

# Illinois' Part C State Systemic Improvement Plan (SSIP) Report to OSEP

## Phase 3 - Year 1

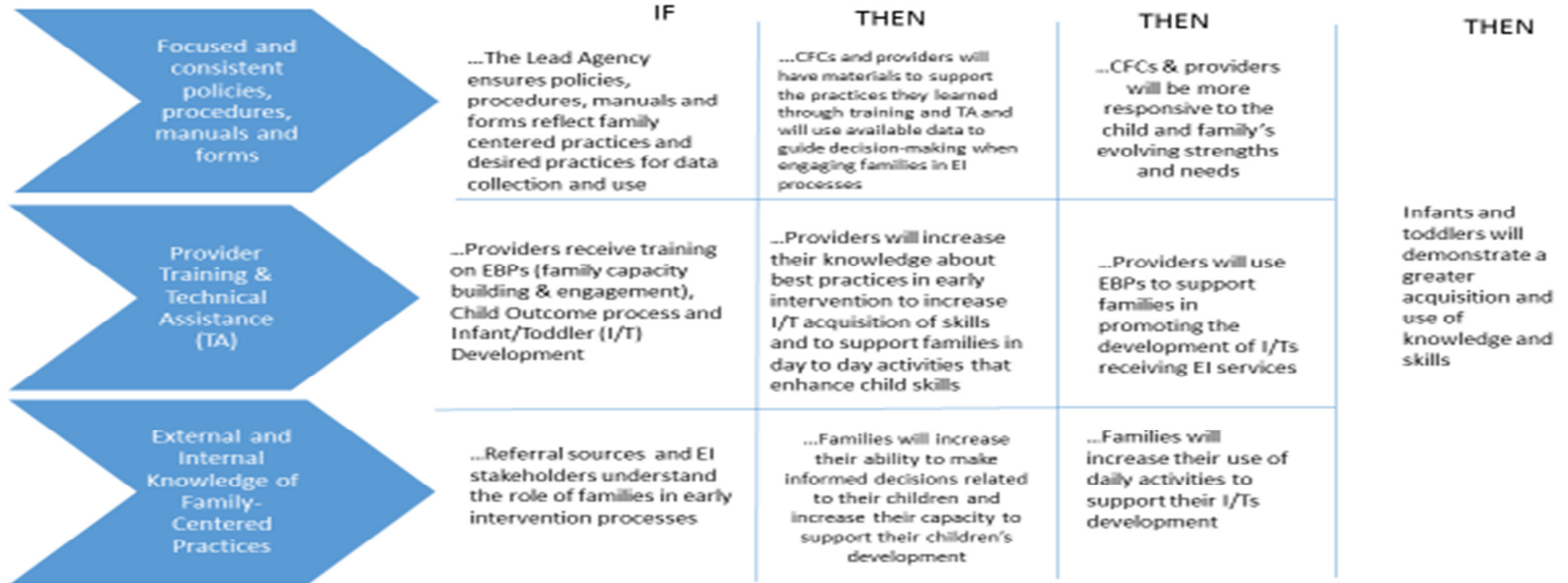
Illinois began the planned work with our pilot sites shortly after submitting our Phase 2 Plan in April 2016. As stated in the Phase 2 Plan, these sites (Williamson County, Aurora, and East St. Louis) were selected to leverage resources and continue the work started during the Race to the Top Early Learning Challenge Grant. Based on the SSIP Stakeholder's group input during Phase 2, a subgroup of the larger SSIP stakeholder group was formed to handle further refinement of the evaluation plan and to begin implementation. This subgroup is called evaluation team and it mirrors the representation found in the larger SSIP Stakeholder's group. The evaluation team's work has been driven by our Theory of Action (page 6 of Phase 2 Plan) and the activities listed in the Phase 2 plan (Plan). The evaluation team has also created a Theory of Change (see page 3 below) based on the existing Theory of Action that has been very useful in dividing the work into meaningful pieces. In order to address the many aspects of the implementation, the evaluation team created three workgroups: Leadership Team (LT), Professional Development/Technical Assistance (PD/TA), and Performance Support (PS). The LT group focuses on aspects of the Plan related to Leadership Team development and support. The PD/TA group focuses on aspects of the Plan related to professional development. The PS group focuses on aspects of the Plan related to policy/procedure and implementation of practices. The primary focus for the first implementation year has been establishing the leadership teams (LT) in our three pilot areas and building their capacity, creating a written policy/procedure for our child outcomes summary (COS) process, planning for the training and support needs of the field for implementing this process, and crafting a rubric for evaluating our professional development offerings to ensure that they are of high quality. Additionally, a Messaging workgroup, with members from the three pilot areas, was created to develop a messaging rubric that can be used to ensure that system materials have consistent messages about Early Intervention (EI), COS, and Evidence Based Practices (EBP). We have also focused on additional refinement of our evaluation plan and have begun collecting some initial data on the current knowledge and skills of the leadership team members, the support currently available for COS implementation, and the utility of the professional development intended to support a high-quality COS process. Our initial implementation efforts have focused on producing outputs and increasing knowledge about the child outcomes summary process. This information will be used to guide our work in the coming year and will help us make realistic adjustments to the Plan's timeline.

### SUMMARY OF PHASE 3

#### The Theory of Action

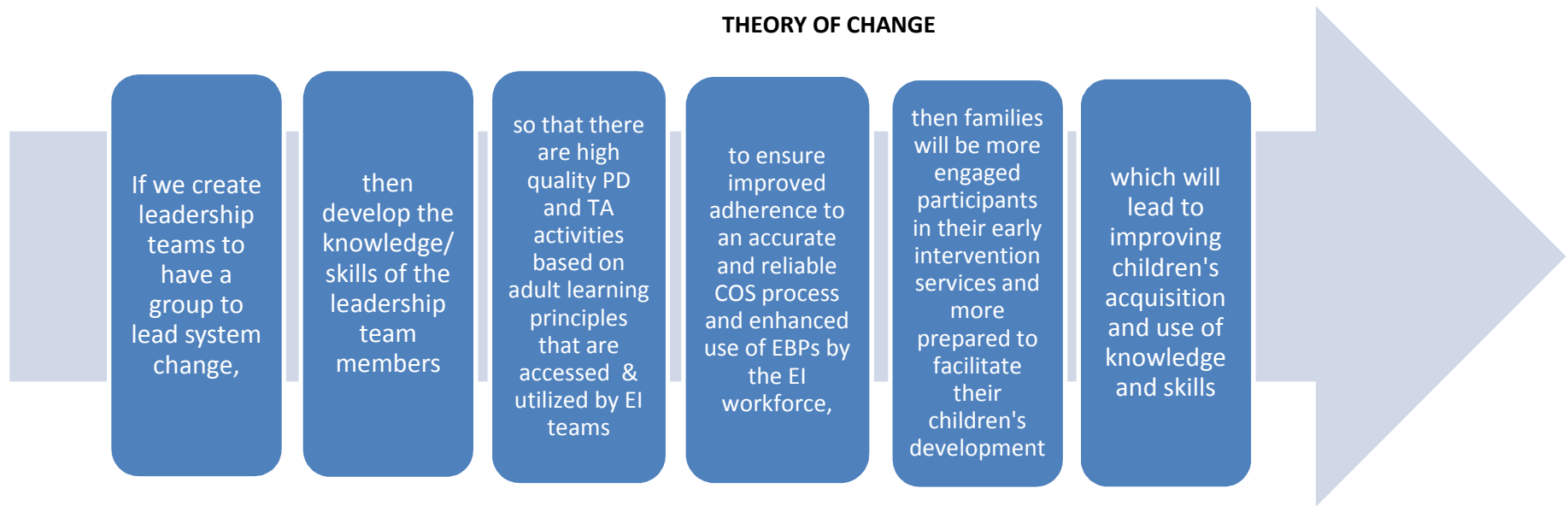
The Theory of Action (ToA) and our Coherent Improvement Strategies are the driving forces of our implementation. We have not made any changes to our Theory of Action during Phase 3, so it is listed below for reference.

