

**Part C State Systemic Improvement Plan (SSIP)**

**FFY 2017**

**Phase III**

**Year 3**

**State of California**

**Department of Developmental Services**

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## **Introduction**

In 2013, the State Systemic Improvement Plan (SSIP) was added as a requirement of the State's Annual Performance Report (APR). From the SSIP's inception, California has successfully worked with stakeholders to identify the State-identified Measurable Result (SiMR), create the Theory of Action and Logic Models, develop and promote SSIP resources including the *Take a Minute* campaign and advance evidence-based practices highlighting the importance of social and emotional development.

Statewide implementation of the SSIP was staggered over a three-year period through three Cohorts. This was done to provide a 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.

Cohort 1, representing 5 of the 21 regional center catchment areas, began implementation in October 2016. Cohort 2, representing an additional 6 regional center catchment areas, launched their implementation activities in October of 2017. This last year, Cohort 3, representing the final 10 regional center catchment areas, began implementing the SSIP. California's last SSIP Report provides information on implementation activities for Cohorts 1 and 2, as well as corresponding evaluation of activities.

This last year, the Department of Developmental Services (DDS) acquainted Cohort 3 stakeholders with SSIP implementation goals and resources while continuing to provide technical assistance to Cohorts 1 and 2. Trainings were offered by regional centers to parents, providers and other professionals in their catchment areas. In addition to continuing their SSIP program work, Cohorts 1 and 2 became mentors for Cohort 3.

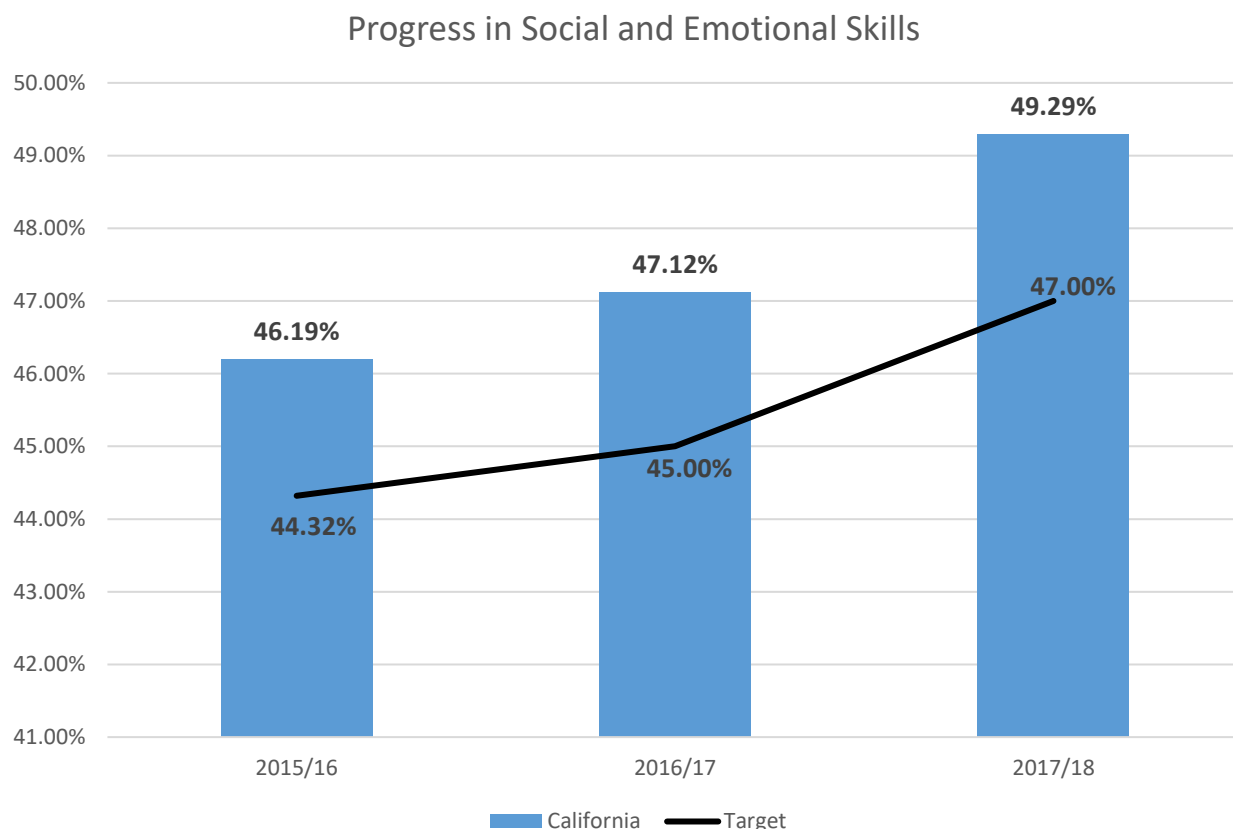
DDS continued to provide leadership, encouraging the use of evidence-based practices to improve social and emotional outcomes for children served by California's Early Start program. DDS also continued to provide technical assistance and support to improve evaluation and data collection. This last year, with the onboarding of Cohort 3, California has achieved statewide implementation of SSIP resources and activities, thus embarking on a concerted effort to improve social and emotional development for children in Early Start. DDS educated Cohorts 1 and 2 about the possibility of implementation dip. Implementation dip occurs when there is a decrease in an activity over time from when the activity was first initiated. In addition, DDS determined a course of action to conduct an upcoming project to evaluate fidelity to the *Take a Minute Provider Tips*. Ongoing fidelity to practices, sustainability, and continued outreach to Early Start stakeholders are the focus as we move forward with our SSIP.

## **State-identified Measurable Result, Strands of Action, and Outcomes**

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 and emotional skills (including social relationships) by the time they exit the early intervention program."*

While DDS anticipates that it will take several years before the State sees a major increase in the outcome related to our SiMR (APR Indicator 3A, Summary Statement 1), the following data demonstrates that California has made progress since 2015. California's SiMR goal is to increase the rates of growth in social and emotional skills by the time an infant or toddler exits from the Early Start program.



In order to accomplish the SiMR, California has remained focused on the following three key strands of action:

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

The Theory of Action (see Attachment A) and Logic Models (see Attachment B) remain the basis for improvement activities and the evaluation plan. The Logic Models outline short, intermediate and long-term outcomes that have been accomplished and are expected to be accomplished as California continues SSIP implementation. The evaluation section of this report contains an analysis of quantitative and qualitative data, organized by the key strands of action and by the outcomes defined in the Logic Models.

### **Technical Assistance and Support**

DDS staff continued participating in SSIP technical assistance webinars and trainings offered by the Office of Special Education Programs and national technical assistance partners. In addition, California's Part C Coordinator continued to attend in-person meetings and conference calls as part of the National Center for Systemic Improvement (NCSI) Social and Emotional Outcomes Cross-State Learning Collaborative.

On California's SSIP timeline of activities, FFY 2017 included increased attention to better address fidelity to evidence-based practices. This focus was a result of participation in national technical assistance sessions that addressed this topic which helped clarify the expectation of including fidelity measures in California's SSIP plan. Therefore, last year, DDS, in consultation with NCSI, developed a plan to evaluate fidelity to the practices outlined in the *Take a Minute Provider Tips* resource.

### **Infrastructure Expansion, Interagency Collaboration, and Stakeholder Engagement**

Previous reports specify infrastructure expansion, interagency collaboration, and stakeholder engagement that have continued to play important roles in SSIP implementation during Phase III, Year 3.

#### **DDS**

DDS continued support to Cohorts this past year with DDS liaisons assigned to each of the 21 regional centers. Liaisons provide support and guidance and are the primary contacts for Local Implementation Teams (LIT) and local stakeholders. DDS staff provided in-person orientations with Cohort 3 this last year, participated in local trainings, and scheduled regular technical assistance calls. In addition, DDS presented on the SSIP and SSIP resources at major conferences, such as the Infant Development Association conference and the Early Start Partners Symposium (ESPS) to further engage Early Start partners and reinforce its SSIP.

Local orientations included education on SSIP resources such as the *Take a Minute* materials and evidence-based practices. Guidance and feedback were provided to regional centers as they developed their SSIP local implementation assessment (LIA) plans. Regional centers were given the opportunity to develop how they were going to use SSIP resources in conjunction with their own stakeholder partnerships and resources. Funding was made available to support evidence-based social and emotional training events.

In addition to SSIP liaisons' individual engagement with all Cohort regional centers, DDS engages all SSIP Cohorts in bi-annual face-to-face meetings and group monthly conference calls. Cohort 3 members have been active participants in these meetings and conference calls even prior to their implementation in October 2018. DDS asks for feedback from regional centers on SSIP implementation at these meetings. DDS provides monthly professionally facilitated reflective practice session opportunities to all Cohort team leads. Cohort 3 joined Cohorts 1 and 2 on these sessions this year, which provide a supportive and safe environment where Cohort team leads can share ideas, successes and how to overcome challenges and barriers they are experiencing in their SSIP local implementation.

DDS staff also conducted interviews with all of the regional centers to collect information on local SSIP activities as part of the evaluation plan. This year's interview survey was reconfigured to better capture fidelity measures in regional center implementation activities. This information will inform regional centers and DDS in how to adjust their implementation strategies to achieve maximum results from their implementation activities. In addition, DDS' commitment to achieving quality standards in implementation activities resulted in exploring the development of a *Provider Tips* training for providers and the development of a fidelity pilot plan related to the *Provider Tips*.

### California Department of Education (CDE) Policy and Program Services Part B

During this year, CDE further promoted collaboration among Special Education Local Plan Areas (SELPA), local educational agencies (LEA) and their local regional centers to implement and evaluate the SSIP. CDE collaborated with DDS on a webinar, in March 2018, directed towards LEAs and SELPAs about the importance of their role in implementing the SSIP. *Take a Minute* resources were shared in the CDE Social and Emotional Learning Initiative Newsletter. LEAs and/or SELPAs are participating in each of the Cohort 3 regional center SSIP LITs.

### Family Resource Center Network of California (FRCNCA)

The FRCNCA continues to support Family Resource Centers (FRC) in SSIP-related activities by providing trainings and information on social and emotional development to FRC staff, families and other early intervention professionals, posting SSIP resources on the FRCNCA website, disseminating SSIP resources, and collaborating with regional centers to implement the SSIP in their local areas.

### Family Resource Centers

DDS included language in FRC contracts that were renewed beginning July 2018, emphasizing that FRCs shall collaborate on SSIP-related activities, including, but not limited to, participation in regional center LITs, and other SSIP activities as requested by the Department. FRCs are participating in each of the Cohort 3 regional center SSIP LITs.

### Mental Health Services Act (MHSA) Projects

As described in the previous SSIP Report, 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. South Central Los Angeles Regional Center (SCLARC) and Harbor Regional Center (HRC) each submitted a project related to their SSIP implementation efforts. These projects provided training on evidence-based practices on social and emotional development in the community.

SCLARC's project, in collaboration with Eastern Los Angeles Family Resource Center, trains Early Start partners to provide evidence-based prevention and early intervention services to families and their children. This project improves identification of social and emotional delays, increases referrals, and implements evidence-based supports and services to enhance family relationships and improve social and emotional development.

This year, SCLARC hired a Social and Emotional Coordinator Specialist to support children and families identified as needing social and emotional supports. They established a subcontract with Eastern Los Angeles Family Resource Center, an evaluation consultant and a software developer.

The software developer created a web-based referral form for Early Start service coordinators to refer children to the Social and Emotional Coordinator Specialist. During the reporting period, 34 Early Start children were identified as requiring social and emotional support.

