WASHINGTON STATE PART C
STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)
PHASE III, YEAR 3

MARCH, 2019

WASHINGTON STATE
Department of
Children, Youth, and Families

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Department of
Children, Youth, and Families

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Executive Summary

The Early Support for Infants and Toddlers (ESIT) Program, under the leadership of the Department of Children, Youth, and Families[1] (DCYF) has completed Phase I (Data Analysis), Phase II (Development of Strategic Plan), and Phase III – Years One through Three (Implementation and Evaluation) of Washington's State Systemic Improvement Plan (SSIP). The Department Children, Youth, and Families (DCYF) is a new cabinet level agency focused on the well-being of children. Our vision is to ensure that "Washington state's children and youth grow up safe and healthy—thriving physically, emotionally and academically, nurtured by family and community" (House Bill 1661).

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

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

To date, providers involved with the SSIP actively engaged in (a) targeted and intensive high-quality professional development activities designed to reinforce the positive, strengths-driven, and relationship-based principles embedded in the Promoting First Relationships Curriculum, (b) coaching and training addressing key features of the Child Outcome Summary assessment process and rating scale data, and (c) reflective supervision consultation and other certification-related activities leading to increased implementation of

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

infant mental health principles and competencies within the Washington Association for Infant Mental Health (WA-IMH) framework.

1) Summary of Phase III *(Section A of suggested OSEP outline)*

1.a Theory of action and logic model for the SSIP, including the SiMR

During Federal Fiscal Year (FFY) 2014, Phase I of the Washington State Systemic Improvement Plan (SSIP) was completed by ESIT staff and the Phase I stakeholder leadership team. Phase I requirements included completing data and infrastructure analyses, identifying SiMR and developing broad improvement strategies and a theory of action (attachment A).

Phase II of the SSIP, developed in FFY 2015, focused on creating improvement and evaluation plans. All Phase II activities were built on the work completed in Phase I. The improvement plan includes specific activities, steps, resources needed, and timelines to implement improvement strategies and achieve intended outcomes. The plan focuses on improvements to the state infrastructure to better support local lead agencies, early intervention programs, and providers to implement evidence-based practices to improve the SIMR.

A logic model (attachment B) was created to inform the evaluation plan and refine the improvement plan. The process of developing the logic model included identifying inputs and outputs for each prioritized activity, and developing short-term, intermediate, and long-term outcomes. The evaluation plan describes how implementation activities and intended outcomes will be measured. The long-term outcomes are based on the outcomes developed in the Phase I theory of action.

The theory of action guides the implementation and evaluation of the SSIP and all outcomes and measures in the evaluation plan are aligned with the theory of action.

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

Type of Outcome	Outcome Description
1. Short-term	Providers have improved understanding of Child Outcome Summary (COS) quality practices.
2. Short-term	Providers have improved understanding of social-emotional screening and assessment.
3. Short-term	Providers have improved understanding of writing functional outcomes that support social-emotional development.
4. Short-term	State Lead Agency has the capacity to support County Lead Agencies and Early Intervention Provider Agencies to use and analyze COS data for program improvement.
5. Short-term	Providers report knowledge in PFR practices to improve social-emotional skills for infants and toddlers.

6. Intermediate	State Lead Agency has the capacity to enforce the responsibilities of the County Lead Agencies and Early Intervention Provider Agencies so they can carry out IDEA and related state requirements.
7. Intermediate	State Lead Agency has a quality statewide system for in-service training and technical assistance in place.
8. Intermediate	Teams complete COS process consistent with best practices.
9. Intermediate	Local lead agencies (LLAs) improve ability to analyze and use COS data.
10. Intermediate	Providers use strategies recommended in state guidance to link families to community services.
11. Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.
12. Intermediate	Teams develop functional Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.
13. Intermediate	Providers implement strategies to promote positive social-emotional development
14. Long-term	Families will have access to community supports beyond early intervention services.
15. Long-term	SLA has a well-articulated purpose for its Child Outcomes Measurement System
16. Long-term	Families will have increased ability to support and encourage their children's positive social-emotional development.
17. Long-term	Families and children will achieve their individual functional IFSP outcomes.
18. Long-term	Providers use data to select relevant improvement strategies regarding the child outcome summary process
19. Long-term	[SIMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development.

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

One of the activities designed to improve infrastructure was "Early Support for Infants and Toddlers (ESIT) clarifies roles and responsibilities of Department of Children, Youth, and Families (DCYF) as Washington Part C lead agency to support implementation of the State Systemic Improvement Plan (SSIP)." This activity was designed to improve the governance component of Washington's Part C system.

The ESIT system re-design[2] work continues to move forward. The overarching desired result of this effort is to ensure that all eligible infants and toddlers and their families receive high quality

[2] View the System Design Plan online: https://del.wa.gov/sites/default/files/public/ESIT/ESIT%20Plan_FINAL_7.pdf.

comprehensive services that meet their individual needs and increase their potential for school readiness and participation in home and community life. In addition to governance, these efforts will improve the infrastructure components of finance, accountability and quality improvement.

This work includes transition activities related to rules, resources, regionalization and robust data. This work is taking place through a coordinated and collaborative effort with our primary stakeholders (the State Interagency Coordinating Council (SICC), providers, and school district staff) and partners at the Office of the Superintendent of Public Instruction (OSPI), which serves as Washington's State Education Agency (SEA). Updates for these four areas of the work are listed below:

Rules: House Bill 5879, reaffirming the Department of Early Learning (now the Department of Children, Youth, and Families) as the State Lead Agency (SLA) for Part C. The legislature require the development and submission of a System Re-design plan in support of comprehensive and coordinated services for all children eligible for the early support for infants and toddlers (ESIT) program in accordance with part C of the Individuals with Disabilities Education Act (IDEA). Among other requirements, the proposed plan included: *the identification and proposal for coordination of all available public financial resources within the state from federal, state, and local sources.* ESSB 6257, enacted into law in 2017, provided a framework for addressing a key action step recommended in the system design plan, which is to *align state funding with statutory authority and responsibilities.* Beginning September 1, 2019, Local Early Intervention Provider Agencies (EIPAs) not located within one of the four largest counties[3] in the State, will be issued contracts outlining new roles and responsibilities, braiding federal and state funding, and receive ongoing monitoring and supports provided directly by SLA personnel from the new Quality Assurance and Compliance Team. ESIT program consultants will have a revised role to help guide and clarify implementation of the new structure. This will change the current structure of Local Lead Agencies as provider agencies with the responsibility for monitoring and compliance of their service area. CLAs and ESIT will hold that responsibility in the new structure.

Resources: A significant component of the system re-design was to align funding and authority. In Response to Senate Bill 6257, ESIT submitted a report to the legislature in August, 2018 providing a framework for addressing this action step. The report outlined a proposed funding model for the state apportionment dollars shifting to DCYF. A joint letter of support for the shift between DCYF and OSPI was sent to the Governor in January, 2019. The shift is expected to take place on September 1, 2019. ESIT has worked with Local Lead Agencies, the SICC finance committee, BERK Consulting, legislative staff and other key stakeholders on this component of the re-design plan.

Regionalization: Extensive work has taken place to collaborate with stakeholders to ensure coverage for children across the state within the context of the changes happening within the system. School districts have historically been required to either provide or contract for early intervention services. This requirement is expected to be removed from statute and many of the school districts who have provided services in some capacity have already shifted to contracting with a Local Lead Agencies that have direct contracts with DCYF. On April 1, 2019 ESIT will announce a competitive bid process to award contracts to provide Part C Services throughout

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

the state. This is a shift to a competitive process for selecting agencies who will contract directly with DCYF.

Robust Data: This year the ESIT data team is in the process of updating the current data system's user interface (UI) to address the end of life Silverlight application and to restructure the data system for better optimization. Current system business requirements and new data collection elements are under review. The goal of this effort is an effective data system that collects data for general supervision and increased accountability, billing activities, and reporting. Information will be available through targeted and pre-scripted reports.

