Part C State Systemic Improvement Plan (SSIP)

FFY 2016

Phase III

Year 2

State of California
Department of Developmental Services

Contents

Introduction

In 2013, the State Systemic Improvement Plan was added as a requirement of the State's Annual Performance Report. During Phase I, California established the SSIP Task Force, consisting of a diverse group of stakeholders, assisted the Department of Developmental Services in analyzing available data and information, identified the State-identified Measurable Result (SiMR), the Theory of Action and a description of infrastructure changes to support improvement and build capacity. During Phase II, the SSIP Task Force conceptualized the *Take a Minute* campaign and other SSIP resources to disseminate information regarding the importance of social and emotional development that supported the implementation of evidence-based practices and created the SSIP Logic Models.

During the development of Phase III, it was decided that statewide implementation of improvement strategies should be staggered over a three year period, through three Cohorts. This staggered approach allows for a more manageable and focused evaluation of implementation throughout our very large, diverse state. California worked diligently to develop tools and resources to support the work of the Cohorts for local implementation.

During Phase III California built upon the work that was completed in Phases I and II. Changes made to the implementation plan in Phase III, Year 1 were made due to 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 had developed a solid foundation to implement the SSIP, a degree of flexibility as to how the SSIP is implemented in local areas continues to be required to make statewide implementation of the SSIP a success. During this phase, Cohort 1 stakeholders began implementation in October 2016. California's last SSIP Report, provides information on Cohort 1 implementation activities as well as providing an outline of California's evaluation plan.

The California Department of Developmental Services (DDS) hosted a joint event with Cohort 1 stakeholders , DDS staff, and prospective Cohort 2 stakeholders. The event fostered ideas and partnership, while providing a forum for Cohort 1 stakeholders to share their SSIP accomplishments, successful strategies, challenges, and next steps with Cohort 2 stakeholders. The event also served as an opportunity for Cohort 2 stakeholderss to become acquainted with the DDS liaisons who provided technical assistance and support throughout the implementation process.

This last year, DDS acquainted Cohort 2 stakeholders with SSIP implementation goals and resources while continuing to provide technical assistance to Cohort 1 stakeholders. Trainings were offered by regional centers to parents, providers and other professionals in their catchment areas. In addition to continuing their SSIP program work, Cohort 1 stakeholders also became mentors for Cohort 2 stakeholders.

Cohort 1 consists of the following five regional centers: 1) Alta California Regional

Center (ACRC), 2) Far Northern Regional Center (FNRC), 3) Eastern Los Angeles Regional Center (ELARC), 4) San Diego Regional Center (SDRC), and 5) Valley Mountain Regional Center (VMRC).

Knowledge was acquired from Cohort 1 stakeholders about implementation that informed the work of Cohort 2. These are described in further detail in the **Challenges and Barriers Identified by Cohort 1 Stakeholders and Actions Taken to Address them in Cohort 2 Implementation** section of this report on page 17.

Six regional centers began participating in SSIP implementation as Cohort 2:
1) Central Valley Regional Center (CVRC), 2) Inland Regional Center (IRC), 3) Kern Regional Center (KRC), 4) Regional Center of Orange County (RCOC), 5) San Andreas Regional Center (SARC), and 6) South Central Los Angeles Regional Center (SCLARC).

DDS continued to provide leadership, encouraging the use of evidence-based practices to improve social and emotional outcomes for children served by California's Early Start program. In addition, improving evaluation and data collection were emphasized as being of paramount importance. DDS focused its technical assistance on these components. As regional centers implement the SSIP at the local level they are incorporating data collection and evaluation into their work. DDS has worked closely with SSIP Cohort 1 and 2 LIT stakeholders to determine the best means for disseminating SSIP materials locally and across the state, as well as how to evaluate the effectiveness of the SSIP materials.

In addition to the significant strides California has made in evaluating SSIP implementation, DDS recently reported Statewide Annual Performance Report (APR) data for FY 2016 that demonstrated a slight overall increase in child outcomes in social and emotional development.

As California proceeds with the SSIP, we anticipate incorporating consistency, sustainability, and fidelity of evidence-based practices into our ongoing efforts to enhance results for the infants and toddlers we serve. DDS looks forward to the addition of the remaining areas of the state in Cohort 3who will begin implementation activities in October 2018, which will be composed of the remaining ten regional centers.

State-identified Measurable Result (SiMR) and Strands of Action
This year, DDS, regional centers, and Early Start partners continued their commitment to SSIP activities, technical assistance, partnerships, training, and evaluation to further California's SiMR to:

"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 has remained focused on the following three key strands of action:
1. Parent and Provider Education;
2. Professional Development; and,
3. Interagency Collaboration.

Theory of Action and Logic Models

The Theory of Action (Figure 1) and corresponding logic models were developed during Phase I and II and remain the basis for the development of the Phase III improvement activities and evaluation plan. The Logic Models remain unchanged since updated in last year's report. See Logic Models (Figure 2).
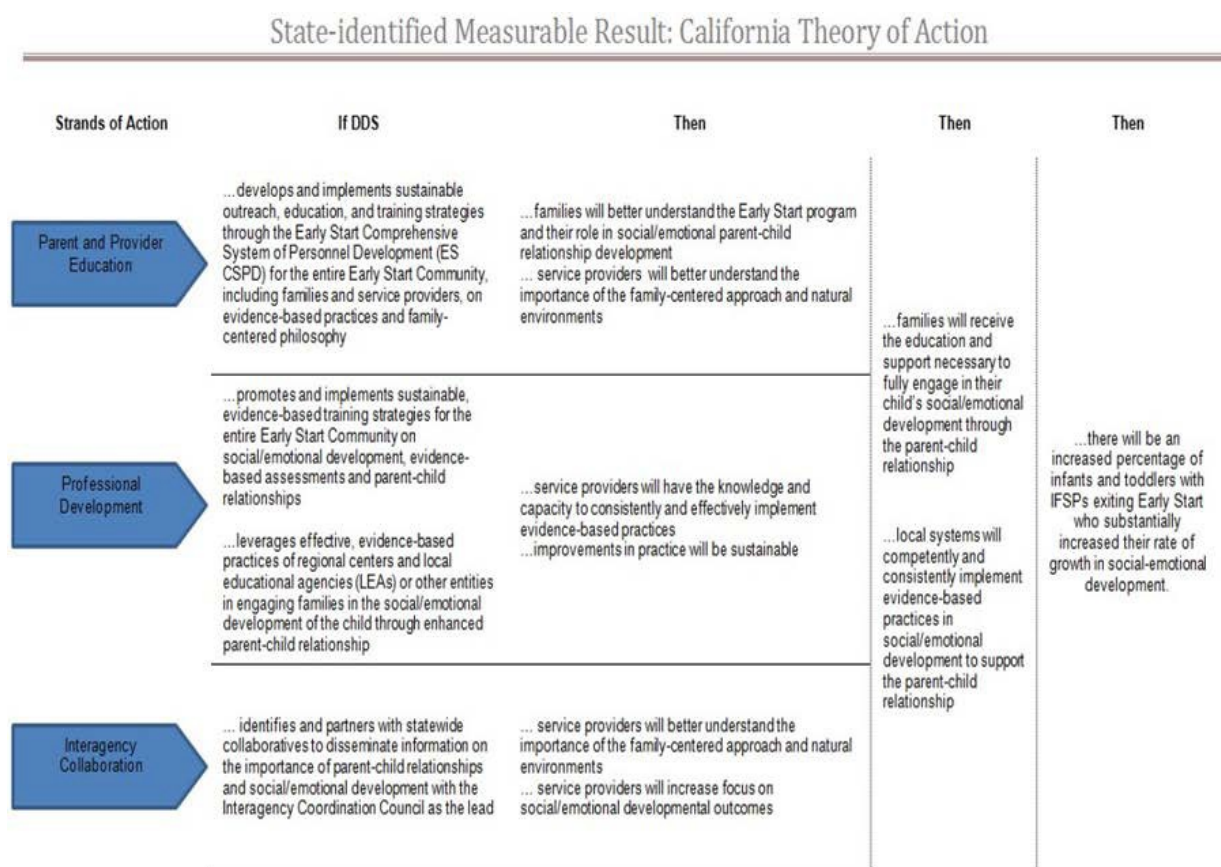
Figure 1 – California's Theory of Action

State-identified Measurable Result: California Theory of Action

Figure 2 – Logic Models

	Activities Outputs (Tangible Results)	Activities Outputs (Tangible Results)	Short-Term Outcomes (Change)	Intermediate I Outcomes (Change)	Intermediate II Outcomes (Change)	Long-Term Outcomes (Change)
Parent/Provider Education	Develop and disseminate "Take a Minute" brochure and video	Flyer and video housed on DDS website, COP	"Take a Minute" materials shared with parents at IFSP (recommended) or other parent meetings	Families increase understanding of their role in SE development	Families are implementing practices from flyer or video	Increase percentage of infants and toddlers with IFSPs exiting Early Start who substantially increased their rate of growth in social emotional development
	Develop and disseminate Provider Checklist	Provider Checklist housed on DDS website, COP	Providers use Checklist for appointments with families	Providers increase understanding of importance of a family-centered approach	Providers are implementing practices from Checklist	
Professional Development	Modify existing SE training modules to provide options in participation timelines and modes	Existing and modified modules are available for individual or group access on a variety of completion timelines	Increase number of professionals completing training on SE development	Providers have increased knowledge to facilitate implementing evidence-based practices	Providers are implementing evidence-based practices in social-emotional development	
	Create Community of Practice	New CoP is developed with capacity for online discipline- and role-specific networking and discussion	Increase number of EI Professionals utilizing the CoP			
		Implementers (Cohort leads) are participating in CoP dedicated support sessions				
Interagency Collaboration	Develop resource guide on initiatives addressing SE development	Resource guide for local implementation teams is created and posted to DDS website and CoP	Local trainings held on chosen initiative(s)	Providers report that the training increased knowledge about chosen initiatives	Providers are implementing practices from chosen initiatives	

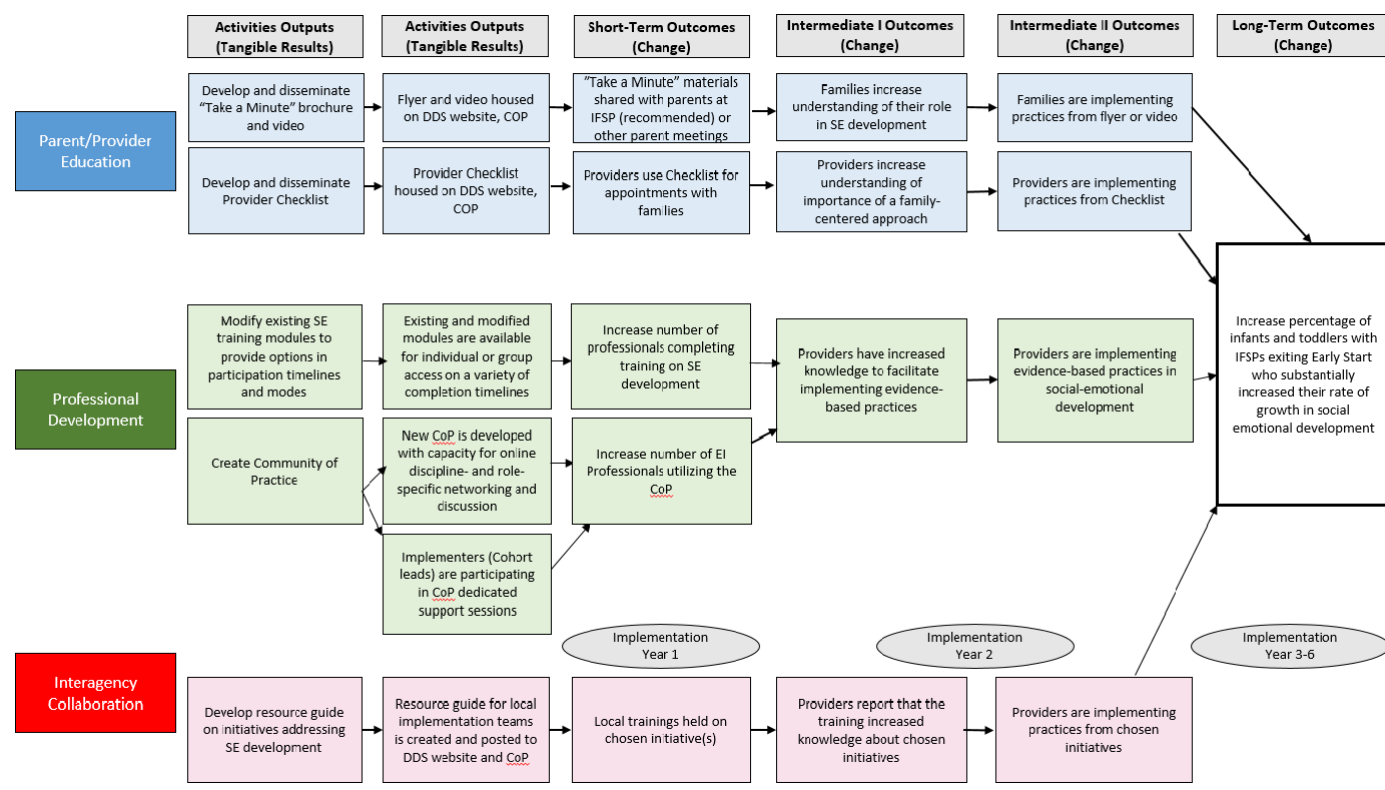*Implementation Year 1 — Implementation Year 2 — Implementation Year 3-6*

Figure 2 demonstrates the milestones that have been accomplished and are expected to be accomplished as California moves through SSIP implementation. This figure has clearly outlined short, intermediate and long-term outcomes that will define if, and to what degree, the DDS interventions and technical assistance provided to the regional center Cohort members were successful during the implementation of the SSIP.

Phase III Technical Assistance and Support
This year, DDS staff continued participating in webinars and trainings offered by the National Center on Systemic Improvement (NCSI), the Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSY) and the Office of Special Education Programs (OSEP). California's Part C coordinator regularly attended in person meetings and conference calls facilitated by NCSI, along with other states, as part of the Social Emotional Outcomes Cross State Learning Collaborative. In addition, California participated in several small NCSI-facilitated workgroups, including those on how to present data to stakeholders and the use of fidelity tools. Further, the State received feedback and assistance directly from OSEP. The State has utilized this assistance to enhance the evaluation plan contained within this report to better monitor progress of the SSIP.

