



Department of Developmental Services

California Part C

State Systemic Improvement Plan

Phase III

Year 4

*April 2020*

California Early Start Program

Department of Developmental Services

# Table of Contents

Summary of Phase III .....	3
California Part C – SSIP Foundation and Framework.....	3
Map of CA Showing Cohort 1, 2, and 3 Regions.....	4
State-identified Measurable Result (SiMR) .....	5
Theory of Action.....	5
Strands of Action .....	5
Overview of Phase III, Year 4 Implementation.....	8
Strand of Action 1: Parent and Provider Education.....	7
Strand of Action 2: Professional Development .....	8
Strand of Action 3: Interagency Collaboration .....	10
Progress in Implementing the SSIP .....	11
State-identified Measurable Result (SiMR): Comparison to Date .....	12
Other Data Supporting SiMR Progress.....	14
Stakeholder Involvement in SSIP Implementation.....	14
Data on Implementation and Outcomes .....	16
Measuring Outputs to Assess Effectiveness.....	16
Progress and Modifications .....	19
Stakeholder Involvement in Evaluation.....	37
Data Quality Issues .....	39
Data Limitations and Plans for Improvements .....	39
Progress Toward Achieving Intended Improvements .....	39
Plans for Next Year .....	39
Activities and Timeline for SSIP Phase III – Year 5 .....	41
Planned Evaluation Activities.....	41
Technical Assistance .....	41
Attachments B, C, D, E	

### Summary of Phase III

During the first three years of SSIP Phase III, California's Early Start (ES) program implemented strategies within three strands of action that serve as the foundation of the State Systemic Improvement Plan (SSIP). These strands of action were implemented in sequential fashion across three cohorts of Regional Centers (RC). That is, during the initial implementation of improvement strategies described within the strands of action, approximately one-third of the RCs implemented the strategies, with an additional one-third of the state participating in each subsequent year. This report summarizes activities, progress, and results for the fourth year of Phase III. SSIP reports for prior years are available online and may be accessed using the links below:

- Phase I: Data Analysis; identification of the focus for improvement; description of infrastructure to support improvement and build capacity; and, the State's Theory of Action. [Phase I Submission Report – \(FY 2013-2014\) – Submitted 2015](#)
- Phase II: Development of the multi-year plan which includes: infrastructure development; supports for implementing evidence-based practices (EBP); and an evaluation plan. [Phase II Submission Report – \(FY 2014-2015\) – Submitted 2016](#)
- Phase III: Evaluation of the plan and reporting of progress; results of the ongoing evaluation; report on the extent of progress; and revisions to the plan.
  - [Phase III SSIP Report \(FFY 2015-2016\)-Submitted 2017](#)
  - [Phase III SSIP Report, Year 2 \(FFY 2016-2017\)-Submitted 2018](#)
  - [Phase III SSIP Report Year 3 \(FFY2017-2018\)-Submitted 2019](#)

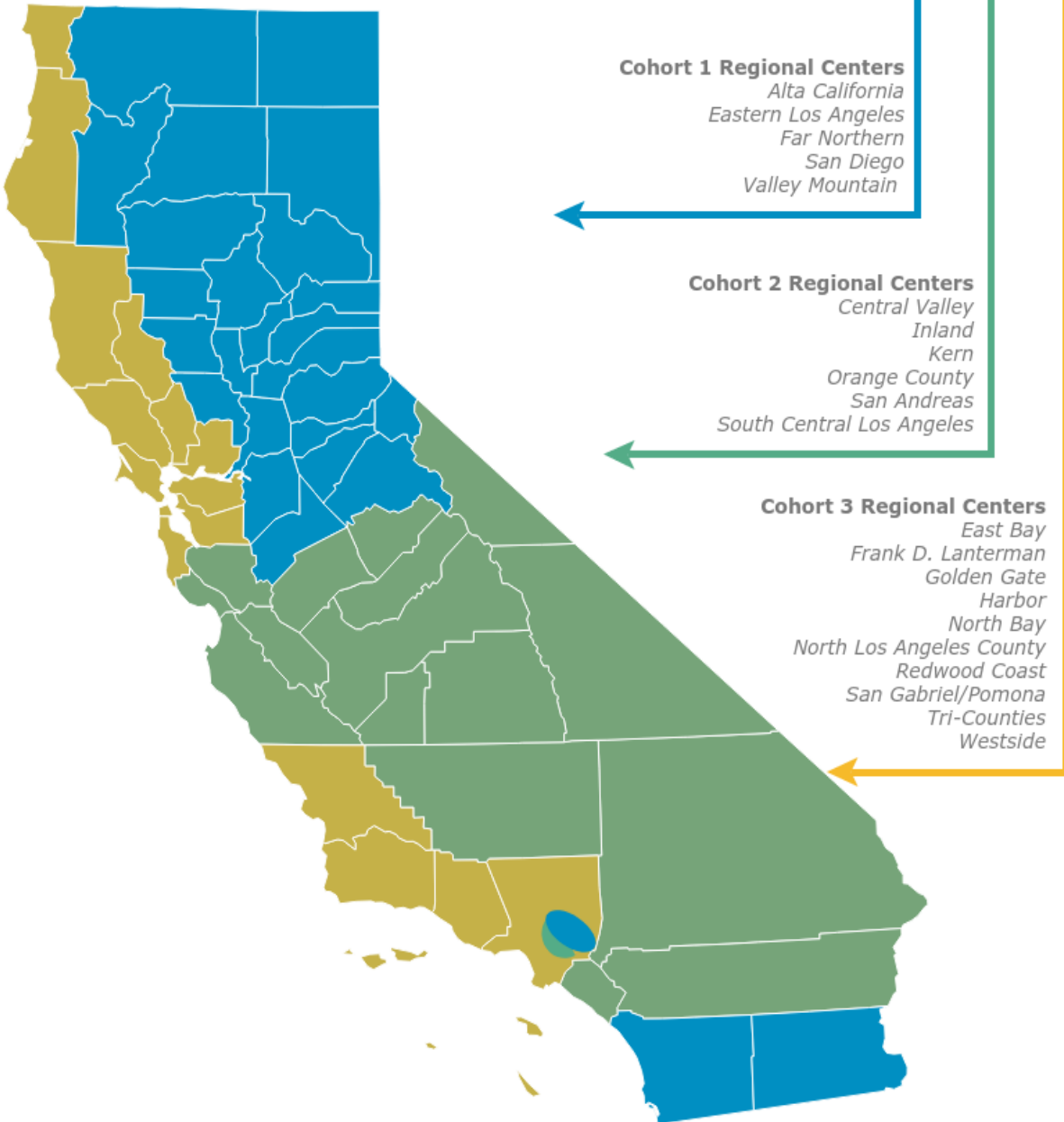
### California Part C – SSIP Foundation and Framework

The SSIP is a multi-year plan that describes how California will improve outcomes for children with disabilities served under the Individuals with Disabilities Education Act (IDEA), Part C. As part of the Office of Special Education Programs' (OSEP) Results Driven Accountability framework, the SSIP is a requirement of the State's Annual Performance Report (APR) which began in 2014 and will be re-evaluated in 2021.

The State, with the support and involvement of numerous stakeholder groups, determined the focus for improvement should result in better outcomes (e.g., increased progress) in children's social and emotional development. This area was chosen because of the linkage of social and emotional development with overall development and potential improvements to other child outcome areas.

In California, the Department of Developmental Services (DDS) is the lead agency in the administration of the Early Start program and maintains a partnership with the California Department of Education (CDE) to coordinate the provision of early intervention services. At the local level, Early Start services are accessed through 21 community-based regional centers, as well as through 125 local educational agencies (LEA) responsible for providing services to children with solely low-incidence disabilities.

# California Cohorts



## **State-identified Measurable Result (SiMR)**

California's SiMR is *to increase the percentage of infants and toddlers with disabilities who substantially increase their rate of growth in positive social and emotional skills (including social relationships) by the time they exit the early intervention program.*

## **Theory of Action**

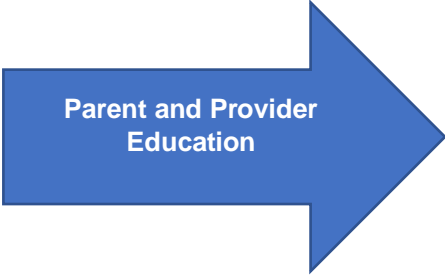


The following Theory of Action proposes that there will be an increased percentage of infants and toddlers with Individual Family Services Plans (IFSP) exiting the Early Start program who have substantially increased their rate of growth in social and emotional development. California Part C's Theory of Action focuses on three strands that address parent/provider engagement, professional development, and interagency collaboration.

## **Strands of Action**

The three strands of action were developed with actionable strategies to achieve the SiMR:

1. **Parent/Provider Education.** Develop and implement sustainable outreach, education, and training strategies for the entire Early Start community, including families and service providers, on evidence-based practices and family-centered philosophies.
2. **Professional Development.** Promote and implement sustainable evidence-based training strategies for the entire Early Start community on social and emotional development, evidence-based assessments, and parent-child relationships. Leverage effective, evidence-based practices of RCs and LEAs in engaging families in the social and emotional development of the child through enhanced parent-child relationships.
3. **Interagency Collaboration.** Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social and emotional development with the Interagency Coordination Council (ICC) on Early Intervention as the lead.

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

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



## **Overview of Phase III, Year 4 Implementation**

During Phase III – Year 4 of the SSIP, California’s major areas of focus included gathering quality SiMR outcome data, the use of evidence-based practices to fidelity, and moving towards SSIP sustainability efforts. Details of each focus area are included under the associated Theory of Action strands. Additionally, California has continued to actively engage and collaborate with Early Start stakeholders, conduct ongoing evaluations, begin plans to explore the use of evidence-based practices to fidelity, and promote SSIP sustainability. This report speaks to the activities undertaken from January 2019 through December 2019 and identifies areas where modifications to planned activities have occurred. Each Strand of Action correlates to short, intermediate, and long-term outcomes detailed in California’s Logic Model (see Attachment B). 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 Model.

SSIP Liaisons, comprised of DDS staff, work as a cohesive team to provide support and guidance to the 21 regional centers. Liaisons are the primary contacts for the regional centers’ Local Implementation Teams (LIT) and stakeholders to ensure resources, technical assistance (TA), and local trainings are provided to support implementation and sustainability efforts; while stakeholders, including Early Start program directors, supervisors, pediatricians, former Early Start parents, advocates, and staff from related state programs, continue to provide input into the work and direction of the SSIP.

What follows is a summary of the major activities employed under each Strand of Action during Phase III – Year 4 of California’s SSIP process. Progress and data on implementation and outcomes of each Strand of Action is presented in greater detail in later sections of this report.

### **Strand of Action 1: Parent and Provider Education**

**Develop and implement sustainable outreach, education, and training strategies for the entire Early Start community, including families and service providers, on evidence-based practices and family-centered philosophies.**

During this phase, California analyzed SSIP resources and activities to identify challenges and successes in implementation to enhance sustainability efforts for ongoing improvements. These efforts informed necessary refinements of materials and training previously created, and they include:

- *Take a Minute* campaign materials include a flyer and a video, made available to families; and,
- *Provider Tips for Supporting Social and Emotional Development*, is a checklist of evidence-informed strategies, used by service providers.

The *Take a Minute* flyer and video were developed for regional center service coordinators and service providers to review with families. These resources were



designed to emphasize the parent and child relationship as key to healthy social and emotional development and provide practical, research-based tips on how parents can promote social and emotional development. Through implementation and use of these resources, this past year, some stakeholders reported that a few families had objections to the *Take a Minute* video because they did not feel it was inclusive of all families. In response, this resource has since been temporarily removed from the website and is used at each regional center's discretion. Because the number of responses by parents, to surveys about their use of the video, only dropped by approximately 27% when access became less easily available, it is evident that the resource continues to be used. California plans to gather information from families and other stakeholders so that the video can be revised accordingly. Plans to revise this video resource are detailed later in this report.

The *Take a Minute* flyer has continued to be a consistent tool used with families at home visits, intakes, orientations, or at IFSP meetings. Additionally, the Family Resource Center Network of California (FRCNCA) and Family Resource Centers (FRC) promote the use of the *Take a Minute* flyer through parent and provider training and other early intervention activities.

The *Provider Tips for Supporting Social and Emotional Development* continue to be used by vendors and providers of services. A few RCs have requested targeted technical assistance to train vendors and providers on the provider tips. Targeted assistance and training are provided, if an RC requests it, on this resource.

## **Strand of Action 2: Professional Development**

**Promote and implement sustainable evidence-based training strategies for the entire Early Start community on social and emotional development, evidence-based assessments, and parent-child relationships. Leverage effective, evidence-based practices of RCs and LEAs in engaging families in the social and emotional development of the child through enhanced parent-child relationships.**

In addition to utilizing the *Take a Minute* materials in Phase III – Year 4 of the SSIP, cohorts held trainings for their early intervention local stakeholders and partners on evidence-based initiatives focusing on social and emotional development. Most cohorts chose to train on *Strengthening Families™* and the *Five Protective Factors*, an evidence-based approach that aligns and incorporates the *Take a Minute* resources. Others chose to train on *Positive Parenting* or *Social and Emotional Milestones*. In all initiatives, the *Take a Minute* campaign materials are incorporated to further support the activities outlined in the cohort LIT's chosen evidence-based initiatives.

The Early Start Comprehensive System of Personnel Development advances the knowledge of parents and providers of the importance of infant and toddler social and emotional development and serves as the foundational structure for continual professional development for the field in this area. California's ESCSPD consists of a comprehensive training curriculum that aligns with the personnel competencies and interdisciplinary practice guidelines in the recommended Early Start Personnel Manual

created by the ICC. Participants report high rates of satisfaction with the trainings offered through the ESCSPD. These efforts guide and support ongoing progress towards California's SiMR through the following activities and resources:

- Early Start online and facilitated course called *Skill Base: Facilitating Social and Emotional Development*; and,
- Online Community of Practice.

