

Washington Part C Tracking and Reporting Implementation and Evaluation Data for State Systemic Improvement Plan (SSIP)

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I: State: Washington

II: Part C

III: State SSIP Planning Team Members, Role and Organization Represented

SSIP Planning Team Member	Role	Organization
Valerie Arnold	Early Support for Infants and Toddlers (ESIT) State Administrator	Department of Children Youth and Families (DCYF)
Sara Foster	ESIT Administrative Assistant	DCYF

SSIP Planning Team Member	Role	Organization
Kim Hopkins	Interim ESIT Data Manager	DCYF
Sarah Adams	ESIT Evaluator	DCYF
Jayna Ferguson	ESIT Data Coordinator	DCYF
Terri Jenks-Brown	ESIT Business Analyst	DCYF
Bon Huynh	ESIT Developer	DCYF
Laurie Thomas	ESIT Technical Assistance Manager	DCYF
Michelle Baker	ESIT Technical Assistance Specialist	DCYF
Diana Golovkin	ESIT Technical Assistance Specialist	DCYF
Iris Dunaway	ESIT Technical Assistance Specialist	DCYF
Will Moncrease, Jr.	Partnership and Collaboration Manager	DCYF
E Renae` Antalan	ESIT Community Collaboration Coordinator	DCYF
Vanessa Allen	ESIT Family Engagement Specialist	DCYF
Jahla Brown	ESIT Stakeholder Engagement Specialist	DCYF
DeEtte Snyder	ESIT Workforce Development Manager	DCYF
Ciara Saalfeld	ESIT Workforce Development Specialist	DCYF
Maia Thomas	ESIT Workforce Development Specialist	DCYF
Lori Holbrook	ESIT Workforce Development Specialist	DCYF
Adrienne O'Brien	ESIT Workforce Development Specialist	DCYF
Tammy McCauley	Quality Assurance and Compliance Manager	DCYF
Debbie Kirby	ESIT Quality Assurance Specialist	DCYF
Jessica Baffoe	ESIT Quality Assurance Specialist	DCYF

SSIP Planning Team Member	Role	Organization
MaLea Lindsey	ESIT Quality Assurance Specialist	DCYF
Lauren Thompson	ESIT Sustainability Manager	DCYF
Kali Wrspir	Resource Allocations Specialist	DCYF
Sakada Buth	ESIT Contracts Specialist	DCYF

IV: State-identified Measurable Result

Increased percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills by the time they exit the early intervention program.

V: Improvement Strategies

1. **Professional Development**

Enhance the statewide system of professional development to support the creation of high-quality, functional IFSP outcomes and strategies related to social-emotional skills and social relationships, and the implementation of evidence-based practices that address social-emotional needs.

2. **Qualified Personnel**

Strengthen the expertise of current personnel and join with partner agencies engaged in social-emotional related statewide initiatives to increase the availability of early intervention personnel who have infant mental health expertise and who are able to provide culturally appropriate services.

3. **Assessment**

Enhance statewide implementation of high-quality functional assessment and Child Outcome Summary (COS) rating processes.

4. **Accountability**

Expand the general supervision and accountability system to support increasing data quality, assessing progress toward improving children's social-emotional skills and social relationships, and improving results for children and families.

VI: SSIP Improvement Strategy and Evaluation Details

Intended Outcomes

Type of Outcome	Outcome Description
1. Short-term (revised)	Providers have improved understanding of Child Outcome Summary (COS) quality practices.
2. Short-term	Providers have improved understanding of social-emotional screening and assessment.
3. Short-term	Providers have improved understanding of writing functional outcomes that support social-emotional development.
4. Short-term	State Lead Agency, County Lead Agencies, and ESIT Provider Agencies ensure timely analysis of accurate data
5. Short-term	Providers report knowledge in PFR practices to improve social-emotional skills for infants and toddlers.
6. Intermediate	State Lead Agency has the capacity to enforce the responsibilities of the County Lead Agencies and Early Intervention Provider Agencies so they can carry out IDEA and related state requirements.
7. Intermediate	State Lead Agency has a quality statewide system for in-service training and technical assistance in place.
8. Intermediate	Teams complete COS process consistent with best practices.
9. Intermediate	County Lead Agencies (CLAs) and ESIT Provider Agencies improve ability to analyze and use COS data.
10. Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.
11. Intermediate	Teams develop functional Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.
12. Intermediate	Providers implement practices to promote positive social-emotional development
13. Intermediate	Agencies demonstrate systems change to support the implementation of practices to promote positive social-emotional development.
14. Intermediate	Providers use data to select relevant improvement strategies regarding the child outcome summary process and/or practices
15. Long-term	SLA has a high-quality child outcomes measurement system.
16. Long-term	Families will have increased ability to support and encourage their children's positive social-emotional development.

Type of Outcome	Outcome Description
17. Long-term	Families and children will achieve their individual functional IFSP outcomes.
18. Long-term	[SIMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development.

B. Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
<p>1. Infrastructure: Early Support for Infants and Toddlers (ESIT) clarifies roles and responsibilities of the Department of Children, Youth, and Families (DCYF) as Washington Part C lead agency to support implementation of the State Systemic Improvement Plan (SSIP).</p> <p>[Theory of Action: Accountability]</p>	1.a. ESIT includes SSIP requirements in provider contracts.	<p>ESIT Policies and Procedures</p> <p>Part C Federal Regulations</p> <p>Current contracts</p> <p>WA State rulemaking procedures</p> <p>Outside contractors</p> <p>Forecasting and Rates Office Chief for ongoing funding</p>	DCYF, ESIT staff, stakeholders and outside contractors, WA Legislators.	1.a. July 2016 and continuing annually	DCYF Rules Coordinator will lead the rulemaking process and consult on related activities. DCYF partnered with Office of Superintendent of Public Instruction (OSPI) to issue guidance and clarification to the field.	<p>Completed.</p> <p>Evidence: July 1, 2016 contracts included training requirements. In addition, July 1, 2016 implementation site contracts included SSIP requirements.</p>	N/A

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		allocation work					
	1.b. DEL/ESIT writes Washington Administrative Code (WAC) for early intervention.			1.b. WA rulemaking process April, 2016-January, 2017.		Completed. New rules effective January 2, 2017. Evidence: https://apps.leg.wa.gov/wac/default.aspx?cite=110-400	N/A
	1.c. ESIT updates policies and procedures.			1.c. Public participation period for updated policies and procedures: February 24-April 25, 2016. Submit to OSEP with federal application by April 21, 2016		Completed. Submitted to OSEP with federal application. Policies and Procedures in place for Federal Fiscal Year (FFY) 2016. Evidence: Policies and Procedures posted on ESIT website: https://www.dcyf.wa.gov/sites/default/files/pdf/ESIT-policies-procedures.pdf	N/A
	1.d. ESIT submits System Design Plan to the WA Legislature			1.d. System Design Plan submitted to the WA Legislature December, 2016		Completed Evidence: System Design Plan posted to the ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/ESIT%20Plan_FINAL_7.pdf	N/A
	1.e. ESIT Program Consultants facilitate individualized meetings with contractors and other provider agencies to support understanding of the system design plan.			1.e. ESIT Program Consultants hold local/regional meetings December, 2016		Completed Evidence: ESIT Program Consultants met with providers in their designated regions based on the need and In process updates.	N/A

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	1.f. State apportionment funds for early intervention services shift from OSPI to DCYF			1.f. Shift of funds from OSPI to DCYF December, 2016-September 2020		<p>Completed (see below for updated activities and timeline)</p> <p>Evidence: In response to Senate Bill 6257, ESIT submitted a report to the legislature in August, 2018 providing a framework for addressing a key action step recommended in the system design plan to align state funding with statutory authority and responsibilities. The report outlined a proposed funding model for the state apportionment dollars shifting to DCYF. Report to leg: https://content.govdelivery.com/attachments/WADEL/2019/01/31/file_attachments/1146748/Revised_Report_to_the_Legislature_Final_Draft_12.5.18.pdf A joint letter of support for the shift between DCYF and OSPI was sent to the Governor in January 2019. The shift was expected to take place on September 1, 2019. The timeline was extended to September 1, 2020.</p> <p>SB 6257: http://lawfilesexternal.wa.gov/biennium/2017-2018/Pdf/Bills/Session%20Laws/Senate/6257-S.SL.pdf</p>	N/A
	1.g. ESIT trains statewide on WAC and updated policies and procedures.			1.g. Training on WAC and policies and procedures: January 2017-		<p>Completed.</p> <p>Evidence:</p>	N/A

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				ongoing for all new ESIT providers.		<ul style="list-style-type: none"> Updated Frequently Asked Questions document to website in May 2017: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A%20rev_6-29.pdf Developed "Understanding ESIT Administrative Costs" document: https://del.wa.gov/sites/default/files/public/ESIT/ESIT_Administrative_Costs.pdf Worked with OSPI to develop communication to school districts in May 2017: https://content.govdelivery.com/accounts/WAOSPI/bulletins/197d6f7 Training on the WAC is incorporated into introductory training modules for all new ESIT providers. 	
	1.h. ESIT records a system re-design stakeholder update to the ESIT website to highlight changes and status of the process.			1.h. October, 2017		Completed. Evidence: Recorded webinar posted to the ESIT website in October 2017: http://del.wa.gov/sites/default/files/public/ESIT/ESIT%20System%20Re-Design%20Stakeholder%20Update.mp4	N/A
	1.i. ESIT develops new contracts for County Lead Agencies (CLAs) and ESIT Provider Agencies to fit within system re-design.			1.i. October, 2018-September 2020. This new contracting format will continue in		Completed Evidence: ESIT developed, with contractors, revised roles and responsibilities for CLAs and EIPAs that reflected the authority of DCYF in implementing IDEA Part C. This marks a shift to an RFQ (competitive) process for	Barriers This step was originally anticipated to be completed in September 2019. Required legislation to complete the funding transfer to DCYF did not take place and contracting process did not change. See 1.m. for passed legislation in March, 2020.

