

Overview to Illinois State Systemic Improvement Plan (SSIP):

Illinois Early Intervention (EI), under the umbrella of the Department of Human Services, serves over 21,000 children through Individualized Family Service Plans (IFSPs) each month through our 25 Child & Family Connections (CFC) offices. Illinois approached the SSIP as an opportunity to perform very intense and meaningful analysis of our data, our infrastructures, our community capacities and our system of service delivery. The process has helped Illinois create a meaningful State Identified Measurable Result (SIMR) to improve results for our children with disabilities and their families. Illinois created a core group for SSIP development which initially consisted of:

- Amy Tarr, Bureau Chief of Early Intervention and Part C Coordinator
- Eileen Deroze, Bureau of Early Intervention
- Ann Freiburg, Bureau of Early Intervention
- Tahney Fletcher, Data Manager- Early Intervention
- Chelsea Guillen, Illinois EI Ombudsman
- Sandy Schmitz, North Central Regional Resource Center (NC-RRC)

The core group continues to change due to staffing changes within the Bureau and the shifting of the OSEP contract for technical assistance from the RRCs to the new National Center for Systemic Improvement (NCSI). Amy Tarr and Eileen Deroze have both left the Bureau, accepting other positions within State of Illinois systems. Ann Freiburg is serving as the Interim Bureau Chief and Interim Part C Coordinator during the hiring process. Tahney Fletcher has accepted another position in the Bureau as of April 1, 2015 which changed her duties from the Data Manager to Policy and Contracts. Tahney will continue with the core group under her new position. The Bureau continues to experience challenges with filling positions. The remaining members of the core group are Ann, Tahney and Chelsea. Additional staff resources will be dedicated to this process as new staff are hired. Illinois' recent change in Governor has also impacted a number of established internal and external Bureau processes. All this being said, we continue to move forward with this process of improving outcomes for children in Illinois.

Illinois utilized a variety of existing groups representing the diversity of system stakeholders. These groups provided input for the various components of the SSIP. The stakeholders included:

- The Illinois Interagency Council on Early Intervention (IICEI): The council represents multiple partners including EI Providers, sister State agencies (with representatives from the state Medicaid lead agency, child welfare, Division of Specialized Care for Children, Part B/619 of IDEA, parents of children with disabilities and advocacy groups. IICEI members were involved in each step of the process, providing input, asking questions, and approving decisions.
- DHS Bureau Staff – Aside from the core group, all staff had SSIP information provided to them and were given opportunities to provide feedback.
- CFC Managers – Each of the 25 regional points of entry have a CFC Manager. The 25 Managers meet monthly with the Bureau and EI partner contracts. Managers were updated regularly regarding SSIP activities, asked questions about processes, and assisted with clarifying information.
- Innovation Zones CFC Managers/LIC Coordinators – Three of the 25 CFC Managers specifically managing the local offices geographically holding the Innovation Zones which are the targeted pilot sites in Illinois. These CFC Managers provided invaluable support during the coordination of the focus groups, input for the in-depth infrastructure analysis, and assisted with the selection of improvement strategies.
- Service Delivery Approaches Workgroup – This group has been reviewing system strengths and challenges and is working on recommendations for improving the service delivery approach. This workgroup includes IICEI members, providers, CFC staff, provider association representatives, parents, and advocacy groups. This workgroup has been provided monthly updates on SSIP activities, has asked clarifying questions, and has made suggestions to improve aspects of the plan.

- Race To the Top (RTT) –Early Learning Challenge Grant, Innovation Zone members and Director of Innovation – Illinois gratefully collaborated with the RTT Innovation Zones (IZ) who indicated in their plan a desire to work with EI. The Innovation Zones coordinator is Leah Pouw. IZ members provided information collected through their early activities, participated in focus groups, and shared information about ongoing and future activities. Leah Pouw provided resources, discussed IZ processes, and shared ideas/options for alignment of activities.
- OSEP representatives – Attended face-to-face visit to review progress of SSIP and provide feedback and additional resources.
- Regional Resource Center (RRC) staff– North Central RRC team leader Sandy Schmitz and a team of data analysts assisted Illinois with multiple aspects of the SSIP as a pilot supporting Part C and Part B through this new process. RRC staff outlined the process, helped establish steps and desired outcomes, provided intensive quantitative data analysis, and provided guidance and resources to help Illinois with SIMR development.
- Cornerstone staff- Cornerstone is the data collection application used by Illinois’ CFCs and the Bureau. Cornerstone team members provided the core group and RRC staff with the data used for the quantitative analyses conducted at both the initial and final parts of Phase 1.
- EI Training Staff – Multiple EI Training staff assisted Illinois throughout SSIP planning and development. In particular, Training staff conducted the focus groups and summarized the qualitative data collected during these groups.
- The EI Ombudsman is housed within the EI Training team and has been a member of the core group throughout Phase I of SSIP. The Ombudsman performed much of the qualitative data analysis as well as conducted the research to find evidence-based practices that could be used to support the Coherent Improvement Strategies. The core group will continue to use EI partners in all future phases of the SSIP.
- EI Child and Family Outcomes Workgroup – This workgroup includes many stakeholders represented in other groups, such as core group, EI Training, EI Ombudsman, CFC managers, and EI providers. This group meets quarterly to review both child and family outcomes data and processes. This group reviewed APR outcomes information and provided input for the targets in the Innovation Zones.