SSIP implementation activities are planned and documented in each regional center's Local Implementation Assessment (LIA) plan. (The structure of the regional center team leads and the local implementation teams is illustrated in Attachment C). The LIA is intended to help the RC and LIT understand the implementation requirements and recommend additional activities that the local team may want to consider with their own stakeholder partnerships and resources.

### **Strand of Action 3: Interagency Collaboration**

**Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social and emotional development with the ICC as the lead.**

DDS continued to expand infrastructure, strengthen interagency collaboration, and engage stakeholders to make continued strides towards sustainability of SSIP activities and trainings. These collaborations were further supported by the universal dissemination of the resource guide created by the ICC during earlier implementation years:

- *The Resource Guide to Initiatives and Programs to Support Social and Emotional Development in Infants and Toddlers.*

During Phase III – Year 4, LITs recommitted to their LIA plans through an addendum that identified an initiative or program to focus sustainability scale-up efforts related to their initial SSIP implementation activities. These scale-up efforts are promoted through the following stakeholders, projects, and activities:

- Monthly professionally facilitated reflective practice sessions were provided for ongoing support in a safe environment where cohort LITs could share ideas, successes, and how to overcome challenges and barriers in their local SSIP implementation;
- Quarterly trainings were provided by the FRCNCA on SSIP-related activities to LIT members;
- Quarterly conference calls with DDS were provided to give SiMR data updates, improvements towards the SiMR at the state level, consistent messaging, and to announce upcoming and ongoing trainings related to SSIP sustainability;
- Quarterly ICC meetings were held to maintain statewide support on SSIP activities. DDS provided regular updates to the ICC on SSIP activities, SiMR and implementation survey data, Early Start Partners Symposium (ESPS)

participation, and sought feedback for suggestions to Annual Performance targets related to the SiMR.

- A bi-annual in-person meeting was held to engage all SSIP Cohorts in moving from implementation to sustainability, discuss successes, barriers, and provide feedback on necessary SSIP changes.
- Three-year cycle Mental Health Services Act (MHSA) projects provided training on evidence-based practices on social and emotional development and other SSIP-related topics at the local level.

### **Progress in Implementing the SSIP**

During Phase III – Year 4 of the SSIP, DDS has worked to move Cohorts 1 and 2 towards SSIP sustainability. These efforts include increasing accessibility to the Early Start Neighborhood, an online platform, located at <http://www.earlystartneighborhood.ning.com/>. The SSIP Resources, a sub-section of the website, is the most visited area with nearly 24,900 views this year. Increasing access to these resources improves sustainability of use and dissemination for families and professionals. Continued growth of the Neighborhood is expected as more users are introduced to it through continued trainings, conferences, and as Cohort 3 moves toward sustainability in the upcoming year.

Training grants for Cohort 3 were provided to complete implementation trainings to build local capacity and implement evidence-based practices that support related SSIP activities. The following are some examples of the types of trainings offered:

- Focused training on the use of specific assessment instruments to measure social and emotional development at entry and exit from Early Start (e.g., DAYC-s, DECA I/T);
- Strengthening Families™ and the Five Protective Factors; and,
- Practical Skills and Strategies for Promoting Social and Emotional Development in Very Young Children.

Through stakeholder input, a majority of regional center LITs identified the Strengthening Families™ evidence-based approach as a chosen initiative.

Previous year's efforts to create fidelity assessments were focused around the *Provider Tips for Supporting Social and Emotional Development* service provider checklist. These efforts included resources to train providers on the checklist, a data collection process, a proposed analytic plan to measure providers' use of strategies outlined in the checklist, and stakeholder input to determine the usefulness of a training on the checklist. Outcome from the stakeholder focus group revealed that, though the content of the checklist is a useful reminder about relationship-based strategies for families, the training itself contained multiple challenges. These challenges included a lack of funding for providers to attend related fidelity trainings, limited availability of providers to attend from large or remote catchment areas, and data collection obstacles related to different resources at the local regional center level. Considering these findings, DDS

sought further stakeholder input through the LIA addendum to collect information on chosen initiatives. The state is working towards designing a tool to measure implementation of these chosen initiatives to fidelity.

In addition, DDS sponsors the Early Start Partners Symposium, a statewide annual conference, that serves to acquaint early intervention personnel, parents, and other partners with new intervention methods, legislation and other developments in the policy and practice of Early Start. ESPS themes, agenda, sessions, and keynote speakers were chosen through stakeholder input. The ESPS took place on May 23 and 24, 2019, and was titled *A Beautiful Tapestry: Weaving Cultural Awareness into Early Intervention*. A Pre-ESPS event was held on May 22, 2019, designed for SSIP Cohort Leads and designees to determine elements of the SSIP that were the most likely to be sustained. The top three SSIP resources identified for sustainability were the Early Start Neighborhood, the *Take a Minute* flyer, and the *Provider Tips* checklist. Additionally, the ESPS supports further activities for the third Strand of Action: Interagency Collaboration.

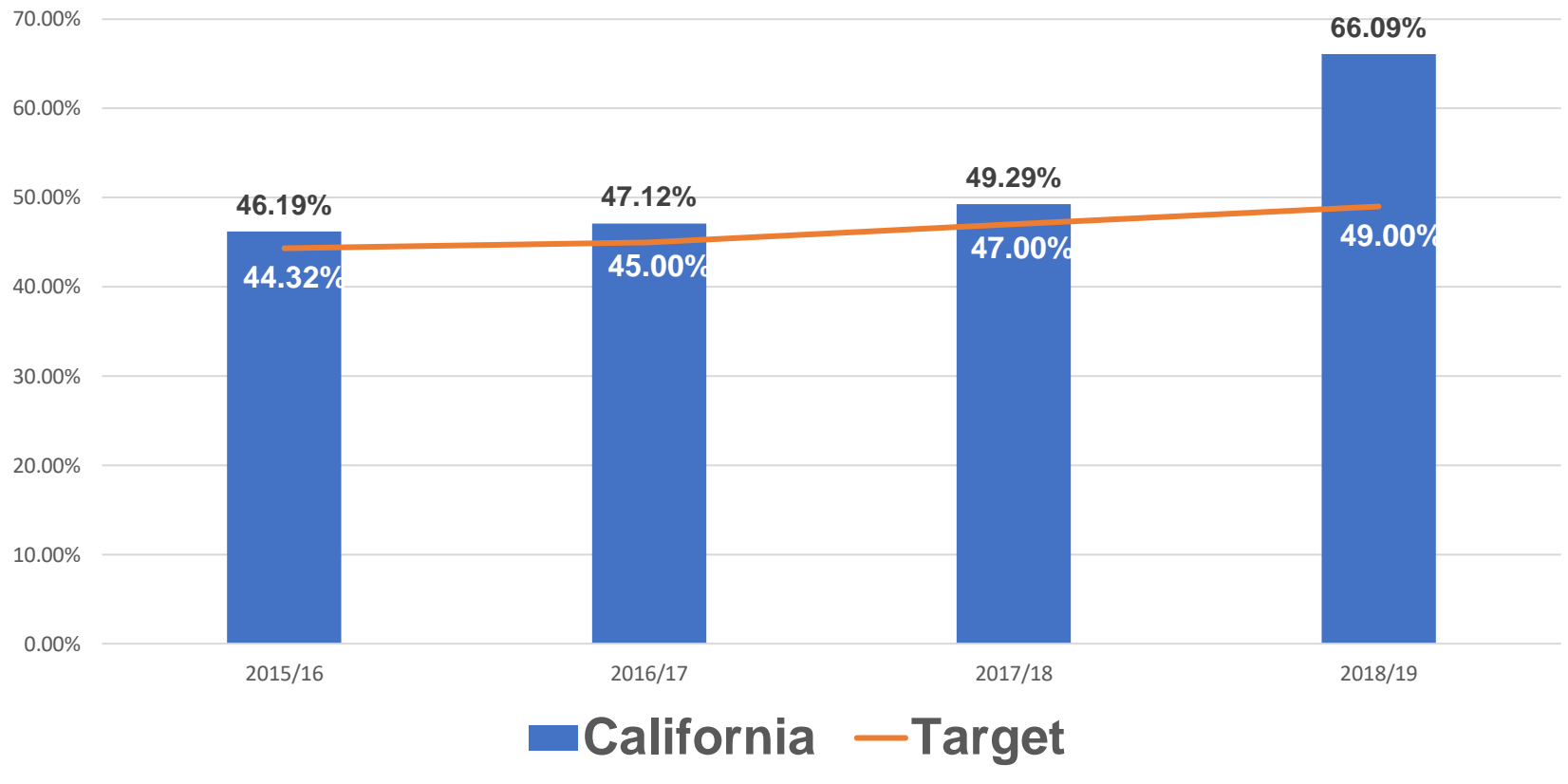
#### **State-identified Measurable Result: Comparison to Date**

California's Part C SiMR is ***to increase the percentage of infants and toddlers with disabilities who substantially increase their rate of growth in positive social and emotional skills (including social relationships) by the time they exit the early intervention program.***

Since the initial implementation of California's Part C SSIP, the State has exceeded its SiMR (APR Indicator 3A, Summary Statement 1) targets for the federal fiscal years reported. Through a continuing focus on the Strands of Action and associated activities, as well as the implementation of strategies to support sustainability, the Early Start program aims to continue to meet and exceed its SiMR goal. Upon presenting previous years' data to the ICC, new targets were determined for the next fiscal year and set at 49.50%.

During Phase III – Year 4 of the SSIP, DDS discovered programming errors in its Early Start Reporting (ESR) Database system related to the classification into the five progress categories (described more fully in the Data Quality Issues section of this report). Analysis of our child outcomes data, and the subsequent correction of, resulted in substantially higher percentages of children who demonstrated improvement across the three outcome areas, including California's Part C SiMR. The following graph illustrates the data for the Indicator 3A Summary Statement from the recently submitted APR report (2018/2019) using the corrected syntax for calculating categories, and data for the prior three reporting periods using the faulty programming. For baseline data, please see Attachment E. Preliminary reanalysis indicates that prior-years' percentages for the indicator are in the range of 63% to 65% and illustrate an increase of approximately one percent each year.

# California's Part C SiMR Progress



## **Other Data Supporting SiMR Progress**

The Part C APR Indicator 3 currently is the only source that provides direct child outcomes data that informs the SiMR. California is considering examining Indicator 4 data as an additional support in assessing SiMR progress. APR Indicator 4, drawn from the annual Family Outcomes Survey, looks at the percentage of families participating in Part C who report services have helped them know their rights, effectively communicate their children's needs, and help their children develop and learn. Additional questions, derived from skills presented in the *Take a Minute* flyer and related to social and emotional development, are expected to be added to this annual survey. DDS received technical assistance from the Early Childhood Technical Assistance (ECTA) Center in this process. This additional data could help inform the outcome that children with IFSPs are exiting Early Start services with an improvement in their social and emotional development as directly reported by families.

## **Stakeholder Involvement in SSIP Implementation**

California Part C stakeholders range from parents of infants and toddlers enrolled in the Early Start program, service coordinators and providers, Early Start program directors, Local Educational Agencies, Family Resource Centers, as well as Early Head Start programs and the pediatric community. These stakeholders are critical members of the SSIP planning, implementation, and sustainability process and are represented through their active membership on the LIT of each regional center catchment area as well as at the state-wide level through the ICC. The following are highlights from stakeholder engagement efforts this year:

### California Department of Education Policy and Program Services Part B

LEAs and/or Special Education Local Plan Areas (SELPA) participate in each of the SSIP LITs. CDE participates in the bi-annual SSIP In-Person meetings and provides guidance on LEA engagement and TA on transition to Part B services. Through collaboration between DDS and CDE, SSIP sustainability activities have been shared with SELPAs and LEAs.

### The Interagency Coordinating Council on Early Intervention

The ICC continues to be an active stakeholder in the sustainability of the SSIP. Members include parents, service providers, the Office of Coordination of Education of Homeless Children and Youth, Family Resource Centers, community service representatives, and state agency representatives, including DDS, Department of Public Health, Department of Social Services, Department of Health Care Services, the Head Start Agency, and the California State Assembly. During quarterly meetings and through consistent communication with DDS, the ICC offers guidance and feedback on implementation and sustainability efforts, rigorous targets for the Annual Performance Report, including SiMR outcomes, advice on the SSIP sustainability, and endorsement of SSIP resources.

### Family Resource Centers

The FRC contracts specifically incorporated SSIP-related activities and increased representation and participation in regional center LITs. FRCs recognize the importance of ensuring families have access to information and education regarding social and emotional growth and child development. Many offer parent-child interactive classes and activities that reinforce the *Strengthening Families™* and the *Five Protective Factors* initiatives that the regional centers are implementing.

### Family Resource Center Network of California

The FRCNCA continued to support FRCs in SSIP-related activities by providing trainings and information on social and emotional development to FRC staff and families. This year included three *Strengthening Families™* webinars:

- Emotional Regulation and Sensory Stimulation;
- Going Deeper – Let’s Talk About Feelings; and,
- Going Deeper – Knowledge of Parenting and Child Development.

The FRCNCA is an active stakeholder in disseminating SSIP resources through their website and collaborating with regional centers to sustain the SSIP in their local areas.

### Mental Health Services Act 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 conducted an *Incredible Years Babies* and an *Incredible Years Toddlers* facilitator training allowing SCLARC staff to learn how to implement this evidence-based practice. A second evidence-based practice called *Positive Solutions for Families* was taught and a group for parents was piloted in March. Families that participated reported via the evaluation tool they strongly agreed that the group “increased [their] ability to better understand the meaning of [their] child’s behavior” and that the group “increased [their] ability to better support [their] child problem-solve and cope with their emotions.”