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

DDS
DDS continued to support Cohort 1 this past year with DDS liaisons assigned to each regional center. DDS also assigned liaisons to each of the regional centers in Cohort 2 as well. These liaisons provide support and guidance and are the primary contacts for Cohort 2 stakeholders. DDS liaisons have monthly contact with their assigned local teams and have participated in-person, when requested, in regional trainings on the SSIP. DDS staff provided in-person orientations, participated in local in-person trainings whenever possible, and schedule regular technical assistance calls. DDS staff also conducted interviews with Cohort 1 and 2 stakeholders to collect information for the evaluation plan. In addition, DDS presented on the SSIP and SSIP resources at major conferences around the state in an attempt to engage Early Start partners and reinforce our SSIP infrastructure.

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. During this year, DDS and CDE collaborated to develop a special topic webinar on how Special Education Local Plan Areas (SELPA) and local education agencies (LEA) can collaborate with their local regional centers to implement and evaluate the SSIP. Future outreach and collaboration with CDE will continue as SSIP implementation continues statewide.

Family Resource Center Network of California (FRCNCA)
- The FRCNCA represents California Early Start Family Resource Centers (FRC) across the State through a network of regional representatives.   Early Start FRCs 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 FRCNCA continues to ensure that the FRCs support SSIP-related activities by requiring:
- The provision of evidence-based trainings and information on social and emotional development to FRC staff, families and other early intervention professionals;
- The posting of SSIP resources on the FRCNCA website;
- The dissemination of SSIP resources;
- Collaboration with regional centers implementing the SSIP in their local areas; and,
- Participation in evaluation plan activities.

Mental Health Services Act (MHSA) Projects
DDS oversees State funds for regional centers to develop innovative projects that address mental health, including but not limited to prevention, early intervention and treatment for children and support for families. Because social and emotional development plays a significant role in mental health and overall development, MHSA resources were utilized, to further strengthen infrastructure and dovetail with the implementation of the SSIP.

MHSA projects integrate evidence-based models and techniques; incorporate performance-based approaches, interventions, and strategies; provide an ongoing multi-disciplinary, collaborative process identifying local needs and ameliorating system challenges at the local level; and include a mechanism to share information and resources statewide. Two projects focusing on early intervention and social and emotional development were selected for MHSA funding in 2017 and will continue through June 30, 2020.

In collaboration with the Los Angeles Department of Mental Health, the County of Los Angeles Department of Children and Family Services, and other local community partners, Harbor Regional Center's *Side by Side: Enriching Children's Lives through Parent-Provider Relationships* project will convene a planning and advisory board to identify local needs and system challenges. The project will provide symposiums for service providers and parent workshops, culminating in a final symposium inclusive of service providers and parents. This project will specifically:

- Develop and increase competence of the early intervention workforce;
- Guide future trainings on early intervention;
- Increase parental knowledge of child development;
- Improve engagement with families;
- Increase progress in social and emotional development; and,
- Increase collaboration and coordination of services.

In collaboration with Eastern Los Angeles Family Resource Center, South Central Los Angeles Regional Center's *Engaging Families to Effectively Support Their Child's Social and Emotional Development* Project will train Early Start partners to provide evidence-based prevention and early intervention services to families and their children, including adult consumers with children at risk. This project will also improve identification of social and emotional delays, increase referrals, and implement evidence-based supports and services to enhance family relationships and improve social and emotional development.

The Interagency Coordinating Council (ICC) on Early Intervention
This group meets quarterly to provide advice and assistance to the Department of Developmental Services. 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 Health Care Services, the Head Start Agency, the California State Assembly, FRCs, parents and community service representatives.

The ICC continues to promote the *Take a Minute – Relationships Matter*! campaign and other SSIP materials across multiple agencies to statewide partners and stakeholders. In addition, per the request of the ICC, representatives from Cohort 2 provided presentations to the ICC on social and emotional programs and trainings, local infrastructure changes and evaluation improvements that occurred as a result of the

SSIP. The ICC is utilizing this information to further engage Early Start partners at the state and local level to further enhance infrastructure as we move ahead.

<u>WestEd Center for Prevention and Early Intervention (CPEI)</u>
WestEd CPEI supported DDS and the ICC on Early Intervention in the development, management, promotion, and evaluation of SSIP resources. WestEd CPEI also participated in Cohort 2 orientations and provided technical assistance to DDS and Cohort 1 and 2 stakeholders. In addition, the annual Early Start Partners Symposium is organized by WestEd CPEI. The Early Start Partners Symposium brings together Early Start stakeholders around the state. Last year, approximately 340 Early Start stakeholders registered for the symposium. Breakout sessions included topics related to the SSIP and the importance of social and emotional development. Additional sessions were dedicated to family support, health, special populations and topics of interest specifically related to providers and service coordination.

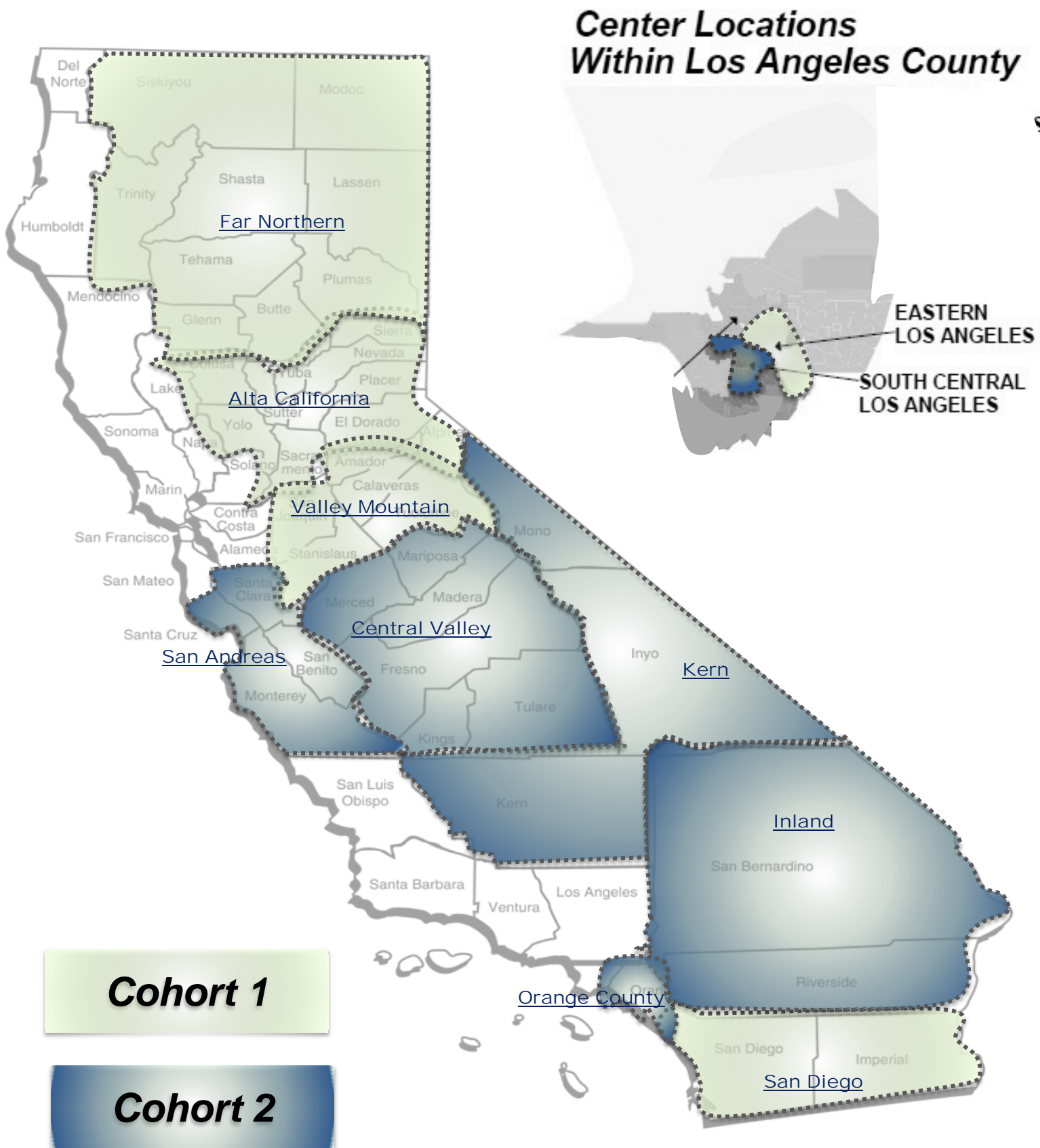<u>Regional Center Early Start Personnel and Early Start Communities</u>
During the development of Phase II, it was decided that statewide implementation of improvement strategies should be staggered in three phases over a three-year period. This staggered approach was determined to be more effective in achieving statewide implementation, as it enables the provision of adequate and effective support for Cohorts as they begin implementing SSIP activities.

DDS continues to utilize its existing regional center structure as the basis for SSIP statewide implementation. Regional centers are responsible for directing and implementing the SSIP in their local areas by working with their local Early Start partners.

Cohort 1 consists of the following five regional centers and their corresponding catchment or service areas: 1) ACRC, 2) FNRC, 3) ELARC, 4) SDRC, and 5) VMRC.
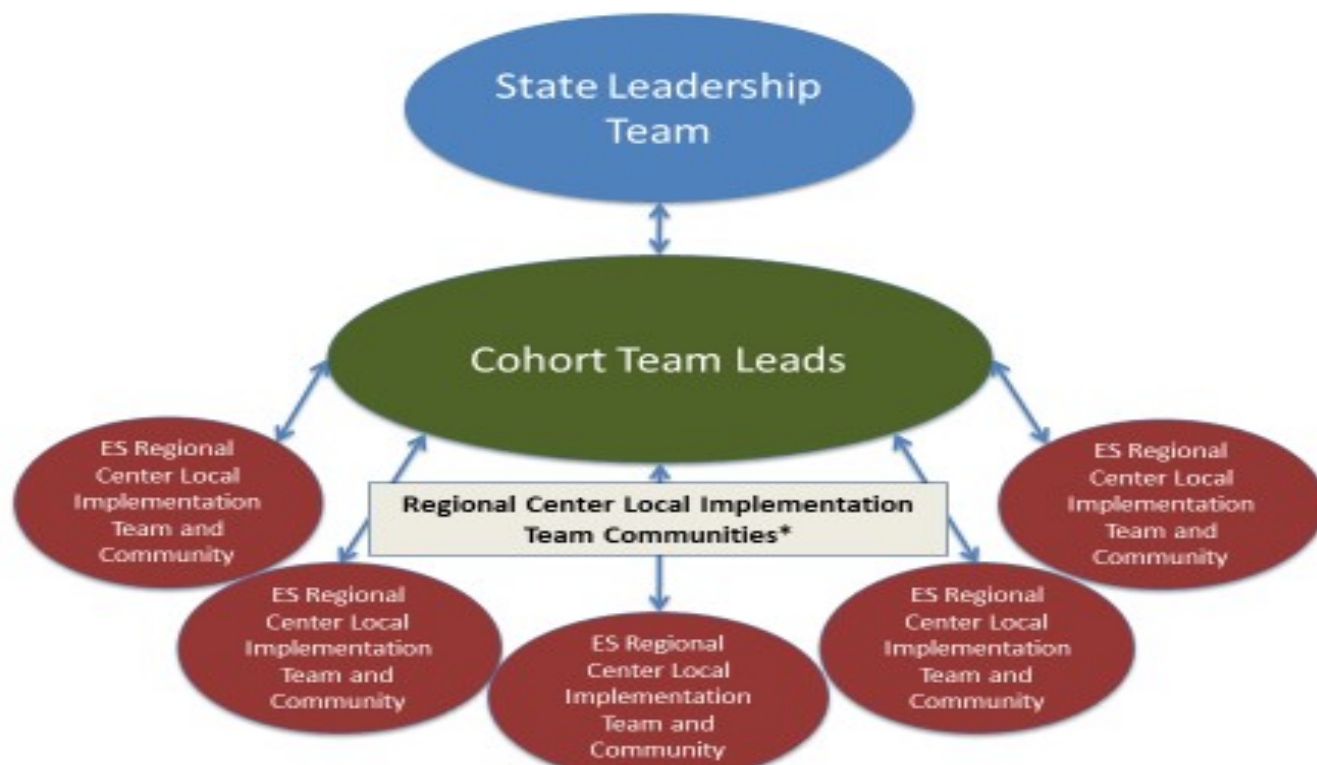
During this past year, DDS expanded implementation of the SSIP by adding six more regional centers as Cohort 2: 1) CVRC, 2) IRC, 3) KRC, 4) RCOC, 5) SARC, and 6) SCLARC.

Figure 3 –Map of California Showing Cohort 1 and 2 Regions

Center Locations Within Los Angeles County

EASTERN LOS ANGELES

SOUTH CENTRAL LOS ANGELES

Far Northern

Alta California

Valley Mountain

Central Valley

San Andreas

Kern

Inland

Orange County

San Diego

Cohort 1

Cohort 2

California's 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 4 shows the organizational structure and illustrates how stakeholder feedback is obtained and shared between all levels.

Figure 4 – SSIP Implementation Organizational Structure (additional information on the organizational structure can be found in Attachment A)

State Leadership Team

Cohort Team Leads

Regional Center Local Implementation Team Communities*

ES Regional Center Local Implementation Team and Community

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

DDS continues to steer the State SSIP Leadership Team, which is comprised of DDS Early Start staff, the CDE California Part B Coordinator, and WestEd CPEI representatives. NCSI representatives provide 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 Cohorts 1 and 2. These liaisons work directly with the Cohort team leads and their LITs to provide technical assistance and guidance in their local implementation plans.

This year regional center team leads and DDS expanded the Cohort team leads group to include regional center team leads participating in Cohort 2. Regional center Cohort 1 team leads continue to participate, as well as DDS staff and technical assistance staff

from WestEd CPEI 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. All of the regional centers in Cohort 1 and 2 have dedicated funding and staff time to producing and disseminating the SSIP resources. In addition, they have invested in and reinforced relationships with their Early Start stakeholders such as LEAs, FRCs, families and providers. These Early Start stakeholders make up the LITs in each regional center catchment area. These stakeholders have shared SSIP resources with their colleagues, families and staff.