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				alignment with DCYF contracting guidelines.		provider agencies, utilizing a competitive bidding process that will include minimum requirements.	
	1.j. ESIT incorporates performance based contract (PBC) metrics into 21/22 contracts in order to consider type and amount of services provided, the quality of the services provided, and the outcomes achieved as a result of those services.			1.j. PBC metrics required by HB 1661 are in ESIT contracts: July 2021- June 2022. This will continue annually in CLA and ESIT Provider Agency contracts.		DCYF is partnering with Stanford Center on Poverty and Inequality and Third Sector to review ESIT data, hold stakeholder focus groups to select indicators that will be used to measure performance under the contract. PBC requirements currently in contracts include the use of the COS decision tree with families. The requirement to report services delivered to the SLA is on hold until an updated data system is in place to collect data needed. HB 1661: http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1661-S2.PL.pdf	Barriers: Data for the PBC metric of actual service delivered cannot be collected efficiently with the current data system. Actions to Address Barriers; Plans to implement this metric will be on hold until a new data system can be developed which is currently in process.
	1.k. Quality Assurance and Compliance manager position is created and filled to develop comprehensive monitoring system for ESIT.			1.k. Quality and compliance manager position filled: January, 2019		Completed Evidence: Position filled	N/A
	1.l. Stakeholder process to determine the method for equitable distribution of funds.			1.l. August 1, 2019-March 1, 2020		Completed Evidence: ESIT System Design Plan documents including a "Plan for ESIT State Funding Distribution Road Map" on the ESIT website. https://dcyf.wa.gov/services/child-dev-support-providers/esit/system-design	N/A

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	<p>1.m. SB 2787 completing the transfer of the ESIT program from the OSPI to DCYF. Outlines statutory changes required to support the transfer of funds for the ESIT program.</p>			<p>1.m. March 7, 2020</p>		<p>Complete SB 2787 passed through the legislature</p>	<p>N/A</p>
	<p>1.n. ESIT and stakeholders identify variation in practices regarding SSIP activities across agencies statewide to inform a data analysis and action plan activities for the next six-year SSIP cycle (2021-2027).</p>	<p>Data from agencies statewide</p>	<p>ESIT staff SICC data committee Implementation on sites</p>	<p>1.n. August 2020-December 2023</p>		<p>In Process Evidence: Analysis is currently underway to identify the impact of SSIP activities on the SiMR to determine what to roll out for statewide implementation. The SSIP Evaluation Plan is currently being reviewed and updated.</p>	<p>N/A</p>
<p>2. Infrastructure: ESIT accesses expertise of stakeholders in the field and allocates federal funding to support SSIP implementation at state level and selected local implementation sites. [Theory of Action: Assessment]</p>	<p>2.a. ESIT hires an SSIP Coordinator to:</p> <ol style="list-style-type: none"> 1. Facilitate SSIP activities with local implementation sites; and, 2. Develop implementation leadership teams to lead activities at the local level. 3. Develop local implementation plans to guide 	<p>Part C grant State funds</p>	<p>ESIT staff and local implementation teams</p>	<p>2.a. July 2016-June 2019</p>		<p>Completed Evidence: All 3 Cohorts had implementation teams with local plans.</p>	<p>N/A</p>

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	<p>activities and use strategic planning for sustainability.</p> <p>4. Develop communication protocols and feedback loops to quickly resolve unexpected issues with implementation.</p>						
	<p>2.b. ESIT provides funding to implementation sites:</p> <ul style="list-style-type: none"> To support personnel as coaches; and, For training and materials. 		<p>ESIT staff and local implementation teams. SICC data committee.</p>	<p>2.b. July 2016-ongoing</p>		<p>In Process/Ongoing</p> <p>Evidence:</p> <ul style="list-style-type: none"> A small stipend toward staff time was included in implementation site contracts executed July 1, 2017. ESIT funded required SSIP training for implementation sites. ESIT provided funds for assessment tools and tablets for video recording home visits. 	<p>SSIP is now statewide.</p>
	<p>2.c. ESIT explores funding opportunities to scale-up statewide.</p>	<p>SICC Finance Committee SICC Public Policy Committee</p>	<p>ESIT staff</p>	<p>2.c. May, 2018 – February, 2025</p>	<p>The SICC finance committee will explore, with Health Care Authority, billing options for targeted case management for family resources coordination.</p> <p>ESIT staff OSPI, and Department</p>	<p>In process</p> <p>Evidence: Meeting minutes from May, 2018 stakeholder meeting. Completed activities include recruiting a legislative staff for SICC, identify roles and responsibilities within the system, plan for state early intervention funding shift.</p> <p>Exploration of adding developmental therapy is ongoing.</p> <p>Activities in process continue to include updating qualified personnel guidelines, work to develop higher</p>	<p>Barriers: Washington is focused on the fiscal and contractual aspects of the ESIT system design work which has led to a delay in the exploration of expanded billing to include developmental therapy.</p> <p>Actions to Address Barriers: Additional ESIT staff may need to be hired to lead the work of partnering with higher education representatives to work toward an early intervention credential which would lead to expanded billing to include developmental therapy.</p>

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					of Health will meet to explore adding developmental therapy as a billing option and will work with SICC finance committee and public policy committee.	<p>education certificate for EI providers, creating a Comprehensive System of Personnel Development, creating an ESIT Credential, review SOPAF, gathering provider demographic information, collecting service delivery data, and DMS enhancements to collect accurate data.</p> <p>This project was added to the ESIT strategic plan in 2020.</p> <p>Hired an ESIT Sustainability Manager to lead the work on expanded billing in Winter 2021.</p>	
3. Infrastructure: ESIT supports ESIT Provider Agencies in implementing high quality COS rating processes, including engaging families in assessment.	3.a. ESIT develops a mechanism to track completion of COS training modules.	COS training modules Child outcomes data quality intensive TA cohort	ESIT staff and early intervention providers at local implementation sites	3.a. April-June, 2016	Collaboration with DCYF professional development team to host COS training modules	<p>Completed 6/30/2016</p> <p>Evidence: ESIT developed quiz to demonstrate practitioner's knowledge upon completion of modules. Quiz software tracks completion. ESIT developed internal spreadsheet for tracking and</p>	N/A
	3.b. ESIT requires ESIT providers statewide to complete COS training modules.			3.b. July 2016-ongoing to all new ESIT providers		<p>Completed</p> <p>Evidence: July 1, 2019 contracts included COS training requirement for all new early intervention providers. This includes modules 1-4 for all staff and 5-6 for all supervisory and administrative staff.</p> <p>Online Quiz Creator generates spreadsheet listing data including:</p> <ul style="list-style-type: none"> Individual name and email address 	N/A

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						<ul style="list-style-type: none"> • Date quiz was completed • County/LLA • Score on quiz and responses to each item • Feedback on modules <p>UPDATE November 2020: COS modules and quizzes are now completed in the DCYF Training Portal. A score of 100% is required on the quiz to mark completion of the modules. https://dcyftraining.com/</p>	
	3.c. ESIT develops training on engaging families as partners in assessment.			3.c. April-May, 2016		Completed Evidence: Training provided May 6, 2016 at Infant and Early Childhood Conference	N/A
	3.d. ESIT provides training to providers at implementation sites.			3.d. July 2017-June 2019 (will be ongoing for providers statewide based on individual program need)		<p>Completed for Cohorts 1, 2, and 3</p> <p>Evidence: Cohort 1 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 <p>Pierce County agencies:</p> <ul style="list-style-type: none"> • Birth to Three October 13, 2017 • HopeSparks October 25, 2017 • A Step Ahead November 1, 2017 • Children’s Therapy Center November 15, 2017 <p>Cohort 2 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • South Sound Parent to Parent 	N/A

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						January 12, 2018 <ul style="list-style-type: none"> ESD 112 March 12, 2018 ESD 171 June 8, 2018 Cohort 3 <ul style="list-style-type: none"> Boost Collaborative November 19, 2019 Holly Ridge Center November 27, 2018 Reliable Enterprises INTOT Early Intervention December 17, 2018 	
	3.e. ESIT enhances Data Management System (DMS) to accurately reflect family involvement in the COS process.			3.e. July 2017-June 2019		Completed Evidence: Change effective 9/28/17, notice to field sent 9/27/17	N/A
	3.f. ESIT develops additional guidance materials on engaging families in the COS process.			3.f. September, 2018		Completed <u>Evidence:</u> Practice guide developed and posted to the ESIT website. https://www.dcyf.wa.gov/sites/default/files/pdf/esit/EngagingFamilies-COSProcess.pdf Recorded overview of the practice guide. https://www.youtube.com/watch?v=dyjhZJY87E&feature=youtu.be ESIT webpage dedicated to COS training and TA materials https://dcyf.wa.gov/services/child-dev-support-providers/esit/cos	N/A
	3.g. ESIT requires all providers to respond to a quarterly survey regarding the implementation and	Provider survey based on the ENHANCE	ESIT staff, statewide providers	July 2019-June 2020	CLAs and ESIT Provider Agencies responsible	Completed Evidence: Survey complete with 1,048 individual responses	N/A

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	understanding of the COS process and use of the decision tree.	Project survey			for ensuring all staff respond to the survey as required in contract		
	3.h. ESIT develops a new COS decision tree and implements training on the use of the tree with families for providers statewide.	National resources on the COS process and decision tree Technical Assistance	ESIT staff ECTA and DaSY Center TA	October 2019- January 2020	N/A	Completed Evidence: New WA Decision Tree and training materials posted to the ESIT website https://dcyf.wa.gov/services/child-dev-support-providers/esit/cos	N/A
	3.i. ESIT requires all providers to use the decision tree to select a descriptor statement with all families	New Decision tree	ESIT staff Statewide providers	January 2020- ongoing	Performance Based Contracting team with DCYF will support the development of rigorous yet achievable targets for this requirement	In process Evidence: requirement in the 2020-21 contract to use the decision tree with all families and respond to a quarterly survey regarding the rate of decision tree usage with families and the experience for providers. This is an ongoing requirement within contracts. Performance Based Contract (PBC) target will be "70% of FRCs/Teams will use the decision tree with 80-100% of families" for 2021-22 contract year.	N/A
	3.j. ESIT and implementation sites determine the need for follow-up training regarding engaging families in the COS process.		ESIT staff Implementation on sites	October 2019- January 2020		Completed Evidence: Summary data from individual calls with each implementation site agency regarding the status of this topic and needs for further support	N/A
	3.k. ESIT, with input from statewide providers and other		ESIT staff Statewide stakeholders	December 2025		In Process Evidence:	Barriers: Capacity of the ESIT Training