Illinois Theory of Action for Part C Early Intervention (EI)



Our first meeting with the evaluation team drove us to also create a Theory of Change. The team felt that we needed a graphic that more explicitly showed how the pieces of the plan and the Theory of Action related to each other and how each activity was intended to support the vision of improving child outcomes. This graphic has been shared with leadership teams as well as other stakeholder groups as we began implementation. The Theory of Change was created to break down the work listed in the Plan in a way that mirrors the expected changes illustrated in our Theory of Action and is provided here for reference.

## THEORY OF CHANGE



The Theory of Change also helped the team develop a plan for the order of implementation. It became clear that we needed to focus on the improvement activities that related to creating the leadership teams and building their capacity to support implementation of a high-quality COS process and evidence-based practices. Given the large number of activities listed in our improvement plan, we determined that it would be impossible to address the Coherent Improvement Strategy about training EI providers on evidence-based, family capacity-building practices during this first year. This adjustment to the implementation timeline was shared with stakeholders via the SSIP Quarterly Summary (which is largely distributed).

### The Coherent Improvement Strategies

Our Coherent Improvement Strategies are:

- *Implement effective training for leadership teams and EI providers that focuses on infant/toddler development and the Child Outcomes Summary Process, and make related changes to state policy and guidance documents, so that early intervention teams implement the Child Outcomes Summary Process as desired.*
- *Implement effective training for EI providers that focuses on evidence based, family capacity-building practices, and make related changes to the local support structure by creating leadership teams, providing technical assistance and revising state policy and guidance documents, so that early intervention teams utilize practices that encourage the active participation of families in the intervention process by embedding intervention strategies into family/caregiver routines.*

## Overview of this year's evaluation activities, measures, and outcomes

Illinois was already participating in the Early Childhood Technical Assistance Center (ECTA)/ The Center for IDEA Early Childhood Data Systems (DaSY) Intensive Child Outcomes cohort which gave us additional support around the COS process. Stakeholders also felt strongly that improving the COS process was an important first step so that we could better use our data to accurately assess the impact of the second strategy's activities on our state-identified measurable result (SiMR). Therefore, the evaluation team decided to focus our initial efforts on addressing the first improvement strategy. The bulk of our initial activities have been geared toward improving the child outcomes process. Many of the products developed and decisions made, however, will be applicable to our second strategy when we begin to address it. As stated in our Phase 2 plan, our SiMR is: **To increase the percentage of infants and toddlers with disabilities who demonstrate greater than expected progress (i.e., Summary Statement 1) in the acquisition and use of knowledge and skills in our pilot areas (i.e., Aurora, East St. Louis, and Williamson) by .9 percentage points by 2018.** (see SiMR targets and actual performance based on fiscal year on page 25).

To begin addressing our SiMR, we knew that we needed to focus on local infrastructure development in the three pilot areas. An essential piece of this infrastructure development was the creation of leadership teams in each of the pilot areas. In addition to the creation of dedicated and supportive local leadership teams, we recognized that the strategies selected would also require changes to the state training and monitoring partners' roles in these areas with a greater emphasis on their technical assistance and support responsibilities. The leadership teams and state partners, e.g. Early Intervention Monitoring (Monitoring) and Early Intervention Training Program (Training) will play a critical role in the successful implementation of the child outcomes process and evidence based practices related to family capacity building. By enhancing the infrastructure through these two changes, we can address two of the concerns identified during Phase I- the lack of support available for local early intervention teams' implementation of evidence-based practices (EBPs) and statewide inconsistencies in available technical assistance from the Bureau of Early Intervention (Bureau).

Our first set of activities helped us establish the local leadership teams. These leadership teams are convened by the program managers at our Child and Family Connections (CFC) offices. These three CFCs are included in the 25 statewide offices that are designated as our system points of entry. We created a guidance document (see Appendix 1) to help the CFC managers in the pilot areas think about who it would be important to include on the team and to define team members' roles and responsibilities. In addition, members of the Leadership Team Workgroup created a document that listed the Benchmarks of Quality (see Appendix 2) that would indicate whether or not the leadership team was fulfilling its responsibilities and keeping the larger SSIP priorities moving forward. Prior to committing, potential leadership team members had the opportunity to participate in a webinar on October 14, 2016 to further their understanding of the leadership team concept and how it is planned to support system improvement. The webinar was developed by members of the Leadership Team Workgroup. It included information about leadership team members' responsibilities, the Benchmarks of Quality to guide their work, and what we have learned from implementation science about the importance of local implementation teams to drive system change. Participants had opportunities to ask questions throughout the webinar, to submit questions when they received the post-webinar survey, and to follow up with the CFC Managers after the event as well. Then, those who committed to becoming leadership team members received a survey on October 21, 2016 to identify their current, individual knowledge and skills. The leadership teams capitalize on existing local resources (Social/Emotional Consultant, Parent Liaison, Developmental Pediatrician Consultants, Service Coordinators, CFC Managers and Providers) and existing state resources (both Monitoring and Training programs have allocated dedicated staff to directly support each of the leadership teams). Leadership team members have committed to attending monthly meetings, participating in capacity-building professional development (PD) activities, as well as providing PD activities for local providers and staff. These leadership teams will provide technical assistance and ongoing support to local early

intervention teams as they implement the COS process and evidence-based practices through recommended practices for adult learners including reflective supervision, coaching and mentoring.

While the Leadership Team workgroup (a portion of the evaluation team) worked on the materials for the leadership teams, another portion of the team, the Performance Support Workgroup, worked on creating a written procedure for the COS process. It was quite clear that despite the availability of statewide training, the lack of a defined, written procedure for implementation was impacting how teams across the states were obtaining the ratings. The group that undertook the development of the procedure was comprised of a portion of the evaluation team. In addition, this group felt that it was critical to recruit a current EI provider and service coordinator from each of the three pilot areas to contribute to the development of the procedure. Their intimate knowledge of how the process worked in their areas and their investment in improving the process added significant value to the final procedure developed. The national technical assistance (TA) providers for our intensive child outcomes effort also frequently participated and contributed resources to this effort in order to help us ensure that the procedure being crafted reflected the components of a high-quality COS process. This procedure is now completed (see Appendix 3) and ready to be piloted. In addition, an appendix to the procedure with documents to support implementation is being finalized. Plans for ensuring consistent use of the desired process are underway through the work of the Performance Support Workgroup. In addition, pieces of the newly created procedure were embedded in the statewide Provider Handbook update that was released in December 2016. The group also felt that it was important to support families' understanding of child outcomes since they are an integral part of our outlined process and have a unique perspective on their children's development. We have now developed brief documents to be shared with families at both intake and Individualized Family Service Plan (IFSP) development to support their understanding (see Appendix 4) and anticipate that this will encourage more active contributions to COS discussions.

