

Idaho's State Systemic Improvement Plan (SSIP)

Phase II Narrative



March 2016

Idaho's State Systemic Improvement Plan (SSIP) Phase II Narrative

Phase II Component # 1: Infrastructure Development

I(a) Specify improvements that will be made to the State infrastructure to better support early intervention services (EIS) programs and providers to implement and scale up evidence-based practice (EBP) to improve the State-identified Measurable Result (SIMR) for infants and toddlers with disabilities and their families.

Infrastructure Strengths -

As discussed in Phase I of the State Systemic Improvement Plan (SSIP), located on Idaho's website at www.infanttoddler.idaho.gov, Idaho has many infrastructure strengths. The Infant Toddler Program (ITP) has a strong leadership structure that enables change to occur rather swiftly and consistently within the program. The program is administered centrally, which gives central office and regional leadership the ability to influence and support regional programs in a consistent manner. Another factor is that ITP directly employs and contracts with professionals to deliver early intervention services. Because of this structure, ITP is able to closely monitor the operational budget and ensure appropriate use and allotment of funds. Additionally, this structure enables the program to provide effective general supervision.

The Infant Toddler Program's electronic data and management system, ITPKIDS, is also a strong infrastructure component. The data system provides real-time data to both regional and central office personnel, and has extensive capabilities for data collection, analysis, report generation, and billing. This helps greatly with ongoing monitoring activities, and is an established and reliable tool for implementing additional quality improvement/quality assurance activities for the SSIP.

Finally, Idaho's commitment to evidence-based practices is impressive. Although Idaho's resources are scarce in the early childhood education field, the Infant Toddler Program continues to maintain high qualification standards for providers of early intervention services. In addition, ITP adheres to evidence-based practices under the Primary Services Provider approach, and continues to collaborate with early intervention experts Dathan Rush and M'Lisa Shelden to work towards fidelity of these practices.

Infrastructure Improvements

Several improvements to the infrastructure were identified in Phase I for Idaho to explore further in Phase II. Phase I involved a very thorough analysis of the state's data and infrastructure. Idaho's goal at that time was to explore all aspects and gaps, no matter how large, to ensure the information was documented and available for use over time.

The process in Phase II has involved working with stakeholders to narrow the focus in order to create an achievable and sustainable plan for improving social-emotional outcomes for infants and toddlers. The Infant Toddler Program has worked with several groups in order to receive well-rounded feedback from all system perspectives.

- **SSIP Phase II Stakeholder Workgroup**

The stakeholder workgroup for Phase II includes a different group of stakeholders compared to Phase I. A large component of Phase I involved exploring the early childhood system in Idaho as a whole and identifying how other agencies could collaborate on similar initiatives. As a result, it was important to select appropriate representation from other programs and organizations to ensure their “outside” perspective contributed to the SSIP analysis.

For Phase II, the scope was narrowed and required participants more familiar with the Infant Toddler Program, or those who had initiatives identified in Phase I that Infant Toddler Program wanted to explore further. Therefore, Infant Toddler Program staff made up a larger portion of the stakeholders for Phase II. The SSIP Phase II stakeholder workgroup included representatives from the following agencies:

- Department of Health and Welfare
 - Infant Toddler Program
 - Early Childhood Coordinating Council
 - Family and Community Services Data Unit
- Department of Education – Part B
- University of Idaho
- Association for Infant and Early Childhood Mental Health (AIM Early Idaho)
- Idaho Parents Unlimited (IPUL)

The SSIP workgroup met several times from September 2015 – February 2016. The purpose and objectives for the workgroup include:

Purpose: Assist Infant Toddler Program with further developing a plan to improve social-emotional outcomes for infants and toddlers and their families.

Priorities:

- Assist with developing activities, resources, and steps for Idaho’s SSIP Implementation Plan
- Design a Professional Development Framework for Infant Toddler Program
- Explore how to accomplish a basic understanding of Early Childhood Outcomes statewide

- **Early Childhood Coordinating Council (EC3)**

The EC3 acts as Infant Toddler Program’s Interagency Coordinating Council (ICC). The committee meets on a quarterly basis, and includes the SSIP as an ongoing agenda item to discuss and obtain feedback. The EC3 is also responsible for approving Part C’s State Performance Plan/Annual Performance Report (SPP/APR) indicator targets.

and barriers in their regions. Activities included attending MDT meetings, interviewing staff and contractors, and interviewing hub leaders.

Prior to the visits, staff and contractors completed an Early Childhood Outcomes survey (ENHANCE survey), and select individuals were videoed during visits to client homes. The State Team reviewed this information and completed file reviews to help prepare for the visit. This created a great learning experience for the State Team, and the videos are now a training tool to be used in the future.

The results from the Demonstration Site visits helped tremendously to refine the implementation plan to better meet the needs of our staff and contractors. A few of the key findings shared with the stakeholder workgroup included (refer to the “Demonstration Site Findings Reports” for North Hub and Region 3 for detailed information):

Potential areas for improvement:

- Identify a sustainable system for professional development for evidence-based practices
- Utilize expertise more effectively
- Expand AIM Endorsements – start with the North Hub since there are qualified professionals to provide reflective supervision
- Shift the focus of teaming discussions to results versus compliance
- Modify Child Outcome Summary (COS) process
- Clarify the role of the service coordinator, therapist, and clinician in the teaming approach
- Incorporate the Early Childhood Outcomes (ECO’s) into the Individualized Family Service Plan (IFSP) and assessment/planning process, being sensitive about the “rating” component for parents
- Identify better assessment tools for social-emotional development

SSIP Implementation Planning

Following the demonstration site visits, the State Team presented the findings at the first SSIP Phase II Workgroup meeting in September 2015. The stakeholder workgroup was asked to use those findings, along with what was learned in SSIP Phase I, to develop the steps and resources needed to accomplish the strategies and activities.

Through this rich discussion, the State Team obtained new ideas and a draft plan that was used to develop the implementation plan. It took a few more meetings and several technical assistance calls to develop a more succinct plan that had everyone’s buy-in.

As discussed in Component 1 of this document, the biggest adjustment from the original Theory of Action was to narrow the professional development strategy to implementing and scaling-up evidence-based practices, rather than developing an entire standardized professional development system for all Part C requirements. In addition, the timeline pushes back the professional development activities and sets modifying the Early Childhood Outcomes process as the top priority for the SSIP.

Evaluation Planning

In addition to stakeholder input, Idaho has received substantial technical assistance (TA) from Idaho's national technical assistance team to develop the components for Phase II. A major task involved working with the TA team to complete logic models to assist with development of the evaluation plan. This in-depth process helped Idaho with identifying the inputs, outputs, and outcomes related to each activity. It also helped to further narrow the strategies and consolidate the activities to create a more logical flow between the activities and outcomes.

Once the logic models were completed, the next step was to identify evaluation questions for the short-term, intermediate-term, and long-term outcomes that test the state's Theory of Action. Idaho's technical assistance team was instrumental in assisting Idaho through this process. It was challenging to determine which outcomes to select for evaluation, especially when resources are limited. Using the logic model process helped to select the most important outcomes to measure with the largest impact on our SiMR, and helped to eliminate a bulk of the outcomes that were duplicative or irrelevant.

Idaho held a SSIP Phase II stakeholder workgroup meeting on February 18, 2016 to review the latest version of the Theory of Action and logic models, as well as develop evaluation questions for the SSIP. The meeting was very successful, and provided a wealth of information and input that was used to develop the evaluation plan.

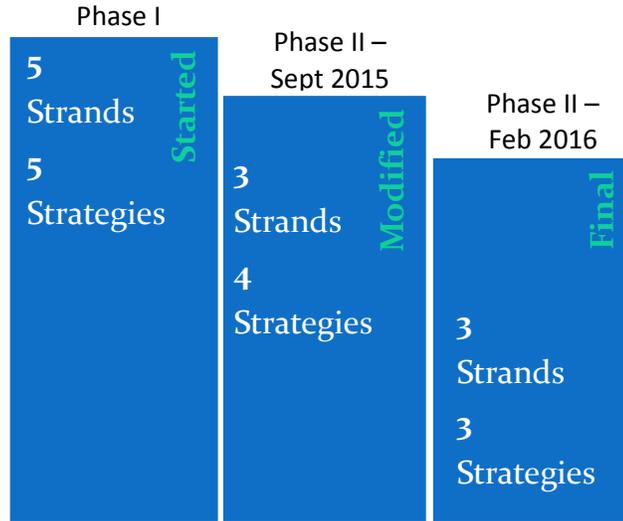
The meeting had two objectives for the evaluation planning:

- 1) Develop questions for "Evaluation of Improvement Strategy Implementation."
- 2) Develop questions for "Evaluation of Intended Outcomes."