In addition to the work relating directly to the system re-design work, the ESIT team completed a number of infrastructure activities to promote data quality. The activities were designed to support Local Lead Agencies (LLAs) and early intervention providers in implementing high quality Child Outcome Summary (COS) rating processes. The ESIT program continued to require all new early intervention providers statewide to complete COS training modules within 90 days of hire, and take a quiz to demonstrate their knowledge. The ESIT team provided training on engaging families as partners in assessment and the COS process to providers in implementation sites. The ESIT team continued the quarterly call process with LLAs statewide to support the review and analysis of data. During these calls, ESIT Program Consultants provided technical assistance to LLAs on the use of Data Management System (DMS) COS reports. The ESIT team is receiving intensive technical assistance (TA) to increase internal capacity to provide support with data analysis.

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

In addition to state-level infrastructure improvements, the implementation sites have reported infrastructure improvements needed to support the SSIP work in addition to what was reported last year.

One activity deemed highly beneficial by all of the sites was reflective supervision consultation (RSC). This was incredibly expensive and sites were creative in trying to sustain it for their providers. Some have contracted externally to continue the activity. This has proven to be cost prohibitive and ESIT has received requests for additional funds to support this activity. Other sites have adopted components of the RSC they received and use them to provide "reflective practice". They implemented reflective practice during team meetings and retreats and are offering professional development in terms of reflective practice skills.

Another activity that sites have unanimously reported to be extremely beneficial is the Promoting First Relationship (PFR) training. This activity addresses both infrastructure and evidence-based practices. With regard to infrastructure, ESIT continues to support providers from each site to reach levels II and III in order to promote sustainability. Several providers have reached level III and have trained additional providers to level II (see section 1.b for more detail). One site, with financial support from ESIT, has coordinated an additional level I training for newly hired providers and ESIT will host an additional level I training for all other newly hired staff at implementation sites in April, 2019.

ESIT provided training to sites on engaging families in the child outcomes summary (COS) process and writing functional outcomes to support social-emotional assessment. Many sites have incorporated mechanisms for continuing to support staff in these areas. These include teaming time to review outcomes together and using the child outcome summary team collaboration (COS-TC) checklist to think about the process as a group. All sites are interested in follow up training materials they can use to continue to build their capacity for the professional development of their staff and ESIT is planning to develop this.

1.c The specific evidence-based practices implemented to date

The ESIT team continued to provide support to the implementation teams to implement evidence-based practices with fidelity. This support includes providing focused training and technical assistance, such as training materials and monthly planning calls, support for local implementation teams, and facilitating the development of local plans. Implementation sites with Cohort 1 have completed their formal participation in SSIP activities and are currently focused on their sustainability plans. Cohort 2 continued for a second year of implementation, and Cohort 3 started the first year.

Cohort 2 continued their local implementation teams and the ESIT team supported Cohort 3 to develop local implementation teams to lead activities at the local level. Local teams included the following:

- LLA representative/team lead;
- Early intervention program administrator (may be the same as LLA representative);
- Early intervention provider;
- Local infant mental health expert;
- Home visiting program representative and/or Early Learning Regional Coalition member; and
- Parent representative.

Local teams are used to support implementation sites in accessing local resources, knowledge and coordinating implementation of SSIP activities. Members are responsible for enhancing local infrastructure to enable the implementation of evidence based practices promoted through the SSIP. The teams, as reported by site leaders, were most helpful in “bringing together community members with different perspective sharing information and building relationships”. Partnering with other Home Visiting programs, Head Start and Early Childhood Education and Assistance (ECEAP) providers was especially helpful in sharing knowledge of social-emotional development as it is becoming a focus of many other programs. These teams have supported work on local implementation plans for all three Cohorts as well as sustainability plans for Cohort 1 and 2.

Each LLA identified a team lead to guide local SSIP activities, facilitate monthly implementation team meetings, and participate in a monthly call with the ESIT program consultants. Cohort 3 teams have begun work on local plans. The local plans mirror the state action plan and include steps, timelines, status and evidence for all SSIP activities. Cohort 2 will submit sustainability plans in June, 2019.

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. PFR was selected as the best curriculum in Phase II after reviewing a number of

evidence-based practices for alignment with to the Division of Early Childhood (DEC) recommended practices. PFR has three training levels as follows:

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

- Elements of a healthy relationship;
- Attachment theory and secure relationships;
- Contingent and sensitive caregiving;
- Baby cues and non-verbal language;
- Understanding the world from the child and parents' point of view;
- Reflective capacity building;
- Development of self for infants and toddlers;
- PFR consultation strategies;
- Challenging behaviors and reframing the meaning of behavior; and
- Intervention planning development.

PFR Level 1 Training

"I SEE THE VALUE OF IT IN CHANGING THE WAY PARENTS SEE THEIR CHILDREN AND INTERACT WITH THEM"

-JANELLE BERSCH, ESD 171

PFR Level 2 Training

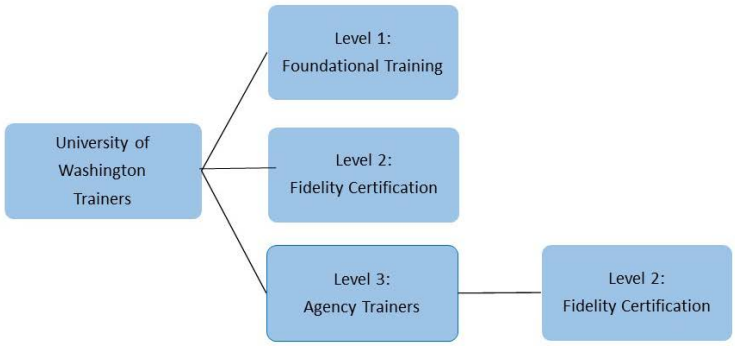
"STAFF ARE FEELING VERY SUPPORTED AND MORE EQUIPPED TO WORK WITH FAMILIES"

-KARLA PEZZAROSSI, CHILDREN'S VILLAGE

Level 2 training provides the opportunity for a select number of individuals to reach fidelity to PFR. Fidelity to PFR occurs over the course of 16 weeks and includes video review and consultation with a PFR trainer, then completing the PFR curriculum with a family for 10 weeks. Sessions are recorded and reviewed with the trainer for feedback. The trainee submits a final video that the PFR trainer scores for fidelity.

Level 3 training provides the opportunity for some providers who reached level 2 to fidelity to continue with their training and become agency trainers. This process requires an additional 16 hours of training which includes reaching fidelity with a second family and learning how to begin training learners at their agency. Level 3 agency trainers are then able to train additional providers at level 2. They receive ongoing reflective consultation from UW trainers.

The following visual depicts the three levels:



In Phase III, year three, 89 providers at implementation sites participated in level I PFR training (bringing the overall total to 298). Eleven providers have begun level II (25 providers have met fidelity so far). And five providers from the Cohorts 1 and 2 have finished level III and have trained 4 of 19 more to level II to support sustainability (none from Cohort 3 yet). ESIT will offer another level I training in early April for newly hired providers at implementation sites from each cohort.

Providers who do not continue to level 2 or 3 will have other opportunities for follow-up support. Some providers at each implementation site participate in reflective consultation groups, which provide opportunities for learning and reflection on supporting the social-emotional development of the infants and toddlers they serve. The ESIT team offered three reflective consultation groups to each cohort through a collaborative contract with the DCYF home visiting services team. Pierce County funded reflective consultation groups with local funds.

Reflective Consultation Groups

"BEING INVOLVED IN THE REFLECTIVE CONSULTATION GROUP HAS BEEN TRANSFORMATIVE TO MY WORK AS AN EARLY INTERVENTION PROVIDER. IT ENRICHED MY REFLECTIVE CAPACITY, NORMALIZED STRUGGLES, AND CELEBRATED SUCCESSES, WHICH, OF COURSE, IS A BEAUTIFUL EXAMPLE OF PARALLEL PROCESS. I AM CONFIDENT THAT THIS EXPERIENCE REDUCED BURNOUT AND INCREASED MY PROFESSIONAL CAPACITY."

-ALISSA MCCLELLAN, SOUTH SOUND PARENT TO PARENT

1.d Brief overview of the year's evaluation activities, measures, and outcomes

A significant amount of work (described above) has gone into infrastructure improvements related to the system re-design. This work has been added to the action plan and logic model in order to reflect the progress that has been made and its impact on the SSIP. ESIT will measure the infrastructure capacity in the coming months by using the State Child Outcomes Measurement System and the ECTA Center System framework[4].. The status of the state system in terms of the new outcomes will be compared to a standard that has been identified by the ESIT team with support from national TA. The measurement will take place with advice and assistance from key stakeholders in the spring of 2019.