Additionally, a service coordinator survey was developed that aims to collect information from service coordinators about the various challenges faced by consumers who are parenting and the specific parenting skills for which they may need 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. Chandra Ghosh, *The Ripple Effect: An Integrative Framework for Enhancing Trauma-Informed Practice Across Systems*;
- Dr. Marian Williams, *What's Happening to Me? Young Children and Their Families Coping with Medical Experiences*;
- Dr. Ghosh Ippen, *Under the Wave: Understanding the Impact of Stress and Trauma and Finding Pathways for Healing*; and,
- Dr. Connie Lillas, *Promoting Early Social-Emotional Development Through Relationships*.

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

DDS utilized its existing regional center structure as the basis for SSIP statewide implementation, scale-up, and current sustainability efforts. Regional centers are responsible for directing and implementing the SSIP in their local areas by working with their local Early Start partners and LITs. Many regional centers have reported that they have regular meetings with their LIT members when input is received about local SSIP activities. In addition, DDS directly interviews, surveys, and informally collects information related to the SSIP from the regional centers, service providers, families, and collaborating agencies. Examples are provided in the following section.

### **Data on Implementation and Outcomes**

During this past year, California did not revise the State's SSIP Evaluation Plan; this year's focus was on collecting data from all three cohorts. The evaluation section of this report includes and reflects analyses of qualitative and quantitative data collected between January 2019 and December 2019. The data indicate the progress toward attainment of outcomes of SSIP implementation activities leading to achievement of California's SiMR. The evaluation focused on the three activity strands developed in Phase I and described in the Theory of Action.

### **Measuring Outputs to Assess Effectiveness**

Evaluation findings are organized by activity strand and evaluation question. For each activity strand we introduce the evaluation findings by providing a table that describes the surveys, the associated activity, the evaluation questions, the respondents, and the administration methods. The information within the table illustrates (a) how the evaluation measures align with the theory of action; (b) data sources and the number of respondents for each measure; (c) data collection procedures and methods; and (d) baseline (pretest) measures. Narrative descriptions, graphs, and tables describe or illustrate how the measures answer the evaluation questions and assess impact. Evaluation questions are reported in the order in which they appear in the table. Some



of the evaluation questions are informed by multiple sources of data. In the case of multiple data sources, the findings reported under each evaluation question report data from each of the surveys that addressed the question, and it should be noted that in most cases the surveys queried different categories of respondents, that is families or providers or regional centers, for example. At the end of each section, we provide additional information from the surveys that is related to the Activity Strand, and provide a summary of the findings.

**Strand of Action 1: Parent and Provider Education: Develop and implement sustainable outreach, education, and training strategies for the entire Early Start community, including families and service providers, on evidence-based practices and family-centered philosophies**

<b>Improvement Activity</b>	<b>Survey/ Tool</b>	<b>Indicator/ Evaluation Question</b>	<b>Respondents</b>	<b>Dissemination &amp; Collection</b>
<i>Take a Minute (TaM) Resources</i>	<i>TaM Acquisition of Knowledge Surveys</i>	<ul style="list-style-type: none"> <li>• Are families given the <i>TaM</i> resources?</li> <li>• Did <i>TaM</i> resources increase family's knowledge?</li> </ul>	<ul style="list-style-type: none"> <li>• Families n = 3862 (842 Spanish, 3020 English)</li> <li>• Spanish version from 13 of 21 RCs</li> <li>• English version from 19 of 21 RCs</li> </ul>	<ul style="list-style-type: none"> <li>• Service coordinators and providers directed families to the survey available on Neighborhood/DDS website directly following review of <i>TaM</i> resources</li> </ul>
<i>TaM Resources</i>	<i>TaM Application of Content Survey</i>	<ul style="list-style-type: none"> <li>• Are families using practices from the <i>TaM</i> resources?</li> </ul>	Families (n = 987) 10 of 21 RCs represented	<ul style="list-style-type: none"> <li>• Online and paper versions were made available to families.</li> <li>• Service coordinators and providers were encouraged to make the surveys available to families at the 6-month IFSP meeting.</li> </ul>
<i>Provider Tips Checklist</i>	<i>Provider Tips Checklist Application of Content Survey</i>	<ul style="list-style-type: none"> <li>• Are providers implementing the practices listed in <i>Provider Tips</i>?</li> <li>• Are the practices listed in <i>Provider Tips</i> effective?</li> </ul>	Providers n= 117 15 of 21 RCs represented	<ul style="list-style-type: none"> <li>• Survey link was provided on the PDF of the resource.</li> <li>• Survey link was sent via the Early Start Neighborhood AND from RC LIT directly.</li> </ul>

Improvement Activity	Survey/ Tool	Indicator/ Evaluation Question	Respondents	Dissemination & Collection
<ul style="list-style-type: none"> <li>• <i>Take a Minute Resources and Strategies</i></li> <li>• <i>Provider Tips Checklist</i></li> </ul>	<ul style="list-style-type: none"> <li>• SSIP Regional Center Cohort Lead Implementation and Sustainability Survey</li> <li>• SSIP Summary Report of LIA Addendum</li> <li>• SSIP Local Implementation Team Report on Implementation and Sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Are providers and other staff given and do they use the <i>TaM</i> and <i>Provider Tips</i> resources?</li> <li>• What impact is reported from this SSIP activity strand?</li> </ul>	<ul style="list-style-type: none"> <li>• RC LIT Leads <i>n</i> = 20 (of 21)</li> <li>• RC LITs <i>n</i> = 77</li> </ul>	<ul style="list-style-type: none"> <li>• Survey link sent by email from DDS to the RC LIT Leads and LITs</li> </ul>

**Strand of Action 1: Parent and Provider Education**

**Develop and implement sustainable outreach, education, and training strategies for the entire Early Start community, including families and service providers, on evidence-based practices and family-centered philosophies.**

Are families given the *TaM* resources?

Findings addressing this question are informed from numerous sources including families, service providers, RC cohort leads, and from members of the LITs.

RC Cohort leads reported that 95% of them were using the *Take a Minute* flyer. The following estimates were provided when they were asked, *how many service coordinators are...:*

<b>Answer Choices</b>	<b>None</b>	<b>Some</b>	<b>About half</b>	<b>Many</b>	<b>All</b>	<b>Don't know</b>
...consistently disseminating the flyer/video to families they serve?	5%	5%	10%	29%	52%	0%
...discussing the flyer/video with families they serve?	5%	10%	14%	33%	38%	0%
...revisiting the flyer/video at regularly established intervals with families they serve?	10%	19%	14%	33%	14%	10%

When asked to provide their implementation plan for the *Take a Minute* campaign as a component of their SSIP implementation, they responded as follows:

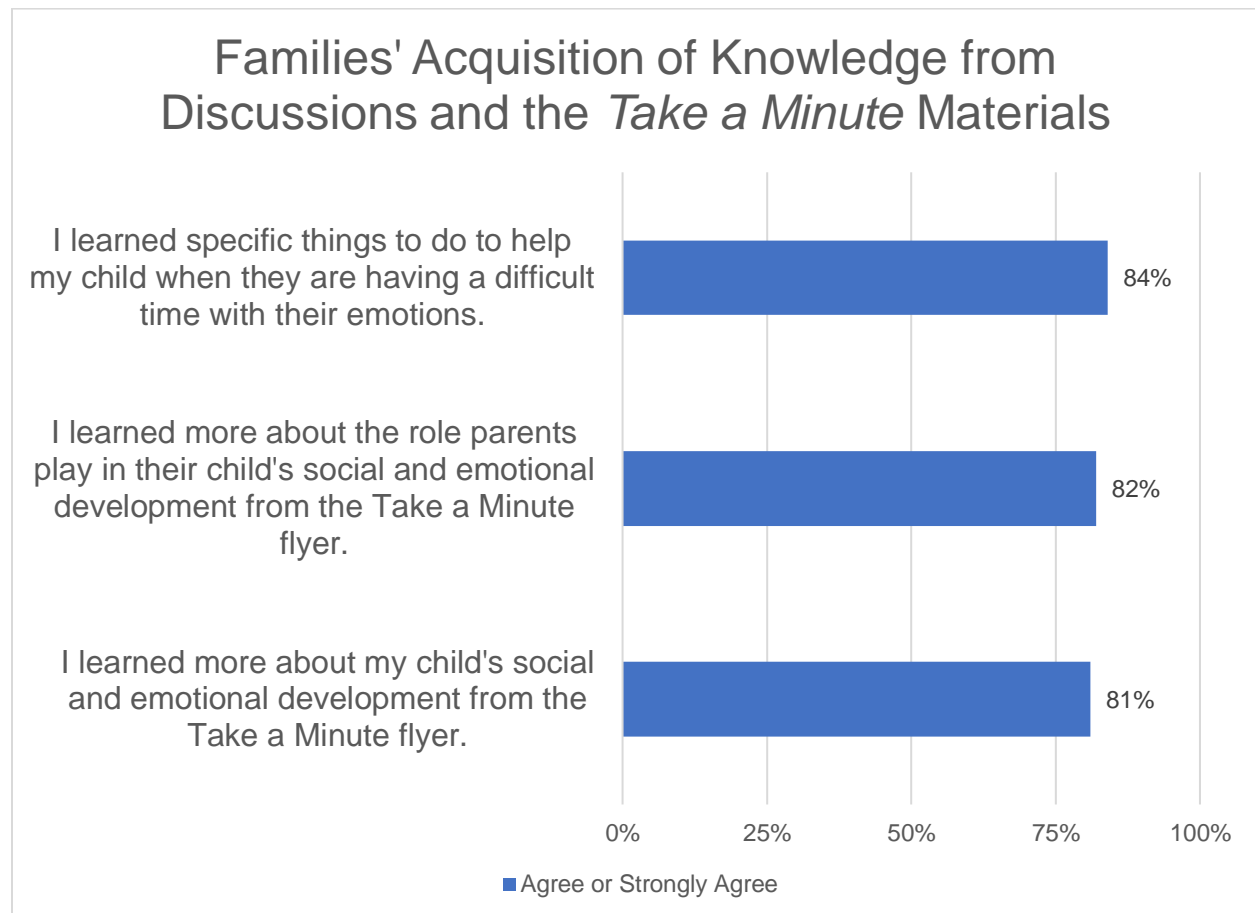
Question(s)	Total Responses	Percentage
Teams will inform their staff, service coordinators, vendors and families of the <i>Take a Minute</i> resources available on the Early Start Neighborhood and DDS websites.	20	100%
Teams will encourage their staff, service coordinators, and service providers to share and review the <i>Take a Minute</i> resources, specifically the content of the resources, with families as often as possible, at a minimum during intake and at each annual IFSP meeting.	18	90%
Teams will ensure that providers and service coordinators are providing families with copies of the printed <i>Take a Minute</i> resources.	18	45%
Teams will host a local training on the use of the <i>Take a Minute</i> Campaign.	9	45%

LIT members, who were managers, administrators, and direct service providers in a variety of agencies in their catchment areas, were asked about the approaches used in their agencies to promote social and emotional development, 74% (n = 40) provided parent education through distribution of the *Take a Minute* resources, and 63% (n = 34) reported that they provided education to direct service providers through *Take a Minute Provider Tips*.

Finally, we received responses from 3,862 families who indicated that they had received *Take a Minute* resources.

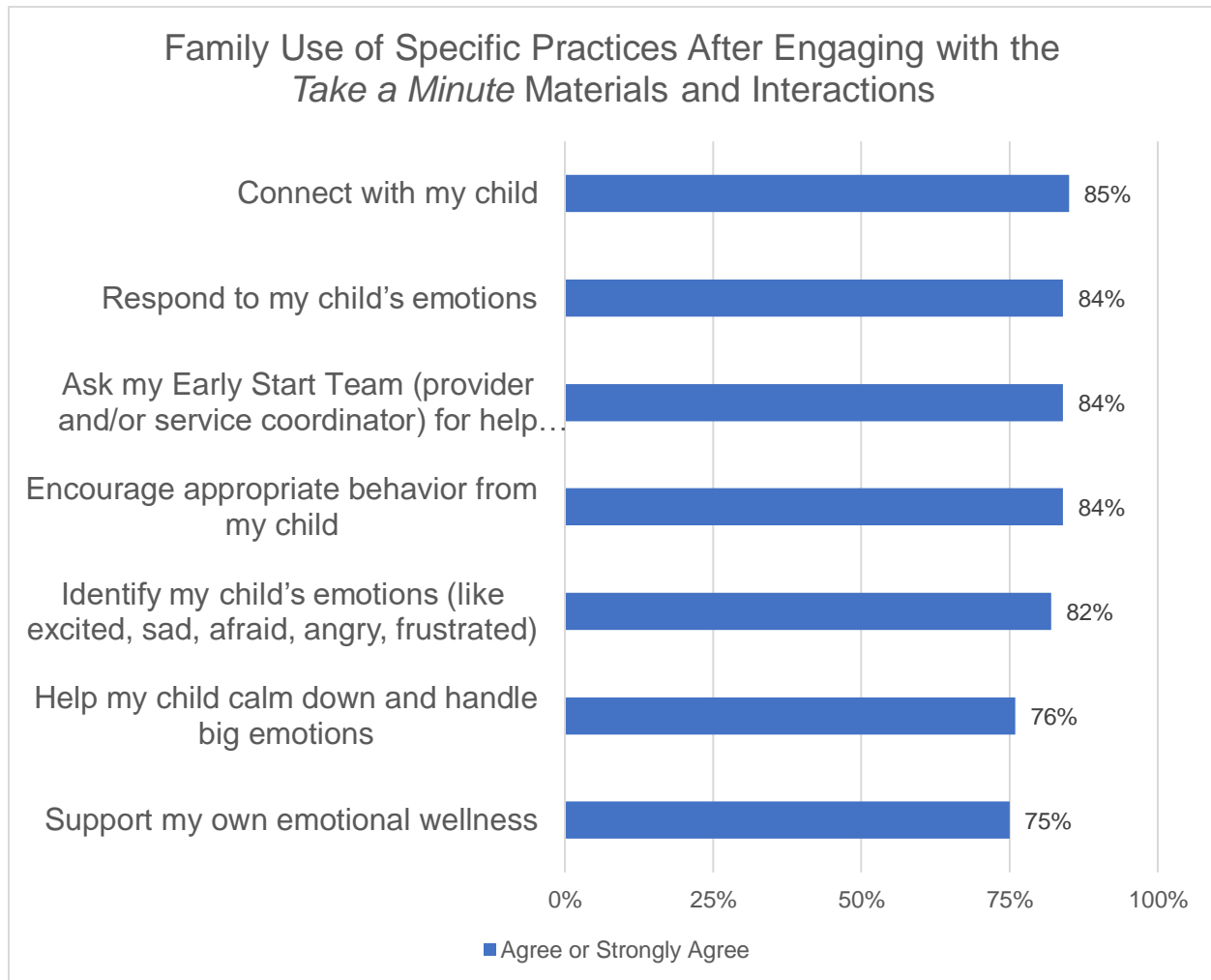
### Did *Take a Minute* resources increase family's knowledge?

