerns with accuracy of telehealth assessments. These issues may also have an impact on data quality. Stakeholders provided feedback on how due to staff turnover, it's unclear the impact that SSIP may have on SS1 due to less staff being trained and the availability of training opportunities. Participants also discussed how newer staff might not fully understand social-emotional functioning and development due to not having more in-depth training. Stakeholders discussed the concerns around modality of services potentially impacting SS1. By moving SSIP activities statewide, the SLA intends to have more staff adequately trained across the state to increase data quality accuracy and continuity of services, which will hopefully lead to achievement of the SiMR.

During the pandemic, some participants reported improvements to practice due to SSIP and received more training centered on social-emotional development. Some participants mentioned that due to virtual services, providers have increased abilities to be more reflective with parent coaching and have improved skills. Feedback during the January 2023 SICC meeting specifically from some SSIP implementation sites centered on how SSIP activities have impacted SS1. Agency leadership members from SSIP implementation sites provided information on how these activities have improved provider capacity with identifying social-emotional needs and increased skills to work with families and children in this area. Participants also provided information on use of the COS decision tree and how providers may complete it differently, possibly impacting COS ratings. Some participants expressed concerns with the accuracy of COS entry scores and discussed how increased training for providers may impact SS1. The SLA will continue to evaluate COS data to examine trends and potential concerns. This may have been related to COVID-19 and increased staff turnover, resulting in newer staff who may not have received the same level of training. The SLA received feedback that due to staff turnover, different providers may be completing the entry and exit scores, also impacting SS1. As SSIP moves towards statewide sustainability, more providers will be trained, likely leading to more accurate COS ratings. Another concern that participants discussed was that some services were not provided in natural environments during COVID-19, which may also impact the accuracy of COS ratings. The SLA plans to provide additional training on the COS-TC to assist with improving COS teaming practices and more targeted COS training when appropriate. Overall, feedback continues to vary regarding the impact of COVID-19 on data quality, SSIP activities, and overall EST services. Agencies have reported both positive and negative impacts of COVID-19 on ESIT services. The SLA expects that by moving toward statewide sustainability and expanding training activities, including implementing PFR with fidelity, that the child outcomes data for indicator C3A SS1 will begin to show improvement in future years.

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan

<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/AttC-ESIT-ActionPlan2023.pdf>

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

No.

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

SSIP implementation sites were historically organized within three cohorts and comprised of 15

implementation sites. SSIP activities and improvement strategies were initially selected to create positive and sustainable progress for children’s social-emotional development. Washington’s work to improve its infrastructure has focused on a comprehensive system for training and technical assistance (PD & TA), a quality data system (Data System), clarifying roles and responsibilities of the SLA and contractors (Governance), and improving the statewide child outcomes measurement system (Accountability). This year, Washington focused on sustainability of SSIP activities with a shift in moving SSIP training, activities, and data collection statewide to increase equitable opportunities for all ESIT providers. The SLA is creating a plan for statewide implementation and sustainability, which includes evaluating SSIP data, and updating SSIP outcomes, hypotheses, and activities. The SLA created an internal SSIP Collaboration workgroup to support the SSIP. This group consists of members from the DCYF OIAA team, Technical Assistance team, Accountability and Quality Improvement team, and agency leadership members. This group is collaborating to provide input and support statewide implementation and sustainability and will incorporate stakeholder feedback and update supporting documents. By moving SSIP towards statewide sustainability and increasing training opportunities for ESIT providers, the SLA hopes to have more widespread impact across the state and a stronger influence on the SiMR.

Strategy (Professional Development): 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 Comprehensive System of Personnel Development (CSPD) continued during 2022 and more details are provided in the stakeholder section. The SLA continued supporting the use of Promoting First Relationships (PFR) by expanding opportunities statewide. From January 2022 to December 2023, training was provided to 67 providers at Level One, eight providers at Level Two, and one provider at Level Three. The SLA supported advanced PFR booster training opportunities for providers and statewide training for PFR Level's Two and Three. During the current reporting year, 15 providers have participated in the booster sessions. This year the SLA also heavily focused on planning the statewide expansion of training activities and created a training survey to gather feedback and improve training. These decisions and planning sessions will lead to updated activities for next year.