Outcome: "providers have improved understanding of COS quality practices."
Performance Indicator*:* 90% of providers meet criteria for understanding COS quality practices.
Results**:** 97% of providers met criteria for understanding COS quality practices.

Outcome: "LLAs improve ability to analyze and use COS data."

[4] The purpose of the ECTA System Framework is to guide state Part C and section 619 Coordinators and their staff in: 1) evaluating their current systems, 2) identifying potential areas for improvement, and 3) developing more effective, efficient systems that support implementation of evidence-based practices. http://ectacenter.org/sysframe/

***Performance Indicator**:* 80% of LLAs demonstrate progress in their ability to use reports to analyze and use COS data during ongoing calls with state staff.
***Results*:** 91% reported progress from first to last quarterly call.

Outcome: "providers have knowledge and understanding of PFR practices to improve social-emotional skills for infants and toddlers."
***Performance Indicator**:* 90% of participating providers report having adequate knowledge of PFR practices.
***Results*:** 96% reported increased knowledge

Outcome: "providers implement strategies to promote positive social-emotional development."
***Performance Indicator**:* 80% of providers who received any level of PFR training and responded to a survey one year later will answer "true" or "definitely true" to 3 questions about implementation.
***Results*:** 91% of providers within cohorts 1 and 2 are meeting this outcome

Outcome: Teams develop functional IFSP outcomes that support social-emotional development.
Performance Indicator: 70% of sampled goals meet criteria as a functional outcome.
Results: 80% of IFSP outcomes from Cohorts 1 and 2 meet criteria to be considered functional. This is based on a review of outcomes post training and baseline data will be gathered in year 4 to measure the level of improvement for implementation sites.

1.e Highlights of changes to outcomes and implementation and improvement strategies

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

Type of Outcome	Outcome Description	Performance indicator
Short-term Outcome (4) NEW	State Lead Agency (SLA) has the capacity to support Local Lead Agencies to use and analyze COS data for program improvement.	SLA receives a score of at least 5 for quality indicator AN of the State Child Outcomes Measurement System (S-COMS).
Intermediate Outcome (6) NEW	SLA has the capacity to enforce the responsibilities of contractors so they can carry out IDEA and related state requirements.	SLA receives a score of at least 5 for the following quality indicators of the ECTA Center System Framework: GV2, GV3, GV4
Intermediate Outcome (7) NEW	SLA has a quality statewide system for in-service training and TA in place.	SLA receives a score of at least 5 for the quality indicator PN7 of the ECTA Center System Framework
Intermediate Outcome (10) REMOVE	Providers use strategies recommended in the guidance to link families to community services.	1) Increase in the percentage of functional outcomes related to accessing community resources is apparent on IFSPs as reflected in activities and goals. 2) Increase in the percentage of IFSPs reviewed that include

		data in the 'other services' section of the online IFSP.
Intermediate Outcome (13) NEW	Providers implement strategies to promote positive social-emotional development	80% of providers who received any level of PFR training and responded to a survey one year later will answer "true" or "definitely true" to 3 questions about implementation.
Long-term Outcome (14) REMOVE	Families will have access to community supports beyond early intervention services.	1) Increase in the number of family outcomes included in the IFSPs. 2) Increase in the outcomes and strategies that reflect coordinating and accessing other services
Long-term Outcome (15) NEW	SLA has a well-articulated purpose for its Child Outcomes Measurement System.	SLA receives a score of at least 5 for quality indicator PR1 of the S-COMS self-assessment.

Several outcomes related to infrastructure have been added (4, 6, 7, and 15) to reflect the impact of ESIT's system re-design work and other infrastructure improvements on the SiMR. Many activities are in process or have already taken place and the impact has been felt system wide. These include reports to legislature outlining a new state structure for service provision, work to align funding with authority, new contracts for CLAs and EIPAs described previously, and ongoing support to local providers in understanding these changes. ESIT has made enhancements to the state training and TA infrastructure by completing revised early intervention competencies and developing training and TA materials for the field.

Another change is eliminating outcomes related to the MOU with local home visiting programs. These outcomes are "Providers use strategies recommended in the guidance to link families to community services" (Intermediate 10) and "Families will have access to community supports beyond early intervention services" (long-term 14). The activity to meet these outcomes was for implementation sites to create or update agreements between their early intervention program and other, local home visiting programs such as Early Head Start and Parents as Teachers. A state level MOU was provided as an example along with guidance on what to include. The rationale behind these outcomes was to impact the SiMR by collaborating more closely with other home visiting providers to support social-emotional development. The ESIT team, with input from implementation sites and the SICC, has decided this activity and related outcomes are not directly impacting our SiMR in a way that warrants continued allocation of SSIP resources. Data supporting this decision included qualitative summaries of the MOUs to date, as well as limited local implementation site capacity to address emerging topics. As a result, resources necessary to pull data to measure these outcomes were not prioritized. The decision to remove the two outcomes listed above has led to removing the following improvement strategy: Partnerships and Resources – *Collaborate and share resources with Early Head Start (EHS), home visiting, and other state and local initiatives to increase access to services and resources for families, and training for early intervention providers of social-emotional skills and social relationships.* This strategy was only linked to those outcomes and is no longer needed.

Changes have been made to the activities related to measuring aspects of the use of evidence-based practice. These include the Home Visitor Rating Scale (HOVRS) and the Child Outcome

Summary Team Collaboration (COS-TC) Checklist. Both tools require a time commitment that implementation sites reported as a barrier. Activities including these tools are on hold pending further planning to determine realistic guidelines for implementation.

A new outcome was added (13) to reflect intended changes reported in Phase III, year 2. This new outcome measures whether or not providers who participated in PFR training were integrating those strategies into their daily practice. This is measured by responses to a survey taken one-year post training. The outcomes reported as being removed last year were measuring provider's ability to meet fidelity with level 2 of PFR. Therefore, the following improvement strategy will be removed: Fidelity of Implementation - *Develop a system of follow-up support for providers to ensure content of training and practices are implemented with fidelity.* The focus of the new outcomes is on whether or not these strategies are being implemented with families.

Barriers and timeline adjustments are described in detail in Attachment C, Section B (Improvement Plan). The overarching challenge has been personnel capacity at both the state and local levels. Staff turnover in a key position (July 2018) at the state level required temporary shifting of SSIP responsibilities to other members of the state leadership team. The entire ESIT leadership team rallied together to balance the increasing SSIP responsibilities with ongoing routine general supervisory authority functions. To increase capacity, ESIT has added additional positions in recent months. Leaders within the implementation sites provided very helpful feedback on their ability to complete the SSIP activities as planned and sustain the high level of quality services already in place. Minor adjustments have been recommended for consideration for next year. See section 5 for more detail.

2) Progress in implementing the key activities of the SSIP, including measurable outcomes, and Resulting Data *(Sections B(1), C, and D of suggested OSEP outline)*

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

This section includes the following:

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

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

2.a Professional Development

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

<u>Status:</u> This activity is composed of several steps including the development of a practice guide and the development and implementation of training on writing functional outcomes. All of these

steps have been completed according to the projected timeline. This year, ESIT provided this training to one additional site in Cohort 2 and all three site participating in Cohort 3. As shown in the table below, 97% of providers attending these trainings passed the quiz, indicating good understanding for the content. A sampling of post-training outcomes was pulled and reviewed for the presence of seven components including (1) Necessary/functional, (2) real-life contextual settings, (3) discipline free, (4) jargon free, (5) positive, (6) active, and (7) context of a relationship. Data from implementation sites in Cohorts 1 and 2 were pulled based on a date range beginning three months after training and ending December 31, 2018. Data indicate that 80% of outcomes reviewed met the criteria; five of seven components were present. These data infer an effective training for providers who used the information to write functional outcomes.

Additional data that informed this activity has come from the feedback of training participants. Their feedback was used to make changes/improvements to the training on an ongoing basis. These includeded clarity around the difference between child and family outcomes and Family Resources Coordinator (FRC) outcomes (handout developed) and improved materials about what each component of a functional outcome is and how to include it in an outcome. ESIT partnered with a non-implementation site, King County, to refine this resource based on similar training implemented with their local providers.