The workgroup discussed the measurements for each of the questions in depth, and helped refine the questions to make them specific and feasible to measure. There are several reasons it was important to have stakeholders involved in developing the evaluation. They bring experience from completing evaluation activities in their own organizations, they now understand and are committed to the evaluation process, and many of them will be carrying out the evaluation activities. This workgroup will also be essential for Phase III to develop activities and put the evaluation in place.

Finalizing the Theory of Action

Over the course of Phase II, the Theory of Action was modified a few times with stakeholder input to start narrowing the focus:



The State Team revisited the Theory of Action once the outcomes were identified, and developed the evaluation plan. The logic models, evaluation plan, and Theory of Action are aligned to ensure that the strategies are linked with the anticipated outcomes and the state-identified measurable result (SiMR), which is *to increase the percentage of infants and toddlers exiting early intervention services who demonstrate an increased rate of growth in positive social-emotional development*. Refer to Component 3a for Idaho’s Logic Models and details regarding the Evaluation Plan.

Because of the multiple opportunities for collecting stakeholder input and national technical assistance, Idaho modified the Theory of Action and timeline to reflect a more focused plan. The following chart highlights the changes between Idaho’s Phase I and Phase II Theory of Action (TOA):

Idaho's Theory of Action Modifications

TOA Strategy	Phase I TOA	Phase II TOA	TOA Changes
Professional Development	...develops a statewide structure that supports the implementation of a standardized, sustainable professional development system for ITP staff and contractors	...develops a statewide structure that supports the implementation of a standardized, sustainable professional development system for evidence-based practices (EBP) for ITP staff and contractors to support the social-emotional development of infants and toddlers	Added "evidence-based practices" and "to support social-emotional development" to narrow the focus for the professional development system
Collaboration	...builds collaboration with other partner agencies to offer joint professional development opportunities, and encourage clinical teaming related to social-emotional development needs	-	Removed because collaboration is an important component of all strategies
Monitoring and Accountability	...establishes a statewide quality improvement and assurance system that reviews, monitors, and enhances early intervention evidence-based practices and COS ratings	...establishes a statewide quality improvement and assurance system that reviews, monitors, and enhances early intervention evidence-based practices and COS ratings with an emphasis on social-emotional development	Added "with an emphasis on social-emotional development" to narrow the focus of the monitoring and accountability system for the SSIP
Assessment Practices	...researches and identifies appropriate functional assessment tools for ITP staff and contractors to use to identify social-emotional needs for infants and toddlers	-	Removed because assessment practices are embedded in other strategies. Identifying ECO assessments is an activity under the "ECO Process" strategy, and identifying social-emotional assessments is an activity under the "Professional Development" strategy
Family Involvement	...develops a process to increase family involvement in supporting social-emotional development	-	Removed because family involvement is an important component of all strategies

<p>Early Childhood Outcomes Process</p>		<p>...modifies the early childhood outcomes process for ITP staff, contractors, and families</p>	<p>Added ECO Process strategy because results from the demonstration site activities suggest the need to modify the ECO process in order to make it more meaningful and useful for the program and families, and ensure social-emotional development is addressed</p>
---	--	--	---

Areas of Improvement

A standardized Professional Development System was a top priority identified in Phase I. While it is still a priority for Idaho, the Phase II process has helped to re-prioritize the SSIP activities and simplify our strategies. The Phase II process involved several stakeholder meetings, State Team meetings, Early Childhood Coordinating Council meetings, and Demonstration site visits (Regions 1, 2, and 3). The Demonstration Site activities included multidisciplinary team (MDT) observation, home-visiting video reviews, interviews with MDT’s and hub leadership, ENHANCE survey, and file reviews. These many activities and methods of data collection helped inform the State Team about what needs to be done for improvement efforts.

The following information briefly describes the newly prioritized strategies, activities, and timeline for Idaho’s SSIP activities (Refer to the “Idaho SSIP Action Plan,” “Idaho SSIP Implementation Plan Timeline,” and “Idaho Theory of Action” for additional details):

- 1) **Early Childhood Outcomes (ECO) Process** – Stakeholders identified in Phase I that the ECO process needed improvement. However, when the State Team visited the Demonstration Sites (Regions 1, 2, and 3), it became apparent that the ECO process needs to be completely revisited and revised in order to make it more meaningful. These findings also meant that the ECO data is most likely not as reliable as originally thought, and that the existing rating forms and resources were not being used as expected.

In response to these findings, the stakeholders felt it was necessary to add “modifying the ECO process” as its own strategy to improve social-emotional outcomes. It was also determined that this strategy should be made the priority before moving onto professional development.

The stakeholder workgroup provided excellent feedback about the best way to implement training to staff and contractors. Training is often designed to take place all-day, for several days in a row. Firstly, this type of structure does not align with adult learning practices. People need time to absorb the information and apply it in practice. Secondly, blocking out this much time in a week is difficult for staff and contractors who have full caseloads and travel to multiple homes throughout the day. Because of this input, the training and timeline was adjusted to ensure adequate time for learning and practice throughout the span of the ECO training. An overview of the activities related to the ECO strategy includes (refer to the “SSIP Action Plan” for detailed steps related to each activity):

- Develop and deliver training in phases to staff and contractors as follows:
 1. Typical child development
 2. Family engagement
 3. Purpose of ECO's
 4. Use of appropriate ECO assessment tools
 - Modify the IFSP and relevant forms to incorporate the ECO process for staff, contractors, and families to complete
 - Develop and deliver training on:
 1. ECO IFSP process
 2. ECO ratings
 - Establish accessibility to ongoing training for new and existing staff and contractors to ensure sustainability
- 2) **Monitoring and Accountability** – In Phase I, stakeholders identified the need for a standardized quality assurance and quality improvement (QA/QI) system. This strategy has not changed in Phase II, and aligns well with an existing QA/QI initiative to develop a standardized statewide QA/QI system.

An important feature of the QA/QI system for the SSIP is establishing a feedback loop between staff/contractors, hub leadership, and the State Team. In January 2016, Infant Toddler Program implemented a pilot that required QA teams in select regions to complete a standardized QA checklist and feedback loop process. In March 2016, the QA/QI Committee will review the feedback from the pilot and make modifications. The goal is to implement the QA Checklist statewide in July 2016.

When fully implemented, the QA process will involve a QA Team in each region that is responsible for reviewing at least 10 files on a quarterly basis. Each QA team includes a therapist, service coordinator, and administrative support staff. The standardized QA Checklist developed by the QA/QI Committee will be used to complete the file reviews.

The QA team lead is responsible for collecting the findings from the team and reporting the results to their hub leaders. The hub leaders are responsible for reviewing the results and determining necessary action. If there are potential systemic issues, hub leaders will submit a "Quality Improvement Plan" to Central Office for next steps. In addition, tri-annual hub leadership meeting agendas will include discussion of QA findings and sharing of QA efforts.

An overview of the activities related to the Monitoring and Accountability strategy includes (refer to the "SSIP Action Plan" for detailed steps related to each activity):

- Develop a standardized QA/QI process to review compliance and program performance (currently in a pilot phase)
 - Develop or adopt inter-rater reliability tools and process for ECO rating
 - Develop or adopt tools, standards, and processes to measure fidelity of practices
- 3) **Professional Development** – In Phase I, stakeholders identified that the Infant Toddler Program lacks a standardized professional development system, and has a difficult time sustaining

evidence-based practices due to limited professional development opportunities. In the original plan, the focus was on addressing all training needs, including Part C regulations, orientation, evidence-based practices, eligibility, assessments, and so forth. While these are all still areas that eventually need to be addressed, the whole package is too large for the SSIP and Idaho's current capacity for change.

It took several stakeholder meetings and conversations with Idaho's Technical Assistance Center contacts to figure out how to narrow the strategy to something feasible. It was decided to focus on enhancing professional development opportunities related to the current Primary Service Provider approach and Mentor program, and then build in the social-emotional evidence-based practices component once Idaho has developed a sustainable Mentor program. Refer to Component 2 of this narrative for detailed information on Idaho's selection of evidence-based practices.

At the time of Phase I development, there were many unknowns with the Mentor program and Idaho's work with Dathan Rush and M'Lisa Shelden. Now, at the end of SSIP Phase II, the Mentor program has been developed and refined for Cohort II training and coaching. It is anticipated that the Mentor program sustainability plan will be finalized by February 2017. Refer to Component 2a of this document for a more detailed description of how the Mentor program and social-emotional evidence-based practices will come together in the future.

