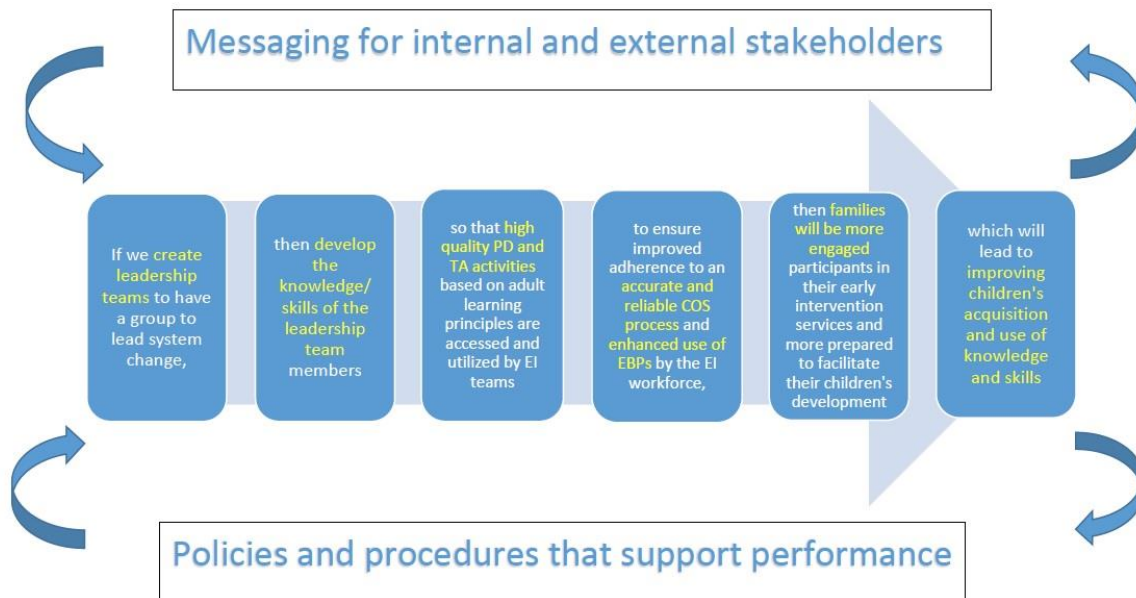


Connecting the dots

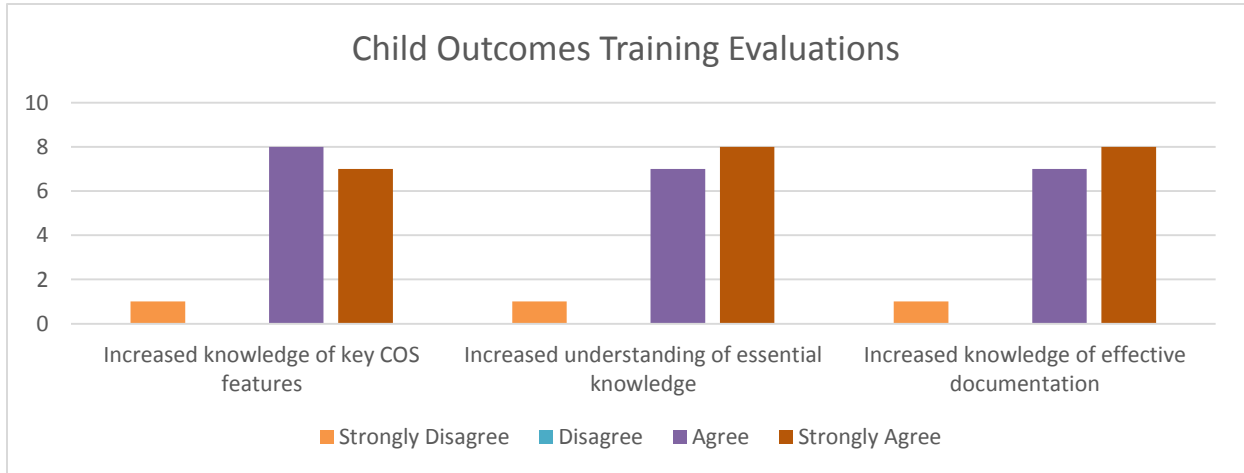
Our Theory of Change set the path for our work – more than a year ago, we visualized this path, put it in writing and began to work towards improving our EI infrastructure and system.