Regional center Cohort team leads established LIT stakeholders from their local areas to participate and support the implementation of the SSIP in their local catchment areas. The LIT members include representatives from FRCs, LEAs, Head Start, Early Head Start, First 5, Early Start providers and other Early Start partners. Members chosen by Cohorts built upon existing collaborative relationships. Cohort team leads will mentor successive Cohorts to provide them with guidance and share their experiences with successive Cohorts implementing the SSIP. This year Cohort 1 stakeholders played an active role in onboarding Cohort 2 stakeholders. Both Cohort 1 and 2 stakeholders will be available to mentor Cohort 3 team leads.

Progress in Implementing the SSIP

This year, Cohort 2 stakeholders commenced, and with support from DDS' SSIP liaisons, six additional regional centers designed implementation plans that they felt were achievable taking into account their current local early intervention system and resources. Each regional center in Cohort 2 designed a local implementation plan, called the Local Implementation Assessment (LIA) (See Attachment A). This document identifies the activities they intend to complete, LIT members, and the evidence-based initiative(s) the regional center and LIT are focusing on.

In addition, the LIA provides an overview of how the regional centers, in collaboration with local partners, will implement parent and provider education, professional development, and interagency collaboration activities at the local level. The plans specify how the LITs will utilize SSIP resources.

SSIP resources include:

- *Take a Minute* campaign materials, which include a flyer, a video, and a service provider checklist entitled *Provider Tips for Supporting Social-Emotional Development;*
- Early Start online course called *Skill Base: Facilitating Social and Emotional Development*;
- *Online Community of Practice;*
- *The Resource Guide to Initiatives and Programs to Support Social-Emotional Development in Infants and Toddlers*; and,

- *Guidelines for Evidence-Based Infant-Toddler Social and Emotional Assessment and Screening for Early Start in California.*

These resources, as thoroughly described in California's report last year, are available at the following hyperlink:

http://earlystartneighborhood.ning.com/ssip

The LIAs for Cohort 2 were drafted in the summer of 2017. Cohort 2 stakeholders began implementation in October of 2017. DDS liaisons were available to provide SSIP orientations and technical assistance to them to support kick-off activities. Cohort 2 stakeholders used these orientations to educate their local stakeholders about the SSIP and its supplemental resources.

Cohort 1 continues to implement their LIAs that they developed in the summer of 2016 and as highlighted in last year's report. As evaluation data is gathered and analyzed, they will refine and alter their plans.

Regular conference calls and in-person meetings with Cohort 1 and 2 stakeholders provide a mechanism to share information and exchange ideas to enhance SSIP activities at the State and local level.

Evidence-Based Practices (EBP)
The *Take a Minute* campaign materials being utilized by Cohorts 1 and 2 are based on a blend of strong evidentiary support and extensive stakeholder experience. The campaign consists of multiple components. To follow are brief summaries of the evidence base and stakeholder input for the following resources:

- *Take a Minute – Relationships Matter!* flyer and video

The original content for these resources was drawn from the Early Start online course entitled *Skill Base: Facilitating Social and Emotional Development*. The references from that course which informed the development of this resource are:

Greenspan, S., & Greenspan, N. (1985). First feelings—Milestones in the emotional development of your baby and child. New York: Penguin Books.
Greenspan, S., & Weider, S. (1998). The child with special needs: Encouraging intellectual and emotional growth. Reading, MA: Perseus Books.
Zeanah, C., Jr., & Zeanah, P. (2001). Towards a definition of infant mental health. Zero to Three 22(1), 13–20.
Zero to Three. (n.d.). Tips for promoting social-emotional development. Retrieved from: http://www.zerotothree.org/child-development/social-emotionaldevelopment/tips-forpromoting-social-emotional-development.html

The content was then refined and finalized through ongoing stakeholder engagement with family resource center leaders, parents (including members of the Interagency Coordinating Council), and early intervention service coordinators and providers.

- *Take a Minute – Providers Tips for Supporting Social-Emotional Development*

The references for this resource are listed on the back of the resource and include the following: Pawl & St. John (1998), Swanson (1993), Strengthening Families™ (2014), and Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) (2011).

The original content was refined and finalized through stakeholder engagement with early intervention service providers and service coordination managers (primarily through work groups of the Interagency Coordinating Council) and family resource center leaders and parents.

In addition to utilizing the *Take a Minute* materials, regional centers participating in Cohort 2 held trainings on an evidence-based initiative focusing on social and emotional development for their early intervention local stakeholders and partners. DDS developed the *Resource Guide to Initiatives and Programs to Support Social and Emotional Development in Infants and Toddlers*, which provided descriptions of several evidence-based models that Cohort 2 could choose from to train their staff and Early Start stakeholders. Most chose trainings on *Strengthening Families and the Five Protective Factors.* Others chose to have training on *Positive Parenting* or *Social and Emotional Milestones*.

Other Activities Supporting EBPs

During Phase III, Year 2, the FRCNCA provided several trainings to FRC staff with information they can utilize with families. The following trainings promoted evidence-based information and practice, focused on healthy social and emotional development, and included tools to assist with identifying deficits and improving social and emotional development in infants and toddlers:

- *Understanding the Five Developmental Areas*: Rebecca Hawley, Ed.D., presented a webinar on developmental ages and stages, covering cognitive, language/communication, physical (fine and gross motor), and social and emotional developmental milestones. The session included interactive discussions and tips on how to speak with families about typically and differently developing infants, toddlers, and young children.

- *Understanding the Desired Results Developmental Profile*: Patricia Salcedo, M.A., Desired Results Access Project Co-Director, and Elizabeth Schroder, M.S., Senior Research Associate, shared how family resource centers' staff can support families in understanding the utility of the *Desired Results Developmental Profile* (DRDP) as a strengths-based, authentic assessment which measures children's progress in key areas of development, like social and emotional development, and how it helps families better understand their children's development to plan next steps as part of the IFSP team.

- *The State of the State: How DDS and Early Start Partners are Improving the Social and Emotional Development of Infants and Toddlers:* DDS provided this presentation on the State's multi-year SSIP plan. The latest tools and resources available through the *Take a Minute – Relationships Matter!* campaign were shared, and a tour of the Early Start Neighborhood was provided.

In spring of 2017, the Early Start Partners Symposium presented information on research-based or research-informed sessions related to social and emotional development, including the following:

- *Relationship-Based Practice . . . Continued: Extended Practice in Observation and Listening*: Victor Bernstein, Ph.D., addressed how individuals can recognize the effects of their own judgments, their own stress, and those of the family; utilize coping strategies to maintain their effectiveness and enjoyment of their work; implement strategies for supporting one another when stressed; apply coping strategies to see difficult situations from a more positive perspective; and employ techniques for sharing their observations and asking questions non-judgmentally.

- *Relationship-Based Approaches to Support Social and Emotional Development*: Presenters described how professionals can support the social and emotional development of infants and toddlers through their own relationships with parents and caregivers. Using the *Take a Minute – Provider Tips for Supporting Social and Emotional Development* as a practical guide, participants learned about foundational principles in relationship-based practice, classic resources, and opportunities for professional development.

- *IDEA Part C and the California SSIP: Reviewing the Past and Looking to the Future*: Sharon Walsh, Walsh-Taylor Incorporated; Sharon DeRego, DDS; and Sheila Self, CDE, discussed current and upcoming information and policy development related to IDEA Part C, from the federal level, and the California SSIP's current progress and future activities.

- *Q&A Session on Part C and the CA SSIP*: Participants had the opportunity to ask Sharon Walsh, federal policy consultant, questions about Part C at the federal level. Participants were also be able to ask lead agency representatives about the California SSIP's progress and current and future activities.

- *Guidelines for Screening and Assessment of Social and Emotional Development*: The California ICC, in partnership with DDS, published practice guidelines to support Early Start service coordinators and service providers in the assessment of social and emotional development of infants and toddlers referred to or eligible for Early Start. Marie Kanne Poulsen from the ICC discussed the *Guidelines for Evidence-Based Infant-Toddler Social and Emotional Assessment and Screening for Early Start in California*, including how professionals can use this resource in their work with colleagues and with

children and families.

- *Outcomes to Address Social and Emotional Development*: This session examined the process for writing child and family IFSP outcomes related to social and emotional development. Participants learned how to generate child outcomes based on assessed needs in the social and emotional developmental domain and family outcomes specific to supporting a child's social and emotional development.

Interagency Collaboration and Stakeholder Engagement

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 Health Care Services, the Head Start Agency, the California State Assembly, FRCs, parents and community service representatives. The ICC continued providing technical assistance and feedback on the SSIP implementation and endorsed and supported SSIP resources.

FRCNCA: The FRCNCA provided trainings and supported SSIP implementation, and they also provided DDS with direct feedback from families and parents about the SSIP resources. The FRCNCA 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 SELPAs and LEAs. DDS and CDE began development of an informational SSIP webinar in an effort to continue to encourage LEA and regional center collaboration. Cohorts are expected to engage with LEAs and include them in their LITs.

Cohort 1 and 2 Regional Center Team Leads and LITs: Cohort 1 and 2 regional center leads have been instrumental in providing feedback and information on SSIP implementation and resources developed. Regional center team leads were asked to review evaluation surveys and are involved in the planning process for future SSIP activities. In addition, the information gathered from Cohort 1 regional center team leads has been 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 LITs the opportunity to shape their implementation in a way that best works for their areas and allows for maximum utilization of existing resources. The experiences of Cohort 1 were shared with Cohort 2 participants, and, therefore, Cohort 2 participants were more prepared to implement their SSIP plans. Many had already begun implementing prior to their official implementation date.

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;
- California Autism Professional Training and Information Network's Southern and Northern California Summits; and,
- North and South State Chapter of the Infant Development Association.

The following valuable information has been collected from stakeholders:

Challenges and Barriers Identified by Cohort Stakeholders and Actions Taken to Address them in Implementation

Last year DDS asked Cohort 1 stakeholders to identify the following challenges and barriers of their implementation activities:

- 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 (LIT) members are not informed about the federal Results Driven Accountability initiative and the cumulative phases of the SSIP

DDS recognized the challenges and barriers that Cohort 1 stakeholders experienced as the first Cohort to implement the SSIP. DDS took into account this stakeholder feedback and addressed them as follows in this year's SSIP implementation:

- DDS encouraged Cohort team leads to conduct the free on-line web based direct social and emotional development training with their Early Start stakeholders including their providers as group trainings when provider meetings were already scheduled to be held with the Regional Center. As a result, more providers and Early Start local stakeholders were able to take advantage of the training and not take additional time out of their regular work schedules to participate.
- DDS scheduled in person SSIP orientations with each of the Cohort 2 regional center LIT stakeholders in order to introduce the SSIP and provide guidance to professionals on SSIP implementation and their different roles in participating in SSIP implementation. DDS also participated in regional center Cohort 2 SSIP kickoffs and trainings. DDS continues to encourage Cohort regional center team leads and their LIT stakeholders to utilize existing meetings they have with Early Start providers and partners to educate them and obtain feedback on the SSIP and its related activities on an ongoing basis.

- DDS continued to provide limited training funds to Cohort 2 stakeholders for training on evidence based initiatives on social and emotional development.
- DDS provided targeted outreach to SELPAs and LEAs on SSIP implementation in their local areas and their role in implementing the SSIP by providing a webinar in March 2018.
- Despite service coordinators workload demands, Cohort 1 regional center team leads have reported that their service coordinators and some providers continue to engage families with SSIP materials and incorporate these activities into their daily work with families on an ongoing basis.
- DDS provided in person and personalized technical assistance and guidance for Cohort 2 stakeholders to onboard them on regional center local implementation plans earlier in the process. In fact, many of the Cohort 2 regional centers had already begun to implement their SSIP local implementation prior to the scheduled implementation date of October 2017.
- 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 and orientations also shared this information with Early Start professionals in Cohort 2.

This year, DDS was informed that barriers existed in accessing the SSIP materials on evidence-based practices. In particular, second language learners, members of the deaf/hard of hearing community, and communities without access to personal computers were having difficulty accessing these materials on EBPs.
- As a direct result of this stakeholder feedback, materials produced during the earlier phases of the SSIP process, and the way the materials were delivered, were modified during Phase III, Year 2, to make them more accessible. Specifically:
- The *Take a Minute – Relationships Matter!* flyers were translated and are now available in 14 languages;
- Closed captioning was added on the *Take a Minute* video, which is now available in English and Spanish;
- *Take a Minute – Provider Tips for Supporting Social-Emotional Development* was printed on parent materials and resources (e.g. folders, underside of assessment forms, IFSP forms), rather than simply being offered as an online resource;
- Tablets were used by providers during meetings so that parents could access the video without internet access; and,
- All downloadable materials were modified to be accessible with a mobile device.

These are examples of how implementation of California's SSIP has been improved by way of stakeholder engagement. The gathering and analysis of evaluation data from stakeholders on the SSIP resources and from those participating in SSIP trainings will provide information on the effectiveness and quality of the resources and training

provided by regional center Cohort teams.

As more information is gathered from Cohort 2 LITs as their local implementation plans are executed, DDS will ask for feedback from Cohort 2 stakeholders about their challenges and barriers in implementing their SSIP and address those in the coming year. That information will be shared in next year's SSIP report and be used to address any additional challenges and barrier identified before Cohort 3 begins SSIP implementation.

Future information gathered from Cohort 1 and 2 along with the evaluation data gathered will provide information on how California's SSIP implementation plan will be changed or enhanced in subsequent years.

Evaluation Plan

During this past year, California refined and began executing the evaluation plan outlined in last year's report. The evaluation plan includes analyses of qualitative and quantitative data. The data indicate the progress toward attainment of short, intermediate and long term outcomes of SSIP implementation activities leading to achievement of California's SiMR.

Evaluation of SSIP Implementation
The evaluation of Cohort implementation and SSIP resources focused on the three activity strands developed in Phase I with the Theory of Action (Figure 1). The evaluation report below is organized by activity strand and by evaluation question and by short term and intermediate I and II outcomes as outlined in the Logic Models (See Figure 2).