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	stakeholders, revises the Engaging Families in the COS Process practice guide to include guidance on the use of the decision tree and explaining the COS process to families					Stakeholder webinar scheduled for April 1, 2020. Practice guide will be finalized and posted to the ESIT website by June, 2022. Updated guidance has been posted on the ESIT webpage and included in Live Seminar trainings. The practice guide is expected to be updated by 2025.	and TA team related to prioritized tasks and COVID-19 lead to a delay in this project. Actions to address barriers: The revisions to this practice guide will happen after updated training for all new providers is developed. The practice guide will support the content of the training.
	3.i. ESIT and implementation sites provide follow-up training regarding engaging families in the COS process	Results from feedback loop calls with site leaders. Training and guidance materials	ESIT staff and implementation sites	February 2020–ongoing		In Process Evidence: Notes from feedback loop calls	Depending on the need for the individual agency gathered through feedback loops with implementations sites, ESIT staff or local agency leadership will revisit training materials and introduce new resources to staff based on their needs as a program.
	3.m. ESIT, in partnership with stakeholders, will roll out a new required training program for all new providers and administrators statewide to include COS.	SICC in-service workgroup members, CLA representatives, DCYF PD team and DCYF training portal.	ESIT staff	July 1, 2021	DCYF PD team will provide a significant amount of support with the Training Portal.	Complete Evidence: Current and new providers are creating accounts in the Portal, Admin users for the Portal are exploring how to use it for tracking training completion. Training development is taking place with the ESIT Training and TA team.	N/A
4. Infrastructure: ESIT supports ESIT Provider Agencies to analyze and monitor COS data quality. [Theory of Action: Accountability]	4.a. ESIT enhances the DMS to include COS reports by providing agency.	DMS	ESIT staff	4.a. April-June 2018	SICC data committee includes a representative from the state education agency, WA Office of Superintendent	Completed Evidence: Provider reports were built in the Data Management System.	N/A

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					nt of Public Instruction (OSPI) and early intervention providers. Data committee members will provide input on guidance materials.		
	4.b. ESIT develops a process for regular communication with CLAs and ESIT Provider Agencies statewide to support the review and analysis of data.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and CLA and ESIT Provider Agency administrators	4.b. Aligned with timeline for launch of ACORN.		In Process Evidence: Quarterly call logs for calls completed with each CLA and ESIT Provider Agency through January, 2024.	Calls during 2019-20 focused on learning activities based on the L-COMS quality indicators required in contract (PR1, DC1, DC2 and AN3). This has allowed program consultants to share resources and guidance regarding many aspects of the COS process. 2021-22 contract year barriers: It is difficult to get accurate data from the DMS to complete data analysis. Actions to Address Barriers: The launch of ACORN or other new data system for ESIT will bring new reports and more accurate data.
	4.c. ESIT develops guidance materials for CLA and ESIT Provider Agency administrators statewide to conduct periodic, targeted sample reviews of COS data.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and CLA and ESIT Provider Agency administrators	4.c. September, 2016-February, 2020		Complete Evidence: First material developed and posted to website-COS Reference Guide in Phase III, Year 1: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/COS_Review_Sheet.pdf	N/A

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						<p>Additional materials developed and posted to website in Phase III, Year 2: Guiding Questions: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Guiding_questions_for_data_analysis.pdf Data Activity Template: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Data_activity_template.pdf</p> <p>Additional materials shared during quarterly calls in Phase III, Year 4 include ECTA center resources such as age anchoring, COS purpose, and teaming activities. A COS pop quiz and optional presentation materials were offered for program administrators to share with staff. A review of each LLA's provider responses to the COS survey were also reviewed.</p>	
	4.d. ESIT provides technical assistance statewide on COS process topics including COS purpose, data collection and COS related professional development.	SICC data committee Child outcomes data quality intensive TA	ESIT staff, SICC data committee, and CLA and ESIT Provider Agency administrators	4.d. September 2016-ongoing annually		<p>In Process</p> <p>Evidence: Quarterly call logs for calls completed through June 2020. COS training provided to individual agencies, Hot Topic Round Table discussions regarding the COS, and other individualized COT TA opportunities.</p> <p>As mentioned above, this was not the primary focus of the quarterly calls and is offered as needed to individual programs.</p>	N/A
	4.e. ESIT staff receives intensive TA to build capacity to use and analyze COS data	Child Outcomes Data quality intensive TA	ESIT staff, TA	4.e. TA began January, 2019 – ongoing		<p>In process</p> <p>Evidence: ESIT staff participate in regular calls with TA to develop agendas for</p>	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	for program improvement.					quarterly calls, COS data analysis activities and materials and COS data analysis.	
	4.f. ESIT staff and stakeholders complete S-COMS quality indicators regarding Analysis, Purpose, Data Collection, Reporting, Data Use and Evaluation to identify strengths and gaps in statewide system.	State Child Outcomes Measurement System (S-COMS) self-assessment tool	ESIT staff, TA, stakeholders	4.f. Initiated in November 2019, will revisit the S-COMS annually for self-assessment		Complete Evidence: S-COMS results and notes (see evaluation of intended outcomes for results)	S-COMS results will lead to additional activities added in the evaluation plan update to address gaps.
	4.g. ESIT staff and stakeholders to develop expanded monitoring system to include the COS process	Ongoing training and TA from ESIT and national providers on best practices Stakeholder workgroups Leading by convening community engagement model	SLA staff and workgroup members DCYF contract staff for consultation and involvement in monitoring	July 2021-July 2025	DCYF ESIT and Contract teams, National TA providers	In Process Evidence: Using implementation science for the establishment of an effective integrated and expanded monitoring work group to begin work on monitoring tools to review child records, and family centered practices, coaching practices, and teaming practices.	N/A
5. Infrastructure: ESIT develops process for using COS data to assess progress and make	5.a. ESIT updates WA self-assessment tool to include steps to use COS data to identify program improvement strategies related to	ESIT self-assessment tool	ESIT staff and CLA and ESIT Provider Agency	5.a. January-June, 2017	DCYF Research Director will provide support and guidance on	Completed Evidence: Local Child Outcomes Measurement System-Self Assessment (L-COMS) was included in July 1, 2017 contract	N/A

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<p>program adjustments. [Theory of Action: Accountability]</p>	<p>global child outcomes. This applies statewide.</p>		<p>administrators</p>		<p>use of data for program improvements. SICC data committee members will provide input on guidance materials.</p>	<p>requirements. Tool and supporting documents posted to website: https://del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit/information-early-intervention-providers</p>	
	<p>5.b. ESIT Provider Agencies statewide complete the self-assessment tool and identify improvement strategies related to child outcomes.</p>			<p>5.b. July 2019-ongoing contract deliverable (schedule to be determined)</p>		<p>Not complete Evidence: This is not a current contract requirement.</p>	<p>Barriers Due to CLA and ESIT Provider Agency capacity challenges during the COVID-19 outbreak, this contract deliverable has been extended from March 2020 to July 2020. Update: This item is not currently included in contracts and will be reviewed.</p>
	<p>5.c. ESIT uses results from tool to support ESIT Provider Agencies through targeted training and technical assistance.</p>			<p>5.c. April 2020-ongoing through quarterly calls for TA Support for regional TA specialists</p>		<p>Complete Evidence: Contractors will select activities for their local improvement plans related to the results of the L-COMS and self-assessment tool and will receive support from ESIT Program Consultants to complete those activities. This happens every other year.</p>	<p>Barriers: Due to ESIT Provider Agency capacity challenges during the COVID-19 pandemic, this contract deliverable has been suspended. Agencies continue to work on program improvement opportunities identified in 2019.</p>
<p>6. Infrastructure: ESIT collaborates with DCYF home visiting programs to support coordinated service delivery. [Theory of Action: Qualified Personnel]</p>	<p>6.a. ESIT shares resources with DCYF Home Visiting Services Account to fund staffing to support a pilot of cross-discipline reflective practice groups for early intervention</p>	<p>DCYF home visiting reflective practice groups Early intervention/home visiting</p>	<p>ESIT staff, DCYF Home Visiting Services Account Manager, and DCYF Head Start Collaboration</p>	<p>6.a. July 2016-June 2019</p>	<p>Collaboration with DCYF home visiting programs (Home Visiting Services Account and Early Head Start) to</p>	<p>Completed for Cohort 1 In process for Cohorts 2 and 3 Evidence: Washington Association for Infant Mental Health (WA-AIMH) quarterly report. Three groups from Cohort 1 have completed one year. Three groups from Cohort 2 started in January- February 2018.</p>	<p>Endorsement support is available for all ESIT providers statewide. Discussed below, it was decided ESIT would support more targeted work on this activity outside of the SSIP to continue to strengthen the collaboration with the DCYF home visiting programs. DCYF ESIT Workforce Development</p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	providers and home visitors.	research project	Office Manager		share resources and develop MOU and guidance.	Three groups from Cohort 3 started in January-March 2019.	Manager collaborates with the DCYF Home Visiting Program monthly.
	6.b. ESIT, in collaboration with the DCYF Home Visiting Services Account, develops MOU including referrals, screening, follow-up, service coordination and data sharing as appropriate.			6.b. April-October, 2016		Completed Evidence: ESIT and Home Visiting Services MOU posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_and_Home_Visiting_Services_Program_MOU.PDF	N/A
	6.c. ESIT, in collaboration with DCYF home visiting programs (including DCYF Home Visiting Services Account and Early Head Start) develops guidance for providers including elements of MOU.			6.c. April-October, 2016		Completed Evidence: ESIT and Home Visiting Services MOU Guidance posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf	N/A
	6.d. ESIT, in collaboration with DCYF home visiting programs, pilots, disseminates and trains on guidance			6.d. January 2017-June 2019		Completed Evidence: Collaborative learning webinar held Feb 23, 2017. Incorporated into local plans.	N/A
	6.e. ESIT Provider Agencies in implementation sites develop or revise MOUs with community home visiting			6.e. January 2017-June 2019		The requirement for ESIT Provider Agencies to submit these MOUs will not continue as a part of the SSIP. Completed for Cohorts 1 and 2 Not continuing for Cohort 3	Barriers: The ESIT team determined that it was not in the best interest of the project to continue to expend the current level of resources on this activity.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	programs, with feedback from local implementation team.					Evidence: Cohorts 1 and 2 submitted MOUs to ESIT. MOUs submitted to ESIT by 1 implementation site in cohort 3.	It was decided ESIT would support more targeted work on this activity outside of the SSIP to continue to strengthen the collaboration with the DCYF home visiting programs.
	6.f. ESIT, in collaboration with DCYF home visiting programs, revises guidance as needed.			6.f. July 2018-June 2019		Will not continue as a part of the SSIP.	See above
	6.g. ESIT and Home Visiting programs have a joint contract to support additional training opportunities available to ESIT providers.			6.g. July 2023-ongoing		DCYF ESIT and Home Visiting programs have a joint contract outlining that the Home Visiting program will provide Domestic Violence training opportunities available to ESIT providers. This began in 2023 and is continuing in 2024.	
7. Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies. [Theory of Action: Professional Development for EI Services]	7.a. ESIT refines existing state competencies to incorporate WA-AIMH competencies and selected DEC Recommended practices. a. ESIT includes feedback from a diverse stakeholder group as part of the process. ESIT applies a racial equity lens to review of competencies.	ESIT competencies WA-AIMH competencies Division of Early Childhood (DEC) Recommended Practices SICC personnel and training committee	ESIT staff and SICC personnel and training committee	7.a. March 2018	SICC personnel and training committee includes representatives from higher education, state agencies and early intervention programs. Committee members will provide input on competencies and	Completed Evidence: Finalized document posted to ESIT website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Early_Intervention_Competencies_March_2018.pdf	N/A

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					implementation . Collaboration with WA-AIMH endorsement coordinator to advise ESIT and individuals pursuing endorsement. Consultation		
	7.b. ESIT ensures all ESIT trainings are mapped to updated competencies.			7.b. April 2018 - June, 2022.		Complete Evidence: Introductory training modules and professional learning community content have been mapped as of December 2021. The next step is to post to the website along with other supporting materials to use the ESIT core competencies.	N/A
	7.c. ESIT disseminates and trains statewide on updated competencies.			7.c. April-June, 2018		Complete Evidence: Webinar to roll out and train on the new competencies took place on June 13, 2018. https://www.youtube.com/watch?v=t95Dzaihp6g&feature=youtu.be This included orientation on the accompanying Competency Review Tool that is now available on the ESIT website: https://www.dcyf.wa.gov/sites/default/files/excel/ESITCompetencyReviewTool.xlsx	N/A
8. Practice: ESIT supports providers	8.a. ESIT supports providers in	WA-AIMH	ESIT staff and local	8.a. July 2016-	Collaboration with WA-	In Process	WA-AIMH Scholarship opportunities have been expanded statewide.

