

Part C State Systemic Improvement Plan (SSIP)

FFY 2015
Phase III

State of California
Department of Developmental Services

Contents

Introduction	3
Theory of Action and Logic Models	4
Figure 1 – California’s Theory of Action	4
Figure 2 – Logic Models	5
Phase III Technical Assistance and Support	5
Infrastructure Development	5
Figure 3 – SSIP Implementation Organizational Structure (additional information on the Organizational Structure can be found in Attachment A)	8
Progress in Implementing the SSIP	9
Parent and Provider Education Activities - The "Take a Minute" Campaign	9
Service Provider Checklist on Family-Centered Philosophy Best Practices	10
Professional Development Activities	10
On-Line Community of Practice (CoP)	10
Interagency Collaboration Activity	11
The Resource Guide to Initiatives and Programs to Support Social-Emotional Development in Infants and Toddlers	11
Evidence Based Practices (EBP)	12
Stakeholder Engagement in Phase III	15
Evaluation Plan	16
Challenges and Barriers Identified in Cohort 1 and Steps to Address Them	20
Plans for Next Year	21

Introduction

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

Phase I of the California Part C SSIP, submitted to the U.S. Department of Education, Office of Special Education Programs in April 2015, contained information on data analysis; identification of the State Identified Measurable Result (SiMR); description of infrastructure to support improvement and build capacity; and the Theory of Action.

Phase II of the SSIP, submitted to the U.S. Department of Education, Office of Special Education Programs in April 2016 included information on further infrastructure development; supports for implementing evidence-based practices (EBPs); and the evaluation plan.

Phase III of the SSIP 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.

During Phase III, California built upon the work that was completed in Phases I and II. Changes to the implementation plan occurred in Phase III based on lessons learned from the initial local areas (Cohort 1) that began implementation of the SSIP in Federal Fiscal Year (FFY) 2016. California realized that with its diverse population and the unique needs of regions throughout the state, that California's SSIP would be a project that would change as regional centers and their local areas implement the SSIP in future years. Although California has developed a solid foundation to implement the SSIP, a degree of flexibility as to how the SSIP is implemented in local areas is required to make statewide implementation of the SSIP a success.

State Identified Measureable Result (SiMR) and Strands of Action

During Phase I and II, California chose to focus on activities in their Early Start program that would result in better outcomes in children's social and emotional development. Social and emotional development was chosen because it has direct linkages to potential improvement in other areas of child development. The following is California's SiMR:

"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."

California focused on the following three key strands of action:

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

Theory of Action and Logic Models

The Theory of Action (Figure 1) and corresponding logic models developed during Phase I and II are the basis for the development of the Phase III improvement activities and evaluation plan. While the Theory of Action remains unchanged, changes to the logic models for the three strands of action were made during Phase III to coordinate with California’s evaluation plan. See the Logic Models (Figure 2) for the new and updated logic models. Justification for the changes made to the logic models will be discussed in the Evaluation Plan section of this report.

Figure 1 – California’s Theory of Action

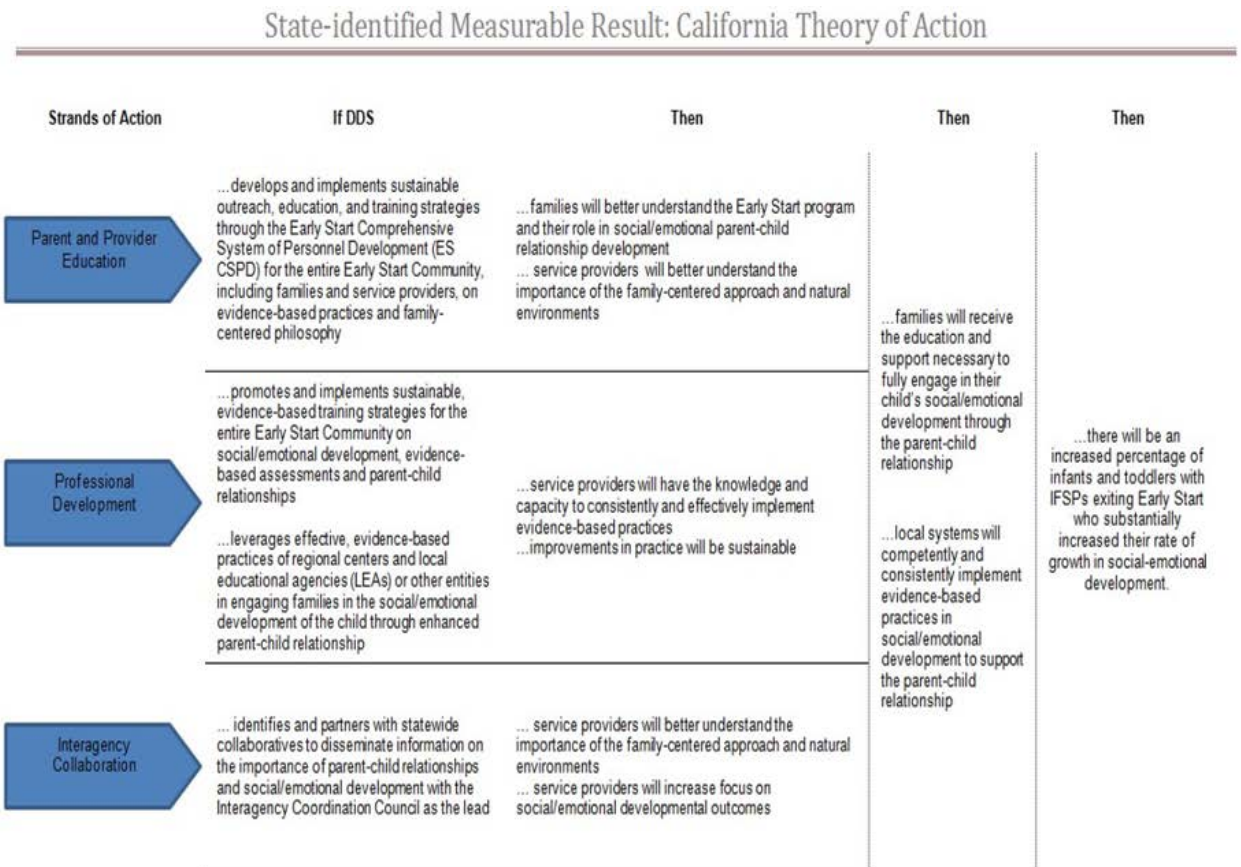
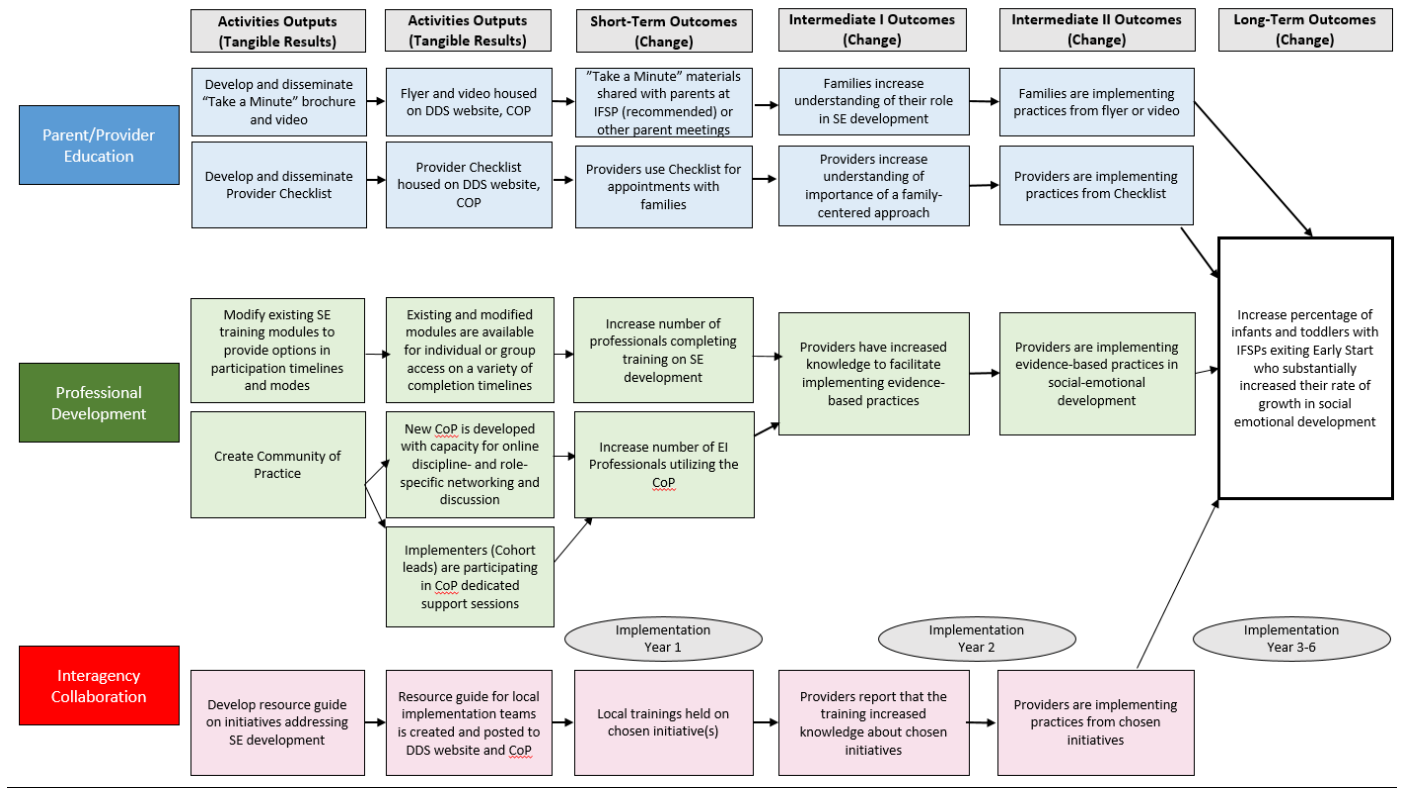


Figure 2 – Logic Models



Phase III Technical Assistance and Support

Department of Developmental Services (DDS) staff prepared for Phase III by participating in webinars and trainings offered by the National Center on Systemic Improvement (NCSI), the Early Childhood Technical Assistance Center and OSEP to build a solid foundation of staff knowledge. In addition, DDS staff and Early Start stakeholders continued to participate in FFY 2015 in the NCSI Cross State Learning Collaborative on Social and Emotional Outcomes in-person meetings and participated in the Center for IDEA Early Childhood Data Systems (DaSY) conference in FFY 2016. Additional technical assistance was obtained from WestEd Center for Prevention and Early Intervention (CPEI).

