Washington Part C Tracking and Reporting Implementation and Evaluation Data for State Systemic Improvement Plan (SSIP)

Contents

I: State: Washington

II: Part C

III: State SSIP Planning Team Members, Role and Organization Represented

SSIP Planning Team Member	Role	Organization
Laurie Thomas	Early Support for Infants and Toddlers (ESIT) Program Administrator	Department of Children Youth and Families (DCYF)
Valerie Arnold	ESIT Strategic Innovations Administrator	DCYF

Veronica Prieto	ESIT Administrative Assistant	DCYF
Kim Hopkins	Interim ESIT Data Manager	DCYF
Shane Kolle	ESIT Data Analyst	DCYF
Kali Wraspir	ESIT Data Coordinator	DCYF
Terri Jenks-Brown	ESIT Business Analyst	DCYF
Bon Huynh	ESIT Developer	DCYF
Tatsuko Go Hollo	Technical Assistance Manager	DCYF
Michelle Baker	ESIT Technical Assistance Specialist	DCYF
Diana Golovkin	ESIT Technical Assistance Specialist	DCYF
Will Moncrease, Jr.	Partnership and Collaboration Manager	DCYF
Vanessa Allen	ESIT Family Engagement Specialist	DCYF
Jahla Brown	ESIT Stakeholder Engagement Specialist	DCYF
Adrienne O'Brien	ESIT Workforce Development Manager	DCYF
Ciara Saalfeld	ESIT Special Projects Coordinator	DCYF
Maia Thomas	ESIT Workforce Development Specialist	DCYF
Lori Holbrook	ESIT Workforce Development Specialist	DCYF
Tammy McCauley	Quality Assurance and Compliance Manager	DCYF
Debbie Kirby	ESIT Quality Assurance Specialist	DCYF
Jessica Baffoe	ESIT Quality Assurance Specialist	DCYF
MaLea Lindsey	ESIT Quality Assurance Specialist	DCYF
Noel Parish	ESIT Sustainability Manager	DCYF
Sakada Buth	ESIT Contracts Specialist	DCYF

Implementation Site Leaders:		
Cohort 1		
Sharon Bell	Infant/ Toddler Educator, Family Resources Coordinator	Toddler Learning Center- Island County
Rene Denman	Executive Director	Toddler Learning Center- Island County
Jaenemy Perez de Luengas	Birth-Five Program Coordinator	ESD 123- Columbia and Walla Walla Counties
Karla Pezzarossi	Physical Therapist Early Intervention Program Supervisor	Children's Village, Yakima Valley Memorial Hospital- Yakima County
Brayde Wilson	Early Intervention Program Specialist	Pierce County Community Connections
Cohort 2		
Janelle Bersch	Early Childhood Coordinator	ESD 171- Chelan, Douglas, and Grant Counties
Carol Hall	Director Early Intervention	ESD 112- Clark, Klickitat, Pacific, and Skamania Counties
Brittany Reuling	Early Intervention Specialist	ESD 112- Clark, Klickitat, Pacific, and Skamania Counties
Ryan Good	Early Intervention Specialist	ESD 112- Clark, Klickitat, Pacific, and Skamania Counties
Alissa McClellan	Early Intervention Provider	South Sound Parent to Parent- Thurston, Grays Harbor, and North Mason Counties
Kim Smith	Executive Director	South Sound Parent to Parent- Thurston, Grays Harbor, and North Mason Counties
Cohort 3		
Karen Nelson	Family Resources Coordinator	Boost Collaborative – Garfield and Whitman Counties
Britney Hastings	Program Manager	Reliable Enterprises INTOT Early Intervention – Lewis County
Becca Wickert	Lead Family Resources Coordinator	Reliable Enterprises INTOT Early Intervention – Lewis County
Alicia Skelly	Infant Toddler Program Director	Holly Ridge Center – Kitsap and North Mason Counties

IV: State-identified Measurable Result

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

V: Improvement Strategies

1. **Professional Development**
   Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

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

3. **Assessment**
   Enhance statewide implementation of high-quality functional assessment and Child Outcome Summary (COS) rating processes.

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

VI: SSIP Improvement Strategy and Evaluation Details

Intended Outcomes

Type of Outcome	Outcome Description
1. Short-term (revised)	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, County Lead Agencies, and ESIT Provider Agencies ensure timely analysis of accurate data
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	County Lead Agencies (CLAs) and ESIT Provider Agencies improve ability to analyze and use COS data.
10. Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.
11. Intermediate	Teams develop functional Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.
12. Intermediate	Providers implement practices to promote positive social-emotional development
13. Intermediate	Agencies demonstrate systems change to support the implementation of practices to promote positive social-emotional development.
14. Intermediate	Providers use data to select relevant improvement strategies regarding the child outcome summary process and/or practices
15. Long-term	SLA has a high-quality child outcomes measurement system.
16. Long-term	Families will have increased ability to support and encourage their children's positive social-emotional development.

	17. Long-term	Families and children will achieve their individual functional IFSP outcomes.
	18. Long-term	[SIMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development.

B. Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
1. Infrastructure: Early Support for Infants and Toddlers (ESIT) clarifies roles and responsibilities of the Department of Children, Youth, and Families (DCYF) as Washington Part C lead agency to support implementation of the State Systemic Improvement Plan (SSIP). [Theory of Action: Accountability]	1.a. ESIT includes SSIP requirements in provider contracts.	ESIT Policies and Procedures Part C Federal Regulations	DCYF, ESIT staff, stakeholders and outside contractors, WA Legislators.	1.a. July 2016 and continuing annually	DCYF Rules Coordinator will lead the rulemaking process and consult on related activities. DCYF partnered with Office of Superintendent of Public Instruction (OSPI) to issue guidance and clarification to the field.	Completed. Evidence: July 1, 2016 contracts included training requirements. In addition, July 1, 2016 implementation site contracts included SSIP requirements.	N/A
	1.b. DEL/ESIT writes Washington Administrative Code (WAC) for early intervention.	Current contracts WA State rulemaking procedures		1.b. WA rulemaking process April, 2016-January, 2017.		Completed. New rules effective January 2, 2017. Evidence: https://apps.leg.wa.gov/wac/default.aspx?cite=110-400	N/A
	1.c. ESIT updates policies and procedures.	Outside contractors Forecasting and Rates Office Chief for ongoing funding allocation work		1.c. Public participation period for updated policies and procedures: February 24-April 25, 2016. Submit to OSEP with federal application by April 21, 2016		Completed. Submitted to OSEP with federal application. Policies and Procedures in place for Federal Fiscal Year (FFY) 2016. Evidence: Policies and Procedures posted on ESIT website: https://www.dcyf.wa.gov/sites/default/files/pdf/ESIT-policies-procedures.pdf	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	1.d. ESIT submits System Design Plan to the WA Legislature			1.d. System Design Plan submitted to the WA Legislature December, 2016		Completed Evidence: System Design Plan posted to the ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT%20Plan_FINAL_7.pdf	N/A
	1.e. ESIT Program Consultants facilitate individualized meetings with contractors and other provider agencies to support understanding of the system design plan.			1.e. ESIT Program Consultants hold local/regional meetings December, 2016		Completed Evidence: ESIT Program Consultants met with providers in their designated regions based on the need and In process updates.	N/A
	1.f. State apportionment funds for early intervention services shift from OSPI to DCYF			1.f. Shift of funds from OSPI to DCYF December, 2016-September 2020		Completed (see below for updated activities and timeline) Evidence: In response to Senate Bill 6257, ESIT submitted a report to the legislature in August, 2018 providing a framework for addressing a key action step recommended in the system design plan to align state funding with statutory authority and responsibilities. The report outlined a proposed funding model for the state apportionment dollars shifting to DCYF. Report to leg: https://content.govdelivery.com/attachments/WADEL/2019/01/31/file_attachments/1146748/Revised_Report_to_the_Legislature_Final_Draft_12.5.18.pdf A joint letter of support for the shift between DCYF and OSPI was sent to the Governor in January, 2019. The	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						shift was expected to take place on September 1, 2019. The timeline was extended to September 1, 2020. SB 6257: http://lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bills/Session%20Laws/Senate/6257-S.SL.pdf	
	1.g. ESIT trains statewide on WAC and updated policies and procedures.			1.g. Training on WAC and policies and procedures: January 2017-ongoing for all new ESIT providers.		Completed. Evidence: • Updated Frequently Asked Questions document to website in May 2017: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A%20rev_6-29.pdf • Developed "Understanding ESIT Administrative Costs" document: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_Administrative_Costs.pdf • Worked with OSPI to develop communication to school districts in May 2017: https://content.govdelivery.com/accounts/WAOSPI/bulletins/197d6f7 • Training on the WAC is incorporated into introductory training modules for all new ESIT providers.	N/A
	1.h. ESIT records a system re-design stakeholder update to the ESIT website to			1.h. October, 2017		Completed. Evidence: Recorded webinar posted to the ESIT website in October 2017:	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	highlight changes and status of the process.					http://del.wa.gov/sites/default/files/public/ESIT/ESIT%20System%20Re-Design%20Stakeholder%20Update.mp4	
	1.i. ESIT develops new contracts for County Lead Agencies (CLAs) and ESIT Provider Agencies to fit within system re-design.			1.i. October, 2018- September, 2020. This new contracting format will continue in alignment with DCYF contracting guidelines.		Completed

Evidence:
ESIT developed, with contractors, revised roles and responsibilities for CLAs and EIPAs that reflected the authority of DCYF in implementing IDEA Part C. This marks a shift to an RFQ (competitive) process for provider agencies, utilizing a competitive bidding process that will include minimum requirements. | Barriers
This step was originally anticipated to be completed in September 2019. Required legislation to complete the funding transfer to DCYF did not take place and contracting process did not change. See 1.m. for passed legislation in March, 2020. |
| | 1.j. ESIT incorporates performance based contract (PBC) metrics into 21/22 contracts in order to consider type and amount of services provided, the quality of the services provided, and the outcomes achieved as a result of those services. | | | 1.j. PBC metrics required by HB 1661 are in ESIT contracts: July, 2021-June, 2022. This will continue annually in CLA and ESIT Provider Agency contracts. | | In process

Evidence:
DCYF is partnering with Stanford Center on Poverty and Inequality and Third Sector to review ESIT data, hold stakeholder focus groups to select indicators that will be used to measure performance under the contract. PBC requirements currently in contracts include the use of the COS decision tree with families and attending HOVRS training. The requirement to report services delivered to the SLA is on hold until an updated data system is in place to collect data needed.