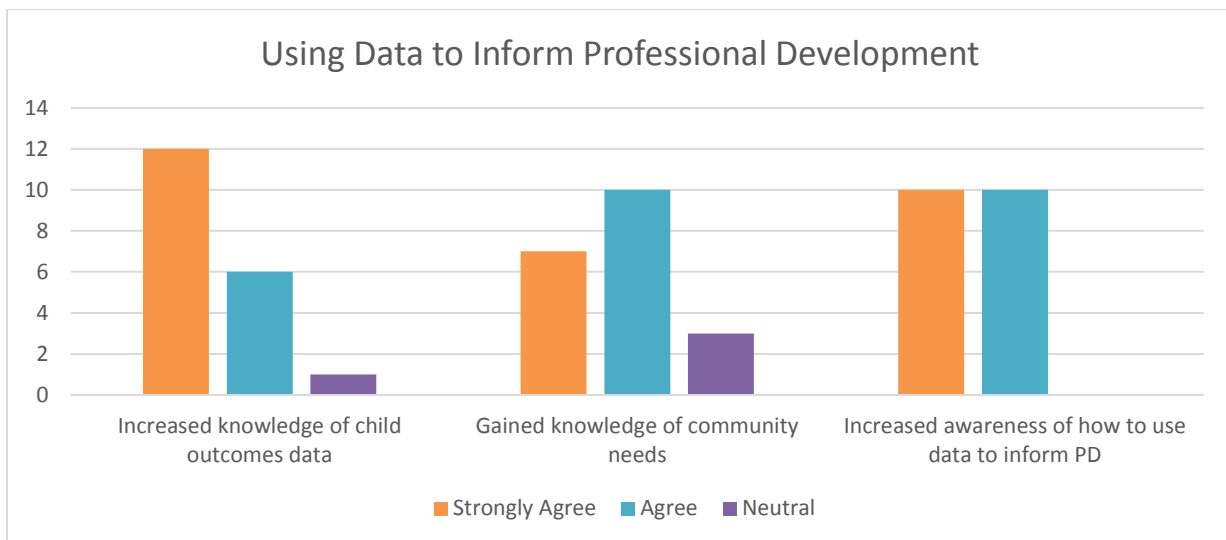
Today, we have 3 very active and engaged Leadership Teams (LT) pushing forward, creating and solidifying their infrastructures, recognizing their strengths and skills and continuously building their capacity as a team. The Child Outcomes Summary process has been the focus of the LTs’ attention and they are now expanding their knowledge and skills to their local providers and staff. Teams are using adult learning principles to support their peers using reflective practices and consultation. Some of the teams have created email accounts to encourage providers’ engagement, discussion, and support, as well as to clarify concepts and to problem solve situations that may not ‘fit the mold’. Our statewide Leadership Team Workgroup continues to think about how to ensure stakeholders stay informed

through the development of a communication plan and our Messaging Workgroup has revised our system brochure for families and is currently working on the brochure for referral sources.

Below, is a summary of the data we have been collecting from the capacity building in the 3 pilot areas: Williamson County, Aurora and East St. Louis. The chart shows the number of people from each Leadership Team that agreed or strongly agreed that they had increased their knowledge of key features and essential information necessary for completion of the Child Outcomes Summary process and of effective documentation after participating in professional development offerings.



As noted below, Leadership Teams continue to build their capacity in regard to more than child outcomes. An initial survey of the Leadership Team members identified more support was needed for them to be able to use data to inform professional development. By the end of June, all three Leadership Teams will have had a presentation to help them better understand their available child outcomes data and how they might use needs assessment and evaluation feedback to inform future professional development efforts. The initial results from this presentation are promising. The chart below reflects the responses from the two initial offerings.



In addition to this quantitative data, qualitative data is also promising. For instance, participants from the various professional development offerings have shared the following insight:

“Provider outreach meeting was very successful and the reflection piece was amazing!”

“The area with trained providers in COS is seeing the change!”

“Great discussions are taking place about how to best support providers through mentoring and coaching.”

Leadership Teams continue their capacity building by learning to use data to make decisions and gaining more information about adult learning principles. All of these efforts will help teams as we shift our thinking to our second coherent improvement strategy that revolves around family engagement.

These 3 pilot teams are helping to define the best course of action for the EI system in the state of Illinois. They are helping us identify effective strategies and resources and informing decisions about next steps. Each activity includes evaluation data to be analyzed. These analyses guide corrections to the plan and inform which practices get scaled up as we bring on additional CFCs from the various areas of the state.