HRC's project, in collaboration with the Los Angeles County Department of Mental Health, the County of Los Angeles Department of Children and Family Services and other local community partners, convenes a planning and advisory board to identify

local needs and system challenges. The project provides a training series for service providers and parents. This project includes focusing on improving progress in social and emotional development. This year HRC provided a professional symposium with the following topics:

**Dr. Kristie Brandt**, *“Promoting Early Social and Emotional Development Through Relationships”*;

**Dr. Barbara Stroud**, *“Keys to Supporting Young Children’s Emotional Health”*;

**Dr. Ed Tronick**, *“Children’s Making of Meaning of Their Self in Relation to the World of People, Things, and Their Own Self”*; and,

**Dr. Bruce Perry**, *“The Power of Early Childhood Experiences to Shape Risk and Resilience.”*

#### The Interagency Coordinating Council (ICC) on Early Intervention

The ICC continues to support the State’s SSIP activities. This last year, the ICC’s Communications and Outreach Committee continued to promote the use of SSIP resources across multiple statewide agencies. DDS provided an update to the ICC on SSIP activities, implementation survey data and SiMR data this year. Feedback was requested, and the ICC remains committed to assisting DDS in SSIP implementation.

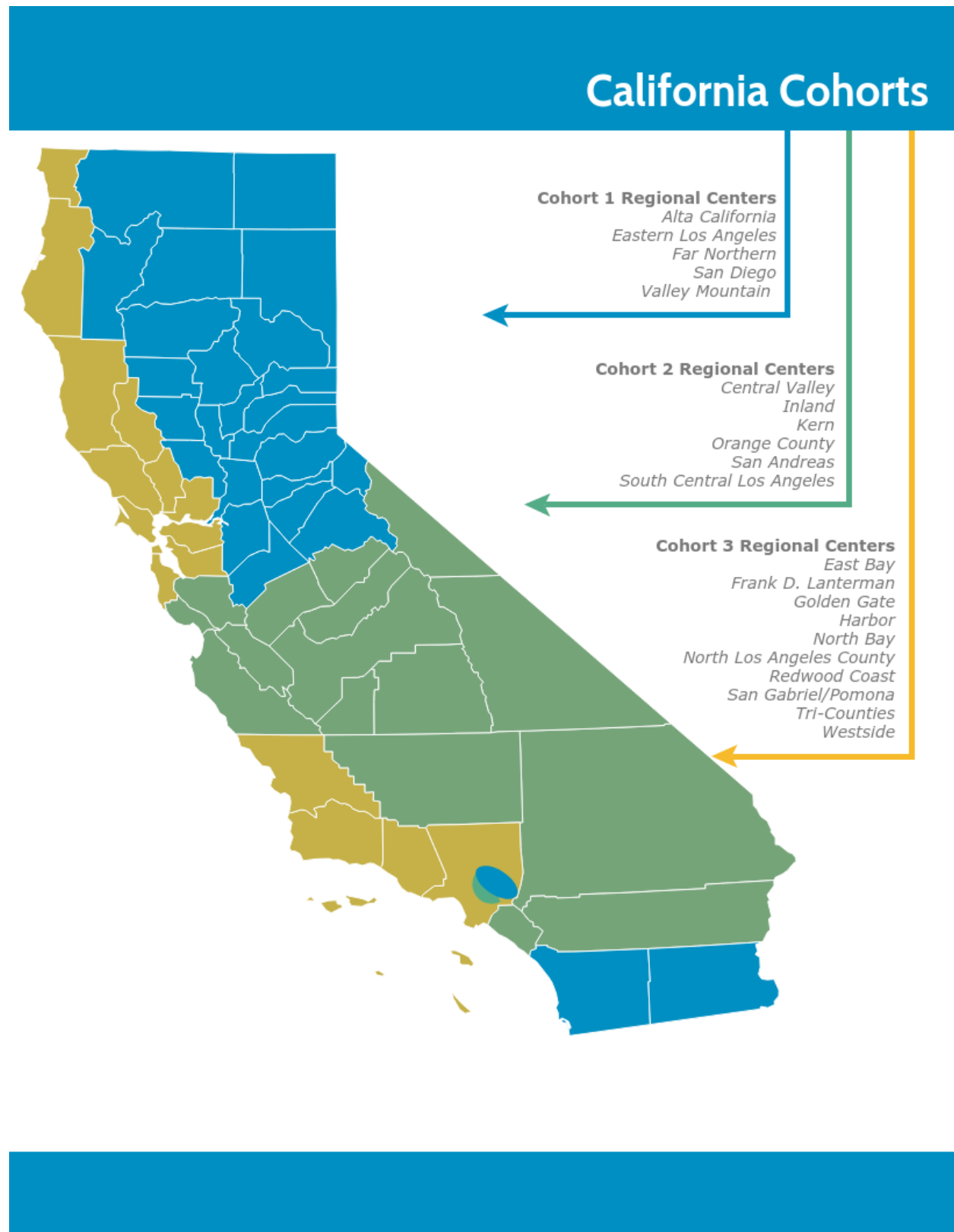
#### WestEd Center for Prevention and Early Intervention (CPEI)

WestEd CPEI continues to support DDS in the development, management, promotion and evaluation of SSIP resources and evidence-based practices, and includes them in its annual ESPS. A focus this year for WestEd CPEI and DDS was to complete a *Provider Tips* training for providers to educate them about the importance of family-based practices. WestEd CPEI has also piloted the training at the ESPS and with several regional centers at their request. WestEd CPEI is including this training as part of DDS’ plans to pilot a *Provider Tips* fidelity project. WestEd CPEI received stakeholder input on the *Provider Tips* training from regional centers that participated in the pilot training sessions and feedback from stakeholders attending the ESPS session, and Far Northern Regional Center co-developed the curriculum for the training.

#### Regional Center Early Start Personnel and Early Start Communities

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. In October of 2018, the final Cohort (3), comprising ten regional centers, began implementing the SSIP. Many regional centers have reported that they have regular meetings with their LIT members when input is received about local SSIP activities.

The SSIP is now being implemented across the entire state. The map below shows California's three Cohorts and corresponding regional center catchment areas.





## **SSIP Implementation Organizational Structure**

California's organizational structure supports the SSIP implementation plan at the state level, the regional center level, and within the local Early Start community. The SSIP Implementation Organizational Structure (Attachment C) with feedback loops, remains in place. In 2018, the regional center Cohort team leads group expanded to include participants from Cohort 3 regional centers. Both Cohort 1 and 2 mentored Cohort 3 team leads as intended by the design of the structure. DDS has facilitated this mentorship through regular calls and in-person meetings with all of the Cohorts. Agendas are tailored to ensure rich opportunities for regional centers to learn from one another.

## **Progress in Implementing the SSIP**

This year, Cohort 3 began implementation of the SSIP. DDS established timelines for onboarding Cohort 3 for SSIP implementation. Cohort 3 in-person orientations took place in July, August and early September. Cohort 3 developed and submitted their LIAs that identified their local SSIP activities, including how they would implement SSIP resources and identifying their LIT partners consisting of local early intervention stakeholders. All Cohort 3 regional centers scheduled their evidence-based trainings. In addition, all regional centers began implementation of at least some of their local SSIP activities in October 2018.

SSIP resources include:

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

These resources are thoroughly described in California's previous report, and are available at: <https://earlystartneighborhood.ning.com/all-ssip-resources>.

According to Cohort 3 LIAs, regional centers are currently implementing or planning to implement the following:

- All regional centers in Cohort 3 plan to share the *Take a Minute* video and brochure with families at home visits, intakes, orientations or at IFSP meetings.
- All regional centers in Cohort 3 plan to promote the online training on social and emotional development to service coordinators and to other stakeholders. Many are requiring that all service coordinators take the course, and others are providing additional trainings to their staff and stakeholders focusing on social and emotional development.
- All regional centers are encouraging the use of the *Provider Tips* resource.

Cohort 3 regional centers elicit stakeholder input on their local implementation plans through their LIT member participation. Cohort 3 will continue implementing and scale up their local implementation activities this year.

Cohorts 1 and 2 continue to implement their LIAs. As evaluation data is gathered and analyzed, they may refine and alter their plans.

### **Local Trainings on the SSIP and Evidence-Based Practices (EBP)**

The *Take a Minute* campaign materials being utilized by all three Cohorts are based on a blend of strong evidentiary support and extensive stakeholder experience, as described in the previous report.

As shown in the table below, last year, Cohorts 2 and 3 held trainings on *Take a Minute* resources, as well as other evidence-based initiatives focusing on social and emotional development, for their local stakeholders. Some regional centers also focused training efforts on tools used to assess social and emotional development and progress.

<b>Regional Center</b>	<b>Cohort</b>	<b>Local Training</b>
Central Valley	2	Five Protective Factors Strengthening Families: Supporting the Social and Emotional Development of Infants and Toddlers
Inland	2	<i>Take a Minute</i> Provider Checklist
Inland	2	Introduction to the Five Protective Factors
Inland	2	<i>Take a Minute</i> Flyer & Video
Inland	2	Outcome Writing Using the Five Protective Factors
Inland	2	Social and Emotional Skills Base Training
Inland	2	Developmental Assessment of Young Children-Second Ed. (DAYC-2)
Inland	2	Facilitating Change Talk
Inland	2	Five Protective Factors Training
Kern	2	Early Brain Development and Social and Emotional Growth
San Andreas	2	Introduction to SSIP for Providers
San Andreas	2	Reflective and Relationship-Based Practice & Sustainability Training
San Andreas	2	Five Protective Factors Training
San Andreas	2	Routines-Based Practice Training
San Andreas	2	Training the Trainer-Reflective Practice and Sustainability
South Central Los Angeles	2	Hawaii Early Learning Profile (HELP)
Harbor	3	Practical Skills and Strategies for Promoting Social and Emotional Development in Very Young Children
Lanterman	3	Service Coordinator & Provider Training on <i>Take a Minute</i> Campaign
North Los Angeles County	3	Strengthening Families and the Five Protective Factors
North Bay	3	Strengthening Families: A Protective Factors Framework
East Bay	3	DAYC-2 Assessment Tool Training for Social and Emotional Development
Redwood Coast	3	Devereux Early Childhood Assessment for Infants and Toddlers (DECA I-T)
San Gabriel/Pomona	3	The Importance of Social and Emotional Development
Tri-Counties	3	Devereux Early Childhood Assessment for Infants and Toddlers (DECA I-T)
Westside	3	Language of Behavior: Facilitating Communication in Infants and Toddlers

## **Other Activities Supporting EBPs**

DDS, in collaboration with CDE and WestEd CPEI, presented at the ESPS in the spring of 2018. The ESPS is an annual statewide professional development event for early intervention service providers, service coordinators, and family support professionals. Parents of children with disabilities or delays are often in attendance as well. This was the fourth year of the ESPS. This event had a total of 408 participants. Attendees represented Early Start partners working throughout California, with all 21 regional center catchment areas represented by registrants. The majority of attendees represented regional centers, LEAs and FRCs.

Several sessions focused on SSIP resources and social and emotional development including the following:

### ***What Does It Look Like? Recognizing Relationship-Based Practices***

This session focused on the *Take a Minute – Provider Tips for Supporting Social and Emotional Development*. This session offered video examples of supportive, relationship-based practices identified on the *Provider Tips* resource and how the practices might be applied in real-life work situations.

### ***Writing Meaningful, Functional Outcomes to Support Social and Emotional Development***

This interactive workshop offered specific information and resources for developing Individualized Family Service Plan (IFSP) outcomes related to social and emotional development using the five protective factors of *Strengthening Families*.

### ***Early Start SSIP: The Long View***

This session discussed how the State Systemic Improvement Plan (SSIP) will lead to long-lasting change, how data is impacting the SSIP, and next steps for the SSIP.

### ***CA State Systemic Improvement Plan (SSIP) Cohort Presentations***

This session highlighted Cohort 1 and 2 SSIP activities, accomplishments and lessons learned.

