

Overview: Part C State Systemic Improvement Plan (SSIP)

FFY 2014
Phase II

State of California
Department of Developmental Services

California Draft Indicator 11 SSIP Narrative - Phase II

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Introduction

In 2013, the Office of Special Education Programs (OSEP) added the SSIP as a requirement of the State's Annual Performance Report (APR) on early intervention services. The SSIP evaluates and identifies the actions that can be taken that will result in improved outcomes for children and their families. The SSIP is guided by an implementation plan developed with extensive stakeholder participation. The SSIP extends through 2020 and is comprised of the following three phases:

Phase I – Completed April 2015: This report included data analysis; identification of the focus for improvement; description of infrastructure to support improvement and build capacity; and, the State's Theory of Action. The report on Phase I can be found at <http://www.dds.ca.gov/EarlyStart/docs/stateSystemicImprovementPlan2015.pdf>

Phase II - Due April 2016: This phase involves the development of the multi-year plan which includes: infrastructure development; supports for implementing evidence-based practices (EBPs); and, an evaluation plan.

Phase III - Due February 2017 and annually through February, 2020: This phase includes evaluation of the plan and reporting of progress; results of the ongoing evaluation; report on the extent of progress; and, revisions to the plan.

As described in detail in this document, the State, in conjunction with stakeholders, built upon the work completed in Phase I to develop this plan focused on activities that should result in better outcomes (e.g. increased progress) in children's social/emotional development. This area was chosen due to the linkage of social/emotional development with development and potential improvement in other areas of child development. This led to the development of the State Identified Measurable Result (SiMR) that indicates by Federal Fiscal Year (FFY) 2018:

"Increase the percentage of infants and toddlers with disabilities in California who will substantially increase their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program."*

* This percentage is targeted to increase from 44.32% to at least 49%.

Process for Developing Phase II of the SSIP

As in Phase I, California continued to work with the SSIP Task Force in the development of its implementation plan. In addition to representatives from the Department of Developmental Services (DDS), members of the SSIP Task Force include California's Part B Coordinator from the California Department of Education (CDE), parents, Part C local agency representatives, an early intervention mental health expert, Interagency Coordinating Council (ICC) members, early intervention practitioners including a developmental pediatrician, a member of the National Center for Systemic Improvement (NCSI), the Center for Prevention and Early Intervention (CPEI), and an early intervention advocates' representative. The SSIP Task Force has provided valuable input on the development of improvement strategies and the SSIP evaluation plan.

DDS staff prepared for Phase II by participating in webinars and trainings offered by the NCSI and the Early Childhood Technical Assistance (ECTA) Center to build a solid foundation of staff knowledge regarding the development of Phase II, and how to support local programs to improve social-emotional developmental outcomes. Additionally, members of the SSIP Task Force participated in the NCSI

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Cross State Learning Collaborative on Social and Emotional Outcomes. This collaborative offered participants the chance to interact with other states, whose SSIP also focuses on social-emotional development, in order to share information and resources.

In order to achieve significant improvement in social-emotional development among children served, the State began Phase II by building on the successful foundational work completed in Phase I.

In Phase I, the SSIP Task Force developed the following Broad Improvement Strategies:

1. Develop and implement sustainable outreach, education, and training strategies through the Early Start Comprehensive System of Personnel Development (CSPD) for the entire Early Start community, including families and service providers, on evidence-based practices and family-centered philosophy.
 - (a) Promote and implement sustainable, evidence-based training strategies for the entire Early Start community on social/emotional development, evidence-based assessments and parent-child relationships.
 - (b) Leverage effective, evidence-based practices of regional centers and LEAs or other entities in engaging families in the social/emotional development of the child through enhanced parent-child relationship.
2. Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social/emotional development with the Interagency Coordination Council (ICC) as the lead.

Theory of Action

In Phase I, the SSIP Task Force developed a Theory of Action (see Fig. 1) to describe how the state will achieve improved outcomes by educating parents and providers and ensuring information is widely available to families receiving services within the Early Start program. The professional development, education, and collaboration of providers on a statewide basis will lead to increased awareness regarding the importance of social-emotional development and increased expertise in early intervention service delivery.