Current plans include use of these data to begin developing a “follow up” training for implementation sites based on their individual needs identified in the data. For example, some implementation sites still appear to be struggling with incorporating a component of the ‘context of a relationship’ into functional outcomes. Additional training would be provided along with activities to further build on the strengths of the providers at the respective sites. Implementation sites have expressed a need for further instruction on how to best monitor outcomes. Many have built this practice into their teaming opportunities as a result of the training and feel additional guidance would be helpful.

Mid-course Corrections: As part of the continuous improvement cycles, a new outcome has been added to the logic model to reflect changes in the SLA infrastructure aligned with this activity and corresponding outputs. Throughout Phase III of the SSIP, the State Training and Technical Assistance Team has been developing trainings and guidance materials and working to build a foundation for a high quality, statewide system for training and technical assistance (TA). Washington is in the process of scaling up a system to support statewide training efforts in a comprehensive, consistent way. The work done with implementation sites in combination with data and feedback collected will support this statewide throughout Phase III, Year 4

Another consideration for a mid-course correction is to review the language of outcome 3 with stakeholders. The outcome is worded to measure an “improved” understanding, however, there is not a mechanism in place to measure understanding in a pre-post context (i.e. no baseline data). A recommendation will be made to remove the word “improved” from the outcome becasue only post training understanding is being measured. The nature of this outcome does not require comparison to a baseline.

Data:

Short-term Outcome (3)	Performance Indicator	Result
Providers have improved understanding of writing functional outcomes that support social-emotional development.	90% of providers meet criteria for understanding writing functional outcomes. Criteria is passing score of 80%	Met Indicator 97% of providers scored 80% or higher on the quiz.

Intermediate Outcome (7) NEW	Performance Indicator	Result
SLA has a quality statewide system for in-service training and TA in place.	SLA receives a score of at least 5 for the quality indicator PN7 of the ECTA Center System Framework.	Data will be collected in Phase III, year 4
Intermediate Outcome (12)	**Performance Indicator**	**Result**
Teams develop functional IFSP outcomes that support social-emotional development.	70% of sampled goals meet criteria as a functional outcome.	Met Indicator Cohorts 1 and 2: Post Training: 80%
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan)		
Additional training materials developed in support of writing functional outcomes. This includes an updated resource for reviewing outcomes to meet 7 required components, and a resource sheet describing the 7 components and how to incorporate them into a functional outcome. In addition, a resource sheet describing the difference between child and family outcomes and FRC outcomes was developed.		

Data limitations: An additional data point identified as a result of analyzing the data for outcome 12 was to look at whether or not the outcome reviewed was associated with an initial IFSP or an update or review. ESIT will continue to work with stakeholders as we review and analyze this issue moving forward as it may have implications for assessing progress.

Baseline data for functional outcomes that meet the criteria is not yet available. A sample will be pulled using the same method as the post-training data with a data range of one year prior to the training. With this data set, ESIT will be able to determine the rate of improvement.

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

Status: This activity describes the work done to implement evidence-based practices with Promoting First Relationships. Based on qualitative data gathered by implementation sites and providers, this training has been very well received. Each step needed to implement this activity is either complete or ongoing. This year all seventy-five providers with Cohort 3 were trained at level 1. For all Cohorts to date, twenty-nine have reached fidelity to the practice at level 2, four of whom were trained by Level 3 agency trainers. Additionally, seven have completed level 3.

Analysis of the data in the table below indicates providers reported the knowledge they have gained as a result of this training is useful and that they are incorporating the strategies and philosophies into their regular practice. It was noted that all providers who did not report the training to be useful came from one agency. During the level 1 training, the providers at this agency expressed concern with the aspect of PFR that uses video recordings of the family used for reflection. Several felt very strongly that it was not appropriate to ask a family to be recorded. The majority of those who did not report that they were implementing PFR strategies were FRCs and educators. Work was done to further inform all providers, but FRCs in particular, of the connection between their work and PFR. As a result, the percentage of those who report using the strategies (91%) is substantially high.

PFR is designed to increase the capacity of the family to meet the social-emotional needs of their child (outcome 16). This area of development is foundational to all other domains and ESIT's logic model reflects the correlation between providers using PFR and families achieving their IFSP outcomes (outcome 17). Data in support of outcome 17 demonstrates an increase in the percent of families who achieve their IFSP outcomes by 1.21% across Cohorts 1 and 2.

Data:

Short-term Outcome (5)	**Performance Indicator**	**Result**
Providers report knowledge of PFR practices to improve social-emotional skills for infants and toddlers.	90% of participating providers report having adequate knowledge of PFR practices by answering 4 or 5 to the following question: This Promoting First Relationships training provided me with useful knowledge and skills.	Met indicator Cohort 3: 96% of participants gave a score of 4 or 5.
Intermediate Outcome (13) NEW	**Performance Indicator**	**Result**
Providers implement strategies to promote positive social-emotional development	80% of providers who received any level of PFR training and responded to a survey one year later will answer "true" or "definitely true" to the following questions: 1: The PFR training has helped me more effectively perform my job. 2: I have been able to integrate what I learned during the PFR training into my work with children and families. 3: I have been able to use PFR strategies with families, such as using joining questions, positive instructive feedback, and reflective questions.	Met indicator Cohorts 1 and 2: 91% of providers answered "true" or "definitely true" to three questions asked one year after receiving training.
Long-term Outcome (16)	**Performance Indicator**	**Result**
Families will have increased ability to support and encourage their children's positive social-emotional development.	(1) Increase in the percentage of families that report an increased capacity to help their child develop and learn.	ESIT is currently in the process of updating the family outcome survey to include questions to measure this outcome.

	(2) 80% of families report engagement in the implementation of their child's IFSP strategies.	
Long-term Outcome (17)	**Performance Indicator**	**Result**
Families and children will achieve their individual functional IFSP outcomes.	Increase in the percentage of outcomes met within the identified timelines.	Met indicator There has been an increase of 1.21% in the overall percent of outcomes met for Cohorts 1 and 2 implementation sites as of December, 2018

Data limitations: There were no data limitations related to professional development identified by internal or external stakeholders.

2.b Qualified Personnel

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

Status: ESIT has provided scholarship funds for providers at implementation sites to apply for WA-AIMH endorsement. As of January, 2019, ten providers from Cohort 1 have obtained WA-AIMH endorsements (eight category II, 2 category III), with twenty-nine providers from Cohorts 1 and 2 continuing to pursue their endorsement. This is an overall increase of 20 providers either seeking endorsement or already endorsed.

Potential Mid-course Correction: More discussion will take place in the coming months to determine whether to continue this activity. Based on feedback from implementation sites during in depth interviews and monthly site leaders calls, it appears there has been little value added to having staff receive the endorsement at categories I and II. Obtaining WA-AIMH endorsement is very time intensive and providers have found it challenging to complete the application and reportedly question what has been gained once endorsement is received in these categories. In order to be endorsed at Category II and III, providers must receive up to 50 hours of reflective supervision. Providers at each implementation site have participated in reflective supervision which has been very well received based on the information gathered during the interviews and calls referenced above. When thinking about sustainability, the most beneficial aspect of having an endorsement is for Category III because it allows for the individual to provide reflective supervision. Several providers have expressed interest in facilitating reflective practice within their agency as well as statewide. Cost of reflective supervision is prohibitive and supporting more providers to reach category III may be a shift Washington makes in year 4 toward sustainability for this activity.

2.c Assessment

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

Status: This activity is fully complete for Cohorts 1, 2, and 3. All steps including COS training modules, enhancements to the DMS and in-person training on engaging families in the COS process were completed within the expected timelines. Newly hired providers across the state continue to review the modules and take the required quiz, which is tracked by ESIT and verified by LLAs. The resulting data indicate that 97% of providers who completed the modules passed the quiz with a score of 80% or higher. These data demonstrate a strong foundation of understanding of high quality COS rating processes across the state. Outputs including ESIT's training on engaging families in the COS builds on this foundation to offer providers learning opportunities for engaging families in the COS process. This training was provided to Cohort 3 implementation sites this year and 99% of providers passed the quiz with a score of 80% or higher.

Mid-course Corrections: The in-person training was updated based on written and verbal feedback from providers who attended at implementation sites. These updates include elements of the Child Outcome Summary Team Collaboration (COS-TC) Checklist and an overview of the ENHANCE Project[5].