Infrastructure Development

During Phase II the following infrastructure resources were cited that played an important role in SSIP implementation during Phase III:

Family Resource Center Network Coalition Association (FRCNCA):

The FRCNCA represents California’s 47 Family Resource Centers (FRC)s. Members are represented on the statewide network through regional representatives. The mission of the FRCNCA is to support families of children with disabilities, special healthcare needs, and those at risk by ensuring the continuance, expansion, promotion and quality of family-centered, parent-directed early intervention services. DDS’ contract with the FRCNCA required that the Association support SSIP related activities including the following:

- Provide evidence based trainings and information on social and emotional development to FRC staff, families and other early intervention professionals.
- Post SSIP resources on their FRCNCA website home page.
- Commitment to participate in the dissemination of SSIP resources, collaborate with their regional centers implementing the SSIP in their local areas and participate in evaluation plan activities.

WestEd CPEI: WestEd CPEI, supported DDS and the Interagency Coordinating Council (ICC) on Early Intervention in developing and finalizing the SSIP resources, participated in Cohort 1 orientations and provided technical assistance to DDS and Cohort 1 team leads. In addition, the annual Early Start Partners Symposium is funded by DDS and organized by WestEd. Various sessions on California's SSIP and its resources and those focusing on the importance of social and emotional development were offered during California's annual Early Start Partners Symposium in April 2016.

Mental Health Services Act (MHSA) Grant: Additionally, DDS receives 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, regional centers can apply for funds that support DDS SSIP activities.

During Phase III, the following additional existing infrastructure resources were key to the implementation of the SSIP:

DDS staff: DDS assigned liaisons to each of the local implementation teams in Cohort 1. These liaisons provide support, guidance and are the primary contacts to the local teams. DDS liaisons have a minimum of monthly contact with their assigned local teams and have participated in-person when requested in regional trainings on the SSIP. DDS staff also collaborated with WestEd and the ICC on developing the SSIP implementation activity resources.

California Department of Education (CDE) Policy and Program Services Part B: Special education personnel are key partners in making SSIP implementation a success in California. Future outreach and collaboration with CDE will continue as SSIP implementation continues statewide.

ICC on Early Intervention: The membership of the ICC includes parents, service providers, the Office of Coordination of Education of Homeless Children and Youth, State Agency representatives, including, DDS, Department of Public Health, Department of Social Services, Department of Healthcare Services, the Head Start Agency, the California State Assembly, Family Resource Centers (FRC)s, parents and community service representatives.

The following are SSIP related activities that the ICC completed:

- The ICC made a commitment to help disseminate the “Take a Minute”- Relationships Matter!” Campaign materials across multiple agencies and will adopt and promote the messaging of the “Take a Minute” campaign to statewide partners and stakeholders.
- *Guidelines for Evidence-Based Infant-Toddler Social and Emotional Assessment and Screening for Early Start in California*
- Resource Guide to Initiatives and Programs to Support Social-Emotional Development in Infants and Toddlers

During Phase III the following additional existing resource was utilized to support SSIP implementation:

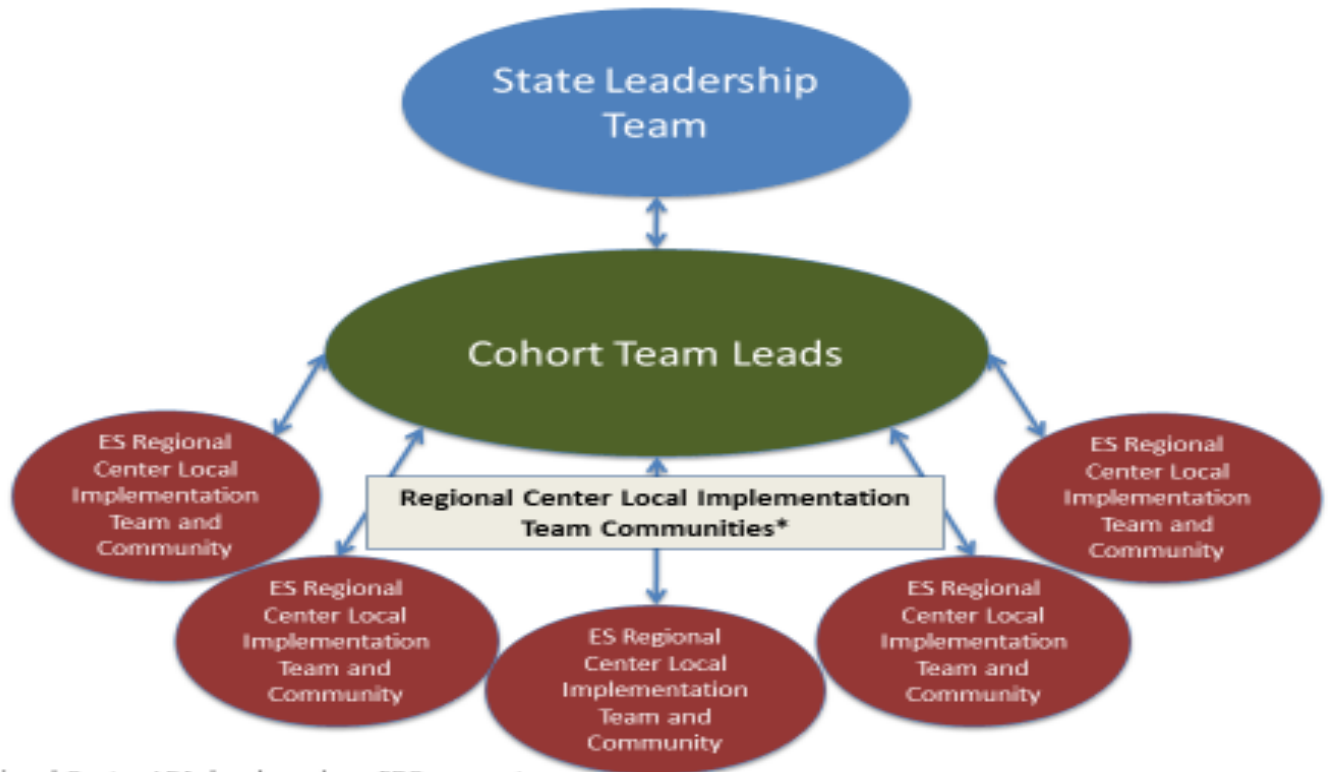
Regional Center Early Start Personnel and Early Start Communities

During the development of Phase II, it was decided that statewide implementation of improvement strategies should be staggered in three phases over a three-year period. This staggered approach was determined to be more effective in achieving statewide implementation, as it enables the provision of adequate and effective support for cohorts as they begin implementing SSIP activities. Five regional centers volunteered to participate in Cohort I.

DDS decided to utilize its existing regional center structure as the basis for SSIP statewide implementation. Regional Centers would be responsible for directing and implementing the SSIP in their local areas by working with their local Early Start partners. The following regional centers are a part of Cohort 1: Far Northern Regional Center (FNRC), Valley Mountain Regional Center (VMRC), Alta California Regional Center (ACRC), San Diego Regional Center (SDRC), and Eastern Los Angeles County Regional Center (ELARC). Each regional center identified team leads responsible for their SSIP implementation. These team leads have been the contacts communicating directly with DDS on the progress of their implementation.

During Phase III, DDS focused on developing an organizational structure for the implementation of the SSIP. This organizational structure supports the SSIP implementation plan at the state level, the regional center level and the broader local Early Start community and partners. Figure 3 shows the organizational structure and illustrates how stakeholder feedback is obtained and shared between all levels.

Figure 3 – SSIP Implementation Organizational Structure (additional information on the Organizational Structure can be found in Attachment A)



*Regional Center, LEA, local vendors, FRCs, parents and other community partners/ES stakeholders

DDS established a State Leadership Team comprised of DDS Early Start staff, the CDE California Part B Coordinator WestEd representatives. NCSI representatives provided technical assistance. The State Leadership Committee's primary responsibility is to develop work plans for SSIP implementation with timelines, develop SSIP activity resources and provide support and technical assistance to the cohorts implementing the SSIP. As noted previously, DDS staff liaisons were assigned to each regional center in Cohort 1. These liaisons work directly with the cohort team leads and their local implementation teams to provide technical assistance and guidance in their local implementation plans.

Regional Center team leads and DDS established a Cohort Team Leads group that included regional center leads participating in Cohort 1, DDS staff and technical assistance staff from WestEd and NCSI. This group meets once a month so they can share information amongst each other about their successes and challenges with implementing their local implementation plans. DDS staff also share information and provide this group with technical assistance and support. Their primary responsibility is to direct SSIP implementation at the local level and share SSIP resources with their early intervention stakeholders and partners.

Regional Center cohort team leads chose their own local implementation team members from their local catchment areas to participate and support the implementation of the SSIP in their local catchment areas. The local implementation team members include representatives from FRCs, local education agencies (LEA)s, Head Start, Early Head Start, First 5, Early Start providers and other Early Start partners. Members chosen by each cohort team leads built upon existing collaborative relationships. Cohort team leads will mentor future cohorts to provide them with guidance and share their experiences with future cohorts implementing the SSIP. Cohort 1 will play an active role in onboarding Cohort 2 and both Cohort 1 and 2 will be available for Cohort 3.

Progress in Implementing the SSIP

During Phase I and Phase II, 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 achievable implementation plans.