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<p>at implementation sites to obtain Washington Association for Infant Mental Health (WA- AIMH) endorsement. [Theory of Action: Qualified Personnel]</p>	<p>implementation sites by funding WA-AIMH endorsement fees.</p>	<p>infant mental health endorsement University of Washington (UW) Barnard Center reflective practice group facilitators</p>	<p>implementation sites UW facilitators</p>	<p>ongoing annually through WA-AIMH contract</p>	<p>AIMH executive director and training coordinator to advise ESIT and individuals pursuing endorsement</p>	<p>Evidence: Funds added to contract with WA-AIMH.</p>	
	<p>8.b. Local implementation teams identify providers to pursue endorsement at levels 1, 2, and 3.</p>			<p>8.b. April 2017-ongoing</p>		<p>In Process Evidence: Endorsement support has expanded statewide and is available for all ESIT providers.</p>	<p>N/A</p>
	<p>8.c. Selected providers complete endorsement application process.</p>			<p>8.c. July 2017-ongoing</p>		<p>In Process Evidence: Endorsement support has expanded statewide and is available for all ESIT providers. ESIT providers across the state have completed the endorsement process.</p>	<p>N/A</p>
	<p>8.d. ESIT funds reflective practice groups for staff at implementation sites</p>					<p>University of Washington and WA-AIMH contracted facilitators</p>	<p>July 2016-ongoing</p>

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					provide endorsement and reflective supervision	Evidence: Quarterly reports provided by UW regarding the members of each group and their status. Quarterly reports from WA-AIMH regarding the members of groups associated with reflective supervision training.	Reflective practice groups will reduce the financial burden for provider agencies and ESIT. This will support sustainability for this valuable activity into the future. Reflective Practice groups have been expanded statewide. DCYF ESIT staff participate in Reflective Practice groups.
	8.e. ESIT funds Reflective supervision training for qualified providers	WA-AIMH training	WA-AIMH	November 2020-ongoing annually	WA-AIMH	In Process Evidence: 12 direct service providers attended training and are currently receiving 12 months of reflective supervision. 20 more available spots for 2023-24 contract year.	Reflective Practice Supervision has been expanded statewide.
	8.f. ESIT funds Reflective practice training for implementation site providers	WA-AIMH training	WA-AIMH	January 2021-ongoing annually	WA-AIMH	In Process Evidence: 27 providers attended training. 100 more available spots for 2023-24.	Reflective Practice training has been expanded statewide.
	8.g. ESIT funds Foundations of Infant and Early Childhood Mental Health Series	WA-AIMH training series	WA-AIMH	September 2021-ongoing annually	WA-AIMH	In Process Evidence: 36 providers attended training. 75 more available spots for 2023-24.	Foundations of Infant and Early Childhood Mental Health training has been expanded statewide.
9. Practice: ESIT supports providers at implementation sites to implement culturally appropriate social- emotional screening and assessment. [Theory of Action: Assessment]	9.a. ESIT creates Social-Emotional Assessment Practice Guide to incorporate information about social-emotional assessment and screening, engaging families as partners in assessment, and	ESIT practice guides Social-emotional assessment tool selected (DECA-IT)	ESIT staff and early intervention providers at local implementation sites	9.a. September 2016-April 2017	Consultation with DCYF professional development team for support to develop training	Completed Evidence: Practice Guide provided to implementation sites during SSIP trainings and posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/SE_Assessment_Practice_Guide_4-12-17.pdf	This practice guide is expected to be updated by December 2025.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments	
	<p>using social-emotional assessment information for eligibility via informed clinical opinion.</p> <p>a. ESIT includes feedback from a diverse stakeholder group as part of the process.</p> <p>b. ESIT applies a racial equity lens to review of practice guides</p>	<p>Social-emotional screening tool selected (ASQ-SE)</p>			<p>materials and activities.</p>			
	<p>9.b. ESIT develops training on culturally appropriate social-emotional screening and assessment.</p>			<p>9.b. January-June, 2017</p>			<p>Completed</p> <p>Evidence: Training materials including Power Points and handouts developed.</p>	<p>N/A</p>
	<p>9.c. Providers at implementation sites participate in training on social-emotional screening and assessment.</p>			<p>9.c. July 2017-June 2019</p>			<p>Completed for Cohorts 1, 2, and 3</p> <p>Evidence: Cohort 1 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 • Pierce County Family Resources Coordinators: <ul style="list-style-type: none"> ◦ October 11, 2017 ◦ November 15, 2017 <p>Cohort 2 Training provided to implementation sites:</p> <ul style="list-style-type: none"> • South Sound Parent to Parent January 12, 2018 • ESD 112 March 12, 2018 	<p>N/A</p>

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	9.d. ESIT and implementation sites determine the need for follow-up training regarding social-emotional assessment		ESIT staff Implementati on sites	October 2019- January 2020		<ul style="list-style-type: none"> • ESD 171 June 8, 2018 Cohort 3 • Holly Ridge Center November 11, 2018 • Boost Collaborative November 19, 2018 • Reliable Enterprises INTOT Early Intervention December 17, 2018 Completed Evidence: Summary data from individual calls with each implementation site agency regarding the status of this topic and needs for further support	N/A
	9.d. ESIT and implementation sites provide follow-up training regarding social-emotional assessment			February 2020– May 2025		Not complete Evidence: Notes from implementation site calls regarding status and needs for each site.	Depending on the need for the individual agency, ESIT staff or local agency leadership will revisit training materials and introduce new resources to staff based on their needs as a program. Barriers ESIT Training and Technical Assistance team had to prioritize other projects due to the COVID-19 pandemic. Actions to Address Barriers A new workforce development team starting in the fall of 2021 and the Special Projects Coordinator will allow for more intentional training follow up in all areas.
10. Practice: ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan	10.a. ESIT revises the Practice Guide on Functional Outcomes to add information on supporting social-emotional	ESIT practice guides	ESIT staff and early intervention providers at local implementati on sites	10.a. September 2016-April 2017	Consultation with DCYF professional development team for support to develop	Completed Evidence: Practice Guide provided to implementation sites during SSIP trainings and posted to website: https://www.dcyf.wa.gov/sites/default/fil	N/A

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(IFSP) outcomes that support social-emotional development. [Theory of Action: Professional Development for EI Services]	development, including using typical settings and the parent-child relationship as a context for outcomes and strategies. a. ESIT includes feedback from a diverse stakeholder group as part of the process. b. ESIT applies a racial equity lens to review of practice guide.				training materials and activities	es/pdf/esit/Functional_Outcomes_Practice_Guide_April_2017.pdf	
	10.b. ESIT develops training on writing functional, routines-based outcomes that incorporate the parent-child relationship.			10.b. January-June, 2017		Completed Evidence: Training materials including Power Points and handouts developed. Outcome revision activity template posted to the ESIT website: https://www.dcyf.wa.gov/sites/default/files/word/esit/Outcome_Revision_Activity_Template.docx	N/A
	10.c. Providers at implementation sites participate in training on functional outcomes.			10.c July 2017-June 2019		Completed for Cohorts 1, 2, and 3 Evidence: Cohort 1 Training provided to implementation sites: <ul style="list-style-type: none"> • Island July 12, 2017 • Yakima July 26, 2017 • Columbia/Walla Walla September 6, 2017 Pierce County agencies: <ul style="list-style-type: none"> • HopeSparks October 25, 2017 	N/A

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						<ul style="list-style-type: none"> A Step Ahead November 1, 2017 Cohort 2 Training provided to implementation sites: <ul style="list-style-type: none"> South Sound Parent to Parent January 12, 2018 ESD 112 March 12, 2018 ESD 171 June 8, 2018 Cohort 3 <ul style="list-style-type: none"> Holly Ridge Center November 11, 2018 Boost Collaborative November 19, 2018 Reliable Enterprises INTOT Early Intervention December 17, 2018 	
	10.d. ESIT and implementation sites determine the need for follow-up training regarding functional IFSP outcomes		ESIT staff Implementati on sites	October 2019- January 2020		Completed Evidence: Summary data from individual calls with each implementation site agency regarding the status of this topic and needs for further support	N/A
	10.e. ESIT and implementation sites provide follow-up training regarding functional IFSP outcomes			February 2020– May 2024		Not complete Notes from implementation site calls regarding status and needs for each site.	Depending on the need for the individual agency gathered through feedback loops with implementations sites, ESIT staff or local agency leadership will revisit training materials and introduce new resources to staff based on their needs as a program. Barriers Training and Technical Assistance team had to prioritize other projects due to the COVID-19 pandemic. Actions to Address Barriers A new workforce development team starting in the fall of 2021 and the

