Illinois Phase III Year 4 Review

Illinois continues our work towards our state-identified measurable result (SiMR), *to increase the percentage of infants and toddlers with disabilities who demonstrate greater than expected progress in the acquisition and use of knowledge and skills in our pilot areas by .9 percentage points by 2018* (now extended to 2019), as we are submitting our Year 4, Phase 3 report. As stated in our prior reports, 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. The majority of the work on the SSIP is now being completed by the evaluation team workgroups and the Leadership Team members in each of the pilot sites. The evaluation team continues to reference the Theory of Action (p.2) and the activities listed in the timeline. The evaluation team also continues to utilize the Theory of Change (p.3) when dividing the work into meaningful pieces. The three evaluation team workgroups- Leadership Team (LT), Professional Development/Technical Assistance (PD/TA), and Performance Support (PS) continue to support the work. Membership representation for each of these teams is detailed on page 8 of this report in the section *Stakeholder Involvement in SSIP Implementation*. The LT group focuses on aspects of the Plan related to Leadership Team development and support, recently revisiting leadership team performance on the Benchmarks of Quality. The PD/TA group focuses on aspects of the Plan related to professional development, coordinating curricula reviews and developing resource packages to support acquisition of knowledge and implementation of evidence-based practices. The PS group focuses on aspects of the Plan related to policy/procedure and implementation of practices, soon to be focusing on the support needed to implement the selected Recommended Practices.

The primary focus for the fourth implementation year has been supporting the leadership teams (LT) in our three pilot areas as they provide continued professional development on the child outcomes summary (COS) process for their local teams, reviewing ongoing professional development offerings utilizing our rubric to ensure that they are of high quality and in alignment with key features of evidence-informed professional development, assessing fidelity to our desired COS process, engaging in professional development on family engagement, and developing a tool to assess fidelity to our family engagement practices. We continue to believe in the importance of improving the COS process so that teams have good information for intervention planning and increased understanding of the impact of the family engagement practices we are supporting. The training on the COS process began our efforts to engage families and team members in more collaborative decision-making, which set the stage for our second improvement strategy. The evaluation plan continues to undergo modification and refinement as we collect data on the utility of the professional development, assess fidelity, and examine the need for additional infrastructure improvements.

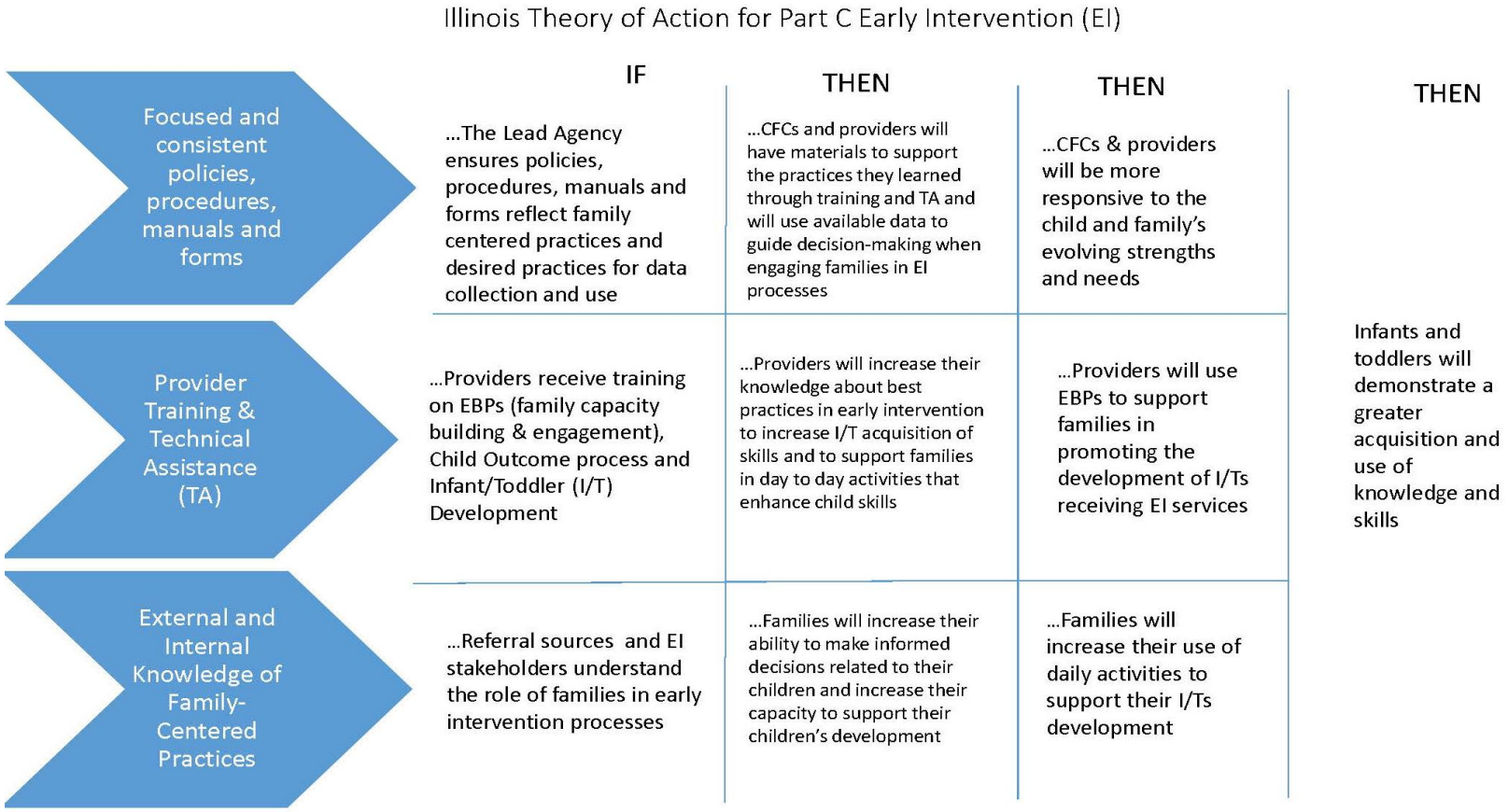
While continuing to build the field's capacity around the child outcomes summary process, we also began planning and implementing strategies to build capacity around family engagement, continued to discuss ways to demonstrate the important changes being made to our infrastructure as a result of the SSIP, continued our assessment of fidelity to the desired child outcomes process (ensuring that outlined practices are being utilized), examined data to determine the need for adjustments/modifications to our overall plan and professional development offerings, and helped leadership teams as they began supporting family engagement in their respective areas. In regard to the family engagement improvement strategy, leadership teams began their work with local providers, professional development attendees were surveyed to examine knowledge and practice changes, and we began work with our Early Childhood Technical Assistance Center partners to develop a family

engagement fidelity tool. As outlined in previous submissions, Illinois continues to use multiple stakeholder groups to evaluate activities and refine the strategies intended to support the (SiMR).