The following resources identified in the improvement activities listed in California's Phase II Report were completed during 2016 utilizing existing DDS, WestEd and ICC resources. All the following resources were completed by the timeline dates reported in California's Phase II report and are available to download and print at the following hyperlink:

<http://earlystartneighborhood.ning.com/ssip>

Parent and Provider Education Activities; The "Take a Minute" Campaign

- The two-page "Take a Minute" flyer provides parents with introductory information about Early Start, basic information about social and emotional development, and ideas for supporting a child's development with daily interactions. It is intended for use as a 'conversation starter' between service coordinators and providers with parents of young children in Early Start.
 - Content was drafted based on evidence-based content taken from the California Comprehensive System of Professional Development (CSPD)
 - The flyer is available in English and Spanish. The flyer will be translated into several other languages in the near future.
- A Take a Minute video was developed.
 - The video script and narrative were based on the "Take a Minute" flyer.
- The video is available with closed captioning in English and in Spanish

- An activity specific to the “Take a Minute” campaign was developing the logo and nametag of “Take a Minute” – Relationships Matter!



Service Provider Checklist on Family-Centered Philosophy Best Practices

- The Service Provider Checklist entitled *Provider Tips for Supporting Social-Emotional Development* was developed as part of the “Take a Minute”- Relationships Matter! Campaign.
 - The checklist guides early intervention service providers in using evidence-based practices that support social and emotional development and the parent-child relationship.

Professional Development Activities

- The existing facilitated CSPD training course Skill Base: Facilitating Social and Emotional Development, was modified to be shorter in length and have the capacity to be accessible to more trainees. The modified training was completed and ready for registration by June 30, 2016.
 - The new delivery mode allows un-facilitated, independent access to the course content. It allows more access to learners, as well as allows for training in a group setting.
- During Phase II, California’s plan was to align existing social and emotional training modules with specific social and emotional development competencies across multiple early intervention disciplines.
 - Since Phase II, this activity has changed to modifying existing social and emotional training modules to provide options in participation timelines and modes. This change was made to more accurately describe the activity.

On-Line Community of Practice (CoP)

- The CoP was developed utilizing an existing on-line networking site for Early Start professionals, which shares Early Start information, and evidence based practices. This site is called the Early Start Neighborhood.
 - The CoP facilitates increased interactions in public and private groups to promote and support SSIP activities and to disseminate and support the use of SSIP resources for families, professionals and SSIP local implementation teams.
 - The CoP has a dedicated tab called SSIP Central where all SSIP resources and other social and emotional development information is housed.
 - All materials on the SSIP Central tab are available to the public.

Interagency Collaboration Activity

- The Resource Guide to Initiatives and Programs to Support Social-Emotional Development in Infants and Toddlers
 - The Resource Guide was developed by DDS, the ICC and the WestEd CPEI.
 - During Phase II, five initiatives were identified but only the following three primary initiatives were chosen for the resource guide:
 - Strengthening Families: A Protective Factors Framework
 - Pyramid Model for Supporting Social and Emotional Competence in Infants and Young Children
 - California Center for Infant-Family and early Childhood Mental Health
- This Resource Guide is intended for use by the cohorts to identify an initiative to implement or expand in their local area.

DDS also provided support to Cohort 1 team leads by making available reflective support sessions facilitated by Dr. Victor Bernstein. His focus is on identifying and building on strengths in parallel relationships through reflective practice examining what is working in the parent-child relationship, the staff-family relationship, and in the supervisor-staff and management-staff relationships, in order to improve the developmental outcomes in children born at risk. These sessions were organized to provide the cohorts with the opportunity to receive coaching, and discuss their concerns and challenges implementing the SSIP. DDS also provided funding to Cohort 1 participants towards training their staff and Early Start partners on one of the three statewide initiatives described in the Resource Guide .

DDS developed a Regional Center Local Implementation Assessment (RCLIA) template tool (see Attachment B) based on the improvement activities described in the Phase II report. DDS recognized that regional centers in Cohort 1 were providing services in different areas of the state, serving diverse populations and may be experiencing challenges specific to their local catchment areas. Therefore, it was determined that successful implementation of the SSIP would require flexibility in the development of local implementation plans.

Cohort 1 was asked to identify the activities they intended to complete, choose local implementation team members and include information on how they intended to utilize SSIP resources and implement activities. They were encouraged to build upon existing work they were doing in social and emotional development and to utilize existing Early Start partner relationships. This template was also developed to ensure fidelity of the SSIP implementation process, even though regional centers were given the opportunity and flexibility of developing their own plans as well as were provided information for California's evaluation plan. DDS liaisons worked with their Cohort 1 regional centers on developing their RCLIA's and all five were completed in August 2016.

Cohort 1 participants began implementation in October 2016. All Cohort 1 regional centers scheduled a SSIP kick-off in their local areas. DDS liaisons were available to support the kick-off activities and Cohort 1 regional centers used this opportunity to educate their local stakeholders about the SSIP and its supplemental resources. Cohort 1 team leads were interviewed by DDS liaisons about their SSIP implementation experiences and activities. A summary of those interviews will be included in the Evaluation Plan section of this report.

Evidence Based Practices (EBP)

The following is a list of resources and activities related to the use and dissemination of EBPs on social and emotional development that are included on the on-line Community of Practice. These resources were developed, posted and shared in FFY 2016:

- Links to registration for *Early Start Online Skill Base: Facilitating Social and Emotional Development*: Free online training course for early intervention professionals on facilitating social and emotional development for infants and toddlers receiving Early Start services. Participants have two options for completing the Skill Base course: the full course, with expert facilitation, and an open access, non-facilitated course.
- *Provider Tips for Supporting Social-Emotional Development (Provider Checklist)*: Downloadable form for Early Start providers, including direct service providers and service coordinators, to use when working with families. The checklist includes eight (8) family-centered best practices for *all* early intervention providers.
- *Take a Minute – Relationships Matter! (flyer)*: Downloadable flyer designed to give parents of infants and toddlers with developmental disabilities information on social and emotional development, as well as tips on how they can build a strong relationship with their child to improve their child's social and emotional development. Available in Spanish and English.
- *Take a Minute – Relationships Matter! (video)*: Video that is viewable online or available for download. This 7-minute video gives parents of infants and toddlers with developmental disabilities information on social and emotional development, as well as tips on how they can build a strong relationship with their child to improve their child's social and emotional development. Available in Spanish and English.
- *Resource Guide to Initiatives and Programs to Support Social and Emotional Development in Infants and Toddlers*: Downloadable guide describing three primary resources that local SSIP implementers can access to improve social-emotional development of the infants and toddlers served by Early Start in their regions.
- *Guidelines for Evidence-Based Infant-Toddler Social and Emotional Assessment and Screening for Early Start in California*: Downloadable guidelines based on federal and state statutes, as well as a review of evidence-based literature and published best practice guidelines. The ICC was integral in developing this document in conjunction with DDS.

- *Developmental and Screening Assessment Instruments with an Emphasis on Social and Emotional Development for Young Children Ages Birth through Five* (2008): Downloadable resource compiled by the National Early Childhood Technical Assistance Center.
- *Research Synthesis on Screening and Assessing Social-Emotional Development* (2008): Downloadable report compiled by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL).
- *Compendium of Screening Tools for Early Childhood Social-Emotional Development* (2005): Downloadable report describing screening and assessment tools for early childhood social-emotional health. It suggests criteria and procedures for selecting screening and/or assessment tools, methods of evaluating and selecting screening and assessment tools, reviews numerous tools, and rates them according to key dimensions. Originally published by the California Institute of Mental Health.
- *Social Emotional Tips for Families of Infants* (2012): Link to downloadable single-sheet posters with five research-based tips per page. The tips included in each set differ according to the child's age. This also describes principles behind the tips and strategies for professionals using the tip sheets with families. This resource is specific to infants.
- *Social Emotional Tips for Families of Toddlers* (2012): Link to downloadable single-sheet posters with five research-based tips per page. The tips included in each set differ according to the child's age. This also describes principles behind the tips and strategies for professionals using the tip sheets with families. This resource is specific to toddlers.

Each regional center participating in Cohort 1 held trainings on an evidence-based initiative focusing on social and emotional development for their early intervention local stakeholders and partners. Four of the Cohort 1 regional centers chose trainings on “Strengthening Families and the Five Protective Factors” and one chose to have their training on the “Pyramid Model for Supporting Social and Emotional Competence in Infants and Young Children”.

Other Activities Supporting EBPs

- In FFY 2015, the FRCNCA provided a research-based training titled “*Preventing Behavior Problems through Positive Planning.*” This two-day “train the trainers” event was developed to provide FRC staff with information they can utilize with families. The training is designed to be used as a tool for outreach to underserved families. The training is based on current research promoting healthy social-emotional development, ideas for preventing challenging behavior in young children, and what to do and where to go when behaviors continue.
- The Early Start Partners Symposium in 2016, presented information on research based or research informed sessions related to social and emotional development, including the following:

- **Take a Minute... to Support Social and Emotional Development:** DDS staff and members of the Early Start SSIP Task Force introduced new SSIP resources for promoting evidence-based practices that early intervention professionals may use with families, and that family members may use with children, in supporting the social and emotional development of infants and toddlers.
 - **Evidence-Based Practices for Supporting Social and Emotional Development:** This session provides a foundational description of evidence-based practices (EBPs), strategies for identifying EBPs, and an overview of EBPs in social and emotional development. It also discussed professional competencies for supporting social and emotional development in young children and options for professional development to build those competencies.
 - **Watching the Needle: Options for Measuring Growth in Social-Emotional Skills for SSIP:** This session provided information and best practice recommendations on assessments used in Early Start. As part of California's State Systemic Improvement Plan (SSIP) focusing on social-emotional development, a committee of the Interagency Coordinating Council (ICC) identified guiding principles for the selection of assessment tools.
 - **The Five Protective Factors as a Foundation to Develop Relevant Family Outcomes:** Presenters engaged participants in an interactive workshop to explore how the Protective Factors can be used as a framework for writing functional family outcomes.
- The following presentation was highlighted at the 2016 First 5 Child, Health and Education Pre-Summit:

“The 3Rs of Early Childhood: Relationships, Resilience and Readiness”

This session focused on the social and emotional building blocks of school readiness:

 1. Learning to Love: Early relationships that form the basis for the development of trust and reliance on others.
 2. Loving to Learn: Autonomy, moving toward the exploratory state of learning and regulating with caregiver support.
 3. Learning to Learn: Focus, attention, persistence, and an understanding of others’ feelings and sharing.