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

The SLA continued activities to grow sustainability at the local level for reflective supervision and reflective consultation. Providers across the state had access to reflective consultation groups, hosted by qualified professionals through the University of Washington. During 2022, there were 71 participants in reflective consultation groups. This opportunity expanded statewide and three more reflective consultation groups were offered. These groups provide ongoing support, reflective discussions, and shared exploration of the parallel process that occurs between relationships when working with families. Providing reflective consultation group opportunities allows for continued support for providers as they work with families to address social-emotional developmental needs of their children. The SLA offered a new intensive Neurorelational Framework (NRF) training opportunity. This opportunity had a rigorous application and selection process. Four agencies were selected to participate in this 16-session training offered over eight months. NRF training provides information on understanding brain development, focusing on the significance of relationships, and is used in

both assessment and intervention practices. NRF training helps increase practitioner knowledge and capacity through shared learning and enhances the use of reflective practice skills. This advanced training contributes to the SiMR by improving providers understanding and skills related to Infant Family Relational Health. The SLA is also creating the ESIT credential, which supports Washington with growing a high-quality workforce to support children and families. The ESIT credential structure is being developed as a part of the state's CSPD and is expected to be introduced in contracts July 2023.

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

The SLA continued implementation of the COS decision tree, described in detail within previous APR reports. The SLA previously analyzed the use of the decision tree and set a rigorous yet achievable target for use. "As of September 1, 2021, 70% of FRCs/Teams will use the decision tree with 80- 100% of families." ESIT providers are expected to complete the COS modules to increase understanding of COS practices with a required 100% passing score. As of July 2021, providers are required to use the decision tree with families, but not required to complete the follow-up survey. Additional feedback about the COS process is described in the stakeholder section. SSIP implementation sites submitted additional data on the COS-TC to assess if teams are completing the COS process consistent with best practices. The SLA is exploring strategies for statewide implementation of the COS-TC. The SSIP Collaboration workgroup is exploring additional COS training and support to be implemented statewide. Agencies continued to use social- emotional assessments, including the DECA. The SLA identified a need to update the social-emotional assessment practice guide.

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

FY22-23 contracts are in place between DCYF and ESIT Provider Agencies and County Lead Agencies. Contract requirements include Performance Based Contracting (PBC), with the exception of the services delivered requirement which continues to be on hold until the new data system is in place. A diverse group of statewide partners, supported by national TA specialists was established in 2021. This workgroup aims at assisting the SLA to move toward an effective, integrated, and expanded monitoring system with result indicators. This workgroup revised the Child and Family Record Review tool, drafted the Family Centered Practice Interview tool, and developed the Onsite System Analysis Monitoring Visit and Fiscal Integrity Review components. A "Mock Onsite System Analysis Monitoring Training Visit" is scheduled for 2023. Special Ops workgroups to draft Teaming Practices and Coaching Practices will start in 2023. These tools help support SSIP work and give the SLA new ways to support providers and agencies, including identifying strengths and areas of growth so they can more effectively support and improve outcomes for children and families. The SLA will continue to assess and monitor progress regarding these infrastructure components and will include stakeholders in future discussions around decision making.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement

efforts; and/or (c) scale-up.

Strategy (Professional Development): 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.

The short-term outcome (PD) measured for this strategy relates to providers understanding of PFR practices and is measured by evaluating provider responses to one question on a survey completed after PFR Level One training. The performance indicator for this outcome is 90% of participating providers report having adequate knowledge of PFR practices by rating themselves either a four or five on the post-training survey question. This outcome has been achieved in previous years and has been maintained during 2022 with 100% of providers who completed the survey rated themselves either a 4 or 5. The measurement of the intermediate outcome (PD) related to PFR uses the Home Visit Rating Scales (HOVRS) to examine the level to which providers are implementing practices to promote positive social-emotional development. This outcome continues to be achieved and maintained. On the Home Visitor Facilitation of Caregiver-Child Interaction Scale, 87% of providers received a score of five, six, or seven. On the Home Visitor Collaboration with Caregivers as Partners Scale, 81% of providers received a score of five, six, or seven. This outcome has been achieved in previous years and continues to be fully achieved with more than 80% of providers who completed the HOVRS received a score of five, six, or seven on two scales. By continuing to offer PFR and other ongoing training opportunities for learning and support, this helps to strengthen the personnel development system, assists with implementing high-quality services, and increases overall sustainability. These training opportunities support our SiMR and are focused on enhancing providers knowledge around Infant Family Relational Health practices.

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

The outcomes related to this improvement strategy have been reported in previous APR reports and the SLA did not collect updated outcome data for this strategy. The SLA focused on planning for statewide sustainability, including preparing for the implementation of the ESIT credential in 2023. The ESIT SSIP Collaboration workgroup is reviewing and updating activities to be implemented next year. Although there is not a specific outcome related to reflective supervision and reflective practice activities, the SLA continued to support these efforts and expanded these opportunities statewide. These opportunities will continue to support infrastructure improvement as providers receive additional training and support with improved relationship building, more knowledge around infant mental health, and enhanced reflective practice skills, which all help support improved social-emotional functioning of families. The SLA is exploring adding an outcome regarding reflective consultation and supervision.