DDS conducted 11 interviews with all of the Cohort 1 and Cohort 2 regional center team leads and LIT stakegholders using a standard interview protocol aligned to the three SSIP activity strands. The purpose of the interviews was to gather information from Cohort 1 and 2 regional center team leads and LIT stakeholders about implementation activities. Interview responses were entered directly into an interview protocol document.

The responses were coded and organized into tables by SSIP activity strand. The coding methodology was stringent and only one code was applied to each response for a given question. After analyzing the data, the interviews also provided information about the fidelity of implementation and plans for implementation improvement.
Also within each activity strand, evaluation questions were identified to indicate whether or not outcomes had been attained. With input from Cohort team leads and technical assistance from WestEd CPEI, DDS designed and employed a series of surveys as the primary data collection strategy to address identified evaluation questions. (See Attachment B, Guide to CA SSIP Evaluation Surveys, for a list of surveys and evaluation questions.)

California SSIP evaluation surveys fall into two categories: 1) Acquisition of Knowledge Acquisition of Knowledge; and, 2) Application of Content. .

- Acquisition of Knowledge surveys address Intermediate I Outcomes as described in the CA SSIP Logic Model (see Figure 2); Intermediate I Outcomes are increases in knowledge or understanding of a concept or practice that will support social and emotional development in very young children.
- Application of Content surveys address Intermediate II Outcomes as described in the CA SSIP Logic Model (see Figure 2); Intermediate II Outcomes are changes in behavior evidenced by the use of learned knowledge or practice to support social and emotional development of very young children.

While Cohort 1 stakeholders began SSIP implementation in October 2016 and Cohort 2 began SSIP implementation in October 2017, most evaluation surveys began in June 2017. Because of changes recommended by stakeholders, one survey was implemented in November 2017 and another survey will be implemented in 2018. Results from these surveys will be included in next year's report.

Activity Strand 1: Parent/Provider Education

Interview Response Analysis for Parent/Provider Education Activities
Ten out of eleven of the teams interviewed indicated that they had implemented dissemination of the *Take a Minute* flyer under the Parent/Provider Education strand of their LIA. Various strategies were used to reproduce and track the flyer:

- Local programs updated their IFSP forms to add a checkbox to both cue and verify the dissemination of the flyer during IFSP meetings.
- Service coordinators and service providers provided the flyer to families at specific interaction points, typically initial IFSPs and then annual or semi-annual reviews thereafter.
- Agencies provided additional support with dissemination, including:
  1) Printing the flyers in color on heavyweight paper or on folders in English and Spanish;
  2) Laminating the flyers;
  3) Posting the *Take a Minute* campaign materials and links on agency web sites; and,
  4) Integrating *Take a Minute* campaign materials into group orientations for parents and vendors.

Half of the respondents indicated that implementation occurred across multiple Early Start entities. Outreach, training and support around disseminating the flyer and discussing social and emotional development included the primary Early Start partner personnel (regional center service coordinators, regional center vendors, local educational agency service providers and family resource center personnel) as well as other community partners (e.g., Child Protective Services, First 5, Early Head Start). Only one respondent indicated that they had not yet begun to implement the *Take a Minute* campaign.

Fidelity of implementation of Parent/Provider Education activities: Question 3 of this section of the interview attempted to evaluate fidelity of practice based on the consistency of practices across staff and agencies. As each LIT has developed their own practices for dissemination, it was expected that fidelity to 'a practice' would be subjective and different from agency to agency. However, when the *Take a Minute* campaign was introduced, orientation to the campaign outlined expectations for dissemination, discussion and review of the content with families. Codes for analyzing interview responses were established as follows:

- High fidelity: Staff are consistently disseminating the flyer/video, discussing it with families, and revisiting the content of the flyer/video at regularly established intervals;
- Moderate fidelity: Staff are consistently disseminating the flyer/video and discussing it with families;
- Low fidelity: Staff are disseminating the flyer/video;
- Not applicable: Implementation has not yet begun.

Most respondents (5 out of 11) provided information that showed low fidelity of implementation. In some part, this may be attributed to most of the LITs being in early stages of implementation. The three responses that were coded Moderate and High Fidelity received those ratings because they mentioned some level of follow-through and ongoing discussion with families. This type of interaction is more difficult to verify.

Improving implementation of Parent/Provider Education activities: LITs indicated that they would improve efforts in this activity area in several ways:

- Outreach to vendored service providers to participate in training to educate them, involve them in dissemination, and improve consistency of practice in the use of the *Take a Minute* campaign resources;
- Adjust the implementation strategy to conduct the initial dissemination of the information at a later stage in the intake and IFSP process, after the service coordinator has had a chance to build a relationship with the family;
- Link the data around dissemination and application of *Take a Minute* campaign content with social and emotional development assessment data; and,
- Track dissemination in existing databases and involve LEA and vendored service providers in contributing to that data.

Here are additional observations related to Parent/Provider Education activities:

- One local team revised the IFSP outcomes page to add strategies for parents to implement to support social and emotional development ongoing and in natural environments. This strategy provides a framework for parent-service coordinator discussions, provides parents with supportive information in writing, and allows the IFSP team to review progress during periodic meetings.
- One local team revised the IFSP form so that the social and emotional development domain is at the top of the list and thus the first domain discussed.

- *Take a Minute* campaign training and technical assistance activities at the local level are building a deep sense of community among early intervention professionals around social and emotional development.
- *Take a Minute* campaign materials inspired the development of additional, companion materials by local teams, including parent handouts of examples of supportive strategies and an orientation letter for parents.
- Some local teams are encouraging service coordinators to guide IFSP teams to write family outcomes focusing on social and emotional development.

Figure 5. Interview Response Analysis for Parent/Provider Education Activities

	Question	Codes	Count	# Responses	Percent Responses
1	Please identify one specific SSIP-related activity/initiative under the Parent/Provider Education strand that your regional center made a focus in year 1 of implementation. The practice should be one that directly or indirectly impacts children's social-emotional outcomes and is an ongoing effort in your regional center. Ideally, something that staff have been trained on.	Take a Minute Flyer	11	10	91%
		Take a Minute Video		1	9%
		Provider Checklist		0	0%
		Other		0	0%
2	Was this practice implemented across regional center staff/vendored programs/LEAs? Who was responsible for implementing the practice?	Implemented across regional center staff	10	1	10%
		Implemented across vendored programs		0	0%
		Implemented across LEAs		1	10%
		Providers implemented		2	20%
		Service Coordinators implemented		0	0%
		Family Resource Center Staff implemented		0	0%
		Implemented across multiple entities		5	50%
		Not yet implemented		1	10%
3	How would you describe implementation of this practice? Were staff implementing the practice in a consistent manner across programs/families/over time? Did all staff follow the same steps? Were families receiving comparable exposure to the practice? Was the quality of the practice consistent?	High fidelity	9	1	11%
		Moderate fidelity		2	22%
		Low fidelity		5	56%
		Not Applicable		1	11%
4	How might you improve the quality/consistency of implementation of this practice in the future?	Additional funding	9	0	0%
		Additional training		2	22%
		Buy-in		0	0%
		Supervision		1	11%
		Data and evaluation		3	33%
		Other		3	33%
5	How successful were your staff in sharing/using the Take a Minute materials? Why or why not?	Extremely successful	9	0	0%
		Successful		3	33%
		Not so successful		3	33%
		Not successful at all		3	33%

Surveys: Parent/Provider Education Data Collection and Outcomes

Table 1. Overview of Parent/Provider Education Evaluation Questions by Outcome Level

Parent/Provider Education Short-Term Outcome Evaluation Questions:
Outcome: *Take a Minute* materials were shared with parents at IFSP (recommended) or other parent meetings.   - Were *Take a Minute* flyers given to parents at IFSP meetings or other parent meetings?   Outcome: Providers use the resource for appointments with families   - Was the Provider Tips resource disseminated?   - Did early intervention service providers use the Provider Tips regularly?
Parent/Provider Education Intermediate-Term I Outcome Evaluation Questions:
Outcome: Families increase understanding of their role in SE development   - Is the introduction of the *Take a Minute* materials associated with an increase of families' knowledge about their role in social and emotional development?   Outcome: Providers increase understanding of importance of a family-centered approach   - After regular use of the Provider Tips resource, do early intervention service providers have an increased understanding of the importance of a family centered approach?
Parent/Provider Education Intermediate-Term II Outcome Evaluation Questions:
Outcome: Families are implementing practices from flyer or video   - Did providers report that families who were provided with *Take a Minute* materials were using practices from the *Take a Minute* materials?   Outcome: Providers are implementing practices from the Provider Tips   - Did providers report that they were using practices from the Provider Tips resource?

**Parent/Provider Education Take a Minute Flyer and Video Short Term Outcome:**
- Outcome: *Take a Minute* materials were shared with parents at IFSP (recommended) or other parent meetings.
- Data source: *Take a Minute* Acquisition of Knowledge survey
- Evaluation question: Were *Take a Minute* flyers given to parents at IFSP meetings or other parent meetings?

A total of 136 responses were received for this survey from July 2017 through January 2018 and are inclusive of responses received in both English and Spanish. This data collection window was extended to accept survey responses promoted by local providers in active Cohort LITs. The survey was completed by parents (or other family members) who had been given the *Take a Minute* flyer or watched the *Take a Minute* video. A link to the survey is available on the flyer and at the end of the video. The original evaluation plan mentioned only the flyer, but both the flyer and the video are

being actively promoted by the SSIP Cohort local teams and provide the same information, so survey responses for both are combined and reported here.

Responses to the survey question "Who reviewed and discussed the *Take a Minute* flyer and/or video with you?" inform the evaluation question for this short-term outcome. As shown in Figure 6, 72% of respondents indicate that the *Take a Minute* resource was reviewed by one of their Early Start service providers and 14% of respondents indicate that was reviewed with them by their Early Start service coordinator from the regional center. Cohort leads have identified specific points of dissemination for this resource as being at the six-month or annual review meeting for children already receiving Early Start services (until all families have received the resource), at the intake or family assessment interview meeting (for children new to Early Start), and at six-month and annual review meetings thereafter.

Figure 6. Survey Responses Indicating with Whom Families Reviewed *Take a Minute* Campaign Flyer or Video
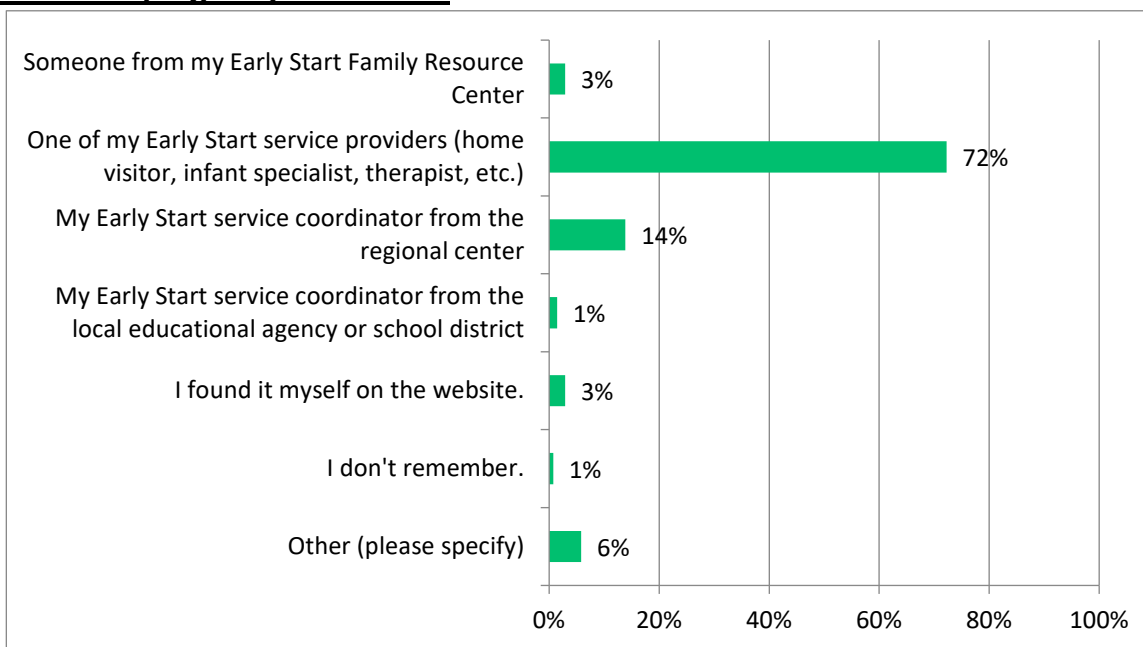
Parent/Provider Education Provider Tips Short Term Outcome:
- Outcome: Providers use the resource for appointments with families.
- Data source: Provider Tips Acquisition of Knowledge survey
- Evaluation questions:
  o Was the Provider Tips resource disseminated?
  o Did early intervention service providers use the Provider Tips regularly?

The Provider Tips resource was disseminated in English and Spanish. It is posted on the Early Start Neighborhood and is available for download. Cohort leads and their designees report that the resource has also been copied and disseminated to Early Start partner personnel during regular team trainings or interagency meetings. A

specific count is not available, since downloaded files may be copied and further disseminated; however, Cohort leads and their designees advise recipients to submit survey responses to inform SSIP evaluation efforts. A total of 132 responses were received for this survey between May and December 2017. Respondents represented the regional center catchment areas shown in Figure 7.

Figure 7. Respondents Indicating Receipt of Provider Tips, by Regional Center Catchment Area

Regional Center (RC) Catchment Area		Responses	
Cohort 1	Alta California RC	0%	0
	Eastern Los Angeles RC	2%	2
	Far Northern RC	21%	28
	San Diego RC	5%	7
	Valley Mountain RC	28%	37
Cohort 2	Central Valley RC	6%	8
	Inland RC	8%	10
	Kern RC	1%	1
	RC of Orange County	5%	7
	San Andreas RC	11%	14
	South Central Los Angeles RC	1%	1
Other	Frank D. Lanterman RC	2%	2
	Golden Gate RC	0%	0
	Harbor RC	0%	0
	North Bay RC	1%	1
	North Los Angeles County RC	2%	2
	RC of East Bay	2%	2
	Redwood Coast RC	2%	3
	San Gabriel/Pomona RC	0%	0
	Tri-Counties RC	4%	5
	Westside RC	1%	1
	Not Applicable	1%	1
Overall Total			**132**

To determine whether early intervention service providers are using the Provider Tips regularly, the survey asks, "How often do you use the Provider Tips before or after home visits?" Twenty-seven percent of respondents indicated that they used the resource "Often" or "Most of the time" before home visits and nineteen percent indicated that they used the resource "Often" or "Most of the time" after home visits (Figure 8). This low rate of use is to be expected for a resource newly introduced to staff. A gradual increase in the use of the resource is to be expected over time.