An overview of the activities related to the Professional Development strategy includes (refer to the "Idaho SSIP Action Plan" for detailed steps related to each activity):

- Select appropriate social-emotional assessment tools based on need, best fit, evidence, and resources
- Develop training to address social-emotional EBP, use of social-emotional assessment tools, and sharing results with families
- Build an infrastructure that includes ongoing mentoring and professional development opportunities in order to support the sustainability and scaling-up of social-emotional EBP

1(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start, and others which impact infants and toddlers with disabilities and their families.

Idaho has seen quite a bit of movement over the past two years regarding agency collaboration on infant mental health needs in our state. Primary agencies that have been at the table with Infant Toddler Program include Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho), Maternal and Infant Early Childhood Home Visiting (MIECHV), IdahoSTARS, Early Childhood Coordinating Council (EC3), Department of Education - Part B, and Idaho Medicaid's Behavioral Health Managed Care Plan, Optum.

After extensive collaboration with these agencies and the exploration of other initiatives that could support Idaho's SSIP efforts, the ITP has identified several ways to leverage opportunities to make improvements to the State infrastructure:

Agency	Purpose	Collaboration Opportunities
Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho)	Offers Infant Mental Health certification, and supports systems that support relationships for infants and toddlers and their families	<ul style="list-style-type: none"> • Currently the AIM Board is an all-volunteer board • Infant Toddler Program is pursuing a VISTA volunteer to assist AIM in expanding its efforts to increase AIM membership and endorsements in Idaho • AIM will assist Infant Toddler Program with identifying social-emotional competencies and evidence-based practices, build expertise for reflective supervision, and ensure professional development tracks align with AIM endorsement
Maternal and Infant Early Childhood Home Visiting (MIECHV)	Improves maternal and child health, prevents child abuse and neglect, encourages positive parenting, and promotes child development and school readiness	<ul style="list-style-type: none"> • MIECHV is supporting AIM with resources to build the cadre of reflective supervisors in Idaho, and to incorporate this expertise into the MIECHV model • MIECHV has tools to measure family relationships that could be beneficial to Infant Toddler Program
IdahoSTARS	State quality rating improvement system to improve the quality of childcare in Idaho	<ul style="list-style-type: none"> • IdahoSTARS has developed an extensive professional development system that addresses many of Infant Toddler Program's needs • IdahoSTARS is sharing access to approved distance trainings that focus on infant and toddler development
Early Childhood Coordinating Council (EC3)	Provide leadership and education, and coordinate resources for Idaho's young children and their families	<ul style="list-style-type: none"> • EC3's Grant Manager is housed in Infant Toddler Program • EC3 is looking at the infant mental health system in Idaho as a whole, and is helping to coordinate efforts and bring necessary parties to the table • EC3 coordinates the "Strengthening our System for Infant Mental Health (IMH) Endorsement in Idaho" Committee that includes Infant Toddler Program, Early Head Start, Medicaid - Optum, Behavioral Health, physicians, child care licensing, AIM, MIECHV, and IdahoSTARS
Department of Education – Part B	Administers IDEA Part B regulations for Idaho	<ul style="list-style-type: none"> • Part B has recent experience with embedding the ECO's into the Individualized Education Program (IEP), similar to Infant Toddler's SSIP activity to embed ECO's into the IFSP • Part B is sharing experience regarding statewide trainings, other state's resources, quality improvement activities, and lessons learned through the ECO training process
Idaho Medicaid's Optum	Manages outpatient behavioral health benefits for Idaho Medicaid members	<ul style="list-style-type: none"> • Through the "Strengthening our System for IMH Endorsement in Idaho" committee, agencies are working with Optum and Medicaid to identify how to better utilize Medicaid funding to support IMH endorsement and quality IMH services

Refer to the "Idaho SSIP Action Plan" for a detailed outline of activities, steps, resources, and timelines related to these initiatives.

1(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

The State Team is ultimately responsible for changes to the infrastructure, obtaining resources, tracking outcomes, and ensuring the timeline is followed. The State Team consists of the Part C Coordinator, Infant Toddler Program Policy Specialists, Operations Program Manager, Infant Toddler Program Specialist, and Data Analyst.

The State Team operates within the Department of Health and Welfare, Division of Family and Community Services (FACS). The FACS Administrator, and often the Director of the Department of Health and Welfare, must approve any requests for additional resources or major systemic improvements.

The State Team has identified a Project Manager to oversee the implementation activities and timelines. This involves constant communication with the State Team, FACS administration, hub leadership, demonstration site teams, and stakeholder workgroups. The Demonstration Sites will be responsible to develop and implement their local-level implementation plans, and maintain constant communication with the Project Manager to provide feedback and make requests based on identified needs.

The current SSIP Phase II Workgroup will most likely take the lead on developing the Early Childhood Outcomes (ECO) trainings, selection of both the ECO and social-emotional needs assessments, and social-emotional evidence-based practices training. The State Team and current Quality Assurance/Quality Improvement (QA/QI) Committee will take the lead on developing the QA/QI tools and process. Refer to the "Idaho SSIP Action Plan" and "Idaho SSIP Implementation Plan Timeline" for additional details related to each activity.

1(d) Specify how the State will involve multiple offices within the Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

The Idaho Infant Toddler Program has established several mechanisms to involve offices within the Division of Family and Community Services and other stakeholders in its infrastructure improvements. Due to the centralized leadership structure, it presents opportunities to communicate with the hub leaders and regional supervisors directly and regularly.

The following chart describes the communication plan for Idaho's SSIP:

	Content	Target Audience	Frequency
SSIP SharePoint Site	<ul style="list-style-type: none"> • SSIP updates • Stakeholder agendas and minutes • Communication Board • Solicit feedback 	<ul style="list-style-type: none"> • Hub Leaders • ITP Staff and Contractors 	Monthly
SSIP Newsletter	<ul style="list-style-type: none"> • SSIP updates • Progress tracking • Website communication 	<ul style="list-style-type: none"> • ITP Staff and Contractors • Families • Public 	Quarterly
Stakeholder Workgroup	<ul style="list-style-type: none"> • Assist with developing activities, resources, and steps for Idaho's SSIP Implementation Plan • Explore how to accomplish a basic understanding of Early Childhood Outcomes statewide • Design a Professional Development Framework for Infant Toddler Program 	<ul style="list-style-type: none"> • Partner Agencies • ITP staff • Hub Leaders 	Monthly and Quarterly
Early Childhood Coordinating Council	<ul style="list-style-type: none"> • Part C program's Interagency Coordinating Council • Review SSIP progress, make recommendations, and approve SPP/APR Targets 	<ul style="list-style-type: none"> • Partner Agencies • Parents 	Quarterly
Sponsor Meetings	<ul style="list-style-type: none"> • SSIP updates • Requests for assistance and participation 	<ul style="list-style-type: none"> • Administration 	Quarterly
Hub Leadership Calls and Meetings	<ul style="list-style-type: none"> • SSIP updates • Requests for assistance and participation 	<ul style="list-style-type: none"> • Hub Leaders • Invitations as needed 	Monthly and Quarterly

In addition to the above communication plan, it is critical that the Demonstration Sites have a clear communication loop to report and provide feedback to central office. The next step is to ask the Demonstration Sites to create a local-level implementation plan, along with a detailed communication plan for monitoring activities, gathering feedback from staff and contractors, and reporting findings and recommendations to Central Office.

Finally, the Infant Toddler Program is currently redesigning its website to make it more inviting and family-friendly. The intent is to begin utilizing the website more frequently as a communication tool to staff, parents, and other agencies. This will be a good tool for communicating information regarding the SSIP and infant mental health initiatives to the public.

Phase II Component # 2: Support for Early Intervention Services (EIS) Program and Provider Implementation of Evidence-Based Practices (EBP)

2(a) Specify how the State will support EIS programs and providers in implementing the EBPs that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the State-identified Measurable Result (SIMR) for infants and toddlers with disabilities and their families.

The Infant Toddler Program has put forth great effort to assess the program's readiness and capacity to implement social-emotional evidence-based practices over the next few years. The State Team has spent time discussing options and ideas with the demonstration sites, stakeholders, and technical assistance centers. As a result, what started out as an aggressive timeline was adjusted based on feedback received about the current capacity of the teams, and suggestions on the most effective way to implement sustainable changes for the program.

As Idaho has worked through SSIP Phase I and II, the question has been how the program is going to manage another change of this magnitude. The current capacity of the program is thin – meaning the program is very dependent on every staff and contractor. When one person leaves, the program feels the impact. The Infant Toddler Program is working with the Idaho legislature to increase wages to a competitive market rate and increase the number of full-time employees (FTE). While progress is being made, it will take an extensive period to build a stronger employee base.