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

The short-term outcome (Accountability) measured for this strategy 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 of the COS process. In previous years, this outcome has been achieved and the performance indicator was that 90% of providers receive a passing score of 80% on the quiz. The performance

indicator has been updated to 100% of providers will receive 100% on the quiz. Overall, 157 providers completed this quiz from January 2022 to December 2022. This outcome has been achieved. The intermediate outcome (Accountability) measured for this strategy was that teams will complete the COS process consistent with best practices. This was measured by examining COS-TC scores on two separate sections. The COS-TC promotes the use of team collaboration practices for those that participate in the COS process. Part of this outcome looked at individual provider scores and the performance indicator was the 90% of providers will score 87% or better on the adapted COS-TC checklist (section II). Out of the 81 providers that submitted data, 80% received a score of 87% or better. Although this part of the indicator was not met, the results still indicate strong abilities for teams to complete COS processes. The second part of this outcome observed team scores and the performance indicator was that 90% of teams will score 87% or better for each outcome on the adapted COS-TC (section IV). There are three outcome areas for this section and 36 teams submitted data, ranging from 1-6 team members per submission. For outcome area one, 92% of providers scores 87% or better, for outcome area two, 94% of providers scored 87% or better, and for outcome area three, 89% of providers scored 87% or better. This part of the outcome was 1% away from being fully met, which indicates strong COS teaming practices. This strategy supports the SiMR by improving the quality of the COS rating process and improving teaming practices, which leads to more accurate COS ratings. Having accurate COS ratings allows IFSP teams to better plan and support the child and family's needs. It also supports sustainability by leading to training and materials to be used by IFSP teams for ongoing COS ratings. This strategy supports scale up by building an infrastructure for quality COS rating practices to be used at all ESIT Provider Agencies. Outcomes related to the COS are also being examined this year.

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

The SLA did not collect updated data for the outcomes related to this strategy. The SLA met with stakeholders in 2019 and 2021 to measure progress on the State Child Outcomes Measurement System (S-COMS) Self-Assessment tool. The S-COMS relates to the outcome (Accountability) pertaining to having a high-quality COMS and receiving a score of at least five on the quality indicators. This was reported in previous APR reports and the outcome was partially achieved. The SSIP Collaboration workgroup is focusing on reviewing and updating SSIP activities to be implemented statewide next year. This workgroup is exploring the full use of the S-COMS Self-Assessment tool to better measure progress and areas of needs as it pertains to Washington's COMS. Results of previous S-COMS stakeholder meetings will continue to guide work on this activity. This year the SLA focused on supporting the statewide expansion, sustainability, and implementation of SSIP. A new ESIT Evaluator started at DCYF as part of the Office of Innovation, Alignment, and Accountability (OIAA) team as of December 2022. The ESIT evaluator is assisting with providing knowledge and recommendations on SSIP data analysis, outcomes, hypotheses, and overall implementation and monitoring of SSIP activities.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

No.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Strategy (Professional Development): 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 the CSPD will continue this year. This supports the outcome related to measuring Washington's system for in-service training and technical assistance. The SSIP Collaboration workgroup is exploring the use of all 12 quality indicators within the six subcomponents of the Personnel and Workforce (PN) section of the ECTA Center System Framework to measure infrastructure improvement. The SLA expanded training opportunities statewide, which will continue throughout the next reporting year. There will be four PFR Level One trainings offered in 2023. More PFR Booster opportunities are also being offered in 2023. The outcome pertaining to PFR is expected to continue to be maintained. Training for all three PFR levels will continue to be offered and has expanded statewide. The SLA will continue to offer the Foundations of Reflective Practice training and the Foundations of Infant and Early Childhood Mental Health training series to providers statewide. Each of these training opportunities are being offered four times in 2023 in order to support statewide sustainability and to better support our SiMR, and each will offer a session in Spanish in order to support more equitable training to providers. There isn't currently an outcome tied to these training activities, however, the SSIP Collaboration workgroup is seeking to include these training's in the outcome revisions. A new SSIP Training Evaluation Survey was created this reporting year for all of the SSIP trainings in order to collect more in-depth data on the evaluation of SSIP trainings. This survey will be administered to providers who participate in SSIP trainings. The SLA previously required providers to participate and submit data for the HOVRS. Due to challenges with sustainability for continued statewide expansion of the HOVRS, the SLA will not require agencies to attend or submit HOVRS data after December 2022. The SLA is also looking into other tools to measure home visiting practices, such as the ESIT Competency Review Tool or other Accountability and Quality Improvement (AQI) tools that are currently being developed. The Workforce Development team will continue to focus on providing high-quality statewide support, training, and written guidance. This team will also provide ongoing training statewide on various topics, such as, functional outcomes, engaging families in the COS, COS-TC, DECA, and social-emotional assessment support.