HB 1661:
http://lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1661-S2.PL.pdf | Barriers: Data for the PBC metric of actual service delivered cannot be collected efficiently with the current data system.

Actions to Address Barriers; Plans to implement this metric will be on hold until a new data system can be developed which is currently in process. |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	1.k. Quality Assurance and Compliance manager position is created and filled to develop comprehensive monitoring system for ESIT.			1.k. Quality and compliance manager position filled: January, 2019		Completed Evidence: Position filled	N/A
	1.l. Stakeholder process to determine the method for equitable distribution of funds.			1.l. August 1, 2019-March 1, 2020		Completed Evidence: ESIT System Design Plan documents including a "Plan for ESIT State Funding Distribution Road Map" on the ESIT website. https://dcyf.wa.gov/services/child-dev-support-providers/esit/system-design	N/A
	1.m. SB 2787 completing the transfer of the ESIT program from the OSPI to DCYF. Outlines statutory changes required to support the transfer of funds for the ESIT program.			1.m. March 7, 2020		Complete SB 2787 passed through the legislature	N/A
	1.n. ESIT and stakeholders identify variation in practices regarding SSIP activities across agencies statewide to inform a data analysis and action plan	Data from agencies statewide	ESIT staff SICC data committee Implementation sites	1.n. August 2020-February 2023		In Process Evidence: Analysis is currently underway to identify the impact of SSIP activities on the SiMR to determine what to roll out for statewide implementation.	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	activities for the next six year SSIP cycle (2021-2027).						
2. Infrastructure: ESIT accesses expertise of stakeholders in the field and allocates federal funding to support SSIP implementation at state level and selected local implementation sites. [Theory of Action: Assessment]	2.a. ESIT hires an SSIP Coordinator to: 1. Facilitate SSIP activities with local implementation sites; and, 2. Develop implementation leadership teams to lead activities at the local level. 3. Develop local implementation plans to guide activities and use strategic planning for sustainability. 4. Develop communication protocols and feedback loops to quickly resolve unexpected issues with implementation.	Part C grant	ESIT staff and local implementation teams	2.a. July 2016-June 2019		Completed Evidence: All 3 Cohorts had implementation teams with local plans.	N/A
	2.b. ESIT provides funding to implementation sites: • To support personnel as coaches; and, • For training and materials.	Part C grant State funds	ESIT staff and local implementation teams. SICC data committee.	2.b. July 2016-ongoing		In Process/Ongoing Evidence: • A small stipend toward staff time was included in implementation site contracts executed July 1, 2017. • ESIT funded required SSIP training for implementation sites. • ESIT provided funds for assessment tools and tablets for video recording home visits.	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						• ESIT provides PFR, WA-AIMH, HOVRS and other external training opportunities.	
	2.c. ESIT explores funding opportunities to scale-up statewide.	SICC Finance Committee SICC Public Policy Committee	ESIT staff	2.c. May, 2018 – February, 2025	The SICC finance committee will explore, with Health Care Authority, billing options for targeted case management for family resources coordination.

ESIT staff OSPI, and Department of Health will meet to explore adding developmental therapy as a billing option and will work with SICC finance committee and public policy committee. | In process

Evidence:
Meeting minutes from May, 2018 stakeholder meeting. Completed activities include recruiting a legislative staff for SICC, identify roles and responsibilities within the system, plan for state early intervention funding shift.

Exploration of adding developmental therapy is ongoing.

Activities in process continue to include updating qualified personnel guidelines, work to develop higher education certificate for EI providers, review SOPAF, gathering provider demographic information, collecting service delivery data, and DMS enhancements to collect accurate data.

This project was added to the ESIT strategic plan in 2020.

Hired an ESIT Sustainability Manager to lead the work on expanded billing in Winter 2021. | Barriers:
Washington is focused on the fiscal and contractual aspects of the ESIT system design work which has led to a delay in the exploration of expanded billing to include developmental therapy.

Actions to Address Barriers:
Additional ESIT staff may need to be hired to lead the work of partnering with higher education representatives to work toward an early intervention credential which would lead to expanded billing to include developmental therapy.
N/A |
| 3. Infrastructure: ESIT supports ESIT Provider Agencies in implementing high quality COS rating processes, including engaging families in assessment. | 3.a. ESIT develops a mechanism to track completion of COS training modules. | COS training modules

Child outcomes data quality intensive TA cohort | ESIT staff and early intervention providers at local implementation sites | 3.a. April-June, 2016 | Collaboration with DCYF professional development team to host COS training modules | Completed 6/30/2016

Evidence:
ESIT developed quiz to demonstrate practitioner's knowledge upon completion of modules. Quiz software tracks completion. ESIT developed internal spreadsheet for tracking and | N/A |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
[Theory of Action: Assessment]		DMS Child Outcome Summary Team Collaboration Checklist (COS-TC) Provider responses to COS survey			through DCYF website.	disseminating results to CLAs and ESIT Provider Agencies https://www.onlineexambuilder.com/esit-child-outcomes-summary-cos-modules/exam-81572 UPDATE November 2020: COS modules and quizzes are now completed in the DCYF Training Portal. A score of 100% is required on the quiz to mark completion of the modules. https://dcyftraining.com/	
	3.b. ESIT requires ESIT providers statewide to complete COS training modules.			3.b. July 2016-ongoing to all new ESIT providers		Completed Evidence: July 1, 2019 contracts included COS training requirement for all new early intervention providers. This includes modules 1-4 for all staff and 5-6 for all supervisory and administrative staff. Online Quiz Creator generates spreadsheet listing data including: • Individual name and email address • Date quiz was completed • County/LLA • Score on quiz and responses to each item • Feedback on modules UPDATE November 2020: COS modules and quizzes are now completed in the DCYF Training Portal. A score of 100% is required on the quiz to mark completion of the modules. https://dcyftraining.com/	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	3.c. ESIT develops training on engaging families as partners in assessment.			3.c. April-May, 2016		Completed Evidence: Training provided May 6, 2016 at Infant and Early Childhood Conference	N/A
	3.d. ESIT provides training to providers at implementation sites.			3.d. July 2017-June 2019 (will be ongoing for providers statewide based on individual program need)		Completed for Cohorts 1, 2, and 3 Evidence: Cohort 1 Training provided to implementation sites: • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 Pierce County agencies: • Birth to Three October 13, 2017 • HopeSparks October 25, 2017 • A Step Ahead November 1, 2017 • Children's Therapy Center November 15, 2017 Cohort 2 Training provided to implementation sites: • South Sound Parent to Parent January 12, 2018 • ESD 112 March 12, 2018 • ESD 171 June 8, 2018 Cohort 3 • Boost Collaborative November 19, 2019 • Holly Ridge Center November 27, 2018 • Reliable Enterprises INTOT Early Intervention December 17, 2018	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	3.e. ESIT enhances Data Management System (DMS) to accurately reflect family involvement in the COS process.			3.e. July 2017-June 2019		Completed Evidence: Change effective 9/28/17, notice to field sent 9/27/17	N/A
	3.f ESIT develops additional guidance materials on engaging families in the COS process.			3.f. September, 2018		Completed Evidence: Practice guide developed and posted to the ESIT website. https://www.dcyf.wa.gov/sites/default/files/pdf/esit/EngagingFamilies-COSProcess.pdf Recorded overview of the practice guide. https://www.youtube.com/watch?v=dyjhhZJY87E&feature=youtu.be ESIT webpage dedicated to COS training and TA materials https://dcyf.wa.gov/services/child-dev-support-providers/esit/cos	N/A
	3.g. ESIT requires all providers to respond to a quarterly survey regarding the implementation and understanding of the COS process and use of the decision tree.	Provider survey based on the ENHANCE Project survey	ESIT staff, statewide providers	July 2019-June 2020	CLAs and ESIT Provider Agencies responsible for ensuring all staff respond to the survey as required in contract	Completed Evidence: Survey complete with 1,048 individual responses	N/A
	3.h. ESIT develops a new COS decision tree and implements training on the use of the tree with families for providers statewide.	National resources on the COS process and decision tree Technical Assistance	ESIT staff ECTA and DaSY Center TA	October 2019-January 2020	N/A	Completed Evidence: New WA Decision Tree and training materials posted to the ESIT website https://dcyf.wa.gov/services/child-dev-support-providers/esit/cos	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	These materials are posted to the ESIT website on a new page created to house all COS related materials for families and providers	on the development of the decision tree					
	3.i. ESIT requires all providers to use the decision tree to select a descriptor statement with all families	New Decision tree	ESIT staff Statewide providers	January 2020-ongoing	Performance Based Contracting team with DCYF will support the development of rigorous yet achievable targets for this requirement	In process Evidence: requirement in the 2020-21 contract to use the decision tree with al families and respond to a quarterly survey regarding the rate of decision tree usage with families and the experience for providers. Performance Based Contract (PBC) target will be "70% of FRCs/Teams will use the decision tree with 80-100% of families" for 2021-22 contract year.	N/A
	3.j. ESIT and implementation sites determine the need for follow-up training regarding engaging families in the COS process.		ESIT staff Implementation sites	October 2019-January 2020		Completed Evidence: Summary data from individual calls with each implementation site agency regarding the status of this topic and needs for further support	N/A
	3.k. ESIT, with input from statewide providers and other stakeholders, revises the Engaging Families in the COS Process practice guide to include guidance on the use of the decision tree and explaining the COS process to families		ESIT staff Statewide stakeholders	June 2022		In Process Evidence: Stakeholder webinar scheduled for April 1, 2020. Practice guide will be finalized and posted to the ESIT website by June, 2022.	Barriers: Capacity of the ESIT Training and TA team related to prioritized tasks and COVID-19 lead to a delay in this project. Actions to address barriers: The revisions to this practice guide will happen after updated training for all new providers is developed. The practice guide will support the content of the training.
	3.l. ESIT and implementation sites	Results from feedback	ESIT staff and	February 2020–		In Process	Depending on the need for the individual agency gathered through feedback loops