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
							Special Projects Coordinator will allow for more intentional training follow up in all areas.
11. Practice: ESIT ensures training and supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices. [Theory of Action: Professional Development for EI Services]	11.a. ESIT develops training plan and contract with University of Washington (UW) to provide training and mentoring on Promoting First Relationships (PFR).	Evidence-based practices used by providers Promoting First Relationships (PFR) training Home Visit Rating Scale	ESIT staff, UW trainers, and early intervention providers at local implementation sites	11.a. April-June, 2016	Collaboration with UW to provide training and mentoring on PFR.	Completed Evidence: Contract in place with UW. This contract has been repeated each year since 2016	N/A
	11.b. All providers at implementation sites participate in PFR (level 1) training.			11.b. July 2016-ongoing		In Process Evidence for year 8 (including agency wide specific training): 189 trained 833 total 5 more PFR Level 1 training opportunities for 2023-24. Evidence: Post-training questionnaires and sign in sheet (developed in collaboration with UW) completed by participants	PFR Level 1 training has expanded statewide. ESIT supported additional agency wide PFR opportunities.
	11.c. Supervisors or team leads observe home visits using adapted Home Visit Rating Scale for providers who			11.c. March 2018-ongoing annually		Complete Evidence: ESIT developed the following tools: Spreadsheet for data collection:	N/A

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	completed level 1 PFR.					https://dcyf.wa.gov/sites/default/files/excel/HOVRSDataCollectionSheet.xlsx Professional development plan template for coaching: https://dcyf.wa.gov/sites/default/files/word/esit/HOVRSPDPtemplate.docx	
	11.d. Selected providers at implementation sites pursue fidelity to PFR (level 2).			11.d. July 2016-Ongoing		In process Evidence for year 8: Level 2: 9 trained 77 total 23 in training Quarterly report from UW.	PFR Level 2 training has expanded statewide.
	11.e. ESIT supports training one or two “train-the-trainers” (level 3) at each implementation site to ensure sustainability of the evidence-based practice.			11.e. April 2017-Ongoing		In process Evidence for year 8: Level 3: 0 trained 20 total 3 in training Quarterly Report from UW.	PFR Level 3 training has expanded statewide.
	11.f. ESIT supports PFR Booster trainings provided by the University of Washington to provide follow-up support regarding practice implementation.		PFR Trainers and providers statewide	11.f. November 2022-June 2024		In process Evidence: 144 attended in 2023 159 total 2 more PFR Booster sessions scheduled for Spring 2024	PFR Booster training sessions are available for providers statewide who completed PFR Level 1 or 2 training. PFR Booster agency wide specific trainings were offered in 2023.
	11.g. ESIT supports PFR Drop-In Consultation Groups provided by the University of Washington to provide monthly support regarding		PFR Consultant and providers statewide	April 2023-June 2024		In Process Evidence: 9 monthly groups have been offered 6 more months are currently scheduled for the 2023-24 contract.	

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	PFR practice implementation.						
	11.h. ESIT collaborates with implementation sites and PFR trainers to analyze results of HOVRS observations and self-assessments to identify opportunities for improvement.	HOVRS data collections sheets PFR training materials	ESIT staff Implementation sites PFR trainers	11.g. March-December 2022		Complete Evidence: See evaluation of outcomes	N/A
	11.i. ESIT supports NeuroRelational Framework (NRF) training statewide covering varying topics around IECMH, brain development, and relationships.		NRF trainers, ESIT staff, WA-AIMH, and providers statewide	11.h. November 2022-June 2024		In Process Evidence Cohort 2: 6 agencies, 31 participants Cohort 1: 4 agencies, 20 participants	
	11.j. ESIT supports NRF Community of Practice (COP) groups.		NRF trainer, WA-AIMH, ESIT providers	September 2023-May 2024		In Process Evidence: Select participants from Cohort 1 are currently participating in a monthly COP group.	
	11.k. ESIT created a new SSIP Evaluation Training Survey to gather feedback and improve SSIP trainings	DCYF	DCYF, providers attending trainings	May 2022-Ongoing	DCYF will provide survey results as requested from contractors providing training	Complete Evidence: DCYF created a new SSIP Training Evaluation Survey to be completed by providers after attending SSIP trainings.	
12. Practice: Providers within implementation sites	12.a. ESIT establishes training plan for teams and	COS-TC training materials	ESIT staff and early intervention	12.a. January-March 2018	Consultation with DCYF professional	Completed	N/A

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participate in coaching activities for the Child Outcome Summary process. [Theory of Action: Assessment]	coaches that includes In process support.	ESIT and Implementation site resources for time to conduct/complete the training Implementation site resources for time to complete tool, follow up and data submission, provide coaching at a local level	providers at local implementation sites		development team to align coaching system with DCYF coaching framework that is already in place.	Completed for Cohorts 1, 2, and 3 Evidence: Training materials posted to the ESIT website https://dcyf.wa.gov/services/child-dev-support-providers/esit/ssip	
	12.b. ESIT provides training to teams and coaches on the Child Outcome Summary-Team Collaboration (COS-TC) Quality Practices Reflection Tool.			12.b. March 2018 and May 2022		Completed for Cohorts 1, 2, and 3 Training provided March 28, 2018 and August 2019. Materials posted to ESIT website: COS-TC tracking spreadsheets: Section II: https://dcyf.wa.gov/sites/default/files/excel/COS-TCdatacollectionsheet-Individuals.xlsx Section IV: https://dcyf.wa.gov/sites/default/files/excel/COS-TCdatacollectionsheet-Teams.xlsx COS-TC Improvement Plan template: https://dcyf.wa.gov/sites/default/files/word/esit/COS-TC_improvement_plan_template.docx	N/A

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	12.c. Teams (collaboratively) or coaches (1:1) at implementation sites use the COS-TC Quality Practices Reflection Tool to observe and assess COS and assessment processes.			12.c. April, 2018-February, 2020		Completed for Cohorts1, 2, and 3 Evidence: Data collections sheets submitted by implementation sites.	Adjustment: New criteria were developed for the completion of the COS-TC including specific sections to be complete, self-assessment and observation guidelines, observer qualifications and performance indicator. See evaluation plan for more detail. Implications of Adjustment: The data we received from implementation sites will be much more reliable at providing a picture of what the selected aspects of the COS process look like at implementation sites.
	12.d. Implementation sites submit aggregated results to ESIT.			12.d. June 2018-February, 2020		Completed for Cohorts1, 2, and 3 Evidence: Data collections sheets submitted by implementation sites.	N/A
	12.e. ESIT creates a Child Outcome Summary page on the website to consolidate all COS related materials and training.			12.e. February, 2020		Complete Evidence: ESIT Website https://dcyf.wa.gov/services/child-dev-support-providers/esit/cos	N/A
	12.f. ESIT and implementation sites use aggregate results to determine additional professional development needs related to COS and assessment processes.			12.f. June 2018-May 2024		In process SSIP support is expanding statewide and thus, support, training, and data analysis on the COS-TC will also be expanded statewide.	Adjustment: This step will take place in the coming year Implications of Adjustment: ESIT staff and stakeholders will have more time to analyze the data to determine professional development needs and make program improvements.
	12.g. Use COS-TC results to identify people who may			12.g.		Not Started Evidence:	N/A

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How other lead agency offices and agencies will be involved	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	be especially good coaches on this topic and support them in sharing information and feedback with others in their groups.			September 2022-January 2025		<p>Dependent on step 12.f.</p> <p>SSIP support is expanding statewide and thus, support and training on the COS-TC will also be expanded statewide.</p>	

C. Evaluation Plan

a. Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
<p>1. Infrastructure: ESIT clarifies roles and responsibilities of DCYF as Washington Part C lead agency to support implementation of the SSIP.</p>	<p>Washington Administrative Code (WAC) for EI are completed and posted on the website.</p>	<p>Finalized WAC can be viewed on ESIT website</p>	<p>April 2016-June 2017</p>	<p>Completed</p> <p>Evidence: Rules: https://apps.leg.wa.gov/wac/default.aspx?cite=110-400</p> <p>Link to rules on ESIT website: https://www.del.wa.gov/providers-educators/early-support-infants-and-toddlers-esit</p> <p>Link to FAQ document: https://del.wa.gov/sites/default/files/public/ESIT/WAC_Q_and_A_rev3-27.pdf</p>
	<p>Policies and procedures are updated and disseminated to the field.</p>	<p>Revised policies and procedures approved by the Office of Special Education Programs (OSEP) and posted on website</p>	<p>April 2016-June 2017</p>	<p>Completed</p> <p>Evidence: Policies and Procedures posted on ESIT website: https://del.wa.gov/sites/default/files/public/ESIT/Part.II-AssurPPs.pdf</p>
<p>3. Infrastructure: ESIT supports CLAs and ESIT Provider Agencies in implementing high quality COS rating processes, including engaging families in assessment.</p>	<p>Training materials and content for engaging families are consistent with best practice.</p>	<p>Process agenda for training reflects best practices, as reviewed by national experts</p>	<p>April 2016-December 2016</p>	<p>Completed</p> <p>Evidence: Training developed with TA provider. Training materials including Power Points and handouts developed.</p>

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
4. Infrastructure: ESIT supports CLAs and ESIT Provider Agencies to analyze and monitor COS data quality.	Materials and process for review and analysis of COS data are developed.	Materials reflect best practices in analysis and use of COS data	September 2016-June 2018	<p>Completed</p> <p>Evidence: First material developed and posted to website-COS Review Sheet in Phase III, Year 1: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/COS_Review_Sheet.pdfAdditional materials developed and posted to website in Phase III, Year 2:</p> <p>Guiding Questions: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Guiding_questions_for_data_analysis.pdf</p> <p>Data Activity Template: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/Data_activity_template.pdf</p>
5. Infrastructure: ESIT develops process for using COS data to assess progress and make program adjustments.	All ESIT Provider Agencies complete steps in self-assessment tool to use data for program adjustments	Review of all self-assessments by ESIT staff	July 2017-ongoing every other year	<p>Completed</p> <p>Evidence: contract deliverable due March 30, 2018. All ESIT Provider Agencies completed the self-assessment tool which included components of the L-COMS. They identified an activity to focus on for local improvement based on their Quality Indicator (PR1, DC1, DC2, and AN3)</p>
6. Infrastructure: ESIT collaborates with DCYF home visiting programs to support coordinated service delivery.	MOU between ESIT and DCYF HV programs addresses coordinated service delivery	State-level MOU is developed	July 2016-June 2018	<p>Completed</p> <p>Evidence: ESIT and Home Visiting Services MOU posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_and_Home_Visiting_Services_Program_MOU.PDF</p>
	Guidance developed by ESIT and DCYF HV programs addresses coordinated service delivery	Guidance is disseminated to all contractors.	July 2016-June 2018	<p>Completed</p> <p>Evidence: ESIT and Home Visiting Services MOU Guidance posted to website: https://www.dcyf.wa.gov/sites/default/files/pdf/esit/ESIT_And_Home_Visiting_Services_Program_MOU_Guidance.pdf</p>