The evidence-based practices being promoted in Idaho take time to put into place. Training, coaching, and mentoring to fidelity of practices is a lengthy process, especially considering the limited resources for implementing and sustaining these efforts.

Early Intervention Evidence-Based Practices (EBP)

In 2006, Idaho adopted the Primary Service Provider model. Since this time, Idaho has participated in multiple trainings and cohorts with EI experts Dathan Rush and M'Lisa Shelden to implement quality early intervention EBP's. The challenge has been how to sustain these practices. The SSIP brought attention to the pattern Idaho has followed for professional development. While the program is good at delivering training up-front, ongoing training is difficult to maintain due to competing priorities and new initiatives. The professional development system lacks opportunity for practice, self-reflection, and ongoing training of EBP's. Additionally, the Infant Toddler Program needs to increase the program's quality of practices by implementing fidelity checks.

In October 2014, the Infant Toddler Program implemented Mentor Cohort I with Dathan and M'Lisa, several years after the last institute conducted by them for Idaho. However, for this round of training it was understood that it needed to be different from previous institutes. Something needed to change in order to promote sustainability.

After Cohort I ended, central office used several methods to collect feedback to improve the training. Methods included pre- and post-surveys, interviews with mentors and multidisciplinary teams, and discussions with hub leadership. Based on this feedback and data collected, Cohort II was developed.

The following chart summarizes the progression between Cohort I and Cohort II based on extensive input from the regions, and analysis of the program's infrastructure capacity:

Mentor Program Pilots

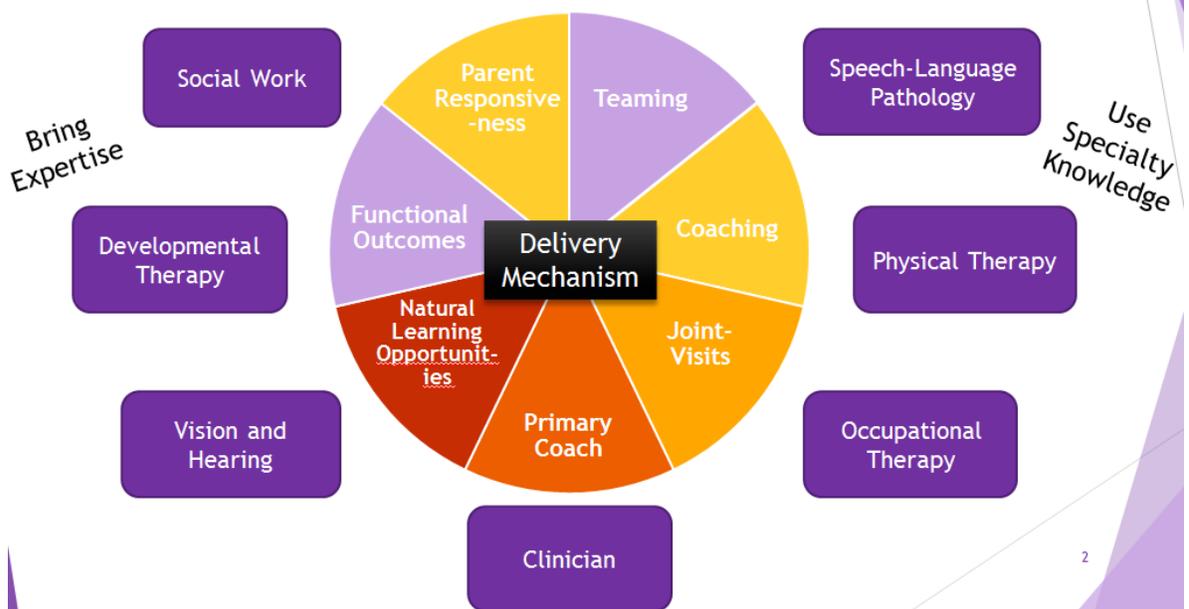
Mentor Cohort I (Oct 2014 – Current)	Feedback for Improvement (Dec 2014 – June 2015)	Mentor Cohort II (Oct 2015 – Jan 2017)
<p>Oct 2014 Dathan and M'Lisa delivered in-person 2 ½ day training institute</p> <p>They provided all of the training to both the mentors and the multidisciplinary teams identified for the Cohort</p>	<ul style="list-style-type: none"> • It was too much for 2 ½ days • The mentor training was rushed and didn't offer enough time to absorb the information before joining the teams • There wasn't time for practice • It isn't sustainable to have Dathan and M'Lisa provide ongoing training 	<p>Oct 2015</p> <ul style="list-style-type: none"> • Dathan and M'Lisa delivered in-person 2-day training for the Mentors only <p>Sept 2015 – Jan 2016</p> <ul style="list-style-type: none"> • Central Office developed training using workgroups and experts across the state <p>Jan – Feb 2016</p> <ul style="list-style-type: none"> • Central office staff and program staff across the state delivered: <ul style="list-style-type: none"> ○ ½ day Service Coordination training via video conference and in-person ○ 2-day EBP training via video conference and in-person to multidisciplinary teams
<p>Oct 2014 – April 2015 Coaching Logs completed for 6 months – Mentors reviewed with Dathan and M'Lisa, and MDT's reviewed with Mentors</p> <p>Mentors were selected through an application process – those selected included a variety of therapists and supervisors</p>	<ul style="list-style-type: none"> • Coaching logs are time-consuming • Mentors were not on-site, so difficult via conference call • MDT's were slightly resistant to the new process • People didn't feel prepared 	<p>March 2016 – Sept 2016</p> <ul style="list-style-type: none"> • Coaching logs completed for 6 months – Mentors review with Dathan and M'Lisa • Coaching logs and self-reflection tools completed for 6 months – MDT's review with Mentors • Mentors included Hub Leaders and Supervisors – builds into the current structure • Identified Master Mentors and Mentors-in-Training to build sustainability – the plan is to reduce reliance on Dathan and M'Lisa for mentor training
<p>May 2015 – July 2015 Developed sustainability plan to ensure continued practice and learning</p> <p>July 2015 - Current Implemented sustainability plan - includes one-on-one and teaming coaching/ mentoring each quarter</p>	<ul style="list-style-type: none"> • Regions appreciate the flexibility and variety for the sustainability activities • Still need a way to collect the data more effectively, rather than manually • Need a fidelity review process 	<p>Feb 2016 - Current</p> <ul style="list-style-type: none"> • As Cohort II begins, Central Office will develop a sustainability plan to address gaps from previous Cohort, and based off feedback from Cohort II • The sustainability plan will coincide with the SSIP EBP strategy

Mentor Cohort II just completed the newly developed evidence-based practices training in February 2016. The last training will be Adult Learning and Communication. In March 2016, the MDT's will begin completing their coaching logs and reviewing with the mentors; and the mentors will begin their coaching log review with Dathan and M'Lisa in April 2016.

The evidence-based practices training that Idaho developed and delivered internally covers:

- **Service Coordination Role in EBP** – This is new territory, even at the national level. Idaho created a workgroup of service coordinators and compiled research to develop a curriculum that demonstrates the importance of service coordination, and how service coordinators deliver coaching and participate in the Primary Service Provider model. It was important to deliver this training because feedback from Cohort I, as well as the SSIP Demonstration Site visits, suggests that service coordinators do not feel like valued members of the team and do not understand how EBP applies to their role.
- **Early Intervention EBP** – Experts across the state developed this information, as well as central office. It was important that local therapists and hub leaders deliver portions of the training because they speak from direct experience, with the potential of making teams more receptive to the material. The following diagram shows the topics covered as part of the evidence-based practices training. Each pie slice has a corresponding training PowerPoint and materials. These materials will now be available for staff and contractors to access at any time, either for new employees or for refresher training, and will be used as part of the sustainability of the EBP professional development system.

Early Intervention Evidence-Based Practices



In addition, each of the Cohort II teams received training from their hub leaders regarding the Coaching Logs and Self-Reflection Tools that teams will be completing over the next six months. At the end of the six months, central office will initiate another round of surveys and interviews to collect feedback on Cohort II.

Shortly following the EBP training in February, central office distributed a survey to all participants in the new evidence-based practices training to gather feedback. The survey results were presented at the hub leadership meeting in March, and will be used to make modifications and improvements to the training process and materials as needed.

The SSIP stakeholder workgroup has already shared their initial feedback regarding the EBP training. There is concern with the amount of information shared within a tight timeframe. The program has been discussing the importance of considering adult learning methodologies, but due to time constraints and full home-visiting schedules, it continues to be a struggle to deliver training in a way that is optimally effective for the learner.