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

WA-AIMH is continuing to offer a Reflective Supervision for Supervisors training, increasing from 11 to 20 statewide openings. The University of Washington is continuing to offer Reflective Consultation groups and increased the number of available groups statewide. This infrastructure improvement activity supports providers statewide to have the capacity for personal and group reflection as they work with families. The sustainability of the local infrastructure for reflective supervision supports all aspects of service delivery for families, likely contributing to the achievement of IFSP outcomes and progress in outcomes. The SLA will continue to support WA-AIMH endorsement through scholarship opportunities at all levels. There are currently five different WA-AIMH endorsement categories that are aligned with competencies that support Infant Mental Health practices, which supports the SiMR by having a high-quality workforce able to better support the needs of children and families. The SLA is exploring the use of possible incentives to increase provider interest in obtaining endorsement. The SLA is exploring additional outcomes to be added to the SSIP pertaining to reflective supervision and consultation as well as the WA-AIMH endorsement. Continued work centered around creating an ESIT credential will continue this year. The ESIT credential is expected to be included in statewide contracts beginning July 1, 2023. The SLA is also exploring the use of the ESIT

Competency Review Tool and is in the process of including it as part of the ESIT credentialing system.

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

The SLA will continue to focus on training and supporting a high-quality COS process across the state. These activities will be statewide and include training, TA materials, and support for agencies to implement the COS consistent with best practices as measured by the COS-TC. The SLA will also continue to support the use of the COS decision tree. In the upcoming reporting year, the SLA is focusing on statewide implementation of the COS-TC and will include stakeholder feedback for this process. The SLA is updating the outcome pertaining to the COS-TC to expand to more COS-TC sections in order to support the use of the full checklist to improve COS teaming practices. The SLA continues to support the implementation of more in-depth social-emotional assessments and plans to update the related practice guide in order to better align with best practices and to support continuity across the state. Utilizing social-emotional evaluation and assessment tools that align with best practices will help with creating more accurate IFSP goals and is expected to support more accurate COS ratings. The SLA is also exploring the use of the DECA more in-depth in order to determine how to best support statewide use.

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

The SLA will continue to measure the Sate Child Outcomes Measurement System and the SSIP Collaboration workgroup is currently exploring the use of the full S-COMS Self-Assessment tool for ongoing improvement of Washington’s COMS. The SLA is focusing on statewide sustainability and expansion of the SSIP and after December 2022, the SLA will begin to collect data statewide. The Accountability and Quality Improvement team (AQI) is in the process of creating three monitoring tools with stakeholder input focused on coaching, teaming, and family-centered practices. These monitoring tools will help support monitoring certain SSIP activities and outcomes and will also support statewide implementation. The SSIP Collaboration workgroup is looking in-depth at the use of these tools to support statewide sustainability of the SSIP. The SLA has been working on the implementation of the Access to Child Online Records Network (ACORN) with an intended release date of July 2023. The SLA will continue to use the DMS while working with the Public Consulting Group (PCG) on the customization of a COT solution. The SLA plans to support contractors throughout this process until the migration to a new data management system is complete. The migration to a new data management system will provide support with improving data quality as the newer system design is taking into consideration feedback from stakeholders and internal team members, and thus, should have many improvements and updates compared to the DMS.

List the selected evidence-based practices implemented in the reporting period:

Promoting First Relationships.

Provide a summary of each evidence-based practice.

Promoting First Relationships (PFR) is an evidence-based curriculum for service providers to help parents and other caregivers meet the social and emotional needs of young children. PFR is a video feedback approach grounded in attachment theory and reflective practice principles. PFR gives professionals who work with

caregivers and young children (0–5) the knowledge, tools, and strategies to guide and support caregivers in building nurturing and responsive relationships with children. Participants who attend the PFR Level One training learn unique consultation and intervention strategies they can integrate into their work with families and young children. PFR can be used one-on-one with parents, in the clinic or in home, and also with childcare providers and early childhood teachers responsible for group care. Because PFR is a positive, strengths-based model, caregivers are open to the intervention and gain competence, and thus investment in their caregiving. Participants that attend the training receive curriculum, parent handouts, and training in the following areas; elements of a healthy relationship, attachment theory and secure relationships, reflective capacity building, development of self for infants through preschoolers, PFR consultation strategies, challenging behaviors, and intervention planning and development.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

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 the Division of Early Childhood (DEC) recommended practices. The SLA is expanding PFR training opportunities to ESIT provider agencies statewide. 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 and caregivers to better understand their child’s social- emotional development and to meet their needs. Implementation sites continued 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, which is expanding statewide. This year, 67 providers completed Level One training, eight providers completed Level Two, and one provider completed Level Three. In Spring 2023, four more PFR Level One training opportunities are being offered to providers statewide and 25 participants per training session are able to attend.