The Theory of Action is the basis for the State's logic model and the development of the Phase II improvement activities and evaluation plan. To develop the improvement activities, California concentrated on three key strands of action:

1. Parent and Provider Education
2. Professional Development
3. Interagency Collaboration

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Figure 1 – California's Theory of Action

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Target Population

At the local level, California Early Start services are accessed through twenty-one community-based regional centers as well as 125 local education agencies (LEAs). The geographical area served by each regional center is known as a catchment area. The catchment areas for the regional centers conform to county boundaries or groups of counties, except in Los Angeles County, which is divided into seven areas, each served by a separate regional center. The demographics of each catchment area vary greatly in many aspects including total population served, geographical size, and urban vs. rural areas.

During Phase I of the SSIP, the SSIP Task Force elected to pursue a broad-based SiMR that would focus on all children served by Early Start in California. During the development of Phase II, it was decided that statewide implementation of improvement strategies should be staggered over a three year period. This staggered approach will be more effective in achieving statewide implementation as it will allow for a more manageable and focused evaluation of implementation throughout our very large, diverse state. The first cohort of regional center catchment areas was selected based on factors that include demographics and their participation in SSIP development activities.

Phase II Component 1: Infrastructure Development

1(a) Improvements to the State's Infrastructure

The SSIP Task Force identified the activities below, within the relevant infrastructure areas, the State will use to enhance the State's capacity to support local programs and providers.

Fiscal

To promote implementation of the broad improvement strategies, the State has identified the following improvements to support SSIP activities by leveraging existing funding sources:

- Effective July 2015, through contracts with Family Resource Centers (FRCs), FRCs will be required to provide evidence-based training and educational materials to FRC staff, parents and the Early Start community on the basics of social-emotional development and how parents can be supported to take an active role in their child's growth in this area.
- Effective July 2015, the State's contract with WestEd's Center for Prevention and Early Intervention (WestEd), has begun to refocus some of WestEd's activities to support local programs and providers including increased training opportunities (described below under Professional Development).
- Additionally, DDS receives Mental Health Services Act (MHSA) funds for regional centers to develop and oversee innovative projects. These projects focus on supporting individuals with mental health diagnoses and their families. Beginning in July 2017, when the next cycle of funding becomes available, DDS will encourage regional centers to apply for funds that support SSIP activities.

Professional Development

California currently has a robust system of personnel development. DDS contracts with WestEd to implement a Comprehensive System of Personnel Development (CSPD). This has resulted in the

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development of a comprehensive training curriculum aligned with the personnel competencies and interdisciplinary practice guidelines described in the Interagency Coordinating Council (ICC) recommended Early Start Personnel Manual. Participants report high rates of satisfaction with the trainings offered.

One change that DDS is making to the CSPD program that will better support Early Start programs and providers in implementing the SSIP activities and evidence-based practices is by enhancing existing training opportunities for the Early Start community. Specifically, the SSIP task Force identified the following improvements:

- The Early Start Partners Symposium - This statewide annual conference serves to acquaint early intervention personnel, parents, and other partners with new intervention methods, legislation and other developments in the policy and practice of Early Start. The theme for the 2016 conference is *"Improving outcomes in social-emotional development."* The symposium will feature a variety of trainings and presentations relating to the SSIP, including evidence-based practices for intervention and assessment, and on how parents and providers can support the social-emotional development of Early Start infants and toddlers. The State anticipates that awareness and training, with a focus on social-emotional development, will continue to be a feature of the ESPS in the future.
- Expanded, more accessible training opportunities – As identified by stakeholders in Phase I, increasing the number of trainings offered, while reducing the time needed to complete topics (without compromising content quality) would increase access to the CSPD trainings. These changes will be implemented beginning in July 2016 for trainings specific to implementing social-emotional evidence-based practices.

The changes in infrastructure identified above are directly related to the improvement strategies that will support local program and providers. In line with the analysis from Phase I, these changes build off existing infrastructure to enhance the goal of on-going sustainability of these activities.

Additionally, although not directly related to the Broad Improvement Strategies, the State also provided focused technical assistance for regional centers regarding data collection for child outcomes. The SSIP Task Force identified this assistance as a necessary step to pair with the increased activities related to improving child outcomes.