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
7. Infrastructure: ESIT incorporates social-emotional competencies and practices into EI competencies.	Revised EI competencies incorporate WA-AIMH SE competencies and selected DEC Recommended Practices	Review of competencies by stakeholders and national experts	July 2016- March 2018	Completed Evidence: Finalized document posted to ESIT website: https://www.dcyf.wa.gov/sites/default/files/pubs/FS_0065.pdf Competency review tool posted to ESIT website: https://dcyf.wa.gov/sites/default/files/excel/ESITCompetencyReviewTool.xlsx Core competencies mapped to all required new provider training. Will be posted to the DCYF Website in the Spring of 2022.
8. Practice: ESIT supports providers at implementation sites to obtain Washington Association for Infant Mental Health (WA-AIMH) endorsement.	Number of providers identified by implementation sites who will pursue endorsement at levels 1, 2 and 3	Roster of identified providers, by endorsement level and site	April 2017-Ongoing	In process. This support has expanded statewide. Evidence: Spreadsheet roster submitted to WA-AIMH
9. Practice: ESIT supports providers at implementation sites to implement culturally appropriate social-emotional screening and assessment.	Completed training materials on social-emotional screening and assessment	Process agenda for training reflects best practices, as reviewed by national experts	July-November 2017	Completed Evidence: Process agenda reviewed by TA providers and input incorporated into training. Training materials including Power Points and handouts developed.
10. Practice: ESIT supports providers at implementation sites to write functional, routines-based Individualized Family Service Plan (IFSP) outcomes that support social-emotional development.	Completed training materials on writing functional, routines-based outcomes that support social-emotional development	Process agenda for training reflects best practices, as reviewed by national experts	July-November 2017	Completed Evidence: Process agenda reviewed by TA providers and input incorporated into training. Training materials including Power Points and handouts developed.
11. Practice: ESIT ensures training and In process supports are provided at implementation sites for the provision of culturally appropriate evidence-based practices.	Providers at implementation sites participate in training	Participation rate; participation attendance list, by implementation site	April, 2016-February 2021	This support has expanded statewide. In process for all three cohorts Level I training will continue for newly hired staff Evidence: Post-training questionnaires and/or HOVRS scales completed by participants

Activity	How Will We Know the Activity Happened According to the Plan?	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Data
	Providers at implementation sites participate in follow-up support to integrate PFR strategies into their practice	Coaching logs, UW roster for fidelity certification	April, 2016-February 2021	In process for all 3 cohorts Level II and III training will continue for newly hired staff Evidence: Quarterly Report from UW. Level 2: 39 trained Level 3: 8
12. Infrastructure: ESIT defines and implements coaching system within implementation sites.	Coaches available to support providers	Number of coaches available by site; roster of coaches by site	April, 2016-June 2018	Removed from Logic Model

b. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
1.Short-term	Providers have improved understanding of COS quality practices.	Do providers master the content on COS quality practices?	90% of providers meet criteria for understanding COS quality practices. (Criteria is passing score of 80%)	<p>Measurement: Post training survey after providers complete all of the online modules. Data Collection Method: DCYF Training Portal</p> <p>Measurement Intervals: Phase III Year 2: new providers complete within 90 days of hire</p>	<p>Review quiz results. A score of 100% is required to be marked “complete” for the modules.</p> <p>Data will be aggregated statewide and disaggregated by agency and provider agency. Data will be listed by percent of correct/incorrect answers. These data will be shared with program administrators. Item analysis will be conducted and shared with SICC data committee at state level and program administrators at the local, county, and provider level. Stakeholders will engage in</p>	July, 2016- Ongoing for all new ESIT providers	Ongoing for all new ESIT providers statewide.	<p>Indicator met</p> <p>100% got 100% and passed the quiz 270 providers took the quiz from April 1- December 31, 2021</p> <p>Data Source: April, 2021-January 2022</p> <p>The data source for this outcome was a quiz developed by the ESIT team with TA support. The quiz is housed with the DCYF Training Portal. To develop the questions, the ESIT team emphasized four key concepts: the purpose of the COS process, understanding global child outcomes and the summary of functional performance, the</p>

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					discussion about additional training needs based on incorrect responses. Data will be compared to the same data from the previous year.			importance of family involvement and cultural considerations, and the importance of teaming and including the family resources coordinator as part of the COS process. Next steps: Further analysis on the questions most frequently missed to consider revisions to the training modules.
2.Short-term	Providers have improved understanding of social-emotional screening and assessment.	Do providers have improved understanding of social-emotional screening and assessment as a result of participating in the training?	90% of providers meet criteria for understanding social-emotional screening and assessment. Criteria is passing score of 80%	Measurement: Post training quiz Data Collection Method: Written quiz Measurement Interval: One time, as providers complete training.	Review quiz results and calculate percentage of providers who passed the quiz. Total number who passed quiz/total number of providers = percentage who passed Data will be aggregated by total number of providers who took the quiz and disaggregated by	Initial timeline for implementation sites July, 2017-June 2019 Continued measurement as training is provided to new staff	Complete for Cohorts 1, 2, and 3	Outcome Achieved

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					<p>implementation site. Data will be listed by the percentage of correct/incorrect answers. Data will be disaggregated by correct/incorrect answers. These data will be shared with SICC data committee and local implementation sites. Stakeholders will engage in discussion about wording of questions to ensure clarity and potential changes needed to training based on incorrect responses.</p>			
3.Short-term	Providers have improved understanding of writing functional outcomes that support social-emotional development.	Do providers have improved understanding of writing functional outcomes as a result of participating in the training?	90% of providers meet criteria for understanding writing functional outcomes. Criteria is passing score of 80%	<p>Measurement: Post training quiz</p> <p>Data Collection Method: Written quiz</p> <p>Measurement Interval: One time, as providers complete training</p>	Review quiz results and calculate percentage of providers who passed the quiz. Total number who passed quiz/total number of providers = percentage who passed	<p>Initial timeline for implementation sites July, 2017- June 2019</p> <p>Continued measurement as training is provided to new staff</p>	Complete for Cohorts 1, 2, and 3	Outcome Achieved

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					<p>Data will be aggregated by total number of providers who took the quiz and disaggregated by Implementation site. Data will be listed by percent of correct/incorrect answers. Data will be disaggregated by correct/incorrect answers. These data will be shared with SICC data committee and local implementation sites. Stakeholders will engage in discussion about wording of questions to ensure clarity and potential changes needed to training based on incorrect responses</p>			
4.Short-term	The SLA and CLAs and ESIT Provider Agencies ensure timely	Does the SLA and CLAs and ESIT Provider Agencies ensure timely analysis of accurate data?	State will use the State Child Outcomes Measurement	Complete the AN quality indicator on the S-COMS and receive a score of at least 5. https://ectacenter.org/eco/pages/childoutcomes-framework.asp	The SLA will collaborate with stakeholders to complete the S-COMS self-assessment and	Initial rating June, 2016 Subsequent ratings (ongoing as needed) November, 2019	Complete	Partially met indicator Baseline: <ul style="list-style-type: none"> AN2 – QI rating of 2 AN4 – QI rating of 3

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
	analysis of accurate data		t System (S-COMS). SLA receives a score of at least 5 for the following quality indicators: AN2, AN3, AN4 and AN5		compare performance relative to standard.			<p>November 2019</p> <ul style="list-style-type: none"> AN3 – QI rating of 4 AN4 – QI rating of 4 AN5 – QI rating of 6 <p>Data Source: State Child Outcomes Measurement System Self-Assessment</p> <p>Next Steps: Areas of focus moving forward include growing the ESIT data team to increase capacity for data analysis, continue working toward an enhanced data management system to allow for more data that is easily accessible, and continued professional development for ESIT staff and local programs to check the accuracy of COS data.</p>
5.Short-term	Providers report knowledge of PFR	Do providers report knowledge of PFR practices as a result	90% of participating providers report having	Measurement: Post training survey (developed in collaboration with UW)	Review survey results and calculate percentage of	July, 2016-ongoing with each PFR level 1 training	Complete for Cohorts 1, 2, and 3.	Outcome Achieved Updated data for 2022:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
	practices to improve social-emotional skills for infants and toddlers.	of participating in the 2-day training?	adequate knowledge of PFR practices. Only use first question: This Promoting First Relationships training provided me with useful knowledge and skills.	Data Collection Method: Written or online survey Measurement Interval: One time, as providers complete training	providers who reported having adequate knowledge and skills. Total number who reported 4 (true) and 5 (definitely true) /total number of providers who completed survey = percentage who reported having Adequate knowledge and skills. Data will be aggregated by total number of providers who completed the survey and disaggregated by implementation site. Data will be disaggregated by provider role. These data will be shared with SICC data committee and local implementation sites.		Data reported for all newly hired providers since last PFR training. Met performance indicator: 95% of participants reported that the training provided them with useful knowledge and skills, as measured on post-training survey.	100% of participants gave a score of 4 or 5 on the survey question for this outcome. Data for newly hired providers: 95% of participants gave a score of 4 or 5 on first survey question following training. <ul style="list-style-type: none"> Score of 4 indicated true and 5 indicated definitely true on the question: "This Promoting First Relationships training provided me with useful knowledge and skills." Data Source: Post training survey developed in partnership with UW.
6. Intermediate	SLA has the capacity to enforce the	Does the SLA have the necessary infrastructure	SLA will use the ECTA Center	Complete the ECTA Center System Framework Self- Assessment for the following quality indicators: GV2, GV3, GV4, GV5, and GV6.	The SLA will collaborate with stakeholders to	Initial rating November, 2019	Complete	Outcome Achieve

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
	responsibilities of contractors so they can carry out IDEA and related state requirements.	elements in place to enforce provider contracts?	System Framework to measure progress. The SLA receives a score of at least 5 for the following quality indicators: GV2, GV3, GV4, GV5, and GV6	http://ectacenter.org/sysframe/	complete quality indicators relating to governance in the ECTA Center System Framework. The score will be compared to a standard of at least 5.	Subsequent ratings (Every other year ongoing) February 2021		<p>d GV2: 6 GV3: 5 GV4: 6 GV5: 5 GV6: 5</p> <p>Next steps: SICC finance committee to improve written guidance and procedural information to clarify implementation of SOPAF. Address equitable access to services as a result of system re- design work regarding alignment of funding and authority.</p>
7. Intermediate	SLA has a quality statewide system for in-service training and technical assistance (TA) in place.	Does the SLA have an effective system for disseminating training and TA to the field?	SLA will use the ECTA Center System Framework to measure progress. The SLA receives a score of at least 5 for the quality indicator PN7	Complete the ECTA Center System Framework Self-Assessment for quality indicator PN7 http://ectacenter.org/sysframe/	The SLA will collaborate with stakeholders to complete quality indicators relating to professional development in the ECTA Center System Framework. The score will be compared to a standard of at least 5.	Initial rating November, 2019 Subsequent ratings (every other year ongoing) February, 2021	Complete	<p>Did not meet indicator PN7: rating of 4</p> <p>Next steps: Finalizing a Comprehensive System of Personnel Development (CSPD). Coordinate in-service personnel development across early childhood systems and delivered</p>