A recommendation for the future, and something being adopted for the SSIP strategies, is to provide interval trainings of shorter duration, and provide advance notice to give participants a larger window to make necessary scheduling adjustments. In addition, training should include self-teaching modules, quizzes and pre-reading to complete independently, and most importantly, scheduled time to discuss and reflect on what was learned.

Mentor Program and SSIP Collaboration

With all the work going into the Mentor Cohorts, the SSIP State Team needed to take a step back and figure out how social-emotional EBP fit into the structure.

Firstly, the SSIP timeline needed to be adjusted to coordinate with the Mentor Cohort efforts and not overwhelm the program. To accommodate this, the social-emotional EBP training will occur sometime in 2018 following Cohort II sustainability. In the meantime, the first priority in 2016 is to provide training to staff and contractors regarding typical child development, family engagement, and the purpose of Early Childhood Outcomes (ECO).

The stakeholders believe that delivering ECO training and modifying the ECO process needs to be completed before any other activities take place. Once staff and contractors have the foundational knowledge and understanding of the ECO's and rating process, we can dig deeper with the social-emotional component. Moreover, by then the Mentors will be more established and better prepared to support teams in these concepts.

Secondly, the training developed for Cohort II overlaps with the SSIP professional development strategy. This training can be the foundation for the Demonstration Sites' professional development activities. In addition, the program continues to develop mentors to provide coaching and offer self-reflection for staff and contractors. These same mentors have the potential to become Master Mentors who have the necessary experience and qualifications to provide reflective supervision to staff and contractors.

Reflective supervision is an important component to support the implementation and fidelity of social-emotional EBP.

Thirdly, all information gathered from the Cohorts is helping to analyze the program's capacity and identify the structure required to support sustainability and scaling-up of EBP. Through this process, the Infant Toddler Program will identify how many mentors are needed statewide and how many are available to ensure the gaps are addressed.

After Cohort II, the Infant Toddler Program should have a final plan to sustain EBP using the Primary Service Provider (PSP) approach and mentor structure in 2017. Once the mentor structure is established, social-emotional EBP will be embedded into a structure that has been tested and approved.

Inclusion of Social-Emotional Evidence-Based Practices (EBP) into the Primary Service Provider Approach

Idaho has chosen to build on the Primary Service Provider (PSP) Approach, and embed social-emotional practices into the existing training developed for Mentor Cohort II. Existing practices within the PSP Approach, such as resource-based capacity-building practices and responsive caregiving practices, help support social-emotional development in infants and toddlers.

Evidence-based practices using the PSP approach build the capacity of families to understand their child's social-emotional functioning, and apply these interventions during their child's everyday learning opportunities. Therapists use observation, coaching, modeling, and joint planning with families to support participation with their child. As part of this capacity building, parents begin to understand and model positive parent interactions and responsiveness. This, in itself, will lead to immediate improvements in the social-emotional area.

The Mentor Cohort II training (described in 2a) will serve as the foundation for evidence-based practices training to staff and contractors. The SSIP professional development strategy will leverage this foundational training to embed social-emotional practices into the mentor/coach structure and fidelity measurement.

While Idaho is not quite at the point of selecting specific social-emotional evidence-based practices for implementation, several options are being explored. Several other states are focusing on a few of the broad Division for Early Childhood (DEC) Recommended Practices - Interactional Practices, as well as social-emotional practices developed by the National Center for Systemic Improvement (NCSI) through the NCSI Social-Emotional Collaborative. These practices include the following:

- **DEC Recommended Practices - Interactional (INT) Practices**
 - INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.

- INT2. Practitioners promote the child’s social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.
 - INT5. Practitioners promote the child’s problem-solving behavior by observing, interpreting, and scaffolding in response to the child’s growing level of autonomy and self-regulation.
- **NCSI Specific Practices that Operationalize the DEC Recommended Practices**
 - Provision of developmental guidance
 - Information about developmental expectations
 - Identification of emerging strengths
 - Assistance with caregiving strategies
 - Discussions of limit setting for non-adaptive behaviors
 - Modeling of coping and regulation
 - Interacting with caregiver and the young child—exhibiting patience, compassion, understanding
 - Re-framing/reinterpreting behaviors
 - Speaking for the baby
 - Provision of relational guidance
 - Encouraging understanding during spontaneous interactions
 - Helping caregiver to think about child’s experience of the world
 - Encouraging pleasurable interactions between caregiver and child
 - Modifying parenting behaviors
 - Skill-based practical work
 - Getting on the floor with caregivers and young children
 - Videotaping and reviewing with parents
 - Instruction sheets (knowledge-based) are not as effective as practice

The national technical assistance centers continue to work with states to refine these practices and design a crosswalk between the DEC practices and the specific social-emotional practices. Idaho is interested in adopting these practices.

In addition, Dathan Rush and M’Lisa Shelden have expressed interest in incorporating social-emotional practices into their training materials. Specifically, they could support the integration of the NCSI social-emotional practices, and feel they fit nicely within their natural learning environment practices (NLEP) regarding the characteristics of parent responsiveness. They also feel that since their focus is on teaching practitioners how to support parents and other care providers to promote children’s social-emotional development, their training aligns well with the DEC recommended interactional practices.

The Idaho Association for Infant and Early Childhood Mental Health (AIM Early) and IdahoSTARS have identified social-emotional evidence-based practices that Idaho will explore as well. AIM Early has a detailed curriculum that involves four levels of infant mental health endorsement. This endorsement

program originated in Michigan, and has been adopted by many other states. The Infant Toddler Program would like to incorporate the content from the AIM curriculum as much as possible.

IdahoSTARS is a joint project between the University of Idaho's Center on Disabilities and Human Development (CDHD) and the Idaho Association for the Education of Young Children (Idaho AEYC). IdahoSTARS provides training in child development, education, health and safety, and assessment of childcare facilities based on national quality standards. Their goal is to ensure that Idaho's children have access to the highest quality childcare and early education. They deliver a statewide Child Care Resource and Referral system that educates and supports parents and childcare providers and provides a consistent structure that supports and promotes quality, inclusive childcare and early education, and professional development.

IdahoSTARS has an extensive professional development system for early childhood providers. The curriculum includes research and information related to typical child development and social-emotional development that will support Infant Toddler Program's SSIP strategies. This collaboration will help ITP to access quality training at no cost to the program.

2(b) Identify steps and specific activities needed to implement the coherent improvement strategies including communication strategies; stakeholder involvement; how identified barriers will be addressed; who will implement activities and strategies; how the activities will be implemented with fidelity; the resources that will be used to implement them; and, timelines for completion.

As described above, the professional development strategy is contingent on the results from the Mentor Cohort II initiative. Idaho is looking at combining the SSIP professional development plan with the early intervention evidence-based practices sustainability initiative once the final mentor structure is established, which is estimated to occur in 2017. Refer to the table in 2a, and the "Idaho SSIP Action Plan" for a detailed list of steps and activities.

Once the structure is established, additional staff will receive training to become mentors based on the quota needed to mentor all teams statewide. In addition, a fidelity review process will be developed and most likely included in the mentoring role. Once these activities are completed, identified resources will be available to begin developing the social-emotional component of the mentor system. It is also important to allow sufficient time for the local programs to adjust to this structure before implementing training on new practices.

When it comes time to implement the social-emotional EBP component, the demonstration sites will act as the pilot. Local-level implementation plans for Regions 1, 2, and 3 will be in place to ensure close monitoring of activities and outcomes, and modifications will be made based on feedback prior to rolling out activities statewide. The State Team will assist implementation teams at each demonstration site with monitoring the activities. It is anticipated that statewide implementation of social-emotional EBP could take place in 2019 or 2020. Refer to the "Idaho SSIP Action Plan" and "Idaho SSIP Implementation Plan Timeline" for details regarding the steps and resources.

Stakeholder Involvement

The SSIP Stakeholder workgroup and Demonstration Sites will be responsible for the Professional Development strategy. The SSIP project manager will be responsible for coordinating and facilitating the workgroup. The professional development activities include:

- Selecting appropriate social-emotional assessment tools based on need, best fit, evidence, and resources
- Developing and delivering training to address social-emotional EBP, use of social-emotional assessment tools, and sharing results with families
- Building an infrastructure that includes ongoing mentoring and professional development opportunities in order to support the scaling-up and sustainability of social-emotional EBP

The stakeholders identified for the workgroup bring rich knowledge and experience to the table, and will be expected to research and share resources to assist with identifying tools and developing training and materials. Refer to the “Idaho SSIP Action Plan” for a roster of stakeholder workgroup members.

