# **FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR) Template**

## Section A: Data Analysis

**What is the State-identified Measurable Result (SiMR).** (Please limityourresponseto 785 characters without space)*.*

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.

**Has the SiMR changed since the last SSIP submission?** No

**If “Yes”, provide an explanation for the change(s), including the role of stakeholders in decision-making.** (Please limityourresponseto 1600 characters without space)*.*

Click or tap here to enter text.

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below** (expressed as actual number and percentages)*.*

**Baseline Data:** 44.32%

**Has the SiMR target changed since the last SSIP submission?** No

**FFY 2018 Target**: 49.00% **FFY 2019 Target**: 49.50%

**FFY 2018 Data:** 66.20% **FFY 2019 Data:** 67.39%

**Was the State’s FFY 2019 Target Met?** Yes

**Did slippage[[1]](#footnote-1) occur?** No

**If applicable, describe the reasons for slippage.** (Please limityourresponseto 1600 characters without space).

Click or tap here to enter text.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR?** Yes

**If “Yes”, describe any additional data collected by the State to assess progress toward the SiMR.**(Please limityourresponseto 1600 characters without space)*.*

Three items were added to the Family Outcomes Survey to assess how helpful early intervention has been to families in three areas related to a child’s social and emotional development. The initial scores on these items will serve as baseline measures in subsequent years of SSIP reporting. Families rated items on a 5-point Likert scale (5=Extremely Helpful to 1=Not at all Helpful). The percentage of families reporting that early intervention had been Extremely Helpful or Very Helpful and number (n) of families who rated the item are reported below:  
  
How helpful has early intervention been in giving you useful information about how to respond to your child’s emotions? (73.6%, n = 615).  
   
How helpful has early intervention been in giving you useful information about how to help your child learn to calm down when they are upset or overwhelmed? (67.2%, n = 531).  
   
How helpful has early intervention been in identifying ways for you to encourage appropriate behavior from your child. (74.8%, n = 595).

**Did the State identify any provide describe of general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period?**

No

**If “Yes”, describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns.** (Please limityourresponseto 3000 characters without space).

Click or tap here to enter text.

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period?** Choose an item.

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.** (Please limityourresponseto 3000 characters without space).

As California reported in our recently submitted APR:1. The impact on data completeness, validity and reliability for the indicator: The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data compared to the number of infants and toddlers with IFSPs assessed may have been negatively affected due to COVID-19. 2. An explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator: Because California extended Early Intervention services past the age of three using state funds, case closures and subsequent exit assessments were delayed, thus impacting the total number of infants and toddlers with IFSPs assessed.3. Any steps the State took to mitigate the impact of COVID-19 on the data collection: California has enhanced communication and technical assistance with Regional Centers to improve the accuracy of reporting the status of infants and toddlers exiting the Part C program. Additional data points related to COVID were added to the electronic Early Start Reporting database and detailed instructions on how to complete new sections was communicated to Regional Center Directors and users. Technical assistance on how to accurately exit infants and toddlers is continually provided as needed and at regular communication intervals.

## Section B: Phase III Implementation, Analysis and Evaluation

**Is the State’s theory of action new or revised since the previous submission?** No

**If “Yes”, please provide a description of the changes and updates to the theory of action** (Please limit your response to 1600 characters without space).

Click or tap here to enter text.

**Did the State implement any new (previously or newly identified) infrastructure improvement strategies during** **the reporting period?**Yes

**If “Yes”, describe each new (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved*.*** (Please limityourresponseto 1600 characters without space)*.*

The impact of COVID-19 this past year has had significant effects on California’s Early Start program. Beginning with the Governor’s State of Emergency proclamation on March 4th, there have been several shelter-in-place orders dictated by the Governor and the California Department of Public Health. While Regional Centers never shut down in California and continued to provide services during the pandemic, they had to transition from in-person services to providing remote services to Early Start families and children. To ensure that there was not a delay in services for Early Start children, DDS issued a directive extending early intervention services to children past the age of 3 until an Local Educational Agency (LEA) transition meeting could take place.   
  