Stakeholder Engagement in Phase III

SSIP Task Force: The SSIP Task Force met four times in 2015. California continued to work with the SSIP Task Force in the development of its implementation plan, development of improvement strategies, resource development, and logic models. In addition to representatives from the DDS, members of the SSIP Task Force included a representative from CDE Part B, Part C local agency representatives, an early intervention mental health expert, ICC members, early intervention practitioners including a developmental pediatrician, a member of the NCSI, the WestEd CPEI, an early intervention advocates' representative, regional center representatives, and most importantly parents. The SSIP Task Force continued to meet in early 2016 to finalize its work on the development of the SSIP implementation plan, development of improvement strategies, resource development, and logic models.

The ICC on Early Intervention: The ICC continues to be an active stakeholder in the development of the SSIP. The membership of the ICC includes parents, service providers, the Office of Coordination of Education of Homeless Children and Youth, State Agency representatives, including DDS, Department of Public Health, Department of Social Services, Department of Healthcare Services, the Head Start Agency, the California State Assembly, FRCs, parents and community service representatives. The ICC provided technical assistance and feedback on the SSIP implementation, developed social and emotional development resources, committed to endorse and support SSIP resources developed by DDS and WestEd.

Family Resource Centers Network of California (FRCNC): The FRCNC provided trainings and supported SSIP implementation, but they also provided DDS with direct informal feedback from families and parents about the SSIP resources. The FRCNC and FRCs will be active participants in the SSIP evaluation providing family feedback about the SSIP resources and SSIP implementation activities.

CDE Part B: Through collaboration between DDS and CDE, SSIP implementation activities have been shared with Special Education Local Program Administrators (SELPAs) and LEAs. DDS and CDE composed a joint letter introducing SELPAs and LEAs to the SSIP and its related resources in an effort to emphasize the importance of education partners to implement SSIP implementation. Cohorts are expected to engage with LEAs and include them in their local implementation teams.

Cohort 1 Regional Center Team Leads: Cohort 1 regional center leads have been instrumental in providing feedback and information on SSIP implementation. Being the first cohort, the information gathered from Cohort 1 regional center team leads would be imperative to shaping implementation for Cohorts 2 and 3. The work of Cohort 1 emphasized the need for flexibility within SSIP implementation in order to allow local implementation teams the opportunity to shape their implementation in a way that best works for their areas and allows for maximum utilization of existing resources.

DDS has also engaged Early Start stakeholders in sharing its SSIP implementation plan and resources through the following opportunities:

- University of California, Davis Medical Investigation of Neurodevelopmental Disorders (MIND) Institute Conference
- Webinar for Maternal, Child and Adolescent Health programs
- Presentation to California Home Visiting Program State Interagency Team workgroup at the California Department of Public Health
- Child Outcomes Presentation including SSIP information at Golden Gate Regional Center
- CDE Migrant Education Program Directors
- Breakout Session at First 5 California's 2016 Child Health, Education, and Care Summit
- California Autism Professional Training and Information Network's Southern and Northern California Summits
- University Center of Excellence in Developmental Disabilities Community Advisory Committee Meeting
- Special Education Local Plan Area Director's Early Childhood Committee Meetings
- South State Chapter of the Infant Development Association.

Evaluation Plan

Since Phase II, California has been working steadily on the development of an SSIP evaluation plan. The evaluation plan consists of qualitative and quantitative data to evaluate the progress of SSIP implementation activities and to assess the impact of the SSIP improvement activities on the social and emotional development practices of families, service coordinators and providers. The plan focused on the three activity strands developed in Phase I with the Theory of Action (Figure 1).

With input from Cohort 1 team leads, DDS took into consideration the impact that implementing the evaluation plan would have on cohort resources and workload. Cohort 1 interviews and local implementation plans also provided information to DDS on the development of the evaluation plan. DDS decided to utilize surveys and interviews as the primary data collection methods for the evaluation questions. Both families and providers will be surveyed on the effectiveness of the Take a Minute materials and the Provider Checklist. Data collection methods for the training resources will be from pre/post tests and evaluation surveys. Resource Guide information will be gathered through surveys and interviews of Cohort team leads and training evaluations provided by participants after attending cohort evidence based initiative trainings.

The following qualitative data evaluating the progress of SSIP implementation at the Cohort 1 local level was taken from interviews of Cohort 1. They were asked the following questions:

- How were Take a Minute materials and Provider Checklist disseminated and used?
- What trainings occurred on one of the three statewide initiatives listed on the Resource Guide to Initiatives and Programs to Support Social-Emotional Development in Infants and Toddlers?
- What stakeholder engagement activities occurred?
- What were challenges experienced during local implementation?
- What were benefits of SSIP implementation?

The following summary of these interviews highlight the work that Cohort 1 participants have engaged in since October 2016.

Take a Minute and Provider Checklist

Cohort 1 local implementation teams are using a variety of strategies to disseminate the Take a Minute materials and Provider Checklist to providers including:

- Stakeholder group meetings: Take a Minute materials and Provider Checklist were distributed, reviewed, and trained on at face-to-face meetings (local implementation meetings, regional community partners meetings, vendor forums, Part C Administrators quarterly meetings).
- Email: Take a Minute materials and Provider Checklist were described and distributed through various email distribution lists.
- Print newsletters: The Take a Minute campaign was featured in community newsletters.
- Web presence: Take a Minute materials and Provider Checklist were posted on some Regional Center websites and Facebook pages
- Statewide promotion of the use of Take a Minute materials and Provider Checklist through the online CoP.
- Service coordinators and providers began sharing and reviewing Take a Minute materials with families of Part C-eligible children at initial or annual review meetings.
- Cohort 1 local implementation teams adopted several methods of presenting the Take a Minute brochure to families and providers in hard copy for distribution, including in orientation folders.
- Cohort 1 local implementation teams are monitoring the dissemination, use and impact of the Take a Minute materials and Provider Checklist by:
 - Engaging in informal conversations with providers during meetings on implementation status
 - Collecting verbal feedback informally from families about the impact of use of materials on children and families.
 - Including stickers on each IFSP that indicate receipt of Take a Minute brochure
 - Surveying parents and providers

Statewide Initiative Trainings

Cohort 1 local implementation teams varied in the number and length of on-site social and emotional development trainings held. Trainings ranged from a single full-day training, two half-day trainings, or six 90-minute trainings.

- Participation ranged from 50-85 participants per training.
- Trainings targeted the following groups: early intervention service providers/vendors, service coordinators and other regional center staff, county mental health employees/providers, LEA staff, FRC staff, community partners, and county Department of Children and Family Services staff.
- Trainings presented the fundamental elements of one of two initiatives addressing social and emotional development: either Strengthening Families or CSEFEL (the Pyramid model)
- Some Cohort 1 local implementation team members who participated in trainings completed a post-training survey to evaluate participant satisfaction/knowledge acquisition.
- All Cohort 1 local implementation team members who participated in trainings reported high levels of satisfaction and knowledge acquisition from trainings.

Stakeholder Engagement in Cohort 1 SSIP Implementation

Cohort 1 local implementation teams reported the following stakeholder engagement activities:

- Assembling a multi-disciplinary planning/implementation team consisting of an Early Start program manager, supervisor, Occupational Therapist consultant, and service coordinators. This internal planning team reviewed the SSIP initiative and created a general implementation outline.
- Presenting on SSIP activities to the South State Chapter of the Infant Development Association.
- Presenting on SSIP activities to the local DMH.
- Working with local educational agencies to increase SSIP-related training opportunities.

Benefits of SSIP Implementation

Cohort 1 local implementation teams reported the following outcomes from SSIP implementation:

- Reflective practice support sessions for local implementation team leads have been very useful—desire to explore reflective practice opportunities for some ES service coordinators.
- As a result of increased access to Early Start online training on social and emotional development, service coordinators are more aware of social emotional issues and will work with program to address these issues.

- There has been a ripple effect on the community of early childhood providers using materials on social and emotional development; in particular, Take a Minute materials.
- Personnel have reported that by focusing on the SSIP resources, they are emphasizing the importance of the parent/child relationship more in their interactions with parents.
- Some service providers have indicated that they use the Take a Minute flyers in order to start the conversation with parents about social emotional development.
- Some service providers are utilizing the Provider Checklist to clarify the roles of the service providers and parents in the provision of Early Start services.
- Some service providers are using the 5 Protective factors as a foundation to write relevant family outcomes related to social emotional well-being of children

The quantitative data evaluation plan was determined by the theory of action and the logic models of improvement activities developed in Phase I and II, as well as by the information provided by Cohort 1 through their local implementation plans. Some changes were made to the logic models after the evaluation plan was developed. The updated logic models can be found in Figure 2 of this report. The detailed models, including justifications for changes made to the logic models can be found in Attachment D.

Indicators described in this plan are for Implementation Cohort 1 and establish a baseline to serve as target indicators for future implementation Cohorts. Target indicators for subsequent Cohorts will be set to be equal to or better than the baseline established by Implementation Cohort 1. Cohort 1 participants reviewed the evaluation plan and provided feedback on the data collection methods. Cohort 1 and Cohort 2 will continue to be part of the evaluation plan development as SSIP implementation continues.

Short term, intermediate and long term outcomes are described for each activity in each improvement strategy. In addition, the following information is captured in the evaluation matrices:

- Evaluation Question
- How will we know (performance indicator)?
- Measurement/Data Collection Method
- Measurement Intervals
- How and who will complete this activity?
- Timeline (when data collection begins)

Surveys distributed to early intervention stakeholders will be the primary source of quantitative data collection. Surveys will be made available electronically and in hard copy for this purpose. Results of surveys will be reviewed either on an ongoing, quarterly or annual basis depending upon the activity. Results from data

analysis will allow California to ascertain the effectiveness of the activities and make changes to the SSIP implementation plan as needed.