SUMMARY OF PHASE 3, YEAR 3

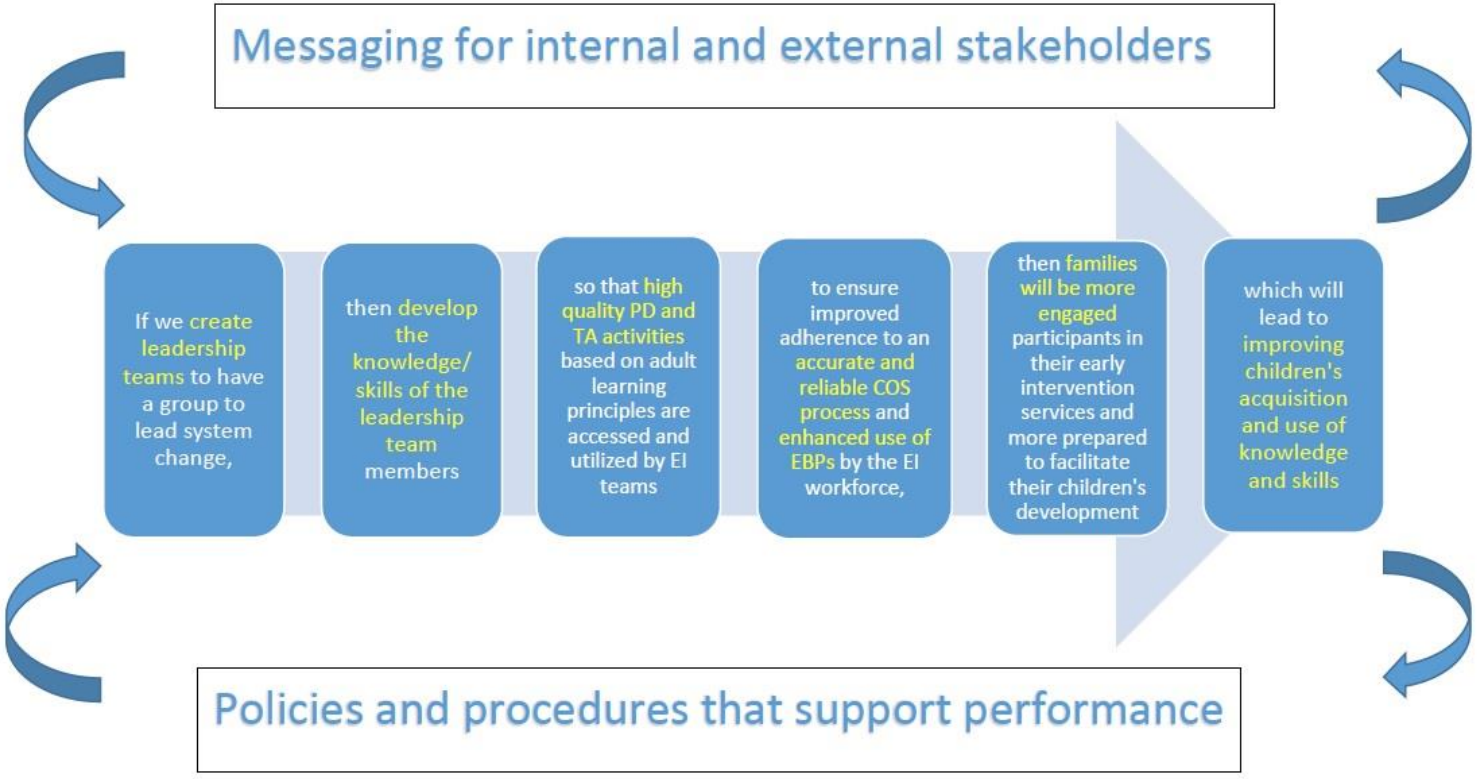
The Theory of Action, Theory of Change, our Coherent Improvement Strategies, and our SiMR have not changed. We continue to use them to guide our SSIP work as well as general system improvement efforts. They are all included on the following pages as a reference.

Illinois Theory of Action for Part C Early Intervention:



As we shared previously, the evaluation 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 outcomes for children. The Theory of Change shown below allowed us to break down the work listed in the Plan and assign tasks to new or existing workgroups. The Theory of Change also helps us think about what we need to be evaluating to determine the success of implemented activities.

Illinois Theory of Change for Part C Early Intervention:



State-identified Measurable Result:

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.

SiMR Target and Data (FFY18)

FFY18/ SFY19	FFY2018	FFY2019
Target	78.5%	78.5%
Data	68.7%	-----

SiMR Performance and Compliance by Pilot Site

Innovation Zone	SS1 for 3B (FFY18/SFY19)	# of eligible exits	# of Matched Entry-Exit Pairs	% of all eligible exits
East St. Louis	77.8%	30	21	70%
Aurora	63.4%	286	255	89.2%
Williamson Co.	83.3%	84	79	94%

We continue to see some signs of improvement even though we did not meet our target. All pilot sites showed improved compliance (improved 7-17% depending on site), e.g. higher percentage of eligible children with usable ratings (final column in the second chart). We also see that the percentage of children who demonstrated greater than expected growth for acquiring and using knowledge and skills increased for both East St. Louis and Williamson County, with Williamson County actually exceeding our target. Aurora, however, decreased substantially since last year. We still believe that this is due to improved data quality rather than limited improvement in the children served as these teams have noted that they were historically rating children too high. We feel that this number should be more stable moving forward as most children who entered prior to training are now exiting or have exited. With more accurate ratings at both entry and exit, we anticipate this number will start climbing in the future.

The Coherent Improvement Strategies:

Illinois' Coherent Improvement Strategies are:

- Implement effective training for leadership teams and EI providers that focuses on infant/toddler development and the Child Outcomes Summary (COS) 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.

Progress in Implementing the SSIP

Our initial efforts with the child outcomes process helped us determine what professional development and ongoing technical assistance teams needed to improve practice. Given the positive results of our evaluations, we have begun replicating this professional development opportunity in additional sites. This year has begun to focus more on our second improvement strategy. As with the first strategy, we have begun building leadership team capacity so that they feel capable of supporting the teams in their area and have supported them as they implement their professional development offerings. We have built leadership team capacity through Training Program offerings, presentations on data use, and by bringing in national experts whose work focuses on utilizing family strengths. We have also supplemented local efforts by offering state-led professional development on family-centered practices. We continue to meet to refine our evaluation activities related to infrastructure improvements and implementation of the selected recommended practices. Each pilot site's activities continue to be driven by the Plan and the needs identified by the Local Leadership Teams and their individual action plans.

Professional development for leadership teams as well as professional development and reflection opportunities related to both child outcomes and family engagement continued with local early intervention teams. While this work began in prior fiscal years, it has continued throughout the majority of this fiscal year as well. In addition to focusing on family engagement this year, we continue to build the local leadership teams' capacity to use data to inform professional development. We offered a second data session this year and continue to support leadership teams to use data on an ongoing basis to support planning and informed decision-making.

The primary implementation activities for year 4 included: continued COS training for local early intervention teams, expanded reflection opportunities for early interventionists, implementation of the communication plan, quarterly reviews of select curriculum and use of the professional development rubric in development of new opportunities, continued capacity- building with local leadership teams, implementation of professional development for early intervention teams on the selected DEC Recommended Practices targeting family engagement, and continued development of our family engagement fidelity tool. A list of activities that have been completed during the first four years of Phase 3 is provided below:

- Training rubrics reviewed and new rubric with guidance document developed - **COMPLETED FFY15**
- System developed to use rubric – **COMPLETED FFY15**
- 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 FFY15**

- LTs in place with state supports (EI partners identified – EITP and Monitoring) – **COMPLETED FFY15**
- LT guidelines created: Guidance document, Benchmarks of Quality and Action Plan – **COMPLETED FFY15; UPDATED FFY17**
- General training about LT functioning and action planning – **COMPLETED FFY15**
- COS train the trainer event for LT members - **COMPLETED FFY15**
- Messaging rubric (with list of critical messages) – **COMPLETED FFY15**
- COS informational materials for parents for intake and IFSP - **COMPLETED FFY15**
- COS materials for stakeholders and providers – **COMPLETED FFY15**
- Development of COS resource guide – Tip Sheet for parents – **COMPLETED FFY16**
- COS resource guide distributed and advertised widely including monitors- **COMPLETED FFY16**
- Develop resource guides to support relevant training curriculum- **COMPLETED FFY16**
- Advertise availability of resource guides linked to curriculum- **COMPLTED FFY16**
- Include resource guides in supplements for appropriate trainings- **COMPLETED FFY16**
- Revision of existing monitoring tools and development of observation tools/checklists for COS – **COMPLETED FFY16**
- Establish process for coordinating ongoing communication**- COMPLETED FFY16 AND ONGOING**
- Training calendar for LT members – **COMPLETED FFY16 AND ONGOING**
- Viable LT COS training calendar for local EI teams – **COMPLETED FFY 16 AND ONGOING**
- Establish meetings for early interventionist to reflect on COS implementation- **COMPLETED FFY16 AND ONGOING**
- Support peer to peer observations, critique, and support- **COMPLETED FFY16 AND ONGOING**
- Assess fidelity to COS process- **COMPLETED FFY17**
- Determine leadership team capacity and ongoing needs related to family engagement- **COMPLETED FFY17**
- Team meets to identify topics for the focus of training on family engagement EBPs/DEC Recommended Practices – **COMPLETED FFY17 AND ONGOING**
- Develop local support for early intervention teams to implement evidence-based intervention practices- **COMPLETED FFY18 AND ONGOING**
- EITP/Local level leadership teams create a viable calendar of events that includes training and reflection opportunities- **COMPLETED FFY18 AND ONGOING**
- Provide training to early interventionists on evidence-based practice- **STARTED FFY18 AND ONGOING**

- Develop materials that support interventionists use of evidence-based practices (e.g. COS Resource Page, EITP Newsletters on Recommended Practices, Facebook posts on Recommended Practices, and tools to support SCs use of practices)- **STARTED FFY18 AND ONGOING**
- Creation and implementation of policy/procedure to define the "up to 20 hours" of EITP training - **IN PROCESS**
- Revision of payee/provider agreement – **IN PROCESS**

The primary outputs for year 4 include: continued COS training for local early intervention teams, focused conversations (reflection opportunities) for early intervention teams that have received training, family engagement trainings for Leadership Teams and early intervention teams, stakeholder survey of desired family engagement behaviors, and development of fidelity tool with our national technical assistance center partners.