The Department of Developmental Services (DDS), the Interagency Coordinating Council on Early Intervention and local Regional Centers (RCs) developed outreach materials and strategies at the state and local levels, disseminating Early Start messaging through social media, print media, public service announcements, to help families gain access to technology for remote services. Additionally, DDS developed technical assistance webinars for Early Start providers to address best practices for remote services and mental health strategies.   
  
Regional Centers were encouraged to adopt and administer assessment tools that more specifically measured children's social and emotional (SE) development in order to identify children who needed support in that area and to have a more targeted measure of progress. RCs reported their use of specific assessments at entry and exit. Over one third of the RCs indicated that more than one SE assessment instrument was used. Fifteen RCs reported using the DAYC, five each use either the HELP or the BSID, and three others reported use of the ASQ-SE, the DECA, or the BDI.

**Provide a summary of each infrastructure improvement strategy that the State continued to implement in the reporting period, including the short-term or intermediate outcomes achieved** (Please limityourresponse to 3000 characters without space).

The Theory of Action for California's Part C program aims to increase the percentage of infants and toddlers with Individualized Family Services Plans (IFSP) exiting the Early Start program who have substantially increased their rate of growth in social and emotional development. The three coherent improvement strategies, referred to here as Strands of Action, address (a) parent/provider engagement, (b) professional development, and (c) interagency collaboration.   
  
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, the Take a Minute flyer has continued to be a resource used consistently with families at remote home visits, intakes, orientations, and at IFSP meetings. This resource was designed to emphasize the parent and child relationship as key to healthy social and emotional development and provide practical, research-based strategies for families' use. 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 on-line training and other webinar early intervention activities. RCs have requested targeted technical assistance to train vendors, LEAs, and providers on the Early Start resources. A companion resource, Provider Tips for Supporting Social and Emotional Development is used by service coordinators and providers to support families as they promote their child's development. Targeted training and technical assistance is provided to RCs on the evidence-based practices described in the resources.  
  
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. The Early Start Comprehensive System of Personnel Development advances the knowledge of and 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. Comprehensive training is provided as either a facilitated or open enrollment option through Early Start Online. The course is called Skill Base: Facilitating Social and Emotional Development  
  
Strand of Action 3: Interagency Collaboration. 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 maintained previously expanded infrastructure, strengthened interagency collaboration, and stakeholders to make strides towards sustainability of SSIP activities. Updated Early Start materials, including a new brochure for physicians, were disseminated to enhance referrals for early identification and intervention of SE delays. RCs have established networks of collaborating agencies through the Local Implementation Team initiative supporting the SSIP.

**Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy.** (Please limit your response to 3000 characters without space):

A more detailed report is submitted as an attachment with the submission of this Template.   
  
Strand of Action 1: Parent and Provider Education  
Families report they learned strategies for helping their child with emotions (82%), about a parent’s role in a child’s social emotional (SE) development (82%), and about their child’s SE development (81%). They also reported the use of 7 specific practices that they learned and then used in interactions with their child (80% to 85% use).   
  
Providers report increased use of 9 practices for working with families related to their child’s SE development after they were introduced to the Provider Tips and 75% to 100% of them rate the strategies as very or extremely effective with families (over several years of SSIP, this figure is typically 85-95%).   
  
RCs report the status of 10 components (e.g. improved training system, stakeholder engagement, written role descriptions) that support SSIP implementation. Between 33-85% of RCs report that a given component is fully in place. Practices for using data for decision-making is the least likely component to be fully in place. Using SE assessment instruments is the component most fully in place across RCs.  
  
Strand of Action 2: Professional Development  
A total of 166 providers completed the training series Skill Base: SE Development. As before, participants routinely increase scores from pre-test to post-test by 9 to 12 points, demonstrating that the training results in trainees gaining knowledge as a result of their participation. Participants (100%) report that the content is relevant to their work, they are confident in using what they have learned, and they apply the training in their work with children and families.  
  