Illinois utilized input from a variety of stakeholders, attempting to capitalize on the unique perspectives of these representatives. These partnerships strengthened the process and laid the groundwork for capacity-building opportunities. Illinois feels confident that the selected pilot sites are sound and represent communities with concentrated need; community providers (including EI providers) with demonstrated interest; a history of collaboration; and strong local support. Implementation science encourages us to consider a variety of factors when contemplating change, including readiness, capacity, need, fit and resources. Aligning SSIP activities with current RTT-ELC efforts helps address many of these factors.

For our SIMR, Illinois chose the child outcome addressing the acquisition and use of knowledge and skills. We will examine changes in this outcome in pilot areas within three CFCs. These areas in Illinois have proven to have challenges in this area and represent the range of diversity present within the state. The Illinois Annual Performance Plan (APR) historically has shown some improvement in this outcome, but through this process of data analysis, Illinois identified specific issues that demonstrated a need for a more focused investment to improve accountability. The SIMR chosen for Illinois:

- 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.

The IICEI created a workgroup, the Service Delivery Approaches (SDA) workgroup, which consisted of Early Intervention stakeholders such as EI Providers, local CFC Managers, providers of Professional Development and

others. The charge of the workgroup was to review the service delivery methods in Illinois and make recommendations for an approach that would best support outcomes for children with disabilities and their families. Illinois included the Service Delivery Approaches workgroup in the mix of stakeholders due to their unique mix of EI supporters and because the workgroup would be making recommendations about service change, including the use of evidence-based practices in service delivery. It was felt that SSIP improvement strategies should align, to the degree possible, with the recommendations of the workgroup.

Illinois baseline and targets were determined using a variety of data as well as stakeholder input. From the inception of the SSIP process, Illinois utilized the OSEP Technical Assistance program of the North Central RRC, the IICEI, the CFCs, as well as RTT Innovation Zone leaders and communities to discuss progress, review challenges, and analyze/review data.

The RRC team members were instrumental in helping Illinois its SIMR. The core planning group leading the charge for the SSIP included Illinois state staff, the RRC staff, and the EI Ombudsman. Illinois collects large amounts of data through its statewide data system, Cornerstone. However, identifying an area for examination and narrowing the discussions to focus on a possible improvement plan was initially challenging for the Illinois team. The core group's initial responsibilities included the data analysis, statewide infrastructure analysis, the selection of the SIMR, selection of coherent improvement strategies and the development of a theory of action.

After reviewing the challenges identified by the focus groups, the primary barriers to positive child outcomes were identified as a lack of external and internal knowledge of what EI is and does. It was felt that these two barriers could be addressed through improvement strategies focusing on increasing stakeholder understanding of EI Principles, through training providers on the use of these principles during service delivery, through improving messages for outside stakeholder/primary referral sources and by updating policy and procedures to support the use of evidence based practices.

In addition to the required elements, the core group broke tasks down into manageable steps, assigning timelines and responsibilities, meeting to monitor progress, sharing information with stakeholders, gathering stakeholder input and discussing stakeholders' input. These tasks were completed utilizing multiple face to face meetings, conference calls, focus groups, and webinars. In addition, work was completed between these meetings and often included data analysis and outreach to other EI community members.

The core group used demographic and performance data and the assistance of the Director of Program Innovation for Illinois' RTT project to narrow down the options for pilot sites that, if selected, would allow the leveraging of resources during improvement efforts. As noted above, the EI Training Program worked with the RTT Innovation Zones' leadership and CFC staff to conduct the focus groups that provided qualitative data and insight around root causes of historical program challenges. This information informed the core group's in-depth infrastructure analysis.

Component #1: Data Analysis

How Key Data were Identified and Analyzed

Illinois worked very closely with the RRC staff throughout the data analysis process to better understand the strengths, weaknesses, and limitations of our data. Many lessons were learned and, outside the scope of the SSIP process, Illinois has plans to implement strategies to improve the fidelity of the data we collect. Illinois used both quantitative and qualitative data in its data analysis to help determine the SIMR and the root causes. Quantitative data related to performance, participation, diversity, retention, and Child Outcomes were analyzed. Qualitative data included feedback from focus groups and the broader planning group which included the core group plus the CFC Managers from Innovation Zones and the Director of Program Innovation for the Innovation Zones.