Given the SSIP's focus on implementation of evidence-based practices, another portion of the evaluation team, the Professional Development/Technical Assistance Workgroup, worked on a rubric (see Appendix 5) for developing and evaluating high quality professional development opportunities. The indicators in the rubric are based on a research synthesis by Dunst and Trivette (2009)<sup>1</sup> that identified the professional development components most likely to improve practitioners' knowledge and skills and use of desired practices. In addition, a guidance document explaining how the rubric can be used was created (see Appendix 5). Both the rubric and guidance documents were used by the members of the workgroup who developed them to review existing curricula related to home visits and the child outcomes summary process. Refinements were made to the documents based on these reviews. After modifications were made, the documents were utilized by EITP, the state Early Intervention Training Program staff (also members of the workgroup) to review additional curricula that may be utilized for addressing our second improvement strategy. Additional modifications were made to the documents based on these reviewers' experiences. In addition, changes to curricula have been made to enhance their quality. This process will continue each quarter with various EITP staff reviewing identified curricula to both refine the utility of the documents and to enhance the quality of the professional development being provided across the state.

---

<sup>1</sup> Dunst, C.J. and Trivette, C.M. (2009). Let's be PALS. *Infants and Young Children*, 22(3), 164-176.

## PROGRESS IN IMPLEMENTING THE STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

### Description of Illinois' SSIP implementation progress during State Fiscal Year 2017

To begin the implementation phase, our technical assistance supports suggested developing a timeline for tracking the various pieces of our Plan. They also shared a sample from another state. We appreciated this suggestion and have been tracking our activities with the timeline, updating it each month, and sharing it with stakeholders on a quarterly basis. We have included this timeline as it illustrates nicely the status of our activities. The color coding (see legend below) is most useful for those guiding the work as the colors represent which workgroup from the evaluation team is responsible for the work.

#### Legend for Timeline:

- Item in progress
- ▶ Item postponed
- x Item completed

Coloring in boxes indicates the period in which activities are either intended to be, or are being, addressed

- Blue items are those being addressed by the PD/TA group
- Pink items are those being addressed by the LT group
- Green items are those being addressed by the PS group
- Yellow items are those being addressed by the Messaging group

	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<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 IZ CFC Managers create leadership teams that will provide ongoing technical assistance</b>	<b>Quarter 1</b>				<b>Quarter 2</b>				<b>Quarter 3</b>		<b>Quarter 4</b>	
	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</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>	<b>Quarter 1</b>				<b>Quarter 2</b>				<b>Quarter 3</b>		<b>Quarter 4</b>	
	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>
A.4.1. Create guidelines for leadership team membership and responsibilities.	→	→	→	x								
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>	<b>Quarter 1</b>				<b>Quarter 2</b>				<b>Quarter 3</b>		<b>Quarter 4</b>	
	<b>July</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>
A.5.1. Develop a viable training calendar (face to face and online) and make available additional resources				▶								

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	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).				▶			▶					
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)	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					
A.8. Create policy and procedures about Child Outcomes and evidence-based intervention practices.	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)						
A.9. Create and implement policy/procedure to define requirements for “up to 20 hours” of EITP training.	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.2.5. Determine what materials should be provided to families and caregivers at different points in the system to help them understand how intervention should work.							▶						
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.														

Even though the second improvement strategy addressing implementation of the evidence-based, family capacity-building practices was delayed due to the large number of activities in the Plan and Stakeholders' assessment of available resources, a stakeholders' survey completed in June 2016 determined the practices that would be the center of professional development opportunities. The survey asked stakeholders to identify 5 practices from the 2014 DEC Recommended Practices (specifically from the environment, family, instruction, and teaming and collaboration topics) that each stakeholder felt were the most important to include in our family engagement professional development efforts. The following were selected as the five most important practices and will be addressed during year 2 of Phase 3:

- F2. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.*
- INS4. Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.*
- TC2. Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.*
- INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.*
- E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.*

It is also important to highlight that while the second strategy was postponed, the work being conducted around Child Outcomes is done with family capacity-building and engagement in mind. As mentioned earlier, two of the first products created by the Performance Support Workgroup for COS implementation were for families. Also, some of the selected identified practices have been incorporated in the COS process that was crafted, e.g. F2 and TC2.

Leadership teams officially began their work with kickoff events on November 7<sup>th</sup> and 8<sup>th</sup>, 2016. During those events, the results of the initial survey about team members' current knowledge and skills were shared and targets for professional development were established. Team members received the resources that had been developed by the various evaluation team workgroups along with sample Early Intervention Training Program (EITP) resources. They also had the opportunity to further discuss and complete the Benchmarks of Quality document relative to their team.

The first capacity-building opportunity for the leadership team members was conducted on December 8, 2016. Representatives from the leadership teams as well as state supports from the Bureau of Early Intervention, Training, and Monitoring were in attendance. TA providers, Grace Kelly and Sherry

Franklin, from the Early Childhood Technical Assistance Center (ECTA) conducted a train the trainer event on Child Outcomes. Since some of the leadership team members were unable to attend this first PD event, the three leadership teams have decided, and started, to replicate the event during their local team meetings.

Specific details about the timeline of the implementation of the activities from the Plan can be found in the SSIP Timeline (starts above on page 6). This timeline is updated each month and shared with stakeholders on a quarterly basis. A simplified list and status of the Steps to Implement Activities for COS Improvement Strategy are included below:

- Training rubrics reviewed and new rubric with guidance document - **COMPLETED**
- System developed to use rubric - **COMPLETED**
- Professional development panel members selected (EITP staff, students, and faculty supports); reviewers trained prior to utilizing the rubric; prioritized curriculum deemed most relevant to SSIP implementation activities – **COMPLETED**
- Development of COS resource guide – Tip Sheet for parents - **IN PROGRESS**
- Resource guide distributed and advertised widely including monitors- **DELAYED**
- LTs in place with state supports (EI partners identified – EITP and Monitoring) - **COMPLETED**
- LT guidelines created: Guidance document, Benchmarks of Quality and Action Plan - **COMPLETED**
- Training calendar for LT members - **IN PROGRESS**
- General training about LT functioning and action planning - **COMPLETED**
- COS train the trainer event for LT members - **COMPLETED**
- Viable LT training calendar for local EI teams - **DELAYED**
- Guidance document to evaluate COS existing materials - **COMPLETED**
- Messaging rubric (with list of critical messages) - **COMPLETED**
- COS informational materials for parents for intake and IFSP - **COMPLETED**
- COS materials for stakeholders and providers - **COMPLETED** (revised/developed for CFC procedure manual and for Provider Handbook)
- Creation and implementation of policy/procedure to define the “up to 20 hours” of EITP training - **DELAYED**
- Revision of payee/provider agreement - **DELAYED**
- Revision of existing monitoring tools and development of observation tools/checklists for CO - **IN PROGRESS**

## **Stakeholder involvement in SSIP Implementation**

As in prior phases of the SSIP, stakeholders have been involved in all SSIP activities. Three additional members were added to the Phase 3 stakeholder group to ensure that providers (from various disciplines) were well represented as implementation began. As mentioned previously, the evaluation team is made up of a subset of the larger SSIP stakeholder group. The larger stakeholders group determined that they could not be involved in all aspects of implementation and evaluation, as a matter of practicality and efficiency. They did, however, request quarterly updates about Plan progress and an annual meeting to learn about progress, review data, and determine the need for modifications to the Plan. Written quarterly updates were provided to the larger group in June, September and January. Stakeholders were invited to a face to face meeting on February 16, 2017.