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	provide follow-up training regarding engaging families in the COS process	loop calls with site leaders. Training and guidance materials	implementation sites	December 2022		Evidence: Notes from feedback loop calls	with implementations sites, ESIT staff or local agency leadership will revisit training materials and introduce new resources to staff based on their needs as a program.
	3.m. ESIT, in partnership with stakeholders, will roll out a new required training program for all new providers and administrators statewide to include COS.	SICC in-service workgroup members, CLA representatives, DCYF PD team and DCYF training portal.	ESIT staff	July 1, 2021	DCYF PD team will provide a significant amount of support with the Training Portal.	Complete Evidence: Current and new providers are creating accounts in the Portal, Admin users for the Portal are exploring how to use it for tracking training completion. Training development is taking place with the ESIT Training and TA team.	N/A
4. Infrastructure: ESIT supports ESIT Provider Agencies to analyze and monitor COS data quality. [Theory of Action: Accountability]	4.a. ESIT enhances the DMS to include COS reports by providing agency.	DMS	ESIT staff	4.a. April-June 2018	SICC data committee includes a representative from the state education agency, WA Office of Superintendent of Public Instruction (OSPI) and early intervention providers. Data committee members will provide input on guidance materials.	Completed Evidence: Provider reports were built in the Data Management System.	N/A
	4.b. ESIT develops a process for regular communication with CLAs and ESIT Provider Agencies statewide to support the review and analysis of data.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and CLA and ESIT Provider Agency administrators	4.b. Aligned with timeline for launch of ACORN.		In Process Evidence: Quarterly call logs for calls completed with each CLA and ESIT Provider Agency through January, 2020.	Calls during 2019-20 focused on learning activities based on the L-COMS quality indicators required in contract (PR1, DC1, DC2 and AN3). This has allowed program consultants to share resources and guidance regarding many aspects of the COS process. 2021-22 contract year barriers: It is difficult to get accurate data from the DMS to complete data analysis. Actions to Address Barriers: The launch of ACORN or other new data system for ESIT will bring new reports and more accurate data.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	4.c. ESIT develops guidance materials for CLA and ESIT Provider Agency administrators statewide to conduct periodic, targeted sample reviews of COS data.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and CLA and ESIT Provider Agency administrators	4.c. September, 2016-February, 2020		Complete Evidence: First material developed and posted to website-COS Reference Guide in Phase III, Year 1: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/COS_Review_Sheet.pdf Additional materials developed and posted to website in Phase III, Year 2: Guiding Questions: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Guiding_questions_for_data_analysis.pdf Data Activity Template: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Data_activity_template.pdf Additional materials shared during quarterly calls in Phase III, Year 4 include ECTA center resources such as age anchoring, COS purpose, and teaming activities. A COS pop quiz and optional presentation materials were offered for program administrators to share with staff. A review of each LLA's provider responses to the COS survey were also reviewed.	N/A
	4.d. ESIT provides technical assistance statewide on COS process topics including COS purpose, data collection and COS related professional development.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and CLA and ESIT Provider Agency administrators	4.d. September 2016-ongoing annually		Ongoing Evidence: Quarterly call logs for calls completed through June 2020. COS training provided to individual agencies, Hot Topic Round Table discussions regarding the COS, and other individualized COT TA opportunities.	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						As mentioned above, this was not the primary focus of the quarterly calls and is offered as need to individual programs.	
	4.e. ESIT staff receives intensive TA to build capacity to use and analyze COS data for program improvement.	Child Outcomes Data quality intensive TA	ESIT staff, TA	4.e. TA began January, 2019 – ongoing		In process

Evidence:
ESIT staff participate in regular calls with TA to develop agendas for quarterly calls, COS data analysis activities and materials and COS data analysis. | N/A |
| | 4.f. ESIT staff and stakeholders complete S-COMS quality indicators regarding Analysis, Purpose, Data Collection, Reporting, Data Use and Evaluation to identify strengths and gaps in statewide system. | State Child Outcomes Measurement System (S-COMS) self-assessment tool | ESIT staff, TA, stakeholders | 4.f. Initiated in November 2019, will revisit the S-COMS annually for self-assessment | | Complete

Evidence:
S-COMS results and notes (see evaluation of intended outcomes for results) | S-COMS results will lead to additional activities added in Year 7 to address gaps. |
| | 4.g. ESIT staff and stakeholders to develop expanded monitoring system to include the COS process | Ongoing training and TA from ESIT and national providers on best practices

Stakeholder workgroups

Leading by convening community | SLA staff and workgroup members

DCYF contract staff for consultation and involvement in monitoring | July 2021-July 2025 | DCYF ESIT and Contract teams, National TA providers | In Process

Evidence:
Using implementation science for the establishment of an effective integrated and expanded monitoring work group to begin work on monitoring tools to review child records, and family centered practices, coaching practices, and teaming practices. | N/A |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
		engagement model					
5. Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments. [Theory of Action: Accountability]	5.a. ESIT updates WA self-assessment tool to include steps to use COS data to identify program improvement strategies related to global child outcomes. This applies statewide.	ESIT self-assessment tool	ESIT staff and CLA and ESIT Provider Agency administrators	5.a. January-June, 2017	DCYF Research Director will provide support and guidance on use of data for program improvements. SICC data committee members will provide input on guidance materials.	Completed Evidence: Local Child Outcomes Measurement System-Self Assessment (L-COMS) was included in July 1, 2017 contract requirements. Tool and supporting documents posted to website: https://del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit/information-early-intervention-providers	N/A
	5.b. ESIT Provider Agencies statewide complete the self-assessment tool and identify improvement strategies related to child outcomes.			5.b. July 2019-ongonig contract deliverable (schedule to be determined)		In Process Evidence: Contract deliverable due every other year	Barriers Due to CLA and ESIT Provider Agency capacity challenges during the COVID-19 outbreak, this contract deliverable has been extended from March 2020 to July 2020.
	5.c. ESIT uses results from tool to support ESIT Provider Agencies through targeted training and technical assistance.			5.c. April 2020-ongoing through quarterly calls for TA Support for regional TA specialists		In process Evidence: Contractors will select activities for their local improvement plans related to the results of the L-COMS and self-assessment tool and will receiving support from ESIT Program Consultants to complete those activities. This happens every other year.	Barriers: Due to ESIT Provider Agency capacity challenges during the COVID-19 pandemic, this contract deliverable has been suspended. Agencies continue to work on program improvement opportunities identified in 2019.
6. Infrastructure: ESIT collaborates with DCYF home visiting programs to support coordinated service delivery.	6.a. ESIT shares resources with DCYF Home Visiting Services Account to fund staffing to support a pilot of cross-	DCYF home visiting reflective practice groups	ESIT staff, DCYF Home Visiting Services Account Manager, and	6.a. July 2016-June 2019	Collaboration with DCYF home visiting programs (Home Visiting Services	Completed for Cohort 1 In process for Cohorts 2 and 3 Evidence: Washington Association for Infant Mental Health (WA-AIMH) quarterly	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
[Theory of Action: Qualified Personnel]	discipline reflective practice groups for early intervention providers and home visitors.	Early intervention/ home visiting research project	DCYF Head Start Collaboration Office Manager		Account and Early Head Start) to share resources and develop MOU and guidance.	report. Three groups from Cohort 1 have completed one year. Three groups from Cohort 2 started in January-February 2018. Three groups from Cohort 3 started in January-March 2019.	
	6.b. ESIT, in collaboration with the DCYF Home Visiting Services Account, develops MOU including referrals, screening, follow-up, service coordination and data sharing as appropriate.			6.b. April-October, 2016		Completed

Evidence:
ESIT and Home Visiting Services MOU posted to website:
https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_and_Home_Visiting_Services_Program_MOU.PDF | N/A |
| | 6.c. ESIT, in collaboration with DCYF home visiting programs (including DCYF Home Visiting Services Account and Early Head Start) develops guidance for providers including elements of MOU. | | | 6.c. April-October, 2016 | | Completed

Evidence:
ESIT and Home Visiting Services MOU Guidance posted to website:
https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf | N/A |
| | 6.d. ESIT, in collaboration with DCYF home visiting programs, pilots, disseminates and trains on guidance | | | 6.d. January 2017-June 2019 | | Completed

Evidence:
Collaborative learning webinar held Feb 23, 2017. Incorporated into local plans. | N/A |
| | 6.e. ESIT Provider Agencies in implementation sites develop or revise MOUs with community home visiting | | | 6.e. January 2017-June 2019 | | The requirement for ESIT Provider Agencies to submit these MOUs will not continue as a part of the SSIP.