Strand of Action 3: Interagency Collaboration  
Participants in the LITs were asked to identify which practices/approaches were used by the providers in their agencies to promote increased knowledge and skill in supporting SE development in young children. They reported that 83% of agencies were providing parent education through the distribution of the TaM resources, 76% of agencies were participating in provider training using the TaM Provider Tips resources, 74% of agencies have providers participate in the Early Start online training on SE development, and 81% of agencies have staff access the Early Start Neighborhood for information and resources.  
  
In summary, approximately 80% of families indicate that the resources have increased their knowledge, and that they use them effectively. Providers participate in training related to SE development, it increases their scores on post-tests, and they use the strategies learned and find them to be effective. The LIT effort and community collaboration has broadened the dissemination of effective practices to support SE learning in children. Finally, it should be noted that 71% of RCs and 51% of LITs report that COVID has had a negative impact on their ability to implement SSIP activities. This impact is evidenced in the reduced number of trainings and participants in activities and far fewer responses to the surveys used to collect the data reported here.

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.** (Please limit your response to 3000 characters without space)**:**

Prior to this year, California made substantial progress in a number of areas toward improving social and emotional outcomes for young children in the Part C Program. COVID-19 resulted in shifting some previous priorities to ensure providers and parents received a continuum of early intervention support. Review of our data and stakeholder input lead us to the following initiatives and anticipated outcomes:  
  
1) Updating the Take a Minute campaign materials (video and flyer) to be more culturally relevant to address the needs of those less represented. This will involve engaging a diverse collection of stakeholders and parents to contribute feedback and participate in the creation of updated materials.   
  
Anticipated Outcome: More culturally diverse families engaged in improving social and emotional development of their children, with providers using adaptable resources and practices that may best support each individual family and their child.  
  
2) Providing a Fidelity webinar to encourage the evaluation and use of Evidence-Based Practices (EBPs). This will be either a stand-alone webinar or a series of webinars that address the important elements of fidelity and how to adequately measure it. Each webinar will take into consideration the diversity of EBPs used throughout the state, and address methods of data collection that minimize the burden on participants yet yield data that are useful for making decisions about implementation and how to improve outcomes.   
  
Anticipated Outcome: Increased use of evaluation of EBPs and data review to inform on best practices.  
  
3) Increasing the use and communication of our existing data to inform decision making. This will include incorporating the new data points added to the online data base system to evaluate how COVID has impacted social and emotional outcomes and what steps need to be taken to continue progress towards our SiMR.  
  
Anticipated Outcome: Increased stakeholder engagement and technical assistance to regional centers to improve overall data literacy outcomes.

**Did the State implement any new (previously or newly identified) evidence-based practices?** No

**If “Yes”, describe the selection process for the new (previously or newly identified) evidence-based practices.** (Please limityourresponseto1600characterswithoutspace):

Click or tap here to enter text.

**Provide a summary of the continued evidence-based practices and how the evidence-based practices are intended to impact the SiMR.** (Please limit your response to 1600 characters without space):

As previously reported, CA continues to implement the evidence-based practices (EBPs) for promoting social and emotional development described in the Take a Minute resources for families and the Provider Tips resources for service coordinators and providers. The practices described in these resources are highly similar or the same as practices included in the Performance Checklists developed by ECTA based on the Division of Early Childhood (DEC) Recommended Practices, such as Family Practices (family-centered, capacity-building, family-professional collaboration), Interactions Practices (promoting social-emotional development and skills), or Instruction (strength-based, child preferences, embedded in typical routines)These resources and practices are widely used across the RCs and the local collaborating agencies providing direct or supporting services to children and families receiving Early Start services.  
  