The quarterly updates have also been shared with other system stakeholders. These updates have kept State Interagency Coordinating Council (Illinois Interagency Council on Early Intervention or IICEI) members up to date on SSIP activities. CFC Managers have also received these updates. Each of these groups has been asked to share the information widely. In addition, the quarterly updates are posted on all partners' websites, to make them widely available to all stakeholders and to the general public, and specific articles about SSIP progress have been included in Partners' websites (e.g., EITP, Clearinghouse for parents, Provider Connections).

System stakeholders have had a voice and been involved in decision-making via their participation in the subgroups of the evaluation teams and through their participation on leadership teams. In addition, feedback on the Plan and additional questions have been solicited through each quarterly update. Presentations have also been made to the CFC Managers on each of their monthly calls and to IICEI members at each of their quarterly meetings. Questions about activities and products are addressed as they arise.

## **DATA ON IMPLEMENTATION AND OUTCOMES**

### **How Illinois monitored and measured outputs to assess the effectiveness of the implementation plan**

The evaluation team has met on a number of occasions (April 29, May 26, July 1, August 1, September 22, October 24, and November 30, 2016 and February 16, 2017) to plan, complete, and monitor the activities included in the Plan. In addition to the work of the evaluation team, we have also solicited more intensive assistance from the IDEA Data Center (IDC) to further refine our evaluation plan. Some initial planning activities have been conducted focused initially on the COS Improvement Strategy, that will result in more highly targeted evaluation questions, more rigorous measurement, and data that will be more useful for informing decision-making at pivotal points in the implementation process. A draft of the process being used to refine the evaluation plan is included as Appendix 6. This does not replace the original evaluation plan but reflects the process being used to refine the current evaluation efforts.

Part of the development of the evaluation plan, included defining the three general types of activities that would have evaluation components planned during the implementation phase. The first general type of activity is *leadership team planning*. Evaluation of these events is minimal as these events are used to keep the process moving forward. For these events, we track who attended, what decisions were made, next steps, and the people responsible for completing the specific activities. The next general type of activity is *leadership team capacity building*. These activities have specific outcomes intended, e.g. "Increase participants' competence with the COS process" and the evaluations determine the extent to which those outcomes are achieved. Many of these activities target short term outcomes related to increasing leadership team members' knowledge and skills. The final set of

activities is *leadership team provided professional development opportunities*. These activities are conducted by the leadership teams for local EI teams and have specific outcomes that are to be addressed. Evaluations of these events include determining whether or not the intended outcomes were achieved by event participants.

The updated evaluation plan (with implementation and intended outcomes) shows a new column for Status and Notes which we added to show how we monitored and measured outputs to assess the effectiveness of our Plan. Most of the activities were completed (with some delayed).

**Updates to Evaluation of Improvement Strategy Implementation**

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
Representatives from leadership teams will have participated in the anticipated training sessions (adult learning principles, reflective supervision, coaching, and mentoring strategies, child outcomes process, and typical and atypical infant/toddler development)	Role/discipline of participants as reported on the Participant Attendance List	1 <sup>st</sup> Quarter SFY 2017	<p>Delayed</p> <p>The COS statewide training for LTs occurred in December 2016 and was replicated locally in February/March 2017.</p> <p>All other training sessions for LTs (adult learning principles, typical and atypical development) were moved to 4<sup>th</sup> quarter SFY 2017/1<sup>st</sup> quarter SFY 2018.</p> <p>We have also separated out the activities to delineate which professional development offerings will target leadership teams and which will be offered to early intervention teams.</p>	<p>4<sup>th</sup> quarter SFY17/1<sup>st</sup> quarter SFY 2018</p>
All key topics were covered in the training.	Training agenda and materials, and trainer report after the training that specifically address the coverage of each of the key topics as listed in the training objectives.	1 <sup>st</sup> Quarter SFY 2017	Successfully completed in 2 <sup>nd</sup> quarter SFY 2017 for COS capacity building training event – Evaluation data from this train-the-trainer event showed that between 90% and 100% of the attendees agreed or strongly agreed that the event achieved the expected outcomes.	

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
The training was consistent with best practices in adult learning.	Participants' evaluations of engagement and observation guided by the training rubric.	1 <sup>st</sup> Quarter SFY 2017	The train-the-trainer COS event was presented by Grace Kelly and Sherry Franklin from the Early Childhood Technical Assistance Center (ECTA) on 12/8/16. Evaluation included questions about relevance and usefulness for trainees.	
The training for early intervention teams was consistent with the desired Child Outcomes Summary (COS) process and included information on typical and atypical infant/toddler development.	Review of trainer checklists and/or video observations of teams	1 <sup>st</sup> Quarter SFY 2017	Trainings for EI teams were moved to SFY 2018 so LTs can complete their own capacity building.	SFY 2018 (preferably no later than 2 <sup>nd</sup> quarter)
Resource guides were developed to reinforce curricula and strategies for implementation of EBPs.	Resource guides that specifically address each of the key topics from the training curriculum	2 <sup>nd</sup> Quarter SFY 2017	Completed in 3 <sup>rd</sup> quarter SFY 2017 for COS materials.	
Newly produced resource guides were distributed to training attendees, families, caregivers, and monitoring staff.	Marketing plan (with completion date, who received it, and at what event/situation)	2 <sup>nd</sup> Quarter SFY 2017	Completed in 3 <sup>rd</sup> and 4 <sup>th</sup> quarters SFY 2017.	
Leadership teams were created utilizing existing CFC personnel, contractors, and EI partners.	List of members of leadership teams	1 <sup>st</sup> Quarter SFY 2017	Completed in between 1 <sup>st</sup> and 2 <sup>nd</sup> quarter SFY 2017.	
Local early intervention providers attended ongoing meetings to reflect, support, and practice how to implement the COS Process and EBPs.	Calendar of, and attendance records from, the leadership team offerings  Documentation of support activities (e.g. observation, coaching, reflective supervision)	2 <sup>nd</sup> Quarter SFY 2017 and ongoing	Delayed (see Illinois' Part C SSIP Report to OSEP, pg. 11 and 27) – Moved to 1 <sup>st</sup> quarter SFY 2018.	1 <sup>st</sup> quarter SFY 2018