Barriers identified in Phase I included issues with sustainability, training structure, and overwhelming the program with multiple initiatives. Modifications were made throughout Phase II to address these barriers in the final plan. It is important for the workgroup to keep these concerns in mind when developing training.

Over the course of Phase II, the State Team and stakeholder workgroup worked to address barriers identified in Phase I. This included narrowing the focus of the Theory of Action to a feasible plan by reducing and consolidating strategies (refer to Component 1a for details). It also meant adjusting the timeline to work in conjunction with the Mentor Cohort and training to ensure the program was not overwhelmed. Additionally, the stakeholders felt that the Mentor Cohort would build the foundation to help support social-emotional development in infants and toddlers, and needed to occur before embedding specific social-emotional practices within the Primary Service Provider approach.

A major barrier described in Phase I was sustainability. Therefore, for Mentor Cohort II, Idaho decided to develop and deliver training internally rather than rely on EI experts Dathan and M’Lisa. The recent training involved experts around the state who worked with Central Office to develop and then deliver the training to the teams. It was a big moment for the program to realize that these experts could be leveraged within the program to assist in training. The quality of the training was very impressive, and the training was well received by the teams. The SSIP Workgroup will want to ensure they follow a similar training structure.

2(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the State Education Agency (SEA)) to support EIS providers in scaling up and sustaining the implementation of EBPs once they have been implemented with fidelity.

Idaho plans to complete several quality improvement activities in order to ensure scaling-up and sustainability of social-emotional EBP. The Monitoring and Accountability SSIP strategy, the mentor structure, Demonstration Sites, and hub leadership all have a part in ensuring sustainability. In addition, AIM Early Idaho and IdahoSTARS are other programs that will assist with quality tracking.

The Monitoring and Accountability strategy includes:

- Developing a standardized Quality Assurance (QA)/ Quality Improvement (QI) process to review compliance and program performance
- Developing or adopting inter-rater reliability tools and process for ECO rating
- Developing or adopting tools, standards, and process to measure fidelity of practices

Once implemented, these processes will be completed on at least a quarterly basis if not more frequently. For example, monthly mentoring may include fidelity measurement in order to ensure progress is being made in relation to the SIMR. In Phase I, Idaho identified that although QA and QI activities occur at the local level, there is no standardized mechanism for reporting QA/QI findings. The SSIP Phase II includes a feedback loop and quality improvement plan to report findings to hub leadership and central office.

It will be important to establish a team for ongoing monitoring of the SSIP activities. This may be the State Team, QA/QI Committee, or SSIP Workgroup. As the program gets further into implementation, the roles of these groups will be redefined.

The Mentor structure will have a big impact on ensuring fidelity of practices through consistent coaching and mentoring opportunities for staff and contractors. It will also inspire more coaching on social-emotional evidence-based practices to occur in team meetings. In addition, the use and review of self-reflection tools will provide data for the program to determine a team's fidelity to the model, and identify any training needs.

The Demonstration Sites are responsible for implementing and monitoring activities at the local level. Through this pilot, it will be critical to hear from these regions what is working or what changes need to be made in order to make adjustments as needed. The feedback from these sites will ensure new processes, tools, and practices support rather than interfere with moving towards fidelity.

The Hub leadership team is essential for implementation of new initiatives. They manage the hubs and request assistance as needed, and act as liaisons between the regional staff and central office. The hub leaders have a close relationship with central office, and have regular meeting opportunities in which to share information and provide feedback on how things are going.

To support sustainability of evidence-based practices, the program decided that hub leaders should fulfill the mentor role for Mentor Cohort II. The current hub leadership structure enables ITP to first set up the leadership team as core mentors, which will provide a base for statewide mentoring. The hub leaders are a natural fit for mentorship, and already have staffing and teaming systems in place where they can incorporate coaching and mentoring opportunities. Once hub leadership is mentoring consistently, the program will start to broaden the array of mentors through this structure.

Lastly, AIM Early Idaho and IdahoSTARS both offer professional development training curriculums and opportunities for Infant Toddler Program staff and contractors. Through this collaboration, AIM Early Idaho can track infant mental health endorsements, and IdahoSTARS can track completion of coursework.

Phase II Component #3: Evaluation

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in the State identified Measurable Result (SIMR) for infants and toddlers with disabilities and their families.

To assist with development of the evaluation plan, Idaho worked with its technical assistance centers to complete logic models for each of the SSIP strategies. Once the logic models were completed, the next step was to identify evaluation questions for the short-term, intermediate-term, and long-term outcomes that test the state’s theory of action.

Using the logic model process helped to select what was felt to be the most important outcomes to measure with the largest impact on the SIMR, and helped eliminate a bulk of the outcomes that were duplicative or irrelevant.

Idaho used the following guidelines to develop the logic models:

Definitions of Outcome Components for Logic Models

Outputs	Short-term outcomes	Intermediate outcomes	Long-term outcomes (SiMR)
<ul style="list-style-type: none"> ▪ Program accomplishments ▪ Direct results of the activities ▪ Description and number of products and events ▪ Customer contacts with products and events ▪ Fidelity of program activities 	<ul style="list-style-type: none"> ▪ What customers /clients learn as a result of outputs ▪ What awareness, attitudes, or skills customers/clients develop 	<ul style="list-style-type: none"> ▪ Fidelity of the planned intervention ▪ Changes in adult actions or behaviors based on knowledge or skills acquired ▪ Improved organizational functioning ▪ Improved system functioning 	<ul style="list-style-type: none"> ▪ The broadest program outcomes ▪ The results that fulfill the program’s goals ▪ The impact on children or families ▪ Program sustainability

The following three charts are Idaho’s Logic Models. The outcomes highlighted in yellow are the outcomes selected for the evaluation plan. Refer to Component 1a for a description of how the evaluation plan is based on the Theory of Action and Logic Models.

Modify Early Childhood Outcomes (ECO) Process Logic Model

Strategy: Modify the early childhood outcomes (ECO) process for ITP staff, contractors, and families

PRIORITIES	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		IMPACT
				Short Term	Intermediate Term	Long Term
<p>Results from demonstration site activities suggest the need to modify the ECO process in order to make it more meaningful and useful for the program and families</p>	<ul style="list-style-type: none"> • Demonstration Site Findings • National TA • Other States • IPUL • Self-Assessment • Part B • ECTA Modules • ENHANCE Survey • Idaho STARS PD online trainings • Connect Modules • E-Learning Guidelines • Caring for Idaho’s Infants and Toddlers • Early Childhood Learning and Knowledge Center (Head Start) 	<p>Develop and deliver training to address:</p> <ul style="list-style-type: none"> • typical child development • family engagement • purpose of ECOs • use of appropriate ECO assessment tools <p>Modify the IFSP to embed ECOs</p>	<p>ECO process and typical child development training delivered to staff and contractors</p> <p>ECO data reporting embedded into tri-annual hub leadership meetings</p> <p>IFSP includes ECO process for staff, contractors, and families to complete</p> <p>ECO IFSP training delivered to staff and contractors</p> <p>ECO family materials developed</p>	<p>Staff/contractors have increased understanding of (1) the ECO process and (2) typical child development</p> <p>Hub leadership has increased knowledge of how to access and interpret ECO data reports</p> <p>Staff/contractors have more confidence in the accuracy of the ECO data</p> <p>Staff/contractors have an increased understanding of how information from ECO process leads to IFSP outcomes</p> <p>Hub leaders, staff, and contractors have increased understanding of ECO ratings</p> <p>Staff/contractors have increased confidence to discuss ECO ratings and their meaning with families</p>	<p>ECO data is used by staff/contractors to improve services to address social-emotional concerns</p> <p>IFSPs include ECOs and strategies related to social-emotional development</p> <p>Families have an increased understanding and awareness of ECOs</p> <p>Families have increased involvement in (1) ECO process and measurement, and (2) IFSP development process</p> <p>IFSP’s include ECOs and strategies related to social-emotional development</p> <p>Families increase their support and encouragement of their child’s positive social-emotional development</p>	<p>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</p>

Monitoring and Accountability System Logic Model

Overarching Goal: Establish a statewide quality improvement and assurance system that reviews, monitors, and enhances early intervention evidence-based practices (EBP) and child outcomes summary (COS) ratings