Regional Centers and agencies participating in SSIP activities as members of the Local Implementation Teams (LITs) report implementing additional SE EBPs as well. These practices include (a) Strengthening Families and the the Five Protective Factors, (b) DIR Floortime as developed by Stanley Greenspan and colleagues, (c) Pyramid Model & Center on Social and Emotional Foundations for Learning (CSEFEL or NCPMI) as developed by Mary Louise Hemmeter and colleagues, (d) Family-guided Routines-based Intervention and Caregiver Coaching (FGRBI, TACSEI, SS-OO-PP-RR) as developed by Julianne Woods and colleagues, (e) Routines-based Interview and Routines-based Early Intervention (RBI and RBEI) as developed by Robin McWilliam and colleagues, and (f) Adverse Child Experiences Scale (ACES) and Trauma-Informed Practices.

**Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change.** (Please limit your response to 1600 characters without space)***:***

RCs have adopted a number of EBPs that vary by locale to best match the needs, interests, priorities, and culture of each. DDS has been able to collect information from RCs about the variety of EBPs used across our diverse state. DDS will initiate efforts to increase understanding of the importance of assessing fidelity of implementation of EBPs to support appropriate fidelity measurement.  
  
Intended Activity:   
• A 60 to 90-minute webinar presenting information on the range of options for evaluating the frequency, intensity, and quality of EBP implementation, and the benefits associated with collecting and using these kinds of data.  
  
Expected Outcome(s):   
• Increased knowledge of EBP implementation evaluation strategies and use of data.  
• Increased interest by RCs and service provider agencies in EBP implementation evaluation.  
• Develop RC data collection protocols and procedures that will result in useful data for making decisions about the effectiveness of training, the need for follow-up support, the efficacy of the EBP and when to scale up.

**Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices.** (Please limit your response to 1600 characters without space):

The open-access and facilitated training options available on-line through the Early Start Institute (fully described in earlier reports) continued to be available and used by RCs and new providers to increase knowledge, skill, and use of evidence-based practices to support the facilitation of children's social and emotional development. These training series included the Skills-Based: Social and Emotional Development, as well as training and other resources that directly supported the use of practices described/illustrated in the Take a Minute and Provider Tips materials.  
  
The COVID pandemic and the need for social distancing resulted in fewer opportunities for RCs to provide training to the community and Early Start providers related to the SSIP initiatives. It also made it impossible to host the Annual Early Start Symposium that historical has been a well-attended, face-to-face conference. DDS addressed this challenge by developing a series of webinars that responded to providers' need to adapt traditional means of delivering intervention and to address social and emotional development and the impact of the pandemic on that development. Topics included:   
  
• Telepractice: Using Video to Enhance Early Intervention Services  
• Using Telepractice to Provide Services to Remote Populations  
• Supporting Family Mental Wellness and Resilience  
• Supporting Parents in Addressing Challenging Behaviors  
• Remote Assessment-Perks, Problems, and Possibilities  
• What does Mental Health Mean for Infants and Toddlers  
• Using Telepractice to Provide Services to Populations With Barriers  
• Communication Skills for Family Support Professionals  
• Using Technology to Connect and Engage with Families  
• Tele-intervention and Private Insurance: Guidance for Families

## Section C: Stakeholder Engagement

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.** (Please limit your response to 3000 characters without space):

California Part C stakeholders include parents of infants and toddlers enrolled in the Early Start program, service coordinators and providers, Early Start program directors, Local Educational Agencies (LEAs), Family Resource Centers, Early Head Start programs, and the pediatric community. They are critical members of the SSIP planning, implementation, and sustainability process and are represented through active membership within each regional center catchment area and at the state-wide level through the ICC. Highlights from this year include:   
  
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 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 ICC 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, setting 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 TM 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. 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.

**Were there any concerns expressed by stakeholders during engagement activities?**No

**If “Yes”, describe how the State addressed the concerns expressed by stakeholders.** (Please limityourresponseto1600 characters without space)*:*

Click or tap here to enter text.

