

Table F: State-wide Implementation of Improvement Strategy

Evaluation of State-wide Improvement Strategy Implementation		
Using the best, essential and required practices, Part C provider(s) will implement Ages and Stages Questionnaire-Social Emotional 2nd Edition and use social emotional assessment information to promote and improve social-emotional competence for infants and toddlers with disabilities and their families.		
Activities/Outputs	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Identify resources available and obtain needed screening and/or assessment tool for each Part C provider.	Resources selected and available for program staff, Quality Improvement Specialist, and Part C Coordinator.	July 1, 2017
Part C provider(s) identify training timeline for ASQ: SE2 and any other multi-domain assessment.	Timelines submitted to Part C Coordinator and Quality Improvement Specialist.	August 2017
Implement ASQ: SE2 training and any identified multi-domain assessment training (including sharing information, assessing skills and knowledge, providing opportunities for active participation).	Training agenda and materials and trainer report after the training. Pre and post-tests completed by participants.	August 2017 – October 2017
Process/protocol for how and when screeners and assessments developed by demonstration site provided to all Part C provider(s) for dissemination to staff.	Protocol disseminated to program staff, Quality Improvement Specialist, and Part C Coordinator.	August 2017
Offer peer to peer support , for reflection and sharing knowledge using methods such as face to face meetings, phone calls, use of technology, etc.	Peer to peer support system developed and is documented for review by Quality Improvement Specialist and Part C Coordinator.	October 2017 – June 2019
Observe in person, through scheduled observations, and feedback to ensure fidelity in implementing screener, assessments, and processes.	Fidelity checklists completed by Part C provider(s). Fidelity checklists monitored by Quality Improvement Specialist annually.	October 2017 – June 2019

Type of Outcome	Outcome Description	Evaluation Questions	How will we know the intended outcome was	Measurement/Data collection methods	Timeline (projected initiation and completion dates)
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			achieved? (performance indicator)		
Short-term Outcomes	FSS's have access to and participate in high quality training.	Have FSS's participated in trainings related to assessing and addressing children's social-emotional development?	80% of FSS's access and participate in high quality training.	Program's FSS training records.	July 1, 2017 – June 30, 2019
	FSS's acquire knowledge, skills, confidence in facilitating learning regarding children's social-emotional development.	Are FSS's demonstrating knowledge, skills, and competency in best practices in working with children and their families on social-emotional outcomes?	80% of FSS's demonstrate knowledge, skills, and competency.	Program's monitoring documentation: Supervisory Reports Family Reports Outcomes documentation Home visit documentation Fidelity checklists Staff survey	July 1, 2017 – June 30, 2019
	Procedures and protocols for practices to improve children's social-emotional development are institutionalized.	Are FSS's following procedures and using identified protocols to improve social-emotional development for children? Are FSS's consistently implementing interventions and services to meet social-emotional	80% of FSS's follow procedures and protocols for social-emotional development assessments and practices. 80% of FSS's implement interventions and services to meet social-emotional	Self-assessment complete weekly until fidelity is achieved and then monthly. Program's monitoring documentation includes: Coaching logs; Supervisory reports; Fidelity checks.	July 1, 2017 – June 30, 2019

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		outcomes?	outcomes.		
Intermediate Outcomes	FSS's demonstrate competency in: Screenings Assessments Communication with families (assessments, why social-emotional development is important, resources available, how to promote social-emotional development during the course of a child and family's daily routines)	Are FSS's implementing strategies for strengthening families' skills and confidence to help their child improve social-emotional outcomes?	80% of FSS's implement strategies to strengthen families' social-emotional skills while working with their child.	IFSP reviews. Home visit documentation. Family surveys.	July 1, 2017 – June 30, 2019
		Are FSS's monitoring progress on social-emotional outcomes and modifying action steps and/or specified outcomes based on data?	80% of FSS's monitor progress on social-emotional outcomes and include modifications or altered outcomes.	IFSP reviews. Home visit documentation. Supervisory observations. Family surveys.	
		Are FSS's making referrals to specialists as appropriate?	80% of IFSPs reviewed note appropriate referrals to specialists.	IFSP reviews. Home visit documentation. Family Surveys.	
	Assessments of children's social-emotional development are meaningful, useful, and valid.	Are FSS's effectively using assessments in identifying and prioritizing to develop social-emotional outcomes for IFSPs?	80% of FSS's use assessments to identify and prioritize social-emotional outcomes for IFSPs.	IFSP reviews. Supervisory observations. Staff survey.	July 1, 2017 – June 30, 2019
	Increased number of IFSPs with social-emotional outcomes.	Is there an increase in the number of social-emotional outcomes listed in IFSPs?	20% increase in FFY 2016 and each year thereafter.	Random sample of program's IFSPs using the EI Module: Evidence of connection between	July 1, 2017 – June 30, 2019

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				assessment and outcomes/plans; Evidence of increased number of IFSPs with social-emotional outcomes.	
Long-term Outcomes	Families have improved capacity to advocate for and address children’s social-emotional needs.	Are families better able to advocate for and address their child’s social-emotional needs?	75% of families report they are better able to advocate for their children and address their social-emotional needs.	Family survey. Family interviews.	July 1, 2017 – June 30, 2019
	Families have knowledge, skills and confidence to implement social-emotional strategies within their daily routines and understand why social-emotional development is important.	Have families gained skills and knowledge, therefore, strengthening their ability to help their children reach their social-emotional potential?	75% of families report they are able to help their children reach their social-emotional potential.	Family survey and randomized interviews with family members.	June 2019
	Families feel empowered to address child’s needs.	Are families more engaged in early intervention services for their child?	75% of families report high levels of engagement in early intervention services for their child.	Family survey and randomized interviews with family members.	June 2019
	Children enrolled in Part C will demonstrate increased growth in social-emotional development so that	Have more infants and toddlers exiting early intervention services demonstrated an increase in the rate of	78% of infants and toddlers exiting early intervention services demonstrate increased growth in social-emotional	Data reported for APR Indicator C3, which is collected at entry and exit using COSP.	June 2019

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	they are better equipped to participate in the next steps toward social and academic success following their exit from Part C.	growth in positive social-emotional development?	development.		
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