Completed for Cohorts 1 and 2
Not continuing for Cohort 3 | Barriers:
The ESIT team determined that it was not in the best interest of the project to continue to expend the current level of resources on this activity. |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	programs, with feedback from local implementation team.					Evidence: Cohorts 1 and 2 submitted MOUs to ESIT. MOUs submitted to ESIT by 1 implementation site in cohort 3.	It was decided ESIT would support more targeted work on this activity outside of the SSIP to continue to strengthen the collaboration with the DCYF home visiting programs.
	6.f. ESIT, in collaboration with DCYF home visiting programs, revises guidance as needed.			6.f. July 2018-June 2019		Will not continue as a part of the SSIP.	See above
7. Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies. [Theory of Action: Professional Development for EI Services]	7.a. ESIT refines existing state competencies to incorporate WA-AIMH competencies and selected DEC Recommended practices. a. ESIT includes feedback from a diverse stakeholder group as part of the process. b. ESIT applies a racial equity lens to review of competencies.	ESIT competencies WA-AIMH competencies Division of Early Childhood (DEC) Recommended Practices SICC personnel and training committee	ESIT staff and SICC personnel and training committee	7.a. March 2018	SICC personnel and training committee includes representatives from higher education, state agencies and early intervention programs. Committee members will provide input on competencies and implementation. Collaboration with WA-AIMH endorsement coordinator to advise ESIT and individuals pursuing endorsement.	Completed Evidence: Finalized document posted to ESIT website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Early_Intervention_Competencies_March_2018.pdf	N/A
	7.b. ESIT ensures all ESIT trainings are mapped to updated competencies.			7.b. April 2018 - June, 2022.		In process Evidence: Introductory training modules and professional learning community content have been mapped as of December 2021. The next step is to post to the website along with other	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
					Consultation with DCYF professional development team for support.	supporting materials to use the ESIT core competencies.	
	7.c. ESIT disseminates and trains statewide on updated competencies.			7.c. April-June, 2018		Complete Evidence: Webinar to roll out and train on the new competencies took place on June 13, 2018. https://www.youtube.com/watch?v=t9 5Dzaihp6g&feature=youtu.be This included orientation on the accompanying Competency Review Tool that is now available on the ESIT website: https://www.dcyf.wa.gov/sites/default/fil es/excel/ESITCompetencyReviewTool. xlsx	N/A
8. Practice: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement. [Theory of Action: Qualified Personnel]	8.a. ESIT supports providers in implementation sites by funding WA-AIMH endorsement fees.	WA-AIMH infant mental health endorsement University of Washington (UW) Barnard Center reflective practice group facilitators	ESIT staff and local implementation sites UW facilitators	8.a. July 2016-ongoing annually through WA-AIMH contract	Collaboration with WA-AIMH executive director and training coordinator to advise ESIT and individuals pursuing endorsement.	Completed Evidence: Funds added to contract with WA-AIMH.	N/A
	8.b. Local implementation teams identify providers to pursue endorsement at levels 1, 2, and 3.			8.b. April 2017-ongoing		In process for all Cohorts Evidence: Six providers from all Cohorts are pursuing endorsement.	N/A
	8.c. Selected providers complete endorsement application process.			8.c. July 2017-ongoing		In Process for all Cohorts Evidence: Washington Association for Infant Mental Health (WA-AIMH) quarterly report. 2 providers have obtained endorsement at category II in Year 6.	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	8.d. ESIT funds reflective practice groups for staff at implementation sites		University of Washington and WA-AIMH contracted facilitators	July 2016-ongoing	University of Washington Barnard Center and WA-AIMH collaborate with ESIT to provide endorsement and reflective supervision	In Process Evidence: 15 total reflective practice groups (64 total participants) Evidence: Quarterly reports provided by UW regarding the members of each group and their status. Quarterly reports from WA-AIMH regarding the members of groups associated with reflective supervision training.	Adjustments: As a part of sustainability planning, ESIT is offering training for providers to become qualified to facilitate reflective practice groups. Implications of Adjustment: Reflective practice groups will reduce the financial burden for provider agencies and ESIT. This will support sustainability for this valuable activity into the future.
	8.e. ESIT funds Reflective supervision training for qualified providers	WA-AIMH training	WA-AIMH	November 2020-ongoing annually	WA-AIMH	Complete Evidence: 11 direct service providers attended training and are currently receiving 12 months of reflective supervision.	
	8.f. ESIT funds Reflective practice training for implementation site providers	WA-AIMH training	WA-AIMH	January 2021-ongoing annually	WA-AIMH	Complete Evidence: 25 providers attended training .	
	8.g. ESIT funds Foundations of Infant and Early Childhood Mental Health Series	WA-AIMH training series	WA-AIMH	September 2021-ongoing annually	WA-AIMH	Complete Evidence: 14 providers attended training	N/A
9. Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment. [Theory of Action: Assessment]	9.a. ESIT creates Social-Emotional Assessment Practice Guide to incorporate information about social-emotional assessment and screening, engaging families as partners in assessment, and using	ESIT practice guides Social-emotional assessment tool selected (DECA-IT)	ESIT staff and early intervention providers at local implementation sites	9.a. September 2016-April 2017	Consultation with DCYF professional development team for support to develop training materials and activities.	Completed Evidence: Practice Guide provided to implementation sites during SSIP trainings and posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/SE_Assessment_Practice_Guide_4-12-17.pdf	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	social-emotional assessment information for eligibility via informed clinical opinion. a. ESIT includes feedback from a diverse stakeholder group as part of the process. b. ESIT applies a racial equity lens to review of practice guides	Social-emotional screening tool selected (ASQ-SE)					
	9.b. ESIT develops training on culturally appropriate social-emotional screening and assessment.			9.b. January-June, 2017		Completed Evidence: Training materials including Power Points and handouts developed.	N/A

	9.c. Providers at implementation sites participate in training on social-emotional screening and assessment.			9.c. July 2017-June 2019		Completed for Cohorts 1, 2, and 3
						
						Evidence:
						Cohort 1
						Training provided to implementation sites:
						• Island July 12, 2017
						• Yakima July 26, 2017
						• Columbia/Walla Walla September 6, 2017
						• Pierce County Family Resources Coordinators:
						   o October 11, 2017
						   o November 15, 2017
						
						Cohort 2
						Training provided to implementation sites:
						• South Sound Parent to Parent January 12, 2018
							N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						• ESD 112 March 12, 2018 • ESD 171 June 8, 2018 Cohort 3 • Holly Ridge Center November 11, 2018 • Boost Collaborative November 19, 2018 • Reliable Enterprises INTOT Early Intervention December 17, 2018	
	9.d. ESIT and implementation sites determine the need for follow-up training regarding social-emotional assessment		ESIT staff Implementation sites	October 2019-January 2020		Completed Evidence: Summary data from individual calls with each implementation site agency regarding the status of this topic and needs for further support	N/A
	9.d. ESIT and implementation sites provide follow-up training regarding social-emotional assessment			February 2020– May 2022		Not complete Evidence: Notes from implementation site calls regarding status and needs for each site.	Depending on the need for the individual agency, ESIT staff or local agency leadership will revisit training materials and introduce new resources to staff based on their needs as a program. Barriers ESIT Training and Technical Assistance team had to prioritize other projects due to the COVID-19 pandemic. Actions to Address Barriers A new workforce development team starting in the fall of 2021 and the Special Projects Coordinator will allow for more intentional training follow up in all areas.
10. Practice: ESIT supports providers at implementation sites to write functional, routines-based	10.a. ESIT revises the Practice Guide on Functional Outcomes to add information on supporting social-	ESIT practice guides	ESIT staff and early intervention providers at local	10.a. September 2016-April 2017	Consultation with DCYF professional development team for	Completed Evidence: Practice Guide provided to implementation sites during SSIP	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
Individualized Family Service Plan (IFSP) outcomes that support social-emotional development. [Theory of Action: Professional Development for EI Services]	emotional development, including using typical settings and the parent-child relationship as a context for outcomes and strategies. a. ESIT includes feedback from a diverse stakeholder group as part of the process. b. ESIT applies a racial equity lens to review of practice guide.		implementation sites		support to develop training materials and activities	trainings and posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Functional_Outcomes_Practice_Guide_April_2017.pdf	
	10.b. ESIT develops training on writing functional, routines-based outcomes that incorporate the parent-child relationship.			10.b. January-June, 2017		Completed Evidence: Training materials including Power Points and handouts developed. Outcome revision activity template posted to the ESIT website: https://www.dcyf.wa.gov/sites/default/files/word/esit/Outcome_Revision_Activity_Template.docx	N/A
	10.c. Providers at implementation sites participate in training on functional outcomes.			10.c July 2017-June 2019		Completed for Cohorts 1, 2, and 3 Evidence: Cohort 1 Training provided to implementation sites: • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 Pierce County agencies:	N/A

27

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						• HopeSparks October 25, 2017 • A Step Ahead November 1, 2017 Cohort 2 Training provided to implementation sites: • South Sound Parent to Parent January 12, 2018ESD 112 March 12, 2018 • ESD 171 June 8, 2018 Cohort 3 • Holly Ridge Center November 11, 2018 • Boost Collaborative November 19, 2018 • Reliable Enterprises INTOT Early Intervention December 17, 2018	
	10.d. ESIT and implementation sites determine the need for follow-up training regarding functional IFSP outcomes		ESIT staff Implementation sites	October 2019-January 2020		Completed Evidence: Summary data from individual calls with each implementation site agency regarding the status of this topic and needs for further support	N/A
	10.e. ESIT and implementation sites provide follow-up training regarding functional IFSP outcomes			February 2020– May 2022		Not complete Notes from implementation site calls regarding status and needs for each site.	Depending on the need for the individual agency gathered through feedback loops with implementations sites, ESIT staff or local agency leadership will revisit training materials and introduce new resources to staff based on their needs as a program. Barriers ESIT Training and Technical Assistance team had to prioritize other projects due to the COVID-19 pandemic. Actions to Address Barriers

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
							A new workforce development team starting in the fall of 2021 and the Special Projects Coordinator will allow for more intentional training follow up in all areas.
11. Practice: ESIT ensures training and supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices. [Theory of Action: Professional Development for EI Services]	11.a. ESIT develops training plan and contract with University of Washington (UW) to provide training and mentoring on Promoting First Relationships (PFR).	Evidence-based practices used by providers

Promoting First Relationships (PFR) training

Home Visit Rating Scale | ESIT staff, UW trainers, and early intervention providers at local implementation sites | 11.a. April-June, 2016 | Collaboration with UW to provide training and mentoring on PFR. | Completed

Evidence:
Contract in place with UW.