1(b) Leveraging Current Plans and Initiatives

In Phase I of the SSIP process, the State identified a number of initiatives as potential activities that could be leveraged to improve outcomes for toddlers with disabilities and their families. In Phase II, the SSIP Task Force evaluated these initiatives to determine their viability as effective leveraging opportunities to support existing infrastructure, tools and programs. Each initiative was researched and aligned to one of the strategies in the Theory of Action. Possible solutions and alternatives were explored, as well as implementation responsibilities, timelines, potential funding and outcome measurements. Each initiative was explored with regard to the following criteria:

- programs and agencies currently utilizing the initiative
- current level of collaboration at the State and local levels
- tenets of the initiative
- relevance to social-emotional development
- financial commitment necessary to implement/utilize the model

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- possible impact on the Early Start population

In order to target the most effective program initiatives, DDS used the *Initiative Inventory for the State Systemic Improvement Plan* developed by the Scaling-up of Evidence-based Practices Center (SISEP), and the National Implementation Research Network (NIRN).¹ The inventory was used as a guide for the discussion with ICC members as a way to analyze and determine the top initiatives identified for the SSIP.²

The ICC and DDS will work together to support the initiative coordination work through SSIP Phase III. The ICC is currently developing a Resource Guide, which contains information and resources about statewide initiatives focusing on social-emotional development. Local programs will be encouraged to choose one or more initiatives from the Resource Guide to help inform them in their efforts to implement evidence-based practices that promote social-emotional development and family-centered practice in their local area. Local teams will also be encouraged to leverage and scale up existing initiatives in their areas that are implemented by any of their local partners.

DDS will work closely with regional centers and their early intervention partners to assist in their research of evidence-based initiatives focusing on social-emotional development. DDS, in conjunction with WestEd, will make resource materials and technical assistance available, including data and evaluation assistance as needed to the regional centers and their local partners.

While a number of initiatives were researched, the following initiatives were identified as those most effective in social-emotional intervention, and will be included in the Resource Guide:

Strengthening Families

The Strengthening Families Initiative utilizes a framework promoting optimal child development, specifically social and emotional competence of children. The five protective factors include parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development and social and emotional competence of children. This framework is already embedded into the Early Start CSPD and is an approach that is readily available to build additional infrastructure within the Early Start service delivery system. The protective factors can be utilized at a practice level when working with individual families and identifying family strengths and areas of need and support so they may be addressed in their Individualized family Services Plan (IFSP). This can further be addressed through the IFSP development if a local agency delivering Early Start services chooses to leverage the Strengthening Families framework to meet the goals of the SSIP.

California's Collaborative on the Social and Emotional Foundations of Early Learning (CA CSEFEL)

The CA CSEFEL initiative provides a conceptual framework for promoting healthy social and emotional development for all children through nurturing and responsive relationships and high-quality supportive environments. The model is adapted from the National Center on the Social and Emotional Foundations for Early Learning. This initiative is currently being implemented by a number of entities including, California Early Head Start, Licensed Child Care Providers, select infant development programs, and FRCs using the Positive Parenting module. DDS has been participating on the State Leadership Collaborative since its inception in California.

¹ (SISEP-NIRN) Office of Special Education Programs, <http://implementation.fpg.unc.edu/>

² (SISEP-NIRN) Office of Special Education Programs, <http://implementation.fpg.unc.edu/>

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California Race to the Top, Early Learning Challenge, Quality Rating and Improvement Systems (QRIS)

The QRIS is designed to assess and improve the quality of early childhood settings. Social-emotional development is included in the *Continuous Quality Improvement Pathways* as a part of QRIS. Developmental screening is a required component of the rating matrix, and utilization of the Ages and Stages Questionnaire for Social-Emotional (ASQ-SE) development is required to achieve the highest rating. DDS collaborates on this initiative with CDE, and California's First 5 Commission.

California Infant-Family and Early Childhood Mental Health Initiative

This initiative provides professional training guidelines and personnel competencies as well as an endorsement process for trans-disciplinary practitioners focusing on the social-emotional development and well-being of infants and young children within the context of their early relationships, family, community and culture. This is a direct-service model for individuals who provide services to infants, toddlers and their families. Although the initiative was funded from 2007 through 2009, there are extensive materials available regarding the initiative, and available program training.

Project Connect

Project Connect was an early childhood mental health three-year project implemented by North Bay Regional Center for children birth-5 and their families in Napa, Sonoma, and Solano counties. The project involved the creation of a regional interagency collaborative for strengthening infant-family and early childhood mental health systems. It also identified core components of an infant mental health system and created resources to address best practices, universal screening, and professional development. Although the project was completed in 2014, materials developed by the program are currently available to the public.