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
	Survey local teams about effectiveness of support activities offered by the leadership team			
A calendar of training events was created to address the local needs related to child outcomes and family centered practices.	Calendar of available training events	2 <sup>nd</sup> Quarter SFY 2017	Delayed (see Illinois' Part C SSIP Report to OSEP, pg. 11 and 27) – Moved to 1 <sup>st</sup> quarter SFY 2018.	1 <sup>st</sup> quarter SFY 2018
Materials about child outcomes and intervention were developed/modified following the review guidance and rubric.	Review Guidance document to ensure all important messages are included: Messaging Rubric Written materials	2 <sup>nd</sup> Quarter SFY 2017	The review guidance/rubric for messaging materials was completed in 3 <sup>rd</sup> quarter SFY 2017 (and used to review the newly developed COS written materials for families.)	
A document with specific timelines to provide COS materials to families and caregivers was developed.	Document with specific timelines	2 <sup>nd</sup> Quarter SFY 2017	Two COS documents for families and caregivers were created in English and in Spanish to be shared at intake and at IFSP times as outlined in the COS procedure.	
New policies and procedures about Child Outcomes and evidence-based intervention practices were developed.	Revised CFC Procedure Manual, Provider Handbook and Family Guide	2 <sup>nd</sup> Quarter SFY 2017	Completed. The new procedure has been included in the Provider Handbook and will be added to the CFC Proc. Manual and possibly adapted to be included in the Family Guide during June 2017 scheduled updates.	
CFC managers and staff, and early interventionists attended training about new policies and procedures.	Documentation of training webinars offered and posted online	2 <sup>nd</sup> Quarter SFY 2017	Implementation is proceeding without statewide webinars. Individual leadership teams are planning for, and driving, rollout.	
A menu of 3 training options for early interventionists and a phase-in plan with timelines was developed and distributed widely.	Menu of training options  Phase-in compliance plan	2 <sup>nd</sup> Quarter SFY 2017	Tentative menu has been developed, but implementation has been delayed (see Illinois' Part C SSIP Report to OSEP, pg. 28) – Tentatively moved to 4 <sup>th</sup> quarter SFY 2018 (to be implemented on July 1, 2018)	4 <sup>th</sup> quarter SFY 2018

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
A revised payee/provider agreement with new training requirement was created and signed by all early interventionists.	Revised payee/provider agreement  Signed agreements on file with the Bureau	3 <sup>rd</sup> and 4 <sup>th</sup> Quarter SFY 2017	Delayed (see Illinois' Part C SSIP Report to OSEP, pg. 19) – Tentatively moved to 4 <sup>th</sup> quarter SFY 2018 (to be implemented on July 1, 2018)	4 <sup>th</sup> quarter SFY 2018
Supporting documents and websites are updated with information about new training requirement.	Updated EI partners and IDHS websites Updated Provider Handbook	3 <sup>rd</sup> Quarter SFY 2017	Delayed (see Illinois' Part C SSIP Report to OSEP, pg. 19) – Tentatively moved to 4 <sup>th</sup> quarter SFY 18 (to be implemented on July 1, 2018).	4 <sup>th</sup> quarter SFY 2018

**Updates to Evaluation of Intended Outcomes**

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
<b>Short term</b>	Leadership teams will have the skills and knowledge to support local early intervention providers in implementing the desired Child Outcomes process using training, reflective supervision,	Did the individuals on the leadership teams acquire the skills and knowledge necessary to effectively use reflective supervision, coaching, and mentoring to support local early intervention teams in their implementation	At least 75% of attendees report increase in the skills and knowledge acquired	Pre and post surveys of leadership team members (pre survey to include questions about knowledge of topics to be covered in trainings)  <b>Pre survey</b> will focus on what leadership team members currently know related to	July 2016-October 2016	A COS train-the-trainer event for LT members was completed on December 8, 2016. Evaluation data from the event showed that between 90% and 100% of the attendees agreed or strongly agreed that the event achieved the expected outcomes.  Training on use of adult learning principles (reflective supervision, coaching, and mentoring) will be completed by 4 <sup>th</sup> quarter of SFY	4 <sup>th</sup> quarter of SFY 2017/1 <sup>st</sup> quarter SFY



Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
	coaching and mentoring strategies	of the Child Outcomes process?		child outcomes and how they provide support for the child outcomes process and <b>post survey</b> will focus on what they now know about child outcomes		2017/1 <sup>st</sup> quarter SFY 2018.	2018
<b>Short term</b>	Early intervention providers have acquired knowledge about typical and atypical infant/toddler development	Do individuals have knowledge of typical and atypical infant/toddler development?	At least 75% of attendees report an increase in the knowledge acquired	Pre and post surveys of early intervention teams  <b>Pre survey</b> will focus on aspects of infant/toddler development that will be targeted during training; <b>post survey</b> will need to see if these concepts were mastered as a result of training	September 2016- March 2017	A training event for LT members will be offered in 4 <sup>th</sup> quarter SFY17.  LT are currently planning local training events for early intervention providers to begin in SFY18.	4 <sup>th</sup> quarter SFY17  1 <sup>st</sup> quarter SFY18

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
<b>Short term</b>	Early intervention providers have acquired the skills and knowledge necessary to understand how the Child Outcomes process is to be implemented	Do individuals have the skills and knowledge necessary to understand how the Child Outcomes process is to be implemented?	At least 75% of attendees report increase in the skills and knowledge acquired	Pre and post survey of early intervention team members (use <i>Instructions for Completing the COS</i> and <i>the Summary of Relevant Results</i> to enhance training and develop survey items; DaSy pop quizzes may also have valuable survey content.)	September 2016-June 2017	Delayed – LTs’ COS training events for local EI providers will begin in SFY18 as they are completing own capacity building.	1 <sup>st</sup> and 2 <sup>nd</sup> quarters SFY18
<b>Intermediate</b>	Leadership teams will utilize reflective supervision, coaching, and mentoring strategies to support local early intervention team in implementing the Child Outcomes Process	Are leadership teams using the strategies they learned in training to support their local EI teams?	At least 50% of the surveyed leadership team members report that they are utilizing these strategies on the first post survey and 75% report that they are utilizing these strategies at year 2 survey	Post survey should focus on how they have been using reflective supervision, coaching, and mentoring to support local teams in implementation of child outcomes process.	October 2016-March 2018	Delayed to start in SFY18.  LTs’ support events will include who attended events and what support was offered.  Survey of coaching recipients, will reflect satisfaction with the support provided	SFY 2018

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
Intermediate	Early intervention teams provide Child Outcomes ratings that accurately represent the child's developmental status using the recommended process	Are providers implementing the desired Child Outcomes rating process to produce accurate ratings?	75 % of Child Outcomes Checklists demonstrate that the child outcome process is being completed as desired	<b>Child Outcomes Summary Collaboration Toolkit Checklists</b> (use Toolkit as a fidelity checklist for determining if process was implemented with fidelity by early intervention teams in the IZs. Procedural fidelity will be assessed using a random sample (e.g. one observation in person/ video per team).	September 2016-September 2017	Delayed to start in SFY 2018.	SFY 2018