PRIORITIES	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		IMPACT
				Short Term	Intermediate Term	
<p>Need a structure that identifies quality improvements and ensures fidelity of practices</p>	<ul style="list-style-type: none"> • QA/QI Committee • QA/QI Pilot Teams • National TA • Systems Framework • Self-Assessment • Master Coach Cohort (fidelity) • Data Analyst • Demonstration Sites • ECTA Provider Competency in ECO ratings • ITPKIDS • Crystal Reports • SE Competencies • SE EBP Fidelity Checklists 	<p>Develop a standardized quality assurance/quality improvement (QA/QI) process to review compliance and program performance</p> <p>Develop or adopt inter-rater reliability tools and process for ECO rating</p> <p>Develop or adopt tools, standards, and process to measure fidelity of practices</p>	<p>QA/QI Review procedures written QA Teams identified to implement QA/QI review</p> <p>Feedback loops established to report findings QA findings compiled and reported quarterly to families, staff, contractors, and leadership Quality improvement plans are developed by hub leaders to address issues</p> <p>Inter-rater reliability tools developed or adopted for ECO inter-rater reliability Inter-rater reliability process established Inter-rater reliability checks completed and reported regularly and consistently</p> <p>Social-emotional (SE) EBP fidelity tools, standards, and process are developed or adopted to measure fidelity of practice SE fidelity checks completed and reported regularly and consistently SE EBP embedded into the Primary Service Provider model</p> <p>Mentors complete fidelity checks to assist staff and contractors to support improving SE EBP</p>	<p>Staff/contractors have increased awareness of QA/QI practices, compliance, program performance, and outcomes</p> <p>Inter-rater reliability results are used to educate hub leaders, staff/contractors on rating accuracy</p> <p>Staff/contractors have improved understanding of SE EBP fidelity standards</p>	<p>State and local levels target and monitor areas needing improvement</p> <p>Quality improvement plans are used by central office, hub leaders, staff/contractors for program improvement</p> <p>Families have increased awareness of program performance, including child and family outcomes</p> <p>Staff/contractors increase the timeliness and accuracy of ECO ratings</p> <p>Staff/contractors demonstrate improved fidelity to ECO process</p> <p>Social-emotional evidence-based practices are practiced with increased fidelity to achieve IFSP SE outcomes</p>	<p>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</p>

Professional Development System for Evidence-Based Practices Logic Model

Overarching Goal: Develop a statewide structure that supports the implementation of a standardized, sustainable professional development (PD) system for evidence-based practices (EBP) for ITP staff and contractors

PRIORITIES	INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		IMPACT
				Short Term	Intermediate Term	
<p>Need a structure that supports sustainability and scaling-up of EBP</p> <p>Opportunity to leverage current Master Coach Cohort</p>	<ul style="list-style-type: none"> • Key Principles • AIM Early • Idaho STARS • Shelden and Rush Mentor Program • EI EBP • Technical Assistance Center on SE Intervention (TACSEI) • SE Assessment Measure (SEAM) • Infant Toddler SE Assessment (ITSEA) • SSIP Workgroup • Demonstration Site Findings • National TA • Other States • IPUL 	<p>Select appropriate social-emotional assessment tools based on need, best fit, evidence, & resources</p> <p>Develop and deliver training to address social-emotional (SE) EBP, use of SE assessment tools, and sharing results with families</p> <p>Build an infrastructure that includes ongoing mentoring and PD opportunities in order to support the sustainability and scaling-up of SE EBP</p>	<p>Social-emotional (SE) assessment tool(s) are identified</p> <p>Regions have appropriate SE assessment tools</p> <p>Identify competencies needed to deliver SE EBP</p> <p>Training delivered to staff and contractors regarding social-emotional EBP, assessment tools, and family involvement</p> <p>Master mentors are identified and trained to deliver reflective supervision</p> <p>Standardized SE EBP training and coaching readily accessible to new and existing staff/ contractors</p>	<p>Staff/contractors have increased knowledge of appropriate SE tools</p> <p>Staff and contractors consistently use appropriate assessment tools that effectively identify SE needs</p> <p>Staff and contractors have increased knowledge of typical social-emotional development</p> <p>Staff and contractors have increased knowledge of social-emotional EBP</p> <p>Master mentors have increased social-emotional expertise, and coach and provide reflective supervision to staff and contractors</p>	<p>Staff and contractors have improved identification of SE needs in infants and toddlers</p> <p>All infants and toddlers receive high-quality social-emotional evaluations</p> <p>Families have increased engagement in the social-emotional assessment process</p> <p>Increase in ECOs and strategies related to social-emotional development are included in IFSPs</p> <p>SE EBP are implemented with increased fidelity by staff and contractors to achieve IFSP outcomes</p> <p>Staff/contractors coach and mentor families more frequently, and families increase use of relationship-based strategies to support their child's SE development in everyday learning opportunities</p>	<p>Long Term</p> <p>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</p>

The evaluation plan captures measurement of the improvement plan activities and intended outcomes as outlined in the logic models. To narrow the evaluation activities, Idaho selected only the outcomes that felt significantly relevant to achieving measurable improvement in the SiMR for the evaluation plan. In addition, it was important to identify outcomes that are feasible to measure. The State Team explored which current activities could be used to assist with data collection, and identified new processes and tools that need to be developed.

The Infant Toddler Program uses the Department of Health and Welfare's Key Survey database. Key Survey is a software program that creates and distributes forms and surveys electronically, collects data, and compiles data findings into customizable reports. The Key Survey database is extremely user-friendly and easy to navigate. It also provides real-time results. Because of its capabilities, the Infant Toddler Program has been able to develop surveys and forms for multiple initiatives, including the SSIP.

For the SSIP evaluation plan, the Infant Toddler Program plans to utilize the Key Survey database for the following activities:

- The Child Outcome Summary – Competency Check (COS-CC) will be used to measure staff knowledge of the Early Childhood Outcomes (ECO) process and ECO inter-rater reliability. It can be converted into the Key survey database to allow easy analysis of results.
- The ENHANCE survey was converted into the Key Survey as an activity for the Demonstration Site visits. This survey may be distributed again after ECO training to use as a measurement.
- Pre- and post-training assessments will be created in Key Survey to measure outcomes.
- A file review was created in the Key Survey as an activity for the Demonstration Site visits. The information collected will be used as baseline data, and another file review will be completed following implementation of activities.
- A fidelity review process will be developed and converted into Key Survey once the fidelity standards for social-emotional evidence-based practice are developed.
- The Quality Assurance/Improvement Checklist currently being piloted by four regions will be converted to Key Survey once the final process is implemented statewide in July 2016.

In addition to the Key Survey database, the Infant Toddler Program uses a SharePoint Team Site to store and share information. Currently, the program is working on scaling-up use of the SharePoint site to maximize the capabilities it has to offer staff, contractors, hub leadership, and central office. Currently, the SSIP has its own page on the Team Site, and the plan is to create a page for the evaluation activities as the program moves into Phase III – Implementation.

The SSIP Evaluation Page will house all information related to implementation activities, including agendas, training materials, attendance reports, survey results, file review results, QA/QI Checklist results, and any other relevant information. In addition, it will be used as a tracking system for monitoring intended outcomes. The intent is to provide transparency during the evaluation process, and to afford the regions direct access to results.

It is also critical to ensure a feedback loop is established during the evaluation process. Quality Improvement Plans are one tool hub leadership will use to capture QA findings and report to Central

Office. The SharePoint Site is also an important tool that will be used for sharing information and receiving input from regions. Refer to the “Idaho SSIP Action Plan” for additional information regarding the evaluation plan and data collection measures.

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

As described in Component 1a, stakeholders were heavily involved in the development of the evaluation plan. Moving forward, stakeholders will be involved in examining the results of the overall implementation and outcomes evaluation, and in providing input on modifications to the improvement plan activities/steps and to the evaluation plan.

The State Team has a variety of ways to continue informing stakeholders of the evaluation process/results and providing opportunities for input:

- Local-level implementation plans will define a feedback loop process to ensure constant communication and sharing of results between the demonstration sites and central office.
- Hub leadership meetings occur monthly and tri-annually with Central Office, and include SSIP updates and opportunities for feedback. The agenda will include hub leaders reporting on SSIP results.
- The ITP SharePoint Site will include a QA/QI page that houses QA activities and findings. It also includes an established feedback loop for QA teams to report findings to hub leadership, and defines when to report systemic level findings to Central office through a Quality Improvement Plan (QIP). The QA/QI database will track progress made on the QIP’s as well.
- The SSIP SharePoint Site is a communication tool for staff and contractors to stay current on SSIP implementation activities, and a new page will be created to house all evaluation activities and results. These sites include a communication board that staff may utilize to provide feedback or ask questions.
- The SSIP Workgroup will continue to meet to implement the activities according to the timeline outlined in the “SSIP Action Plan.” This workgroup, as well as the demonstration sites, will remain active in receiving evaluation results and exploring alternatives as needed.
- Central Office develops a SSIP Newsletter on a quarterly basis that hub leaders share at quarterly team meetings. The intent is to provide a high-level overview of the SSIP activities so staff and contractors receive a quick update on progress made. The SSIP Newsletter is posted on the ITP webpage so it is available to the public as well.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

Idaho plans to use many sources of data collection and analysis to evaluate infrastructure, implementation and outcomes. The type of method used depends on the type of activity and the most efficient way to collect the information to measure progress. Refer to the “Idaho SSIP Action Plan” for details regarding measurement/data collection methods.