## **Challenges and Barriers Identified by Cohort Stakeholders and Actions Taken**

California's SSIP organizational structure ensures consistent communication and feedback loops from the local to the state level, and vice versa. In addition to stakeholders informing DDS of what is and is not working well, they play an integral part in guiding statewide implementation changes as well as evaluating implementation.

This last year, stakeholders identified challenges and barriers of their implementation and evaluation activities, and took an active part in designing and implementing steps to overcome them:

### **Challenge #1: Training Providers on Practices Outlined in the *Take a Minute Provider Tips***

Regional center Cohort leads reported challenges with engaging providers in implementing the practices contained within the *Take a Minute Provider Tips*. One stakeholder from Cohort 1 then co-developed curriculum for a *Provider Tips* training and co-facilitated an in-person training, which was very well-received. Stakeholders continued to request *Provider Tips* training, but reported that a lack of time and funding made the provision of the training difficult. As a result, DDS decided to adapt the already developed *Provider Tips* training into a free, online, open-access course.

Stakeholders from the Cohorts have piloted initial test training on the *Provider Tips*, and will guide updates and changes to the course content. The finalized online *Provider Tips* training course will be made available to all providers and stakeholders in the summer of 2019. The training will be used next year as part of California's upcoming project to evaluate fidelity to provider best practices.

### **Challenge #2: Stakeholder Confusion about SSIP Evaluation Surveys**

One of the primary ways that California receives feedback from families and providers on our SSIP resources is through the use of numerous surveys. However, the data demonstrated that response rates from some regional center catchment areas were much higher than in others. DDS learned that regional centers were confused about which survey should be taken, by whom, and when. In response to this feedback, a short video has been created and disseminated to regional centers to clearly explain these details. We anticipate an increase in survey responses from around the state this next year as a result of providing the video.

### **Challenge #3: Implementation Dip**

Thanks to the technical assistance provided by NCSI, California was made aware of the likelihood of the occurrence of "implementation dip" and was able to take steps last year to address it. Implementation Dip was originally discussed during an in person meeting with all of the Cohorts in August of 2018. Since then, Cohorts 1 & 2 have completed an Implementation Dip Survey to assess if and how implementation dip is occurring within their local areas. DDS is currently analyzing these results and will be addressing survey responses with regional centers to inform next steps and to counteract implementation dip. DDS recognizes that some stakeholders need support to re-energize their SSIP efforts. Some Cohort 1 and 2 stakeholders have requested help with this. Therefore, next year, per their request, DDS plans to provide in-person SSIP re-orientations, in collaboration with LITs. In addition, DDS is planning calls and meetings to work closely with Cohorts 1 and 2 to assist local teams with applying the findings of the Implementation Dip Survey, recognizing that action steps will be determined and carried out at the local level.

## **Evaluation of California's SSIP**

During this past year, California did not revise the State's SSIP Evaluation Plan, but rather, focused on collecting a higher number of survey responses from more stakeholders and across a broader geographic area than in previous years. The evaluation section of this report includes and reflects analyses of qualitative and quantitative data collected between January 2018 and December 2018. The data indicate the progress toward attainment of short and intermediate outcomes of SSIP

implementation activities leading to achievement of California's SiMR.

The evaluation of Cohort implementation and SSIP resources focused on the three activity strands developed in Phase I with the Theory of Action. The evaluation report below is organized by activity strand, by evaluation question and by short-term and intermediate I and II outcomes as outlined in the Logic Models presented in previous reports. This year, California began to gather information about fidelity to implementation of SSIP resources from regional centers through implementation interviews. While this information alone cannot determine fidelity to implementation of SSIP activities at the local level, this information provided DDS about whether improvements need to be made in regional center implementation of SSIP resources to fidelity.

Evaluation questions were identified to indicate whether or not outcomes had been attained. DDS employed a series of surveys as the primary data collection strategy to address identified evaluation questions. (See Attachment D—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; and, 2) Application of Content, as previously reported:

- Acquisition of Knowledge surveys address Intermediate I Outcomes as described in the CA SSIP Logic Model; 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; Intermediate II Outcomes are changes in behavior evidenced by the use of learned knowledge or practice to support social and emotional development in very young children.

In addition to collecting surveys aligned with each SSIP activity, DDS conducted SSIP implementation interviews with the regional center team leads from all 21 regional centers using a standard interview protocol aligned to the three SSIP activity strands. The purpose of the interviews was to gather information from regional center team leads about local implementation activities. Interview responses were entered directly into an interview protocol document. The responses were coded and organized into tables by SSIP activity strand. Analysis of the data from the implementation interviews provided information about the fidelity of implementation, strategies to scale and sustain implementation, and barriers to full implementation. This information is integrated into the evaluation report under each activity strand, as appropriate.

## **Activity Strand 1: Parent/Provider Education**

### ***Overview of Parent/Provider Education Evaluation Questions by Outcome Level***

#### **1. Parent/Provider Education Short Term Outcome Evaluation Questions:**

**Outcome A:** *Take a Minute* materials were shared with parents at IFSP or other parent meetings.

- i. Were *Take a Minute* flyers given to parents at IFSP meetings or other parent meetings?

**Outcome B:** Providers use the resource for appointments with families.

- i. Was the *Provider Tips* resource disseminated?
- ii. Did early intervention service providers use the *Provider Tips* regularly?

#### **2. Parent/Provider Education Intermediate Term I Outcome Evaluation Questions:**

**Outcome A:** Families increase understanding of their role in social and emotional development.

- i. 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 B:** Providers increase understanding of importance of a family-centered approach.

- i. 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?

#### **3. Parent/Provider Education Intermediate Term II Outcome Evaluation Questions:**

**Outcome A:** Families are implementing practices from flyer or video.

- i. Are families who were provided with *Take a Minute* materials using practices from the *Take a Minute* materials?

**Outcome B:** Providers are implementing practices from the *Provider Tips*.

- i. Did providers report that they were using practices from the *Provider Tips* resource?

### **Parent/Provider Education Short-Term Outcome**

#### **1. Parent/Provider Education Short Term Outcome Evaluation Questions:**

**Outcome A:** *Take a Minute* materials were shared with parents at IFSP or other parent meetings.

- i. Were *Take a Minute* flyers given to parents at IFSP meetings or other parent meetings?

**Outcome B:** Providers use the resource for appointments with families.

- i. Was the *Provider Tips* resource disseminated?
- ii. Did early intervention service providers use the *Provider Tips* regularly?

**Outcome A: *Take a Minute* materials were shared with parents at IFSP or other parent meetings**

- Evaluation question:
  - i. Were *Take a Minute* flyers given to parents at IFSP meetings or other parent meetings?
- Data sources:
  - i. *Take a Minute* Acquisition of Knowledge survey
  - ii. Implementation Interview

**Data Source Analysis**

**i. *Take a Minute* Acquisition of Knowledge Survey**

A total of 3,192 responses were received for the *Take a Minute* Acquisition of Knowledge survey from January 2018 through December 2018 and are inclusive of responses received in both English and Spanish. 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.

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. Forty-eight percent of respondents indicated that the resource was reviewed with them by their regional center Early Start coordinator, while forty-six percent indicated that the resource was reviewed by another type of Early Start service provider, such as a home visitor, infant specialist, therapist, and etcetera. 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.

**ii. Implementation Interview**

Eighteen out of 21 regional centers reported that they are consistently disseminating the *Take a Minute* materials, 15 out of 21 regional centers are discussing the flyer/video with families, and 13 out of 21 regional centers are revisiting the flyer at regularly established intervals. 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 gave 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:
  - Printing the flyers in color on heavyweight paper or on folders in English and Spanish;
  - Laminating the flyers;
  - Posting the *Take a Minute* campaign materials and links on agency web sites; and,
  - Integrating *Take a Minute* campaign materials into group orientations for parents and vendors.



### **Fidelity of the Implementation of the *Take a Minute* Flyer and Video**

When the *Take a Minute* flyer and video were introduced, DDS provided regional centers with an orientation to the materials including the expectation that the materials would be shared with families and service providers. Cohort regional centers were given the opportunity to establish on their own how they were going to share the materials based on their local plans and resources.

All 21 regional centers responded to questions on the implementation interview regarding how they were disseminating the *Take a Minute* flyer and video. All information gathered were based on informal regional center responses. Per the responses from the implementation interview the following information was obtained on whether they were consistently disseminating and discussing the flyer and video with families and at regular intervals:

	None or Some of the time	About half of the time	Most of the time
Consistently disseminating the flyer and video	42%	5%	53%
Consistently disseminating the flyer and video and discussing it with families	47%	5%	48%
Consistently disseminating the flyer and video, discussing it with families and revisiting it at regular intervals.	62%	5%	33%

While this qualitative data cannot alone show regional center's fidelity to the implementation of the *Take a Minute* flyer and video, it does provide regional centers with information about how they can improve fidelity to the implementation of the *Take a Minute* resources.

Regional Center Leads indicated that they encountered a number of barriers that included:

- Limited access to technology can prevent service coordinators and providers from accessing the materials while with families.
- With high staff turnover, it is difficult to ensure that all staff are trained on the material in the *Take a Minute* campaign as well as the protocol for engaging with families.
- Meetings are very busy, and it is challenging to find the time to review this material with families when there are so many competing priorities.
- The cost of printing materials is very high, so some regional centers have had to reduce the number of flyers they distribute.

After reviewing data on barriers to implementation, DDS will remind regional centers that the *Take a Minute* flyer and video are located on the Early Start Neighborhood and DDS websites. The flyer is downloadable and printable by families and both the flyer and video can be viewed on the websites on a personal cell phone. DDS will

continue to work with the regional centers to find ways that the flyer and video can be shared and discussed during regularly scheduled meetings that does not require any additional time.

**Outcome B: Providers use the resource for appointments with families**

- Evaluation questions:
  - i. Was the *Provider Tips* resource disseminated?
  - ii. Did early intervention service providers use the *Provider Tips* regularly?
- Data sources:
  - i. *Provider Tips* Acquisition of Knowledge survey
  - ii. Implementation Interview

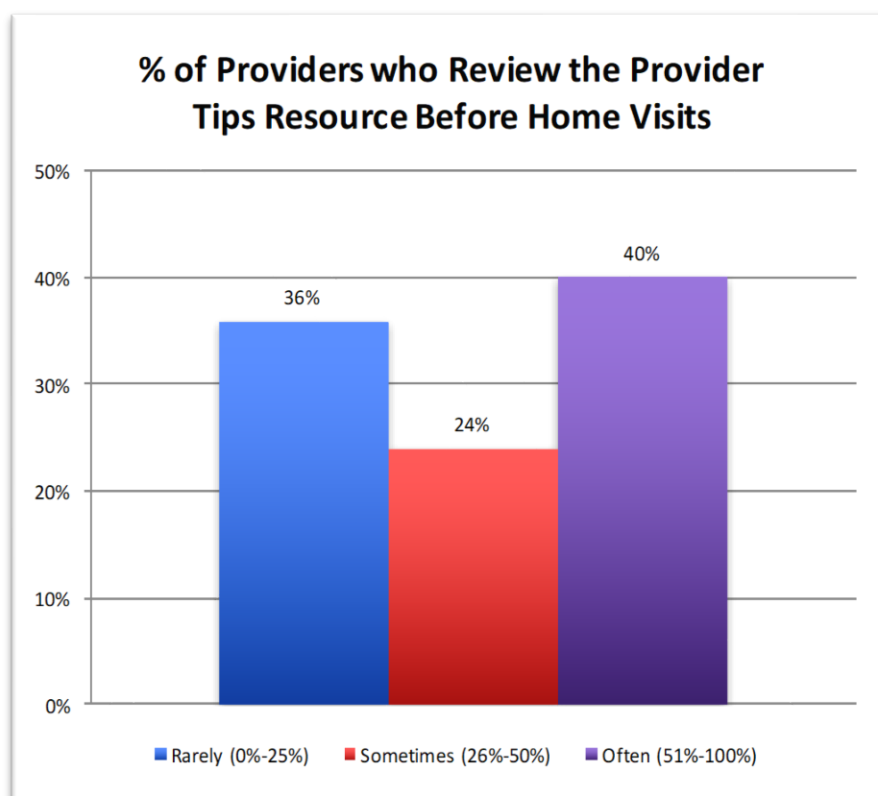
**Data Source Analysis**

**i. *Provider Tips* Acquisition of Knowledge Survey**

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 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 81 responses were received for this survey between January 2018 through December 2018.