Figure 8. Early Intervention Service Providers Use of the Provider Tips Resource
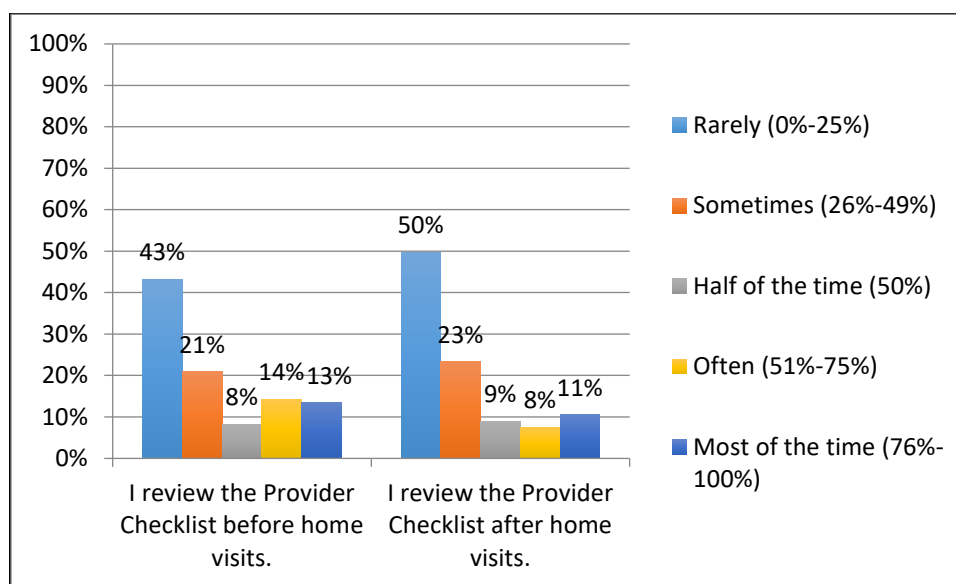
Parent/Provider Education *Take a Minute* Flyer and Video Intermediate-Term I Outcome Evaluation Report:

- Outcome: Families increase understanding of their role in SE development
- Data source: Take a Minute Acquisition of Knowledge survey
- Evaluation question: Is the introduction of the *Take a Minute* materials associated with an increase of families' knowledge about their role in social and emotional development?

Between the time period of July 2017 through January 2018, in response to questions about whether or not parents learned from the Take a Minute resources, not enough responses were received to include here in this year's report. As more responses are received, evaluation data to address this outcome will be presented in next year's report.

Parent/Provider Education Provider Tips Intermediate I Outcome:
- Outcome: Providers increase understanding of importance of a family-centered approach.
- Data source: Provider Tips Application of Content survey
- Evaluation question: After regular use of the Provider Tips resource, do early intervention service providers have an increased understanding of the importance of a family-centered approach?

Originally, this evaluation question was to be addressed by the Provider Tips Acquisition of Knowledge, a five-star rating survey posted below the resource on the page where it resides online. The survey simply asks if the viewer's knowledge of the topic was extended by the resource. This survey has received no responses to date and so is not useful in answering this evaluation question. However, a three-part question on the

Provider Tips Application of Content survey may be more informative and responses to that survey question are analyzed for this report.

The three-part question is: "Please rate how often you engaged in the following practices before and after you received the Provider Tips. In addition, please indicate how effective the practice was in your interaction with families." The responses to the 'before and after' parts of this question are analyzed here; the last part of the question concerning effectiveness will be analyzed later in this report, to answer another evaluation question.

Figure 9 shows how often respondents indicated they used each of the relationship-based practices *before* they had received the Provider Tips; Figure 10 shows how often respondents indicated they used each of the relationship-based practices *after* they had received the Provider Tips. If service providers have an increased understanding of the importance of a practice (i.e. 'family-centered approach') then presumably they would use it more often after they received the Provider Tips resource. Looking just at responses indicating that a practice was used 'Consistently,' it is clear that all practices increased in consistent use after a respondent received the Provider Tips. (Note: Responses under 5% are not shown in the stacked bar graphs in the figures.)

<u>Figure 9. Provider Use of Specific Practices *Before* Receiving Provider Tips</u>
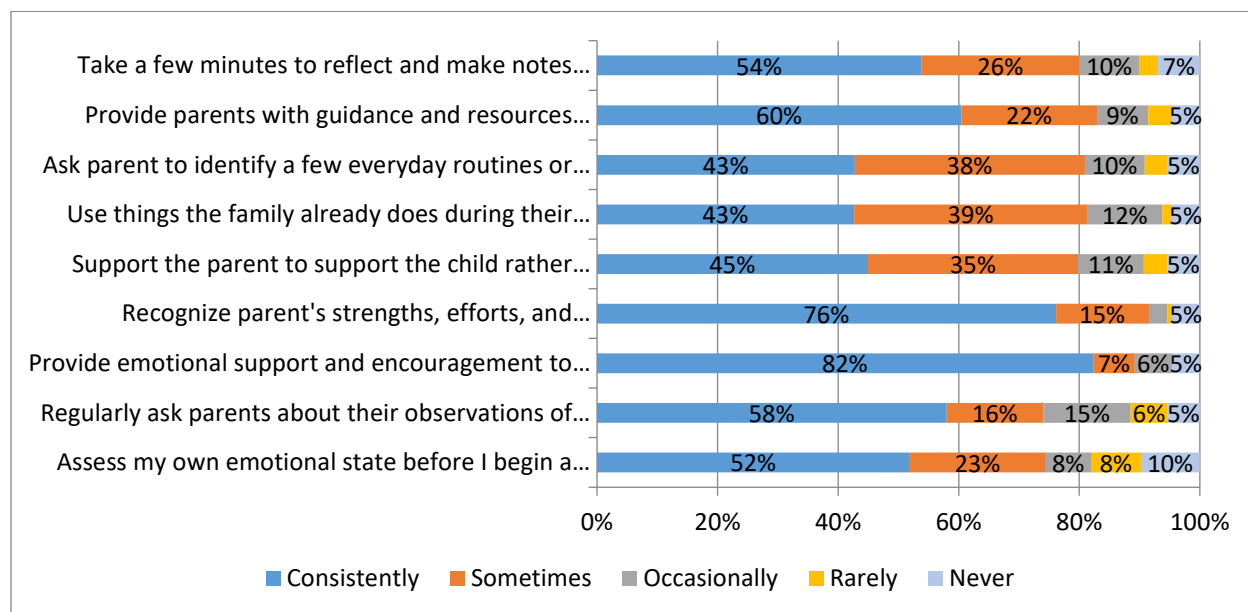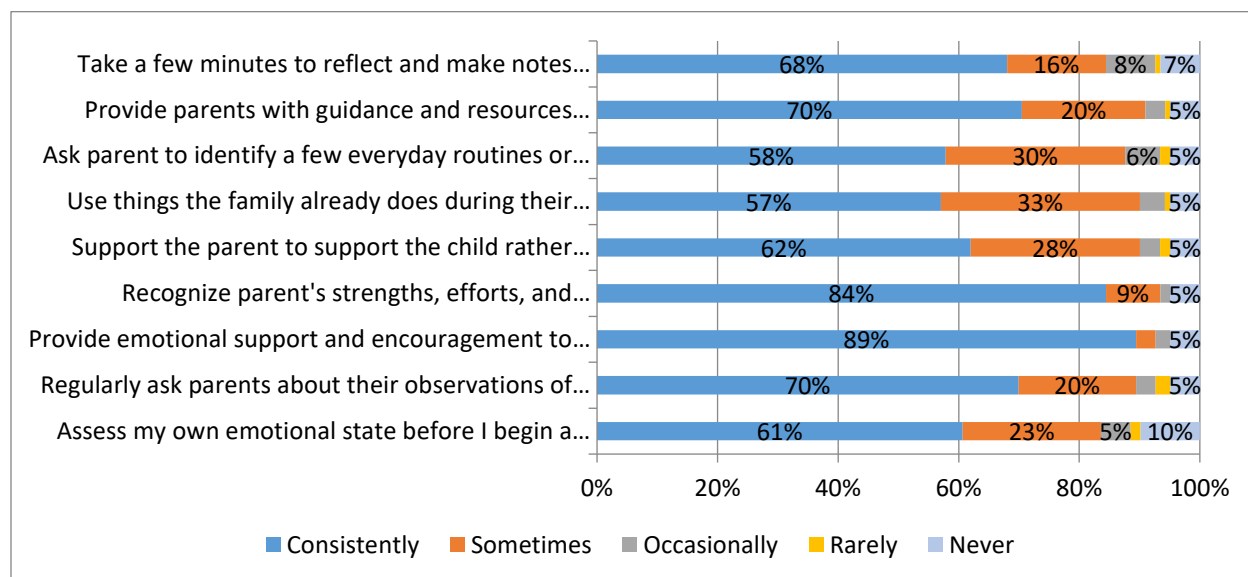
Figure 10. Provider Use of Specific Practices _After_ Receiving Provider Tips

Chart: Provider Use of Specific Practices After Receiving Provider Tips (percentages by response category: Consistently, Sometimes, Occasionally, Rarely, Never)

- Take a few minutes to reflect and make notes…: Consistently 68%, Sometimes 16%, Occasionally 8%, Rarely 7%
- Provide parents with guidance and resources…: Consistently 70%, Sometimes 20%, Occasionally 5%
- Ask parent to identify a few everyday routines or…: Consistently 58%, Sometimes 30%, Occasionally 6%, Rarely 5%
- Use things the family already does during their…: Consistently 57%, Sometimes 33%, Occasionally 5%
- Support the parent to support the child rather…: Consistently 62%, Sometimes 28%, Occasionally 5%
- Recognize parent's strengths, efforts, and…: Consistently 84%, Sometimes 9%, Occasionally 5%
- Provide emotional support and encouragement to…: Consistently 89%, Sometimes 5%
- Regularly ask parents about their observations of…: Consistently 70%, Sometimes 20%, Rarely 5%
- Assess my own emotional state before I begin a…: Consistently 61%, Sometimes 23%, Occasionally 5%, Rarely 10%

Legend: ■ Consistently ■ Sometimes ■ Occasionally ■ Rarely ■ Never

Parent/Provider Education _Take a Minute_ Flyer and Video Intermediate-Term II Outcome Evaluation Report:
- Outcome: Families are implementing practices from flyer or video.
- Data source: _Take a Minute_ Application of Content survey
- Evaluation question: Did providers report that families who were provided with _Take a Minute_ materials were using practices from the _Take a Minute_ materials?

The _Take a Minute_ Application of Content survey has undergone multiple revisions primarily to integrate input from stakeholders, specifically regional center Cohort leads and family leaders. During the fall of 2017, DDS worked especially closely with the Cohort leads to revise the survey questions and to develop a process for implementation. In December 2017, the link to a final version of the survey was disseminated to the Cohort 1 and 2 leads, who proposed disseminating the survey to families at regular intervals (six-month and annual reviews are proposed) after they had received/viewed the _Take a Minute_ campaign materials. Service coordinators or providers will provide the link or a hard copy of the survey to families, and the survey will be entered online. As of the time of this report, the survey had not yet been disseminated.

Parent/Provider Education Provider Tips Intermediate II Outcome:
- Outcome: Providers are implementing practices from the Provider Tips.
- Data source: Provider Tips Application of Content survey
- Evaluation question: Did providers report that they were using practices from the Provider Tips resource?

The final part of the three-part question on the Provider Tips Application of Content survey asks respondents to indicate how effective the specific practices were in their interactions with families. A total of 135 responses were received to this question. Responses indicate that providers are using the practices and that they find some particularly effective (Figure 11). The top three practices are typically associated with coaching and relationship-based models of practice:

- Recognize parent's strengths, efforts, and contributions;
- Provide emotional support and encouragement to parents; and,
- Provide parents with guidance and resources about positive social skills and developmentally appropriate behavior.