Families provided responses to questions about how much they agreed or disagreed with statements about what they had learned through their exposure to and use of the *Take a Minute* resources. Over eighty percent (80%) of the respondents agreed or strongly agreed that they learned strategies to help their child, about their child's social and emotional development, and their role in supporting social and emotional development.

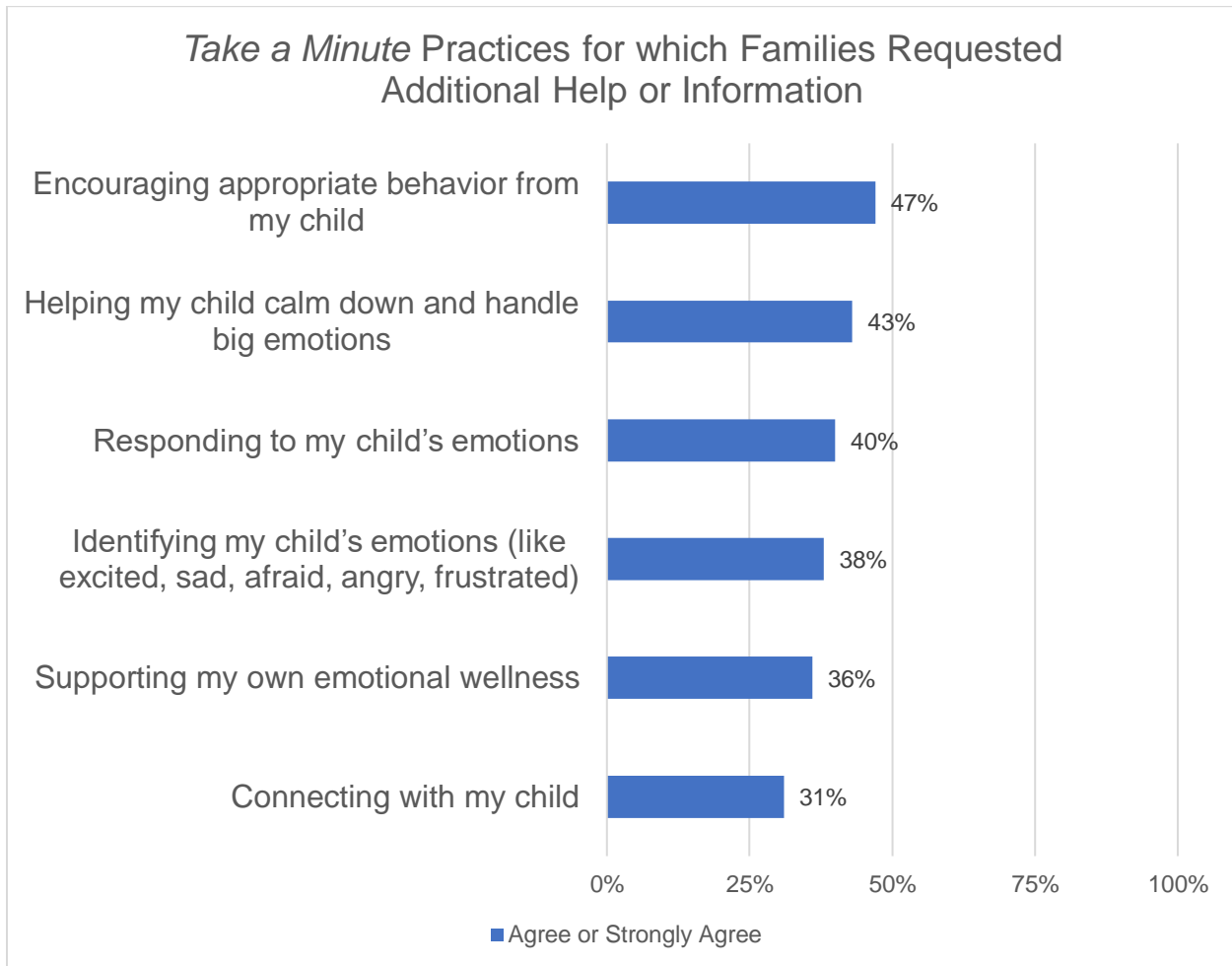


### Are families using practices from the *Take a Minute* resources?

The *Take a Minute* Application of Content survey asked families how they were using the practices for supporting social and emotional development that were introduced in the resource. The percentage of the 987 families who responded that they agreed or strongly agreed with a series of statements ranges from 85% to 74%.



In addition to providing information about the practices they were using, families also provided information about which ones they would welcome additional help for or more information about. The percentage of families who requested assistance for each practice ranged from 47% to 31%.

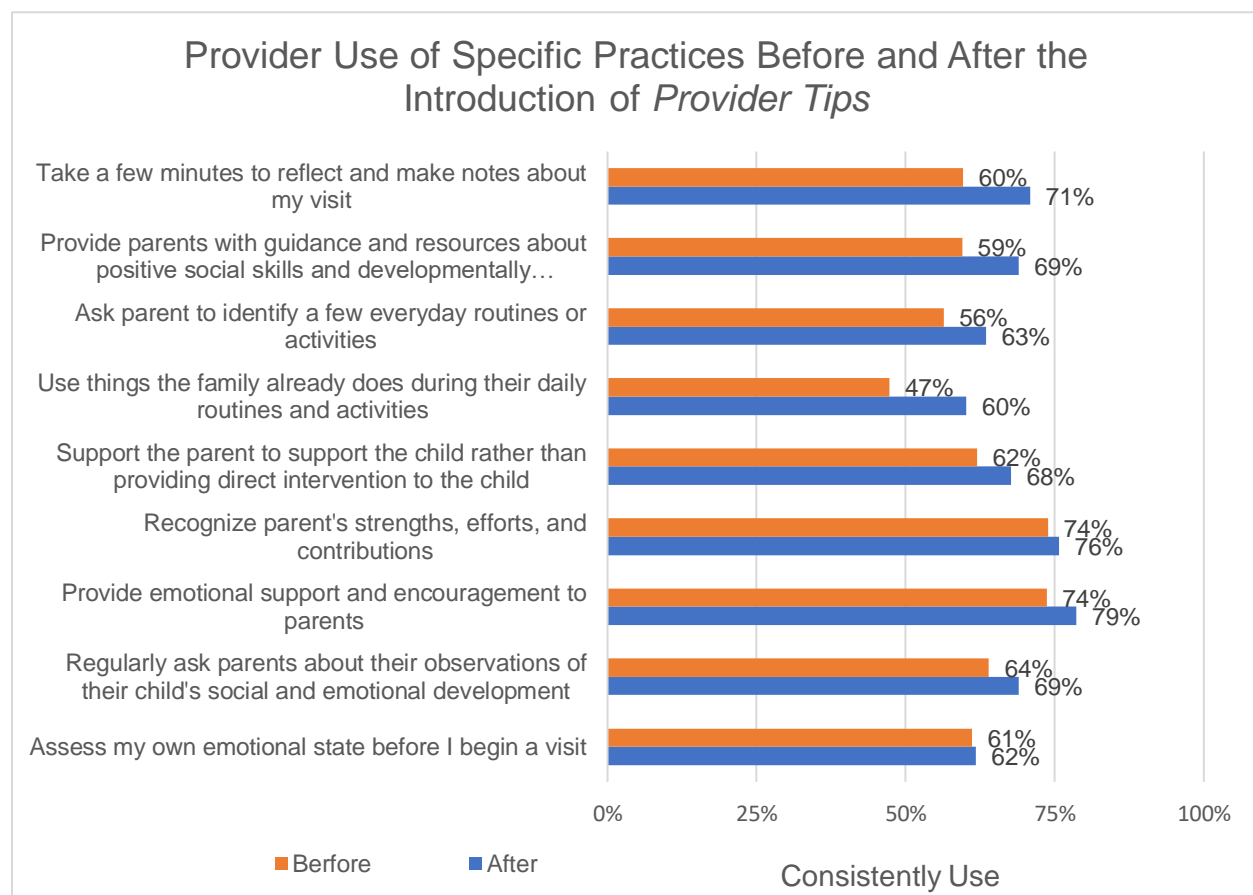


When the *Take a Minute* flyer and video were introduced, DDS provided regional centers with an orientation to the materials including the expectation that the materials would be shared with families and service providers. Regional centers were given the opportunity to establish on their own how they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



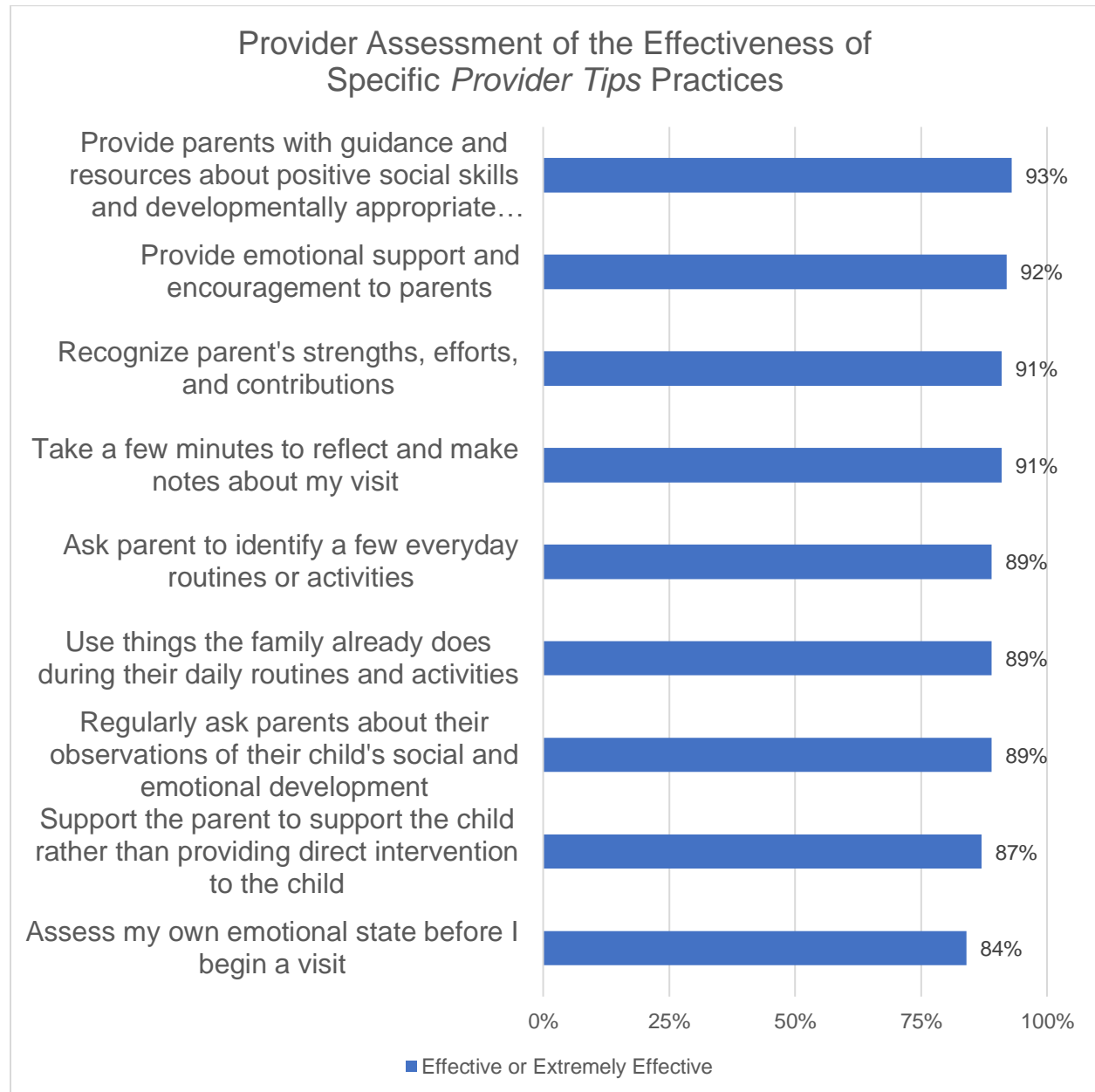
### Are providers implementing the practices listed in *Provider Tips*?