The figure on the following page shows that 40% of providers review the *Provider Tips* resource “often” before home visits, 24% review the *Provider Tips* resource “sometimes” before home visits and 36% of providers review the resource “rarely” before their home visits. To address the poor response rate for this survey, DDS is working on providing outreach to regional center providers for the *Provider Tips* resource. In addition, a training on content and use of the *Provider Tips* resource is in development. Further, the low rate of usage of the resource reported by service providers will be explored to determine what changes or actions may be necessary.

## Early Intervention Service Providers' Use of the Provider Tips Resource



### ii. Implementation Interview

Twelve out of 21 regional centers report that half or more of providers in their local area have been sent the *Provider Tips* resource, three out of 21 regional centers report that half or more of providers in their local area are using the *Provider Tips* resource on a regular basis, and no regional centers report that half or more of providers in their local area have attended a training on the practices outlined in the *Provider Tips* resource.

Various strategies were used to increase the number of providers who effectively use the *Provider Tips* resource:

- Disseminating the resource during meetings with partner agencies; and,
- Disseminating the resource via email to partner agency managers who disseminate to their staff.

In offering trainings on the *Provider Tips* resource, regional center leads indicated that they encountered two main barriers that included:

- Providers are not compensated for time spent for attending trainings; and,
- Lack of other incentives to increase buy-in for this activity.

In response, DDS is planning to develop a free online course on how to use the *Provider Tips* in case it would help providers see the usefulness of using the resources. However, further exploration first needs to be done about whether service providers deem this resource valuable.

### **Fidelity of Implementation of the *Provider Tips* Resource**

All 21 regional centers responded to questions on the implementation interview regarding approximately how many providers have been sent the *Provider Tips* resource; how many use the tips on the regular basis; and how many providers have attended a training on the resource. All information gathered were based on regional center informal data responses. Per the responses from the implementation interview the following information was obtained:

	None or Some of the time	About half of the time	Most of the time	I do not know
Providers have been sent the Provider Tips	38%	10%	47%	5%
Providers use the Provider Tips on a regular basis	57%	5%	10%	28%
Providers have attended a training on the use of the Provider tips	85%	0%	0%	15%

While this qualitative data cannot alone show regional center's fidelity to the implementation of the *Provider Tips*, it does show that further discussions should take place with regional centers to inform them about how they can improve fidelity to the implementation of the *Provider Tips* resources.

### **Parent/Provider Education Intermediate-Term I Outcome**

#### **2. Parent/Provider Education Intermediate Term I Outcome Evaluation**

##### **Questions:**

**Outcome A:** Families increase understanding of their role in social and emotional development.

- i. 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 B:** Providers increase understanding of importance of a family-centered approach.

- i. 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?

#### **Outcome A: Families increase understanding of their role in social and emotional development**

- Evaluation question:
  - i. Is the introduction of the *Take a Minute* materials associated with an increase of families' knowledge about their role in social and emotional development?

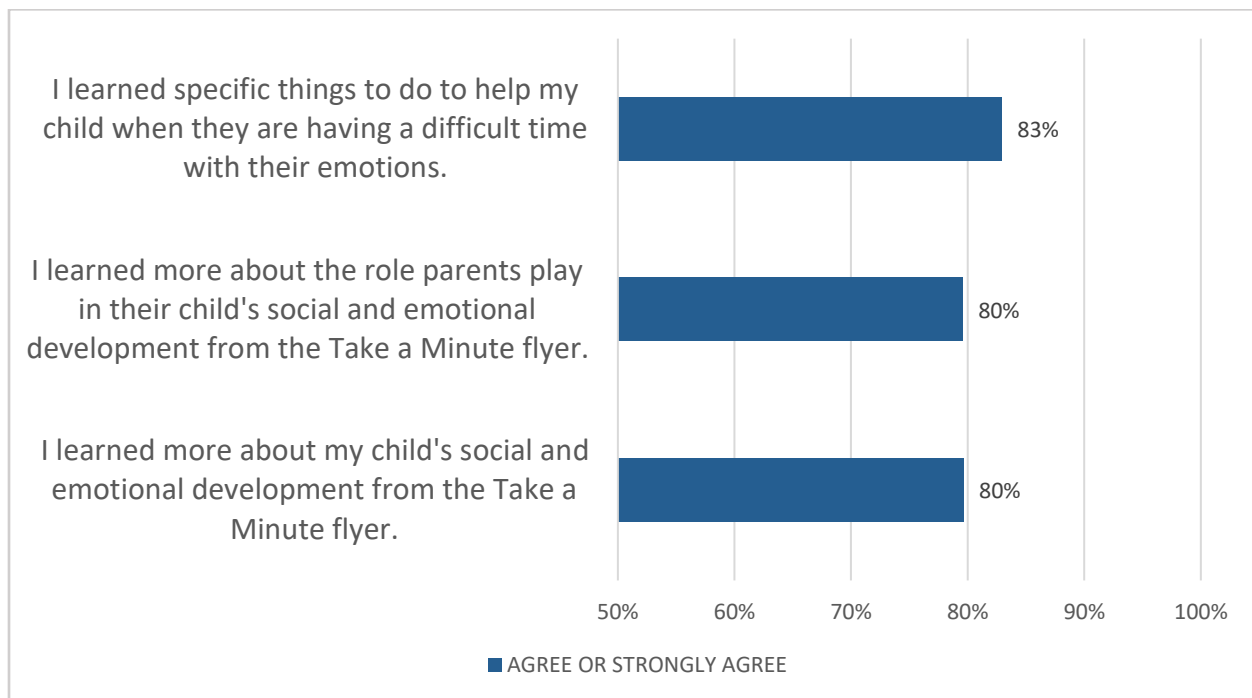
- Data source:
  - i. *Take a Minute* Acquisition of Knowledge survey

### Data Source Analysis

#### i. *Take a Minute* Acquisition of Knowledge Survey

Between January 2018 through December 2018 the *Take a Minute* Acquisition of Knowledge survey received 3,192 responses. The figure on the next page shows that 83 percent of respondents indicate they learned specific things to do to help their child when they are having a difficult time with their emotions, 80 percent indicate they learned more about the role parents play in their child's social and emotional development from the *Take a Minute* campaign, and 80 percent indicate they learned more about their child's social and emotional development from the *Take a Minute* campaign.

#### ***Survey Responses Indicating Family Acquisition of Knowledge from the Take a Minute Campaign Flyer or Video***



### **Outcome B: Providers increase understanding of importance of a family-centered approach**

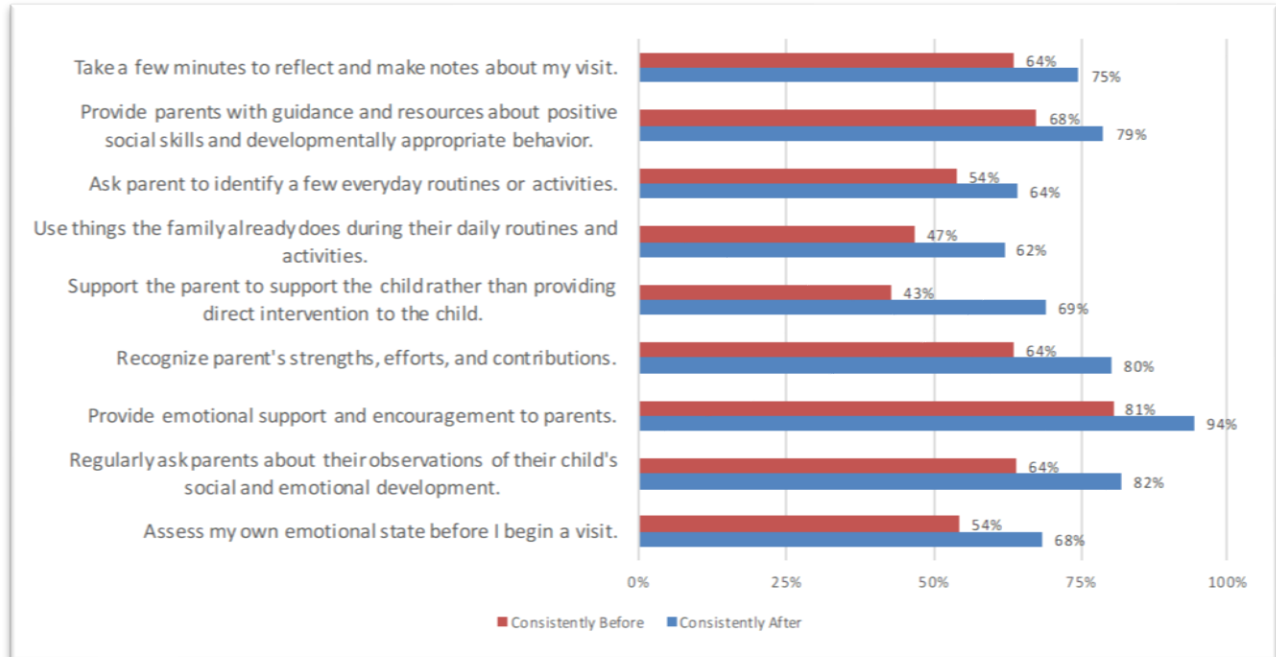
- Evaluation question:
  - i. After regular use of the *Provider Tips* resource, do early intervention service providers have an increased understanding of the importance of a family-centered approach?
- Data source:
  - i. *Provider Tips* Application of Content survey

## Data Source Analysis

### i. *Provider Tips* Application of Content Survey

The following figure shows that all practices increased in consistent use after respondent received the *Provider Tips*.

#### *Provider Use of Specific Practices Before and After Receiving Provider Tips*



## Parent/Provider Education Intermediate-Term II Outcome

### 3. Parent/Provider Education Intermediate Term II Outcome Evaluation Questions:

**Outcome A :** Families are implementing practices from flyer or video.

- ii. Are families who were provided with *Take a Minute* materials using practices from the *Take a Minute* materials?

**Outcome B:** Providers are implementing practices from the *Provider Tips*.

- i. Did providers report that they were using practices from the *Provider Tips* resource?