This contract has been repeated each year since 2016 | N/A |
| | 11.b. All providers at implementation sites participate in PFR (level 1) training. | | | 11.b. July 2016-ongoing annually for all new staff at implementation sites | | Completed

Evidence for year 6:
25 trained
575 total

Post-training questionnaires and sign in sheet (developed in collaboration with UW) completed by participants | N/A |
| | 11.c. Supervisors or team leads observe home visits using adapted Home Visit Rating Scale for providers who completed level 1 PFR. | | | 11.c. March 2018-ongoing annually | | Complete

Evidence:
ESIT developed the following tools:
Spreadsheet for data collection: https://dcyf.wa.gov/sites/default/files/excel/HOVRSdatacollectionsheet.xlsx
Professional development plan template for coaching: https://dcyf.wa.gov/sites/default/files/word/esit/HOVRS_PDP_template.docx | N/A |
| | 11.d. Selected providers at implementation sites pursue fidelity to PFR (level 2). | | | 11.d. July 2016-Ongoing | | In process

Evidence for year 6:
Level 2:
7 trained | N/A |

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
						59 total Quarterly Report from UW.	
	11.e. ESIT supports training one or two "train-the-trainers" (level 3) at each implementation site to ensure sustainability of the evidence-based practice.			11.e. April 2017-Ongoing		In process Evidence for year 6: Level 3: 3 trained 19 total Quarterly Report from UW.	N/A
	11.f. ESIT collaborates with implementation sites and PFR trainers to analyze results of HOVRS observations and self-assessments to identify opportunities for improvement.	HOVRS data collections sheets PFR training materials	ESIT staff Implementations sites PFR trainers	11.f. March-December 2022		Complete Evidence: See evaluation of outcomes	N/A
12. Practice: Providers within implementation sites participate in coaching activities for the Child Outcome Summary process. [Theory of Action: Assessment]	12.a. ESIT establishes training plan for teams and coaches that includes In process support.	COS-TC training materials ESIT and Implementation site resources for time to conduct/complete the training Implementation site resources for time to complete tool, follow up	ESIT staff and early intervention providers at local implementation sites	12.a. January-March 2018	Consultation with DCYF professional development team to align coaching system with DCYF coaching framework that is already in place.	Completed Completed for Cohorts 1, 2, and 3 Evidence: Training materials posted to the ESIT website https://dcyf.wa.gov/services/child-dev-support-providers/esit/ssip	N/A
	12.b. ESIT provides training to teams and coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality			12.b. March 2018 and May 2022		Completed for Cohorts 1, 2, and 3 Training provided March 28, 2018 and August 2019. Materials posted to ESIT website:	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	Practices Reflection Tool.	and data submission, provide coaching at a local level				COS-TC tracking spreadsheets: Section II: https://dcyf.wa.gov/sites/default/files/excel/COS-TCdatacollectionsheet-Individuals.xlsx Section IV: https://dcyf.wa.gov/sites/default/files/excel/COS-TCdatacollectionsheet-Teams.xlsx COS-TC Improvement Plan template: https://dcyf.wa.gov/sites/default/files/word/esit/COS-TC_improvement_plan_template.docx	
	12.c. Teams (collaboratively) or coaches (1:1) at implementation sites use the COS-TC Quality Practices Reflection Tool to observe and assess COS and assessment processes.			12.c. April, 2018-February, 2020		Completed for Cohorts1, 2, and 3 Evidence: Data collections sheets submitted by implementation sites.	Adjustment: New criteria were developed for the completion of the COS-TC including specific sections to be complete, self-assessment and observation guidelines, observer qualifications and performance indicator. See evaluation plan for more detail. Implications of Adjustment: The data we received from implementation sites will be much more reliable at providing a picture of what the selected aspects of the COS process look like at implementation sites.
	12.d. Implementation sites submit aggregated results to ESIT.			12.d. June 2018-February, 2020		Completed for Cohorts1, 2, and 3 Evidence: Data collections sheets submitted by implementation sites.	N/A
	12.e. ESIT creates a Child Outcome Summary page on the website to consolidate all COS related materials and training.			12.e. February, 2020		Complete Evidence: ESIT Website https://dcyf.wa.gov/services/child-dev-support-providers/esit/cos	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	12.f. ESIT and implementation sites use aggregate results to determine additional professional development needs related to COS and assessment processes.			12.f. June 2018-May 2022		In process	Adjustment: This step will take place in the coming year Implications of Adjustment: ESIT staff and stakeholders will have more time to analyze the data to determine professional development needs and make program improvements.
	12.g. Use COS-TC results to identify people who may be especially good coaches on this topic and support them in sharing information and feedback with others in their groups.			12.g. September 2022-January 2023		Not Started Evidence: Dependent on step 12.f.	N/A

C. Evaluation Plan

a. Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
1. Infrastructure: ESIT clarifies roles and responsibilities of DCYF as Washington Part C lead agency to support implementation of the SSIP.	Washington Administrative Code (WAC) for EI are completed and posted on the website.	Finalized WAC can be viewed on ESIT website	April 2016-June 2017	Completed Evidence: Rules: https://apps.leg.wa.gov/wac/default.aspx?cite=110-400 Link to rules on ESIT website: https://www.del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit Link to FAQ document: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A_rev3-27.pdf
	Policies and procedures are updated and disseminated to the field.	Revised policies and procedures approved by the Office of Special Education Programs (OSEP) and posted on website	April 2016-June 2017	Completed Evidence: Policies and Procedures posted on ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf
3. Infrastructure: ESIT supports CLAs and ESIT Provider Agencies in implementing high quality COS rating processes, including engaging families in assessment.	Training materials and content for engaging families are consistent with best practice.	Process agenda for training reflects best practices, as reviewed by national experts	April 2016-December 2016	Completed Evidence: Training developed with TA provider. Training materials including Power Points and handouts developed.

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
4. Infrastructure: ESIT supports CLAs and ESIT Provider Agencies to analyze and monitor COS data quality.	Materials and process for review and analysis of COS data are developed.	Materials reflect best practices in analysis and use of COS data	September 2016-June 2018	Completed Evidence: First material developed and posted to website-COS Review Sheet in Phase III, Year 1: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/COS_Review_Sheet.pdfAdditional materials developed and posted to website in Phase III, Year 2: Guiding Questions: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Guiding_questions_for_data_analysis.pdf Data Activity Template: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Data_activity_template.pdf
5. Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments.	All ESIT Provider Agencies complete steps in self-assessment tool to use data for program adjustments	Review of all self-assessments by ESIT staff	July 2017-ongoing every other year	Completed Evidence: contract deliverable due March 30, 2018. All ESIT Provider Agencies completed the self-assessment tool which included components of the L-COMS. They identified an activity to focus on for local improvement based on their Quality Indicator (PR1, DC1, DC2, and AN3)
6. Infrastructure: ESIT collaborates with DCYF home visiting programs to support coordinated service delivery.	MOU between ESIT and DCYF HV programs addresses coordinated service delivery	State-level MOU is developed	July 2016-June 2018	Completed Evidence: ESIT and Home Visiting Services MOU posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_and_Home_Visiting_Services_Program_MOU.PDF
	Guidance developed by ESIT and DCYF HV programs addresses coordinated service delivery	Guidance is disseminated to all contractors.	July 2016-June 2018	Completed Evidence: ESIT and Home Visiting Services MOU Guidance posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
7. Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies.	Revised EI competencies incorporate WA-AIMH SE competencies and selected DEC Recommended Practices	Review of competencies by stakeholders and national experts	July 2016- March 2018	Completed Evidence: Finalized document posted to ESIT website: https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0065.pdf Competency review tool posted to ESIT website: https://dcyf.wa.gov/sites/default/files/excel/ESITCompetencyReviewTool.xlsx Core competencies mapped to all required new provider training. Will be posted to the DCYF Website in the Spring of 2022.
8. Practice: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement.	Number of providers identified by implementation sites who will pursue endorsement at levels 1, 2 and 3	Roster of identified providers, by endorsement level and site	April 2017-Ongoing	In process Evidence: Spreadsheet roster submitted to WA-AIMH
9. Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment.	Completed training materials on social-emotional screening and assessment	Process agenda for training reflects best practices, as reviewed by national experts	July-November 2017	Completed Evidence: Process agenda reviewed by TA providers and input incorporated into training. Training materials including Power Points and handouts developed.
10. Practice: ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.	Completed training materials on writing functional, routines-based outcomes that support social-emotional development	Process agenda for training reflects best practices, as reviewed by national experts	July-November 2017	Completed Evidence: Process agenda reviewed by TA providers and input incorporated into training. Training materials including Power Points and handouts developed.
11. Practice: ESIT ensures training and In process supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.	Providers at implementation sites participate in training	Participation rate; participation attendance list, by implementation site	April, 2016-February 2021	In process for all three cohorts Level I training will continue for newly hired staff Evidence: Post-training questionnaires and/or HOVRS scales completed by participants