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

Data:

Short-term Outcome (1)	Performance Indicator	Result
Providers have improved understanding of COS quality practices.	90% of providers meet criteria for understanding COS quality practices on a quiz following modules. Criteria is passing score of 80%	Met indicator Data as of December, 2018: 97% of providers who completed the COS training passed the quiz with a score of 80% or higher. 87% passed on their first attempt, an increase of 2%.
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan)		
A new practice guide was developed which captured the content of the ESIT training. The practice guide was made available statewide in response to requests for information similar to what implementation sites have received.		

Data limitations: While there appears to be an increase in the rate of providers who passed the quiz after reviewing the COS modules (outcome 1), further data analysis is needed to ensure data accuracy and quality. The quiz and results are housed on an external website and after reviewing the current results it appears there may be missing data. Some providers who report having completed the quiz are not reflected in the aggregate data. Work is currently being done to further examine this.

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

[5] ENHANCE is a research project designed to improve the quality of child outcomes data: http://ectacenter.org/eco/pages/enhance.asp

Status: In Phase III, year 2 ESIT reported the completion of training on the Child Outcome Summary Team Collaboration (COS-TC) Checklist. Cohort 1 has submitted data for a small number of providers and ESIT requested Cohorts 2 and 3 wait on the use of the tool due to potential data limitations identified.

Mid-course Correction: The COS-TC was intended to measure outcome 8 that "teams complete COS process consistent with best practices" with a result of 100% of providers meeting established criteria on the checklist (this is a slight change to the performance indicator which originally read "75% of teams will score 75% or better on the adapted COS-TC checklist". Data:

Intermediate Outcome (8)	Performance Indicator REVISED	Result
Teams implement COS process consistent with best practices.	100% of teams will score 75% or better on the adapted COS-TC checklist as indicated by a score of 27 yes' out of 36 possible.	Due to the continued complexity of SSIP activities, the implementation sites have not had the capacity to focus on the use of the COS-TC in addition to the HOVRS.

Data limitations: In response to capacity concerns from implementation sites, ESIT allowed flexibility in how the COS-TC was completed. Because of this, the resulting data are not able to be fully analyzed. There were too many inconsistencies in who completed the observation, whether it was in person or a video, and whether it was a supervisor, peer or self-assessment. When controlling for these different factors there is not enough data to come to any meaningful conclusions.

Mid-course Correction: The ESIT team, with input from implementation sites and the SICC, has decided to rethink the guidelines for this tool to be more prescriptive and determine if there are alternative methods for measuring these activities that might be less burdensome on providers. Additional planning will take place, as described in section 5, to determine the best way to move forward with this activity with a reliable metric for the measurable outcome.

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

Status: This activity is complete for Cohorts 1, 2, and 3. Steps included developing and implementing training materials regarding ESIT's expectations for completing more in-depth, social-emotional screening and assessment for all children referred for services. Each participant completed a quiz after the training. For Cohorts 2 and 3, 89% passed the quiz.

Mid-course Correction: There were two questions in particular that were missed by approximately 20-30% of participants: (1) When should children referred for services receive an assessment of their social-emotional development with the Ages and Stages Questionnaire, Social Emotional (ASQ:SE) and (2) The ASQ:SE can be completed over the phone with the family, true or false? As a result of these commonly missed questions, during the training the ESIT team focused more on the requirement that the ASQ:SE be completed in person and attempted to clarify the requirement that every child should receive the ASQ:SE unless there are identified concerns or they have had a social-emotional screening/evaluation in the last three months. If concerns in this area are present at referral, or identified by the ASQ:SE, the child should receive a more in-depth social-emotional evaluation using a recommended tool such as the Devereux Early Childhood Assessment (DECA).

After analyzing these data and gathering feedback from all three Cohorts about how they are implementing these requirements, the ESIT team is considering eliminating the ASQ:SE from the requirement and simplifying it to only include the DECA or other approved tool for all children referred. Many implementation sites chose to do this on their own and forgo the ASQ:SE altogether. The largest LLA not involved in the SSIP, has already put this requirement in place. A review of the data they have received because of this change will be key to supporting a decision going forward.

Another consideration for a mid-course correction will be to review the language of outcome 2 with stakeholders. The outcome is worded to measure an "improved" understanding, however, there is not a mechanism in place to compare their understanding after the training to a baseline. A recommendation will be made to remove the word "improved" from the outcome as only post training understanding is being measured. The nature of this outcome does not require comparison to a baseline.

Data:

Short-term Outcome (2)	Performance Indicator	Result
Providers have improved understanding of social-emotional screening and assessment.	90% of providers meet criteria for understanding social-emotional screening and assessment. Criteria is passing score of 80%	Indicator not met Cohorts 2 and 3: 89% of providers scored 80% or higher on the quiz.
Intermediate Outcome (11)	**Performance Indicator**	**Result**
Providers use approved social-emotional assessments as described in ESIT practice guides.	90% of newly enrolled infants and toddlers are evaluated or assessed with the recommended tools.	Data will be collected in Phase III, year 4

Data limitations: This data set is not complete due to missing data for outcome 2. ESIT is in the process of developing a data management protocol to store and manage data effectively.

2.d Accountability

Activity 1: ESIT clarifies roles and responsibilities of the Department of Children, Youth, and Families as Washington's Part C lead agency to support implementation of the State Systemic Improvement Plan (SSIP) [Infrastructure]

Status: This activity includes steps outlined in the ESIT system re-design plan which are nearly all complete. Newly added steps to the improvement plan that ESIT and stakeholders have been working on include submitting plans around regionalization and funding to the legislature, shifting the state early intervention funds to the SLA, developing new contracts for providers and filling internal positions to develop a comprehensive monitoring system. This activity is scheduled to be complete by the end of June, 2019. More information on the status and impact of this activity can be found in section 3.a.

Mid-course Correction: A new intermediate outcome (6) has been added to the logic model to indicate how the system re-design work will impact the SiMR. The data gathered next year will support the SLA and stakeholders to identify areas of the ECTA Center System Framework for ongoing self-assessment development.

Data:

Intermediate Outcome (6) New	Performance Indicator	Result
SLA has the capacity to enforce the responsibilities of contractors so they can carry out IDEA and related state requirements.	SLA receives a score of at least 5 for the following quality indicators of the ECTA Center System Framework: GV2, GV3, GV4	Data will be collected in Phase III, year 4
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan)		
ESIT has developed new contracts for County Lead Agencies and Early Intervention Provider Agencies in line with the system re-design which include performance based contracting metrics required by HB 1661[6]. ESIT has filled a Quality and Compliance manager position to develop a comprehensive monitoring system. Outputs accomplished in previous years but not reported to OSEP for SSIP purposes include: Local and regional meetings with ESIT Program Consultants to inform providers and other stakeholders about the system re-design, work toward a shift in state allocated early intervention funds from the Office of Superintendent of Public Instruction (OSPI) to DCY,F and two recorded webinars highlighting the changes to the system as outlined in the system re-design plan.		

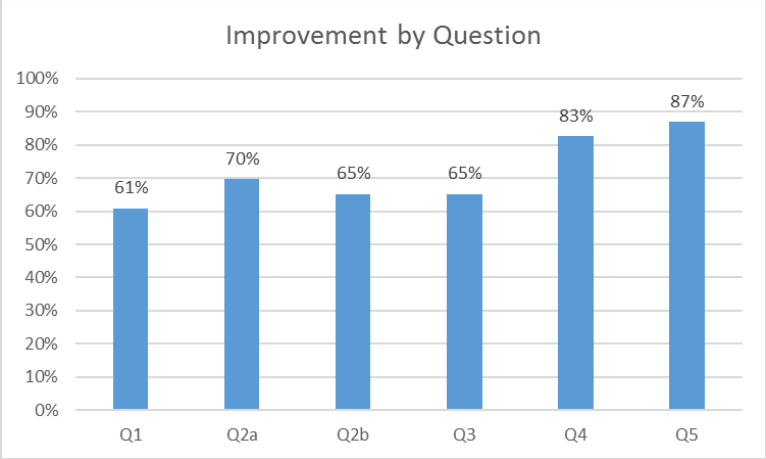
Data limitations: There were no data limitations identified by internal or external stakeholders.