California measures the efficiency of each activity based on the completion percentage of each activity parameter identified in the quantitative evaluation plan (see Attachment C). Qualitative data from cohort interviews provided information on the progress of implementation activities at the local level and provide information to DDS on whether to change or support implementation and evaluation plan strategies with future cohorts. The following information gathered from Cohort 1 interviews identified challenges with implementing the SSIP. The following is a list of those challenges and how DDS proposes to address them.

Challenges and Barriers Identified in Cohort 1 and Steps to Address Them

Information on challenges and barriers to SSIP implementation was obtained from Cohort 1 interviews. The following challenges and barriers were noted:

- Lack of funding for providers to attend or take trainings
- Cost and time to hold face to face meetings on SSIP implementation with providers can be difficult for large/remote catchment areas
- Cost of initiative training was a barrier
- Lack of provider participation in some local areas
- Service coordinator workload limits the amount of time that service coordinators can utilize on SSIP related activities
- Local implementation plans were developed prior to clarifying guidance from DDS
- Some local implementation team members are not informed about the federal Results Driven Accountability initiative and the cumulative phases of the SSIP

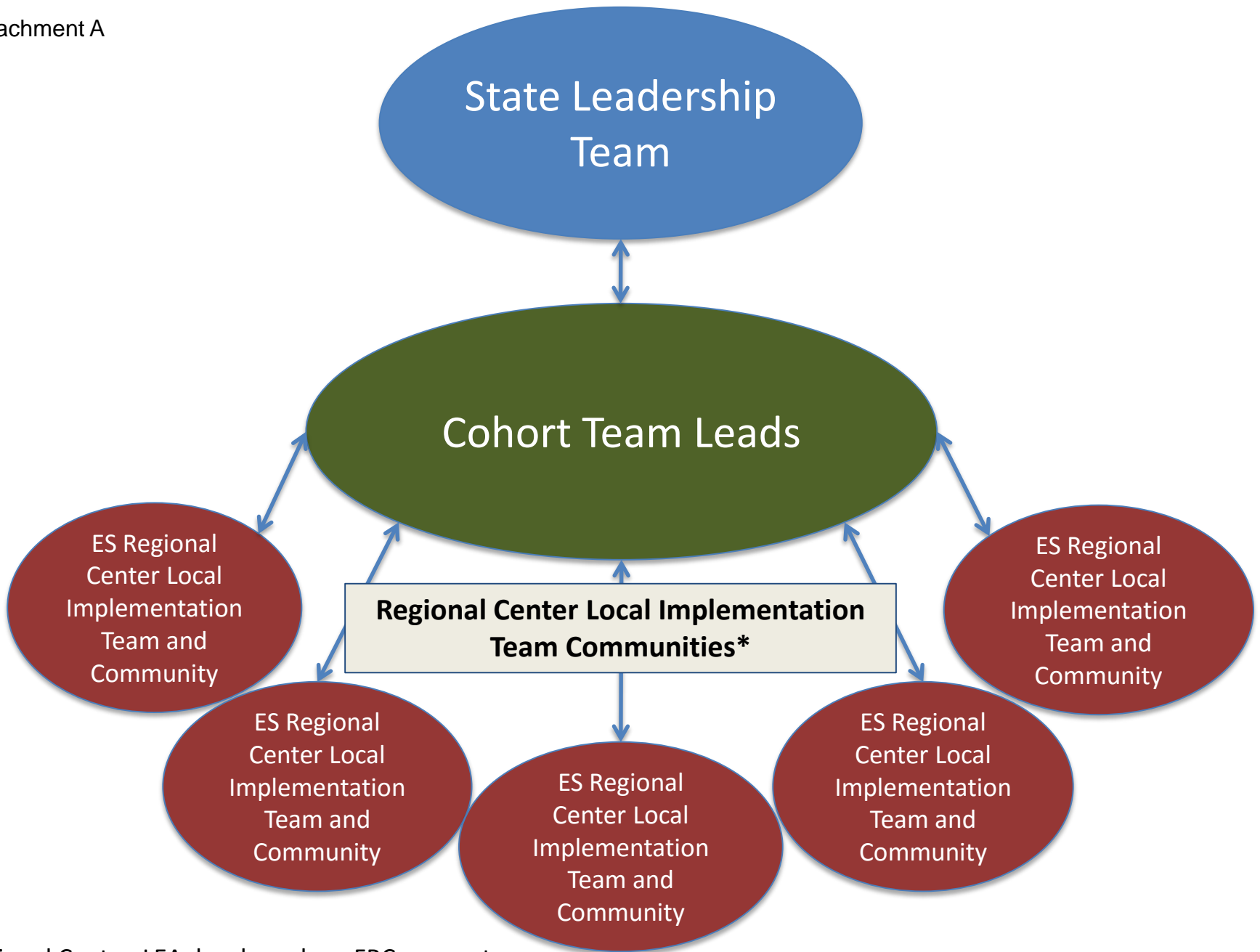
DDS recognizes the challenges and barriers that Cohort 1 experienced as the first Cohort to implement the SSIP. For future Cohorts, DDS plans to address these challenges and barriers as follows:

- DDS will encourage Cohort Team Leads to direct providers to take the free on-line web based social and emotional development training, which was developed to be shorter and more accessible to Early Start professionals. Early Start professionals can also be encouraged to work with their Early Start partners to take the training with other Early Start partners in groups.
- DDS will schedule SSIP orientations in Cohort 2 and 3 local areas for Early Start providers and partners in order to introduce the SSIP and provide guidance to professionals on the SSIP. DDS will also participate in regional center Cohort 2 and 3 SSIP kickoffs. DDS encourages regional center Cohorts to utilize existing meetings they have with Early Start providers and partners to educate them on the SSIP and its related activities.

- DDS will continue to provide limited training funds when available to Cohort 2 and 3 participants for training on evidence based initiatives on social and emotional development.
- DDS will provide targeted outreach to providers and Early Start partners and professionals in Cohort 1 and in the future with Cohort 2 and 3.
- DDS will continue to encourage service coordinators and providers to incorporate SSIP related activities as part of their regular contact with the children and families they serve.
- DDS will provide technical assistance and guidance for Cohort 2 and 3 on regional center local implementation plans prior to requesting that regional centers submit their RCLIA's by onboarding Cohort 2 and 3 earlier in the process.
- A narrated PowerPoint on the Research Driven Accountability federal initiative and SSIP phases has been completed and will be posted on the DDS SSIP webpage and shared with the Early Start community so they can be better informed about the SSIP initiative in California. Regional trainings will also share this information with Early Start professionals in Cohort 2 and 3.

Plans for Next Year

Cohort #2 is scheduled to begin implementation in FFY 2017 with the final cohort implementing in FFY 2018. The evaluation surveys will be completed by May 2017 and data collection will begin in June 2017.



*Regional Center, LEA, local vendors, FRCs, parents and other community partners/ES stakeholders

State Leadership Team

Who: DDS and CDE

Advisory: ICC and other stakeholders

Support/TA: WestEd and other TA providers

Purpose:

- Oversee the statewide process;
- Ensure that timelines and deliverables are met;
- Identify any statewide systems issues as they arise;
- Problem solve across system.

How:

- Plan and implement SSIP activities;
- Work cross-agency;
- Recommend and support state infrastructure changes;
- Develop sustainability and scale-up plans.

Cohort Team Leads

Who: Regional Center key people (leads and designees), DDS and WestEd liaisons

Advisory: State Leadership Team, Early Start (ES) Regional Center Local Implementation Teams and ES Community

Support/TA: State Leadership Team, WestEd and other TA providers

Purpose:

- Provide feedback on the SSIP process at the local level;
- Identify SSIP strategies and deliverables to be met at the local level;
- Identify any systems issues and help problem solve;
- Facilitate sharing of roll out process and strategies of cohort implementation teams.

How:

- Participate in SSIP implementation activities;
- Collaborate with ES local stakeholders and community;
- Collaborate and support other RC Cohort teams to share strategies and lessons learned.

ES Regional Center Local Implementation Teams and Community

Who: Regional Center, LEA, local vendors, FRCs, parents and other community partners/ES stakeholders

Advisory: Regional Center Cohort Teams, State Leadership Team; ES children and families

Support/TA: State Leadership Team, Regional Center Cohort Teams, WestEd

Purpose:

- Oversee the SSIP process in local area (defined as regional center catchment area);
- Increase buy-in and readiness;
- Install/sustain infrastructure;
- Build linkages;
- Problem solve;
- Support, promote, and share EBPs and SSIP resources to improve social-emotional outcomes for ES infants and toddlers and their families.

How:

- RC as lead:
 - Plan and implement local SSIP activities;
 - Outreach to/convene local partners.
 - Disseminate/share EBPs and SSIP resources;
 - Assess & report outcomes.
- Partners:
 - Participate in SSIP activities;
 - Utilize and share SSIP resources;
 - Outreach to children and families.

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)
REGIONAL CENTER LOCAL IMPLEMENTATION ASSESSMENT (RCLIA)

COHORT #1



The California Early Start SSIP

The SSIP is a federally required multi-year plan states must develop to improve results for infants and toddlers with disabilities. States must identify a measurable child result as the focus of their SSIP and report annually to the federal government on its progress in the measurable result through 2020.

Based upon input from Early Start stakeholders, California selected to focus on increasing the percentage of infants and toddlers with disabilities in California who substantially increase their rate of growth in positive social-emotional skills by the time they exit the early intervention program. Three different improvement strategies were identified to accomplish this task:

- parent and provider education
- professional development
- interagency collaboration

The Regional Center Local Implementation Assessment (RCLIA)

The RCLIA template has been created to assist regional centers (RCs) and their local implementation team members with planning and documenting how they will implement the SSIP at their local level.