Findings addressing this question are informed by numerous sources including families, service providers, RC cohort leads, and from members of the LIT. 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 LITs advise recipients to submit survey responses to inform SSIP evaluation efforts. Service providers from fifteen (15) of the twenty-one (21) regional centers responded to the survey, with 64% of the respondents located in four (4) regional centers. Service providers were asked to indicate the consistency with which they used the practices identified in *Provider Tips*, inquiring about both before and after they were introduced to the resource. Results illustrate that providers increased their use of each of the practices. The practice with the greatest increase in consistency of use were (a) taking a few minutes to reflect and make notes about the visit, and (b) providing parents with guidance and resources about positive social skills and developmentally appropriate behavior.



Are the practices listed in *Provider Tips* effective?

Providers were also asked to rate the effectiveness of the practices identified in *Provider Tips* on a Likert scale. Seven (7) of the nine (9) practices were rated as effective or extremely effective by 89% or more of the respondents.



Are providers and other staff given, and do they use, the *TaM* and *Provider Tips* resources?

The regional centers reported: (a) their use of the *TaM* and *Provider Tips* resources; (b) how and when service coordinators are disseminating the resources to families and other community partners; (c) the extent to which regional center staff have received and are using *Provider Tips*; and (d) the extent to which regional center staff have received and are using *Provider Tips*.

Regional centers consistently reported use of the *TaM* flyer and *Provider Tips*. Fewer than half of the centers reported using the *TaM* video, which likely reflects the removal of the resource from the web site, making it less readily accessible. It should be noted that nearly half of the centers reported continued use of the resource even though it required extra effort to be able to access.

Answer Choices	Total <i>n</i>	Percentage
<i>Take a Minute</i> Flyer	20	95%
<i>Provider Tips</i>	18	86%
Other Resources (please specify)	11	52%
<i>Take a Minute</i> Video	10	48%

Regional center service coordinators were reported to share the resources with families at initial IFSPs (81%) and follow-up visits (62%). Materials were less likely to be distributed at outreach events (52%) or in communities (38%).

Answer Choices	Total <i>n</i>	Percentage
Sharing materials at initial IFSP	17	81%
Sharing materials at follow-up intervention visits	13	62%
Sharing materials at local outreach events	11	52%
Sharing materials throughout communities	8	38%
Neither material is being disseminated	1	5%
I do not know how the materials are being disseminated	0	0%

Regional centers reported on distribution of *Provider Tips* to regional center staff and their use of that resource. Centers reported that half or more of staff had received the resource (76%), used the resource regularly (29%), and participated in training about the practices (28%).

<b>Answer Choices</b>	<b>None</b>	<b>Some</b>	<b>About half</b>	<b>Many</b>	<b>All</b>	<b>Don't know</b>
...have been sent the <i>Provider Tips</i> resource?	10%	5%	14%	29%	33%	10%
...use the <i>Provider Tips</i> resource on a regular basis?	14%	10%	5%	24%	0%	48%
...have attended a training about the practices outlined in <i>Provider Tips</i> resource?	38%	10%	14%	14%	0%	24%

Regional centers reported use of *Provider Tips* by providers within the RC catchment area. The resource had been sent to half or more of the partner agencies by 75% of the regional centers, and 80% of the centers reported that these agencies used the resources half or more of the time.

<b>Answer Choices</b>	<b>None</b>	<b>Some</b>	<b>About half</b>	<b>Many</b>	<b>All</b>	<b>I do not know</b>
...have been sent the <i>Provider Tips</i> resource?	10%	15%	30%	40%	5%	0%
...use the <i>Provider Tips</i> resource on a regular basis?	0%	20%	25%	50%	5%	0%

What impact is reported from this SSIP activity strand?

Regional centers were asked to report about what was different in their regional center system because of the SSIP. The largest impact (71% of centers) was the consistency with which IFSPs now include social and emotional (SE) outcomes or goals. They also reported improvements to the training system (67%), use of evidence-based practices for supporting SE development (62%), and improved SE assessment tools/instruments. Little change was seen related to use of interagency agreements, data-based decision making, or generating new funding sources.

<b>Answer Choices</b>	<b>Total <i>n</i></b>	<b>Percentage</b>
Ensuring IFSP forms contain SE components or goals	15	71%
Improving regional center's training system (ex: hiring new training team, or requiring all new staff to complete the Early Start online course on social and emotional development)	14	67%
Adopting evidence-based practices promoting children's social and emotional development	13	62%
Adopting better assessment tools to evaluate children's social and emotional outcomes (please specify in the following question)	13	62%
Roles and responsibilities (ex: updating written expectations for coordinators around social and emotional development)	10	48%
Improving stakeholder engagement (please specify in the following question)	10	48%
Developing strategic plans around social and emotional development	8	38%
Interagency agreements (ex: updating interagency agreement around social and emotional development)	4	19%
Improving use of data to make decisions about SSIP implementation (please specify in the following question)	4	19%
Generating a new funding source to support an SSIP activity	3	14%

## Strand of Action 2: Professional Development

Promote and implement sustainable evidence-based training strategies for the entire Early Start community on social and emotional development, evidence-based assessments, and parent-child relationships. Leverage effective, evidence-based practices of regional centers and local educational agencies in engaging families in the social and emotional development of the child through enhanced parent-child relationships.

Improvement Activity	Survey/ Tool	Indicator/ Evaluation Question	Respondents	Dissemination & Collection
Social and emotional Training Module	Acquisition of Knowledge (Baseline and Post-training Assessment)	<ul style="list-style-type: none"><li>• How many trainees completed the SE training?</li><li>• Did the web-based course increase participants' knowledge?</li></ul>	Professionals <ul style="list-style-type: none"><li>• Open Access (individual) <math>n = 123</math></li><li>• Open Access (group) <math>n = 54</math></li><li>• Facilitated <math>n = 29</math></li></ul>	The assessments are part of the online training platform. The baseline (pretest) must be taken in order to gain access to the training. Course completion is not awarded until after the posttest is completed.
SE Training Module	Application of Content (Impact Survey)	Are participants using what they learned in their daily work?	Professionals $n = 136$	A web link to the survey is sent to participants several months after the training.
Community of Practice (CoP)	Application of Content Survey	Was the information from the CoP useful for implementing evidence-based practices for supporting social and emotional development?	Providers $n = 54$	Early Start Neighborhood sends an automated email broadcast to CoP participants.

## Strand of Action 2: Professional Development

**Promote and implement sustainable evidence-based training strategies for the entire Early Start community on social and emotional development, evidence-based assessments, and parent-child relationships. Leverage effective, evidence-based practices of regional centers and local educational agencies in engaging families in the social and emotional development of the child through enhanced parent-child relationships.**

How many trainees completed the social and emotional training?

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 open-access course can be offered in a group or individual setting.

### NUMBER OF COMPLETIONS OF SKILL BASE: FACILITATING SOCIAL AND EMOTIONAL DEVELOPMENT

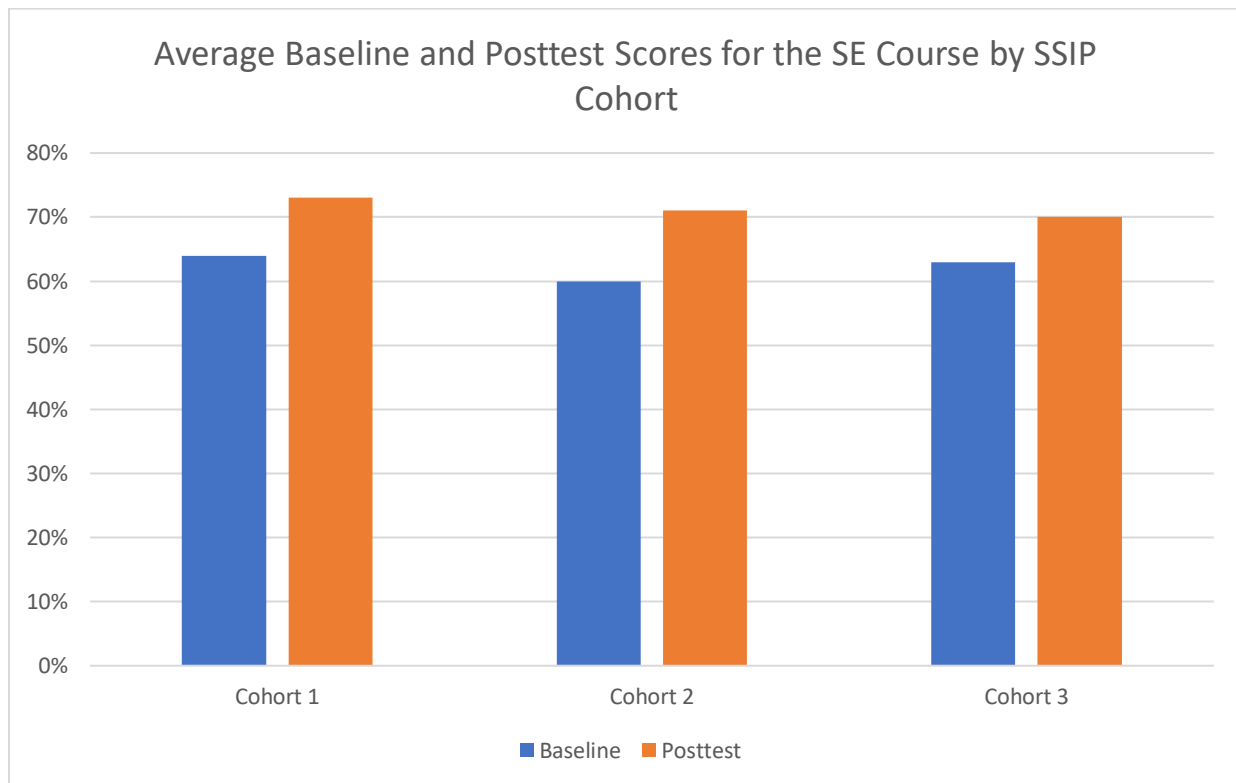
Course Type	2015	2016	2017	2018	2019
Facilitated course	37	88	32	45	29
Open-access course (individual)		5	86	125	123
Open-access course (group)			141	173	54
<b>Total completions</b>	<b>37</b>	<b>93</b>	<b>259</b>	<b>343</b>	<b>206</b>

Regional center leads continue to indicate 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,
- Caseloads are very large for coordinators and providers and severely constrain the time available for training.

### Did the web-based course increase participants' knowledge?

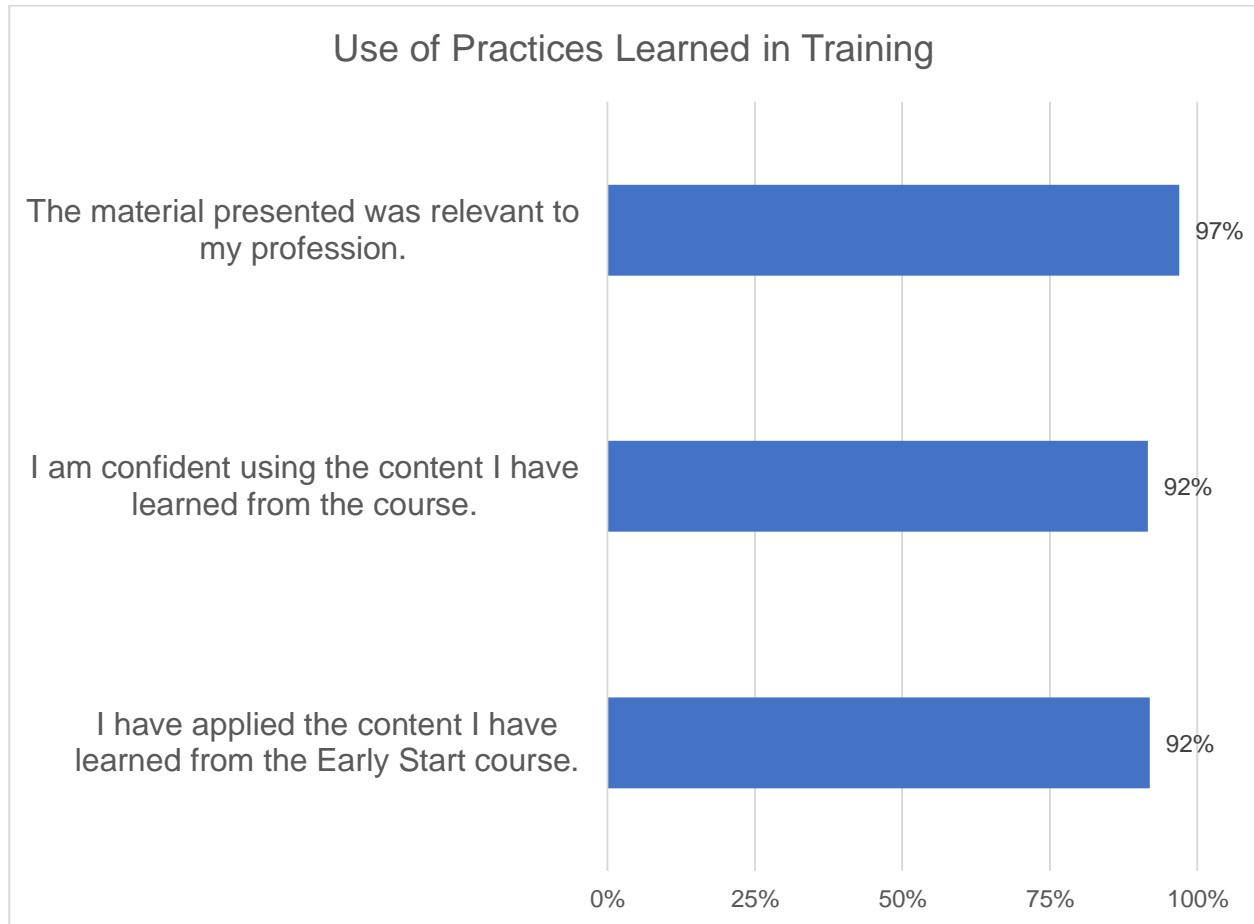
All individuals who complete the Early Start online, skill-based course on social and emotional development complete a pre-course quiz and a post-course quiz. Scores on this quiz are averaged across all participants. The figure below shows a consistent increase in quiz scores from pre-quiz to post-quiz of approximately ten percentage points, verifying an increase in knowledge.