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
	Providers at implementation sites participate in follow-up support to integrate PFR strategies into their practice	Coaching logs, UW roster for fidelity certification	April, 2016-February 2021	In process for all 3 cohorts Level II and III training will continue for newly hired staff Evidence: Quarterly Report from UW. Level 2: 39 trained Level 3: 8
12. Infrastructure: ESIT defines and implements coaching system within implementation sites.	Coaches available to support providers	Number of coaches available by site; roster of coaches by site	April, 2016-June 2018	Removed from Logic Model

b. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
1.Short-term	Providers have improved understanding of COS quality practices.	Do providers master the content on COS quality practices?	90% of providers meet criteria for understanding COS quality practices. (Criteria is passing score of 80%)	Measurement: Post training survey after providers complete all of the online modules. Data Collection Method: DCYF Training Portal Measurement Intervals: Phase III Year 2: new providers complete within 90 days of hire	Review quiz results. A score of 100% is required to be marked "complete" for the modules. Data will be aggregated statewide and disaggregated by agency and provider agency. Data will be listed by percent of correct/incorrect answers. These data will be shared with program administrators. Item analysis will be conducted and shared with SICC data committee at state level and program administrators at the local, county, and provider level. Stakeholders will engage in discussion about	July, 2016-Ongoing for all new ESIT providers	Ongoing for all new ESIT providers statewide.	Indicator met 100% got 100% and passed the quiz 270 providers took the quiz from April 1-December 31, 2021 Data Source: April, 2021-January 2022 The data source for this outcome was a quiz developed by the ESIT team with TA support. The quiz is housed with the DCYF Training Portal. To develop the questions, the ESIT team emphasized four key concepts: the purpose of the COS process, understanding global child outcomes and the summary of functional performance, the importance of family involvement and cultural considerations, and the importance of teaming and including the family resources coordinator as part of the COS process. Next steps: Further analysis on the questions most frequently

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					additional training needs based on incorrect responses. Data will be compared to the same data from the previous year.			missed to consider revisions to the training modules.
2.Short-term	Providers have improved understanding of social-emotional screening and assessment.	Do providers have improved understanding of social-emotional screening and assessment as a result of participating in the training?	90% of providers meet criteria for understanding social-emotional screening and assessment. Criteria is passing score of 80%	Measurement: Post training quiz Data Collection Method: Written quiz Measurement Interval: One time, as providers complete training.	Review quiz results and calculate percentage of providers who passed the quiz. Total number who passed quiz/total number of providers = percentage who passed Data will be aggregated by total number of providers who took the quiz and disaggregated by implementation site. Data will be listed by percent of correct/incorrect answers. Data will be disaggregated by correct/incorrect answers. These	Initial timeline for implementation sites July, 2017-June 2019 Continued measurement as training is provided to new staff	Complete for Cohorts 1, 2, and 3	Outcome Achieved

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					data will be shared with SICC data committee and local implementation sites. Stakeholders will engage in discussion about wording of questions to ensure clarity and potential changes needed to training based on incorrect responses.			
3.Short-term	Providers have improved understanding of writing functional outcomes that support social-emotional development.	Do providers have improved understanding of writing functional outcomes as a result of participating in the training?	90% of providers meet criteria for understanding writing functional outcomes. Criteria is passing score of 80%	Measurement: Post training quiz Data Collection Method: Written quiz Measurement Interval: One time, as providers complete training	Review quiz results and calculate percentage of providers who passed the quiz. Total number who passed quiz/total number of providers = percentage who passed Data will be aggregated by total number of providers who took the quiz and disaggregated by implementation	Initial timeline for implementation sites July, 2017-June 2019 Continued measurement as training is provided to new staff	Complete for Cohorts 1, 2, and 3	Outcome Achieved

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					site. Data will be listed by percent of correct/incorrect answers. Data will be disaggregated by correct/incorrect answers. These data will be shared with SICC data committee and local implementation sites. Stakeholders will engage in discussion about wording of questions to ensure clarity and potential changes needed to training based on incorrect responses			
4.Short-term	The SLA and CLAs and ESIT Provider Agencies ensure timely analysis of accurate data	Does the SLA and CLAs and ESIT Provider Agencies ensure timely analysis of accurate data?	State will use the State Child Outcomes Measurement System (S-COMS). SLA receives a score of at least 5 for	Complete the AN quality indicator on the S-COMS and receive a score of at least 5. https://ectacenter.org/eco/pages/childoutcomes-framework.asp	The SLA will collaborate with stakeholders to complete the S-COMS self-assessment and compare performance relative to standard.	Initial rating June, 2016 Subsequent ratings (ongoing as needed) November, 2019	Complete	Partially met indicator Baseline: • AN2 – QI rating of 2 • AN4 – QI rating of 3 November, 2019 • AN3 – QI rating of 4 • AN4 – QI rating of 4 • AN5 – QI rating of 6 Data Source:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
			the following quality indicators:AN2, AN3, AN4 and AN5					State Child Outcomes Measurement System Self-Assessment Next Steps: Areas of focus moving forward include growing the ESIT data team to increase capacity for data analysis, continue working toward an enhanced data management system to allow for more data that is easily accessible, and continued professional development for ESIT staff and local programs to check the accuracy of COS data.
5.Short-term	Providers report knowledge of PFR practices to improve social-emotional skills for infants and toddlers.	Do providers report knowledge of PFR practices as a result of participating in the 2-day training?	90% of participating providers report having adequate knowledge of PFR practices. Only use first question: This Promoting First Relationships training provided me	Measurement: Post training survey (developed in collaboration with UW) Data Collection Method: Written or online survey Measurement Interval: One time, as providers complete training	Review survey results and calculate percentage of providers who reported having adequate knowledge and skills. Total number who reported 4 (true) and 5 (definitely true) /total number of providers who completed survey = percentage who reported having adequate	July, 2016-ongoing with each PFR level 1 training	Complete for Cohorts 1, 2, and 3. Data reported for all newly hired providers since last PFR training. Met performance indicator:	Outcome Achieved Data for newly hired providers: 95% of participants gave a score of 4 or 5 on first survey question following training. • Score of 4 indicated true and 5 indicated definitely true on the question: "This Promoting First Relationships training provided me with useful knowledge and skills." Data Source: Post training survey developed in partnership with UW.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
			with useful knowledge and skills.		knowledge and skills. Data will be aggregated by total number of providers who completed the survey and disaggregated by implementation site. Data will be disaggregated by provider role. These data will be shared with SICC data committee and local implementation sites.		95% of participants reported that the training provided them with useful knowledge and skills, as measured on post-training survey.	
6.Intermediate	SLA has the capacity to enforce the responsibilities of contractors so they can carry out IDEA and related state requirements.	Does the SLA have the necessary infrastructure elements in place to enforce provider contracts?	SLA will use the ECTA Center System Framework to measure progress. The SLA receives a score of at least 5 for the following quality indicators: GV2, GV3,	Complete the ECTA Center System Framework Self-Assessment for the following quality indicators: GV2, GV3, GV4, GV5, and GV6. http://ectacenter.org/sysframe/	The SLA will collaborate with stakeholders to complete quality indicators relating to governance in the ECTA Center System Framework. The score will be compared to a standard of at least 5.	Initial rating November, 2019 Subsequent ratings (Every other year ongoing) February 2021	Complete	Outcome Achieved GV2: 6 GV3: 5 GV4: 6 GV5: 5 GV6: 5 Next steps: SICC finance committee to improve written guidance and procedural information to clarify implementation of SOPAF. Address equitable access to services as a result of system re-design work regarding alignment of funding and authority.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
			GV4, GV5, and GV6					
7.Intermediate	SLA has a quality statewide system for in-service training and technical assistance (TA) in place.	Does the SLA have an effective system for disseminating training and TA to the field?	SLA will use the ECTA Center System Framework to measure progress. The SLA receives a score of at least 5 for the quality indicator PN7	Complete the ECTA Center System Framework Self-Assessment for quality indicator PN7 http://ectacenter.org/sysframe/	The SLA will collaborate with stakeholders to complete quality indicators relating to professional development in the ECTA Center System Framework. The score will be compared to a standard of at least 5.	Initial rating November, 2019 Subsequent ratings (every other year ongoing) February, 2021	Complete	Did not meet indicator PN7: rating of 4 Next steps: Finalizing a Comprehensive System of Personnel Development (CSPD). Coordinate in-service personnel development across early childhood systems and delivered collaboratively at the state level.
8.Intermediate	Teams implement COS process consistent with best practices.	To what extent do teams implement the COS process as intended, consistent with best practices?	90% of individuals will score 87% or better on the adapted COS-TC checklist, section II, as indicated by a score of 7 out of 8. 90% of teams will score 87% or better for each	COS-TC checklist section II: observation of 10% or minimum of 3 applicable staff per agency Section IV: minimum of 3 team self-assessments per agency	Score COS-TC ratings using a point value: Yes=2 Partly=1 No=0 For section II, validate the self-assessment data with observations by analyzing the correlation of the scores between both data sets. Of those who met criterion on self-assessment, what	Initial training and on the COS-TC October 2019-Ongoing for providers as needed	Initial training and data collection complete for Cohorts 1, 2, and 3	**Section II** Did not meet indicator Implementation sites: 78% See chart below for the rate of passing score by cohort.		pass	n		Cohort 1	79%	245		Cohort 2	75%	157		Cohort 3	85%	71	**Section IV** Partially met indicator