The SLA previously required providers to participate and submit data for the HOVRS. Due to challenges with sustainability related to statewide expansion of the HOVRS, the SLA will not require agencies to attend or submit HOVRS data after December 2022. The HOVRS was initially intended to impact the SiMR by assessing quality home visiting practices for providers who have completed PFR training. The SLA is exploring the use of other tools to examine home visiting practices, such as, the ESIT Competency Review Tool and current monitoring tools being developed by the AQI team. After thorough review and collaboration with the OIAA and ESIT Evaluation team, it was determined that not all of the data was informative for the needs of the current SSIP outcomes and hypotheses. The SLA is currently collaborating with OIAA and the ESIT evaluation team to ensure data collection and evaluation is accurate for the SSIP. Although providers are no longer required to submit HOVRS data, the SLA continues to support and encourage the use of the HOVRS for providers to measure home visiting practices. In Spring 2022, 30 providers received introductory training and additional training for scoring the tool. These participants are qualified to provide observations and reflection using the tool. The initial SSIP plan was created by the previous evaluation team and after further review by the current evaluation team, it was determined that the state did not have all of the necessary data to determine if HOVRS specifically measures PFR. However, many providers reported positive feedback on both PFR practices and the use of HOVRS. ESIT agency leadership members have reported improved abilities to

assess social-emotional concerns, improved coaching abilities, and increased skills in supporting families and children in this area due to PFR training.

The SLA supports providers at different training levels and supports several different opportunities to enhance providers knowledge in Infant Family Relational Health (IFRH)/Infant and Early Childhood Mental Health (IECMH) practices, as well as reflective supervision and reflective consultation opportunities. Many implementation sites have restructured their staff to allow for increased capacity of PFR agency trainers, which these opportunities are now available statewide. These structural changes, along with others regarding professional development, mentoring, and new staff onboarding practices are intended to impact the SiMR through implementation of practices supporting positive social-emotional development. As Washington's SSIP moves towards statewide implementation and sustainability, more providers will have training opportunities focused on IFRH/IECMH practices. These training opportunities will support progress toward the SiMR by supporting a high-quality workforce and increase knowledge on how to better support the unique social-emotional needs of children and families. These changes will ultimately lead to improved program planning to address the social-emotional needs of enrolled children. Providers will be more equipped to identify needs and provide more effective services to support social-emotional development, ultimately leading to the SiMR. Providers at implementation sites were offered various types of training to assist with improving skills and knowledge to better support children and families to ultimately impact the SiMR, which will now be available to ESIT provider agencies statewide. These training opportunities support providers in building stronger and improved relationship skills and increased knowledge of practices regarding how to better support parents and caregivers with improving young children's social-emotional functioning.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

PFR training has three levels. Level One training is a foundational, knowledge-building workshop provided by the UW. Level Two provides the opportunity for individuals to reach fidelity to PFR provided by UW or an agency trainer. Level Three provides the opportunity for those who reached Level Two 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 Three 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 Three agency trainers are able to train additional providers to fidelity at Level Two. From January 2022 to December 2023, training was provided to 67 providers at Level One, eight providers at Level Two, and one provider at Level Three. Four additional PFR Level One training opportunities are scheduled for Spring 2023 and will be offered statewide allowing for 25 participants per training. New this year are PFR booster sessions offered by the UW. These booster sessions are offered to providers who have completed PFR Level One or Two. During

the current reporting year, 15 providers have participated in the booster sessions with 70 participants registered for 2023 with 20 available spots still. These sessions are focused on supporting providers confidence in using the PFR consultation strategies and understanding how PFR can enhance ESIT services. An ESIT multi-disciplinary peer panel shares their experiences of using PFR within their practice. Providers who attend are expected to learn how PFR can be embedded into their everyday practice, understand how supporting the parent-child relationship is key to all other areas of development, and to gain confidence in using PFR consultation strategies to navigate challenging visits.