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
								collaboratively at the state level.
8. Intermediate	Teams implement COS process consistent with best practices.	To what extent do teams implement the COS process as intended, consistent with best practices?	<p>90% of individuals will score 87% or better on the adapted COS-TC checklist, section II, as indicated by a score of 7 out of 8.</p> <p>90% of teams will score 87% or better for each outcome area on the adapted COS-TC checklist, section IV, as indicated by a score of 7 out of 8 for each outcome area.</p>	COS-TC checklist section II: observation of 10% or minimum of 3 applicable staff per agency Section IV: minimum of 3 team self-assessments per agency	<p>Score COS-TC ratings using a point value: Yes=2 Partly=1 No=0</p> <p>For section II, validate the self-assessment data with observations by analyzing the correlation of the scores between both data sets. Of those who met criterion on self-assessment, what % met criterion on observations?</p> <p>Data will be aggregated statewide and disaggregated by Cohort, implementation site and provider agency.</p>	Initial training and on the COS-TC October 2019- Ongoing for providers as needed	Complete	<p>Section II Did not meet indicator Implementation sites: 78%</p> <p>See chart below for the rate of passing score by cohort.</p> <p>Cohort 1: 79% (n=245) Cohort 2: 75% (n=157) Cohort 3: 85% (n=71)</p> <p>Section IV Partially met indicator</p> <p>Implementation sites: Outcome 1: 88% Outcome 2: 90% Outcome 3: 88%</p> <p>See chart below for the rate of passing scores by outcome and cohort.</p> <p>Cohort 1 (n=16) A: 93% B: 93% C: 93%</p>

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
								<p>Cohort 2 (n=10) A: 90% B: 90% C: 80%</p> <p>Cohort 3 (n=25) A: 84% B: 88% C: 88%</p> <p>Next steps: Continue to collect data from those implementation sites who have not yet submitted data. Individualized follow-up with implementation sites based on the results.</p> <p>Updated 2022 data: Section II: 81 participants submitted data. 80% received a score of 87% or better. Indicator was not met.</p> <p>Section IV: 92% of providers scored 87% or better for outcome area one, 94% of providers scores 87% or better for outcome area two, 89% of providers scored 87% or better</p>

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
								for outcome area three. Indicator not fully met.
9. Intermediate	CLAs and ESIT Provider Agencies improve ability to analyze and use COS data.	Do CLAs and ESIT Provider Agencies report proficiency/competency in their ability to use reports to analyze and use COS data?	80% of CLAs and ESIT Provider Agencies demonstrate progress in their ability to use reports to analyze and use COS data during In process calls with state staff.	<p>Measurement: Questionnaire</p> <p>Data Collection Method: Responses recorded during quarterly calls</p> <p>Measurement Interval: Quarterly</p> <p>Questions asked: Question 1 Ability to locate/access the child outcome summary reports</p> <p>Question 2a Understanding how to use reports to draw inferences about the quality of the data</p> <p>Question 2b Understanding how to use reports to draw inferences about children's progress</p> <p>Question 3 Ability to use the reports to analyze COS data</p> <p>Question 4 Ability to use reports as one method to monitor COS data quality</p> <p>Question 5 Ability to use the reports as one method to assess progress and make program adjustments</p>	Results of overall improvement will be based on the total score from the first call compared to the total score from the last call. Those whose score on the final question is higher than the first question are included in the final percentage. Data will be aggregated statewide and disaggregated by agency and question. In addition, data will be disaggregated by the new program administrator. Data from new administrators will be compared with data from previous administrators. Data will be shared with CLAs and ESIT Provider Agencies and SICC data	July 2016-January, 2020	Complete	<p>Outcome Achieved Statewide improvement from first call(T1) to last(T7): 90%</p> <p>Improvement disaggregated by question T1-T7: 1: 62% 2a: 52% 2b: 62% 3: 71% 4: 90% 5: 91%</p> <p>Evaluation notes: Changes were made to the content and approach of quarterly calls this past year. The overall improvement since the first call was maintained, however, about 1/3 of agencies reported a decrease in knowledge for each question from T6 to T7. See report for details.</p>

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					committee. We will engage stakeholders in discussion on which items CLAs and ESIT Provider Agencies reported the most competence, the least competence, and the most positive change.			Activities completed during the quarterly calls follow this sequence: COS purpose Date collection COS related professional development Data Source: LLA responses to evaluation questions on the quarterly call agendas.
10. Intermediate	Providers use approved social-emotional assessments as described in ESIT practice guides.	To what extent are providers' assessments consistent with ESIT policies and procedures?	90% of newly enrolled infants and toddlers are evaluated or assessed with the recommended tools.	Online IFSP for newly enrolled infants and toddlers, pulled annually. The number of recommended social-emotional evaluation/assessment tools used divided by the total number of social-emotional eval/assessment tools used for initial IFSPs issued during a one-year period starting 3 months after SSIP training.	Data will be aggregated by implementation sites and disaggregated by agency and provider agency. The percentage will be calculated of total number of children with approved SE assessment tool completed divided by total number of children. Data will be shared with local implementation teams and SICC data committee.	July, 2016 - Ongoing for all newly enrolled children at implementation sites.	Complete	Indicator not met Implementation sites: 58% Cohort 1: 28% Cohort 2: 14% Cohort 3: 16% These data reflect the number of social-emotional evaluation/assessment tools used as recommended divided by the total number of social-emotional eval/assessment tools used. Next steps:

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					Stakeholders will engage in discussion and analysis of data.			ESIT staff will review these data and the methods used to pull it from the DMS. It does not appear to match qualitative data collected from implementation sites and there may be data limitations to explore.
11. Intermediate	Teams develop functional IFSP outcomes that support social-emotional development.	Are IFSP teams developing functional outcomes?	70% of sampled goals meet criteria as a functional outcome.	Sampling of IFSP outcomes pre and post training. Use a sample of 5% or a minimum of 10 of the total outcomes for each implementation site.	Outcomes will be compared pre-training and post-training. The post training date range will begin 3 months after training occurred. Outcomes considered to be functional will contain at least 5 of the 7 components (Necessary/functional, real-life contextual settings, discipline free, jargon free, positive, active, context of a relationship). Data will be aggregated at the state level and disaggregated by implementation site. Data will be shared with local	Initial training for implementation sites April 2016-December 2018 – Post training data analyzed February 2020.	Completed for Cohorts 1, 2 and 3 Data reported for all 3 Cohorts. Cohorts 1 and 2 were reported last year, they are included this year to show full results for this activity.	Outcome Achieved Implementation sites: 79% Cohort 1: 85% Cohort 2: 68% Cohort 3: 72% Baseline: Implementation sites: 46% Cohort 1: 55% Cohort 2: 30% Cohort 3: 32% Data Source: ESIT DMS ESIT staff review

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					implementation teams and SICC data committee for feedback.			
12. Intermediate	Providers implement practices to promote positive social-emotional development	Do providers who receive training demonstrate a high level of excellence in the providing home visiting practices to promote positive social-emotional development?	80% of providers who received any level of PFR training and completed the Home Visit Rating scale (HOVRS) received a rating of 5, 6, or 7 on each of the 2 scales.	<p>All agencies will complete 2 scales and submit data on a spreadsheet provided by ESIT</p> <p>Home Visit Rating Scales 3 1: Home visitor facilitation of caregiver-child interaction (scale 3) 2: Home visitor collaboration with caregivers as partners (scale 4) Implementation guidelines</p> <p><i>For 10% or a minimum of 3 staff</i> Observation by a supervisor or team lead Video or in person Full visit observation</p> <p><i>For the staff above and all other staff</i> Self-assessment</p>	<p>Data will be disaggregated by implantation site</p> <p>Data will be shared with local implementation teams and SICC data committee for feedback.</p>	October 2017 – December 2022	Complete	<p>Indicator met</p> <p>Scale 3 (facilitation of caregiver- child interaction) Implementation sites: 81.8% Cohort 1: 80.6% Cohort 2: 83.1% Cohort 3: 81.6% Scale 4 (collaboration) Implementation sites: 84.7% Cohort 1: 88.6% Cohort 2: 85.6% Cohort 3: 80%</p> <p>Data Source: HOVRS data collection sheets</p> <p>Next steps: Further analysis of scores by level of PFR training, years in the field, discipline and other factors to identify focus for follow up and improvement.</p>

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
13. Intermediate	Agencies demonstrate systems change to support the implementation of practices to promote positive social-emotional development	Do agencies implement systems change to support the implementation of practices to promote positive social-emotional development.	80% of the agencies surveyed will respond with a “yes” for 3 of the 5 questions.	<p>All agency leadership will respond to a survey regarding elements of systems change. Survey results will be compared to HOVRS scores of individual providers to analyze the impact of systems change on provider practice.</p> <p>1 response per agency (collective response from multiple people)</p> <p>Agencies will indicate which types of agency change have been implemented: SURVEY With regard to strategies to promote positive social- emotional development, has your agency...</p> <ol style="list-style-type: none"> 1. Changed the way professional development plans are used? <ol style="list-style-type: none"> a. Yes, No, Explain 2. added ongoing reflective practice for staff? <ol style="list-style-type: none"> a. Yes, No, Explain 3. Added other trainings to support professional development? <ol style="list-style-type: none"> a. Yes, No, Explain 4. Changed anything about the agency “onboarding” process for new staff? <ol style="list-style-type: none"> a. Yes, No, Explain 5. Added new elements of mentoring for staff? <ol style="list-style-type: none"> a. Yes, No, Explain 	<p>Data will be disaggregated by implementation site</p> <p>Data will be shared with local implementation teams and SICC data committee for feedback.</p>	January 2020	Complete	<p>Outcome Achieved Results for all cohorts: Q1: 90% Q2: 80% Q3: 80% Q4: 90% Q5: 80%</p>
14. Intermediate	Providers use data to select relevant improvement strategies regarding the child outcome	Are the proposed improvement strategies informed by data and more relevant to the SIMR?	Strategies added to the local improvement plan by contractors	Self-assessment tool improvement plan Annual	Data will be aggregated statewide and disaggregated by agency and implementation site.	April 2018- June 2019	Complete	N/A