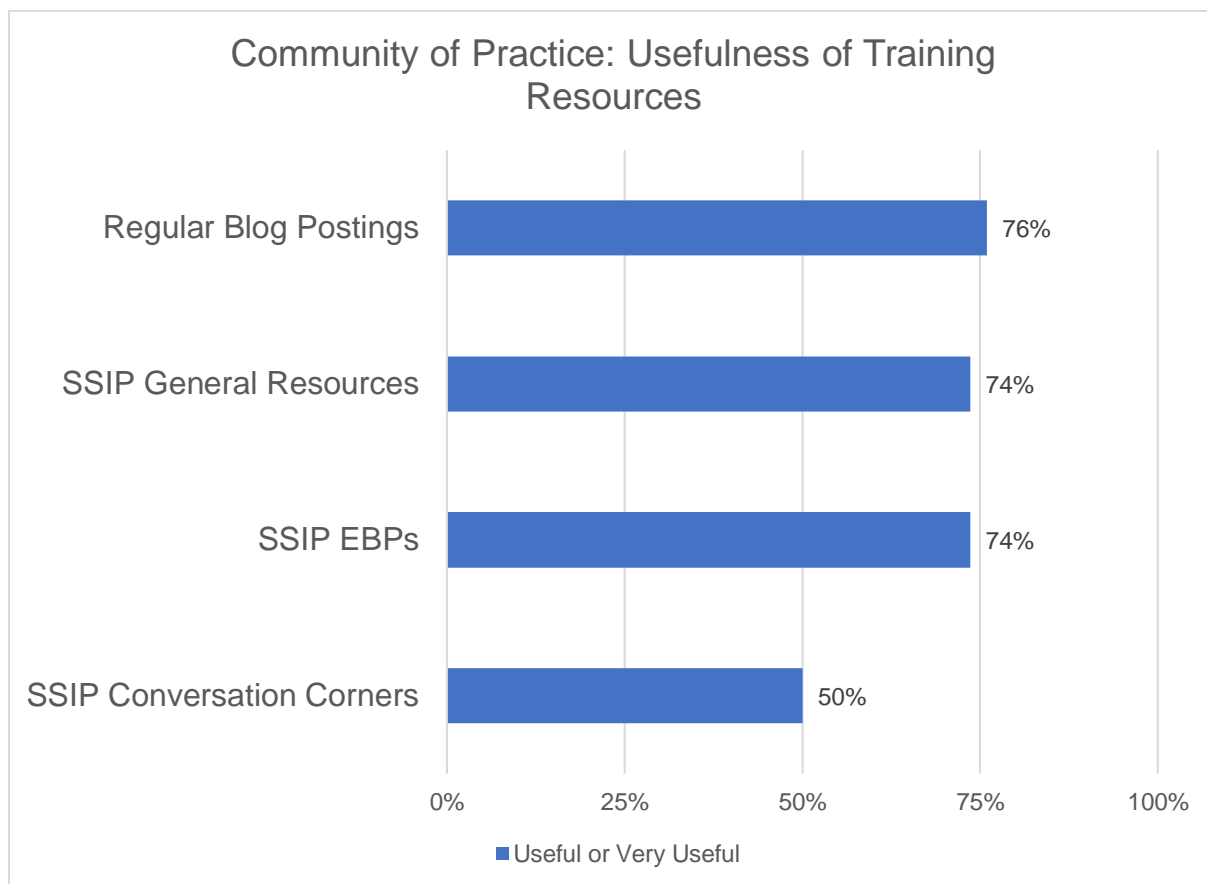
### Are participants using what they learned in their daily work?

Participants in the SE course, in a follow-up survey, indicated that the content was relevant to their work, that they've applied the practices learned in the training, and that they are confident using those practices.



Was the information from the CoP useful for implementing evidence-based practices for supporting social and emotional development?

The web-based Community of Practice is housed on the Early Start Neighborhood. A total of 54 individuals responded to the Community of Practice Application of Content survey between January 2019 through December 2019, 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 graph below shows that, of the Community of Practice resources and activities, respondents indicated that regular blog postings, SSIP general resources, and *SSIP Evidence-Based Practices* resources were approximately equally useful. Participants found the SSIP conversation corners to be much less useful than the other resources.



### Strand of Action 3: Interagency Collaboration

Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social and emotional development with the Interagency Coordination Council as the lead.

Improvement Activity	Survey/ Tool	Indicator/ Evaluation Question	Respondents	Dissemination & Collection
Regional Center Local Implementation Assessment (RC LIA) Training Activities	Acquisition of Knowledge	Did training participants report that attending the training increased their knowledge about practices from chosen initiatives?	Providers <i>n</i> = 203	Disseminated through SSIP regional center RC LIT Leads as training evaluations immediately after a local training activity is completed
RC LIA Training Activities	Application of Content	Did training participants implement practices from the training?	Providers N = 91	Disseminated through SSIP regional center RC LIT Leads as training evaluations one month after a local training activity is completed

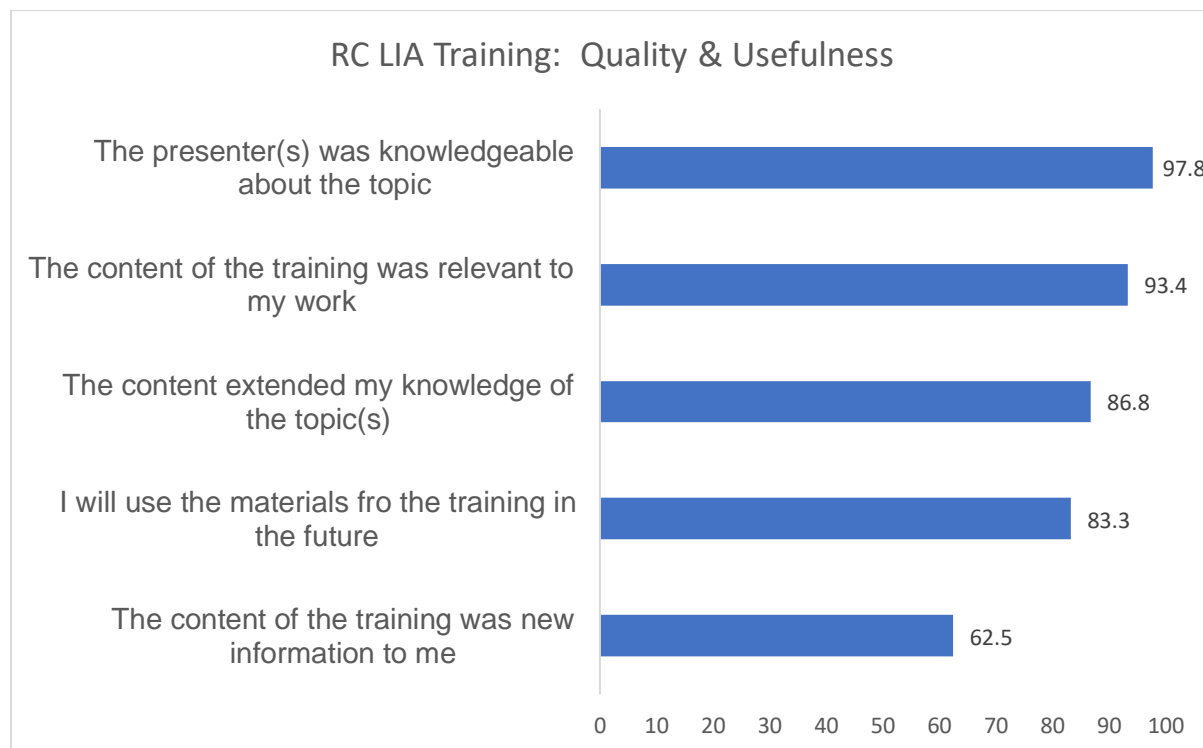
### Strand of Action 3: Interagency Collaboration

**Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social and emotional development with the Interagency Coordination Council as the lead.**

The Interagency Collaboration strand of action focuses on forming alliances with Partner Agencies within the regional center catchment area and leveraging resources to collaborate on training. These collaborations are referred to as Regional Center Local Implementation Assessments.

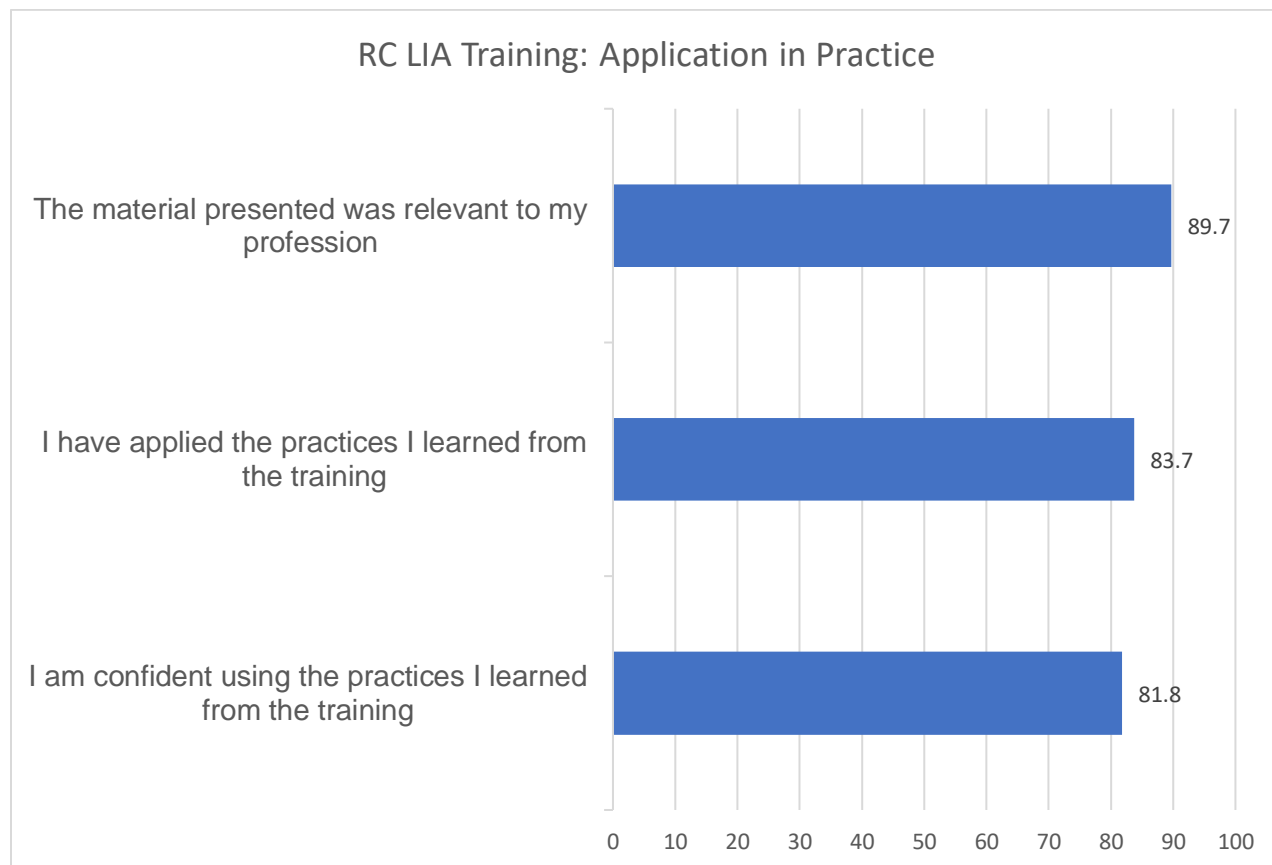
Did training participants report that attending the training increased their knowledge about practices from chosen initiatives?

Data were collected to evaluate the quality and impact of trainings that were provided by the regional centers. Participants rated the responses on a Likert scale. Percentage of respondents scoring the items as agree or strongly agree are displayed below. Presenters were rated as highly knowledgeable (97.8%) and the content as highly relevant (93.4%). It's likely that scores for knowledge gain and use of materials is somewhat depressed as a number of participants indicated that the content was not especially new to them.



### Did training participants implement practices from the training?

Training participants' responses (agree and strongly agree) are reported below for items related to relevance, application of training in the practice setting, and confidence in using the practices.



In summary, the data presented in this section of the report show that cohorts have been implementing the planned SSIP activities and that families and early intervention professionals are learning and using the materials. The rates of use of these materials and activities vary widely across the state.

### **Stakeholder Involvement in Evaluation**

In addition to providing interim progress reports and annual summaries of the SSIP to stakeholder groups (see Stakeholder Involvement in SSIP Implementation for a listing of the various groups), two initiatives were undertaken during the past year to encourage more active involvement of stakeholders in the evaluation of the SSIP. Infographics were developed for each regional center that displayed four years of the region's SiMR data showing trends over time, as well as in comparison to both state and national averages.

The second initiative was the development of a data dashboard infographic. DDS' intent is to provide this dashboard to RCs in the near future. The data dashboard

infographic was developed to provide, at a quick glance, information on targeted indicators for the three activity strands that comprise the improvement strategies for California's State Systemic Improvement Plan for the Early Start program. The three activity strands are (a) parent and provider education, (b) professional development, and (c) interagency collaborations. Activities were implemented, within these strands, across three regional cohorts in California, in order to *increase the percentage of infants and toddlers with disabilities in California who substantially increase their rate of growth in positive social and emotional skills (including social relationships) by the time they exit the early intervention program.*

The first four figures provide data, by cohort, about results from activities within the Parent and Provider Education strand. Families indicate they have increased their understanding of their child's social and emotional development, and that they are using strategies they learned from the *Take a Minute* materials. Providers report that they are using practices from the *Provider Tips*. Finally, the child outcomes data that are reported annually to the US Department of Education are showing increases in the area of social and emotional development.