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)	Status and Notes	Updated Timeline
Long term	The percentage of children in summary statement 1 will increase by 0.9% over time in the IZs	To what extent has the percentage of infants and toddlers with disabilities who demonstrate greater than expected progress (i.e. SS1) in the acquisition and use of knowledge and skills in our pilot areas changed?	Children experience greater than expected growth in their acquisition and use of knowledge and skills	<u>Indicator 3.b collected in Cornerstone</u> will show a .9 percentage point increase by FFY 2018	FFY 2018		

Although we have not yet implemented the activities intended to improve our SiMR, some highlights from the data we have started collecting related to activity evaluation are included below:

### ***Leadership Team Knowledge and Skills Survey***

A survey to assess current level of knowledge and skills of Leadership Team members was conducted using Survey Monkey prior to attendance at the “kickoff” event. Respondents included 9 team members from CFC #4, 9 from CFC #21, and 3 from CFC #22. High levels of confidence were reported for items related to full participation in teaming, knowledge of evidence-based practices, and knowledge of child development. Lower levels of confidence were reported for items related to incorporating adult learning principles into professional development, using data to understand professional development needs, and having the skills to support the implementation of the child outcomes process. The evaluation team used the findings to determine what supports and information the leadership teams to build their capacity for supporting the larger provider pool. Those items determined to be greatest needs will be targeted in the near future. In addition to using the findings from this survey to address the perceived needs of LT members, these initial findings will also serve as a baseline measure for comparison after a year of training/support. The summary table below provides results for each item in the survey.

Item	1-Strongly Disagree	2-Somewhat Disagree	3- No Opinion	4-Somewhat Agree	5-Strongly Agree	Mean
<i>I am knowledgeable about how the Illinois Early Intervention Child Outcomes process is to be implemented.</i>	1	0	0	11	9	4.3
<i>I have the skills to support early intervention teams in implementing the Child Outcomes process with fidelity.</i>	0	1	0	15	5	4.1
<i>I am knowledgeable about current evidence-based early intervention practices.</i>	0	0	0	10	11	4.5
<i>I have the skills to support early intervention teams in implementing evidence-based early intervention practices.</i>	0	0	0	12	9	4.4
<i>I have the skills to support early intervention teams' knowledge of typical and atypical child development.</i>	0	1	0	8	12	4.5
<i>I am knowledgeable about how reflective supervision, coaching, and mentoring strategies can support early intervention teams' implementation of the Child Outcomes process.</i>	0	2	1	5	13	4.4
<i>I have the skills to use reflective supervision, coaching, and mentoring strategies to support early intervention teams' implementation of the Child Outcomes process.</i>	0	2	0	11	8	4.2
<i>I am prepared to fully participate as an equal member of my leadership team.</i>	0	0	0	1	20	5.0
<i>I know how to use data to understand local early intervention teams' professional development needs.</i>	0	2	2	13	4	3.9
<i>I know how to incorporate adult learning principles into professional development offerings to support local early intervention teams.</i>	0	4	0	12	4	3.6

### ***Child Outcomes Supports Survey***

A survey to assess current Leadership Team practices around support for the child outcomes summary process was conducted on October 21, 2016 using Survey Monkey prior to Leadership Teams formalizing a plan for support activities to the larger provider community. Respondents included 9 team members from CFC #4, 11 from CFC #21, and 8 from CFC #22. Higher frequency of occurrence were reported for items related to sharing COS information during IFSP meetings and mentoring other team members so that they can meaningfully contribute to the COS discussion. Lower frequencies were reported for items related to using reflective supervision to improve COS discussions and providing resources on child outcomes to team members. The evaluation team reviewed the findings to determine what supports currently exist for the COS process in the three pilot areas. In

addition to using the findings as a baseline measure for the support currently available, this information will also be used to help support leadership teams expand their skills so that they feel comfortable offering all the listed types of support. The summary table below provides results for each item in the survey.

Item	1-Never	2- Rarely	3- Sometimes	4- Frequently	5-Always	Not Applicable based on Role	Mean
<i>I share information that helps the team determine the child outcomes summary (COS) rating during IFSP meetings</i>	0	1	3	6	12	4	4.3
<i>I provide professional development on child outcome</i>	3	1	3	7	3	9	3.2
<i>I mentor other professionals and family members so that they can meaningfully contribute to the COS discussions</i>	1	1	9	7	4	4	3.5
<i>I have coached IFSP team members to improve COS discussions</i>	3	4	8	10	1	0	3.1
<i>I have provided resources on Child Outcomes to early intervention team members</i>	4	4	9	6	1	2	2.8
<i>I have used reflective supervision to help team members think about how to improve the Child Outcomes process</i>	6	4	8	6	0	2	2.6

**Leadership Team Kickoff Survey** (example of capacity-building event for Leadership Team)

A survey of leadership team members and event participants was conducted using Cvent to see if the “kickoff” events achieved their intended outcomes. Respondents included 10 team members from CFC #4, 9 from CFC #21, and 8 from CFC #22. Higher agreement was reported for items related to having team members with desired skills and understanding the necessity of leadership teams for improving child outcomes and the use of evidence-based practices. Lower agreement was reported for items related to working on an action plan and understanding what training, materials, and support would be available to the teams. The evaluation team used the findings to determine what items needed more follow up in future leadership team meetings. The summary table below provides results for each item in the survey.

Item	1-Strongly Disagree	2- Disagree	3- Neutral	4- Agree	5-Strongly Agree	Mean
<i>My team has identified 5 to 8 members with the majority of skills needed (see SSIP Leadership Teams document), has individuals committed to decision making, and has identified Monitoring and EITP support staff.</i>	1	1	0	10	15	4.4
<i>I am familiar with the State Systemic Improvement Plan phases, the theory of action, and the state identified measurable result.</i>	0	1	2	13	11	4.3
<i>I understand why Leadership Teams are necessary to improve the child outcomes summary process and support the use of evidence-based practices.</i>	0	0	1	10	16	4.9
<i>My Leadership Team has begun working on an action plan that will guide the work of the Leadership Team and has begun discussing short and long-term objectives related to these benchmarks.</i>	1	5	2	11	8	3.7
<i>I understand what training, materials, and support will be available to Leadership Team members as we work to improve outcomes for children, providers, programs, and communities.</i>	0	2	2	12	11	4.2

**Child Outcomes Professional Development Participant Survey**

A survey of event participants was conducted via Qualtrics to see if the Child Outcomes Summary (COS) professional development event achieved its intended outcomes. Respondents included 10 Training Program members, 9 Leadership Team members, and 2 Bureau representatives. Though all items were rated quite similarly, slightly higher agreement was reported for items related to increasing understanding of the knowledge needed to complete the process and increasing how the outcomes are measures. Slightly lower agreement was reported for items related to key features and data, documentation, and team collaboration. The evaluation team used the findings to determine what items would need additional follow with leadership team meetings. The feedback on data collection and documentation was also used to inform what additional resources should be added to the appendix of the CFC Procedure Manual section on the Child Outcomes Summary process. The summary table below provides results for each item in the survey.