Intended Goal

The RCLIA's intended goal is to help the regional center and local implementation team understand minimal implementation requirements and recommend additional implementation activities that the local team may want to consider.

Stakeholders and Partnerships in Early Start Services

Local implementation teams are not limited to the activities associated with this template and are encouraged to utilize their existing resources and partnerships to implement the SSIP. It is recommended that as many local implementation team members participate in developing the RCLIA or that the plan be shared with local implementation team members to ensure that a systemic approach is used in implementing the plan.

Resources and Support

DDS liaisons and WestEd professionals will aid teams in completing the form or be available to provide guidance and answer questions. Each regional center is requested to submit a RCLIA to DDS prior to implementation of their plan.

SECTION I: REGIONAL CENTER INFORMATION

**Regional Center/Local Implementation Team
SSIP Local Implementation Team Leader(s):**

Phone #(s): _____ **E-mail(s):** _____

- 1. What processes and tools are currently used by regional center and provider personnel to evaluate and assess the social/emotional development of infants and toddlers referred to Early Start?**
- 2. Please briefly describe how your regional center currently supports children and families in the provision of services that promote social/emotional development.**

SECTION II: LOCAL SSIP IMPLEMENTATION TEAM

Please describe how the regional center will recruit local partner agencies and organizations to become part of the RC's local implementation team?

Please list possible local implementation team members. (Recommended partners include vendors, representatives from the local Family Resource Center, educational agencies, Head Start, First 5, parents, and others).

Proposed/Established Team Member	Organization Represented	Email Address

SECTION III: INTEGRATION OF EARLY START SSIP RESOURCES & ACTIVITIES

How will your RC integrate the following five Early Start SSIP resources to enhance your Local Implementation Team's success?

1. Early Start Recommended Practices for Assessment of Social-Emotional Development

Local implementation teams will be provided with an evidence based best practice document on recommended assessment practices.

Please check one or more boxes:

- Teams will review and share the recommended practices for assessment of social-emotional development with service providers/field staff.
- Teams will review and share the recommended practices and take steps to actively implement recommendations, such as:
 - Using the same assessment tool at both the child's entry into and exit from Early Start.
 - Using the same assessment tool to assess social/emotional development.
- Other. Please describe:

2. Resource Guide to State Initiatives

Local Implementation Teams will be provided with a resource guide containing evidence-based initiatives and resources that focus on social and emotional development. Teams can then identify resources and strategies of an initiative to inform practices.

Please check one or more boxes:

- Teams will identify an evidence-based initiative that focuses on social-emotional development and make the principles and resources from their identified initiative(s) available to service providers, parents, and other local Early Start community partners that will inform their practice.
- Teams will identify an evidence-based initiative that focuses on social-emotional development and facilitate active implementation of the initiative with partners.
- Other. Please describe:

3. Training

Online training on social-emotional development is available to Teams and the Early Start community from DDS and WestEd. Training grants are also available to support additional trainings to be hosted by the RC and its local SSIP implementation team. The online community of practice, made available by DDS and WestEd, will support the dissemination of information and resources and promote active discussion around implementation of evidence-based practices.

Please check one or more boxes:

- Teams will join and participate, and encourage their staff to join and participate, in the online community of practice to support the dissemination of information and resources and engage in active discussions around implementation of evidence-based practices.
- Teams will invite members of the broader Early Start community to participate in the online training developed by DDS and WestEd on social-emotional development.
- Teams will host events or trainings to reinforce or build capacity in supporting social-emotional development.
- Teams will host events or trainings to facilitate local implementation of evidence-based practices.
- Other. Please describe:

4. The SSIP Provider Checklist

This quick reference on best practices in family-centered service provision will include helpful reminders to providers while engaging families.

Please check one or more boxes:

- Teams will email the SSIP Provider Checklist to service providers/field personnel and/or make the checklist available on their website or direct them to the DDS website where it will be posted.
- Teams will make the checklist available to service providers during regularly scheduled meetings.
- Teams will host a local training on the use of the Provider Checklist.
- Other. Please describe:

5. Take a Minute Campaign

Brochures for parents will emphasize the importance of the parent-child relationship, and provide practical tips to promote social-emotional development. A video will explain the components of social-emotional development in a family friendly manner.

Please check one or more boxes:

- Teams will make their staff, service coordinators, vendors and families aware of the Take a Minute resources available on the Early Start Neighborhood and DDS websites.
- Teams will encourage their staff, service coordinators, and service providers to share and review the Take a Minute resources with families as often as possible, at a minimum at intake and at each annual IFSP meeting.
- Teams will ensure that providers and service coordinators are providing families with copies of the printed Take a Minute resources.
- Other. Please describe:

Please complete the following additional questions:

How and how often will the RC and its local implementation team members meet to share information on the progress of its implementation?

How will the RC and its local implementation team provide outreach to vendors, allied health professionals, parents, and other members of the Early Start community in their local areas to inform them of the on-line Community of Practice and other SSIP resources? (i.e. Newsletters, regular email communications, personal contacts, regular interagency meetings, health and information fairs, other...)

What evidence-based Initiative(s) will the RC and local implementation team choose to focus on?

Please describe how your RC and local implementation team may be able to provide or gather data related to their implementation?

Attachment C

Evaluation Plan - California

	Community of Practice (CoP)	Evaluation Question	How will we know (performance indicator)	Measurement/Data Collection Method	Measurement Intervals	How and who will complete this activity?	Timeline (When Data Collection Begins)
1	Short Term Outcome	Are EI professionals utilizing the CoP?	The number of professionals utilizing the CoP will increase over time and represent increases in participation of implementation cohort personnel.	Website analytics	Ongoing	WestEd	January 2017
2	Intermediate Outcome I	Is involvement in the CoP associated with an increase in EI professional knowledge about implementing EBPs?	The percentage of CoP participants who report that content and interactions increased their knowledge of EBPs will increase over time for each implementation cohort.	Website Feedback Survey	Ongoing	WestEd	June 2017

Attachment C

Evaluation Plan - California

3	Intermediate Outcome II	Were resources and communications from the reflective practice sessions used by Cohort leads and designees associated with an increase in knowledge to facilitate provider's implementation of SE EBPs?	Extent to which Cohort team leads report that resources and communication from the reflective practice sessions increased their knowledge to facilitate provider's implementation of SE EBPs will remain consistent or improve over time for each implementation cohort.	Survey (final to be completed May 2017)	Ongoing	Surveys to be completed by Cohort team leads	June 2017
4	Intermediate Outcome III	Are providers better able to implement EBPs in SE development after becoming involved in the CoP?	The percentage of EI providers who reported positively that they could utilize the information from CoP to implement SE EBPs will increase over time for each implementation cohort.	Survey of providers (final to be completed May 2017)	Quarterly	Providers will complete survey	June 2017

5	Long Term Outcome	Did the implementation of all improvement strategies result in an increased percentage of infants and toddlers with IFSPs exiting Early Start who substantially increase their rate of growth in social emotional development?					
---	-------------------	--	--	--	--	--	--

DRAFT

Attachment C

Evaluation Plan - California

	Provider checklist	Evaluation Question	How will we know (performance indicator)	Measurement Data Collection Method	Measurement Intervals	How and who will complete this activity?	Timeline (When Data Collection Begins)
1	Short Term Outcome	Was the Provider Checklist disseminated?	Narrative report documenting dissemination approaches	Narrative Report	Annually	Cohort Team Leads will be interviewed	Feb. 2017
2	Short Term Outcome	Did EI services providers in Cohort areas use the Provider Checklist regularly?	The percentage of EI Professionals in implementation cohorts who report using the Provider checklist for at least 50% of their home visits will increase over time for each implementation cohort.	Survey (to be finalized May 2017)	Ongoing	Surveys made available electronically and/or in paper format to be completed by providers several months after providers receive checklist to measure sustained usage	June 2017
3	Intermediate Outcome I	After regular use of the Checklist, do EI service providers have an increased understanding of the importance of a family centered approach?	The percentage of providers who report increased knowledge about how family-centered practices support SE development will increase over time for each implementation cohort.	Survey (to be finalized May 2017)	Ongoing	Surveys made available electronically and in paper format to be completed by providers	June 2017

Attachment C

Evaluation Plan - California

4	Intermediate Outcome II	Did providers report that they were using practices from the Provider Checklist?	The percentage of providers who report using all of the practices from the Provider Checklist with increased frequency will increase over time for each implementation cohort.	Survey (to be finalized May 2017)	Ongoing	Surveys made available electronically and/or in paper format to be completed by providers	June 2017
5	Long Term Outcome	Did the implementation of all improvement strategies result in an increased percentage of infants and toddlers with IFSPs exiting Early Start who substantially increase their rate of growth in social emotional development?					

Attachment C

Evaluation Plan - California

	Resource Guide	Evaluation Question	How will we know (performance indicator)	Measurement/Data Collection Method	Measurement Intervals	How and who will complete this activity?	Timeline (When Data Collection will Begin)
1	Short Term Outcome	Were EI professionals trained on the chosen initiative?	The number of trainings held by implementation cohorts on the chosen initiative(s) will be consistent across implementation cohorts.	Implementation Cohort Training Grant Final Report and Cohort interviews	Annually	Cohort Team Leads Interviewed	February 2017
2	Intermediate Outcome I	Were the trainings held by implementation Cohorts on the chosen initiative associated with an increase in knowledge about practices that support SE development?	The percentage of training participants who report that attending the training increased their knowledge about practices from chosen initiatives will be consistent across implementation cohorts.	Post training survey	One-time or more depending upon number of trainings	Participants complete post training survey	February 2017

Attachment C

Evaluation Plan - California

3	Intermediate Outcome II	After being trained, are EI professionals implementing the practices from chosen initiatives?	The percentage of professionals applying practices from the training on identified initiatives will be consistent across implementation cohorts.	Survey (final to be completed May 2017)	Survey disseminated 1 month after training concludes	Participants complete post training survey	June 2017
4	Long Term Outcome	Did the implementation of all improvement strategies result in an increased percentage of infants and toddlers with IFSPs exiting Early Start who substantially increase their rate of growth in social emotional development?					