#### **Outcome A: Families are implementing practices from flyer or video.**

- Evaluation question:
  - i. Are families who were provided with *Take a Minute* materials using practices from the *Take a Minute* materials?
- Data source:
  - i. *Take a Minute* Application of Content survey

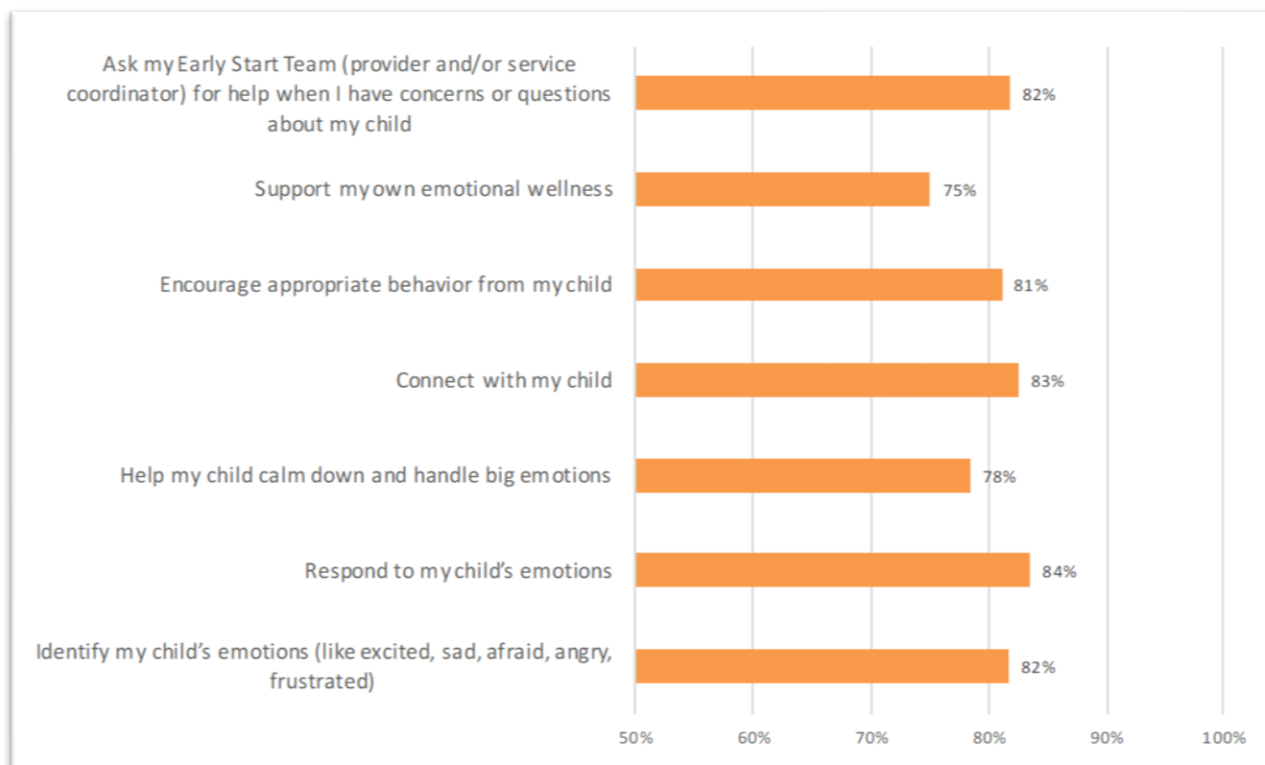
## Data Source Analysis

### i. *Take a Minute* Application of Content survey

Between January 2018 and December 2018, a total of 629 responses were received for *Take a Minute* Application of Content survey. 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. The figure below shows that between 75 percent and 84 percent of respondents indicate that they are participating in the seven activities described on the *Take a Minute* resources.

***Family Use of Specific Practices After Engaging with the Take a Minute Flyer and/or Video***



**Outcome B: Providers are implementing practices from the *Provider Tips*.**

- Evaluation question:
  - i. Did providers report that they were using practices from the *Provider Tips* resource?
- Data source:
  - i. *Provider Tips* Application of Content survey

**Data Source Analysis**

**i. *Provider Tips* Application of Content survey**

Between January 2018 through December 2018, a total of 81 responses were received for this question. Responses indicate that providers are using the practices and that they find some particularly effective.

The top three practices typically associated with coaching and relationship-based models of practice are:

- Provide emotional support and encouragement to parents;
- Take a few minutes to reflect and make notes about my visit; and,

- Provide parents with guidance and resources about positive social skills and developmentally appropriate behavior.



## **Activity Strand 2: Professional Development**

### ***Overview of Professional Development Questions by Outcome Level***

#### **1. Professional Development Short Term Outcome Evaluation Questions:**

**Outcome A:** Increase numbers of professionals completing training on social and emotional development.

- i. 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 B:** Increase numbers of professionals utilizing the Community of Practice.

- i. Are early intervention professionals utilizing the Community of Practice?

#### **2. Professional Development Intermediate Term I Outcome Evaluation Questions:**

**Outcome A:** Providers have increased knowledge to facilitate implementing evidence-based practices.

- i. 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?
- ii. Is involvement in the Community of Practice associated with an increase in early intervention professional knowledge about implementing evidence-based practices?

#### **3. Professional Development Intermediate Term II Outcome Evaluation Questions:**

**Outcome A:** Providers are implementing evidence-based practices in social and emotional development.

- i. To what extent are providers able to apply the content they have learned from the Early Start course?
- ii. 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 Short-Term Outcome

### 1. Professional Development Short Term Outcome Evaluation Questions:

**Outcome A:** Increase numbers of professionals completing training on SE development.

- i. 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 B:** Increase numbers of professionals utilizing the Community of Practice.

- i. Are early intervention professionals utilizing the Community of Practice?

**Outcome A: Increase numbers of professionals completing training on social and emotional development.**

- Evaluation question:
  - i. 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?
- Data source:
  - i. Course completion data
  - ii. Implementation Interview

### Data Source Analysis

#### i. Course Completion Data

The following table shows the total number of course completions for the online course. The State offers a facilitated online course on social and emotional development. In response to stakeholders' input, DDS created an open-access unfacilitated course. The following table demonstrates that more individuals completed the course since the added open access was offered. The open-access course can be offered in a group or individual setting.

#### ***Number of Completions of Skill Base: Facilitating Social and Emotional Development***

	2015	2016	2017	2018
Facilitated course	37	88	32	45
Open-access course (individual)		5	86	125
Open-access course (group)			141	173
<b>Total completions</b>	<b>37</b>	<b>93</b>	<b>259</b>	<b>343</b>

## ii. Implementation Interview

Various strategies were used to increase the number of personnel who complete the course, including:

- Hosting group trainings; and,
- Offering or requiring the course as a part of onboarding for new staff.

Regional center leads indicated that they encountered two main barriers to increasing participation in the Early Start online course on social and emotional development that included:

- Providers are not compensated for time spent for attending trainings; and,
- The challenge of offering regular trainings so that new staff are exposed to the content in the course.

To address these barriers, DDS will work with stakeholders on strategies to increase participation in the Early Start online course.

### **Fidelity to Implementation of the Early Start Online Course**

Due to the fact that Cohort leads are unable to monitor the ways in which personnel in their local areas engage with the Early Start online course on social and emotional development, adherence was not measured for this activity, only exposure. All information was gathered from informal regional center responses from the implementation interview. 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

The following table shows that most respondents (13 out of 21 regional centers) provided information that showed no or some exposure for the Early Start Online Course. For those seven regional centers who responded that many stakeholders had taken the course, their responses illustrated a high level of teamwork and coordination to facilitate group access. Other respondents indicated being in initial stages of accessing training or participating in related training but not necessarily the Early Start online course.

### ***Interview Response Analysis for the Early Start Online Course on Social and Emotional Development***

	None or Some	About half	Many	I do not know
# of Early Start professionals who have completed or are in the process of completing the Early Start online course on social and emotional development (either open-access or facilitated)	52%	10%	33%	5%

While this qualitative data cannot alone show regional center's fidelity to the exposure of the Early Start online course, it does provide regional centers with information about how they can improve fidelity in this area.

**Outcome B: Increase numbers of professionals utilizing the Community of Practice.**

- Evaluation question:
  - i. Are early intervention professionals utilizing the Community of Practice?
- Data source:
  - i. Implementation Interview

**Data Source Analysis**

**i. Implementation Interview**

The web-based Community of Practice is housed on the Early Start Neighborhood. Per informal responses from the regional centers taken from the implementation interview, nine out of 21 regional centers indicated that 50 or more percent of Early Start professionals in their local areas know about but don't actively use the Early Start (ES) Neighborhood. Four out of 21 regional centers indicated that 50 or more percent of Early Start professionals in their local areas are active and regular users of the ES Neighborhood.

Various strategies were used to increase the number of personnel who access and engage with the ES Neighborhood:

- Advertise the ES Neighborhood during internal and interagency staff meetings;
- Disseminate business cards and/or post cards with the ES Neighborhood link and instructions for access; and,
- Send ES Neighborhood link and instructions for access via email to internal and interagency staff.

Regional Center Leads indicated that they encountered two main barriers to increasing participation in the ES Neighborhood that included:

- Staff buy-in for why the ES Neighborhood would be helpful; and,
- Time required to regularly engage with the ES Neighborhood.

After reviewing data on barriers to implementation, DDS will be setting up email blasts to remind potential ES Neighborhood participants that the site is available to assist them and to promote use of the site.

**Professional Development Intermediate-Term I Outcome**

**2. Professional Development Intermediate Term I Outcome Evaluation Questions:**

**Outcome A:** Providers have increased knowledge to facilitate implementing evidence-based practices.

- i. 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?
- ii. Is involvement in the Community of Practice associated with an increase in early intervention professional knowledge about implementing evidence-based practices?

## **Outcome A: Providers have increased knowledge to facilitate implementing evidence-based practices.**

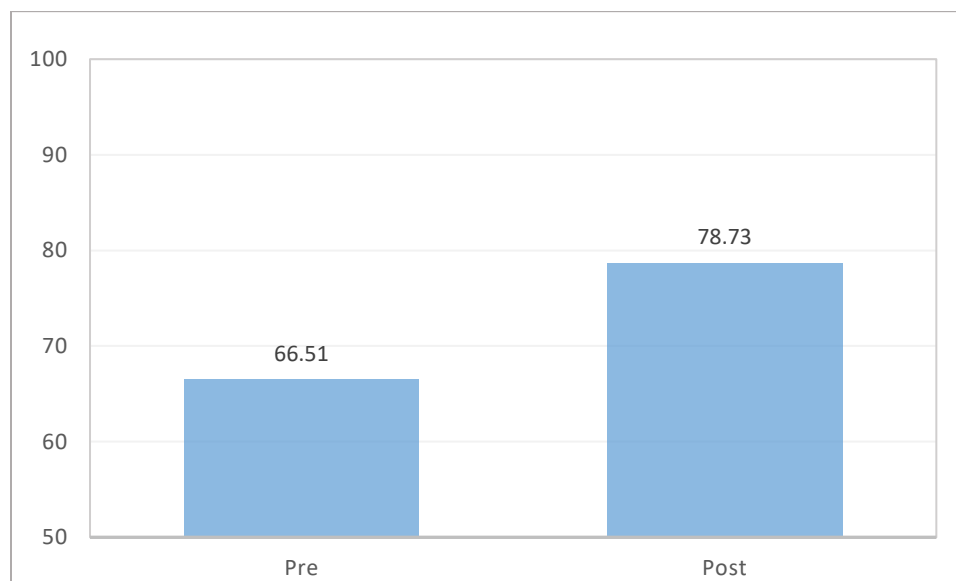
- Evaluation questions:
  - i. Did early intervention professionals who completed either the facilitated or the open-access web-based course report that their understanding of social and emotional development has increased?
  - ii. Is involvement in the Community of Practice associated with an increase in early intervention professional knowledge about implementing evidence-based practices?
- Data sources:
  - i. Pre-/post-course quiz scores
  - ii. Community of Practice Application of Content Survey

### **Data Source Analysis**

#### **i. Pre/post-course quiz scores**

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. The figure below shows a consistent increase in quiz scores from pre-quiz to post-quiz of approximately twelve percentage points, verifying an increase in knowledge.