The core planning group began with some initial questions for exploration. RRC staff helped the group look at the potential impact of a variety of factors on child outcomes performance. Initial analyses looked at service provision in natural environments, amount of service, and eligibility reason as potential factors that may influence child outcomes performance. No meaningful differences were identified, however, based on these factors. The group then decided that a meaningful measure for examining child outcomes needed to be determined since looking at entry-exit scores in isolation created a confusing picture. It was determined that examining summary statements, which combine children across certain progress categories, was a more meaningful way to examine the impact of the program. Given the reasons children enter the system, the group felt that it could more meaningfully impact the summary statement that captures which children demonstrated greater than expected growth when exiting the program. We felt that this measure demonstrated the impact of the program and would be the best measure to evaluate the success of selected strategies. The core group initially looked at all three child outcomes. Concerns with the accuracy of the data for positive social relationships emerged, so this outcome was not selected. The core group then considered the other two outcomes, ultimately deciding that the outcome for children acquiring and using knowledge and skills was most closely aligned to the change we wanted to see occur for children in the program.

Qualitative data provided by both SSIP focus groups and Innovation Zone committee members was used to understand specific, community-reported barriers to referral, retention, and desired performance. These data elements were shared with the various stakeholder groups to gain additional insight and to help determine how this information could help us identify root causes and select improvement strategies. While the quantitative data collected through our data system was helpful, the qualitative data collected from the Innovation Zone work and the Innovation Zone focus group meetings was very beneficial in providing context for the quantitative information. In addition, the CFC input around the in-depth infrastructure analysis provided information about local perceptions and challenges which was not available through utilizing only the core group membership. This input helped confirm the themes identified by the focus groups and provided direction for meaningful improvement strategies.

Illinois currently uses monthly statistical data reports to provide the CFCs the necessary information to show strengths and weaknesses. The monthly data provided includes caseload summary as well as compliance and results indicator data. Each CFC is given disaggregated information specific to their CFC population. A combination of active, closed, referrals, IFSPs started (timely and untimely), transition activities, terminations as well as age categories and certain socio-economic factors is provided. This data is also provided as a method for informing the CFCs of their performance in comparison to the other CFCs across the state. Illinois uses the monthly statistical data as a means for calculating their payments under a Performance Contracting structure. The Data Manager's responsibility is to analyze the data and provide information on trends and methods for correcting outliers. Illinois also provides CFCs some ability to obtain child-specific data if a concern on their statistical data is raised. Correction of certain data components is supported through reports prepared for the individual CFC for their review to confirm accurate data collection processes. The use of data to understand and improve program performance is constantly being examined based on input from the CFCs as well as other stakeholders.

How Data were Disaggregated

APR Indicator 3 Child Outcomes provides information about a child's progress from program entry to program exit to show the impact of participation. Illinois collects ratings at initial, annual and exit IFSP meetings through the CFCs.

Service Coordinators guide the team discussion to seek a consensus by the multidisciplinary team working with the child. For reporting in the APR Indicator 3, only children who have been in the system for a minimum of six months are considered. Also, only children who have both an entry and exit outcomes score can be used. CFCs receive feedback annually on their specific performance compared to statewide performance as well as their

compliance with system expectations related to child outcomes (expected number of matched pairs compared to actual number). While statewide outcomes data is similar to the performance of other states, in-depth data analysis allowed the core group to identify areas of lower performance within specific geographic areas. The in-depth analysis allowed us to examine whether or not differences existed between various groups based on demographic characteristics such as income and race. We wanted to see if the program had been able to serve groups equally or if “high risk” families had more difficulty finding and remaining in the program. The detailed analysis allowed the core group to drill down and determine trends unidentifiable in statewide data and helped us quickly determine where to focus our improvement efforts. By comparing the performance of the six sites, three Innovation Zones clearly stood out as demonstrating greater need. The core group presented the results of the quantitative data analysis through power point presentations to the CFC Managers, the ICEI and the SDA workgroup. Each stakeholder group was tasked with presenting feedback which helped guide the core group to develop the SIMR, the coherent improvement strategies and the theory of action.

Once the core group decided to use summary statements and the group received information about work in the Innovation Zones, additional data was examined to help with the selection of pilot sites. Ongoing work in the Innovation Zones demonstrated the level of community capacity building that was occurring. The charts below show two samples of the type of quantitative data collected within the Innovation Zone in East St. Louis, Illinois. This sort of activity within the RTT Innovation Zone proves the partnership is exactly in line with the SSIP improvement strategies EI wanted for our children. For each Problem Statement, the Innovation Zone captured goals, resources and specific activities/tasks based on the needs of the community.

PROBLEM STATEMENT

Families have limited access and awareness of the resources, programs, and supports specifically designed by State departments, local agencies and schools which target their participation. Parent input is rarely solicited when programs and services are designed. In addition, there are few programs/schools which welcome their involvement and/or promote opportunities for their engagement, which contradicts the belief that parents are the first and most important teacher to their children.