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	summary process and/or practices.		will be linked to L-COMS quality indicators with a rating of 5 or less.		Data will be compared between implementation sites and non-implementation sites. Data will be shared with CLAs and ESIT Provider Agencies, implementation sites, and SICC data committee. We will engage stakeholders in discussion and analysis.			
15.Long-term	SLA has a high-quality child outcomes measurement system.	Does the SLA have a high-quality child outcomes measurement system?	SLA receives a score of at least 5 for the quality indicators of the S-COMS self-assessment: PR, DC, AN, RP, UD and EV	Complete the quality indicators on the S-COMS and receive a score of at least 5. http://ectacenter.org/eco/pages/childoutcomes.asp#frameworks	The SLA will collaborate with stakeholders to complete quality indicators relating to PR, DC, AN, RP, UD and EV	Initial self-assessment June 2016 Subsequent ratings (ongoing as needed) November 2019 October 2021	In process	Indicator not met Data as of November 2019 AN3: 4 AN4: 4 AN5: 6 Data as of October 2021 PR1: 6 DC 1: 5 DC 2: 6
16.Long-term	Families will have increased ability to support and encourage their	(1) Do families report an increased capacity to help their child develop and learn? (2) Are families more engaged in the	(1) Increase in the percentage of families that report an increased capacity to	Early Childhood Outcomes Family Outcomes Survey-Revised (addition of a few items) Annual	Data will be aggregated statewide and disaggregated by agency and implementation sites.	September 2018 - February 2021	Not yet initiated	No data available

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
	children's positive social-emotional development.	implementation of their child's IFSP strategies?	help their child develop and learn. (2) 80% of families report engagement in the implementation of their child's IFSP strategies.		Data will be compared between implementation sites and non-implementation sites. Data will be shared with CLAs and ESIT Provider Agencies, local implementation teams, and SICC data committee for feedback			
17.Long-term	Families and children will achieve their individual functional IFSP outcomes.	Does the percent of outcomes achieved by families and children participating in Part C services increase?	Increase in the percentage of outcomes met within the identified timelines.	Online IFSPs for children in program at least 6 months that have been reviewed within the 3-month reporting period	Data will be aggregated statewide and disaggregated by agency and implementation sites. Data will be compared between implementation sites and non-implementation sites. Data will be shared with CLAs and ESIT Provider Agencies, local implementation teams, and SICC	Baseline one year before implementation; annually through February, 2020	Completed for Cohorts 1, 2, and 3. Cohort 3 data is reported here. Did not meet indicator	Outcome Achieved There has been an increase of 1% in the overall percent of outcomes met for implementation sites. Baseline Implementation sites: 17% Cohort 1: 20% Cohort 2:12% Cohort 3: 15% Post training Implementation sites: 18% Cohort 1: 19% Cohort 2:17%

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method/ Measurement Intervals	Analysis Description	Timeline (projected initiation and completion dates)	Status	Data Results and Evaluation Notes
					data committee for feedback			Cohort 3: 14% Data Source: ESIT DMS
18.Long-term	[SiMR] There will be an increase in the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development .	Have more infants and toddlers exiting early intervention services demonstrated an increase in the rate of growth in positive social- emotional development?	By the end of FFY 2018, 58.25% of children will substantially increase their rate of growth in social-emotional development by the time they exit the program.	Data reported for APR indicator C3, which is collected at entry and exit using the COS process Annual	Data will be aggregated statewide and disaggregated by agency and implementation site. Data will be compared between Implementation sites and non-implementation sites. Data will be shared with County Lead Agencies and ESIT Provider Agencies, implementation sites, and SICCC data committee. We will engage stakeholders in discussion and analysis.	Data collection ongoing	In process	Outcome Achieved Data collected for progress in social-emotional development (Outcome A) indicate the data improved and the target was exceeded. The percentage of those children who entered the program below age expectations in social-emotional development and substantially increased their rate of growth improved from 56.74% in FFY 17 to 59.06% for FFY 18. The target was 58.25%. Data Source: ESIT DMS

VII: Sustainability Plan

Activities	Steps to Implement Objective	Resources Needed	Who is Responsible	Timeline Summer=July-Sept Fall=Oct-Dec Winter=Jan-March Spring=April-June	Status and Evidence	Implementation Notes
Promoting First Relationships	<p>Objective: Each agency will have access to an agency trainer, consistent with UW expectations, who can train at least 2 staff each year for level 2. In addition, every new staff receives level 1 training and “refresher” materials are available. There will be opportunities for ongoing learning and professional development. Recertification for level 2 is encouraged but not required.</p> <p><i>This objective was initially developed for SSIP Implementation Sites and is currently under review. SSIP activities, including PFR training, are now being offered statewide.</i></p>					
	Level 1 training for all new staff	ESIT funds for training costs	ESIT Implementation Sites	Spring	Total Trained: 833	
	Level 2 training for limited staff			Ongoing	Total Trained: 77 In Progress: 23	
	Level 3 training for limited staff			Total Trained: 20 In Progress: 0		
	“refresher” materials available for level 1	UW support for “refresher” materials	ESIT, UW, Agency Trainers	Currently available on ESIT Website	Completed and distributed to implementation sites	
	PFR Booster Training sessions	ESIT funds for training costs	ESIT, UW	Spring	Total trained: 159	
WA-AIMH Endorsement and Reflective Supervision	<p>Objective: Each agency will have access to someone who is endorsed at category 3 or vetted at category 2 to provide reflective supervision.</p> <p><i>This objective was initially developed for SSIP implementation sites and is currently under review. WA-AIMH endorsement support is available statewide.</i></p>					

	WA-AIMH Endorsement	Scholarship funds and coordination cost covered by ESIT		Ongoing	Funds available through WA-AIMH/DCYF contract	
	Reflective Supervision Training	ESIT funds for training costs	WA-AIMH (provide training and endorsement) ESIT (cover the cost of training) Implementation sites (provide staff the availability to attend as it relates to their role)	Winter/Spring	12 direct service providers attended training in 2023 and are currently receiving 12 months of reflective supervision. 20 more available spots for 2023-24 contract year	
	Reflective Practice Training	ESIT funds for training costs		Winter/Spring	27 providers attended training in 2023. 100 more available spots for 2023-24 contract year	
	Foundations of Infant and Early Childhood Mental Health Series	ESIT funds for training costs		Winter/Spring	36 providers attended training in 2023 75 more available spots for 2023-24 contract year.	
	Reflective Supervision Groups	ESIT funds to cover reflective supervision. Implementation site resources for time to participate in groups.	University of Washington/WA-AIMH ESIT Implementation sites	Ongoing	18 current reflective practice groups and 3 PFR Agency Trainer groups (101 total participants)	

Functional Outcomes and SE Assessment Training Follow	Objective: ESIT will provide refresher sessions regarding functional IFSP outcomes and SSIP SE assessment requirements.
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up	<i>This objective was initially developed for SSIP implementation sites and is currently being reviewed.</i>					
	ESIT to review data collected on functional IFSP outcomes and qualitative data on training needs	ESIT and Implementation site resources for time to develop training follow up	ESIT Implementation site leaders	TBD		
	Recorded overview of SE assessment requirements and e-DECA information provided		ESIT will create the recording Implementation site leaders will distribute to staff	TBD		
	Training Provided for implementation sites	ESIT and Implementation site resources for time to implement training follow up	ESIT Implementation site leaders	TBD		
Home Visit Rating Scale (HOVRS)	<p>Objective: All agencies will complete selected scales* of the HOVRS with the updated implementation guidelines** and submit data to ESIT for 10% or a minimum of 3 staff. All agencies will also provide HOVRS data based on self-assessment of selected scales* for all staff, including those who were observed. Includes staff who submitted data last year.</p> <p><i>This objective was initially developed for SSIP implementation sites and is not currently applicable.</i></p>					
	HOVRS training	\$3,800 for introductory training of up to 50 people \$1,000 for observation and scoring training of up to 25 people	ESIT HOVRS trainers	NA	Total Trained on HOVRS Introductory Sessions: 167 Total Trained on HOVRS Scoring Practice: 130	

	Tool is completed following ESIT guidelines and data submitted to ESIT using data collection template	Implementation site resources for time to complete tool, follow up conversations and data submission to ESIT	Implementation site supervisors/team leads and providers	NA		
	*HOVRS Scales Home visitor facilitation of caregiver-child interaction(scale 3) Home visitor collaboration with caregivers as partners (scale 4)			** HOVRS Implementation Guidelines Observation by a supervisor or team lead Video or in-person Full visit observation Self-Assessment for all staff in addition to observation		
	Staff Selection Criteria for Observations Complete observations with the same people as last year. If needed, ESIT will select a minimum of one staff for each of the three PFR training levels when possible using a randomizer tool and send names to each site. For example; an agency observing three staff will observe one from each of the three levels or one from level one and two from level two if there is no level three trained staff. All staff with PFR training at implementation sites will complete a self-assessment using the HOVRS and submit a data collection sheet.					
	Child Outcome Summary- Team Collaboration Checklist (COS-TC)					
Objective: All agencies will receive a COS refresher training and complete updated COS-TC observations and self-assessments. <i>This objective was initially developed for SSIP implementation sites and is currently being reviewed.</i>						
COS Refresher Training provided for implementation sites	ESIT and Implementation site resources for time to implement training follow up	ESIT (as needed) Implementation site leaders	TBD			
Tool is completed following ESIT guidelines and data submitted to ESIT using data collection template	Implementation site resources for time to complete tool, follow up and data submission	Implementation site supervisors/team leads and providers	TBD			

	<p>*COS-TC sections and Implementation Guidelines</p> <p><u>Building Consensus for a high-quality COS rating(section IV)</u></p> <ul style="list-style-type: none"> • Team self-assessment. Provider team, excluding the family, who are involved in determining the COS rating. • A minimum of 3 teams will submit data <p>To the extent possible, each of the three teams will consist of different staff members. If data are submitted for more than 3 teams, the same staff members maybe on more than 1 team.</p>	<p><u>Explaining the COS Process to Families (section II)</u></p> <ul style="list-style-type: none"> • Supervisor or team lead will observe 10% of all individual staff who explain the COS process to families, or a minimum of 3, in person or on video. • All staff who explain the COS process to families will complete a self-assessment, including those who were observed.
	<p>Team Selection Criteria</p> <p>Enter names of all FRCs into a <u>randomizer tool</u>. Select 3 names and ask each of those FRCs to complete this section of the tool with the next team of providers they complete the COS process with.</p>	<p>Staff Selection Criteria for Observations</p> <p>Enter names of all FRCs (and another staff who would explain the COS process to families) into a <u>randomizer tool</u>. Select 10% or a minimum of 3 names to complete observation for this section of the tool.</p>