Figure 11. Ratings of Perceived Effectiveness of Practices Listed on the Provider Tips
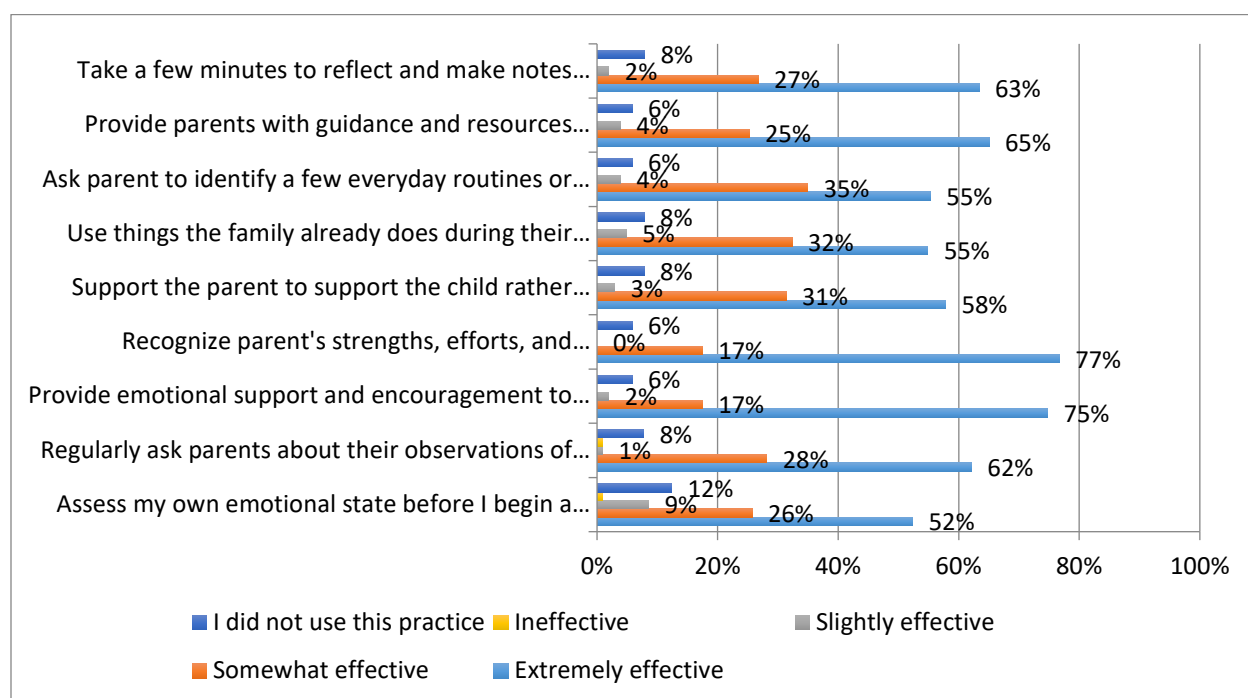
Activity Strand 2: Professional Development

Figure 12. Interview Response Analysis for Professional Development Activities

	Question	Codes	Count	# Responses	Percent Responses
6	Please identify one specific SSIP-related activity/initiative under the Professional Development strand that your regional center made a focus in year 1 of implementation. The practice should be one that directly or indirectly impacts children's social-emotional outcomes and is an ongoing effort in your regional center; ideally, something that staff have been trained on.	Early Start Neighborhood	11	0	0%
		Group training on open access social-emotional development		5	45%
		Individual training on open access social-emotional development		1	9%
		Individual training on facilitated social-emotional development		0	0%
		Other PD		5	45%
7	Was this practice implemented across regional center staff/vendored programs/LEAs? Who was responsible for implementing the practice?	Implemented across regional center staff	8	0	0%
		Implemented across vendored programs		1	13%
		Implemented across LEAs		1	13%
		Providers implemented		0	0%
		Service coordinators implemented		0	0%
		Family resource center staff implemented		0	0%
		Implemented across multiple entities		5	63%
		Not yet implemented		1	13%
8	How would you describe implementation of this practice? Were staff implementing the practice in a consistent manner across programs/families/over time? Did all staff follow the same steps? Were families receiving comparable exposure to the practice? (if applicable)	High fidelity	8	1	13%
		Moderate fidelity		2	25%
		Low fidelity		4	50%
		Not applicable		1	13%
9	How might you improve the quality/consistency of implementation of this practice in the future?	Additional funding	10	7	70%
		Additional training		3	30%
		Buy-in		0	0%
		Supervision		0	0%
		Data and evaluation		0	0%
		Other		0	0%
10	How successful was my regional center at partnering with statewide collaboratives or taking advantage of initiatives available in California? Why or why not?	Extremely successful	7	1	14%
		Successful		1	14%
		Not so successful		1	14%
		Not successful at all		4	57%

NOTES :* Staff from one regional center participated in both group and training, but the response was only counted under group

Six out of eleven of the teams interviewed indicated that personnel in their local areas were completing the Early Start Open Access course on social and emotional development either in agency groups (five responses) or as individual enrollees (one response). The remaining teams described participation in local trainings associated with social and emotional development that either were already in process or planned by the SSIP Cohort regional center or by local partner agencies. Seven out of eight respondents indicated some level of cross-agency participation in Professional Development activities, with five out of eight responses indicating broader participation by the major Early Start partner agencies (regional centers, local educational agencies, vendored service providers and family resource centers).

Fidelity of implementation of Professional Development activities: Question eight of this section of the interview attempted to evaluate fidelity of practice based on the consistency of practices across staff and agencies. As each LIT has developed their own plans for professional development, it was expected that fidelity to 'a practice' would be subjective and different from agency to agency. However, at the outset of the SSIP activities, considerable effort was expended to make the Early Start Online course on social and emotional development accessible to as many Early Start professionals as possible. Codes for analyzing interview responses were established as follows:

- High fidelity: All Early Start staff across agencies are completing the Early Start Online course;
- Moderate fidelity: All Early Start staff within an agency or some Early Start staff across agencies are completing the Early Start Online course;
- Low fidelity: Early Start staff are completing the Early Start Online course or some training related to social and emotional development; and,
- Not applicable: Implementation has not yet begun.

Most respondents (six out of eight) provided information that showed low to moderate fidelity of implementation for Professional Development activities. Of the one response that was rated 'high fidelity,' the response illustrated a high level of teamwork and coordination as the LIT lead and designees worked with WestEd to facilitate group access and verify participation and knowledge increase through data submission. Other respondents indicated being in initial stages of accessing training or participating in related training but not necessarily the Early Start Online course. Several respondents indicated that group trainings had led to regular teaming (monthly brown bag lunches, for instance) to increase knowledge and engage in discussion.

Sustaining Professional Development activities: LITs indicated that they would sustain efforts in this activity in several ways:

- Train local leaders as future trainers to provide information and conduct training to new staff and partners;
- Use training grant funds and seek additional funds to provide reflective practice to support integration of knowledge and implementation of effective practices into work with families; and,
- Extend training beyond new personnel to "refresh" knowledge and skills of existing personnel through unit meetings.

Professional Development Data Collection and Outcomes

The Professional Development strand of the Early Start SSIP has two components: the Early Start Online course on social and emotional development (Skill Base: Facilitating Social and Emotional Development) and the online community of practice.

The Early Start Online course entitled "Skill Base: Facilitating Social and Emotional Development" (SB:SE) is available as a regular offering of the ongoing Comprehensive System of Personnel Development activities. During Phase II of SSIP activities, the existing course was modified to facilitate an increased number of Early Start personnel to complete the course. The goal of expanding access to more personnel is to raise their general knowledge level related to social and emotional development and strategies to support families to support the social and emotional development of their children.

SB:SE is available in three delivery modes:
- Early Start Online facilitated course for individual completion: Individuals register and complete the 10-week course, inclusive of assignments and discussion forums, with the support of parent-professional facilitation teams. Individuals who complete the facilitated course receive a certificate of completion and are eligible to apply for continuing education units.
- Early Start Open Access for individual completion: Individuals register and complete the course, independently and on their own timeline. There are no assignments or discussion forums. Individuals who complete the Open Access course receive a verification of professional development hours.
- Early Start Open Access for group delivery: Local early intervention managers and supervisors register for access to the course content and conduct group sessions to complete viewing. Local agencies are responsible for verifying attendance and completion and issuing any associated certificates.

All delivery modes include pre- and post-course quizzes to verify increases in knowledge, evaluation feedback to assess participant experience, and impact evaluation to assess participant application of content.

The online Community of Practice utilizes an existing web-based networking site for Early Start professionals (the Early Start Neighborhood) and a web-based meeting platform.
- The Community of Practice facilitates the dissemination of SSIP resources (especially the *Take a Minute* campaign and timely information related to social and emotional development in very young children. The Neighborhood houses a growing collection of resources that are aligned to Early Start personnel competencies and directly support professionals and families to increase their own knowledge and skills.

- SSIP Implementation Cohort Leads and their designees form a smaller community of practice that is supported through regular reflective practice support sessions conducted via video conferencing and facilitated by Dr. Victor Bernstein, Ph.D.

Table 2. Overview of Professional Development Questions by Outcome Level

Professional Development Short-Term Outcome Evaluation Questions:
Outcome: Increase numbers of professionals completing training on SE development. • Did adding an Open Access option for completion of the Skill Base: Facilitating Social and Emotional Development online course lead to an increase in the number of participants who registered and completed the course over the facilitated module alone? Outcome: Increase numbers of professionals utilizing the Community of Practice. • Are early intervention professionals utilizing the Community of Practice?
Professional Development Intermediate-Term I Outcome Evaluation Questions:
Outcome: Providers have increased knowledge to facilitate implementing evidence based practices. • Did early intervention professionals who completed either the facilitated or the Open Access web-based course report that their understanding of social and emotional development has increased? • Is involvement in the Community of Practice associated with an increase in early intervention professional knowledge about implementing evidence-based practices?
Professional Development Intermediate-Term II Outcome Evaluation Question:
Outcome: Providers are implementing evidence-based practices in social-emotional development. • Were resources and communications from the reflective practice sessions used by Cohort leads and designees associated with an increase in knowledge to facilitate providers' implementation of social and emotional development evidence-based practices?

Professional Development Social and Emotional Development Training Short-Term Outcome Evaluation Report:
- Outcome: Increase numbers of professionals completing training on social and emotional development.
- Data source: Course completion data
- Did adding an Open Access option for completion of the Skill Base: Facilitating Social and Emotional Development online course lead to an increase in the number of participants who registered and completed the course over the facilitated module alone?

Table 3 shows the total number of course completions for the online course, Skill Base: Facilitating Social and Emotional Development, per calendar year. Adding an Open

Access version of the course, which is un-facilitated and always available, has increased the number of total completions.

Table 3. Number of Completions of Skill Base: Facilitating Social and Emotional Development

	2015	**2016**	**2017**
Facilitated course	37	88	32
Open Access course (individual)		5	86
Open Access course (group)			141
Total completions	**37**	**93**	**259**

Professional Development Community of Practice Short Term Outcome Evaluation Report:
- Outcome: Increase numbers of professionals utilizing the Community of Practice.
- Data source: Neighborhood analytics
- Are early intervention professionals utilizing the Community of Practice?

The web-based Community of Practice is housed on the Early Start Neighborhood. During 2017, the Neighborhood more than doubled in size from 238 members (called Neighbors) to 662 members. This means that 424 new Neighbors 'Signed Up' during 2017. Individuals do not need to sign up in order to access the resources on the site. They only need to sign up to receive regular communications and to engage in online networking activities. Such an increase in membership indicates that early intervention professionals are using the Community of Practice.

Google Analytics is installed on the Neighborhood specifically to track activity on SSIP-related pages. The activity report for January through December 2017 is shown in Figure 13.

Figure 13. Early Start Neighborhood SSIP Pages Analytics

| Page Title	Pageviews
Home - Early Start Neighborhood	7,136
All Articles - SSIP Resources - Early Start Neighborhood	1,852
Take a Minute - SSIP Resources - Early Start Neighborhood	1,523
Early Start Partners Symposium (ESPS) 2017 - Early Start Neighborhood	1,374
Conversation Corners - Early Start Neighborhood	1,263
Take a Minute - Relationships Matter! Video for Parents (2016) - SSIP Resources - Early Start Neighborhood	1,122
Members - Early Start Neighborhood	1,103
SSIP Central - Early Start Neighborhood	1,021
Take a Minute - Relationships Matter! Flyer for Parents (2016) - SSIP Resources - Early Start Neighborhood	637
All Articles - Early Start Neighborhood	599

Professional Development Social and Emotional Development Training Intermediate-Term I Outcome Evaluation Report:

- Outcome: Providers have increased knowledge to facilitate implementing evidence-based practices.
- Data source: Pre-/post-course quiz scores, evaluation feedback forms and surveys
- Evaluation question: Did early intervention professionals who completed either the facilitated or the Open Access web-based course report that their understanding of social and emotional development has increased?

All individuals who complete the Early Start Online Skill Base course on social and emotional development complete a pre-course quiz and a post-course quiz. Scores on this quiz are averaged across all participants. A higher post-course quiz average would indicate that course participants had increased their knowledge (and therefore understanding) of social and emotional development. Across all delivery methods of the course, there is a consistent increase in quiz scores from pre- to post- of approximately nine percentage points, verifying an increase in knowledge (Figure 14).

Figure 14. Average Pre- and Post-Course Quiz Scores for SB:SE Overall
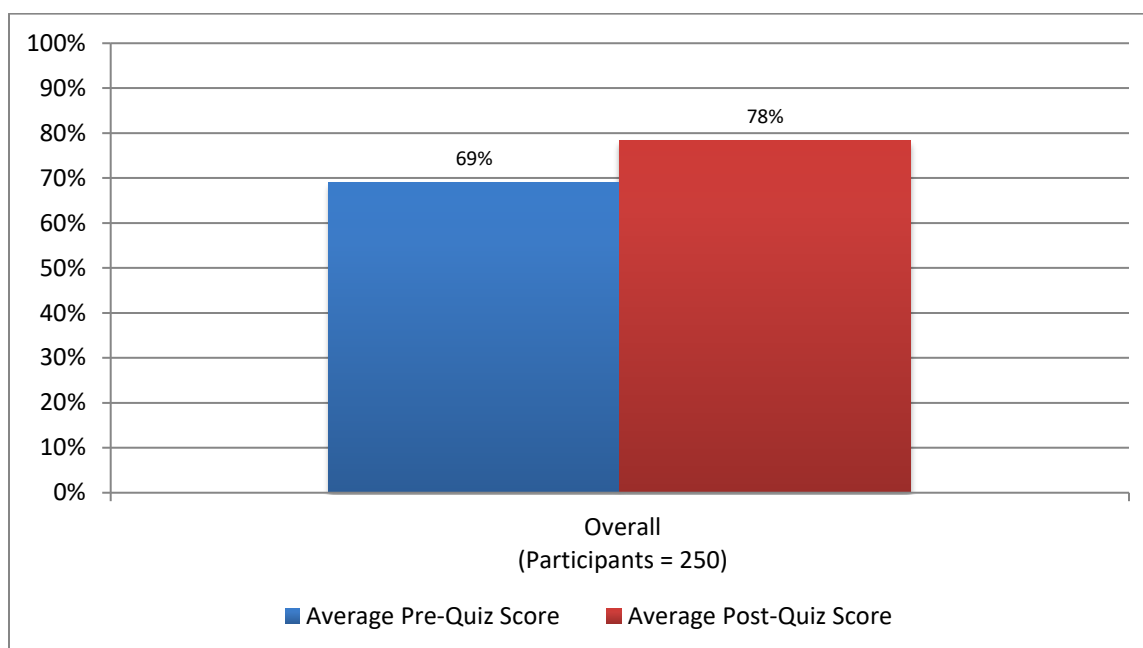
Professional Development Community of Practice Intermediate Term I Outcome Evaluation Report:

- Outcome: Providers have increased knowledge to facilitate implementing evidence-based practices.
- Data source: Community of Practice Application of Content survey
- Evaluation question: Is involvement in the Community of Practice associated with an increase in early intervention professional knowledge about implementing evidence-based practices?