PROJECT GOAL: Families are viewed as leaders and are involved in their child’s education so their children can reach their full academic potential. (Family Engagement also supports screening & quality activities, see their LM tab)

RESOURCES

1. **HAVE:** Parents, AOK funding, stipends, IDHS CCAP add-on incentive for non-licensed Family, Friend, and Neighbor Care providers, COFI trainers, Level 1, CFC trainers
2. **NEED:** More funding for Parent Ambassadors to support parent stipends, policy waiver to support award of stipends, Parent Ambassador Coordinator.

ACTIVITIES/ TASKS

1. Recruit Parent Ambassadors with diverse perspectives. (i.e.: Fathers, teen parent, parent of a child with disabilities, Head Start, Housing Authority)
2. Parent Ambassadors complete COFI training
3. Parent Ambassadors complete Level 1 training.
4. Parent Ambassadors conduct outreach to priority populations within the GESTL-IZ and support the activities outlined by the screening and quality committees and AOK Network.
5. Develop incentives for Parent Ambassador who will be crucial to the work of engaging families from our priority populations.
6. Parent Ambassadors conduct quarterly developmental screenings in collaboration with CFC, head start, School District, AOK and/or child care centers in order to facilitate relationships between families and service providers.
7. Parent Ambassadors will conduct home visits with a CFC Service Coordinator to facilitate intake.

ACTIVITIES/ TASKS - continued

8. Parent Ambassadors connect or refer families to community resources such as: community/school activities, developmental screenings, social services, 211, WIC, shelters, CCR+R, CCAP, etc.
9. Parent Ambassadors will provide quarterly parent lead trainings

Explore and expand TANF worksite opportunities, so that parents can be mentored/trained by professionals from different sectors which ultimately will lead to employment skills and self-sufficiency.

PROBLEM STATEMENT

Providing Special Education is not an Innovation, it is a legal requirement. There is minimal screening of children 0-5 years of age that is occurring in the community, and no coordinated, community wide systemic approach. Currently in Greater ESTL, there are 5,000 children between the ages of 0-5 and 2,300 children that are 0-3. Screenings are predominately offered by health care providers, and minimally through home visiting programs (EHS, PI, HFI serving 250 children). Currently, only 3 child care centers of 15 self-reported that they offer early childhood screening. It is common practice for school districts to stop screening children once the Preschool for All Program has full enrollment. Screenings in the community for children ages 0-5 are primarily completed to fulfill State or Federal program contracts.

PROJECT GOAL: Develop a community wide systemic approach designed to increase awareness, access, and utilization of developmental screenings for children 0-3 and 3-5 years of age.

RESOURCES

1. HAVE: Limited early childhood home visiting staff who provide screenings, local health providers in the community, Early Childhood Programs (Space), relationships with early childhood programs, STAR NET (copies, training, equipment), Care Giver Connections, Children's Home + Aid (resource, data), Space at SIUE, United Way, Local Foundations.
2. NEED: Staffing to support the work; software or system for data collection; crucial conversations with community leaders about capacity, resources, and commitment; additional State funds for expansion of home visiting services for children 0-3; develop relationships with community partners such as nurses with SIUE, Dr. Kim White (resource), Father Center (space and families); more Parent Ambassadors, Ounce of Prevention (resource + training), consultant to provide clearer understanding of laws, family rights and roles and responsibilities of state contracts for special education and mental health services; additional professionals qualified and trained to screen children; participation from health; more child care directors, community based programs already working with parents such as Father center, housing authority, etc., trainings to better understand the community such as Bridges out of Poverty and Mental Health, Title I Funding to support screenings, Tom Kennedy (attorney), Land of Lincoln Legal Aid; location of intensive services and therapies are located more than 20 miles from Greater East St. Louis; EI and School District partnership to provide Birth to Three Screenings; Family Matters Expertise.

ACTIVITIES/ TASKS

1. Year one focus: Engage a consultant to facilitate community wide action essential to support community wide ownership, buy in, understanding, and best practice approaches to support a sustainable systemic approach to screening young children ages 0-3 and 3-5. Consultant and community partners would attend bi-monthly meetings to: develop relationships, learn why children aren't being screened, understand legal obligations, determine how together we could be more effective delivering services, create a system to track data, expand screenings to include social emotional well-being, plan community wide screenings, and explore the 5 why's of potential barriers. (ANY AND ALL FOLLOW UP ACTIVITIES ARE CONTINGENT UPON THE SUCESS OF THIS ACTIVITY)