As we continue to consider how to further develop a statewide infrastructure that supports system improvement and implementation of evidence-based practices, we want to acknowledge many activities not originally anticipated that are supportive of our SSIP. We have grouped them according to the corresponding area in the ECTA System Framework to show how they support the infrastructure that will allow us to grow and sustain high-quality practice (for additional details see Appendix I). In terms of **Governance**, the lead agency and a group of stakeholders have been working to create a handbook for CFC Managers and have been revising the Provider Handbook and the CFC Procedure Manual. We feel that the new document will provide guidance specific to the Managers (who are responsible for supervision of CFC staff and all contract deliverables) so that they have the information and support they need to fulfill their responsibilities. In addition, the Training Program is developing a leadership fellowship to support system leaders in their efforts to guide system work. In terms of **Finance**, a small subgroup of the Interagency Coordinating Council has been meeting intermittently to plan for a growing system and potential supports to improve the system, e.g. possible funding of statewide reflective supervision. Many efforts have been undertaken related to **Personnel/Workforce**. In addition to the PD described throughout our plan, we have conducted a number of activities to support our Service Coordinators, and created and/or modified other PD offerings to align with the SSIP focus on family engagement. We feel that understanding the needs of, and supporting our service coordinators, will improve family engagement since they are the system's frontline. As their knowledge of, and ability to implement, evidence-based practices grow, all team members benefit. In addition to the support provided to Service Coordinators, we have also enhanced our efforts to support personnel as they enter the field in order to assist with retention. While we have long had a Monitoring Program to assure **Accountability,** monitoring staff have recently focused more on the evidence to support child outcomes ratings and the development of functional IFSP outcomes during their focused reviews to further support our SSIP activities. We are also working to address **Data** System needs. Focus groups have been held to understand desirable system components and a Request for Proposal will soon be released to ensure that we have an adequate system for collecting and tracking system data. In addition to these infrastructure improvements, the Training Program also developed a video that shares one family's early intervention experience. It is hoped that this video will help families increase their understanding of how early intervention can support them while also helping interventionists learn how they can be more supportive/engaging in their interactions with families.

Additional information about outputs and their relationship to implementation activities can be found in the section titled "Data on Implementation and Outcomes".

Stakeholder Involvement in SSIP Implementation

The large SSIP stakeholder group continues to receive quarterly written updates summarizing implementation. Each summary asks for recipients to contact staff if they have questions about reported activities or suggestions for future activities. The summary also contains a reminder that those receiving the summary should share widely with those whose interests they represent on the large stakeholder group. In addition, the large stakeholder group was reconvened in June 2019 to receive a progress update, provide input on ideas for scale up, and review available family engagement professional development evaluation data. Other stakeholders have been informed via information provided in the EI Partners' quarterly newsletters (EI Training, EI Clearinghouse, and Provider Connections) and postings on their websites. The SSIP work has also been discussed at each monthly CFC Managers Meeting, each quarterly Illinois Interagency Council on Early Intervention (IICEI) meeting, each monthly EI Partners' meeting, and through presentations at various professional conferences. In addition, the Early Intervention Training Program has a resource page dedicated to the State Systemic Improvement Plan (https://blogs.illinois.edu/view/6039/378910) and has created a specific resource page for materials that the local leadership teams are using.

In order to optimize stakeholder involvement and engagement, we continue to utilize the expertise of a variety of groups:

1) *SSIP Core Team* – consists of Illinois Department of Human Services (IDHS) Early Intervention staff and the EI Ombudsman
2) *SSIP Stakeholder group* – consists of the state interagency coordinating council members, direct service providers, contracted Child & Family Connections (CFCs which are regional entities that serve as points of entry for EI services) staff, parents, professional provider associations, the Part B/619 coordinator, IDHS planning/evaluation members, parent training and information center staff, and contracted EI partners for training, credentialing, monitoring and clearinghouse
3) *SSIP Evaluation Team* – consisting of Bureau staff, Training staff, Monitoring staff, CFC personnel, EI Provider, and an external professional development/evaluation representative
4) *Leadership Team workgroup* – consisting of Bureau staff, CFC managers, EI Training staff, EI Monitoring personnel, a parent liaison, and an external professional development/evaluation representative
5) *Professional Development/Technical Assistance workgroup*– consisting of EI Ombudsman, EI Training, and EI Provider
6) *Performance Support workgroup* – consisting of EI Bureau, Local Leadership Team members (service coordinators and providers), ECTA representative, EI Training, EI Ombudsman, and EI Monitoring
7) *Local Leadership Teams* (in each of the three pilot sites) – consisting of CFC staff, EI Providers, EI Monitoring, EI Training and parents
8) *Messaging workgroup* – ad hoc team consisting of EI Bureau staff, EI Ombudsman, Local Leadership Team members, EI Clearinghouse, and Illinois Race to The Top representatives

Cumulatively, these groups have been involved in all implementation activities and continue to inform the decision-making process and implementation timelines. The large stakeholder group primarily receives updates and they have requested an annual in person meeting to monitor progress. The evaluation team continues to meet, reviews evaluation data, determines need for adjustments, and plans for next steps/activities. The leadership team workgroup has revised the materials leadership team members receive and supports the work of the local leadership teams. The PD/TA workgroup continues to review curricula and prepared the plan for local leadership team training around family engagement. The performance support workgroup has been involved in supporting implementation of desired practices. The local leadership teams drive local efforts around training and support, monitor their performance in regard to the Benchmarks of Quality, and provide input around the evaluation of their activities. The messaging workgroup has been working on the family guide to help families better understand the early intervention system. The EI Clearinghouse, our central directory, has been addressing the consistency of system messages and revising public awareness materials they publish and share to ensure they reflect desired messages about early intervention. While we continue to work on improving communication across the groups so that everyone can stay informed about, and provide input to, other groups' activities, this division of labor has allowed substantial stakeholder input without overburdening individuals. It has also ensured that information is constantly flowing between those responsible for implementation of the Plan and those working directly with children and families.

The evaluation team has continued to meet (October 2019) to plan, complete, and monitor the activities included in the Plan. In addition, technical assistance from ECTA and DaSy has helped with a fidelity measure and process development. Our activities get refined based on an increased understanding of expectations due to participating in TA centers' ongoing workshops on SSIP evaluation. In addition to the original outcomes and revised evaluation questions, we continue to contemplate how to best represent the infrastructure changes being made and how to conduct meaningful evaluation of these changes while giving these changes time to impact our long-term outcome- a change in our SiMR.

We continue to evaluate the three general types of activities being conducted during the implementation phase- **leadership team planning, leadership team capacity building,** and **leadership team/EITP provided professional development**. As during prior years, *leadership team planning* has minimal evaluation as these events are used to keep the process moving forward. L*eadership team capacity building* evaluations continue to examine the extent to which the intended outcomes of the activity are achieved. *Leadership team/EITP provided professional development opportunities* are conducted by the leadership teams or the Early Intervention Training Program for local leadership and EI teams and the evaluations of these events include determining whether or not the intended outcomes were achieved by event participants. These evaluations have been used to understand our progress and answer our evaluation questions. In addition to evaluating our professional development activities, we have also begun examining one of our intermediate outcomes related to the use of desired practices by attendees. With the implementation of the second coherent improvement strategy, attendees at our family engagement PD opportunities are given a pre-survey about their use of our selected practices. A few weeks after the completion of the PD opportunity, they are sent a post-survey to help us begin to understand the impact of the PD on practice use and change.

Additional, detailed descriptions of stakeholder involvement in reviewing SSIP evaluation data and making recommendations and decisions based on those data, are provided in the narrative under *Data on Implementation and Outcomes*.

Data on Implementation and Outcomes

The Plan below shows the outcomes we want to examine as well as evaluation questions, performance indicators, measurement plans, timelines, and related analyses.

Evaluation Plan for Coherent Improvement Strategy 1: : Implement effective training for leadership teams and EI providers that focuses on infant/toddler development and the Child Outcomes Summary (COS) Process, and make related changes to state policy and guidance documents, so that early intervention teams implement the Child Outcomes Summary Process as desired. Only outcomes that had current activities, e.g. ongoing COS support, fidelity checklist reviews and progress towards the SiMR have been included in the table below. Additional details about the fidelity checklist can be found in Appendix IV.