Community of Practice Application of Content Survey Analysis: A total of 162 individuals responded to the Community of Practice Application of Content survey prior to December 2017 to assess the perceived usefulness of the online community of practice, specifically the components of the Early Start Neighborhood dedicated to the dissemination of information on evidence-based practices to support social and emotional development of very young children. The survey link is sent out semi-annually to all registered members of the Early Start Neighborhood. The survey questions include demographics and ratings for identified Community of Practice components.

As shown in Figures 15 and 16, respondent roles represent primary Early Start partners (service providers, service coordinators, and administrators) from primary Early Start agencies: regional center vendors, regional center, and local educational agency/infant

program. As shown in Figure 17, 17 out of 21 regional center catchment areas are represented by respondents.

Figure 15. Community of Practice Application of Content Survey Respondents by Role

Answer Choices	Responses	
Administrator	16%	26
Childcare Provider	1%	1
Counselor	1%	1
Early Intervention Direct Service Provider	49%	79
Early Start Service Coordinator	13%	21
Other Agency Case Manager	1%	2
Paraprofessional/Aide/Assistant	1%	1
Parent-to-Parent Support/Resource	6%	10
Other (please specify)	12%	20
Overall Total		**161**

Figure 16. Community of Practice Application of Content Survey Respondents by Agency Type

Answer Choices	Responses	
Childcare	1%	2
County/Community Agency	2%	3
Early Head Start/Head Start	4%	7
FRC/N	6%	10
Local Education Agency/Infant Program	22%	36
Regional Center	24%	39
Regional Center Vendor	36%	58
State Agency	1%	1
Other (please specify)	4%	6
Overall Total		**162**

Figure 17. Community of Practice Application of Content Survey Respondents by Regional Center Catchment Area

Regional Center (RC) Catchment Area	Responses	
Alta California RC	4.94%	8
Central Valley RC	4.32%	7
Eastern Los Angeles RC	3.70%	6
Far Northern RC	3.70%	6
Frank D. Lanterman RC	0.00%	0
Golden Gate RC	0.00%	0
Harbor RC	1.23%	2
Inland RC	4.94%	8
Kern RC	0.62%	1
North Bay RC	1.23%	2
North Los Angeles County RC	3.09%	5
RC of East Bay	2.47%	4
RC of Orange County	1.85%	3
Redwood Coast RC	1.23%	2
San Andreas RC	9.88%	16
San Diego RC	7.41%	12
San Gabriel/Pomona RC	0.00%	0
South Central Los Angeles RC	0.00%	0
Tri-Counties RC	6.17%	10
Valley Mountain RC	39.51%	64
Westside RC	1.23%	2
NA	2.47%	4
Overall Total		**162**

In rating which Community of Practice resources and activities they found most useful (Figure 18), respondents indicated that *Take a Minute* campaign materials were the most useful. The resource that they knew the least about were the Conversation Corners, role-specific groups for networking and communicating online. The group feature of the site requires active facilitation and stimulation to encourage interaction.

**Figure 18. Community of Practice Application of Content Survey Useful Resources and Activities**
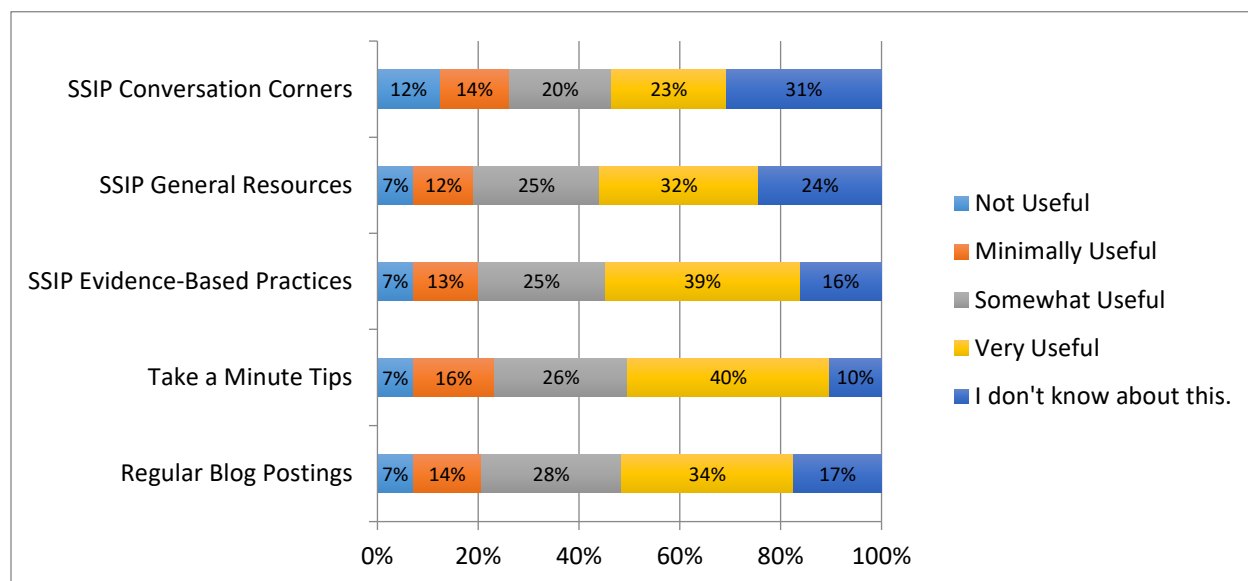
Professional Development Cohort Leads Participation in Support Sessions Intermediate-Term II Outcome Evaluation Report:
- Outcome: Providers are implementing evidence-based practices in social-emotional development.
- Data source: Community of Practice Acquisition of Knowledge survey
- Evaluation question: Were resources and communications from the reflective practice sessions used by Cohort leads and designees associated with an increase in knowledge to facilitate providers' implementation of social and emotional development evidence-based practices?

Community of Practice Acquisition of Knowledge Survey Analysis: A total of 10 regional center Cohort leads or designees responded to the Community of Practice Acquisition of Knowledge survey prior to December 2017 to assess their experience as participants in the monthly web-based reflective practice support sessions described above.

In response to the question "How many sessions have you attended in the past six months?" most respondents had attended three or two sessions. See Figure 19.

Figure 19. Number of Regional Center Cohort Community of Practice (Reflective Practice) Sessions Attended

How many sessions have you attended in the past six months?
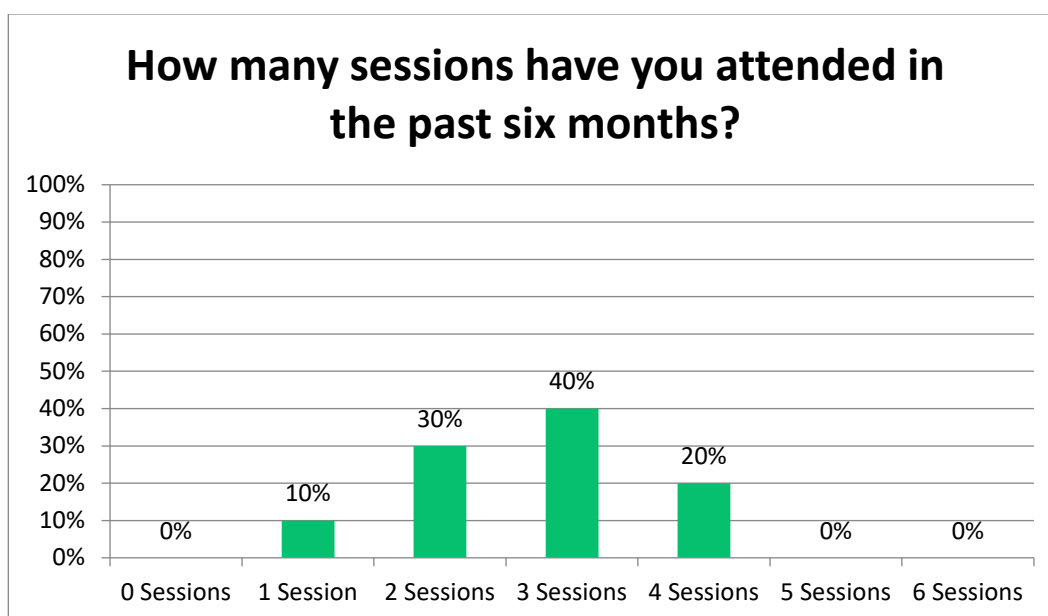
Responses to two open-ended questions were coded and analyzed, yielding the results in Figure 20.

Figure 20. Analysis of Open-Ended Questions about Regional Center Cohort Community of Practice (Reflective Practice)

Items	Codes	Summary of Open Ended Responses		
		Total # of Responses	Count	%
Question 2: Which of the resources/activities in the reflective practice sessions have you found especially helpful in increasing your knowledge to facilitate providers' implementation of EBPs?	Strategies from colleagues	10	5	50%
	Strategies from facilitator		4	40%
	Other		1	10%
Question 3: To what extent have you been able to use the content from the reflective practice sessions to support your team? Please provide at least one example.	I have not used content.	10	2	20%
	I have used some content.		7	70%
	I have used a lot of content.		1	10%

Respondents cited the following strategies as helpful:
- Strategies from colleagues (five responses)
  - The round robin;
  - Some strategies used by other regional centers to engage the community;
  - Hearing what the other Cohort has been doing;
  - Hearing from Cohort 1; and,
  - Comments from participants in Cohort 1.

- Strategies from facilitator (four responses)
  - The reframing by Dr. Bernstein and support of the evidence-based practice....;
  - Information on how all interactions between provider and parent can foster SE development and to reinforce that concept with providers;
  - Focus on what you ARE doing, focus on the positive. There are multiple ways to address S/E, not always clearly measurable at first glance; and
  - Routine-based outcomes training.

Respondents also made comments related to how much of the content from the Community of Practice they used:
- I have used some content (seven responses).
  - When working on challenging cases where there are no immediate answers;
  - I have been working with my Service Coordinators on the concepts such as coaching vs. intervention, the importance of social emotional development, slowing down and really talking with families;
  - Sessions have been helpful to support my team when consulting on cases, particularly those whose family dynamics might not fit the most typical scenarios;
  - One of my managers changed her style in meeting with staff, let them lead when discussing an issue, rather than giving them a solution;
  - Letting staff know that anytime you talk about S/E you are making an impact. Personally, it has helped to re-focus, re-charge and feel less isolation;
  - Trying to incorporate the concept that social emotional development is embedded in what we do, not in addition; and,
  - I have included the nugget of the day (i.e., quote about relationships) to generate some thoughts from staff.

- I have used a lot of content (one response).
  - I use it daily with my team; I had a staff person who had a difficult family/situation and I used the reflective practice methods in order to help the staff person not only problem solve, but understand why this situation seemed so hopeless to her (her own feelings about abuse/abandonment).

Activity Strand 3: Interagency Collaboration

Figure 21. Interagency Collaboration Interview Response Analysis

Question	Codes	# Responses	Count	# Responses	Percent Responses
11	Please identify one specific SSIP-related activity/initiative listed in the Resource Guide (https://earlystartneighborhood.ning.com/ssip-resources/resource-guide?context=category-State+Initiative) under the Interagency Collaboration strand that your regional center made a focus in year 1 of implementation. The practice should be one that directly or indirectly impacts children's social-emotional outcomes and is an ongoing effort in your regional center.	CSEFEL – Pyramid Model	11	1	9%
		IFECMH – CA Center		1	9%
		Strengthening Families – five protective factors		6	55%
		Other		3	27%
12	Was this practice implemented across regional center staff/vendored programs/LEAs? Who was responsible for implementing the practice?	Implemented across regional center staff	7	0	0%
		Implemented across vendored programs		1	14%
		Implemented across LEAs		0	0%
		Providers implemented		0	0%
		Service coordinators implemented		0	0%
		Family resource center staff implemented		0	0%
		Implemented across multiple entities		5	71%
		Not yet implemented		1	14%
13	How would you describe implementation of this practice? Were staff implementing the practice in a consistent manner across programs/families/over time? Did all staff follow the same steps? Were families receiving comparable exposure to the practice? Was the quality of the practice consistent?	High fidelity	8	0	0%
		Moderate fidelity		2	25%
		Low fidelity		3	38%
		Not applicable		3	38%
14	How might you improve the quality/consistency of implementation of this practice in the future?	Additional funding	7	0	0%
		Additional training		4	57%
		Buy-in		0	0%
		Supervision		0	0%
		Data and evaluation		2	29%
		Other		1	14%
15	How successful was my regional center at partnering with statewide collaboratives or taking advantage of initiatives available in California? Why or why not?	Extremely successful	8	0	0%
		Successful		3	38%
		Not so successful		3	38%
		Not successful at all		2	25%

Three initiatives were identified for LITs to access or implement as part of their Local Implementation Assessments (plans); alternatively, LITs could identify an initiative independently based on the match for their community of children and families. Six out of eleven of the teams interviewed indicated that they were using Strengthening Families and/or the Five Protective Factors as the basis for program improvement.

None of the initiatives considered is a clearly defined model for early intervention services in support of social and emotional development, but all provide a solid framework for understanding social and emotional development and working with families to support the development of their children. Strengthening Families and the Pyramid Model are both approaches that were developed over the course of the last couple of decades and then transitioned from their original developers to a more 'open source' status. Expertise and approach in implementation for both initiatives is diverse and, in some cases, confusing as consultants from a variety of service systems and agencies modify the tenets and materials to suit specific populations. Five out of seven respondents indicated that efforts in interagency collaboration engaged partners across multiple entities; those entities were inclusive of the main Early Start partner agencies (regional centers, LEAs, vendored programs and family resource centers).

Fidelity of implementation of Interagency Collaboration activities: Question 13 of this section of the interview attempted to evaluate fidelity of practice based on the consistency of practices across staff and agencies. As each LIT has developed their own plans for interagency collaboration, it was expected that fidelity to 'a practice' would be subjective and different from agency to agency. However, the Local Implementation Assessment template was developed to both encourage and document plans for interagency engagement in support of SSIP activities. Codes for analyzing interview responses were established as follows:
- High fidelity: All Early Start partner agencies participated in planning and implementation of local initiatives;
- Moderate fidelity: Some Early Start partner agencies participated in planning and implementation of local initiatives;
- Low fidelity: Some Early Start partner agencies participated in some aspects of local initiatives;
- Not applicable: Implementation has not yet begun.