ACTIVITIES/ TASKS - continued

2. Convene community partners to come to an agreement/consensus on a community wide screening tool(s).
3. Provide professional development on screening tools for child care staff and community partners to ensure fidelity to the screening tool. Provide professional development on referral and reporting obligations such as Child Find to all partners.
4. Establish locations and dates for quarterly community wide screenings that occur in child care centers, community hubs, and with Family Friend and Neighbor Care in zip codes 62201, 04, and 07.
5. Develop and expand AOK Parent Ambassador Partnerships to receive COFI leadership training, early childhood knowledge through Level 1 (Tier 1 & 3) and CFC training.
6. Develop a community wide marketing campaign to promote well baby visits, screening awareness, locations of screening, and partner with AOK Parent Ambassadors for neighborhood canvassing and peer-to-peer outreach. Change utilization of the CCR+R QCCC Van for screenings.
7. Establish referral process for parents, FFN, and child care to ensure linkage between children and families to the appropriate supportive services.
8. Review and compile existing resources with Parent Ambassadors. Resources would be compiled for parents, FFN, faith community, health, and child care centers. Resources would be co-located at community hubs, so that the information is easy to obtain. Resources might include: services and supports, such as CFC, Caregiver Connections, CCR+R, Star Net, PI, HFI, WIC, 211, Look What I can Do, etc.
9. Establish a home visiting model for a CFC Service Coordinator - COFI-Parent Ambassador - Peer, to facilitate the CFC intake visit.

Ultimately, the core group examined a variety of factors to help with the process of disaggregating data. Namely, we compared child outcomes progress information, participation rates, ethnic/cultural diversity, geographic diversity, RTT focus, social economic status, number of children lost to contact from intake, and number of children lost to contact after an IFSP was developed. The last two factors were used to develop an understanding of referral and retention efforts in the Innovation Zones. Illinois stakeholders recognize that we can't improve results for children if the children don't participate in the program. The quantitative data analysis demonstrated a general weakness in both reaching and maintaining enrollment for the children who are harder to serve. Reaching and serving these populations is a similar goal of the RTT projects.

The similar focus of the core group and the RTT Innovation Zone groups suggested that purposeful coordination of both group's resources would be beneficial when attempting to implement improvement strategies in the Innovation Zones. Each Innovation Zone was then compared to the other Innovation Zones to ensure that we were picking sites where improvement was needed and the sites represented enough diversity that successful strategies were likely to be meaningful statewide.

Data Quality

At first glance, our data collection appeared to provide necessary information. However, as we began to drill down and involve input from stakeholders, we discovered the level of detail and the types of information desired to select the coherent improvement strategies were not necessarily found within the data system.

Illinois recognized a need for improved data collection based on improved use of evidence-based practices. The Cornerstone data system has capabilities of improving access as well as incorporating additional functionality to steer users into the correct use and collection. Additionally, Illinois recognized the need for better monitoring and reporting at the local level to provide better data for the front-line users to see if the improvement strategies are working as anticipated. As such, the State team has provided the data system with a number of initial improvement requests with the more intense requests being worked out as part of Phase II of the SSIP. By improving the capabilities of the system with the approval of CFC offices and EI Providers, the State hopes to

achieve the SIMR as well as improve other compliance factors as a ripple effect of overall improved service delivery.

The broad data analysis using APR data concluded that, as a state, we perform well. Further drilling down of the details of the APR data, however, revealed variance in performance across regions with some areas demonstrating troubling participation and retention rates as well as lower performance in child outcomes. Each of these elements was used by the core group as a basis of determining the pilot subset of areas within the state to focus the efforts of the resources available. The discussion included data analysis, community capacity, resources of the state and the local CFC. The chart below shows the results of the discussion which determined which of the three RTT Innovation Zones would be selected.

	ESL	Williamson	Cicero	Thornton	Aurora	Pilsen
Performance	Above Avg	Lowest	X	X	Low	High
Participation	Lowest	Avg	High	Avg	Low	High
Diversity	√		√	√	√	√
Geography	South/Urban	South/Rural	North/Urban	North/Urban	North/Urban	North/Urban
Race to the Top input (leveraging of resources/capacity)	√	√			√	
Social economic status	√	√	√	√	√	√
Lost due to unable to contact (IFSP)	High	Low	High	High	Low	Low
Lost due to unable to contact (no IFSP)	Low	Low	High	High	Medium	Medium

Considering Compliance Data

An early data analysis was performed with data from the three Innovation Zones to consider how other factors might be influencing the SIMR Illinois was choosing. This first analysis looked at the Innovation Zones’ performance on the three compliance indicators, namely, Indicator 1: Timely Services, Indicator 7: IFSPs Initiated within 45 Days and Indicator 8: Transition. Children in the CFCs geographically inclusive of the Innovation Zones overall did fine with the exception of East St. Louis which had a slightly lower Transition percentage. This was an initial indication that outside factors may be impacting our success of children getting in and out of EI with improved outcomes. The Innovation Zone specific participation rate data confirmed that the participation rate was lower in the three Innovation Zones than the average across Illinois. The review of this data raised the concern that if we were not getting the children who live in these areas into the program, we could not serve them and improve their outcomes. Further examination of the Innovation Zone data included looking at retention of children in the program and their reason for leaving the program. Within the three Innovation Zones, we could see that even if we did reach a child, our ability to develop an IFSP was hindered by inappropriate referrals as well as losing families due to no contact or declining to participate. Additional analyses indicated that within the Innovation Zones, if a child was able to receive an IFSP and start services, they were likely to be eligible for Part B services. This confirmed our belief that there is definitely a need to reach and retain children in these areas.