Attachment C

Evaluation Plan - California

	Training	Evaluation Question	How will we know (performance indicator)	Measurement/Data Collection Method	Measurement Intervals	How and who will complete this activity?	Timeline (When Data Collection will Begin)
1	Short Term Outcome	Did adding an open access option for completion of the SE Training module lead to an increase in the number of participants who registered and completed the module over the facilitated module alone?	# of EI professionals who registered and completed either the facilitated or the open-access SE training module in 2016 (and in future reporting periods) relative to the # of EI professionals who registered and completed the facilitated SE development module in 2015.	Analysis of registration, enrollment and completion data	Ongoing	WestEd	January 2017

Attachment C

Evaluation Plan - California

2	Intermediate Outcome	Did EI professionals who completed either the facilitated or the open access web based trainings report that their understanding of social and emotional development has increased?	Knowledge about social and emotional development among EI professionals, as measured by Pre-/Post-Quiz scores for individuals completing the SE training module, will remain consistent across implementation cohorts.	Post training evaluation feedback survey to be taken immediately after the training is completed Pre/Post Quiz	Each participant will complete the survey one time upon course completion	Evaluations to be completed by participants	June 2017
3	Long Term Outcome	Did the implementation of al improvement strategies result in an increased percentage of infants and toddlers with IFSPs exiting Early Start who substantially increase their rate of growth in social emotional development?					

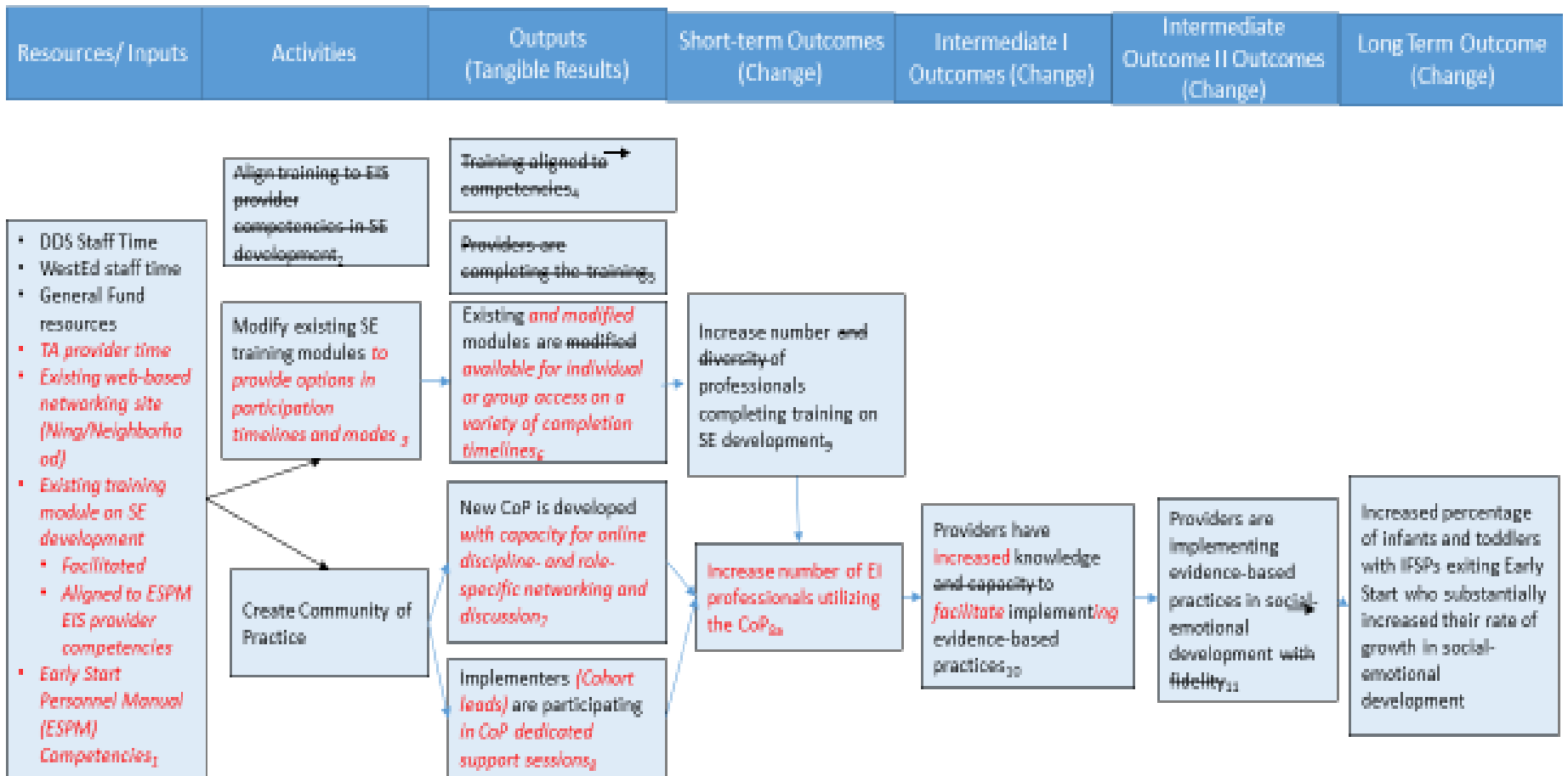
	Take a Minute	Evaluation Question	How will we know (performance indicator)	Measurement/ Data Collection Method	Measurement Intervals	How and who will complete this activity?	Timeline (When Data Collection will Begin)
1	Short Term Outcome	Were TaM flyers given to parents at IFSP meetings (recommended) or other parent meetings?	The percentage of child records that indicate that TaM materials were provided to parents will increase over time for each implementation cohort.	Count of records	Quarterly	Cohort regional centers to collect data Report aggregate data to DDS	June 2017
2	Intermediate Outcome I	Is the introduction of the TaM materials associated with an increase of families' knowledge about their role in SE development?	The percentage of families who report increased knowledge about their role in SE development after reviewing TaM materials will increase over time for each implementation cohort.	Survey (to be finalized May 2017)	Survey will be available electronically and in paper format to families on an ongoing basis	<ul style="list-style-type: none"> Families will complete the survey 	June 2017

Attachment C

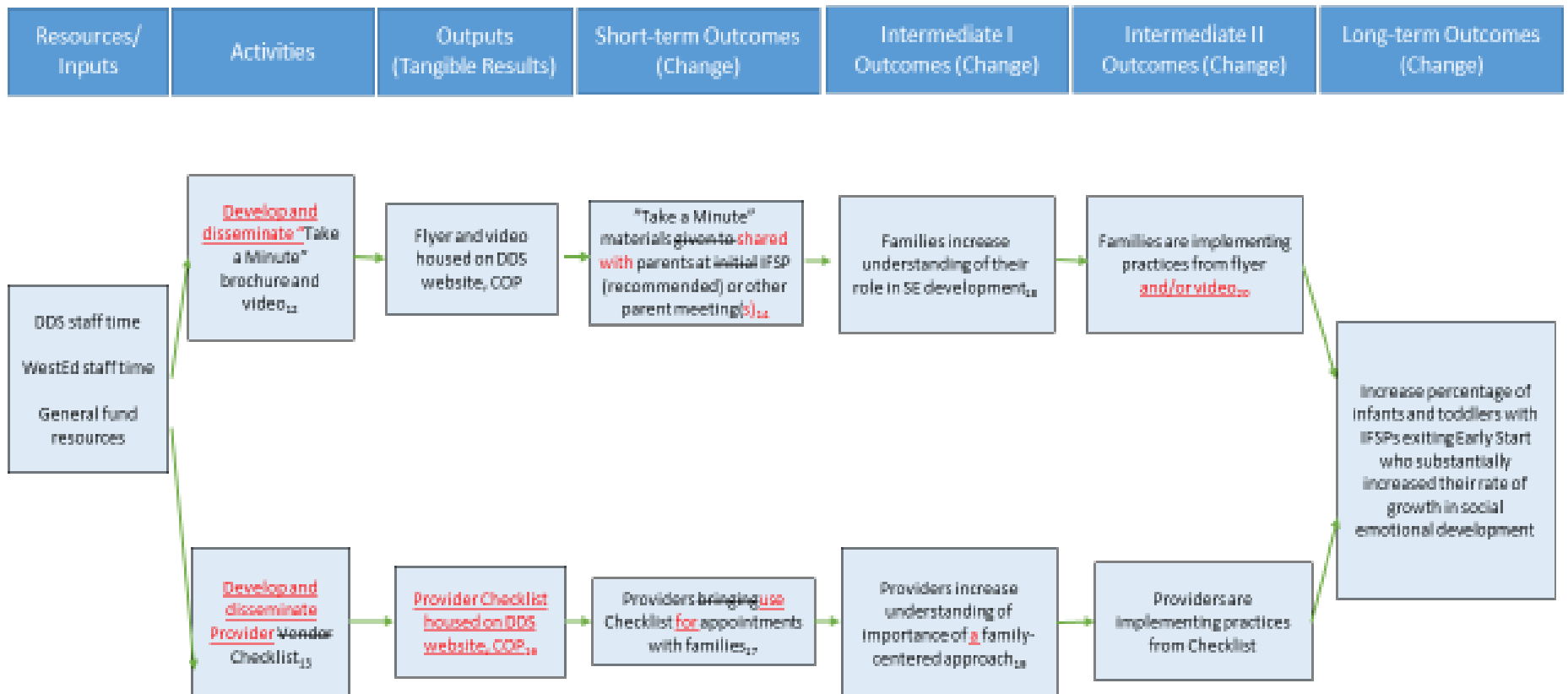
Evaluation Plan - California

3	Intermediate Outcome II	Did providers report that families who were provided with TaM materials were using practices from the TaM materials?	The percentage of families who were using practices from the TaM materials will increase over time for each implementation cohort.	Survey (to be finalized May 2017)	Survey will be available to providers electronically and in paper format on an ongoing basis	Providers will be asked to complete tool with parents at least 6 months after the TaM flyers were introduced to the family	June 2017
4	Long Term Outcome	Did the implementation of all improvement strategies result in an increased percentage of infants and toddlers with IFSPs exiting Early Start who substantially increase their rate of growth in social emotional development?					