Updated Timeline (through end of May 2017)

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
<b>A.1. Develop a process for creating high quality Early Intervention Training Program (EITP) trainings that emphasize evidence-based practices, typical and atypical child development, Child Outcome Process and adult-learning principles.</b>												
A.1.1. Review existing rubrics to review training curriculum.	X											
A.1.2. Adopt or develop a rubric that can be used to review content and use of adult learning practices.	→	→	→	→	X							
A.1.3. Develop system to use review rubric effectively and on a regular basis.		→	→	→	→	→	→	X				
A.1.4. Select panel members to use rubric.		→	→	X								
A.1.5. Train reviewers on rubric selected to ensure fidelity of implementation.			→	X								
A.1.6. Prioritize training curriculum and apply rubric.		→	→	→	→	→	→	X				
<b>A.2. Develop resource guides to support training curricula</b>												
A.2.1. Prioritize the training curriculum in need of supporting resource guides			→	→	→	→	→	→	→			
A.2.2. Develop or modify topical resource guides ensuring they reinforce strategies for implementation of evidence based practices (EBP).			→	→	→	→	→	→	→			
A.2.3. Advertise widely the availability of resource guides that are linked to specific pieces of curriculum				▶			→	→	→	→	→	
A.2.4. Include resource guides as handouts at appropriate EITP trainings				▶			▶			→		
A.2.5. Share resource guides with families and caregivers using EIC website and newsletters.				▶			▶			→		
A.2.6. Use resource guides as a support tool through Monitoring and TA activities with CFC and providers.				▶			▶			▶		
A.2.7. Use resource guides when meeting with Innovation Zone partners and ensure their availability through all local partners' websites.						▶						
<b>A.3. Help 12 CFC Managers create leadership teams that will provide ongoing technical assistance</b>												
A.3.1. Survey CFC managers at 3 pilot zones about their use of Social Emotional (SE) consultant, Local Interagency Council (LIC) and TA roles to support local staff and providers.	▶											
A.3.2. Assist 3 pilot CFC managers to identify existing positions and personnel who work for the CFC for the local leadership teams.	→	→	→	X								
A.3.3. Develop support mechanisms to insure parent participation in leadership team activities (e.g., PTIS, EIC, ICDD)	→	→	→	→	→	→	→	X				
A.3.4. Identify pilot CFCs' local TA providers that are utilized for support (in and out of EI).	▶											
A.3.5. Designate EI Partners to support the leadership teams.	→	→	X									
<b>A.4. Train and support leadership teams on their utilization of coaching/ mentoring/ professional development strategies (including how to assess effectiveness of offerings and how to utilize available data to inform future professional development opportunities)</b>												
A.4.1. Create guidelines for leadership team membership and responsibilities.	→	→	→	X								

→ Ongoing Efforts   X Completed Activity   ▶ Deferred Activity

A.4.2. Identify the EITP personnel who have the skills to coach and mentor local leadership teams.			→	X															
A.4.3. Ensure monitoring staff participate in leadership team trainings.	▶				→	→	X												
A.4.4. Develop a training calendar and make available additional resources.	▶					→	→	→	→	→	→								
<b>A.5. Train local early intervention providers on typical infant/toddler development so that they can implement the Child Outcomes process accurately</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
A.5.1. Develop a viable training calendar (face to face and online) and make available additional resources				▶															
<b>A.6. Leadership teams offer opportunities for early intervention providers to obtain training, reflective supervision, practice groups, and coaching to effectively implement the Child Outcomes Process and evidence-based intervention practices</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
A.6.1. Establish ongoing early interventionists meetings to reflect and to practice how to implement the Child Outcomes Process				▶			→	▶											
A.6.2. Establish ongoing early interventionists meetings to reflect on their utilization of evidence-based intervention practices.				▶															
A.6.3. Support peer to peer review processes to observe, critique, support and coach.				▶						→	→								
A.6.4. Jointly develop a calendar of events with EITP and local CFC offices that reflect needs related to child outcomes, and family centered practices.				▶			→	→	→	→	→								
A.6.5. Advertise a local calendar of training events (EI and additional community partners).				▶			▶												
<b>A.7. Develop/ modify materials related to Child Outcomes and intervention materials that reflect recommendations and that are tailored to specific audiences (e.g. families/ caregivers, providers, CFC staff)</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
A.7.1. Develop a guidance document that can be used to evaluate existing materials about Child Outcomes and intervention.			→	→	▶		→	→	→	→	→								
A.7.2. Identify a messaging rubric for existing and new materials.			→	→	→	→	→	→	→	→	→								
A.7.3. Develop/revise all Child Outcomes materials and tailor messages for providers, stakeholders and families in multiple languages and literacy levels.				→	→	→	→	→	→	→	→								
A.7.4. Propose and develop a timeline that determines what Child Outcomes and intervention materials should be provided to families at different points in the system, e.g. intake, transition, etc.				→	→	→	X												
<b>A.8. Create policy and procedures about Child Outcomes and evidence-based intervention practices.</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
A.8.1. Revise existing policies and procedures to clarify expectations and intent of the Child Outcome Process.	→	→	→	→	X														
A.8.2. Develop policies and corresponding procedures for the use of evidence-based intervention practices.	▶																		
A.8.3. Provide training on the policies and procedures to CFC managers, staff and early interventionists.				▶															
A.8.4. Update all manuals and guidelines and distribute widely.				▶		X(PH)													