These analyses, in addition to the qualitative data provided by the Innovation Zones Focus Groups confirmed a lack of information and resources in three areas which directly impacted the ability to reach and serve the

children needing EI. Three Focus Groups were conducted in each CFC to obtain feedback on challenges to referral, retention, and performance on child outcomes. The three groups were made up of Innovation Zone Committee members, CFC Staff, and Providers in the communities involved. Their feedback helped the core group and other stakeholders identify the root causes of poor performance.

Both sets of data illustrated the need to strengthen the capacity of local programs to conduct developmental screenings while simultaneously improving referral sources' knowledge of the program before improvements can be seen. The data also indicated that training on completing child outcomes ratings and on providing services consistent with EI principles would be necessary to improve both data collection and retention of families in the program. Leveraging all resources within the Innovation Zones should allow us to examine the utility of improvement strategies for addressing these issues. Successful strategies can then be shared for statewide implementation. Continuous data analysis will be imperative for evaluating the impact of strategies on desired improvement.

Additional Data

As mentioned earlier, the CFC managers from the Innovation Zones and Leah Pouw gathered with the core group after the focus groups were conducted. The Innovation Zone committees prove to be an ever-evolving stakeholder for Illinois' SSIP process with the capacity to leverage more and more community resources. The core group, in return, is providing disaggregated data to assist the RTT Innovation Zones in their work. After meeting with the managers and Ms. Pouw, the core group summarized the strengths and challenges identified by focus group participants and the managers. These trends were then grouped and compiled into one document. The unduplicated trends were grouped into five main categories. Then a literature review was completed to identify any evidence based practices that might help address the identified issues. The chart below shows the initial compilation. The cited evidence is coded for the core group's use and does not reflect the actual citations. Much of this evidence centers on how to accomplish system change. The core group could not identify an evidence base for each trend but did realize the value in developing strategies to address many of these challenges. An example of the trends, identified barriers, and strategies for addressing them are included below.

Innovation Zone Focus Groups' and Manager-Identified Challenges, Trends, and Corresponding Evidence-Based Practices

Expectations

1. Confusion around screening reports, public awareness activities unclearly defined, difficult to accomplish necessary PA with part time position
 - Some of this is more related to policy/procedure but see information about marketing and referral sources below for PA ideas
2. EI principles do not drive services:
 - a) Unaware- lack of presentation in pre-service; not covered in most non- EITP developed trainings
 - b) Not understood
 - c) Lack of expectations for teaming; fee structure prioritizes direct service, not consultation;
 - d) Services are financially driven vs child/family needs
 - e) Accountability focuses on compliance; not quality/consistency of implementing EI principles
 - Evidence-based practices around EI services: (Could start with National EI Principles, since there is an identified evidence-base for those)
 - The sources and contexts of learning opportunities promoting child learning and development are the everyday activities making up the fabric of a child's everyday life. [Raab, casemaker]
 - The benefits associated with interest-based involvement in everyday activity include: (a) increased child participation in his or her social and cultural groups and settings and (b) child

- behavioral and developmental progress, including, but not limited to, positive child engagement in activities, peer social interaction, increased communicative competence, positive child behavior, and developmental progress. [Raab, casemaker]
- A basic foundation of capacity-building parenting support and practices is recognizing the strengths and assets of parents, and using these capabilities as the basis for promoting and building parenting abilities. [Wilson, casemaker]
 - Parenting supports include the information, advice, guidance, etc. that both strengthen existing parenting knowledge and skills and promote acquisition of new competencies necessary for parents to both carry out child rearing responsibilities and provide their children development-enhancing learning opportunities. [Wilson, casemaker]
 - Participatory parenting opportunities provide parents experiences that strengthen existing parenting abilities and provide contexts for learning new parenting skills. [Wilson, casemaker]
 - Evidence now indicates that being treated in a family-centered manner is associated with different parent and family benefits. These include, but are not limited to, parent/family empowerment; parent/family well -being; parents’ judgments regarding their parenting competence and confidence; and parents’ judgments about their children’s behavior. [Dunst & Trivette, casemaker]
 - Evidence-based practices around making practice/service changes:
 - Change involves letting go of old patterns, transitioning, and starting something new- “reculturing”
 - Change initiatives call for people to think, feel and behave differently. Thus new skills and capabilities will be required of individuals involved in the change activities.
 - People involved in change efforts want to know “what’s in it for me?” Also, what are the costs in terms of money, time, potential confusion and conflicts?
 - During the “learning curve” efficiency and outputs are likely to drop from old “prechange” levels. Once new skills and procedures are mastered and practiced, productivity can climb to new heights.
 - When a critical mass of people makes the change, the new way becomes the “way we do business”. The change is then “institutionalized”.
 - Create a shared “Vision of the Solution” to the precipitating problems that are driving the need to change.
 - Paint a picture for individuals of how a system will look and work after the change effort.
 - Involve all stakeholders; listen to the friends of change and its enemies.
 - Successful change efforts have champions, leaders, shepherds and workers.
 - An external agent can be helpful to facilitate, nudge, support and bring resources and knowledge to a change initiative and its work group.