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
			outcome area on the adapted COS-TC checklist, section IV, as indicated by a score of 7 out of 8 for each outcome area.		% met criterion on observations? Data will be aggregated statewide and disaggregated by Cohort, implementation site and provider agency.			Implementation sites: Outcome 1: 88% Outcome 2: 90% Outcome 3: 88% See chart below for the rate of passing scores by outcome and cohort. *(see table below)* Next steps: Continue to collect data from those implementation sites who have not yet submitted data. Individualized follow-up with implementation sites based on the results.
9.Intermediate	CLAs and ESIT Provider Agencies improve ability to analyze and	Do CLAs and ESIT Provider Agencies report proficiency/competency in their ability to use reports to	80% of CLAs and ESIT Provider Agencies demonstrate progress in	Measurement: Questionnaire Data Collection Method: Responses recorded during quarterly calls Measurement Interval:	Results of overall improvement will be based on the total score from the first call compared to the total score from	July, 2016-January, 2020	Complete	Outcome Achieved Statewide improvement from first call(T1) to last(T7): 90% Improvement disaggregated by question T1-T7: 1: 62%

Embedded chart (Data Results and Evaluation Notes):

	Outcome			
	A	B	C	n
Cohort 1	93%	93%	93%	16
Cohort 2	90%	90%	80%	10
Cohort 3	84%	88%	88%	25

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
	use COS data.	analyze and use COS data?	their ability to use reports to analyze and use COS data during In process calls with state staff.	Quarterly Questions asked: Question 1 Ability to locate/access the child outcome summary reports Question 2a Understanding how to use reports to draw inferences about the quality of the data Question 2b Understanding how to use reports to draw inferences about children's progress Question 3 Ability to use the reports to analyze COS data Question 4 Ability to use reports as one method to monitor COS data quality Question 5 Ability to use the reports as one method to assess progress and make program adjustments	the last call. Those whose score on the final question is higher than the first question are included in the final percentage. Data will be aggregated statewide and disaggregated by agency and question. In addition, data will be disaggregated by new program administrator. Data from new administrators will be compared with data from In previous administrators. Data will be shared with CLAs and ESIT Provider Agencies and SICC data committee. We will engage stakeholders in discussion on which items CLAs and ESIT Provider Agencies reported			2a: 52% 2b: 62% 3: 71% 4: 90% 5: 91% Evaluation notes: Changes were made to the content and approach of quarterly calls this past year. The overall improvement since the first call was maintained, however, about 1/3 of agencies reported a decrease in knowledge for each question from T6 to T7. See report for details. Activities completed during the quarterly calls follow this sequence: • COS purpose • Date collection • COS related professional development Data Source: LLA responses to evaluation questions on the quarterly call agendas.

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					the most competence, the least competence, and the most positive change.			
10.Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.	To what extent are providers' assessments consistent with ESIT policies and procedures?	90% of newly enrolled infants and toddlers are evaluated or assessed with the recommended tools.	Online IFSP for newly enrolled infants and toddlers, pulled annually. The number of recommended social-emotional evaluation/assessment tools used divided by the total number of social-emotional eval/assessment tools used for initial IFSPs issued during a one-year period starting 3 months after SSIP training.	Data will be aggregated by implementation sites and disaggregated by agency and provider agency. Percentage will be calculated of total number of children with approved SE assessment tool completed divided by total number of children. Data will be shared with local implementation teams and SICC data committee. Stakeholders will engage in discussion and analysis of data.	July, 2016 - Ongoing for all newly enrolled children at implementation sites.	Complete	Indicator not met Implementation sites: 58% Cohort 1: 28% Cohort 2: 14% Cohort 3: 16% These data reflect the number of social-emotional evaluation/assessment tools used as recommended divided by the total number of social-emotional eval/assessment tools used. Next steps: ESIT staff will review these data and the methods used to pull it from the DMS. It does not appear to match qualitative data collected from implementation sites and there may be data limitations to explore.
11.Intermediate	Teams develop functional IFSP outcomes that support	Are IFSP teams developing functional outcomes?	70% of sampled goals meet criteria as a functional outcome.	Sampling of IFSP outcomes pre and post training. Use a sample of 5% or a minimum of 10 of the total outcomes for each implementation site.	Outcomes will be compared pre-training and post-training. The post training date range will begin 3	Initial training for implementation sites April 2016-	Completed for Cohorts 1, 2 and 3	Outcome Achieved Implementation sites: 79% Cohort 1: 85% Cohort 2: 68% Cohort 3: 72%

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
	social-emotional development.				months after training occurred. Outcomes considered to be functional will contain at least 5 of the 7 components (Necessary/functional, real-life contextual settings, discipline free, jargon free, positive, active, context of a relationship). Data will be aggregated at the state level and disaggregated by implementation site. Data will be shared with local implementation teams and SICC data committee for feedback.	December 2018 – Post training data analyzed February, 2020.	Data reported for all 3 Cohorts. Cohorts 1 and 2 were reported last year, they are included this year to show full results for this activity.	Baseline: Implementation sites: 46% Cohort 1: 55% Cohort 2: 30% Cohort 3: 32% Data Source: ESIT DMS ESIT staff review
12.Intermediate	Providers implement practices to promote positive social-emotional development	Do providers who receive training demonstrate a high level of excellence in the providing home visiting practices to promote positive	80% of providers who received any level of PFR training and completed the Home Visit Rating	All agencies will complete 2 scales and submit data on a spreadsheet provided by ESIT Home Visit Rating Scales 3 1: Home visitor facilitation of caregiver-child interaction (scale 3) 2: Home visitor collaboration with caregivers as partners (scale 4)	Data will be disaggregated by implantation site Data will be shared with local implementation teams and SICC	October 2017 – December 2022	In Process	Indicator met Scale 3 (facilitation of caregiver-child interaction) Implementation sites: 81.8% Cohort 1: 80.6% Cohort 2: 83.1% Cohort 3: 81.6%

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
		social-emotional development?	scale (HOVRS) received a rating of 5, 6, or 7 on each of the 2 scales.	Implementation guidelines *For 10% or a minimum of 3 staff* Observation by a supervisor or team lead Video or in person Full visit observation *For the staff above and all other staff* Self-assessment	data committee for feedback.			Scale 4 (collaboration) Implementation sites: 84.7% Cohort 1: 88.6% Cohort 2: 85.6% Cohort 3: 80% Data Source: HOVRS data collection sheets Next steps: Further analysis of scores by level of PFR training, years in the field, discipline and other factors to identify focus for follow up and improvement.

13.Intermediate	Agencies demonstrate systems change to support the implementation of practices to promote positive social-emotional development	Do agencies implement systems change to support the implementation of practices to promote positive social-emotional development.	80% of the agencies surveyed will respond with a "yes" for 3 of the 5 questions.	All agency leadership will respond to a survey regarding elements of systems change. Survey results will be compared to HOVRS scores of individual providers to analyze the impact of systems change on provider practice.
				
				1 response per agency (collective response from multiple people)
				
				Agencies will indicate which types of agency change have been implemented:
				SURVEY
				With regard to strategies to promote positive social-emotional development, has your agency…
				   1. Changed the way professional development plans are used?
				       o Yes, No, Explain
				   2. added ongoing reflective practice for staff?
					Data will be disaggregated by implementation site
					
					Data will be shared with local implementation teams and SICC data committee for feedback.
						January 2020	Complete	Outcome Achieved
								Results for all cohorts:
								Q1: 90%
								Q2: 80%
								Q3: 80%
								Q4: 90%
								Q5: 80%

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes

				o Yes, No, Explain
				3. Added other trainings to support professional development?
				    o Yes, No, Explain
				4. Changed anything about the agency "onboarding" process for new staff?
				    o Yes, No, Explain
				5. Added new elements of mentoring for staff?
				    o Yes, No, Explain				

14.Intermediate	Providers use data to select relevant improvement strategies regarding the child outcome summary process and/or practices.	Are the proposed improvement strategies informed by data and more relevant to the SIMR?	Strategies added to the local improvement plan by contractors will be linked to L-COMS quality indicators with a rating of 5 or less.	Self-assessment tool improvement plan Annual	Data will be aggregated statewide and disaggregated by agency and implementation site. Data will be compared between implementation sites and non-implementation sites. Data will be shared with CLAs and ESIT Provider Agencies, implementation sites, and SICC data committee. We will engage stakeholders in discussion and analysis.	April, 2018-June 2019	Completed	N/A

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
15.Long-term	SLA has a high-quality child outcomes measurement system.	Does the SLA have a high-quality child outcomes measurement system?	SLA receives a score of at least 5 for the quality indicators of the S-COMS self-assessment: PR, DC, AN, RP, UD and EV	Complete the quality indicators on the S-COMS and receive a score of at least 5. http://ectacenter.org/eco/pages/childoutcomes.asp#frameworks	The SLA will collaborate with stakeholders to complete quality indicators relating to PR, DC, AN, RP, UD and EV	Initial self-assessment June, 2016 Subsequent ratings (ongoing as needed) November 2019 October 2021	In process	Indicator not met Data as of November 2019 AN3: 4 AN4: 4 AN5: 6 Data as of October 2021 PR1: 6 DC 1: 5 DC 2: 6
16.Long-term	Families will have increased ability to support and encourage their children's positive social-emotional development.	(1) Do families report an increased capacity to help their child develop and learn? (2) Are families more engaged in the implementation of their child's IFSP strategies?	(1) Increase in the percentage of families that report an increased capacity to help their child develop and learn. (2) 80% of families report engagement in the implementation of their child's IFSP strategies.	Early Childhood Outcomes Family Outcomes Survey-Revised (addition of a few items) Annual	Data will be aggregated statewide and disaggregated by agency and implementation sites. Data will be compared between implementation sites and non-implementation sites. Data will be shared with CLAs and ESIT Provider Agencies, local implementation teams, and SICC	September 2018 - February, 2021	Not yet initiated	No data available

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					data committee for feedback			
17.Long-term	Families and children will achieve their individual functional IFSP outcomes.	Does the percent of outcomes achieved by families and children participating in Part C services increase?	Increase in the percentage of outcomes met within the identified timelines.	Online IFSPs for children in program at least 6 months that have been reviewed within the 3 month reporting period	Data will be aggregated statewide and disaggregated by agency and implementation sites. Data will be compared between implementation sites and non-implementation sites. Data will be shared with CLAs and ESIT Provider Agencies, local implementation teams, and SICC data committee for feedback	Baseline one year before implementation; annually through February, 2020	Completed for Cohorts 1, 2 and 3. Cohort 3 data is reported here. Did not meet indicator	Outcome Achieved

There has been an increase of 1% in the overall percent of outcomes met for implementation sites.