Outcome Type	Outcome Description	Evaluation Question(s)	How Will We Know the Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline/ Measurement Intervals	Analysis Description	Data/Results
Intermediate	Leadership teams will utilize reflection and ongoing PD activities to support local Early Intervention teams in implementing the Child Outcomes Process	Are local EI teams benefitting from the support being provided by the leadership teams?	At least 75% of the attendees report gaining additional information or knowledge about implementing the COS process	Post reflection survey on information and knowledge acquired through participation in COS reflection activities	FFY18-19	Percent of attendees who report that they have acquired knowledge/ information	For this reporting period, 88% of the attendees agreed or strongly agreed that they received additional information or knowledge about COS process

Outcome Type	Outcome Description	Evaluation Question(s)	How Will We Know the Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline/ Measurement Intervals	Analysis Description	Data/Results
Intermediate	Early intervention teams utilize the recommended process for determining Child Outcomes ratings	Are providers implementing the Child Outcomes process as outlined in training and procedures?	75 % of the items on the child outcomes fidelity checklist are being completed	Fidelity assessed using recorded discussions & direct observations with a checklist developed based on IL policy/ procedure (25% of SCs in pilot areas to gain initial look at fidelity and to refine checklist and procedures)	FFY18-19	Recordings and direct observations will be used to score the fidelity checklist to determine if process is being implemented as desired and to inform areas needing additional LT support; LTs can then use COS resource package to offer additional support	For this reporting period, 83-100% of the required items are being completed

Outcome Type	Outcome Description	Evaluation Question(s)	How Will We Know the Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Method	Timeline/ Measurement Intervals	Analysis Description	Data/Results
Long term	Children experience greater than expected growth in their acquisition and use of knowledge and skills in the pilot areas	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 increased?	The percentage of children in summary statement 1 will increase by 0.9% over time in the three pilot areas	Indicator 3.b collected in Cornerstone will show a .9 percentage point increase by FFY18	Data collected for FFY18 reporting	Although change is not yet expected due to recent initiation of training and support, information about indicator 3B for summary statement 1 is already being collected for the three pilot areas	Results included each year with SSIP report; 68.7% for FFY18/SFY19

The bulk of our evaluation measures examine the impact of training and technical assistance on practitioners' implementation of desired practices for the COS process and family engagement. While we feel strongly that the other two areas of our theory of action are critical to our success, we did not originally discuss evaluation of these areas. We now recognize that these areas, e.g. the impact of improved policies/procedures and whether internal and external knowledge of EI may need further consideration by our evaluation team to see what meaningful evaluation of these improvements would entail. Evaluating the increased knowledge of family-centered practices by internal and external stakeholders still needs to be addressed more fully. While internal knowledge increases are examined through the evaluation of PD activities targeting our second improvement strategy, the primary way we are currently addressing increased external knowledge is through Messaging workgroup activities and cross-sector work by lead agency staff and administrative contractors. Examples of this cross-sector work include involvement with an Early Intervention/Home Visiting (HV) Task Force, EI/HV/Child Welfare statewide informational cross-trainings, the Prenatal to 3 Initiative, Pyramid Model work, Intensive Inclusion Technical Assistance with ECTA, and Preschool Development Grant Birth to Five activities. In addition, certain groups, e.g. home visitors, have been surveyed regarding their informational needs about the early intervention system (the results of this survey can be found in Appendix II). These survey results were then used to create content for two webinars, one on home visiting for early interventionists and one on early intervention for home visitors. In addition, the CFC Procedure Manual was reviewed and

edits suggested to make more intentional connections to home visiting. The Messaging workgroup has continued to address the informational needs of local communities, referral sources and families. The materials that have been developed are intended to support improved internal and external knowledge of the early intervention system. An example from the past year includes the development of a brochure for primary referral sources that outlines their responsibilities.

A central focus in this past year has been the creation of a tool to examine fidelity to the selected Recommended Practices. We have engaged the assistance of our TA partners to develop this tool. We began by gathering potential items from stakeholders, then met with DaSy and ECTA TA staff to engage in an iterative process to develop items for the observation tool. We first reviewed all the items provided by stakeholders and grouped them according to categories of similar items for each Recommended Practice. We reviewed the potential items for redundancy and for items that were not related to the Recommended Practice and eliminated those items. For the remaining items, we selected the items that best represented the Recommended Practice and were observable, adjusting the wording of items as needed. Once the reduced sets of items for each Recommended Practice are complete, we will look across the items to determine which items fit best under each Recommended Practice and eliminate redundancy across the items to finalize a set of items that will measure observable behaviors across the Recommended Practices. We are excited to complete this process by getting feedback from our stakeholders and developing a plan for administration and review.

Data sources, available baseline data, data collection procedures and timelines are all outlined in the chart above. In addition, sampling procedures (when applicable) and data comparisons are included. In terms of data management, the data related to professional development activities is collected and stored by the Early Intervention Training Program. Results are reviewed quarterly and shared with Local Leadership Teams so that they can use this information to inform next steps in their professional development efforts. COS fidelity checklist information is collected by the CFCs and securely stored by the Early Intervention Training Program. COS data is collected by early intervention teams and entered into Cornerstone by service coordinators. Early analyses of the professional development information have allowed us to determine whether or not participants feel that the trainings and reflection opportunities are achieving the desired outcomes of increasing knowledge and understanding. So far, the feedback has been generally positive, so minimal adjustments have been made to the curriculum. Reflection opportunities continue to focus on both the COS as well as other practice challenges. Training participants report increased knowledge and understanding of the various COS components and indicate plans to use what they have learned in future COS discussions. In addition, we have now used fidelity checklists to review videotapes from all three pilot sites to determine if practices are actually being implemented. Recordings indicate a high level of fidelity with the outlined COS process. As with the other evaluation data, the information collected from the checklists allow the local leadership teams to determine next steps in their professional development efforts. Although we do not expect our COS improvement strategy to impact our SiMR, we feel that the practices outlined in the improved process, e.g. family engagement, functional assessment, enhanced teaming and collaboration, will ultimately have an impact on our SiMR. While examining the SiMR has allowed us to gauge natural fluctuations in performance and monitor data collection practices, we know that changes to the SiMR are much more likely to be seen once we are farther along in our implementation of our family engagement strategy when all providers in the pilot sites are utilizing our selected practices and families have the opportunity to receive the intended benefits of our efforts.

Evaluation data has been used to understand the impact of the professional development being provided by the local leadership teams. This includes evaluation of training, reflection activities, and fidelity to the desired COS process. With our broadening understanding of SSIP implementation and evaluation, we have realized that we need to collect more information about the changes implemented related to our infrastructure. While these changes have largely proceeded as planned and additional changes continue to be made, we did not initially realize the importance of reporting on their implementation and are still attempting to determine which changes can be meaningfully evaluated. We have continued to use the ECTA/DaSy State Child Outcomes Measurement System to examine completed and needed changes to our child outcomes measurement system and utilize the expertise of members of the Outcomes Workgroup to set priorities for future work.

Data, in its broadest sense, have informed all changes to implementation and improvement strategies. For example, we had initially planned to use video recordings to assess COS implementation. Not all local leadership teams were prepared for recording or believed in the importance of this approach to assessing fidelity. This feedback led to the performance support workgroup developing additional support materials. Another example of data-informed change can be seen when evaluations of the initial family engagement training indicated that local leadership teams wanted additional support around the practices so that they could support others. They acknowledged the complexities involved in engaging families during all aspects of the IFSP process and recognized the need to further their own practice in order to be able to support the teams in their respective areas. This information helped individualize the professional development provided to each leadership team. Leadership teams have also determined which family engagement trainings to offer in their local areas based on the needs of the early intervention teams in their local areas, e.g. writing family-centered IFSP outcomes, engage and attune, family-centered institute. We also used the feedback about the complexities of the family engagement work to change our process for the development of the family engagement fidelity tool. Initial discussions indicated varied perspectives on family engagement. As a result, we have engaged our stakeholders in the initial stages of tool development via a webinar and survey to collect their feedback on desired behaviors.