Mentoring/Technical assistance

3. Lack of ongoing support, constructive feedback, ongoing professional development and appropriate monitoring of quality services; change in practice requires more than training- need mentoring, supervision, and TA; LIC/CFC can’t hold sole responsibility for providing technical assistance
 - Evidence-based practices:
 - Change must occur in all supportive parts to sustain change; solutions directed at one factor in isolation will have minimal impact [Fixsen, et al. (2005) found that it often requires 2 to 4 years to implement evidence-based practices effectively in a new community.]
 - Clarify the problem and create a shared vision of the solution; innovations need to be relevant and responsive to commonly perceived needs in the system [LTSC]
 - Include diverse perspectives from all involved stakeholder groups [LTSC]
 - Develop a multilevel implementation plan with rigorous evaluation measures [LTSC]
 - Core drivers need to be in place to drive and sustain change implementation: staff selection, pre-

Mentoring/Technical assistance - continued

service and in-service training; ongoing consultation and coaching; staff and program evaluation; facilitative administrative support; systems interventions [LTSC]

- Identify a group of natural innovators to serve as “pilot” group for implementing changes [LTSC]

Supervision/Accountability

4. Monitoring focuses on compliance; no mechanism for holding providers accountability for implementation of EI principles
 - Couldn't find evidence based practices for monitoring, but check “Monitoring and Improvement Practices” report for ideas

Data

5. Current data collection is not accurate due to lack of practical instructions (not user friendly) that would support consistent data entry; lack of knowledge regarding data collection and use among those who enter and need data; data system does not support current technology needs, e.g. sharing among providers
 - I could not identify an evidence base for this, but the framework for a high quality data system could be used to drive improvements.

Stakeholder Involvement in Data Analysis

The IICEI, our principle stakeholder group, received multiple presentations on our progress with the APR and SSIP. The IICEI presentations included information on the details of child and family outcomes measures, RTT collaboration, and an overview of the Innovation Zones focus group discussions. The IICEI provided input and discussion for the core planning group to consider. The IICEI was also utilized in reviewing and approving baselines and targets for the APR and SSIP prior to submission.

The SDA workgroup provided input as well through monthly updates on the SSIP process, the opportunity to ask questions and clarify issues, and consideration of how their review of the statewide system could contribute to the statewide infrastructure analysis completed by the core group. The SDA workgroup will also likely be used to help guide selection of improvement strategies for the SSIP.

CFC Managers meet monthly and the SSIP process has been discussed in a number of these managers' meetings by both presentation as well as routine updates with opportunities for discussions and input.

The CFC Managers from the Innovation Zones helped identify central themes around root causes based on the results of the focus groups held in their service areas. These same managers also contributed to the in-depth infrastructure analysis around the central themes. These same managers will also provide input on the appropriateness of the developed Theory of Action and guide selections of improvement strategies for Illinois.

Three Focus Groups were conducted within each of the Innovation Zones. They consisted of RRT Innovation Zone Committee participants, CFC Staff and EI Providers. The groups all provided responses to a series of questions around system barriers and successes. The responses were used to help identify root causes for system challenges. In one Innovation Zone, an additional focus group consisting of parents who speak Spanish was conducted to gain input from a stakeholder group that had not been able to provide feedback in the other groups.

The charge of the SSIP core group will be to:

- Leverage data and stakeholder input gathered as part of the Innovation Zone planning process
- Build on community collaboration and infrastructure
- Involve Innovation Zone stakeholders in the SSIP process
- Improve outcomes for both initiatives (SSIP and RTT – ELC)
- Target improvement strategies to meet local needs
- Identify successful strategies for implementation in other areas

Component #2: Analysis of State Infrastructure to Support Improvement and Build Capacity

How Infrastructure Capacity was Analyzed

Illinois' core group took a very straight-forward approach to completing the State Infrastructure analysis. The process provided valuable information about the strengths and weakness of our current infrastructure. The group also considered how broadly change could be impacted within the state's current resources. With the assistance of the RCC team and the EI Ombudsman, the state team met over a number of face-to-face meetings using resource tools and formats from ECTA Center, DaSy, IDEA and others to review each component of the State Infrastructure. Meaningful and realistic answers were discussed and then compared to the Innovation Zones Focus Group responses for confirmation of findings between the state and local infrastructure analyses. Infrastructure analysis revealed the need for improved communication with EI providers and increased accountability if EI providers are expected to follow evidence based principles for service delivery.