**If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response.** (Please limit your response to 3000 characters without space):

**Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), California utilized many opportunities to receive TA in FFY 2019 on topics specific to the APR/SPP and State Systemic Improvement Plan (SSIP). Staff participated in webinars and training, and utilized resources made available from the following sources: OSEP, the Individual with Disabilities Education Act (IDEA) Data Center, the Center for IDEA Early Childhood Data Systems (DaSy), National Center for Systemic Improvement (NCSI), the Early Childhood Technical Assistance Center (ECTA), and WestEd. As a result of receiving TA, the following occurred:  
  
• ECTA-DaSy resources were utilized to examine and improve Family Survey dissemination and SSIP data collection;  
• ECTA resources and infographic templates were used to increase data literacy among regional centers including SSIP data.**

# Appendix A

# Evaluation Report to Accompany the FFY2019 Reporting Template for Phase-3 Year-5 of California’s Part C State Systemic Improvement Plan (SSIP)

# Data on Implementation and Outcomes

During this past year, California did not revise the evaluation plan for California’s State Systemic Improvement Plan (SSIP). This report includes and reflects analyses of qualitative and quantitative data collected between January 2020 and December 2020 and is intended as an attachment to the SSIP Phase 3 Year 5 annual report to the U. S. Department of Education, Office of Special Education Programs. The data reported here indicate the progress toward attainment of outcomes of SSIP implementation activities leading to achievement of California’s State-identified Measurable Result (SiMR). The evaluation focused on the three activity strands developed in Phase I and described in the Theory of Action ([State-identified Measurable Result: California Theory of Action](https://www.dds.ca.gov/wp-content/uploads/2019/02/EarlyStart_TheoryofAction_20190205.pdf)).

## Measuring Outputs to Assess Effectiveness

Evaluation findings are organized by activity strand and evaluation question. For each activity strand this report introduces 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 collections procedures and methods; and (d) baseline (pre-test) 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 these cases, the findings reported under each evaluation question are from the surveys that addressed the question, and it should be noted that in most cases the surveys queried different categories of respondents, such as families or providers or regional centers. At the end of each section, the report provides additional information from the surveys that is related to the Activity Strand and 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

| **Improvement Activity** | **Survey/ Tool** | **Indicator/ Evaluation Question** | **Respondents** | **Dissemination & Collection** |
| --- | --- | --- | --- | --- |
| *Take a Minute* (*TaM*) Resources | *TaM* Acquisition of Knowledge Surveys | * Are families given the *TaM* resources? * Did *TaM* materials increase family’s knowledge? | * Families   (*n = 810*)  164 Spanish, 646 English   * Spanish version from   13 of 21 RCs   * English version from   9 of 21 RCs | * Providers directed families to the survey available on Neighborhood/DDS website directly following review of the flyer and/or video   *NOTE: Response rate likely impacted by COVID* |
| *Take a Minute* | *TaM* Application of Content Survey | * Are families using practices from the *TaM* materials? | Families  (*n = 165*)  7 of 21 RCs represented | * Online and paper versions were made available to families. * Providers were encouraged to make the surveys available to families at the 6-month IFSP meeting.   *NOTE: Response rate likely impacted by COVID* |
| *Provider Tips Checklist* | *Provider Tips Checklist* Application of Content Survey | * Are providers implementing the practices listed in *Provider Tips*? * Are the practices listed in Provider Tips effective? | Providers  (*n = 4*)  3 of 21 RCs represented | * Survey link was provided on the PDF of the resource. * Survey link was sent via the Early Start Neighborhood AND from RC LIT directly.   *NOTE: Response rate likely impacted by COVID* |