Data on the PD opportunities has largely indicated that the activities were achieving their desired outcomes, so modifications have been minor. In addition, the PD activity evaluation data and fidelity information have been used to guide ongoing local leadership team offerings. These offerings can be supported by the activities already outlined in our resource packages (the COS resource package is available on the LT resource page: https://blogs.illinois.edu/view/7582/592341. Feedback from the local leadership teams has also impacted the development of our family engagement resource package. While teams understand the practices that are the focus of the work, they felt that the resource package should be tightly linked to the fidelity tool so that all the pieces supported each other. Therefore, the performance support and PD/TA workgroups activities have been slowed to accommodate the development of the tool.

Beyond the examples already listed, most of our data have supported that SSIP implementation should proceed as planned. Data collected demonstrates improvements in the knowledge and skills of leadership team members, improvements in the knowledge of early intervention team members, and improved use of desired practices. In addition to this evaluation data, we have also received anecdotal feedback from

leadership team members that families are more engaged in the COS discussions, team members are more appropriately age-anchoring reported skills, and IFSP outcomes and intervention strategies are more closely tied to identified needs.

Each of the quarterly SSIP summaries sent to stakeholders included evaluation data with an accompanying description. The large stakeholder group was also convened in June to provide feedback to the plan and review evaluation data. They shared ideas about necessary considerations for scale up and provided input on the current evaluation plan.

Data Quality Issues

We continue to work with our leadership teams and large stakeholder group to examine available data. We have not yet identified any concerns with the quality of the evaluation data we have collected. We have established systematic processes for collection and continue to support leadership teams' understand and use of the data. We realized last year, however, that we are potentially missing some evaluation measures, particularly those that would more extensively examine our infrastructure improvement strategies. Although we knew we would use our Benchmarks of Quality as our primary measure, that tool does not reflect the breadth of changes being made to the statewide infrastructure. We continue to work on understanding which changes can be meaningfully measured and want to revisit our original review of system strengths and weaknesses. As mentioned previously, we are considering utilizing the ECTA/DaSY system framework to determine what additional changes may need to be made and to track the changes being made within the EI system. While we feel that data quality is improving, we still have concerns about the overall quality of our child outcomes data and its ability to accurately evaluate our progress toward the SiMR. Data system edits implemented in FFY15/SFY16 to prevent incorrect COS entries, have decreased the volume of errors. From FFY16 to FFY17, system edits impacted late entries, which decreased by 1.2% and early exits which decreased by 8.4%. For FFY18, additional focus on Child Outcomes data has greatly improved the data. With improved practice and intensified focus on child outcomes data, we reduced late/missing Entry COS by 83% and early/missing Exit COS by 20% from FFY17.

While we hope to further develop a plan for reporting and evaluating infrastructure improvements, we realize that many changes to our infrastructure will be difficult to evaluate despite their contribution to sustainability. Continued data entry issues are impacting our ability to utilize the full amount of COS data being collected and potentially impact our understanding of the progress being made on the SiMR. There are a variety of reasons that data has to be excluded but two of the primary issues are related to data entered outside of the established timelines, e.g. entry not collected at initial IFSP and exit entries that are completed more than 120 days prior to system exit. These reasons accounted for 43% (FFY16) and 33% (FFY17) of our missing data. For FFY18, data entered outside the established timelines or not collected at all accounted for only 22% of total infants and toddlers in the system at least six months. We have not yet determined if the children for whom we have matched entries differ in important ways from those who were excluded. As more records are counted, though, we get closer to understanding the breadth of what is occurring in the field. We continue to utilize increased data sharing with a few CFCs to determine the strengths and limitations of performance data to help us to better understand what additional supports are needed for better data quality.

The state, with the hiring of a qualified data manager, has begun to work closely with the CFCs to examine data more frequently and provide analyses to identify issues and trends in a more-timely fashion. CFC managers are increasing their capacity to understand and use the data

through a quarterly review of performance data. We feel that this improved understanding and use of available data will lead to improved decision-making which will ultimately impact practices. More complete and accurate data allow teams to better understand the improvements made by the child.

Continued use of the COMS self-assessment and review of other frameworks can help us determine next steps for system improvement as we recognize the importance of enhancing the infrastructure to ensure changes/improvements are sustainable.

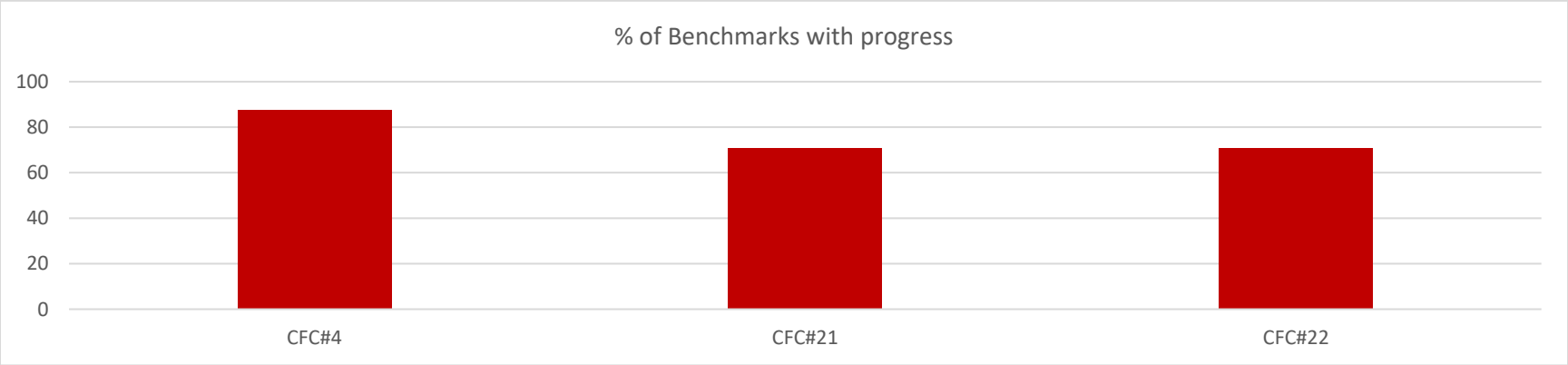
Progress Toward Achieving Intended Improvements

To date, the primary infrastructure changes that support our SSIP, and in turn, our SiMR are related to enhancements to our child outcomes measurement system and the local leadership teams. Although the specific accomplishments have been highlighted earlier, it is important to note that we feel the changes to the *Child Outcomes Measurement System* will assist with sustainability and will be an important support when we begin scale-up. While these changes are a positive first step, we realize that more of the components of the child outcomes measurement system will need to be implemented in order to be assured that we are following a high-quality process that results in high quality data. The child and family outcomes workgroup members have identified some priority items that we have begun addressing to assist with this work.

The local leadership teams are another vital part of our infrastructure change. They allow us to be responsive to local needs and provide local support for improved practices which is critical for a high quality professional development system. As noted earlier, these teams have been conducting professional development activities, participating in evaluation activities, and planning for future activities in their local area. The work of these teams has been guided by the Benchmarks of Quality established in our first year of implementation. All teams have demonstrated significant progress towards achieving the benchmarks necessary for a well-functioning leadership team (71-87% of items demonstrating progress).

The three local leadership teams continue to update their ratings on the Benchmarks of Quality on an annual basis. Each item on the Benchmark received a rating. The chart below shows the percentage of items on the Benchmarks that have shown progress since 2016 when the teams were first established. The Benchmarks of Quality have guided the local leadership teams' work. Implementing the items on the checklist has helped the teams serve as a support for practice change in their local area. As indicated previously, the areas that teams were asked to consider were:

- Leadership Team (creation, sustainability, objectives, membership, etc.)
- Action Plan (development, implementation, etc)
- Buy-In (communication, collaboration, feedback, etc.)
- Family Engagement (representation, communication, etc.)
- Communication (updating stakeholders, sharing data, routine schedule, etc.)
- Professional Development and Ongoing Technical Assistance (consistent attendance at offerings, self-assessment, mentoring, etc.)
- Data-Based Decision Making (data training, data entry, measuring improvement, etc.)



It is evident from these charts, that the teams have all made significant progress in creating a valuable infrastructure element. This progress on the Benchmarks demonstrates that our local leadership teams are implementing the pieces necessary to be a valuable support for practice change. In addition, teams are using the Benchmarks to action plan for their yearly activities. Further evidence of progress is seen in our other evaluation information which shows that the teams' support activities are increasing early intervention teams' knowledge of system processes. The videos collected and evaluated with the fidelity checklist, now show that the process is being implemented with a high level of fidelity in all three pilot areas.