Additionally, DDS has taken steps to align Early Start with statewide initiatives by sending delegates to the various statewide collaboratives and communities to learn more about the initiatives, and to share information about the SSIP. For example, DDS staff attends the California Strengthening Families Roundtable Learning Community, hosted by the California Department of Social Services (CDSS) Office of Child Abuse Prevention. This new collaborative effort creates opportunities to partner with a multitude of State and community agencies participating in this joint venture. Many of the State agencies serving the birth to three (and beyond) populations have already integrated the Strengthening Families framework into their scope of work. Early Start also integrated the protective factors in the CSPD Foundations modules at its inception. The Early Start FRCs have also trained family support staff in this model. Early Start FRCs have engaged in Strengthening Families staff development training and are contracting with DDS to utilize Strengthening Families strategies to work with parents with knowledge that is grounded in research, and implementation science.

DDS also participates in the CA CSEFEL State Leadership Collaborative, the California Home Visiting Program's State Interagency Team, and the Statewide Screening Collaborative (SSC). At these meetings, DDS representatives share updates about the SSIP and obtain information about how these initiatives may be used during implementation to support evidence-based practices at the local level. This input will be valuable in the development of the Resource Guide, and will continue to provide important opportunities for knowledge sharing and relationship-building at the statewide level.

1(c) Implementation of Changes to State Infrastructure

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The infrastructure changes detailed in section 1(a) *“Improvements to the State’s Infrastructure”* were identified as needs and developed by the SSIP Task Force. As noted in that section, the changes leverage existing fiscal and support resources.

DDS staff have been and will continue to be largely responsible for implementing changes to the existing state infrastructure. The identified infrastructure changes, resources needed, timelines for implementation, etc., are contained in the table below:

Activity	Resources Needed	Responsible Party	Outcomes	Timeline
Amend FRC contract to prioritize SSIP activities	DDS staff time Contract funds	DDS, FRCs	FRCs provide training and resources on evidenced-based practices (EBPs)	Contract Completed Implementation currently underway
Coordinate Early Start Partners Symposium	Contract funds	DDS, WestEd	Early Start community will receive training on EBPs and social-emotional development	April 2016; annually thereafter
Amend WestEd contract to prioritize SSIP activities	DDS staff time Contract funds	DDS, WestEd	Develop new training modules	Contract updated by July 2016 New training available by December 2016
Mental Health Service Act (MHSA) projects addressing social-emotional development	DDS staff time RC staff time MHSA funding	DDS, regional centers	Regional center project(s) promotes EBPs and social-emotional development.	Grants awarded July 2017.

1(d) Involvement in Infrastructure Improvement

In Phase I, DDS staff conducted a broad infrastructure analysis. Based on the information gathered from this analysis, the SSIP Task Force conducted an in-depth analysis of the current infrastructure. Consideration was given to infrastructure strengths, potential barriers and possible solutions.

During Phase II, DDS coordinated with CDE, CDSS, Department of Health Care Services (DHCS), Head Start, First 5, and the California Department of Public Health (CDPH) to obtain technical assistance and guidance, and to foster the sharing of information and resources through the SSIP process. DDS worked to improve infrastructure through the agencies’ shared vision of improving the social-emotional well-being of California’s infants and toddlers with special needs. Collaboration with these agencies will continue through Phase III. This collaboration, as well as the participation of other stakeholders, will be fostered by the activities of the Interagency Coordinating Council and the ongoing activities of the SSIP Task Force.

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Phase II Component 2: Support for Early Intervention Service Programs and Providers Implementation of Evidence Based Practices

2(a) Evidence-Based Practices (EBPs)

State staff researched the tenets of EBPs and how those practices align to programs, strategies and applications within the scope of child and family outcomes. In August 2015, the SSIP Task Force hosted a presentation defining EBPs and describing how adhering to EBP guidelines can be used to ensure achievement of the SiMR. The presentation covered the gathering, compilation and evaluation of evidence and data, as well as the selection process and determination of appropriate EBPs to align with both State and local level program implementation.

Input through the SSIP Task Force was used to identify potential barriers and to assess the readiness of local programs and providers during Phase II development. It was evident that success in implementation would require the development of strategies that took into consideration both fiscal resources and time requirements. With these considerations in mind, the strategies developed by the SSIP Task Force are designed to support local programs and providers improve outcomes for infants and toddlers without significant workload implications and financial costs.