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

Status: Most of the steps to complete this activity are in-process. The ESIT team continued the quarterly call process with LLAs statewide to support the review and analysis of data. During these calls, ESIT Program Consultants provided technical assistance to LLAs on the use of DMS COS reports, including comparing their COS entry scores (pre, during, and post COS modules and SSIP training) to State and other LLAs to identify any patterns that would indicate a need for change in practice. ESIT Program Consultants reviewed the LLA response data for

[6] House Bill 1661: http://lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1661-S2.PL.pdf

SSIP Outcome 9 and gathered input on how to move forward with the leadership calls.



This graph shows the improvement from the first call to the sixth on each question the LLAs were asked. Results indicate the greatest progress on question five, which demonstrates the most challenging task. Most LLAs reported a higher skill level with the task measured with question one, (finding reports in the DMS) and less were skilled at using their data for program improvement (question five). This shows continuous progress for the most challenging set of skills.

Mid-course Correction: LLAs were asked what supports would be most helpful to them and how often they would like to receive this support. They indicated that continuing on a quarterly schedule would be most beneficial. Moving forward, the quarterly calls will focus on an individualized approach, targeting TA around COS data purpose, collection, usage, and analysis. ESIT made this determination based on the continued variance in responses to the evaluation questions. While there is overall improvement, each site continues to have specific areas of need that may not be addressed using a consistent agenda for the calls.

Based on the recommendation of national TA support, ESIT will ask the evaluation questions annually rather than quarterly. Encouraging a culture of data use is a change that happens slowly, therefore there is not a need to ask monitoring questions as frequently. ESIT staff is receiving support from national TA to enhance skills in data analysis and build a culture of effective data use within the ESIT team.

Mid-Course Correction: A new outcome has been added to the logic model and evaluation plan. Short-term Outcome 4, shown below, will be measured using the State Child Outcomes Measurement System (S-COMS) self-assessment regarding analysis to determine if the SLA has the capacity and infrastructure in place to support LLAs in their use of COS data for program improvement.

Data:

Short-term Outcome (4) New	Performance Indicator	Result
State Lead Agency (SLA) has the capacity to support Local Lead Agencies to use and	SLA receives a score of at least 5 for quality indicator AN of the State Child	Baseline: AN2 – QI rating of 2 AN4 – QI rating of 3

analyze COS data for program improvement.	Outcomes Measurement System (S-COMS).	Post data will be collected in Phase III, year 4
Intermediate Outcome (9)	**Performance Indicator**	**Result**
LLAs improve ability to analyze and use COS data.	80% of LLAs demonstrate progress in their ability to use reports to analyze and use COS data during ongoing calls with state staff.	Met indicator 91% of LLAs report increased ability from the first call to the last (6 calls total).

Data limitations: NA

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

Status: All steps to implement this activity have been completed according to the anticipated timeline. This activity was not limited to implementation sites and data has been collected for all LLAs statewide. ESIT updated the current self-assessment monitoring tool to include the Local Child Outcomes Measurement System (L-COMS) self-assessment tool. It was required that each LLA complete quality indicators PR1, DC1, DC2, and AN3 and identify an improvement strategy to include in their local system improvement plan.

The strategies identified by each LLA were analyzed to determine whether or not they were based on QI ratings from the L-COMS. As shown in the table below for revised outcome 18, the majority of the strategies were linked to a QI rating of 5 or less in any one area. These will be supported by ESIT Program Consultants and assessed during quarterly check-ins with LLAs about their improvement plan.

Mid-course Correction: A new long-term outcome has been added to the logic model and action plan. Outcome 15, listed in the table below, is intended to measure the degree to which the state team has a data system that reflects an articulated purpose for the child outcome summary measurement in Washington. This outcome was added after consulting with national TA providers in order to accurately reflect the work being done by the ESIT team to improve state infrastructure, in order to best support systems change and improvement.

Data:

Long-term Outcome (15) NEW	**Performance Indicator**	**Result**
SLA has a high quality data system that reflects the purpose of the COS process.	SLA receives a score of at least 5 for quality indicator PR1 of the S-COMS self-assessment.	Baseline: PR 1 – QI rating of 3 Post data will be collected in Phase III, year 4
Long-term Outcome (18)	**Performance Indicator**	**Result**
Providers use data to select relevant improvement strategies regarding the child outcome summary process.	Strategies added to the local improvement plan by LLAs will be linked to L-COMS quality indicators with a QI of 5 or less.	74% of strategies selected had a QI rating of 5 or less on the L-COMS
Outputs Accomplished This Year (for more detail see attachment C, section B (Improvement Plan)		

Revised Local System Improvement Plan templates for LLAs which include a section for improvement strategies specifically related to the COS process. These plans include a format that allows for formal follow up support and completion of the plan to be documented for ESIT and LLAs.

Data limitations: NA

3) Progress Toward Achieving Intended Improvements *(Section E of suggested OSEP outline)*

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

Within each of the three components of the ECTA Center System Framework identified for State Lead Agency (SLA) continuous improvements, there have been foundational infrastructure changes that have increased the SLA's capacity to provide the administrative oversight necessary to lead meaningful systems change at the state, county, and local levels. A crucial aspect of the systems change is the SLA's ability to leverage fiduciary resources in support of county and local lead agencies' capacity to achieve and sustain increases in the SiMR. Plans for scaling the SSIP key initiatives to additional cohorts are addressed under Section 5, Plans for Next Year.

The most significant infrastructure changes are associated with the Governance component. The passage of Senate Bill (SB) 5879 in 2016 provided the opportunity for ESIT to move forward in developing recommendations for a system redesign. The legislation required the SLA to develop and submit a plan to the Washington State Legislature on comprehensive and coordinated services for all infants and toddlers eligible for the ESIT program. The overarching desired result of this system redesign effort has been to ensure that all eligible infants, toddlers, and their families receive high-quality comprehensive services that meet their individual needs and increase their potential for school readiness and participation in home and community life. The SiMR is the primary strategy for ensuring school readiness. The SLA has successfully launched the reorganization of statewide early intervention services[7] designed to increase efficiency and accountability. This system re-design required clarification of roles and responsibilities across the three levels of early intervention provision – state, county, and local levels (see attachment C, section B Improvement Plan). Programmatic oversight for early intervention service delivery has been streamlined to reflect a smaller set of regions by September 2019 to ensure consistent monitoring and support, effective communication, collaboration and training. A series of regional, county, and local technical assistance meetings have been conducted by the ESIT Program Consultants to facilitate an increased understanding of the system re-design plan.

In addition, there were infrastructure changes implemented connected to the Personnel/Workforce component within the SLA to support achievement of the SiMR. For example, with cross-sector supports within the DCYF, the program was able to increase its capacity to develop and sustain an in-service training system specifically for the Child Outcome Summary (COS) assessment process. These new in-service training strategies include requirements for the county and local early intervention providers to complete the existing COS

[7] A Request for Qualifications (RFQ) was made available to the public on April 1, 2019, simultaneously released with the submittal of this federal Phase III, Year 3 Evaluation Report.

training modules, the Child Outcome Summary Team Collaboration Checklist (COS-TC), and training to engage the family in the COS process. Qualitative information reflects increases in the degree to which families are involved as part of the team in the COS assessment process. Updates were made to existing training and TA materials and a new practice guide was developed to provide further clarification for understanding. ESIT garnered support from the State Interagency Coordinating Council's Personnel and Training Sub-Committee to update and expand the Early Intervention Competencies to incorporate social–emotional competencies and respective evidence-based practices.

Changes to infrastructure linked to the Data Systems component was evident in FFY 2017. Specifically, the SLA developed a process[8] for using the Child Outcome Summary (COS) assessment data to assess progress and make programmatic adjustments. An example of the systemic impact of this infrastructure change is the FFY 2017 provider service contracts. These contracts for the new performance period included the requirement for all LLAs to complete the Local Child Outcomes Summary Self-Assessment (L-COMS) as a contract deliverable. LLAs submitted results of the self-assessment by March 30, 2018. With administrative support and technical assistance provided by the ESIT Program Consultants, LLAs developed local improvement plans using the results of the L-COMS self-assessment to strengthen their respective child outcome measurement system in order to (a) use the data to inform the development of Individualized Family Service Plans and (b) increase the overall quality and sustainability of their county or local early intervention service delivery system.

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

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

Fidelity to PFR occurs over the course of 16 weeks and includes video review and consultation with a PFR trainer, then completing the PFR curriculum with a family for 10 weeks. Sessions are recorded and reviewed with the trainer for feedback. The trainee submits a final video that the PFR trainer scores for fidelity.