We are seeing improvements in child outcomes for two of our three sites, (see charts on targets and performance on page 5), but we are not yet meeting the target for out SiMR. We know that there are many moving pieces to achieving our SiMR. We are excited to be addressing our second improvement strategy and learning how it will impact the children and families served, and ultimately, our SiMR. With each piece that gets implemented, we are moving closer to our goal. Although we know that the impact of our family engagement strategy will not yet be seen in our SiMR, we are excited about the improvements in knowledge and practice being reported.

EVALUATION PLAN FOR SECOND COHERENT IMPROVEMENT STRATEGY: 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 and activities.

Outcome Type	Outcome Description	Evaluation Question(s)	How Will We Know the Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline/ Measurement Intervals	Analysis Description	Data/Results
Short term	Leadership teams will have the skills and knowledge to support local early intervention providers in implementing the selected DEC Recommended Practices (RPs)	Did leadership team members acquire skills and knowledge to support local early intervention teams in their implementation of selected RPs?	At least 75% of attendees report increase in the skills and knowledge acquired	Pre- survey of leadership team members about their knowledge of and ability to support use of RPs **Post-survey** focused on what they now know about RPs	Pre-survey completed Apr 2018 Post-survey completed May 2018	Calculate percentage of LLT members who report they have the knowledge/skills on the pre-survey and the percentage who report acquiring knowledge/ understanding on post training surveys	75% of LT members reported having all the desired knowledge/ skills; 86% increased their confidence with implementing the selected RPs
Short term	Early intervention providers have acquired the knowledge necessary to implement selected RPs	Do individuals have the knowledge necessary to implement selected RPs?	At least 75% of attendees report increase in the skills and knowledge acquired	Post training survey of early intervention team members about the knowledge they have acquired	Jan-Mar 2019	Calculate the percentage of attendees who agree or strongly agree that they have increased knowledge and understanding	For this reporting period, 74-100% of attendees reported increased knowledge across family engagement events

Outcome Type	Outcome Description	Evaluation Question(s)	How Will We Know the Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline/ Measurement Intervals	Analysis Description	Data/Results
Intermediate	Leadership teams will utilize reflection and ongoing PD activities to support local Early Intervention teams in implementing RPs	Are local EI teams benefitting from the support being provided by the leadership teams?	At least 75% of the attendees report gaining additional information or knowledge about the RPs	Post reflection survey on information and knowledge acquired through participation in leadership team RP activities	Mar 2019-Jun 2020	Percent of attendees who report that they have acquired knowledge/ information	67% of attendees reported gaining additional information or knowledge
Intermediate	Early Intervention teams utilize the selected RPs in their work with families	Are providers implementing the RPs when working with families?	75% of surveyed providers will report greater use of selected Recommended Practices	Providers who received training will complete pre and post checklists about their use of the RPs	Apr 2019-Jul 2020	Percent of respondents who report using practices often or most of the time	93% of respondents report using practices often/most of the time
Long	Families are able to help their children develop and learn	Are families able to help their children develop and learn?	75% of the families responding from the IZs will report that they can help their children develop and learn on the FOS-R	Families whose providers participated in training will be asked to complete a few questions from the FOS-R	Initial measurements Apr-Jul 2019	Percent of families that report a mean of 4 or higher on this section of the FOS-R	90% of respondents reported being able to help their children develop and learn

Outcome Type	Outcome Description	Evaluation Question(s)	How Will We Know the Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline/ Measurement Intervals	Analysis Description	Data/Results
Long term	Children experience greater than expected growth in their acquisition and use of knowledge and skills in the pilot areas	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 increased?	The percentage of children in summary statement 1 will increase by 0.9% over time in the three pilot areas	Indicator 3.b collected in Cornerstone will show a .9 percentage point increase by FFY18	Data collected for FFY18 reporting	Percent of children in SS1 for Indicator 3b	Results included each year with SSIP report; 68.7% for FFY17/SFY18

An example of a professional development evaluation for a family engagement event can be found in Appendix III.

PLANS FOR NEXT YEAR

Input from the three pilot sites and other CFCs and stakeholders has led us to conclude that ramping up to sustain quality practices will require a reorganization of the local leadership teams. Based on the geographic location of our current sites, service providers and other state partners, the consensus was to regionalize, and when necessary, allow leadership team members to serve on and/or support more than one area. In some rural areas with limited numbers of service providers, there may end up being "shared" members. Our updated Performance Contracting, which determines incentives and penalties for the CFCs, has engaged the CFCs in enhanced data use and has increased their awareness of the need to improve practice. Many non-pilot CFCs have already taken advantage of the improved child outcomes training and are beginning to implement new practices. We feel that we can begin scaling our implementation of COS and other evidence-based practices over this next year (pending resolution of the COVID-19 pandemic and resumption of intervention and training activities) given the information we have gained from the pilots and feedback from stakeholders. Activities in the coming year will be related to our family engagement strategy, scale up, and sustainability. Specifically, these activities are:

- ✓ Continued training for leadership team members regarding family capacity building through the use of selected DEC Recommended Practices (RPs)- Throughout SFY20
- ✓ Resource package of activities that can be used by local leadership teams to support family engagement/capacity building professional development activities- 4th quarter SFY20/1st quarter SFY21 due to focus on fidelity tool development
- ✓ Training and support for early intervention teams on family capacity building RPs- continuing throughout SFY20
- ✓ Continue creation and implementation of policy/procedure to define requirements for "up to 20 hours" of EITP training- ongoing during SFY20
- ✓ Revision of payee/provider agreement and supporting documents to include language about new training requirements- ongoing during SFY20
- ✓ Develop/modify materials related to evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) for various audiences (e.g. families/caregivers, providers, CFC staff)- ongoing throughout SFY20
- ✓ Continued refinement of our evaluation plan- Continuing throughout SFY20
- ✓ Continue building infrastructure components identified for a high-quality child outcomes measurement system- throughout SFY20/SFY21
- ✓ Development of fidelity tool to examine use of selected Recommended Practices- continuing through SFY21
- ✓ Enhance use of resource guides and resource packages to support family engagement efforts- throughout SFY20 and SFY21
- ✓ Implement plan for scaling up desired practices- throughout SFY21

The largest anticipated barriers are getting providers to engage in the amount of professional development necessary to change their practices with families, getting those most in need of training and support to attend the professional development offerings, getting providers to implement desired practices, and getting attendees to complete meaningful evaluation measures. While Illinois has a requirement to ensure providers attend ongoing professional development, providers have some ability to choose where they obtain these offerings. It is hoped that encouragement and support from their CFC and local leadership team will encourage their full participation. The state will continue to work with stakeholders and TA centers to access the resources necessary to support our implementation and evaluation activities.

CONCLUSION FOR ILLINOIS SSIP PRACTICE

Our fourth year of implementation has once again shown that our Plan was very ambitious. We continued our COS training to reach a larger number of team members. We also needed to continue increasing the capacity of our leadership team members (through additional professional development and support) so that they felt prepared to support others' growth related to family engagement. We are confident that these time investments have ultimately enhanced our ability to address this improvement strategy. We continue to believe that the leadership teams' support of desired outcomes is critical to the Plan's success as implementation science has shown the benefits of local teams driving system change. We have tried to strike a manageable balance between local teams expressing autonomy and obtaining the evaluation data and forward momentum we need. Teams continue to struggle with time commitments given the amount of work needing to be done. We continue to grow our understanding of how data impacts decision-making with assistance from national TA opportunities. We feel that we are continuing to improve our ability to plan for collecting the data that will help us determine the need for modifications, but still occasionally struggle to find "just right" tools. As a result, we have made a significant time investment in obtaining stakeholder and TA center feedback on our family engagement practices fidelity tool. We continue to benefit from a group of stakeholders that are engaged and willing to help us make decisions. We plan to utilize stakeholder feedback about how to ensure consistent implementation of evidence-based practices for child outcomes and family engagement. Our work in this regard will continue over the next year as we begin to scale up.

Appendix I- Infrastructure Improvements and Activities to Support SSIP Family Engagement Efforts

CFC Manager Handbook will contain information about all aspects of the Manager's responsibilities. Sample items include information about training, credentialing, leadership, and data use.

Leadership fellowship for CFC leaders (launch Aug 2020), with end of goal of strengthened leadership skills, increased decision making ability, strengthened relationships with programs, and communities, sustained quality EI services with improved access to services, increased sense of well-being, and improved child and family outcomes.

IICEI Fiscal Workgroup has been working to understand financial impact of system growth and to begin estimating costs for specific system improvements.