The Infant Toddler Program uses piloting as an implementation strategy in order to test a new process, obtain feedback, and make modifications in order to address any issues before rolling it out statewide. Currently, the Infant Toddler Program is piloting a few initiatives that link to the SSIP.

The Quality Assurance/Quality Improvement (QA/QI) Committee implemented a QA Team pilot in four regions in January 2016. The results will be reviewed in mid-March and feedback will be used to improve the process before implementing statewide in July 2016. The QA checklist developed through this pilot will be a source of data collection available for the SSIP evaluation process.

Mentor Cohort II implemented in January 2016. This is round two of a pilot program that is assisting Infant Toddler Program with sustaining fidelity of the Primary Service Provider model and evidence-based practices. This type of piloting is allowing Idaho to assess its readiness and capacity for infrastructure changes, and figure out what works and is sustainable for Idaho. Central office has used a variety of methods for Cohort I and II to collect feedback and assess readiness including staff/contractor pre- and post-surveys, extensive interviews with mentors and cohort teams, and workgroups to assist in developing training and resources.

Once Cohort II is completed, the Infant Toddler Program will have sufficient data to determine the final structure for sustaining evidence-based practices. This includes identifying the number of mentors needed, the amount of time needed for training, adjustments to teaming processes, etc. The SSIP professional development strategy and figuring out how to incorporate the social-emotional evidence-based practices into the final structure will be a major consideration.

Refer to Section 2 for a detailed description of the Mentor Cohort initiative, and embedding social-emotional evidence-based practices into the Primary Service Provider approach and Mentor structure.

SSIP Phase III – Data Analysis

For Phase III, Idaho will be developing a more detailed process for analyzing the evaluation data prior to implementing the evaluation plan. The Infant Toddler Program's web-based data system, ITPKIDS, has extensive reporting capabilities. Therefore, just as in Phase I, the data collected for evaluation can be disaggregated as necessary. Disaggregation includes by region, hub, provider type, child and family demographics and outcomes, and other relevant factors.

Many of the SSIP activities will be implemented in the demonstration sites to initially pilot the activity, so the data collected, analyzed, and monitored will only include Regions 1, 2, and 3. If the decision is made to implement an activity statewide, every region will complete data monitoring activities. However, only the data from the demonstration sites will be reported for the SSIP evaluation plan.

Implementation teams in each demonstration site region will be responsible for overseeing the activities, collecting feedback, reporting findings to central office, and using the data to monitor and adjust activities as needed. These teams will mostly be responsible for overseeing the "Evaluation of Improvement Strategy Implementation" component of the evaluation plan.

The demonstration sites will be responsible for tracking that staff and contractors are attending the trainings, completing surveys and assessments, following new processes, using new materials/tools, receiving coaching, demonstrating understanding, and providing feedback. These sites are also responsible for entering information into the established tracking systems to ensure data is current and available for review.

The State Team will be responsible for collecting data for the “Evaluation of Intended Outcomes” component of the evaluation plan. Sources for data collection include ITPKIDS database reports, file reviews, pre- and post-surveys and tests, inter-rater reliability checks, fidelity checks, quality assurance/quality improvement database, early childhood outcomes data, and family survey data.

The Infant Toddler Program has a data analyst on the State Team who will assist with collecting and analyzing the data. She will ensure the data collection methods are valid and reliable, and will be a valuable resource during the evaluation process. The implementation teams will be trained and responsible for data collection, and will work closely with the central office data analyst and State Team to develop reports and interpret findings. Central office will need to be involved in any discussions regarding proposed modifications to an activity or process, and must approve them prior to implementation.

The State Team and Data Analyst will use several venues to share data analysis and findings with the demonstration sites, as well as with the remaining regions as appropriate. These opportunities include posting information on the SharePoint Team Site and ITP Evaluation SharePoint Page, participating in monthly demonstration site meetings, maintaining SSIP as an agenda item for all hub leadership meetings, and utilizing the Infant Toddler Program website to share information geared towards families and the public. In addition, the State Team will continue to publish a quarterly or bi-annual SSIP Newsletter to share data findings in a meaningful and accessible manner.

3(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation, assess the State’s progress toward achieving intended improvements, and make modifications to the SSIP as necessary.

The evaluation plan is going to be a collaborative effort across the program to ensure data are being collected, reviewed, analyzed, and used to inform possible modifications. Evaluation activities will take place at all levels, and will occur either one-time, monthly, quarterly, or annually, depending on the measurement. The goal is for the program to monitor the data consistently, as appropriate, to ensure the program stays on track with improving outcomes.

The State Team will review the data on at least a quarterly basis, or more frequently, depending on the activity. This information will be shared with the hub leaders at the quarterly hub leadership meetings, or on monthly calls for more urgent topics. The State Team will hold monthly calls with the demonstration site teams to ensure constant communication and sharing of results. Evaluation results data (both the effectiveness of implementation and the impact of implementation) will be used to make necessary mid-course adjustments to the improvement plan activities at the state level and demonstration site level, as well as to the evaluation plan as appropriate.

3/21/16

Having the centralized and hub leadership structure makes it an easy process to modify activities and implement changes. If the demonstration sites, hub leadership, or SSIP Workgroup identify the need for modifications and central office approves these, the new information will be shared with hub leadership to inform the staff and contractors. If it is a more extensive change, the State Team may conduct on-site visits to address and train to the changes.

SPP/APR Indicator 11 Targets

The FFY 2014 target for Indicator 11 was 56.5 percent. Idaho's FFY 2014 data for Indicator 11 is 58.1 percent. Therefore, Idaho is on track with the progress identified for the SSIP. However, Idaho is less confident with the data after completing activities in Phase II. Central office learned that the regions do not have a clear understanding of the ECO rating process, and that this most likely affects the accuracy of the ECO data. Idaho will continue to track the ECO data closely, and revise the targets if needed once staff and contractors receive ECO training and the accuracy is improved.

Phase II Component #4: Technical Assistance and Support

4) Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include:

Infrastructure development; Support for EIS programs and providers implementation of EBPs; Evaluation; and stakeholder involvement in Phase II.

Idaho is very grateful for the technical assistance opportunities available to states. The technical assistance team assigned to Idaho is phenomenal. They are experienced, knowledgeable, helpful, and receptive to Idaho's needs. They respond to questions and review materials with thoroughness and with quick turnaround times. Idaho would not be able to put together a quality product without assistance from this team, because they have the expertise needed to optimally develop the SSIP components.

Probably the biggest challenge for Idaho in Phase II was narrowing the activities and creating a feasible timeline that dovetailed with other initiatives Infant Toddler Program is implementing. When it was time to develop the logic models, Idaho received intensive technical assistance to work through these challenges. It was also challenging to narrow the evaluation questions to a feasible plan.

In addition, it was beneficial to have a call with OSEP specific to SSIP Phase II. It was not as in-depth as the on-site visit in Phase I, but it provided reassurance and guidance that Idaho is on the right track. It is nice to see the collaboration that takes place between OSEP and the Technical Assistance Centers.

Moving forward into Phase III, Idaho would like to continue receiving regular technical assistance from the TA centers. The State Team plans to use research and materials from the Early Childhood Technical Assistance Center (ECTA) website and various other resources to develop training and materials for Idaho. The TA team has provided superior resources and ideas related to the ECO process and social-emotional evidence-based practices. The stakeholders have also shared extremely helpful information that will assist with developing competencies and training.

The area that will likely require the most assistance is developing and embedding social-emotional evidence-based practices into the Primary Service Provider (PSP) model Idaho has established. It will be beneficial to learn the approaches other states are taking and the practices they are implementing, especially if they have adopted the PSP model. Another area that will require assistance is developing fidelity standards and fidelity reviews within our mentor structure.

Additionally, Idaho will benefit from assistance on evaluating the effectiveness of the improvement activities, and short-term and intermediate-term outcomes.

ATTACHMENTS

1. Demonstration Site Findings Report – North Hub
2. Demonstration Site Findings Report – Region 3
3. Idaho SSIP Action Plan
4. Idaho SSIP Implementation Plan Timeline
5. Idaho Theory of Action