To support implementation of EBPs, stakeholders indicated increased access to training was important. While comprehensive training through the CSPD was identified as a strength in Phase I, the length of time to complete the facilitated courses, as well as limited enrollment capacity were identified as potential barriers. As a result, modifications will be made to some of the existing training modules to make them shorter in length without compromising content quality, and to remove or modify participant capacity. With increased access for local program staff and service providers, the State expects to see increased participation statewide which will help support implementation of evidence-based practices in order improve social-emotional outcomes for infants and toddlers.

Additional support will be provided by a State liaison assigned to each catchment area. The liaison will assist with the development, monitoring and evaluation of local implementation plans, connection with technical assistance and coaching, and the provision of information on available resources. This support could also include coordinating on-site support provided by State and/or technical assistance providers.

Further support will be available through an online Community of Practice (described further in Section 2(b)) that will provide a resource for information and collaboration. The support available through this community will continue to broaden during Phase III as the local implementation teams in cohorts two and three can benefit from experiences of local implementation teams from earlier cohorts.

2(b) Steps and Activities Needed to Implement Improvement Strategies

Coherent Improvement Strategies – Implementation Activities

The SSIP Task Force identified the following implementation activities to address the coherent improvement strategies developed in Phase I, which were based on the Theory of Action:

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Please see Attachment 1 : *CA SSIP Improvement Activities* for further details on the steps, resources, and timelines for each activity.

Parent and Provider Education Activities

- Service Provider Checklist on Family-Centered Philosophy Best Practices
 - Service providers will be given a checklist of evidence-based best practices in family-centered service provision, including reminders such as:
 - “Are you coaching the parent during the session?”
 - “Are you considering the family’s routines when you’re developing your intervention strategies?”
- “Take a Minute” Campaign
 - Includes the development of a brochure for Service Coordinators to review with families at each annual IFSP meeting that emphasizes the parent-child relationship as key to healthy social-emotional development and provides practical, research-based tips on how parents can promote social and emotional development.
 - Includes a video for providers and parents to refresh them on the tenets of family-centered practice and the importance of the parent-child relationship in social-emotional development.
 - To help disseminate the “Take a Minute” campaign across multiple agencies, the ICC will adopt and promote the messaging of the “Take a Minute” campaign to statewide partners and stakeholders.

Professional Development Activities

- Update Training Materials
 - Existing early intervention training materials will be aligned with specific social-emotional development competencies across multiple early intervention disciplines.
 - Discipline-specific training materials will be developed, collected, and disseminated via the online Community of Practice.
- Develop a Community of Practice
 - DDS will leverage an existing on-line community platform for participants in California’s CSPD. Materials, videos, training modules, and other resources will be disseminated and available through the online Community to aid in sharing information on evidence-based practices and collaborating for statewide implementation. The Community will also include DDS staff and local and national technical assistance partners.
- Training
 - Existing training modules pertaining to social-emotional development will be modified to be shorter in length and have the capacity to be accessible to more trainees.
 - Online training and regional in-person trainings will be available upon request to regional center staff, vendors, FRCs and local educational agencies (LEAs).

Interagency Collaboration Activity

- State Initiatives Resource Guide
 - DDS, in partnership with the ICC, will develop a Resource Guide containing information and resources about evidence-based statewide initiatives focusing on social-emotional development. This Resource Guide is intended for use by the local implementation teams (may include representatives from regional center, local education agencies,

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- parents, family resource centers, providers family members and others,) to identify an initiative to implement or expand in their local area.
- DDS staff and technical assistance providers will be available to support providers at the local level to implement these tenets with fidelity.

One of the main barriers to implementation of the SSIP identified in Phase I was funding challenges which result in staff shortages for regional centers and local early intervention partners. While the SSIP Task Force remained cognizant of these challenges in developing the implementation plan, it should be noted that the State's proposed budget for fiscal year 2016-17 and recently enacted legislation, take significant steps to address these issues. For example, the State's proposed budget includes increased funding for regional centers to improve service coordinator caseload ratios. Additionally, service provider rate increases will become effective July 1, 2016. Lower caseload ratios and increased funding for providers that increase their ability to attract and retain personnel, will enhance the ability of the State implement the improvement strategies contained in this plan.

2(c) Office Involvement within the Lead Agency

In California, DDS is the lead agency in the administration of the Part C Early Start program and maintains a partnership with CDE to oversee the provision of early intervention services. DDS staff will work closely with staff from CDE's Special Education Division.