Service Coordination Supports:
IL SC Stakeholder Survey - gain a deeper understanding of required service coordinator knowledge, skills, and motivators for professional growth as identified by IL SC Stakeholders (service coordinators, program managers, parent liaisons, social emotional consultants, and local interagency council coordinators).

SC Forums – focused on providing community of practice for service coordinators and those that support them, targeted discussions and problem solving around family engagement, family assessment, child and family outcomes, and coaching.

SC & Family Assessment series – a new series was developed specifically for SCs and available in all areas of the state. The focus of this series is on engaging families in the EI process from the very start, focusing entirely supporting families to be more confident and competent in supporting their child's unique developmental needs. The Intake and Family Assessment process is highlighted and focused on as a means to engage the family and identify what a family is already feeling confident about and what they hope to achieve through early intervention.

Professional Development Supports:
Developed and implemented a professional development opportunity focused **on Trauma and its impact on child & Family development**. This supported a deeper understanding of child development with family contexts, and serves to support early interventionists in being more prepared to participate in the COS discussions with families, and in understanding family engagement practices through a trauma lens.

Universal EI Curriculum - Adopted and marketed the availability of the 3 professional development offerings from the Universal EI Curriculum workgroup – Mission and Key Principles, Foundational Pillars of EI, and Authentic Assessment – each of these modules highlight the family's role in EI and offers strategies for family engagement. New Providers and Service Coordinators to the system are encouraged to take these offerings.

Developed and Facilitated a Winter Webinar series, with 3 webinars focused on family engagement, supporting families as equal team members, and collaboration with other programs – Coaching Families to Address Challenging Behaviors, Painting a Not-So Perfect Picture: Applying Strengths based approaches in EI, and Home Visiting in IL: Partnering to Promote Child Development.

Engage and Attune – plan and offer multiple series focused directly on engaging families. These are happening in geographic regions throughout the state and serve to support implementation of family engagement practices.

Implementation support for new personnel:
Virtual Office Hours to support early interventionists newer to the system (1 year or less) in understanding key elements of the system including family-centered practices, eligibility, child outcomes summary, and policies around maintaining credentials.

Welcome to EI Email: upon earning their credential, new providers to the EI system are welcomed to the system with an email from EITP, which outlines resources available, and points them to critical pieces of professional development they are encouraged to take. This is aimed at providing support to early interventionists in the area of implementing evidence-based practices with families and young children.

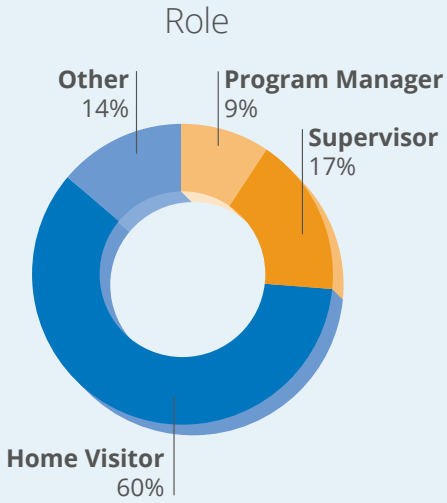
Family Engagement:
Family Video
Family Video developed with an Illinois family to highlight their journey through EI, focused on how they were engaged in the system by professional team members. This was disseminated broadly through social media, as well as directly to each of the CFCs across the state to highlight practices to promote family engagement, and as a mechanism to help potential early intervention families and referral sources in understanding family's involvement in the system and the philosophy of EI.

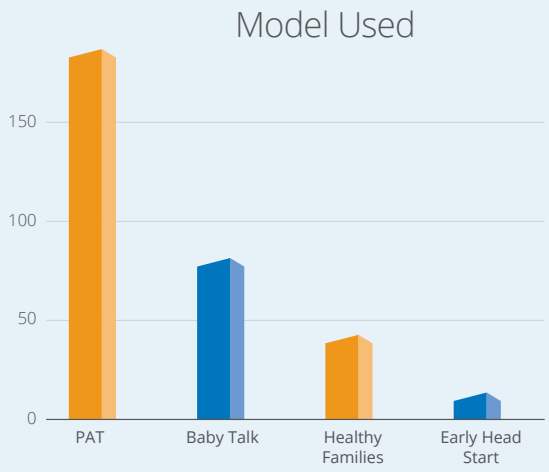
Home Visitor Survey Results

In fall of 2018, a workgroup created by the Early Learning Council and the Illinois Interagency Council on Early Intervention distributed surveys to home visiting and EI providers to better understand their experiences in collaborating with each other and hear what they need to best support children and families they serve. The purpose of the survey was to identify best practices and barriers for collaboration between home visiting and EI staff in order to create better policies, procedures and guidance for providers.

Who participated?

There were 411 participants from 58 counties and 127 zip codes. Cook, DuPage, Winnebago, Will and DeKalb were the top counties represented.



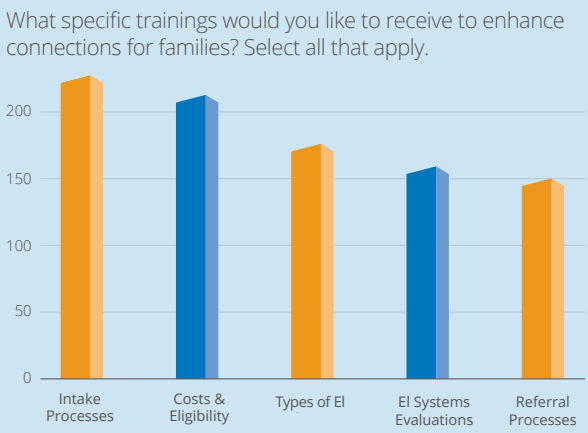


What were the major takeaways?

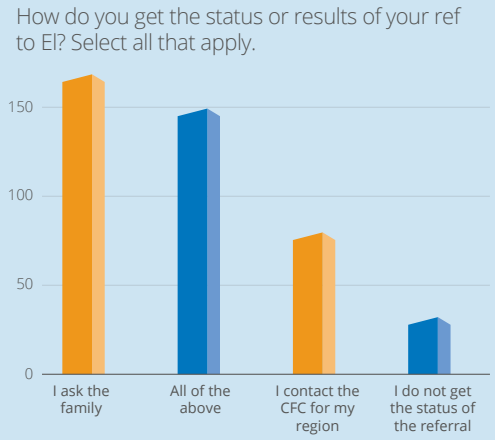
Home visitors are motivated to collaborate with EI providers to serve families enrolled in both programs but face barriers in doing so. Specific takeaways are:

1. **Home visitors would like more information on EI and connecting families to EI services.**

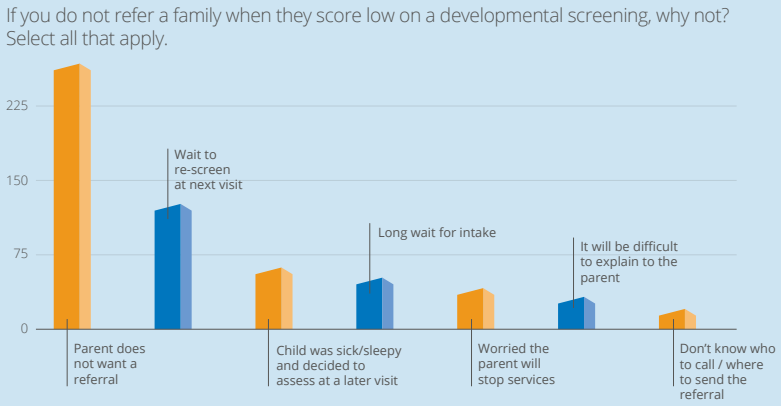
2. **Nearly 75% of respondents have at least one child with a developmental disability on their caseload.**



3. Families are often in the position of relaying information back and forth between home visitors and EI.

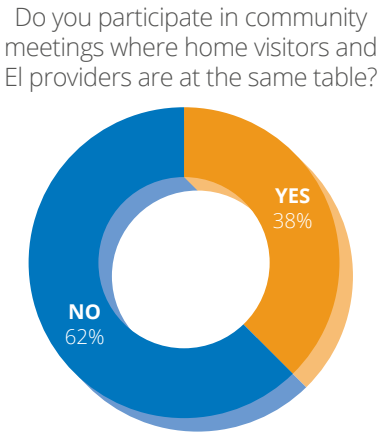


4. Parents declining the referral was the number one reason families were not referred when they scored low on a developmental screening.