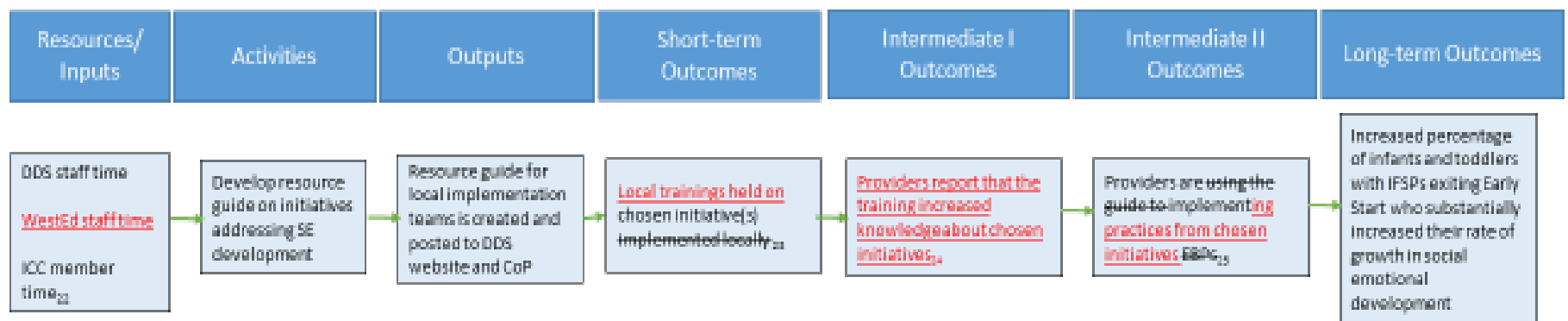
Professional Development



Parent/Provider Education



Interagency ~~Coordination~~ Collaboration₂₁



Type of Modification

- Addition
- Clarification
- Deletion

Professional Development				
#	Modification	Section	Type	Justification
1	The following Inputs and Resources were added: <ul style="list-style-type: none"> • TA provider time • Existing web-based networking site (Ning/Neighborhood) • Existing training module on SE development <ul style="list-style-type: none"> ▪ Facilitated ▪ Aligned to ESPM EIS provider competencies • Early Start Personnel Manual (ESPM) Competencies 	Inputs/ Resources	Addition	This modification was made to better document existing inputs and resources.
2	The activity “Align training to EIS provider competencies in SE development” was deleted.	Activity	Deletion	This activity was in place prior to SSIP Phase III.
3	The activity “Modify existing SE training modules” was revised to include “to provide options in participation timelines and modes.”	Activity	Clarification	This modification was made to clarify purpose of the activity.
4	The output “Training aligned to competencies” was deleted.	Output	Deletion	The activity this output was linked to was in place prior to SSIP Phase III.
5	The output “Providers are completing the training” was deleted.	Output	Deletion	The activity this output was linked to was in place prior to SSIP Phase III.

Attachment D

Justification for Modifications to SSIP Logic Models

6	The output “modules are modified” was modified to say “Existing and modified modules are available for individual or group access on a variety of completion timelines.”	Output	Clarification	<p>For clarification purposes, the distinction is being made between existing (facilitated) and modified (open-access) modules.</p> <p>Both the facilitated and the open-access modules are expected to lead to positive impact on the SiMR, therefore, both formats will be evaluated in the SiMR.</p> <p>Differences across modules will be assessed in order to determine whether one format is effecting greater change in child outcomes.</p> <p>The text “available for individual or group access on a variety of completion timelines” was added to specify that EI professionals may access and complete the modules in a variety of ways.</p>
7	The output “New CoP is developed” was modified to say “New CoP is developed with capacity for online discipline- and role-specific networking and discussion.”	Output	Clarification	This modification was made to define the purpose of the CoP.
8	The output “Implementers are participating” is modified to say “Implementers (Cohort leads) are participating in CoP dedicated support sessions.”	Output	Clarification	<p>This modification was made to specify that this output only applies to Cohort Leads.</p> <p>Additionally, text was added to specify what implementers are participating in.</p>
8a	The short-term outcome “Increase number of EI professionals utilizing the CoP” was added.	Short-term Outcome	Addition	This modification was added to measure whether the number of EI professionals utilizing the CoP will increase as implementation spreads statewide.
9	The short-term outcome “Increase number and diversity of professionals completing training on SE development” was revised to say “Increase number of professionals completing training on SE	Short-term Outcome	Deletion	<p>The word “diversity” was removed from this outcome.</p> <p>This was done because the activity was intended to increase the number of professionals completing the training across all disciplines.</p>

Attachment D

Justification for Modifications to SSIP Logic Models

	development” and was changed from a short-term outcome to an intermediate outcome.			The existing online training targets all disciplines, therefore, changing the mode of delivery would not reach more disciplines, simply more individuals within each discipline.
10	The short-term outcome “Providers have the knowledge and capacity to implement evidence-based practices” was revised to say “Providers have increased knowledge to facilitate implementing evidence-based practices.” This outcome was revised from a short-term outcome to an intermediate outcome.	Short-term Outcome	Clarification	The text was modified to specify that knowledge was increased, not just acquired. The word “capacity” was removed, because there is no clear method to assess capacity change resulting from PD. Also, increased capacity is not directly related to the SiMR. This activity was made an intermediate activity to more accurately reflect the type of outcome identified.
11	The intermediate outcome “Providers are implementing evidence-based practices in social-emotional development with fidelity” was revised to say “Providers are implementing evidence-based practices in social-emotional development”	Intermediate Outcome	Deletion	At this time, a fidelity measure is not feasible. Implementation of EBPs will be assessed using a self-assessment linked to the improvement activity.

Parent/Provider Education				
#	Modification	Section	Type	Justification
12	The activity "Take a Minute brochure and video" was revised to say, "Develop and disseminate 'Take a Minute' flyer and video"	Activity	Clarification	<p>The text was modified to include the actions to be taken.</p> <p>TaM materials will be developed and disseminated.</p> <p>The word "brochure" was changed to "flyer" to more accurately reflect the resource type.</p>
13	The activity "Vendor Checklist" was revised to say, "Develop and disseminate Provider Checklist"	Activity	Clarification	<p>The text was modified to include the actions to be taken.</p> <p>The Provider Checklist will be developed and disseminated.</p> <p>Additionally, the text was modified from "Vendor Checklist" to "Provider Checklist."</p> <p>This modification was made throughout the text for consistency.</p> <p>The word Provider better reflects the role of those individuals using this checklist.</p>
14	<p>The output "Brochure given to parents at initial IFSP meeting" was moved to the short-term outcomes column.</p> <p>The text was also modified to say "Take a Minute' materials shared with parents at IFSP meeting(s) (recommended) or other parent meetings"</p>	Output	Clarification	<p>This section was determined to be an outcome rather than an output.</p> <p>The text was revised to reflect the expectation that TaM materials are to be reviewed, rather than simply handed out.</p> <p>Additionally, the word "initial" was removed, because the materials may be reviewed at multiple meetings, not simply the initial IFSP meeting.</p> <p>The text "(recommended) or other parent meetings" was added because there could be</p>

Attachment D

Justification for Modifications to SSIP Logic Models

				other parent meetings where materials can be shared besides IFSP meetings.
16	The output “Provider Checklist housed on DDS website, COP” was added.	Output	Addition	This output was added to specify where the Provider Checklist is housed.
17	The output “Providers bringing Checklist to appointments with families” was moved from an output to a short-term outcome. The text was also modified to say “Providers use Checklist for appointments with families”	Output	Clarification	This section was determined to be an outcome rather than an output. The text was revised to reflect the expectation that the Provider Checklist is to be used, rather than simply brought.
18	The short-term outcome, “Families increase understanding of their role in SE development” was moved to an intermediate outcome.	Short-Term Outcome	Clarification	This section was determined to be an intermediate outcome. Parent knowledge can’t increase before providers introduce new material for them to learn.
19	The short-term outcome, “Providers increase understanding of importance of a family-centered approach” was moved to an intermediate outcome. A small typo was fixed.	Short-Term Outcome	Clarification	This section was determined to be an intermediate outcome. Provider knowledge can’t increase until after they use the checklist.
20	The intermediate outcome “families are implementing practices from brochure” was modified to say “families are implementing practices from flyer and/or video”	Intermediate Outcome	Clarification	The text was revised to reflect that practices may come from the flyer or from the video. The word “brochure” was changed to “flyer” to more accurately describe the resource type.

Interagency Coordination				
#	Modification	Section	Type	Justification
21	The name of the improvement strategy was revised from “interagency coordination” to “interagency collaboration”	Title	Clarification	This modification was done to keep terms consistent across SSIP narrative and logic model. The word collaboration was preferred because it more accurately represents the strategy used.
22	The input/resource “WestEd staff time” was added.	Inputs/ Resources	Addition	This input was added to reflect all parties responsible for implementing the activity.
23	The short-term outcome “chosen initiative(s) implemented locally” was modified to say “Local trainings held on chosen initiative(s)”	Short-Term Outcome	Clarification	This outcome was modified to specify that the “local implementation activities” are local trainings.
24	The intermediate outcome “Providers report that the training increased knowledge about chosen initiatives” was added.	Intermediate Outcome	Addition	This intermediate outcome was added as we know that trainings will not lead to improving practice unless the training effectively increases knowledge. We will collect data on the effect of training on improved knowledge so that we can be certain providers have the knowledge they need to implement practices from the chosen initiatives.
25	The intermediate outcome “Providers are using the guide to EBPs” was modified to say, “Providers are implementing practices from chosen initiatives”	Intermediate Outcome	Clarification	This outcome was modified to clarify the purpose of the guide in assisting implementation teams to implement or expand initiative in their local area. The word EBPs was modified to “practices from chosen initiatives” because certain practices are research informed, not evidence based.