DDS staff from various sections will support implementation of the SSIP as members of the SSIP Task Force and as liaisons to local implementation teams. Each broad improvement strategy will be integrated into the work of DDS staff across sections. DDS staff will also work with WestEd to align California's CSPD with the SSIP and the SiMR work plans. Additionally, DDS staff will provide support to the ICC as a partner in the development of the State Initiatives Resource Guide and dissemination of the "Take a Minute" campaign.

Phase II Component 3: Evaluation

3(a) Evaluation and Alignment to the Theory of Action

Evaluation of SSIP outcomes will be conducted by DDS with review by the SSIP Task Force. WestEd will support DDS in creating the evaluation tools and collecting data from various implementation activities. Data and feedback will also be collected through the online Community of Practice, interviews with local implementers, and surveys to parents and providers. WestEd and DDS staff and appropriate resources have been identified to support ongoing evaluation activities.

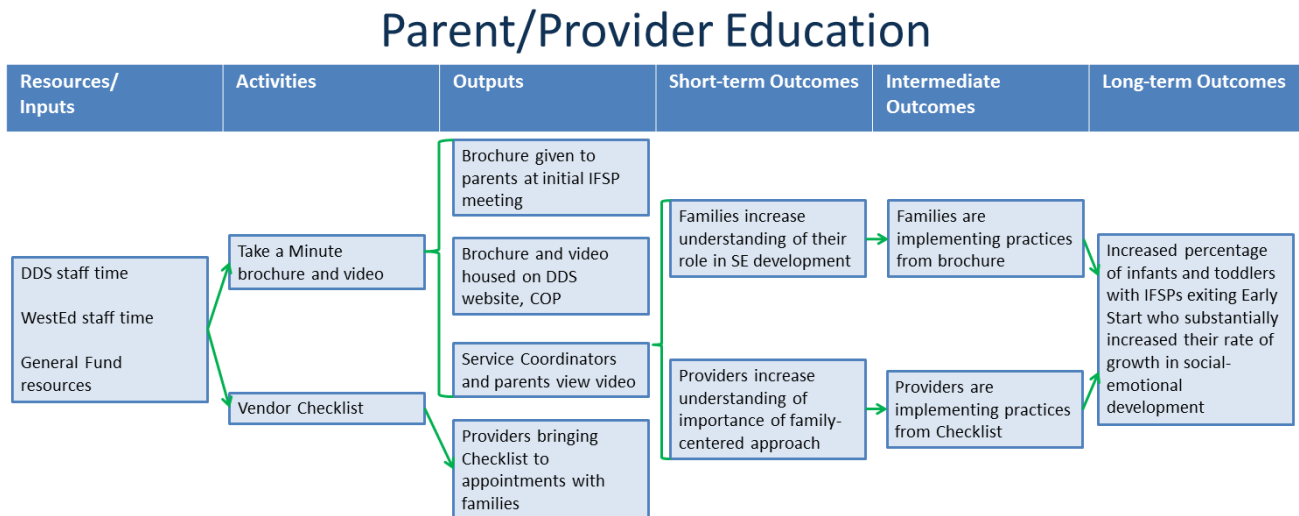
DDS received input and guidance on its evaluation plan from the SSIP Task Force, the ICC, CDE, and other stakeholders, including parents and service providers. Assistance was received from West Ed, ECTA, and the Individuals with Disabilities Education Act (IDEA) Data Center (IDC). DDS, in collaboration with the SSIP Task Force, developed logic models to illustrate the inputs, outputs, and outcomes for each improvement activity (see Figures 2-4 below). The logic models are based on the three strands of the Theory of Action proposed in Phase I. These strands are:

- Parent and Provider Education
- Professional Development
- Interagency Coordination

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The long-term outcome for each activity is the achievement of the SiMR, and several of the short-term outcomes also align with the original Theory of Action. The intermediate outcomes reflect the change in provider or parent practice and behavior that will result from the activities that are necessary to achieve the SiMR.