| **Improvement Activity** | **Survey/ Tool** | **Indicator/ Evaluation Question** | **Respondents** | **Dissemination & Collection** |
| --- | --- | --- | --- | --- |
| * *Take a Minute* Resources and Strategies * *Provider Tips Checklist* | SSIP Regional Center Lead Implementation and Sustainability Survey | * Are families given the *TaM* resources? * Are providers and other staff given and do they use the *TaM* and *Provider Tips* resources? * What impact is reported from this SSIP activity strand? | Regional Center Implementation Team Leads  *(n* = *21*)  All RCs represented | Survey link sent by email from DDS to the Regional Centers’ Implementation Team Leads |
| * *Take a Minute* Resources and Strategies * *Provider Tips Checklist* | SSIP Local Implementation Team Report on Implementation and Sustainability | * Are families given the *TaM* resources? * Are providers and other staff given and do they use the *TaM* and *Provider Tips* resources? * What impact is reported from this SSIP activity strand? | Local Implementation Team Members  (*n = 98*)  17 of 21 RCs represented | Survey link sent by email from DDS to the Regional Centers. The Regional Centers then distributed the surveys to Local Implementation Team agencies/individuals. |

## 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, regional centers’ Implementation Team Leads, and from members of the Local Implementation Teams.

Regional center Implementation Team Leads reported that 100% of them were using the *Take a Minute* flyer. The following estimates were provided when they were asked, *how many service coordinators are…:*

| **Answer Choices** | **None** | **Some** | **About half** | **Many** | **All** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- |
| …consistently disseminating the flyer and or video to families they serve? | 5% | 14% | 9% | 29% | 43% | 0% |
| …discussing the flyer/video with families they serve? | 10% | 19% | 4% | 43% | 19% | 5% |
| …revisiting the flyer/video at regularly established intervals with families they serve? | 19% | 19% | 14% | 19% | 19% | 10% |

When asked to indicate how the Take a Minute resources were being distributed, they responded as follows:

| **Strategies Used to Disseminate *TaM* Resources to Families** | **Percentage** |
| --- | --- |
| Sharing material at the initial IFSP | 86% |
| Sharing materials at follow-up intervention visits | 79% |
| Sharing materials throughout communities | 48% |
| Sharing materials at local outreach events  . | 48% |

Local Implementation Team 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. Responses indicated 83% (n = 57) provided parent education through distribution of the Take a Minute resources, and 76% (n = 53) reported that they provided education to direct service providers through Take a Minute Provider Tips. Further, 74% (n = 52) indicate that their providers participate in the Early Start Online training on social and emotional development and 80% (n = 54) that their staff use the Early Start Neighborhood.

Finally, responses were received from 810 families reflecting that they had received Take a Minute resources.

**Did *Take a Minute* materials 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* materials?**

The Take a Minute Application of Content survey asked families how they were using the strategies for supporting social and emotional development that were introduced in the resource. The percentage of families who responded that they agreed or strongly agreed with a series of statements ranges from 75% to 85%.

In addition to providing information about the strategies they were using, families also provided information about the practices they would welcome additional help for or more information about. The percentage of families who requested assistance for each strategy ranged from 35% to 52%.

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 their own process on how 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 from numerous sources including families, service providers, regional centers Implementation Team Leads, and from members of the Local Implementation Teams. The *Provider Tips* resource was disseminated in English and Spanish. It is posted on the Early Start Neighborhood and available for download. Regional center Implementation Team 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, Regional center Implementation Team Leads and their designees advise recipients to submit survey responses to inform SSIP evaluation efforts. Service providers were asked to indicate the consistency with which they used the strategies 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 strategies. The strategies used most consistently were (a) taking a few minutes to reflect and make notes about the visit, (b) providing parents with guidance and resources about positive social skills and developmentally appropriate behavior, and (c) providing support and encouragement to parents.

**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 extremely effective by all respondents.

**Are providers and other staff given, and do they use, the *TaM Flyer* 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 staff have received and are using TaM Flyer; and (d) the extent to which regional 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 resource even though it required extra effort to be able to access.