PFR data that continues to be collected relates to the outcome that providers report knowledge of PFR practices to improve social-emotional skills for infants and toddlers. Data related to this outcome includes analyzing post-training provider survey responses. The SLA has created an updated SSIP Training Evaluation Survey that will be used to assist with measuring training outcomes. The SSIP Collaboration workgroup is exploring current outcomes related to PFR to determine if any changes are needed.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

The SLA provided professional development activities and provided continued support for the knowledge, practice, and use of PFR. Professional development activities for PFR are described above. Training is currently underway to continue growing statewide capacity to support PFR. Qualitative data gathered during previous stakeholder engagement meetings and quantitative survey data collected this year suggests that the SLA should continue supporting the use of PFR with ESIT provider agencies. As previously mentioned, the SLA developed a more in-depth SSIP Training Evaluation Survey that will be used to collect additional data on PFR and other SSIP trainings. The PFR fidelity data collected continues to support the use of PFR as many providers are choosing to seek more advanced training by going through Level Two and Level Three PFR training. Additionally, 15 providers attended the PFR booster trainings with 70 currently registered for future sessions. The PFR booster sessions had waitlisted participants and the SLA added an additional PFR booster session to meet the needs of the providers. More in-depth analysis will be conducted with stakeholder feedback as the SLA finalizes the updated outcomes and hypotheses to examine the impact that PFR and other SSIP activities may have on the SiMR.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

The SLA will continue to support the use of PFR and four additional PFR Level One trainings (25 participants per training) are scheduled for Spring 2023. Post-training survey data will continue to be collected after Level One trainings and the outcome related to providers reporting knowledge of PFR is expected to continue being maintained. The SLA is offering PFR training statewide for 2023, including PFR Booster training sessions. Data analysis will continue to be conducted as the updated outcomes and hypotheses are finalized. The SLA will incorporate stakeholder feedback when finalizing the updated SSIP plan. Additional training outcomes are being explored for this evidenced-based practice. ESIT's new evaluator will assist with developing the evaluation plan.

In the upcoming year, more data will be collected on all of the SSIP specific trainings in order to continue to support high-quality training that supports the SiMR. The SLA in partnership with the OIAA team will determine any new data collection measures needed in order to support the implementation of the evidenced-based practices. The SLA will continue to collect qualitative data regarding reflective supervision and reflective consultation and is considering if an updated outcome is needed for these areas. There are no

measured outcomes directly related to these activities. However, these activities support 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. 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. Reflective consultation groups, Foundations of Reflective Practice training, as well as the Foundations of Infant and Early Childhood Mental Health training series will continue to be offered in order to support strengthening the experience of current personnel. The SLA will also focus on supporting providers obtaining an Infant Mental Health endorsement through WA-AIMH, which will support a high-quality workforce.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

No.

If no, describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes.

This upcoming year, the SLA is heavily focusing on updating the plan to reflect the current progress and areas of growth in our state related to SSIP. Many of the outcomes originally developed have been met and activities have been implemented. As the SLA shifts towards statewide implementation and sustainability, the SLA with support from national technical assistance partners, has determined that updating SSIP outcomes, hypotheses, logic model, and theory of action are relevant at this time. The new ESIT evaluator that started in December 2022 will be included in these discussions to provide recommendations and to ensure we collect accurate data in order to properly measure our outcomes and support our evaluation plan. Some of the analyses that were projected in the previous reporting year related to the original hypotheses and were unable to be evaluated for a few reasons. There were infrastructure staffing challenges due to not having an ESIT evaluator for part of the previous year. Additionally, the data anticipated for the original hypotheses was not fully available and the new evaluation team determined a need for more informative data. Furthermore, as the SLA moves activities statewide, the evaluation team and SLA determined that the hypotheses needed to be updated in order to better support the changes that have occurred due to SSIP progress and moving SSIP evaluation statewide. As the SLA moves toward statewide implementation, the updated plan will continue to focus on improving social-emotional functioning for children and families with an emphasis on providing high-quality training on Infant Family Relational Health (IFRH), or Infant and Early Childhood Mental Health (IECMH) practices to providers. The updated plan will continue to support in-depth COS training, such as providing more training on the COS-TC. The SLA will continue to incorporate stakeholder feedback throughout the update of the SSIP plan.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The SLA engaged stakeholders on numerous occasions throughout the previous reporting year. In the Fall of 2022, the SLA met with SSIP agency leadership members to provide updated information on the SSIP plan and to gather feedback on the use of the COS-TC, New Provider Trainings, and general feedback regarding participating as an SSIP implementation site. The SLA provided updated information to stakeholders on DCYF staffing changes, detailed information regarding the training opportunities that are moving statewide, as well as the plan to revise SSIP and focus on sustainability efforts. The SLA discussed the use of the HOVRS and moving towards not requiring HOVRS data submission for agencies due to sustainability challenges. A workgroup was convened to discuss the continuation of the HOVRS tool. It was decided the SLA could not