Figure 2 – Parent and Provider Education



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Figure 3 – Professional Development

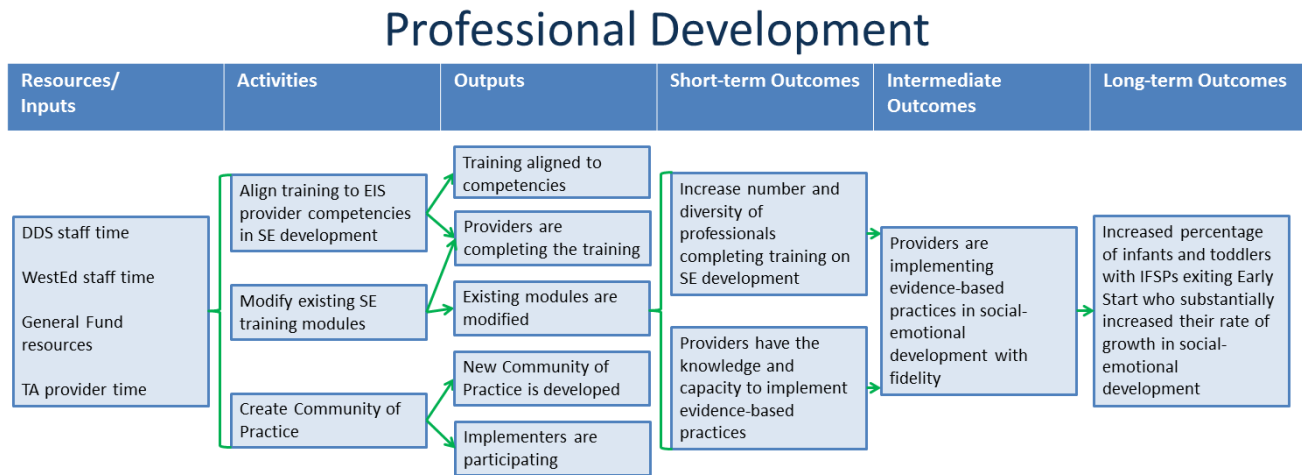
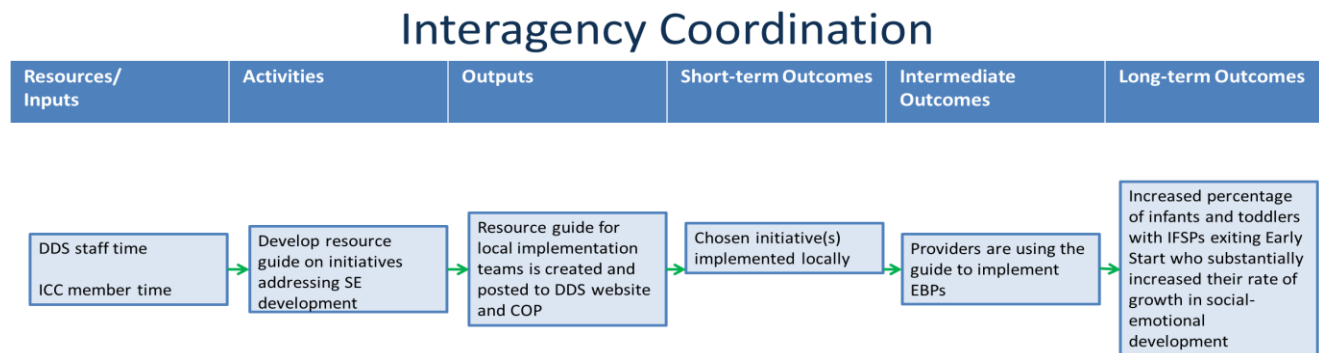


Figure 4 – Interagency Coordination



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3(c) Data Collection and Analysis

In order to evaluate the effectiveness of the SSIP improvement strategies, the State will compare child outcome results for infants and toddlers with disabilities, and their families over time, disaggregated by regional center catchment area, and demographically. This will be compared to baseline data that currently exists. Data will be compiled on a quarterly basis and as activities are implemented, correlations to the data and the successful implementation of an activity will be made.

By phasing implementation of the SSIP over three years, the State will gather information and analyze the data each year to compare the activity outcomes by both the overall Child Outcomes reported in Indicator 3, and by local areas. This will provide valuable long term input for personnel participating in current improvement strategies.

DDS will measure the level of initiative involvement amongst the local implementation teams. This data will be compared to determine which levels produce better services. Targeted surveys, using the survey structure employed for the collection and analysis of data reported in the APR under Indicator 4, will be examined as well. Data will be collected online, and through the Community of Practice. The activities from successful regional center catchment areas will be documented as a resource to be used by future cohorts.

3(d) Data Review

Data on implementation activities will be compiled quarterly for review by DDS and members of the local implementation teams. Quarterly evaluation reports will be developed that include outcomes, trend and comparison data that will allow local teams and the State to evaluate current performance as well as the level and effectiveness of implementation activities.