Five out of eight responses indicated moderate to low levels of fidelity in the implementation of interagency collaboration activities, but ratings trend toward lower levels of fidelity. Typically, responses indicated participation in training or dissemination activities as described in a local plan, but not necessarily in planning. Additionally, respondents indicated that they had not considered evaluating consistency in this arena prior to participating in the interview.

One interviewee did observe, "This process has put us more in touch with other agencies serving 0-5/0-3 in other counties, and we see that continuing to grow. We feel fortunate for these partnerships. We also notice that where those groups have dissolved, there is hope/motivation to put together another group. We have wonderful

partners to collaborate with; it's just about finding the time to connect and making it a priority."

Improving Interagency Collaboration activities: LITs indicated that they would improve interagency collaboration in several ways:
- Engage Early Head Start and independent contractors who do evaluations for eligibility; and,
- Develop and utilize a survey to assess *Take a Minute* campaign use and other initiative implementation in other community agencies.

Interagency Collaboration Data Collection and Outcomes
The Regional Center Local Implementation Assessment (LIA) (See Attachment A) is a tool intended to facilitate collaborative planning and implementation of local SSIP activities. The regional center LIA supports flexibility in the implementation of the universal Early Start SSIP activities (Parent/Provider Education and Professional Development activities) and the locally tailored implementation of an initiative identified to address the unique needs of regional programs and families. LITs, comprised of stakeholders representing Early Start and other community partners, contribute to the development of the local plan.

SSIP Cohort LITs may identify an initiative independently or choose from initiatives identified by the SSIP Workgroup during SSIP Phase I and listed in the *Resource Guide to Initiatives and Programs to Support Social-Emotional Development in Infants and Toddlers.* The guide was developed by DDS, the ICC and WestEd CPEI and describes three initiatives that LITs may integrate into their local plans to improve social and emotional outcomes for the children served through their Early Start programs.

The initiatives are:
- Strengthening Families: A Protective Factors Framework;
- Pyramid Model for Supporting Social and Emotional Competence in Infants and Young Children; and,
- California Center for Infant-Family and Early Childhood Mental Health.

The *Guidelines for Evidence-Based Infant-Toddler Social and Emotional Assessment and Screening for Early Start in California* is also available to guide local planning. The Guidelines are 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. Some Cohort regional centers have chosen to focus on improving assessment of social and emotional development within and across Early Start partner agencies and have used the Assessment Guidelines to identify common assessment tools and improve interagency procedures.

DDS provided training grants to Cohort 1 and 2 regional centers to support training for regional center staff and Early Start partners on initiatives identified in their LIAs.

Table 4. Overview of Interagency Collaboration Questions by Outcome Level

Short-Term Outcome Evaluation Question:
Outcome: Local trainings were held on chosen initiative(s).
•   Were early intervention service providers trained on the Cohort LIA chosen initiative?
Intermediate-Term I Outcome Evaluation Question:
Outcome: Providers report that the training increased knowledge about chosen initiatives
•   Were the trainings held by implementation Cohort LITs on their chosen initiative(s) associated with an increase in knowledge about practices that support social and emotional development?
Intermediate-Term II Outcome Evaluation Question:
Outcome: Providers are implementing practices from chosen initiatives.
•   After being trained, are early intervention professionals implementing the practices from the chosen initiative(s)?

Interagency Collaboration Short-Term Outcome Evaluation Report:
- Outcome: Local trainings were held on chosen initiative(s).
- Data source: Training grant reports, Interagency Collaboration Acquisition of Knowledge (training evaluation) surveys
- Evaluation question: Were early intervention service providers trained on the Cohort LIA chosen initiative?
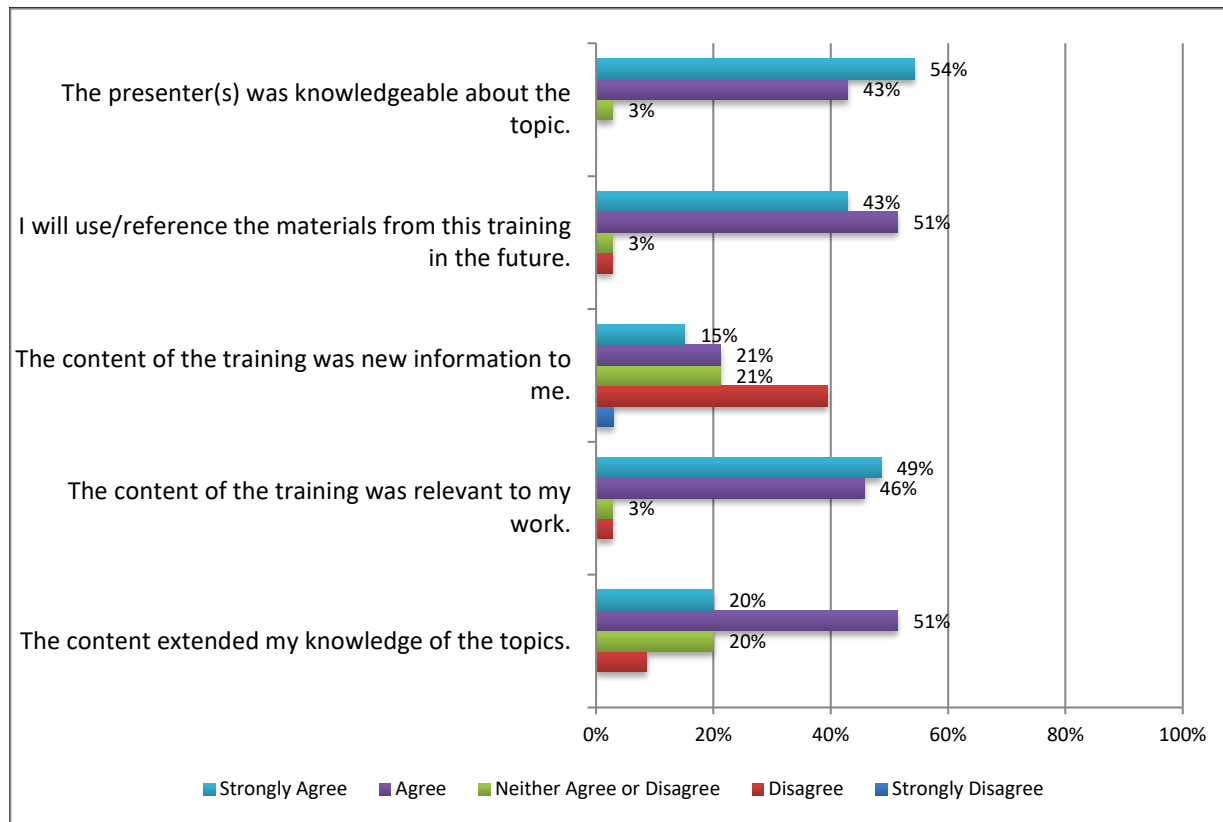
Interagency Collaboration Intermediate-Term I Outcome Evaluation Report:
- Outcome: Providers report that the training increased knowledge about chosen initiatives.
- Data source: Interaction Collaboration Acquisition of Knowledge (training evaluation) surveys
- Evaluation question: Were the trainings held by implementation Cohort LITs on their chosen initiative(s) associated with an increase in knowledge about practices that support social and emotional development?

Interagency Collaboration Acquisition of Knowledge Survey Analysis: The Acquisition of Knowledge surveys for the Interagency Collaboration strand are disseminated through SSIP regional center Cohort leads as training evaluations immediately after a local training activity is completed. As of December 2017, only 35 responses had been received. The responses represented two Cohort 2 regional center catchment areas in which local trainings had been conducted: Inland Regional Center had 23 responses, and San Andreas Regional Center had 10 responses. Analysis is of the combined responses.

Overall, respondents gave training activities high ratings in terms of content relevancy and usefulness. See Figure 22. Generally, the training content was not new to the respondents.

Figure 22. Interagency Collaboration Acquisition of Knowledge Survey (Evaluation Feedback on Local Training)

The presenter(s) was knowledgeable about the topic.
- 54%
- 43%
- 3%

I will use/reference the materials from this training in the future.
- 43%
- 51%
- 3%

The content of the training was new information to me.
- 15%
- 21%
- 21%

The content of the training was relevant to my work.
- 49%
- 46%
- 3%

The content extended my knowledge of the topics.
- 20%
- 51%
- 20%

Legend: Strongly Agree, Agree, Neither Agree or Disagree, Disagree, Strongly Disagree

Training was rated, overall, somewhat and very effective, on a four-point Likert scale where "Not at all effective" is the lowest rating and "Extremely effective" is the highest rating (Figure 23).

Figure 23. Interagency Collaboration Acquisition of Knowledge Survey (Overall Effectiveness Rating of Local Training)
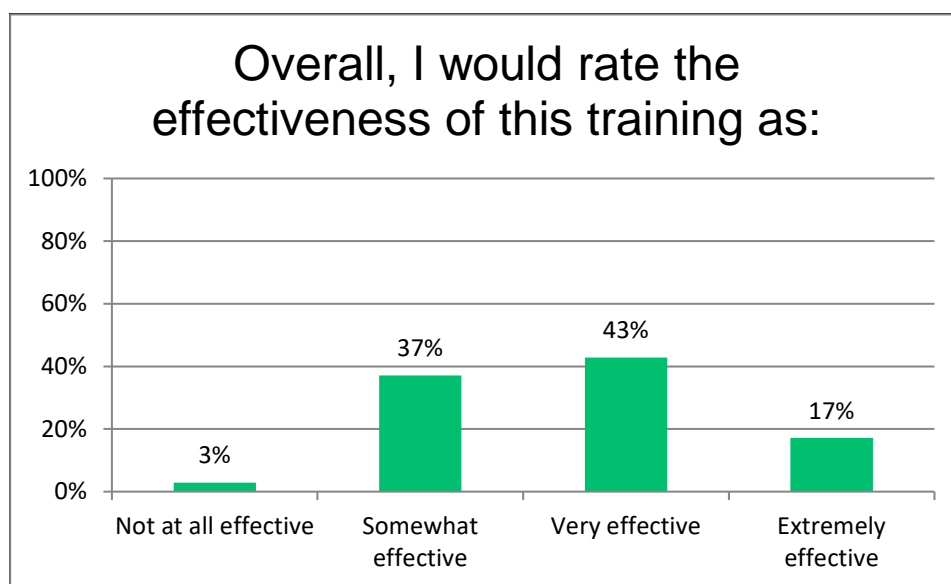
Respondents also submitted comments to provide additional feedback. Figure 24 shows analysis of the open-ended responses, and comments are listed below.

Figure 24. Interagency Collaboration Acquisition of Knowledge Survey (Open-Ended Comments)

Codes	Summary of Open-Ended Responses for Additional Feedback		
	Total # of Responses	Count	%
Positive feedback	10	5	50%
Constructive Feedback		5	50%

Positive feedback (five responses)
- The role-play activity, small group discussions, whole group discussions, and examples helped me gain better understanding of what the goals are for us providers.

- Was glad to see that the information presented aligns with practices we have in place and expand on it to include the information in this presentation.
- Well done!
- I have taken the training before, and I am familiar with the content. I took it as a refresher, as the information is vital to our work with children and families!
- Great discussion!

Constructive feedback (five responses)
- I was expecting the training to be more informative about social/emotional development and professional responsibilities and strategies to share with families.
- I had hoped that we were going to actually be trained on the use of the tool. We seemed to spend a lot of time on background, trainers' tips.
- The only issue was that some of the slides presented were not in the packet of PowerPoint slides that was provided to us. Otherwise, I thought it was great.
- The presenter should have talked more about the eight subjects in depth rather than the background behind it. We are not really using the background knowledge out in the field, but are using the eight strategies and resources. I appreciated the resources provided, and that was really the only thing that benefitted me in attending the presentation.
- The training was not what I was expecting. I wish it were more in-depth and not so much focusing on what a trainer would do.

Interagency Collaboration Intermediate-Term II Outcome Evaluation Report:
- Outcome: Providers are implementing practices from chosen initiatives.
- Data source: Interagency Collaboration Application of Content (training impact) survey
- Evaluation question: After being trained, are early intervention professionals implementing the practices from the chosen initiative(s)?

This evaluation question is to be addressed by the Interagency Collaboration Application of Content training impact survey. This survey is based on the impact survey that is used for all Early Start training activities and consists of multiple choice rating questions with responses based on a five-point Likert scale plus text entry for open-ended question responses. Individualized collector links will be sent to Cohort leads four to six weeks after training for dissemination to participants of trainings conducted as part of a LIA and supported by a training grant. This system for data collection was proposed but not yet active during this reporting period.

Statewide Progress Towards the SiMR
As noted, California's goal is to improve child outcomes in social and emotional development. Baseline data from the State's FFY 2013 Annual Performance Report, identified in Phase I, cited that 44.32% of infants and toddlers had made progress in this area. California's most recent data submitted with the FFY 2016 APR showed that 46.93% of children made progress in this area. While this shows movement towards achievement of the SiMR, since California is implementing the SSIP over 3 phases, it

will take several years for statewide impacts of SSIP activities to be fully reflected in our data.

Plans for Next Year
DDS will continue to provide technical assistance with monthly conference calls with Cohort 1 and 2 and to gather information about successes and challenges with implementation.

Based on preliminary evaluation data the following actions will be taken:

The Provider Tips Acquisition of Knowledge survey for the Intermediate Outcome I for this activity, which did not receive any responses, will most likely be included in the *Take a Minute* Application of Content survey in order to determine whether providers have an increases understanding of importance of a family-centered approach after using the Provider Tips resource.

DDS with the aid of Cohort 1 and 2 will send out the *Take a Minute* Application of Content survey in order to gather data on whether families are implementing social and emotional development practices from the *Take a Minute* flyer or video. The Spanish version of this survey has just been completed and will be disseminated to Cohorts 1 and 2. This data will be reported in next year's report.

DDS with the aid of Cohort 1 and 2 will send out the Interagency Collaboration Application of Content (training impact) survey to early intervention professionals after they have taken the initiative trainings to determine whether providers are implement practices from chosen initiatives. This data will be reported in next year's report.

As DDS continues to receive training and technical assistance from OSEP, NCSI, and ECTA, there will be additional opportunities for Cohorts to receive guidance on how their local programs can improve their evidence-based practices with enhanced sustainability, consistency, and fidelity.

Cohort 3 is scheduled to begin implementation in October 2018.