Baseline
Implementation sites: 17%
Cohort 1: 20%
Cohort 2:12%
Cohort 3: 15%

Post training
Implementation sites: 18%
Cohort 1: 19%
Cohort 2:17%
Cohort 3: 14%

Data Source:
ESIT DMS |
| 18.Long-term | [SiMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who | Have more infants and toddlers exiting early intervention services demonstrated an increase in the rate of growth in positive social-emotional development? | By the end of FFY 2018, 58.25% of children will substantially increase their rate of growth in social-emotional | Data reported for APR indicator C3, which is collected at entry and exit using the COS process Annual | Data will be aggregated statewide and disaggregated by agency and implementation site. Data will be compared between implementation | Data collection ongoing | In process | Outcome Achieved

Data collected for progress in social-emotional development (Outcome A) indicate the data improved and the target was exceeded. The percentage of those children who entered the program below age expectations in social-emotional development and substantially increased their |

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
	demonstrate an increased rate of growth in positive social-emotional development.		development by the time they exit the program.		sites and non-implementation sites. Data will be shared with County Lead Agencies and ESIT Provider Agencies, implementation sites, and SICC data committee. We will engage stakeholders in discussion and analysis.			rate of growth improved from 56.74% in FFY 17 to 59.06% for FFY 18. The target was 58.25%. Data Source: ESIT DMS

VII: Sustainability Plan

Activities	Steps to Implement Objective	Resources Needed	Who is Responsible	Timeline Summer 2021=July-Sept Fall 2021=Oct-Dec Winter 2022=Jan-March Spring 2022=April-June	Status and Evidence	Implementation Notes
Promoting First Relationships	**Objective:** Each agency will have access to an agency trainer, consistent with UW expectations, who can train at least 2 staff each year for level 2. In addition, every new staff receives level 1 training and "refresher" materials are available. There will be opportunities for ongoing learning and professional development. Recertification for level 2 is encouraged but not required.					

Activities	Steps to Implement Objective	Resources Needed	Who is Responsible	Timeline Summer 2021=July-Sept Fall 2021=Oct-Dec Winter 2022=Jan-March Spring 2022=April-June	Status and Evidence	Implementation Notes
	Level 1 training for all new staff	ESIT funds for training costs	ESIT	Spring	Total Trained: 575	
	Level 2 training for limited staff	Implementation site resources for training time and cost	Implementation Sites	Ongoing	Total Trained: 59 In Progress: 19	
	Level 3 training for limited staff				Total Trained: 19 In Progress: 0	
	"refresher" materials available for level 1	UW support for "refresher" materials	ESIT, UW, Agency Trainers	Currently available on ESIT Website	Completed and distributed to implementation sites	
WA-AIMH Endorsement and Reflective Supervision	**Objective:** Each agency will have access to someone who is endorsed at category 3 or vetted at category 2 to provide reflective supervision.					
	Category 2 and 3 Endorsement	Scholarship funds and coordination cost covered by ESIT	WA-AIMH (provide training and endorsement) ESIT (cover the cost of training) Implementation sites (provide staff the availability to attend as it relates to their role)	Ongoing	Funds available through WA-AIMH/DCYF contract	
	Reflective Supervision Training	$12,725 (11 people plus 12 months of RSC, and continuation of previous RSC group) Implementation site resources for training time		Fall	Total trained: 20 In progress: 11	
	Reflective Practice Training	$2,500 (up to 20 people) Implementation site resources for training time		Fall	Total trained: 75	

Activities	Steps to Implement Objective	Resources Needed	Who is Responsible	Timeline Summer 2021=July-Sept Fall 2021=Oct-Dec Winter 2022=Jan-March Spring 2022=April-June	Status and Evidence	Implementation Notes
	Foundations of Infant and Early Childhood Mental Health Series	$5,250 ESIT funds (up to 15 people) and implementation site resources for training time		Fall	Total Attended: 14	
	Reflective Supervision Groups	ESIT funds to cover reflective supervision. Implementation site resources for time to participate in groups.	University of Washington/WA-AIMH ESIT Implementation sites	Fall	Current: 15 total reflective practice groups (64 total participants)	
Functional Outcomes and SE Assessment Training Follow up	**Objective:** ESIT will provide refresher sessions regarding functional IFSP outcomes and SSIP SE assessment requirements.					
	ESIT to review data collected on functional IFSP outcomes and qualitative data on training needs	ESIT and Implementation site resources for time to develop training follow up	ESIT Implementation site leaders	Fall		
	Recorded overview of SE assessment requirements and e-DECA information provided		ESIT will create the recording Implementation site leaders will distribute to staff	Spring		

Activities	Steps to Implement Objective	Resources Needed	Who is Responsible	Timeline Summer 2021=July-Sept Fall 2021=Oct-Dec Winter 2022=Jan-March Spring 2022=April-June	Status and Evidence	Implementation Notes
	Training Provided for implementation sites	ESIT and Implementation site resources for time to implement training follow up	ESIT Implementation site leaders	Spring		
Home Visit Rating Scale (HOVRS)	**Objective:** All agencies will complete selected scales* of the HOVRS with the updated implementation guidelines** and submit data to ESIT for 10% or a minimum of 3 staff. All agencies will also provide HOVRS data based on self-assessment of selected scales* for all staff, including those who were observed. **Includes staff who submitted data last year.**					
	HOVRS training	$3,800 for introductory training of up to 50 people $1,000 for observation and scoring training of up to 25 people	ESIT HOVRS trainers	Winter	Total Trained on HOVRS Introductory Sessions: 137 Total Trained on HOVRS Scoring Practice: 100	
	Tool is completed following ESIT guidelines and data submitted to ESIT using data collection template	Implementation site resources for time to complete tool, follow up conversations and data submission to ESIT	Implementation site supervisors/team leads and providers	Submit by November 15, 2021		
	*HOVRS Scales Home visitor facilitation of caregiver-child interaction (scale 3) Home visitor collaboration with caregivers as partners (scale 4)		**** HOVRS Implementation Guidelines** Observation by a supervisor or team lead Video or in-person Full visit observation Self-Assessment for all staff in addition to observation			

Activities	Steps to Implement Objective	Resources Needed	Who is Responsible	Timeline Summer 2021=July-Sept Fall 2021=Oct-Dec Winter 2022=Jan-March Spring 2022=April-June	Status and Evidence	Implementation Notes
	Staff Selection Criteria for Observations Complete observations with the same people as last year. If needed, ESIT will select a minimum of one staff for each of the three PFR training levels when possible using a randomizer tool and send names to each site. For example; an agency observing three staff will observe one from each of the three levels or one from level one and two from level two if there is no level three trained staff. All staff with PFR training at implementation sites will complete a self-assessment using the HOVRS and submit a data collection sheet.					
	Objective: All agencies will receive a COS refresher training and complete updated COS-TC observations and self-assessments.					
	COS Refresher Training provided for implementation sites	ESIT and Implementation site resources for time to implement training follow up	ESIT (as needed) Implementation site leaders	Spring		
Child Outcome Summary- Team Collaboration Checklist (COS-TC)	Tool is completed following ESIT guidelines and data submitted to ESIT using data collection template	Implementation site resources for time to complete tool, follow up and data submission	Implementation site supervisors/team leads and providers	Spring		
	*COS-TC sections and Implementation Guidelines Building Consensus for a high-quality COS rating (section IV) • **Team** self-assessment. Provider team, excluding the family, who are involved in determining the COS rating. • A minimum of 3 teams will submit data To the extent possible, each of the three teams will consist of different staff members. If data are submitted for more than 3 teams, the same staff members may be on more than 1 team.			Explaining the COS Process to Families (section II) • Supervisor or team lead will observe 10% of all **individual** staff who explain the COS process to families, or a minimum of 3, in person or on video. • All staff who explain the COS process to families will complete a self-assessment, including those who were observed.		
	Team Selection Criteria Enter names of all FRCs into a randomizer tool. Select 3 names and ask each of those FRCs to complete this section of the tool with the next team of providers they complete the COS process with.			**Staff Selection Criteria for Observations** Enter names of all FRCs (and any other staff who would explain the COS process to families) into a randomizer tool. Select 10% or a minimum of 3 names to complete observation for this section of the tool.		