Feedback loops will provide additional data and knowledge about the experiences of the local implementation teams in each cohort. This feedback will allow future cohorts to better prepare for the challenges and faced by those who began the implementation process earlier, as well as effecting implementation plan changes for areas in need of improvements, or revisions.

To evaluate training, California measured baseline data for the number of staff and providers who completed online training modules through the CSPD. In subsequent years, this baseline data will be compared to the number of staff and providers who completed training after SSIP implementation to validate if the modification to the training effectively allowed for and encouraged more participation. WestEd also provides ongoing evaluation data to DDS on the effectiveness of CSPD course work including pre- and post-tests, qualitative evaluations by participants, and documentation by the faculty of the CSPD offerings. If data shows these changes have not been effective, DDS and WestEd will consult with stakeholders and TA providers to determine other strategies that will lead to the desired results.

For the SSIP Phase II, no modifications to the SSIP were proposed. However, if it is determined, based on evaluation results that changes to the SSIP are needed, proposed modifications will be submitted to DDS Administration and OSEP for approval.

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Phase II Technical Assistance and Support

DDS staff developed the basis for Phase II with TA from NCSI, WestEd, the Center for IDEA Early Childhood Data Systems, the State Implementation and Scaling-up of Evidence-based Practices Center, and the IDC. DDS participated in regular calls with OSEP representatives to identify and review needs for implementing infrastructure development.

The SSIP Task Force and DDS relied on tools provided by OSEP and associated TA providers for guidance and expertise throughout the Phase II process. DDS anticipates continued assistance as Phase III is initiated. Special support in evaluating the individual activity strands will be valuable to improve the services provided for infants and toddlers in the State. Specifically, DDS will continue to need guidance on best practices in collecting and interpreting meaningful data from SSIP activities. Continued support from OSEP and national TA partners will be critical to ensuring the success of California's SSIP.

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Attachment 1: CA SSIP Improvement Activities

Improvement Strategy Strand	Improvement Activity	Steps to Implement	Resource(s) Needed	Who Implements	Timeline for Completion
Parent and Provider Education	Service Provider Checklist	<ul style="list-style-type: none"> • Research existing checklists and lists of best practices • Determine which practices to include • Develop Checklist • Distribute to local implementation teams • Post to DDS website and Community of Practice • Regional centers/LEAs disseminate to providers • Providers use during intervention with families 	<ul style="list-style-type: none"> • DDS and WestEd staff time • Contract funds 	DDS, WestEd, regional centers, LEAs, service providers	August 2016
Parent and Provider Education	"Take a Minute" Brochure and Video	<ul style="list-style-type: none"> • Research recommendations for parents to enhance social-emotional development • Develop brochure and video • Distribute to local implementation teams • Post to DDS website and Community of Practice • Regional centers/LEAs disseminate to families • ICC adopts and promotes the "Take a Minute" campaign messaging 	<ul style="list-style-type: none"> • DDS and WestEd staff time • Contract funds 	DDS, WestEd, regional centers, LEAs service providers, parents	October 2016

Improvement Strategy Strand	Improvement Activity	Steps to Implement	Resource(s) Needed	Who Implements	Timeline for Completion
Professional Development	Update Provider Discipline-Specific Training Materials in Social-Emotional Development	<ul style="list-style-type: none"> Review provider competencies in social-emotional development Update discipline-specific training materials with social-emotional development information Post to DDS website and Community of Practice Providers access training materials 	<ul style="list-style-type: none"> DDS and WestEd staff time Contract funds Provider time 	DDS, WestEd	August 2016
Professional Development	Modifying Existing Social-Emotional Development Training	<ul style="list-style-type: none"> Make changes to existing training modules Post to DDS website and Community of Practice Open training for enrollment so that more participants can access training Providers, parents, and staff participate in training 	<ul style="list-style-type: none"> DDS and WestEd staff time Contract funds 	DDS, WestEd	July 2016
Interagency Collaboration	State Initiatives Resource Guide	<ul style="list-style-type: none"> Collect and review state initiatives on social-emotional development Decide which initiatives will be included Collect information on available resources for each initiative Compile information into Resource Guide Distribute to local implementation teams Post to DDS website and Community of Practice 	<ul style="list-style-type: none"> DDS staff time ICC member time 	DDS, ICC	October 2016