#### ***Average Pre- and Post-Course Quiz Scores for SB:SE Overall***

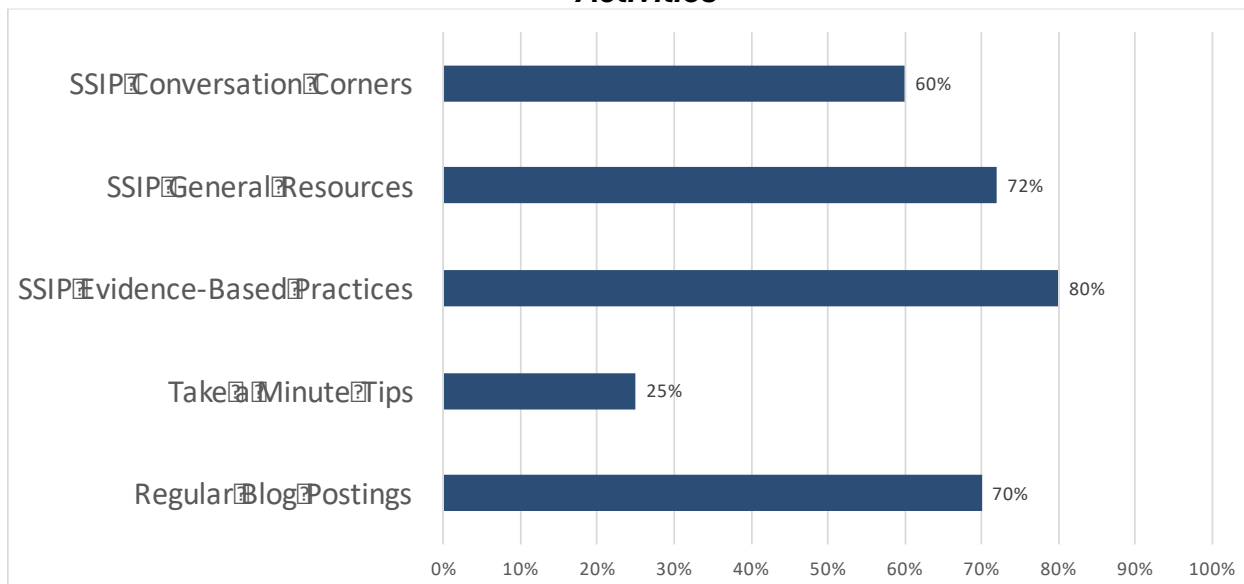


#### **ii. Community of Practice Application of Content Survey Analysis**

A total of 77 individuals responded to the Community of Practice Application of Content survey between January 2018 through December 2018, 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 following graph shows that regional center staff, LEAs and vendors are the primary users of the Early Start Neighborhood.

The graph on the following page shows that of the Community of Practice resources and activities, respondents indicated that *SSIP Evidence-Based Practices* resources were the most useful. The resource that they found least useful was the *Take a Minute Provider Tips*. DDS will request stakeholder feedback to find out why the *Provider Tips* have such a low rating.

### **Community of Practice Application of Content Survey Useful Resources and Activities**



### **Professional Development Intermediate-Term II Outcome**

#### **3. Professional Development Intermediate Term II Outcome Evaluation**

##### **Questions:**

**Outcome A:** Providers are implementing evidence-based practices in social and emotional development.

- i. To what extent are providers able to apply the content they have learned from the Early Start course?
- ii. 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?

**Outcome A: Providers are implementing evidence-based practices in social and emotional development.**

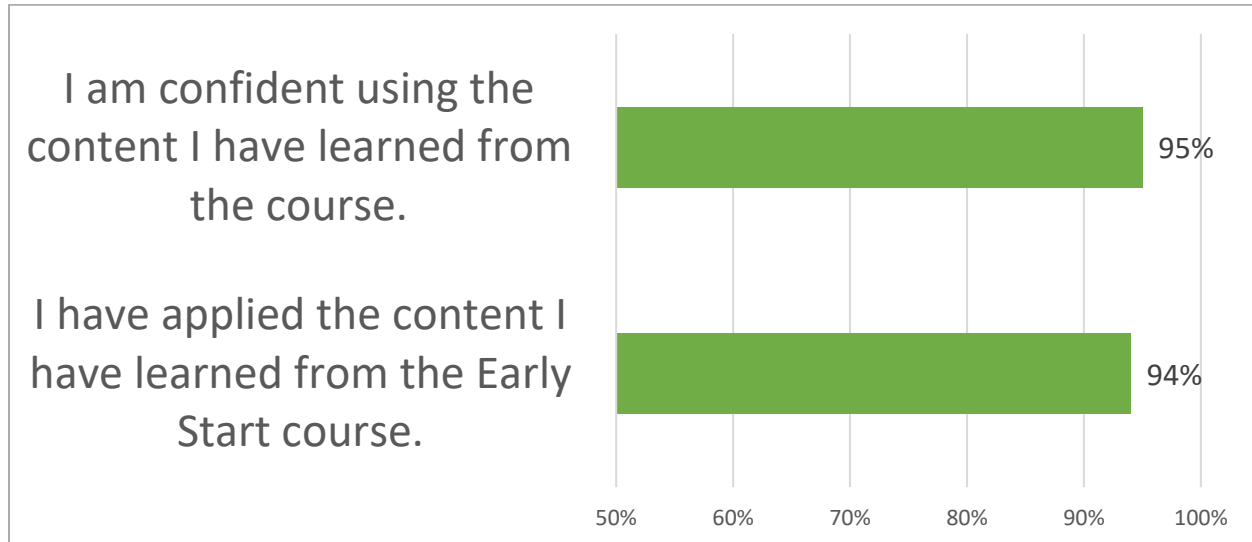
- Evaluation question:
  - i. To what extent are providers able to apply the content they have learned from the Early Start course?
  - ii. Were resources and communications from the reflective practice sessions used by Cohort leads and designees associated with an increase in knowledge to facilitate providers' implementation of social and emotional development evidence-based practices?
- Data source:
  - i. Early Start Online Course Application of Content Survey
  - ii. Community of Practice Acquisition of Knowledge Survey

## Data Source Analysis

### i. Early Start Online Course Application of Content Survey Analysis

Between January 2018 and December 2018, a total of 139 responses were received for the Early Start Online Course Application of Content Survey. The figure below shows that over 95% are confident using the content and 94% are applying the content.

#### *Early Start Online Course Application of Content Survey*



### ii. Community of Practice Acquisition of Knowledge Survey Analysis

Between January 2018 and December 2018, a total of two responses were received for the Community of Practice Acquisition of Knowledge survey; therefore, the reporting window was expanded to February 28, 2019, in order to include an additional 10 responses. Cohort team leads are given the opportunity to participate in the reflective practice sessions but participation is not mandatory. Therefore, participants and the number of participants vary from session to session. DDS will make an effort to ensure that a higher number of Cohort team leads that participate in the sessions return the surveys about their experience with the reflective practice sessions so that a more rigorous analysis of the activity is achieved.

In response to the statement “To what extent have you been able to use the content from the reflective practice sessions to support your team,” 67 percent of respondents said they are able to use the content to a great extent. In response to the statement “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,” 50 percent of respondents identified that learning from colleagues was the most helpful aspect of this activity, and 17 percent of respondents identified that engaging in facilitated self-reflection was the most helpful aspect of this activity.

## **Fidelity to the Implementation of the Early Start Neighborhood Community of Practice**

When the Early Start Neighborhood was introduced, orientation to the Neighborhood outlined how to access the site, use of the available features, and suggestions for dissemination. All information was informally gathered from regional centers during the implementation interviews. The following table shows responses from regional centers about how many stakeholders they think know about and are not active users of the Neighborhood and how many are active and regular users of the Neighborhood.

### ***Interview Response Analysis for the Early Start Neighborhood***

	None or Some of the time	About half of the time	Most of the time	I do not know
# of stakeholders know but do not actively use the ES Neighborhood	47%	10%	33%	10%
# of stakeholders are active and regular users of the ES Neighborhood	45%	15%	5%	35%

48 percent of regional centers responded that none or some stakeholders know but are rarely active users the Early Start Neighborhood and 45 percent reported that stakeholders are rarely active users of the Neighborhood. Only 5 percent reported that many stakeholders are active and regular users of the ES Neighborhood. In some part, this may be attributed to most of the regional centers being in early stages of implementation. It also suggests that many professionals are not engaging with the Neighborhood in ways that would support professional growth. The regional center leads have made recommendations for ways to improve professional access and engagement with the Neighborhood, including sending out the link to the Neighborhood through email to providers and other early intervention stakeholders and discussing the Neighborhood at staff and stakeholder meetings. DDS will ask for stakeholder input as to why there are not active and regular users of the Neighborhood.



## **Activity Strand 3: Interagency Collaboration**

### ***Overview of Interagency Collaboration Questions by Outcome Level***

<b>1. Interagency Collaboration Short Term Outcome Evaluation Question:</b>
<b>Outcome A:</b> Local trainings were held on chosen initiative(s). i. Were early intervention service providers trained on the Cohort LIA chosen initiative?
<b>2. Interagency Collaboration Intermediate Term I Outcome Evaluation Question:</b>
<b>Outcome A:</b> Providers report that the training increased knowledge about chosen initiatives. i. Were the trainings held by regional centers on their chosen initiative(s) associated with an increase in knowledge about practices that support social and emotional development?
<b>3. Interagency Collaboration Intermediate Term II Outcome Evaluation Question:</b>
<b>Outcome A:</b> Providers are implementing practices from chosen initiatives. i. After being trained, are early intervention professionals implementing the practices from the chosen initiative(s)?

### **Interagency Collaboration Short-Term Outcome Evaluation Report**

<b>1. Interagency Collaboration Short Term Outcome Evaluation Question:</b>
<b>Outcome A:</b> Local trainings were held on chosen initiative(s). i. Were early intervention service providers trained on the Cohort LIA chosen initiative?

#### **Outcome A: Local trainings were held on chosen initiative(s)**

- Evaluation question:
  - i. Were early intervention service providers trained on the Cohort LIA chosen initiative?
- Data source
  - i. Implementation Interview

#### **Data Source Analysis**

##### **i. Implementation Interview**

Various strategies were used to increase the number of partner agencies who engage in these activities, including:

- Offering a webinar to facilitate access;
- Tagging a short training onto existing meetings where target agencies will be in attendance; and,
- Collaborating with school districts and other partner agencies to offer training.

Regional Center Leads indicated that they encountered two main barriers to offering training and incentivizing participation in training that included:

- Providers are not compensated for time spent for attending trainings; and,
- Lack of time of early intervention stakeholders to take the time to participate in the training.

DDS has provided some training funds to regional centers to assist them in providing local training events.

### **Fidelity of Implementation of Interagency Collaboration Activities**

When the SSIP was introduced, local orientation outlined expectations for training and adoption of a local initiative. All information was gathered from informal regional center responses from the implementation interview. The following table shows what regional centers reported as to how many stakeholders they think participated in their local initiative trainings and the number of stakeholders that they think are implementing the local initiatives.

#### ***Interview Response Analysis for Interagency Collaboration Activities***

	None or Some	About half	Many	I do not know
# of stakeholders participated in local initiative training	47%	10%	38%	5%
# of stakeholders implementing local initiative	57%	10%	23%	10%

48 percent of regional centers reported that they think none or some stakeholders participated in their local initiative training and 58 percent reported that they think none or some stakeholders are implementing their local initiative. 38 percent reported that many of their stakeholders participated in their training and that 24 percent are implementing their local initiative. This data shows that further discussion should take place with regional centers to determine how they can improve in spreading the training information to as many stakeholders as possible and how they can determine whether the information from the training is being used by stakeholders. The low percentage of participation in the trainings may be attributed to most of the regional centers in Cohort 3 still in the planning stages of their local initiative trainings.

### **Interagency Collaboration Intermediate-Term I Outcome Evaluation Report**

#### **2. Interagency Collaboration Intermediate Term I Outcome Evaluation Question:**

**Outcome A:** Providers report that the training increased knowledge about chosen initiatives.

- i. Were the trainings held by regional centers on their chosen initiative(s) associated with an increase in knowledge about practices that support social and emotional development?