5. A major barrier to participating in IFSP meetings and completing shared visits is scheduling.

6. Home visitors do not participate in community meetings with EI providers but would like to.



Recommendations

1. Increase pre-service training for EI and home visiting providers on their respective systems and provide ongoing opportunities for shared professional development.
2. Share eligibility criteria and locations for home visiting and EI providers with their counterparts.
3. Convene a meeting of HV and EI funders to review and modify intake procedures and forms for easier referrals and information sharing between two systems.

Appendix III- Example of family engagement training evaluation and responses

Total Attendance: 32 **No. of Evaluation Respondents: 25**

Session Evaluation

Please rate the following statements as they relate to the session:

Answer Options	Highly Relevant	Largely Relevant	Somewhat Relevant	Barely Relevant	Not Relevant
5. Rate the relevancy of the presented information and activities to your knowledge of family engagement and ability to engage families.	25 100.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
6. Please rate the relevance of this training for helping you implement coaching practices with families.	21 84.00%	3 12.00%	1 4.00%	0 0.00%	0 0.00%
Answer Options	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
7. I have increased my knowledge of how the COS process is intended to improve family engagement.	18 72.00%	7 28.00%	0 0.00%	0 0.00%	0 0.00%
8. I gained knowledge about how the COS process lays the foundation for engaging the family in IFSP outcome discussions.	18 72.00%	7 28.00%	0 0.00%	0 0.00%	0 0.00%
9. I have increased my knowledge of strategies that improve family engagement.	17 68.00%	8 32.00%	0 0.00%	0 0.00%	0 0.00%
10. I gained knowledge about the characteristics of coaching and how coaching can be used to build family members' capacity.	21 84.00%	4 16.00%	0 0.00%	0 0.00%	0 0.00%
11. I have increased my understanding of how family engagement can lead to children's improvements in their acquisition and use of knowledge and skills.	19 76.00%	6 24.00%	0 0.00%	0 0.00%	0 0.00%
12. I have learned about some ways to address identified barriers to family engagement.	16 64.00%	9 36.00%	0 0.00%	0 0.00%	0 0.00%

Comments

13. Please comment on the training outcomes, and what you gained from participating in the training (e.g., knowledge, skills, motivation).

- Gained more knowledge in going bagless.
- It was wonderful to see the positive attitude and openness to move toward more family engagement.
- I think it was helpful to have discussion that promotes self reflection and allowed us to find confidence in our ability to coach families.
- Looking forward to more positive gains with my clients by including the family and adapting to their needs
- More knowledge and skills to work with families with the knowledge and skills that they have while also educating them and validating them.
- Validation of coaching parent/caregiver ultimately leads towards child's success.
- Continued to reinforce the need to build relationships and the importance of engaging with all members of the family for the child's overall success.
- Engaging families- and working off their family routines.
- I will be focused on the family and their needs. I will also consider the learning style of the parents and/or adults, so I can help them learn how to teach the skills to their children.
- I have a better understanding of how to coach the parents. I'm much more motivated to try this new approach. It was great to sit with the other DTs and be able to share what works and doesn't work for us.
- I gained greater understanding about the importance of family engagement and the roles of each team member with the engagement
- The importance in reviewing information contained in the routine based interview to highlight family strengths and using identified strengths to build a collaborative relationship.

14. Please describe one new thing you will try to incorporate into your practice as a result of participating in this training.

- Awareness of adult learning styles

- Going bagless
- I will be asking more about the way the parent learns, and be training new staff to take this into account as well.
- More open ended questions about routines
- Bag less therapy!
- Collaborate with the family at the beginning of every session
- Looking at the best way both the child and adult takes in information to be used when guiding them in routine based interventions
- I am going to try much harder to coach the parents and encourage them to model what I have taught them.
- better communication between all team members
- Routine based interventions to support functional outcomes
- having parents practice new skills during sessions

Appendix IV

IL- Child Outcomes Summary Process Fidelity Checklist Summary

Please indicate the extent to which the team used these practices:	Yes	No	Comments
Including the family: The team			
Communicates with the family about the COS process in an unbiased way by: • describing/defining the three outcomes	92%	8%	
• describing the rating criteria, and	92%	8%	
• explaining how the family will be involved in the process	92%	8%	
• explaining why we collect this information, e.g. determine the impact of the program	92%	8%	
Shares what data is collected and that it is used to evaluate the program	83%	17%	

Please indicate the extent to which the team used these practices:	Yes	No	Comments
Uses the "COS at IFSP" document or verbalizes its content to explain the COS process at the ISFP meeting	25%	75%	
Discusses the types of information that will be useful for the process. Examples (as appropriate) may include: • reports from parents and/or other caregivers, • information from intake (RBI and ASQ:SE), • information from the referral source, • evaluations, • observations, and • progress reports	100%	0%	
Both listens to the family and shares information to build respectful partnerships that are responsive to the family's cultural practices and beliefs	92%	8%	
Uses an EI enrolled interpreter when needed to ensure understanding	100%	0%	When applicable
Routinely checks for understanding by team members before moving on	100%	0%	
Understanding child functioning: The team			
Shares information they have about the child's functional skills for each of the 3 child outcomes	100%	0%	
Discusses the child's current functioning in each outcome area, including gathering information from the family about the child's participation in everyday activities across settings	92%	8%	
Ensures that information from multiple sources is considered for each outcome, e.g., family input, other observations, assessment, progress monitoring, child care providers, specialists, etc.	100%	0%	
Discusses the child's current use of skills related to age-expected development (incorporating age anchors as necessary), including skills the child has and has not yet developed	100%	0%	
Building Consensus: The team			
Uses available resources/materials to create a shared understanding of the child's development	42%	58%	

Please indicate the extent to which the team used these practices:	Yes	No	Comments
Discusses the rating for each outcome in descriptive terms, NOT using a number	100%	0%	
Reaches consensus for each outcome's rating	92%	8%	
Ensures that the ratings are consistent with the information shared and discussed, verifying that sufficient evidence has been discussed to support the rating	100%	0%	
Documentation: The team			
Documents the rating in Cornerstone (ASO3 screen)	100%	0	When laptop available
Includes sufficient evidence for the rating in the documentation (e.g., captures the reason for the rating)	100%	0	When laptop available

Accessibility Report

Filename: IL-C SSIP Phase 3 Yr 4 033120.pdf

Report created by: [Enter personal and organization information through the Preferences > Identity dialog.]
Organization:

Summary

The checker found no problems in this document.

- Needs manual check: 0
- Passed manually: 2
- Failed manually: 0
- Skipped: 2
- Passed: 28
- Failed: 0

Detailed Report

Document

Rule Name	Status	Description
Accessibility permission flag	Passed	Accessibility permission flag must be set
Image-only PDF	Passed	Document is not image-only PDF
Tagged PDF	Passed	Document is tagged PDF
Logical Reading Order	Passed manually	Document structure provides a logical reading order
Primary language	Passed	Text language is specified
Title	Passed	Document title is showing in title bar
Bookmarks	Passed	Bookmarks are present in large documents
Color contrast	Passed manually	Document has appropriate color contrast

Page Content

Rule Name	Status	Description
Tagged content	Skipped	All page content is tagged
Tagged annotations	Passed	All annotations are tagged
Tab order	Passed	Tab order is consistent with structure order
Character encoding	Passed	Reliable character encoding is provided
Tagged multimedia	Passed	All multimedia objects are tagged
Screen flicker	Passed	Page will not cause screen flicker
Scripts	Passed	No inaccessible scripts
Timed responses	Passed	Page does not require timed responses
Navigation links	Passed	Navigation links are not repetitive

Forms

Rule Name	Status	Description
Tagged form fields	Passed	All form fields are tagged
Field descriptions	Passed	All form fields have description

Alternate Text

Rule Name	Status	Description
Figures alternate text	Passed	Figures require alternate text
Nested alternate text	Passed	Alternate text that will never be read
Associated with content	Passed	Alternate text must be associated with some content
Hides annotation	Passed	Alternate text should not hide annotation
Other elements alternate text	Skipped	Other elements that require alternate text

Tables

Rule Name	Status	Description

Rows	Passed	TR must be a child of Table, THead, TBody, or TFoot
TH and TD	Passed	TH and TD must be children of TR
Headers	Passed	Tables should have headers
Regularity	Passed	Tables must contain the same number of columns in each row and rows in each column
Summary	Passed	Tables must have a summary

Lists

Rule Name	Status	Description
List items	Passed	LI must be a child of L
Lbl and LBody	Passed	Lbl and LBody must be children of LI

Headings

Rule Name	Status	Description
Appropriate nesting	Passed	Appropriate nesting

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