continue to support the required use of HOVRS due to sustainability challenges and the SLA will evaluate the use of other tools to measure quality home visiting practices. SSIP implementation site leaders provided information on the use of the COS-TC and gave input on how they have used it at their agencies, with many expressing that the tool is valuable. SSIP implementation site leaders gave feedback on the New Provider Trainings, specifically that many providers have found the training valuable and that leadership finds it important that providers learn about the Washington standards and expectations from ESIT. Overall, agencies provided qualitative feedback on their experience as an implementation site with many leaders reporting positive feedback around the training opportunities that were offered, such as, PFR, DECA, HOVRS, and Reflective Supervision.

The SLA presented on SSIP at the Regional Provider Meetings in November 2022. During these meetings, the SLA provided an overview of SSIP, discussed statewide implementation and sustainability, upcoming training opportunities, stakeholder opportunities, and the plan to revise and update the SSIP. The SSIP gathered stakeholder input on how the CSPD and SSIP can help programs with quality of services and supports for children and families, as well as identifying potential barriers. Provider agencies statewide expressed appreciation for the variety of levels of training provided. The SLA discussed a plan to move toward an electronic tracking tool to assist agencies with tracking trainings. Providers also discussed a desire to have more trainings that focused on cultural and linguistic social-emotional practices. Positive feedback was provided about the transformative impact that SSIP has had on supporting social-emotional progress. Interest was expressed regarding the WA-AIMH endorsement process and the SLA is going to communicate more to agencies about these opportunities, including scholarship availability and potential incentive options. Stakeholders also expressed an interest in participating in more research opportunities related to SSIP. The information gathered from stakeholders will inform the continued work on the CSPD. The SLA will continue to inform stakeholders of opportunities to engage and participate in SSIP efforts and will include stakeholder input regarding decision making.

In November 2022, the SLA met with SSIP implementation site stakeholders for a workgroup meeting that centered around the use of the HOVRS and exploring ways to measure home visiting practices. The SLA presented information on the barriers for the continuation of requiring HOVRS data submission and gathered feedback on how agencies currently evaluate and observe the quality of home visiting practices related to social-emotional development. Stakeholders provided feedback on the use of HOVRS and the SLA continued to encourage providers to attend, participate, and use the HOVRS within their agencies. It was decided the SLA could not continue to support the required use of HOVRS due to sustainability challenges and the SLA will evaluate the use of other tools to measure quality home visiting practices.

In winter 2022, the SLA created an internal SSIP collaboration group. This group consists of members from the evaluation team, technical assistance team, accountability and quality assurance team, and agency leadership. The purpose of this group is to collaborate on the SSIP, improve support and guidance to agencies as SSIP moves statewide, and to gather feedback and input on the SSIP planning updates.

In January 2023, the SLA held an SSIP Strategic Planning Stakeholder Meeting, which included internal DCYF members, providers and agency leadership statewide, national TA partners, as well as parent attendees from the Parent Institute for Engagement (PIE). This meeting focused on re-engaging the state and reviewing SSIP efforts and planning. This stakeholder meeting was primarily centered on having participants gain a deeper understanding of SSIP, learn more about the history of Washington State's SSIP, as well as progress, accomplishments, and updates to the current plan. The SLA gathered feedback from stakeholders on

experiences and knowledge related to SSIP, ways the state can support agencies as activities and opportunities are moving statewide, and how stakeholders view SSIP as beneficial to their work with children and families. SSIP implementation sites shared feedback about PFR, reflective practice training, HOVRS, and the use of the DECA being beneficial to their providers and practice. Stakeholders shared information on how PFR (at all levels) has been beneficial to their agencies. One agency provided feedback on being able to secure additional funding after participating in SSIP activities due to having a strong foundation to build and sustain practices. Agencies requested for there to be more collaboration and involvement between DCYF and agencies in the statewide implementation of SSIP in order to better support sustainability efforts.

In January 2023, the SLA presented information on SSIP to the State Interagency Coordinating Council. During this meeting, the SLA provided an overview of SSIP, discussed statewide implementation and sustainability, upcoming training opportunities, and the plan to revise and update SSIP. The SLA gathered information from SICC participants on the continued impact of COVID-19 on services and the impact of SSIP activities on SS1. This information is provided in more detail above in the section pertaining to data quality concerns and COVID-19.