The two figures at the top of the second page provide data about the impact of activities within the Professional Development strand on providers' knowledge of practices that support children's development of social and emotional skills, and further, that many of these providers are implementing these practices in their work with children and families.

Finally, the last two figures represent activities within the Interagency Collaboration strand. Providers report that training activities have increased their knowledge of selected initiatives, and that the training was relevant and useful. They also report their use of materials developed for these initiatives (*TaM* Flyer, *TaM* Video, and *Provider Tips*). A copy of the data dashboard infographic is provided in Attachment D). The table below provides information about the data source for each infographic.

SSIP Data Dashboard Title	Questions/Scores
1. Parent/Provider Education: Families increase understanding of their role in SE development	I learned more about the role parents play in their child's SE development from the <i>Take a Minute</i> flyer.
2. Parent/Provider Education: Families are implementing practices from Flyer or Video	Did the ideas listed on the <i>Take a Minute</i> brochure change the way that you connect with your child during your daily routines?
3. Parent/Provider Education: Providers are implementing practices from <i>Provider Tips</i>	After I received the <i>Provider Tips</i> , I used the practice consistently.

SSIP Data Dashboard Title	Questions/Scores
4. Improved Social and Emotional Outcomes	Indicator 3 Social and Emotional Summary Statement 1: Infants and toddlers who substantially increased their rate of growth in social and emotional development by the time they exited the program.
5. Professional Development: Providers have increased knowledge to facilitate implementing evidence-based practices	Pre & Posttest scores on a 30-item assessment of knowledge reported as percentage correct
6. Professional Development: Providers are implementing evidence-based practices in social and emotional development	Percentage of early intervention personnel in your agency who are implementing the identified social and emotional development approach(es)/practice(s)
7. Interagency Collaboration: Providers report that the trainings increased knowledge about chosen initiatives	Percentage of respondents who “agree” or “strongly agree” to: <ul style="list-style-type: none"> <li>• The content extended my knowledge of the topics.</li> <li>• The content of the training was relevant to my work.</li> <li>• I will use/reference the materials from this training in the future.</li> </ul>
8. Interagency Collaboration: Providers are implementing practices from chosen initiatives	Please select the resources you are currently using in your RC catchment area. Please select all that apply: <i>TaM Flyer</i> , <i>TaM Video</i> , <i>Provider Tips</i> .

### Data Quality Issues

This year, California’s Department of Developmental Services discovered data programming errors in our ESR system related to the classification of children into the 5 Progress Categories. The primary impacts of the programming errors were undercounting children in Progress Category C (infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) and overcounting children in Progress Category E (infants and toddlers who maintained functioning at a level comparable to same-aged peers). The programming has been corrected to accurately reflect California’s criteria for progress categories. Analysis of our child outcomes data, using the corrected programming, resulted in substantially higher percentages of children who demonstrated improvement, across the three outcome areas, for summary statement 1. DDS intends to submit new FFY 19/20 Indicator 3 targets during the spring 2020 clarification period based on these revised analyses.

### Data Limitations and Plans for Improvements

California has the second largest cumulative child count in the nation; the primary data limitation DDS faces is the low survey response rates on the *TaM* materials. California will research and develop a plan in collaboration with TA partners and stakeholders to improve these survey response rates to overcome this data limitation. Our research will

include, but not be limited to, evaluating the survey questions to ensure their effectiveness of the activities within the SSIP's strands of action in achieving the desired impacts.

### **Progress Toward Achieving Intended Improvements**

California has made substantive progress in a number of areas toward improving social and emotional outcomes for young children in the Part C program, and using the lens of "continuous improvement," we are aware of areas that require more work.

- a) Infrastructure Changes. We have developed readily available and easily accessible training in evidence-based strategies for supporting social and emotional development. We have also developed infrastructure such as the Communities of Practice and the Neighborhood intended to support implementation of newly-learned practices. Our data indicate we need to focus on increasing the use of these resources.
- b) Fidelity of Practice. California has been working on developing plans to determine what the best plan would be for measuring fidelity on the EBPs being implemented as part of the SSIP. A final plan will be developed, implemented and reported on in the next SSIP report.
- c) Outcomes. The data presented in the previous section of this report delineate progress toward our short- and long-term outcomes.
- d) Measurable Improvements toward SiMR. As previously reported, we have corrected a programming error that had a serious impact on our SiMR data. We are looking forward to re-analyzing our data for the past several years, using the corrected programming, so we can adequately examine trends in our data.

### **Plans for Next Year**

Review of our evaluation data and input from our stakeholder groups lead us to several initiatives for the next year. These include: (a) modifying the *Take a Minute* video so that it can once again be readily available to families; (b) designing and implementing a pragmatic measurement and implementation strategy for assessing fidelity of practice to the EBPs being implemented as part of the SSIP; and (c) increasing the use of our existing data. These initiatives will contribute to the sustainability of SSIP activities and a continued increase of social and emotional growth for infants and toddlers with IFSPs. CDE is transitioning to a new data system; DDS will continue to collaborate with CDE to enhance data quality on Indicator 3a, social and emotional outcomes, and plans on collaborating with them to enhance outcomes for social and emotional.

We are planning to do another addendum for the Local Assessment plan in fall of 2020 to ensure RCs continue their sustainability efforts. This includes efforts around increasing the use of *TaM Provider Tips* and receipt of targeted TA to selected regional centers when necessary.



### Activities and Timeline for SSIP Phase III – Year 5

Initiative	Action Steps	Due Date
TaM Video	Gather stakeholder input and finalize the materials and protocol that have been drafted	Summer 2020
	Analyze stakeholder data, specify modifications to the existing video, and produce the revised video	Fall 2020
Fidelity Measurement	Identify regional centers interested in using fidelity measurement, and collaboratively draft practical tools, strategies, and plan for implementing the fidelity assessment	Fall 2020
	Provide training and technical assistance to implement assessment procedures	Spring 2021
	Provide assistance to regional centers in reviewing data, making data-based decisions, and revising the tools and procedures as indicated	Summer 2021
Data	Modify Family Survey in collaboration with ICC	Summer 2020
	Disseminate Family Survey	Autumn 2020
	Analyze data from updated Family Survey	Winter 2021

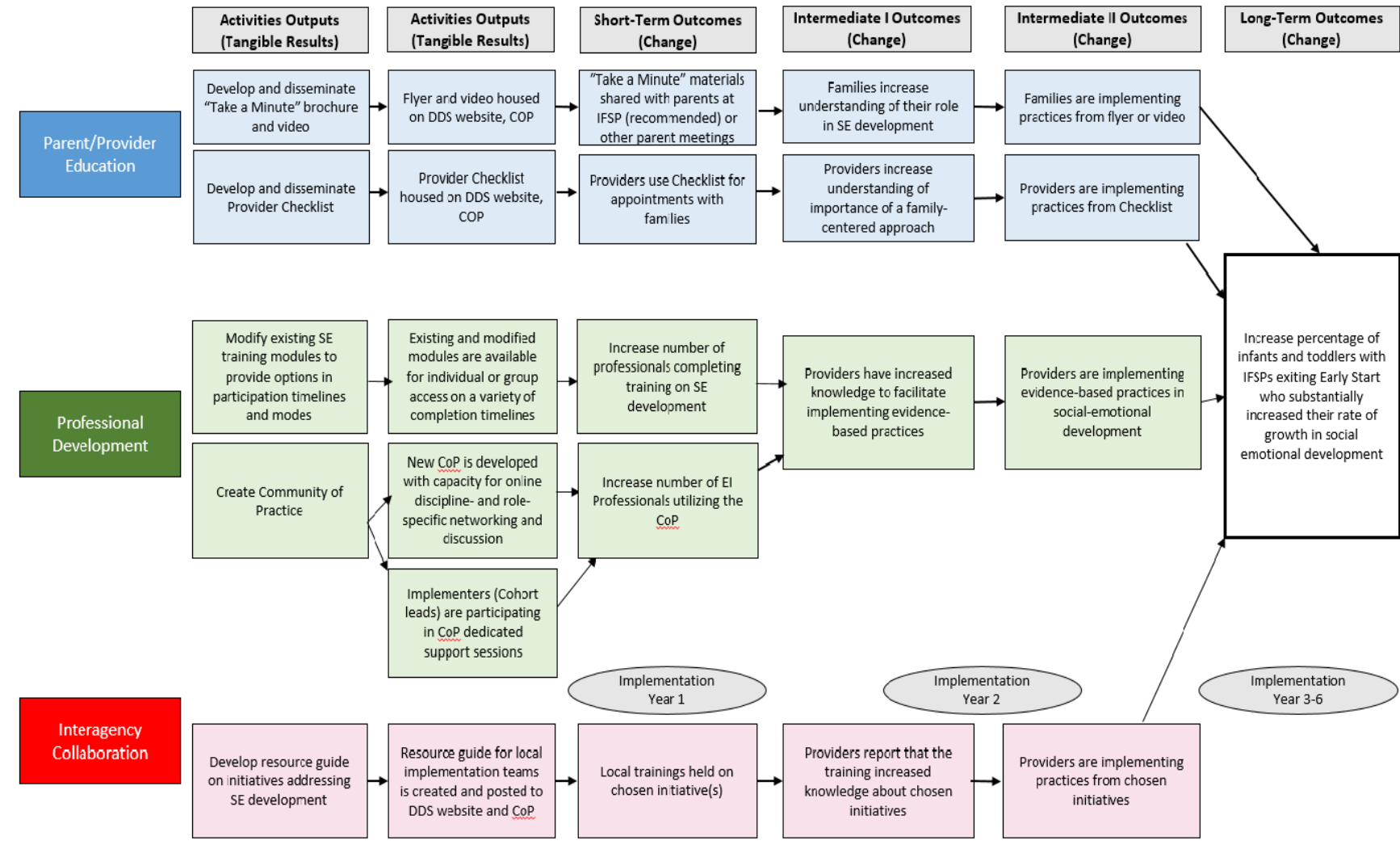
### Planned Evaluation Activities

As previously described, we plan to review and make modifications based on that review of: (a) our current data collection tools and strategies; (b) the intended outcomes and accompanying evaluation questions in our current evaluation plan; (c) implement more intentioned approach to measuring fidelity of practice; and (d) more actively involve stakeholders in the SSIP evaluation and review and use of data.

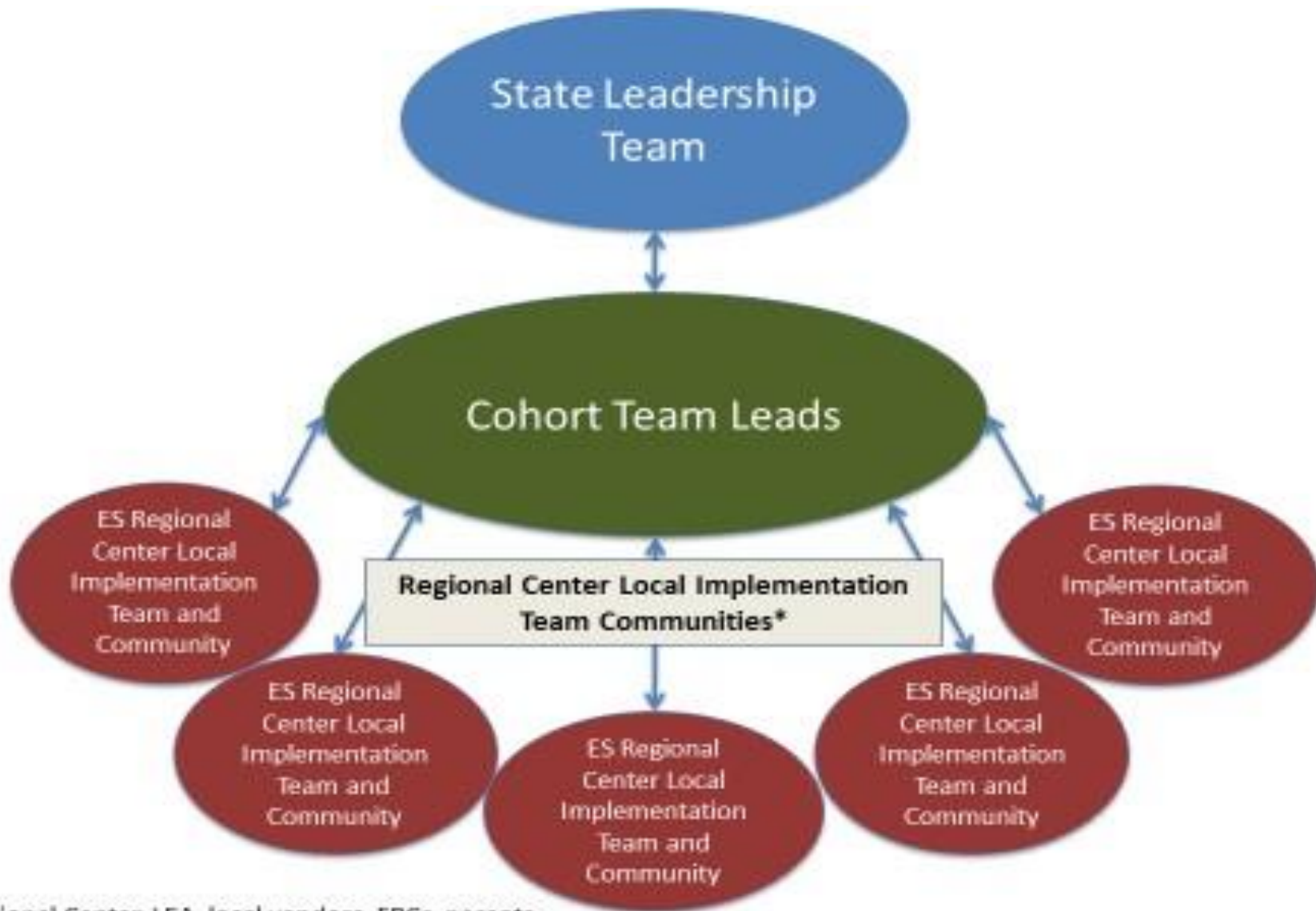
### Technical Assistance

California Early Start and staff at DDS have benefited from technical assistance activities sponsored by the National Center for Systemic Improvement, IDEA Data Center, Disabilities Education Act Early Childhood Data Systems (DaSy), and ECTA, and will continue to do so. TA support around our data for Indicator 3 indicated our numbers had been far from national averages. California worked with data management staff to identify the error and re-write the programming. California will continue to participate in activities sponsored by ECTA and DaSy. Additionally, work will continue to obtain TA from one of our contractors who have expertise in technical assistance, early childhood development, early intervention, service delivery systems, workforce development, and in-service training development and delivery.