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 (72%), used the resource regularly (48%) and participated in training about the practices (33%).

| **Answer Choices** | **None** | **Some** | **About half** | **Many** | **All** | **Don’t know** |
| --- | --- | --- | --- | --- | --- | --- |
| …have been sent the *Provider Tips* resource? | 14% | 19% | 5% | 24% | 33% | 5% |
| …use the *Provider Tips* resource on a regular basis? | 19% | 24% | 19% | 19% | 10% | 10% |
| …have attended a training about the practices outlined in *Provider Tips* resource? | 43% | 14% | 14% | 14% | 5% | 10% |

Regional centers reported use of *Provider Tips* by partner agencies within the RC catchment area. The resource had been sent to half or more of the partner agencies by 72% of the regional centers, and 81% of the centers reported that these agencies used the resources half or more of the time.

| **Answer Choices** | **None** | **Some** | **About half** | **Many** | **All** | **I do not know** |
| --- | --- | --- | --- | --- | --- | --- |
| …have been sent the *Provider Tips* resource? | 10% | 14% | 29% | 38% | 5% | 5% |
| …use the *Provider Tips* resource on a regular basis? | 5% | 14% | 19% | 57% | 5% | 0% |

**What evidence of the effectiveness of the *TaM* and *Provider Tips* materials and strategies and the impact of SSIP activities is reported?**

In addition to the impacts on parents’ and providers’ acquisition of knowledge and application of learned strategies, as reported earlier in this document, the SSIP initiative and activities have also had a broader impact on communities as a result of agency and provider participation in the Local Implementation Teams (LIT) assembled by the RCs. Between 60 and 70 percent of LIT respondents agreed or strongly agreed their participation in the SSIP initiative and activities resulted in increased knowledge of resources, practices, and skills for supporting social and emotional development in young children.

Changes or improvements to infrastructure supports are also indicators of SSIP impacts. Regional Center Implementation Team Leads were asked to rate the extent to which infrastructure components were in place to support the RC’s SSIP plan using a 3-point scale (0 = Not in Place, 1 = Partially in Place, and 2 = Fully in Place). The following table lists the ten components in order of most in place to least in place.

**Implementation Status of SSIP Infrastructure Components**

|  |  |  |  |
| --- | --- | --- | --- |
| Infrastructure Component | Not in Place | Partially in Place | Fully in Place |
| Assessment tools and/or procedures to specifically evaluate children's social and emotional outcomes have been adopted and are being implemented. | 0% | 15% | 85% |
| IFSPs are monitored to ensure that social and emotional (SE) outcomes are included for all children whose parents express concern about or priority for the child's SE development. | 0% | 19% | 81% |
| Specific evidence-based practices/approaches for promoting children's SE development have been adopted by the RC. | 0% | 24% | 76% |
| Improvements have been made to the RC's training system (e.g. hiring new trainers/coaches, requiring all new staff to complete the Early Start Online course in SE development, and so on). | 0% | 38% | 62% |
| Role descriptions & responsibilities for service coordinators are written and include expectations for the implementation of practices that support children's SE development. | 0% | 48% | 52% |
| Strategies to increase stakeholder engagement in SSIP activities have been adopted and are being implemented. | 10% | 38% | 52% |
| Interagency agreements are in place for all ES provider agencies and include expectations for the use of evidence-based practices to support SE development and participation in SSIP activities. | 29% | 29% | 43% |
| A written strategic plan has been developed that specifies Regional Center (RC) actions to increase the emphasis on supporting social and emotional development in children for the RC catchment area. | 24% | 38% | 38% |
| Funding sources have been identified/secured to support high priority SSIP activities. | 29% | 33% | 38% |
| Practices have been implemented that improve the use of data to make decisions about SSIP implementation. | 29% | 38% | 33% |

## Strand of Action 2: Professional Development

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

| **Improvement Activity** | **Survey/ Tool** | **Indicator/ Evaluation Question** | **Respondents** | **Dissemination & Collection** |
| --- | --- | --- | --- | --- |
| Social-emotional (SE) Training Module | Acquisition of Knowledge (Baseline and Post-training Assessment) | * How many trainees completed the SE training? * Did the web-based course increase participants’ knowledge? | Professionals   * Open Access   *(n* = *122*)   * Facilitated   (*n* = *44*) | The assessments are part of the online training platform. The baseline (pre-quiz) must be taken in order to gain access to the training. Course completion is not awarded until after the post-quiz is completed. |
| SE Training Module | Application of Content (Impact Survey) | Are participants using what they learned in their daily work? | Professionals  (*n* = *13*) | A web link to the survey is sent to participants several months after the training. |