**Outcome A: Providers report that the training increased knowledge about chosen initiatives.**

- Evaluation question:
  - i. Were the trainings held by regional centers on their chosen initiative(s) associated with an increase in knowledge about practices that support social and emotional development?
- Data source:
  - i. Interagency Collaboration Acquisition of Knowledge (training evaluation) surveys

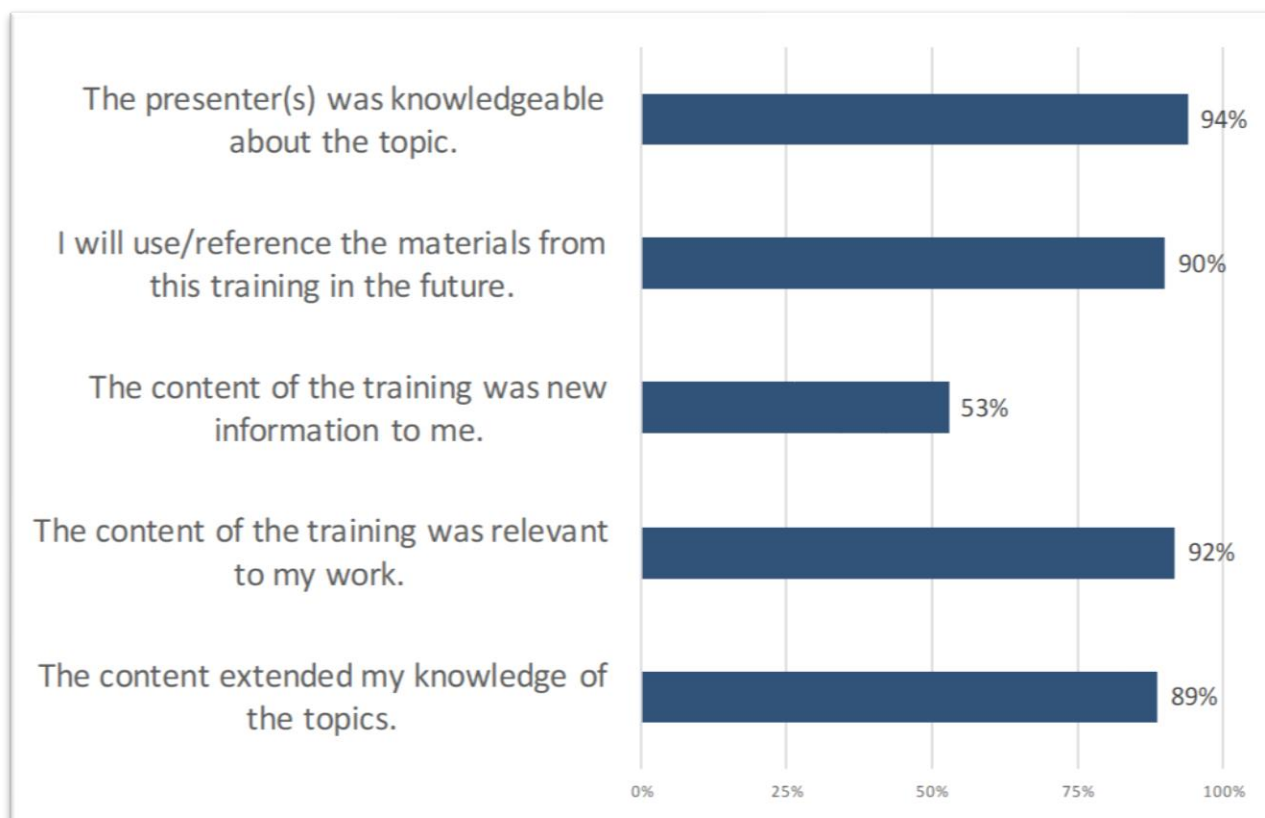
**Data Source Analysis**

**i. 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. At the time the following figure was created, 559 responses had been received. As shown in the following figures on the next two pages, overall, respondents gave training activities high ratings in terms of content relevancy and usefulness.

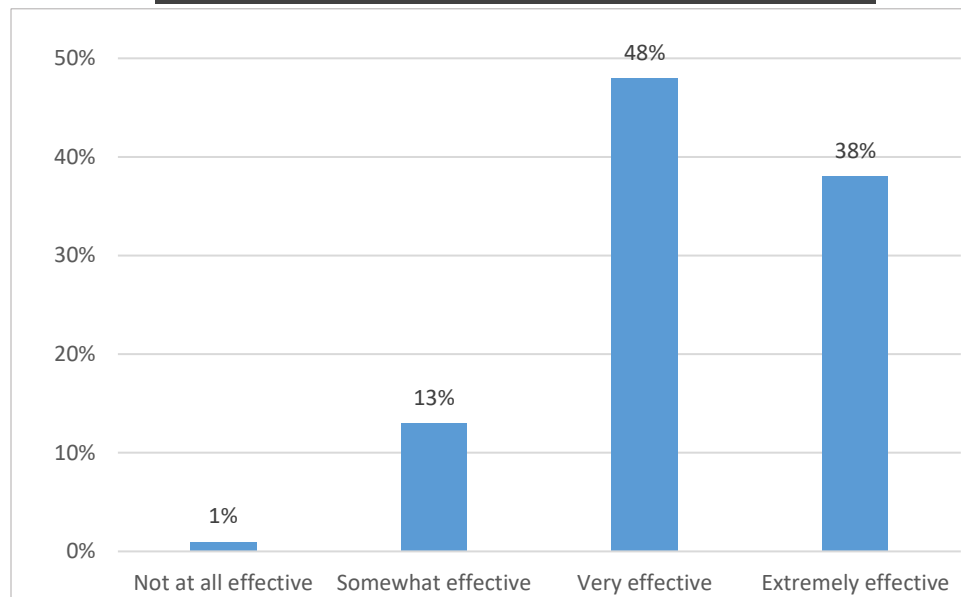
**Interagency Collaboration Acquisition of Knowledge Survey**

**(Evaluation Feedback on Local Training)**



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. Eighty-six percent of respondents rated the training as very or extremely effective.

**Interagency Collaboration Acquisition of Knowledge Survey**  
**(Overall Effectiveness Rating of Local Training)**



**Interagency Collaboration Intermediate-Term II Outcome Evaluation Report**

**3. Interagency Collaboration Intermediate Term II Outcome Evaluation Question:**

**Outcome A:** Providers are implementing practices from chosen initiatives.  
i. After being trained, are early intervention professionals implementing the practices from the chosen initiative(s)?

**Outcome A: Providers are implementing practices from chosen initiatives.**

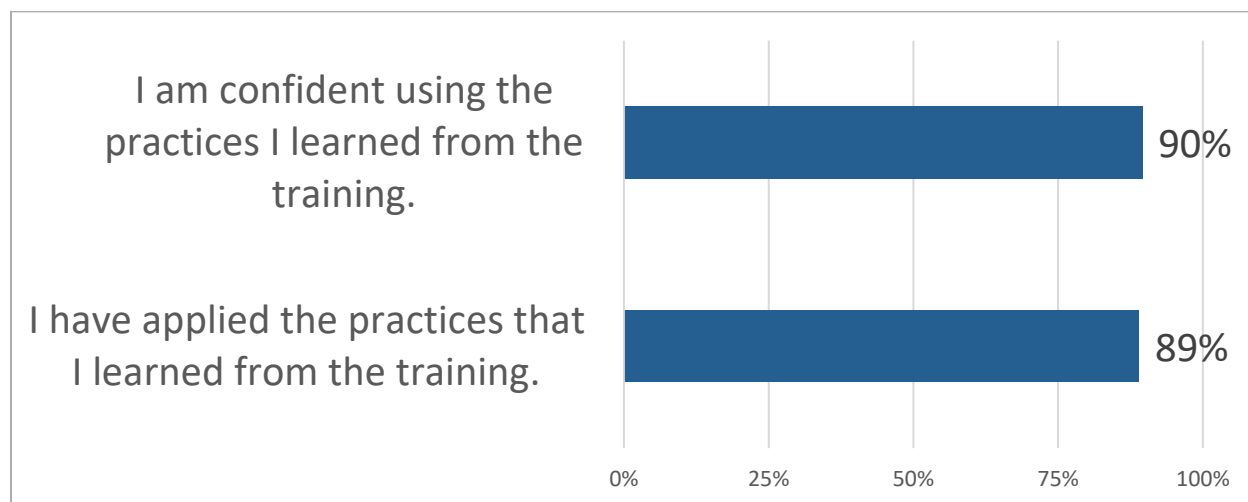
- Evaluation questions:
  - i. Please rate your level of confidence.
- Data source:
  - i. Interagency Collaboration Application of Content (training impact) survey

**Data Source Analysis**

**i. Interagency Collaboration Application of Content (Training Impact) Survey**

A total of 163 responses were received for the Interagency Collaboration Application of Content Survey. The figure on the following page shows that 90% are confident using the practices learned from the training and 89% applied the practices from the training.

### **Interagency Collaboration Application of Content Survey**



### **Summary of Evaluation of California's SSIP**

Overall, data shows that Cohorts are implementing the planned SSIP activities and that families and early intervention professionals are learning and utilizing the materials although the rates of use of these materials and activities vary across the state. DDS will develop strategies on how to increase the use of SSIP resources that are underutilized, such as the Community of Practice. Informal responses to the implementation interviews show that additional information needs to be gathered to truly know whether regional center implementation activities are being implemented to fidelity. DDS will be reviewing this information carefully and providing technical assistance to increase implementation activity fidelity.

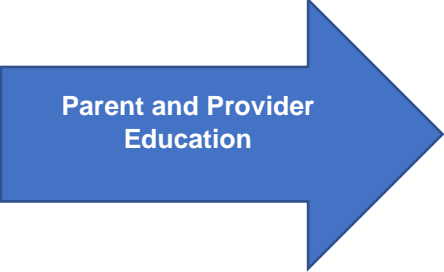


### **Plans for Next Year**

Next year, California plans to address sustainability efforts with all Cohorts, focusing on some of the challenges and barriers regional centers are expressing, such as training new staff on social and emotional development and SSIP resources, and engaging local stakeholders to participate in the SSIP. The fidelity pilot for the *Provider Tips* maybe implemented and results from that pilot will inform whether the pilot can be scaled up to additional regional centers. DDS will continue to review evaluation survey data and information from Cohort implementation interviews and use them as a guide to point out where regional centers need to change their plans or improve their SSIP activities. This data will also be used by DDS to review where extra support is needed in implementation activities or determine which activities or resources are most helpful or deleted.