Item	1-Strongly Disagree	2- Disagree	3- Agree	4-Strongly Agree	Mean
<i>I have increased my knowledge of the key features of the COS process, data collection and data quality.</i>	0	2	9	10	3.4
<i>I have increased my understanding of the essential knowledge needed to complete the process.</i>	0	0	11	10	3.5

Item	1-Strongly Disagree	2- Disagree	3- Agree	4-Strongly Agree	Mean
<i>I have increased my knowledge of how the three child outcomes are measured through the process.</i>	0	0	11	10	3.5
<i>I have increased my knowledge of features of effective documentation.</i>	1	0	10	10	3.4
<i>I gained knowledge about teaming collaboration.</i>	0	1	10	10	3.4

In addition to providing feedback on the intended outcomes of the COS event, participants also helped identify the most useful parts of the professional development offering, provided feedback on one thing that they could change in their practice, and identified areas where more information or resources were needed.

Some of the leadership team members were unable to attend this December 8, 2016 professional development offering on Child Outcomes Summary, so the three leadership teams have decided to replicate the event during their local team meetings before the third quarter ends. After these events are completed, participants will receive the same survey as those who attended the December event to see if the replications result in the same outcomes.

***Leadership Team Event Participant Feedback (example of Leadership Team sponsored event)***

A survey of event participants was conducted using Cvent to see if the provider event achieved its intended outcomes. Respondents included 27 early intervention providers who primarily provide services for CFC #21. Higher agreement was reported for items related to the applicability of the shared information to their work in early intervention and to knowing where to find information about the SSIP, Provider Handbook, and Child Outcomes. Lower agreement was reported for items related to increasing understanding of the COS process, providing a meaningful overview of the COS process, and including discussion/time for questions about the topics covered. The evaluation team reviewed the findings to determine what items needed more follow up from the leadership team to their provider community. The information will also be used to improve future leadership team provider events and answer provider questions. The summary table below provides results for each item in the survey.

Item	1-Strongly Disagree	2- Disagree	3- Neutral	4- Agree	5-Strongly Agree	Mean
<i>The information shared/discussed during this event is applicable to the knowledge and skills needed for my work in early intervention.</i>	1	0	2	11	13	4.3
<i>This event provided a clear overview of Illinois State Systematic Improvement Planning (SSIP) process.</i>	0	0	5	17	5	4
<i>This event provided a meaningful overview of Illinois Child Outcomes Summary (COS) process.</i>	0	1	3	20	3	3.9
<i>This event included discussion and time for questions regarding the Provider Handbook, the Child Outcomes</i>	1	2	3	14	7	3.9



Item	1-Strongly Disagree	2- Disagree	3- Neutral	4- Agree	5-Strongly Agree	Mean
<i>Summary Process, and the State Systematic Improvement Planning (SSIP) process.</i>						
<i>I have increased my understanding of Illinois Child Outcomes Summary (COS) process.</i>	0	2	3	20	2	3.8
<i>I know where to find resources and updated information about SSIP, Provider Handbook, and Illinois Child Outcomes.</i>	0	0	2	15	10	4.3

The leadership teams are meeting on a monthly basis and information from those meetings is being collected and reviewed to ensure progress towards the expected improvements to our infrastructure. Data collected include roster of attendees, topics discussed with a summary of the discussion, the required action follow-up, timeline and who is responsible. It is critical that we take the time to address Leadership Team members’ identified needs in regard to knowledge and skill-building before expecting them to support others.

**How the State has demonstrated progress and made modifications to the SSIP as necessary**

Even though we haven’t collected enough short, intermediate and long-term outcomes data to support changes to the implementation of our coherent improvement strategies, feedback from stakeholders working on the various workgroups, specifically the Performance Support Workgroup, assisted in proposing changes to Cornerstone, the State of Illinois data system. The first proposed change will help EI teams remember that the exit COS rating is to be compared to the child’s initial COS rating when answering the progress question. The second change will help teams provide better COS narratives for the information that is supporting the team-determined COS rating.

The lack of this outcomes data prevents us from making changes to the Plan developed with stakeholders’ input and submitted in 2016. We have, however, begun the process of utilizing the available data to plan next steps for implementation. We will not be making any modifications to any of the intended outcomes or to the SiMR. Nevertheless, the implementation timelines have been updated in the evaluation plan (pages 13-22) to better reflect the issues we encountered this first year of implementation with leadership teams and with State realities beyond our direct control (e.g., Illinois in its second year without a state budget which directly affects EI providers, forcing us to delay a few of the SSIP activities with direct impact on those providers, such as the revised payee/provider agreement and the change in mandatory Early Intervention focused training to comply with the “Up to 20 hours” language added to the Illinois’ Administrative Code). The change to Illinois’ Administrative Code was a result of stakeholder groups in Phase 1 expressing concerns regarding the training and information that early intervention teams (staff and providers) receive about the system, especially after they obtain the initial credentials. Data indicates that many providers rely on EI-approved training from entities other than EITP (the state-sponsored training entity). Given the lack of control around the messages that these entities share, a change was made to Illinois’ Administrative Code that would require early intervention team members to receive up to 20 hours (of the 30 hours required to maintain EI credentials) of their continuing education through EITP events. Preliminary work between EITP, Provider Connections and the Bureau has been completed and possible training options drafted but it was felt that the current state climate was not conducive to the implementation of this change.

### **Stakeholder involvement in the SSIP evaluation**

Stakeholders have been apprised of the data collected throughout our effort through the quarterly summaries. In addition, stakeholders had the opportunity to review the data about the child outcomes professional development opportunity during our February 16, 2017 face to face meeting. At that time, stakeholders were asked to provide feedback about the utility of the information, ideas for additional data to be collected, and whether the information allowed them to determine whether or not changes to the Plan were necessary. Stakeholders reported that the information was useful, that relevant items were being included, and that the available data indicated that the initial offering achieved its desired effect.

As previously mentioned, by the time the implementation phase began in April 2016, three additional stakeholders were added to ensure that providers (from various disciplines) were well represented on the large stakeholders group. To confirm that stakeholders remain engaged and active, after the February 16, 2017 stakeholders' face-to-face meeting, a survey was developed and sent to members to ensure their participation and engagement continues to be meaningful.

### **DATA QUALITY ISSUES**

Each activity listed in the evaluation plan from Phase 2 included a measurement/data collection method and efforts were made to utilize those and to review the results to help guide progress. Even though not a lot of short, intermediate and long-term outcomes data had been collected by the time of this report, we have a solid plan in place for what data will be collected relative to each activity and a timeline for its collection relative to the implementation of the activity. We continue to work with our national TA partners to further develop the specific evaluation pieces to address the 3 kinds of activities that will occur during our initial implementation- leadership team planning meetings, leadership team capacity building activities, and leadership team provided professional development activities. Our only concern about data quality at this point is related to the time it is taking to implement the activities planned. We do not yet have enough data to identify limitations or to develop plans for improvement.

It is too soon to see a change to the baseline data but the conversations and relationships being built at each leadership team reinforce our Theory of Action and Theory of Change and our commitment to the process as it was outlined on the Phase2 Plan submitted a year ago.