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

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

- Encourage positive, social-emotional connection between the caregiver and child

[8] The specific steps and timelines for the process are described in detail in the Washington State Action Plan under Section B.

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

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

Cohort 1:

- Level 1 training: 104 individuals completed
- Level 2 training: 15 individuals have reached fidelity
- Level 3 training: six of the individuals who achieved Level 2 fidelity have completed the training and become certified as agency trainers.
- Level 3 trainers have completed training for four additional providers at Level 2 so far.

Cohort 2:

- Level 1 training: 105 individuals completed
- Level 2 training: ten individuals have reached fidelity
- Level 3 training: 1 has reached fidelity as an agency trainer

Cohort 3:

- Level 1 training: 77 individuals completed
- Level 2 training: 11 providers are in process
- Level 3 training: not yet begun

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

A key area of focus of Washington's SSIP is to improve COS data quality and accurately capture social-emotional needs for children enrolled in order to provide appropriate services. Addressing these key areas will ultimately lead to an increase in the percentage of children who substantially increase their rate of growth in this area by the time they exit services (SiMR). Infrastructure and practice activities within each of the strands of ESIT's Theory of Action (attachment A) include activities related to professional development, qualified personnel, assessment and accountability. Progress on the infrastructure and practice related activities and achievement of the outcomes in the logic model has also supported progress toward accomplishing the SiMR.

ESIT, with support from national TA and stakeholders, identified the importance of a well-articulated purpose for the Child Outcome Measurement System. A new long-term outcome was added to measure this as a foundational component for high quality COS data. Baseline data indicates a rating of 3 for the Purpose Quality Indicator of the State Child Outcomes Measurement System self-assessment tool. A standard of 5 has been set for Washington and data will be collected in the coming year. ESIT has provided training and TA in support of improved COS data quality with activities including COS modules, in-person training, and guidance materials. Resulting data demonstrates provider understanding of the COS process and how to engage families. Results from quizzes taken after the modules and in-person training indicate that 97% of providers statewide understand the process and 99% within

implementation sites understand how to engage families in the COS. Additional work will be done in year four to measure how providers are implementing the COS process with families using the COS-TC. Additionally, in support of quality COS data, the ESIT team supported LLAs statewide in analyzing and using COS data which resulted in a 91% increase in ability to use the skills measured during quarterly calls. A new short-term outcome (4) has been added to the logic model measure the SLA's capacity to support this culture of data use. LLAs statewide have selected improvement strategies related to the COS process based on data they collected using the L-COMS self-assessment. Progress on this set of outcomes and activities is bringing Washington closer to high quality COS data.

In addition to quality data, identifying the social-emotional needs of children referred to and enrolled in ESIT is key to ensuring those children are able to demonstrate a substantial rate of growth. A group of practice related activities have been completed with all three cohorts to increase knowledge of completing social-emotional assessment and writing functional IFSP outcomes that support social-emotional development. Data collected from quizzes taken after a training on these topics at implementation sites indicate that 89% of providers understood the content related to assessment (the performance indicator was 90%) and 97% of providers understood content on writing functional outcomes. Additionally, a sample of IFSP outcomes from implementation sites in Cohorts 1 and 2 resulted in data indicating 80% met criteria (the performance indicator was 70%). This progress toward knowledge and skills related to quality assessment and functional outcomes will support improvement toward achieving the SiMR by more accurately identifying needs and planning for services to address those needs.

Progress toward achieving the outcomes related to evidence-based practice has been measured through PFR participant surveys. Data collected from post-training questionnaires indicate 96% of providers participating in Promoting First Relationships (PFR) Level I training reported having gained useful knowledge and skills. In addition, 91% of providers from Cohorts 1 and 2 reported implementing PFR strategies into their regular practice on year later. Progress toward sustainability is being made by developing an infrastructure to support continued training with providers completing Level III and meeting fidelity as an agency trainer. Knowledge of PFR practices has enhanced provider ability to be reflective and offer coaching that supports the parent-child relationship.

These enhancements to infrastructure and practice in terms of ESIT's professional development and child outcome measurement systems are reinforced by system's wide infrastructure enhancement which will ensure the SLA has the capacity to support contractor's accountability and capacity to meet IDEA and related state requirements. Roles and responsibilities have been clarified, new contracts will be in place on September 1, 2019 and funding will ultimately be aligned with authority through a shift in the mechanism for state funding distribution. This important work will allow the SLA to ensure a consistent system for training, technical assistance and monitoring.

3.d Measurable improvements in the SiMR in relation to targets

Data collected for progress in social-emotional development (Outcome A) indicated slight improvement. The percentage of children who entered the program below age expectations in social-emotional development and substantially increased their rate of growth increased from 55.69% in FFY 16 to 56.74% for FFY 17. The target was 56.80%. Although ESIT did not meet target for the SiMR, there was an increase in outcome achievement of 1.05% for positive social-emotional skills. We anticipated outcomes would get worse before they got better due to the increased expectations and training for providers in completing the COS process consistent with

culturally appropriate, evidence-based practices in support of Washington's infants, toddlers and their families. The target for FFY18 is 58.25% and progress will be reported in Phase III, Year 4.

4) Stakeholder involvement in implementation and evaluation *(Section B(2) of suggested OSEP outline)*

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

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

Group	Date(s)	Topic(s)
State Interagency Coordinating Council (SICC)	February, 2019	SSIP updates and feedback
SICC Data committee	May and August, 2018	Feedback on the evaluation plan
Local Lead Agency representatives (east and west)	February, 2019	Information shared on COS data use across the state as a result of the quarterly call. Presentation by LLAs on how they use their data.
Local Lead Agency representatives (east and west)	November, 2018	Feedback on the development of the engaging families in the COS practice guide
Local implementation site leadership teams	Bi-monthly meetings April 2018-March 2019	Feedback on SSIP activities: successes, barriers, mid-course corrections
Implementation site leaders' community of practice	Monthly phone calls April 2018-March 2019	Feedback on SSIP activities: successes, barriers, mid-course corrections
Implementation site leaders from Cohorts 1 and 2	March 2019	In-depth sustainability interviews

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

Stakeholders have been informed of the ongoing implementation and evaluation of the SSIP. The Data committee of the SICC made recommendations for changes to the evaluation plan, including outcome and performance indicator language. These included two changes: 1) A change to the performance indicator for Intermediate outcome 8 as described in section 2.c., and 2) A change from 'capacity' to 'ability' for long-term outcome 16 which more accurately reflects that families will implement IFSP activities to meet outcomes,

The SICC reviewed data and made recommendations on many of the proposed changes to outcomes and measures discussed in section 1.d during their February, 2018 meeting. They offered recommendations to move forward with mid-course course corrections for using an individualized approach to the quarterly calls (intermediate outcome 9), to measure implementation of PFR strategies with a post survey 1 year later (intermediate outcome 13), and

how to best pull a representative sample for functional outcomes to review (intermediate outcome 12).

Leadership from each implementation site participated in a monthly conference call with the ESIT team. During these calls, each site leader shared feedback on the successes and challenges of their teams. The group brainstormed strategies for mid-course corrections and provided feedback to the ESIT team to inform decisions.

Implementation site leaders provided extensive feedback on many outcomes and activities, including the activity to use the HOVRS with providers. During site leaders' calls and sustainability interviews it was clear they did not all have the capacity to implement the HOVRS as intended. Several sites did make infrastructure changes in order to use the tool to the full extent (rating an observation, reflecting with the provider and making professional development goals) but these were few. This feedback was instrumental in ESIT's decision to rethink the guidelines and expectations for this activity and how best to use it to measure progress toward the SiMR as described in section 1.d.

Another activity site leaders provided feedback on was developing MOUs with local home visiting programs and increasing referrals out for additional services that support social-emotional development for ESIT enrolled children. About half of the site leaders shared that these were helpful in starting conversations and better communication with local partners. Others shared that it felt disjointed from the rest of the SSIP work and that they already had effective communication and collaboration occurring in their service area. This feedback, along with reasons shared in section 1.d led to the mid-course correction decision to eliminate this activity, related outcomes and improvement strategy.