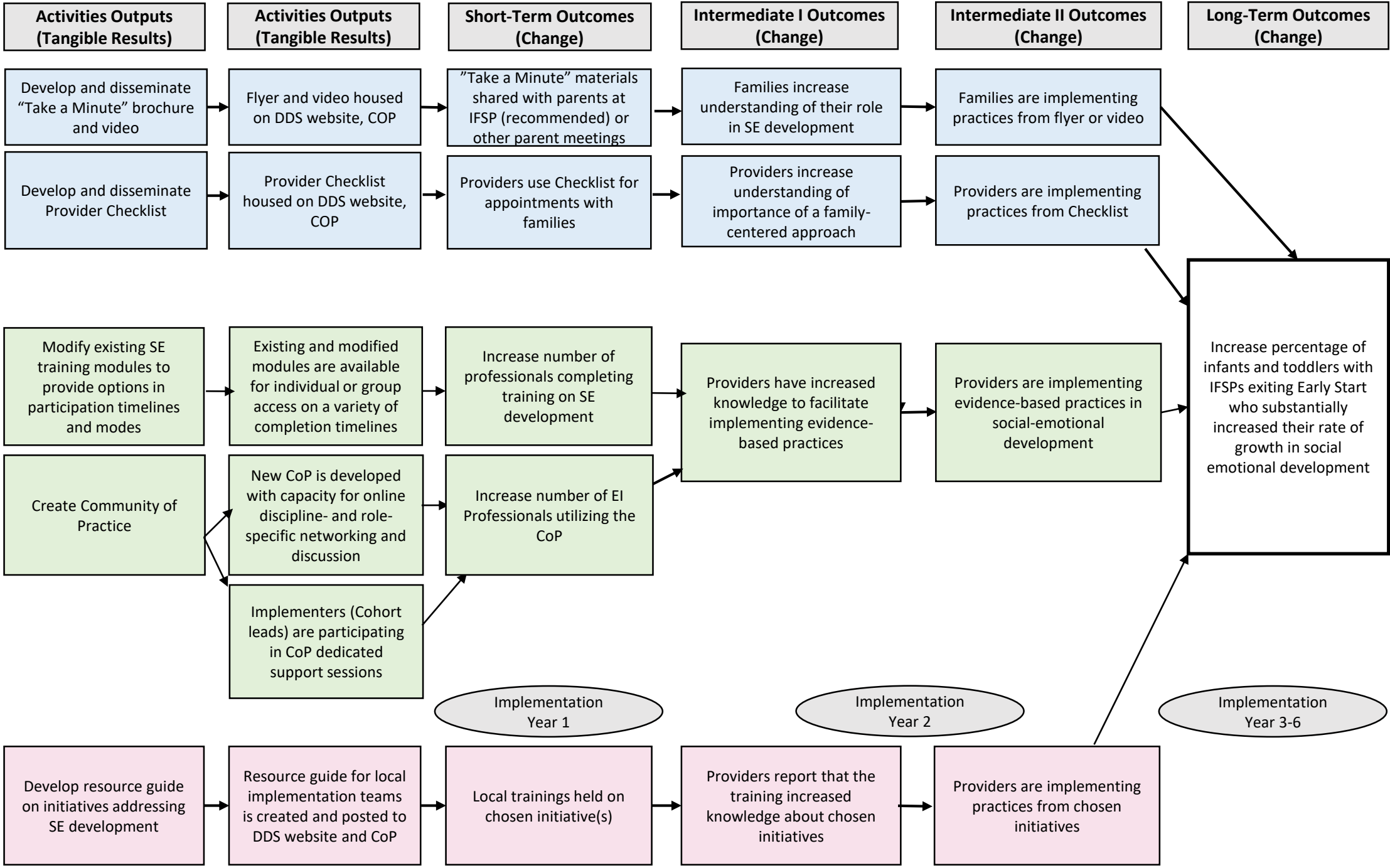
DDS will address scaling up SSIP activities to include SSIP sustainability, continuation of evidence-based practices, fidelity of implementation activities, addressing implementation dip and improving the SiMR child outcome. DDS technical assistance will come in the form of providing a meeting of SSIP Cohort team leads, facilitated by Center for Individuals with Disabilities Education Act Early Childhood Data Systems (DaSy), prior to the ESPS to address some of these issues, and ongoing technical assistance will be provided to regional centers throughout the year. In addition, DDS is

currently receiving technical assistance from DaSy to improve the data quality of the SiMR child outcome Indicator 3A, Summary Statement 1.

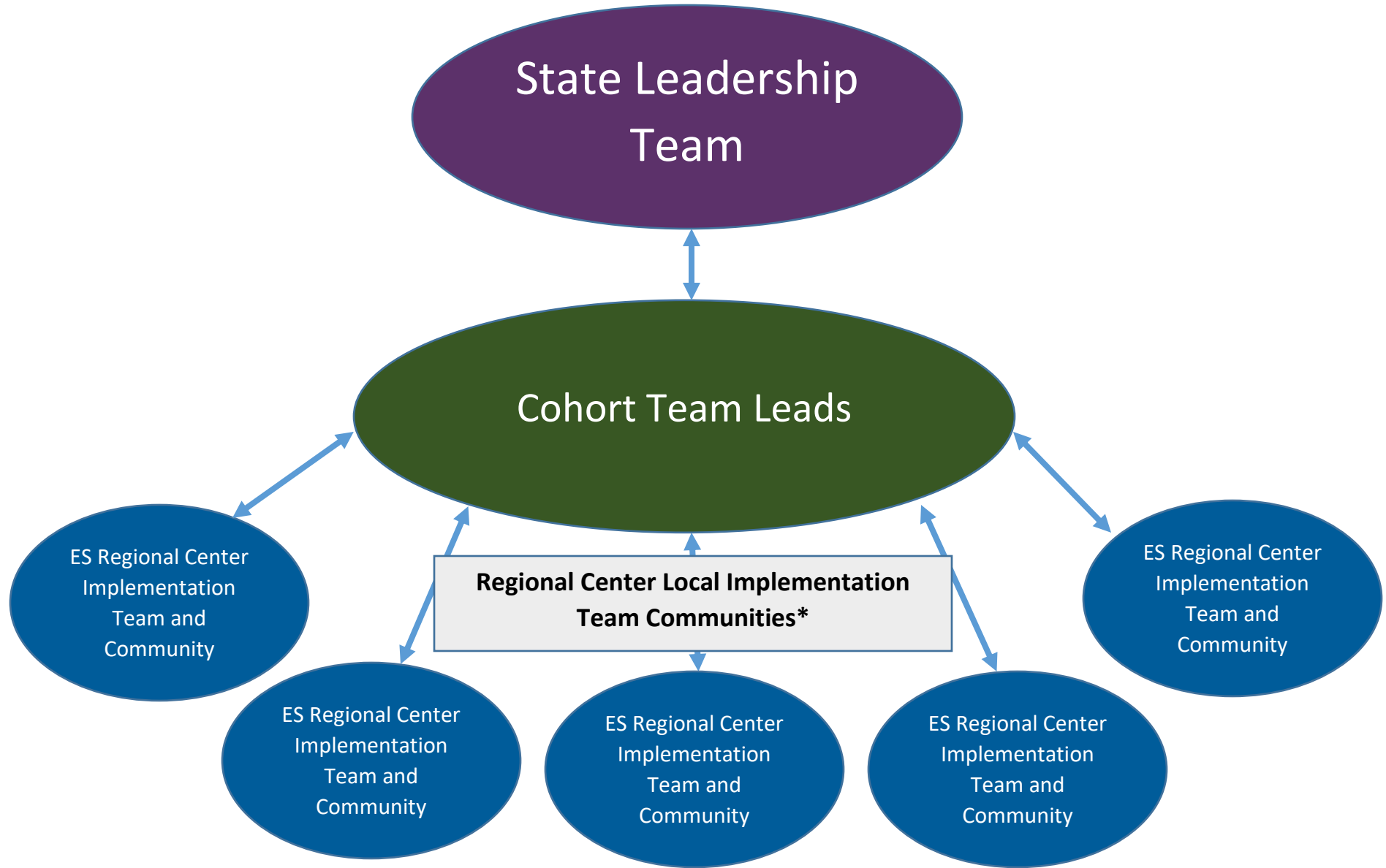
## State-identified Measurable Result: California Theory of Action

<b>Strands of Action</b>	<b>If DDS</b>	<b>Then</b>	<b>Then</b>	<b>Then</b>
 <b>Parent and Provider Education</b>	<p><i>...develops and implements sustainable outreach, education, and training strategies through the Early Start Comprehensive System of Personnel Development (ESCSPD) for the entire Early Start Community including families and service providers, on evidence-based practices and family-centered philosophy</i></p>	<p><i>...families will better understand the Early Start program and their role in social/emotional parent-child relationship development</i></p> <p><i>...service providers will better understand the importance of the family-centered approach and natural environments</i></p>	<p><i>...families will receive the education and support necessary to fully engage in their child's social/emotional development through the parent-child relationship</i></p> <p><i>...local systems will competently and consistently implement evidence-based practices in social-emotional development to support the parent-child relationship</i></p>	<p><i>...there will be an increased percentage of infants and toddlers with IFSPs exiting Early Start who substantially increased their rate of growth in social-emotional development</i></p>
 <b>Professional Development</b>	<p><i>...promotes and implements sustainable, evidence-based training strategies for the Entire Early Start Community on social-emotional development, evidence-based assessments, and parent-child relationships</i></p> <p><i>...leverages effective, evidence-based practices of regional centers and local educational agencies (LEAs) or other entities in engaging families in the social-emotional development of the child through enhanced parent-child relationship</i></p>	<p><i>...service providers will have the knowledge and capacity to consistently and effectively implement evidence-based practices</i></p> <p><i>...improvements in practice will be sustainable</i></p>		
 <b>Interagency Collaboration</b>	<p><i>...identifies and partners with statewide collaboratives to disseminate information on the importance of parent-child relationships and social-emotional development with the Interagency Coordination Council as lead</i></p>	<p><i>...service providers will better understand the importance of the family-centered approach and natural environments</i></p> <p><i>...service providers will increase focus on social-emotional developmental outcomes</i></p>		

Attachment B







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

## Attachment D: Guide to CA SSIP Evaluation Surveys\*

	Outcome Level	Improvement Activity	Survey/ Tool	Indicator/ Evaluation Question	Respondents	Dissemination & Collection
<b>Activity Strand 1 Parent/Provider Education</b>	1. Short Term 2. Intermediate I	Take a Minute	Acquisition of Knowledge Surveys (for flyer and for video)	Were TaM flyers/videos given to parents? Did TaM materials increase family's knowledge?	Families	Survey available on Neighborhood/DDS website directly following the flyer (English & Spanish) and video (English & Spanish)
	3. Intermediate II	Take a Minute	Application of Content Survey	Are families using practices from the TaM materials?	Providers	Online and paper versions. Paper surveys subsequently entered online. Providers encouraged to complete with families at 6 month IFSP meeting.
	1. Short Term 2. Intermediate I 3. Intermediate II	Provider Checklist	Application of Content Survey	Do providers use the Provider Tips regularly? Did Provider Tips increase understanding of a family-centered approach? Are providers using practices from Provider Tips?	Providers	Survey link on the PDF of the resource. Survey link sent via the Early Start Neighborhood AND from RC LIT directly.
<b>Activity Strand 2 Professional Development</b>	2. Intermediate I	SE Training Module	Acquisition of Knowledge (Pre/post Quiz)	Did the web-based course increase participants' knowledge?	Professionals	Facilitated = automatic Open-access = automatic for individuals accessing independently; RC LIT for group-access
		SE Training Module	Acquisition of Knowledge (Course Feedback)	Did the web-based course increase participants' knowledge?	Professionals	Facilitated = automatic Open-access = automatic for individuals accessing independently; RC LIT for groups
		SE Training Module	Application of Content (Impact Survey)	Are participants using what they learned in their daily work?	Professionals	Facilitated = WestEd Open-access = WestEd
		Community of Practice (CoP)	Application of Content Survey	% of EI providers who reported positively that they could utilize the information from CoP to implement SE EBPs.	Providers	Early Start Neighborhood broadcast
	3. Intermediate II	Community of Practice (CoP)	Acquisition of Knowledge Survey and Interview	Extent to which Cohort leads for Local Implementation Teams (LITs) report that the reflective practice sessions increased their knowledge to facilitate provider's implementation of SE EBPs.	Cohort leads and their designees	<i>(Local Implementation Cohort Only)</i>  Survey link disseminated through reflective practice session chat box every 6 months.

Attachment D: Guide to CA SSIP Evaluation Surveys\*

	Outcome Level	Improvement Activity	Survey/ Tool	Indicator/ Evaluation Question	Respondents	Dissemination & Collection
Activity Strand 3 Interagency Collaboration	2. Intermediate I	RCLIA Training Activities	Acquisition of Knowledge	Did training participants report that attending the training increased their knowledge about practices from chosen initiatives?	Providers	<i>(Local Implementation Cohort Only)</i>  Given out immediately after training ends. RC LIT (provided a survey template)
	3. Intermediate II	RCLIA Training Activities	Application of Content	Did training participants implement practices from the training?	Providers	<i>(Local Implementation Cohort Only)</i>  Given out 1 month after training ends. RC LIT (provided a survey template)

\*Surveys were not utilized to evaluate all Outcomes