## Attachment B



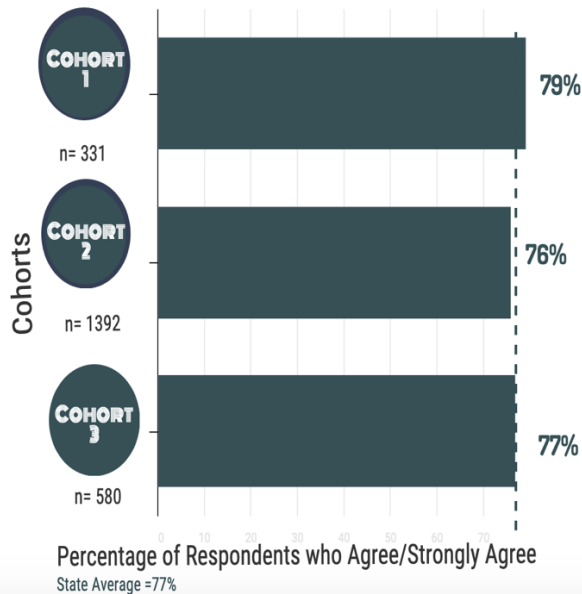
Attachment C



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

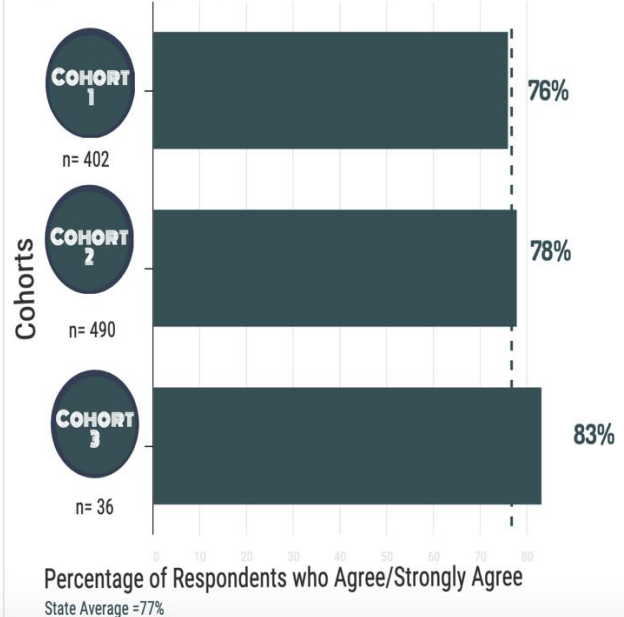
## Parent/Provider Education: Families Increase Understanding of their role in SE Development

"I learned more about the role parents play in their child's SE development from the Take a Minute flyer"



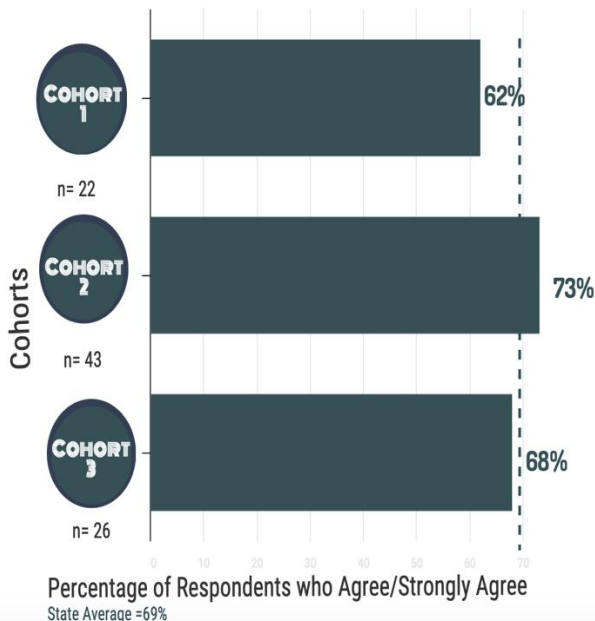
## Parent/Provider Education: Families Are Implementing Practices from Flyer or Video

"Did ideas listed on the Take a Minute materials change the way that you connect with your child during your daily routines?"



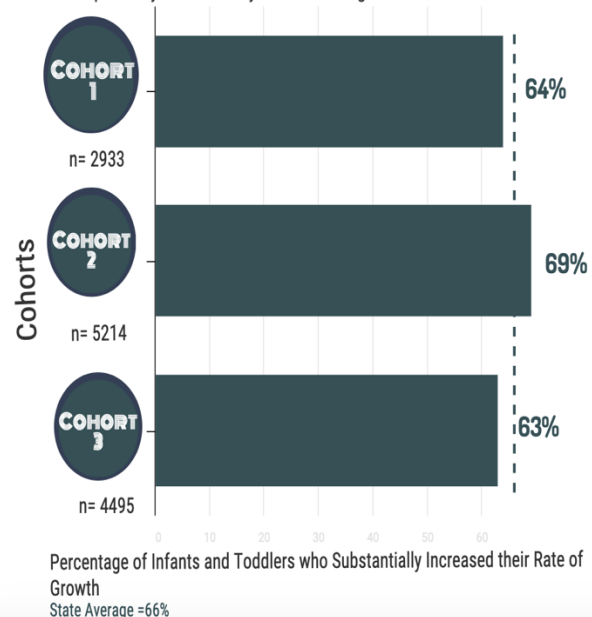
## Parent/Provider Education: Providers are Implementing Practices from Checklist

"After I received the Provider Checklist, I used the practices"



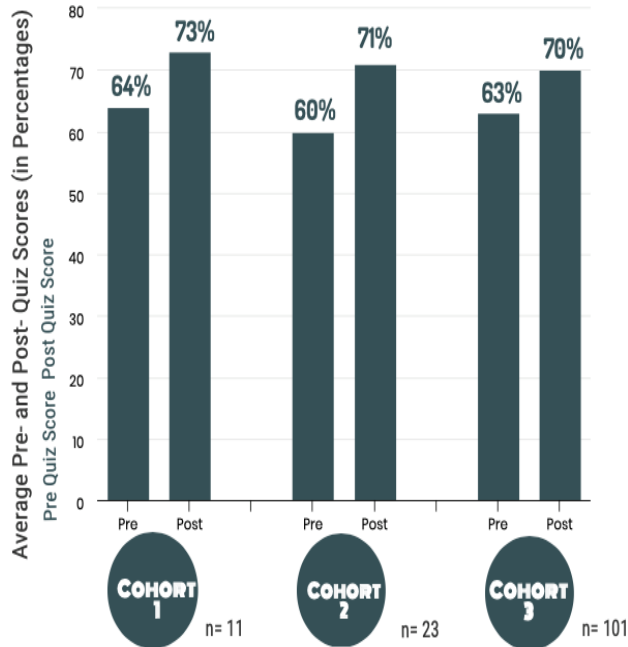
## Improved Social and Emotional Outcomes

Infants and Toddlers Who Substantially Increased their Rate of Growth in Social and Emotional Development by the Time they Exited the Program



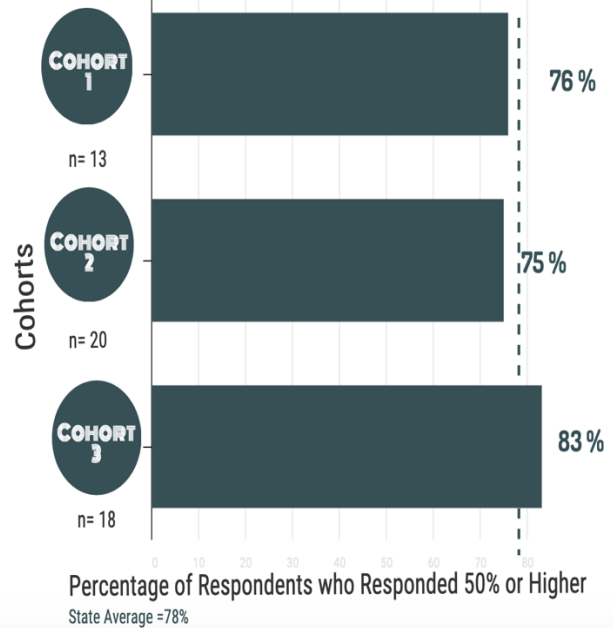
## Professional Development: Providers have Increased Knowledge to Facilitate Implementing Evidence-Based Practices

The average Pre- and Post-Quiz scores on the SE Training Course (in percentages)



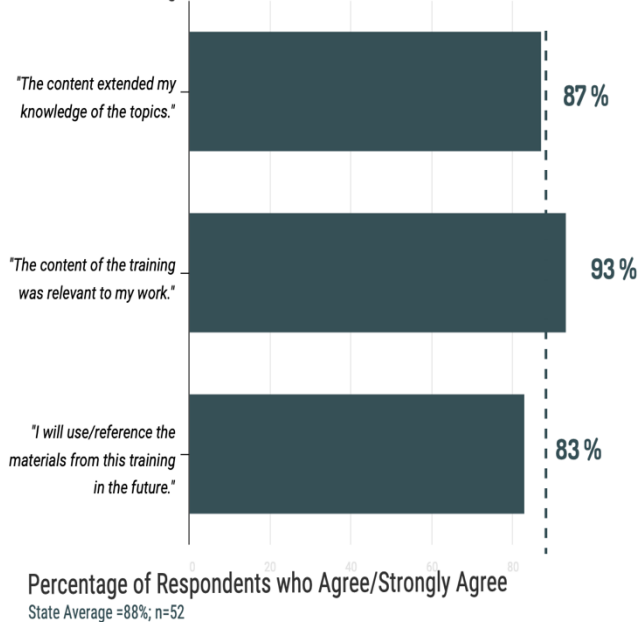
## Professional Development: Providers are Implementing Evidence-Based Practices in Social & Emotional Development

"What is the percentage of early intervention personnel in your agency who are implementing the identified social and emotional development approach(es)/practice(s)"



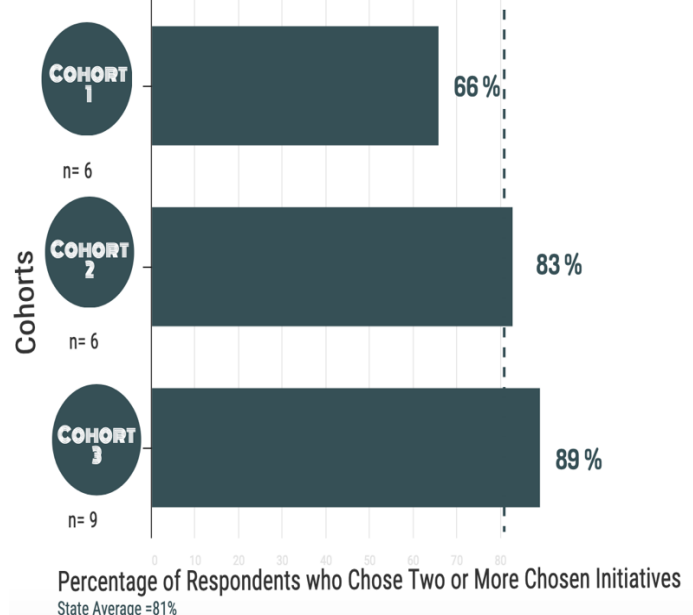
## Interagency Collaboration: Providers Report that the Training Increased Knowledge about Chosen Initiatives

Percentage of respondents that "agree" or "strongly agree" to the following statements as it relates to the trainings.



## Interagency Collaboration: Providers are Implementing Practices from Chosen Initiatives

"Please select the resources you are currently using in your RC catchment area. Please select all that apply: TaM Flyer; TAM Video; Provider Tips"



## Indicator C-11 Annual Performance Report (APR)

**Current SiMR:** California's Part C SiMR is *to increase the percentage of infants and toddlers with disabilities who substantially increase their rate of growth in positive social and emotional skills (including social relationships) by the time they exit the early intervention program.*

Has the SiMR changed since the last SSIP submission? X No    ☐ Yes

**Progress toward the SiMR\*:**

Target vs. Actual Data	Baseline Data	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
FFY Target	44.32%	44.32%	45.00%	47.00%	49.00%	49.50%
FFY Data (Actual)	44.32%	46.19%	47.12%	49.29%	66.09%	

\*Page 11-12 of SSIP FFY 2018 SSIP Report: Since the initial implementation of California's Part C SSIP, the State has exceeded its SiMR (APR Indicator 3A, Summary Statement 1) targets for the federal fiscal years reported. Through a continuing focus on the Strands of Action and associated activities, as well as the implementation of strategies to support sustainability, the Early Start program aims to continue to meet and exceed its SiMR goal. Upon presenting previous years' data to stakeholders through the ICC, new targets were determined for the next fiscal year and set at 49.50%.