5) Plans for Next Year (Section F of suggested OSEP outline)

ESIT has engaged in critical analysis regarding how to move forward with the SSIP. Currently, Cohort 2 will be submitting sustainability plans and Cohort 3 will continue with the second year. Cohort 4 was scheduled to begin this coming summer, however, ESIT will not begin the cycle again in Phase III, year 4. This is a significant mid-course correction which was decided based on much reflection and feedback from national TA and stakeholders. Moving into year 4 the focus will be on completing Cohort 3, further data analysis, and sustainability for infrastructure and practice activities. Washington's SSIP is an ambitious plan with many moving parts designed to achieve the key outcomes as outlined in the logic model. It will be necessary to spend year 4 immersed in the data and planning for sustainability and scale up of the plan over time. This decision is supported by the SICC and all three cohorts.

Specific plans will focus on infrastructure changes taking place in Washington that will have an impact on the SiMR and statewide services as a whole. During FFY 2017, the Early Childhood Technical Assistance Center (ECTA) System Framework tool was used to conduct a systems alignment of key infrastructure activities, outputs, and respective outcomes achievement. Stakeholders, both internal agency representatives and external partners, identified three of six interrelated components of the ECTA Center System Framework most germane to the long-term systems change and sustainability currently reflected in the Theory of Action and companion Logic Model. Improvement areas identified included Governance, Personnel/Workforce, and Data System components. Further recommendations were made during FFY 2018.

Stakeholders noted three subcomponents of the Governance component, including Subcomponent 2: Legal Foundations, Subcomponent 3: Administrative Structures and Subcomponent 4: Leadership and Performance Management, included quality indicators already in place that are supporting the evidence-based practices[9] being implemented as part of the State Systemic Improvement Plan (SSIP). Subcomponent 4: In-service Personnel Development of the Personnel/Workforce component continues to be a cross-sector area of focus with increased supports being leveraged and resourced through both the Professional Development and Family Support Divisions within the DCYF. Members of these divisions will join other stakeholders, including parents, who will be convened to engage in the self-assessment targeted for FFY 2018. In reviewing the third component, Data Systems, stakeholders cross-walked and subsequently deferred to the State - Child Outcomes Measurement System[10] (S-COMS). Stakeholder expressed an interest in further study of the Analysis component noting lower ratings in Quality Indictor AN2, addressing state and local accountability and program improvement strategies related to child outcomes data. Analysis of both the baseline (June 2016) data collection and initial benchmark data collection (targeted for FFY 2018) will be included in the Phase III – Year Four Report.

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

Professional Development

The SICC offered valuable recommendations on how to effectively follow up with implementation sites on the training they received from ESIT in individualized ways. These included develop training packages for agencies to use with newly hired staff and discuss specific needs with each agency to determine what kind of support is needed.

ESIT plans to further explore the most effective way to measure the impact of the PFR training on provider performance as well as child and family outcomes. After exploring multiple options for measuring the effectiveness of home visits, the HOVRS has been determined to be the best tool for ESIT as it aligns well with PFR. This tool will be incorporated into requirements of the new performance based contracts for Washington providers for the 19/20 contract year. Information gathered from past SSIP cohorts and providers who will be using it in the coming year will inform a decision on how to implement the tool in a way that is not too burdensome for providers, much like the plan for the COS-TC.

ESIT has engaged in conversations with University of Washington (UW) about the possibility of a "refresher" course for PFR level 1. The need for this has been identified by implementation sites during in-depth interviews about sustainability for all SSIP activities. Best practice in training supports follow up as key in ensuring attendees incorporate their new knowledge into practice. There is a plan to partner with UW to develop a packet of materials/training content for level 3 providers to use for follow up with level 1 providers to support the use of PFR in their work with families.

[9] See Phase II Report – Component Two, pages 15 through 19.

[10] The Early Childhood Technical Assistance Center and the Center for IDEA Early Childhood Data Systems. (2017). *S-COMS self-assessment*. Retrieved from http://ectacenter.org/eco/pages/childoutcomes.asp#frameworks.

At this point in time, data is not available to measure whether families report an increased ability to support their child's development. The data analysis plan is to review the Family Outcomes Survey for those who received PFR from a provider who had reached fidelity to the practice.

Further infrastructure developments in this component targeted for FFY 2018-FFY 2019 include exploring strategies to connect the in-service training activities completed by providers to the DCYF Managed Education and Registry Information Tool (MERIT) to record and track important data needed for analysis of ongoing practitioner training and development. This system change will help the SLA and key stakeholders to build more effective systems of early intervention services by actively leading the planning and implementation of cross-sector, systemic improvement efforts.

Qualified Personnel

Feedback from implementation sites regarding the impact and value of staff obtaining WA-AIMH endorsement has come with many barriers including time and ability to collect all the necessary information to submit with the application. ESIT will be considering whether or not to continue scholarships for WA-AIMH endorsement through the SSIP. Many feel the value may not be worth the effort with the exception of obtaining endorsement in category III. Those endorsed at that level are qualified to provide reflective supervision. The RSC groups have been highly valued and a desire to make this more accessible and ongoing for providers has been strongly communicated. The ESIT team plans to explore different options for continuing reflective supervision, whether through incentives or scholarships for level III or other routes for individuals to provide this within their agency. The cost of hiring outside reflective facilitators has been a barrier and led to a desire to build internal capacity.

Assessment

Changes to this improvement strategy moving forward will include more consistent guidelines for implementing the COS-TC and exploring alternatives for evaluating whether or not providers complete the COS process consistent with best practices. A primary focus of the SSIP is to improve COS data quality and to determine the best way to measure this in a way that yields useful data and is not prohibitive for agencies to implement. A possible shift might include disseminating a survey similar to that used in the ENHANCE Project mentioned in section 2.c. Other states have adapted this survey and ESIT will examine that work with support from national TA and the COS community of practice. Washington has a goal to develop a COS learning community for providers to take advantage of as needed. Planning will occur next year to develop a monthly or quarterly webinar designed to be a forum for discussion on COS related topics where providers can learn how to implement best practice from each other as well as the ESIT team. Action step 12.e of the Improvement Plan regarding use of aggregate results to determine professional development needed related to the COS will be addressed in the coming year. With an effective data collection/measurement system in place, the ESIT team will analyze results submitted to determine next steps for support to the field.

Another potential mid-course correction, described in section 2.c, includes simplifying the social-emotional assessment requirement by eliminating the ASQ:SE and requiring the DECA be used for all children referred. ESIT will collaborate with implementation sites who have already chosen to put this policy in place as well as the King County LLA (not an implementation site) who requires this practice. Data will be carefully analyzed to determine which method leads to capturing concerns in this area for all children most effectively.

Additional topics of interest are using the decision tree with every family and cross-culturally, managing the many requirements of the initial IFSP meeting including the COS, sharing information felt to be “sensitive”, and understanding the purpose of the COS. Plans will be made in the coming year to address these identified needs in conjunction with other key activities related to the COS process, including the possibility of requiring the decision tree be used with each family. ESIT feels this addition may address concerns expressed by providers during trainings that the COS is “too subjective” by bringing consistency to the process., In a preliminary review of data regarding Washington’s distribution of COS entry and exit ratings, it appears there are inconsistent patterns in the change of distribution for ratings of 6 and 7 for Child Outcome A. As reported in previous years, the distribution of those ratings was determined to be higher than expected with the hypothesis that this pattern could be due to the quality of the ratings and/or accurate identification of needs for this Outcome area. The ESIT team feels brining consistency to the process will support an increase in data quality. ESIT has begun to explore how other states are implementing the requirement of the decision tree, as well as other methods for including the family in the COS process, through participation in a COS learning community hosted by the DaSy and ECTA Centers.

Accountability

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

Continued work in this area for next year includes the development of more individualized quarterly data calls. The ESIT team will continue to receive national TA support from the ECTA and DaSy Centers to continue to develop internal data analysis skills and to create a system for providing effective external data analysis training and support. Next year will include another submission of the L-COMS from providers as part of their self-assessment. Data will be analyzed on the improvement strategies that were selected last year, the progress LLAs made, and the strategies either continuing or newly selected next year. This is linked to the work ESIT will do, in collaboration with stakeholders and TA to ensure there is system that supports high quality data and reflects the purpose of the COS process. Additional measurement will take place to ensure PFR is being implemented with fidelity using the Home Visitor Rating Scale (HOVRS). This tool is also featured in performance based contract requirements as a measure of provider performance. The ESIT team will be planning for the most effective way to implement the tool.