<b>A.9. Create and implement policy/procedure to define requirements for "up to 20 hours" of EITP training</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
A.9.1. Meet to review possible options to meet the legislative intent of the Rule.			→	→	→	→	X												
A.9.2. Determine the number of hours to be required and topics to be included: Child Outcomes Process, child development, intervention practices, etc.				→	→	→	X												
A.9.3. Create a menu of training options that includes at least 3 sets of options for providers.			→	→	→	→	X												
A.9.4. Develop and implement a phase-in plan with specific timelines.				▶															
<b>A.10. Revise payee/provider agreement and supporting documents to include language about new training requirements</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
A.10.1. Clarify payee/provider agreement and include reference to new credential renewal training requirement.				▶															
A.10.2. Widely advertise new language in payee/provider agreement.				▶															
A.10.3. Update all provider supporting documents to include new credential renewal training requirement.				▶															
<b>B.1. Train local early intervention teams on evidence-based intervention (family capacity-building, family engagement, family decision-making, &amp; family centered practices) practices for infants and toddlers with delays or disabilities and their families</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
B.1.1. EITP, Monitoring, and local level leadership teams meet to identify topics for the focus of training, reflective groups, coaching opportunities in each of the IZs.				▶															
B.1.2. EITP/Local level leadership teams create a viable calendar of events.				▶															
B.1.3. EITP/Local level leadership teams make intentional links or connections between EITP training opportunities and local level opportunities.				▶															
B.1.4. CFCs explore opportunities to include other community partners' training and technical assistance events that support EBP into own calendar.				▶															
<b>B.2. Develop/modify materials related to evidence-based intervention practices (family capacity-building, family engagement, family decision-making, &amp; family centered practices) utilizing recommendations for tailoring information to specific audiences (e.g. families/ caregivers, providers, CFC staff)</b>	Quarter 1			Quarter 2			Quarter 3			Quarter 4									
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June							
B.2.1. EI Clearinghouse and EI Partners will propose an organizational structure for existing resources and identify additional resources if needed				▶															
B.2.2. Develop a guidance document that can be used to evaluate existing materials about intervention practices						▶													
B.2.3. Form a workgroup to review/develop consistent messages that reflect EBPs for all statewide materials.						▶													
B.2.4. Develop/revise all intervention and public awareness materials and tailor messages for providers, stakeholders and families in multiple languages and formats.						→	→	→	→	→	→	→							

B.2. Develop/modify materials related to evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) utilizing recommendations for tailoring information to specific audiences (e.g. families/ caregivers, providers, CFC staff)- continued	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
B.2.5. Determine what materials should be provided to families and caregivers at different points in the system to help them understand how intervention should <u>work</u> .							▶					
B.2.6. Establish a process for coordinating ongoing communication to share consistent messages (newsletters, websites, social media outlets, information Bulletins and any system updates).											→	
B.2.7. Identify groups to target for messaging, e.g. providers, CFCs, childcare centers, physicians, professional organizations, state agencies and universities.											▶	
B.2.8. Identify an access point for each system stakeholders' information, e.g. Illinois Chapter of the American Academy of Pediatrics (ICAAP) for Physicians and Illinois Network of Child Care Resource and Referral Agencies (INCRRA) for childcare.												

**New stakeholders**

*Leading by Convening*, © 2014 IDEA Partnership, a blueprint for authentic stakeholder engagement, is guiding our work related to stakeholder involvement in the SSIP process. We know that there are 4 levels of stakeholder engagement: informing, networking, collaborating, and transforming. We know that our stakeholders fit in all 4 levels. Every stakeholder has a unique role and they are all critically important, in whatever level they fit, but as we continue our work, we hope to have more stakeholders moving to the collaborating and transforming levels. Why? Because while the informers share and disseminate and the networkers exchange information, the collaborators engage and the transformers commit to approaching issues through engagement and consensus building producing real and sustainable change.

Moving forward to the additional planned strategies and activities will require additional skills and strengths, so in thinking about the needs and the engagement levels, additional members have been recruited and we now also have: additional parent liaisons, social-emotional consultants, an Illinois Head Start Association representative, a Part B representative, a stakeholder from a program serving people with disabilities across the lifespan, and service coordinator trainers.

We are profoundly grateful to our stakeholders, the ones that have been with us from the beginning and the ones that are just joining us, as we move into year 2 of the implementation phase as a team committed to improving our early Intervention system.

***And before we go...*** We wanted to let you know that in addition to the successes we are seeing in Illinois, we have also been invited to share this work on the national stage. Illinois will be featured in **3** presentations at the Office of Special Education Program’s Leadership Conference. One will feature our professional development efforts, one will focus on our infrastructure development and the last will focus on our evaluation activities. Your efforts are being recognized even beyond our Illinois borders!