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**How many trainees completed the social-emotional (SE) 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 Participants Completing the *Skill Base: Facilitating Social and Emotional Development Course* by Year and Course Type

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course Type** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Facilitated course | 37 | 88 | 32 | 45 | 29 | 44 |
| Open-access course (individual) |  | 5 | 86 | 125 | 123 | 122 |
| Open-access course (group) |  |  | 141 | 173 | 54 | 0 |
| **Total completions** | **37** | **93** | **259** | **343** | **206** | **166** |

Regional center Implementation Team Leads continue to indicate that they encounter two main barriers to increasing completion of the Early Start online course on social and emotional development that included:

* Providers are not compensated for time spent for attending trainings; and,
* Large caseloads for coordinators and providers 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Impact of Training | Strongly Disagree | Disagree | Agree | Strongly Agree |
| The material presented was relevant to my profession. | -- | -- | 38% | 62% |
| I am confident using the content I learned from the course. | -- | -- | 62% | 38% |
| I have applied the content I learned from the Early Start course. | -- | -- | 77% | 23% |

## Strand of Action 3: Interagency Collaboration

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

| **Improvement Activity** | **Survey/ Tool** | **Indicator/ Evaluation Question** | **Respondents** | **Dissemination & Collection** |
| --- | --- | --- | --- | --- |
| Regional Center Local Implementation Assessment (RCLIA) Training Activities | LIT SSIP Implementation and Sustainability Survey | Did training and other SSIP activities result in increased knowledge among local training participants within the RC catchment area? | Local Implementation Team (LIT) Participants  *(n = 98*) | Survey link was emailed from DDS to the regional centers. The regional centers then distributed the surveys to Local Implementation Team agencies/individuals. |
| RCLIA Training Activities | LIT SSIP Implementation and Sustainability Survey | Do training participants implement practices and use resources from the SSIP initiative? | Local Implementation Team Participants  *(n* = *98*) | Survey link was emailed from DDS to the regional centers. The regional centers then distributed the surveys to Local Implementation Team agencies/individuals. |

## Strand of Action 3: Interagency Collaboration

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

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 (RC LIA).

**Did training and other SSIP activities result in increased knowledge of local training participants with the RC catchment area?**

Participants in the RC Local Implementation Teams were asked to rate, using a 5-point Likert scale, the effectiveness of the SSIP LIT activities at increasing local participants’ knowledge related to several aspects of the SSIP initiative.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outcomes | Not at All Effective | Slightly Effective | Somewhat Effective | Very Effective | Extremely Effective |
| Increasing team members’ knowledge of evidence-based practices/approaches for supporting social and emotional outcomes for children | 7% | 6% | 44% | 32% | 11% |
| Increasing team members’ knowledge of practices/approaches for increasing parents’ engagement in supporting their child’s social and emotional development | 9% | 9% | 35% | 32% | 16% |
| Increasing team members’ knowledge of practices for increasing providers’ participation in SSIP activities | 9% | 7% | 35% | 38% | 11% |

**Do training participants implement practices and use resources from the SSIP initiative?**

Participants in the RC Local Implementation Teams were asked to identify which practices/approaches were used by the providers in their agencies to promote increased knowledge and skill in supporting social and emotional development in young children. They reported that 83% of agencies were providing parent education through the distribution of the *Take a Minute* resources, 76% of agencies were participating in provider training using the *Take a Minute Provider* Tips resources, 74% of agencies have providers participate in the Early Start online training on social and emotional development, and 81% of agencies have staff access the Early Start Neighborhood for information and resources.

In summary, the data presented in this section of the report show that RC Local Implementation Teams 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.

1. The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:

   1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
   2. It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
   3. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
   4. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
      1. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
      2. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

   [↑](#footnote-ref-1)