### **PROGRESS TOWARDS ACHIEVING INTENDED IMPROVEMENTS**

The key data that provides evidence of progress are:

- ✓ LTs have been created in the 3 pilot areas (Aurora, Williamson county and East St. Louis) and the development and reinforcement of COS knowledge and skills started.
- ✓ A Professional Development rubric has been created and it is being utilized to revise all PD available through EITP to ensure high quality and resource guides are being developed.
- ✓ The LTs received the Benchmarks of Quality, a sample action plan and a vision statement to help them get started.
- ✓ State supports were assigned to each of the LTs and monthly meetings are taking place (notes and list of attendees are kept for each meeting)

We believe the time we are spending on developing leadership teams is highly valuable because they will be the ones providing support to local CFC staff and providers (local EI teams) for implementation of a high-quality COS process and evidence-based practices. Through this process we learned that in some areas of the state, a new relationship needed to be developed between CFC staff and EI providers. In others, time to identify systemic versus local issues was very important. This first year of implementation helped us realize that we were too ambitious with the timelines in our Plan. The stakeholders agreed to reconsider priorities, rearrange timelines, and stay the course set in the Plan since we are confident that the coherent improvements strategies developed as well as the infrastructure changes proposed will support our SiMR.

Current activities are focused on establishing the infrastructure and building the capacity of leadership teams. The short-term outcomes are focused on increasing knowledge and skills which we feel must precede changes in practice. Therefore, it is too soon to see an indication of the fidelity of the implementation of evidence-based practices. We have, however, begun working with our national TA providers to develop measures that will help us determine whether or not practices are being implemented with fidelity. This effort will, in turn, precede our evaluation of whether or not the implemented practices are having the desired impact.

At this time, there are no measurable improvements in the SiMR in relation to targets or changes to the baseline data to report. The charts below show the targets set for the SiMR for fiscal years 2014-2018 and actual COS individual and combined performance data for the three IZs for FFY15 but it does not yet reflect the impact of the SSIP activities. The performance data is giving us, however, a picture of actual performance over time (three years), the volatility of the data (in terms of matched pairs and performance), and a tentative trend. It helps us see the individual performance in each of the pilots and provides an overall baseline for performance prior to year 2 of implementation. Although we have not met our targets for either year, this data stimulates thinking about child outcomes performance relative to other state data. For instance, this year’s participation rate (APR Indicators 5 and 6) went down in Illinois as did our overall state population. Seeing smaller numbers of matched pairs in certain areas could be a reflection of this decline. Also, our projected targets over time reflected an expectation that children who had previously been lost to contact would now be counted and that teams’ increased understanding of the COS process would possibly lower our COS ratings. While we are not yet seeing this growth in matched pairs at all three CFCs, we do see more matched pairs for CFC#4.

**SiMR Targets by Federal Fiscal Year (FFY)**

<b>FFY 2014 – FFY 2018 Targets</b>					
<b>FFY</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Target	77.6%	77.6%	75.9%	77.3%	78.5%

### SiMR Performance by FFY

Innovation Zone	% for Summary Statement 1 for Acquisition and Use of Knowledge and Skills (FFY13/SFY14)	# of Children with Matched Entry-Exit Pairs	% for Summary Statement 1 for Acquisition and Use of Knowledge and Skills (FFY14/SFY15)	# of Children with Matched Entry-Exit Pairs	% for Summary Statement 1 for Acquisition and Use of Knowledge and Skills (FFY15/SFY16)	# of Children with Matched Entry-Exit Pairs
East St. Louis	83.8%	13	73.7%	21	72.7%	13
Aurora	75.0%	132	68.9%	201	71.4%	216
Williamson Co.	84.2%	39	80.0%	6	100%	4
<b>Combined</b>	<b>77.6%</b>	<b>184</b>	<b>69.6%</b>	<b>228</b>	<b>72.0%</b>	<b>233</b>

### PLANS FOR NEXT YEAR

As we have to delay some of the activities, at this time we do not plan on adding new activities, but rather plan on moving further with the implementation of already proposed activities (see updated timelines in the evaluation plan on pages 13-22). Those activities are:

- ✓ Additional training for leadership team members regarding adult learning principles, typical and atypical development, use of data to inform decisions, and family capacity building
- ✓ Resource guides for all PD events
- ✓ Training event calendars to reflect local needs
- ✓ Revision of payee/provider agreement
- ✓ Training and support for local EI teams
- ✓ Continued refinement of our evaluation plan

We are very aware of the unique barriers facing the state of Illinois. The state's unprecedented budget situation (lack of balanced budget since June 30, 2015 and the Executive and Legislative branches of government having difficulty finding common ground) and the constant threatening prospect of losing additional providers (agencies have closed doors due to longer delays in payments) along with the lack of additional funding for leadership team members to support the extra time needed for SSIP activities, are unfortunate realities that we are facing. To address these barriers, we want to maintain momentum with members of three leadership teams by focusing on the fact that *"Participation in LTs will offer a very unique opportunity....to help shape the future of the EI system and design solutions for their own communities. The LT members will have the opportunity to become subject matter experts and may be called upon by the Bureau to help create policy."* (from the LT guidance document). EITP is also offering continuing education hours to leadership team members for PD events and for participating in LT meetings.

We will continue to utilize the support of the current national TA providers working with our state seeking their guidance, feedback and access to additional resources.

## **CONCLUSION**

Initial implementation has shown that our Phase 2 Plan was overly ambitious. Given our resources, it was not feasible to implement all the activities for both coherent improvement strategies at the same time. We anticipate, however, that many of the activities that are completed for our COS strategy will also support our work on our family capacity-building strategy, e.g. capacity-building with leadership teams, creation of professional development rubric, and resource packet development. We also now realize that each activity is likely to take more time than originally anticipated. We feel strongly that the extra time taken to establish the leadership teams will support our desired outcomes. Implementation science has shown the benefits of local teams driving system change. The time taken to develop the policy and procedure for the child outcomes process, the COS support materials for families, the PD rubric and guidance, the resource guides to accompany PD offerings, and the resource packets to support leadership teams will also be valuable in the end. We have made progress towards one of our initial short-term outcomes in that we have begun increasing leadership teams' knowledge and skills related to the child outcomes summary process. We have included evidence-based practices related to assessment, teaming and collaboration, and families in our process. We have furthered the development of our evaluation plan with assistance from our national TA partners and have begun to collect data (e.g., pre-surveys and feedback) from PD offerings. Given the time that it has taken to build capacity, we are not yet in a position to change the planned activities or our improvement strategies. We feel, however, that we have a plan for collecting the data that would help us determine the need for modifications and a group of stakeholders that are engaged and willing to help us make those decisions. We are committed to continue the implementation of our Phase 2 Plan as we believe that our coherent improvement strategies perfectly align with our root causes, Theory of Action and SiMR.

## **APPENDIX**

1. Leadership Team Guidance document
2. Leadership Team Benchmarks of Quality
3. Child Outcomes Summary procedure
4. Measuring the Success of EI (Intake and IFSP)
5. Professional Development Rubric and Guidance
6. Draft Illinois Part C: Evaluation of COS SSIP Improvement Strategy