In January 2023, the SLA presented information on the CSPD and ESIT credential to a diverse group of stakeholders. This meeting provided information on the development and different indicators of the CSPD. Participants were asked to provide detailed input on each of the different sections discussed, including completing a “strength and needs” assessment of each component. The SLA received ample feedback regarding considerations for the development and implementation of the CSPD. The participants also provided feedback on the implementation of an ESIT credential, including input centered around partnering with communities and institutions of higher education. The SLA will continue to evaluate the feedback and is planning another stakeholder meeting for February 2023.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Stakeholders met with the SLA on multiple occasions to discuss progress on the SSIP. Some of these opportunities included discussions around statewide training opportunities, such as, HOVRS, DECA, WA-AIMH endorsement, reflective supervision opportunities, use of PFR, and PFR booster sessions. Strategic feedback was gathered on specific parts of the SSIP, such as, use of HOVRS and COS-TC and input regarding New Provider Training. General feedback was also encouraged regarding ways the state can support agencies with implementing SSIP, how SSIP can enhance quality of services and benefit programs, and any barriers to consider. The SLA engaged stakeholders in a variety of ways. The SLA sent out written communication about SSIP and included stakeholder and training opportunities within the ESIT weekly as well as separate gov deliveries. During stakeholder meetings, the SLA welcomed verbal and written feedback and supported small and large group discussions. The SLA had targeted questions for stakeholders and gathered feedback on specific topics when appropriate. The SLA also included national TA partners in stakeholder meetings to attend and present when applicable. The SLA provided opportunities for different engagement activities during meetings, such as, using online collaboration tools and using various virtual meeting tools to participate in providing feedback (e.g., stamping feature, polls, breakout rooms, surveys). The SLA also met with the Director of PFR at the UW to explore ways to continue to support the use of PFR, expand support around implementing this evidenced based practice as activities move statewide, and ways to support providers with advanced opportunities to support reflective consultation groups. The SLA met with the Training and Data manager at WA-AIMH to explore ways to better support scholarship opportunities for WA-AIMH endorsement and to gather information on reflective supervision and consultation requirements in order to improve statewide efforts with supporting these opportunities. During the January 2023 SSIP stakeholder meeting, the

SLA encouraged SSIP implementation sites to share about their experiences with SSIP in order to engage non SSIP agencies in the discussion around expanding SSIP statewide. The SLA also gathered information on what type of support's agencies might need as SSIP expands statewide.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

Yes.

Describe how the State addressed the concerns expressed by stakeholders.

Providers and agencies continued to express interest in the statewide training opportunities regarding IFRH practices. However, concerns were expressed regarding time commitment to complete trainings and cost to agencies to attend trainings, as well as capacity to expand as ESIT and SSIP expand. The SLA is continuing to look for opportunities to support participation of all agencies in these areas and offered a stipend for agencies with teams who are participating in the NRF training. The SLA is also exploring potential incentive options for WA-AIMH endorsement and currently offers scholarship options. Stakeholders also expressed challenges with the time commitment for the New Provider Training series. The SLA is exploring other options to offer this training series to better support the needs of providers. Providers initially raised concerns about the SLT not requiring HOVRS data submission, however, after the home visiting workgroup convened, stakeholders participated in meaningful discussions around this and together explored the barriers to statewide sustainability and began to focus on solutions around supporting continued excellence in home visiting practices. Providers also shared feedback around wanting the SSIP specific outcomes to be updated and improved in order to better measure social-emotional growth and impact of SSIP activities. Providers expressed that SSIP has been transformative and expressed a desire for outcomes to better reflect this progress. Additionally, stakeholders provided feedback on the use of the DECA. Many agencies utilize the DECA and have provided qualitative information on the usefulness of this tool. However, some providers have expressed concerns around cultural responsiveness with this tool and expressed an interest in learning more about other culturally supportive, responsive, and relevant ways to measure social-emotional functioning. The SLA will update the social-emotional practice guidance and will consider stakeholder feedback during that process. During the SSIP Strategic Planning Stakeholder meeting, stakeholders expressed concerns about capacity with the COS process, supporting families and teams during this process, and how discussing the COS process is a practiced skill. Additional concerns related to possible higher entry scores, how this might impact accuracy of data, and the use of the COS Decision Tree. Agencies also reported possible concerns about the continued impact of COVID-19 on social-emotional functioning as well as increased disparities related to race and other cultural issues. Other concerns centered around the time commitment for providers to attend trainings and the impact on direct service time. Other feedback centered around not having enough PFR booster sessions offered this year to support provider interest. Stakeholders shared information about challenges with interpreters. The SLA will continue to work with stakeholders to address concerns and barriers as SSIP activities move statewide.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

NA.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

NA.

Describe any newly identified barriers and include steps to address these barriers.

NA.

Provide additional information about this indicator (optional).

NA.

Prior FFY Required Actions

None

OSEP Response

Required Actions