Completing both the statewide and in-depth infrastructure analysis was useful. It is anticipated that the information gathered here will be useful for developing coherent improvement strategies as well as for considering support needs when further implementation across the state is done. Completing routine data analysis throughout the various stages of implementation should provide information about whether the selected improvement strategies are being effective or not. Identifying the resources in the pilot communities that were used to promote change should provide valuable information for consideration when beginning to promote strategies statewide. It is felt that any additional resources the state can secure, such as intense data analysis, support at community focus groups, or partnerships through EI contracts should be utilized for reaching better outcomes for children.

Description of State Systems (with) Systems Strengths and Areas for Improvement

Under the governance of "state government", we acknowledged our history of creating policies and procedures to guide the services outlined in federal regulations. The establishment of relationships with EI providers, CFCs, partners of administrative functions and IICEI all showed a history of willingness to help families and children with disabilities and/or developmental delays. We also acknowledged a need to establish stronger communication channels to ensure the vision, mission and purpose are shared. Enhanced utilization of the *entire* stakeholder pool should be explored.

The fiscal constraints of Illinois have been escalating over the last several years which may ultimately impact our ability to serve the same level of eligible families and children. Thankfully, Illinois has a rich history of maximizing all funding sources. Illinois will continue to maximize these resources as this has helped us avoid disruptions in the program. Recent political climate changes and Illinois' overall fiscal status may make it problematic to guarantee that state funding of the program will remain at current levels. Unless major changes happen, the gap between program revenue and expenses will continue to grow at higher levels in future years.

With growing interest in early childhood at the federal level, many new initiatives have been undertaken in Illinois. Many are focused on expanding quality standards. Some examples of these initiatives are the Race to the Top – Early Learning Challenge Grant, ExceleRate Award of Excellence on Inclusion which emphasizes the importance of developmental screenings and inclusion of EI services in Child Care settings and the Illinois Autism Task Force recommendation for additional developmental screenings to increase early detection and treatment, including involvement in EI services. The DEC Recommended Practices were updated and released in 2014 and have facilitated the inclusion of evidence-based practices in our work with families and children.

Illinois uses stringent criteria to ensure that service providers are of high quality. Through system-sponsored professional development, Illinois ensures that providers are aware of and utilize methods consistent with federal regulations when working with children/families. Illinois' ongoing credentialing process is structured to ensure constant growth of knowledge in the EI provider community. The importance of improved communication appeared in our review of professional development as well. Sharing current information with

the provider community is a step Illinois acknowledges must be strengthened. Strengthening the use of system-sponsored training to ensure that providers are receiving information on evidence-based practices for young children with disabilities and their families is also needed.

The data systems used collect a wide variety of data. Strengths of the data system include: allowing compliance data to be analyzed easily, allowing service coordinators and other program staff to serve a child/family a bit more holistically by connecting a child and family with all available resources, and utilizing system users to assist in development of improvements, not just changes in policies and procedures. The system also allows quite a bit of flexibility in terms of how a CFC can help monitor their staff for high-quality services. Limitations identified included recognition that the system was not built specifically for an EI child and family and acknowledgement that though the system was created for users in the CFCs, and not necessarily for state staff, or their designee entities, we need to ensure that consistent messages on how to use the system be created, used and shared.

Our analysis revealed that there are a variety of methods being used to provide technical assistance to various stakeholders. We have methods for regular communication to stakeholders. The monitoring program identifies areas where additional guidance is needed and provides technical assistance when completing visits for CFCs and EI Providers. The lead agency also welcomes open discussions and stakeholder involvement to inform proposed system changes. Illinois created the EI Ombudsman position with the sole intention of having someone to take the lead in the provision of technical assistance. Illinois has also utilized both the regional and federal technical assistance programs to obtain resources to share with our EI community. The theme of improved communication was identified again as a need within this area. Advocating for necessary resources (including financial, staff and cooperation) and ensuring that those charged with providing technical assistance have current and correct information must happen to work towards high-quality providers and services.

Illinois created a system of monitoring and accountability with the intention of ensuring that high-quality providers deliver high-quality services to eligible families and children. Our system of ongoing personnel development is charged with ensuring we continue to meet our intended goal of high-quality providers. Monitoring of CFC and provider data helps us assess the degree to which we are providing high-quality services. While compliance indicators have driven decisions in the past, the need for quality indicators has also been recognized. With the implementation of the SSIP process, we have recognized the need for additional data collection that will allow us to examine the degree to which improvement strategies have been implemented with fidelity. We need to increase understanding of system data and utilize this data to make informed decisions. We need to shift the focus of monitoring from being compliance-driven to quality-driven.

State-level Improvement Plans and Initiatives

As part of the SSIP, we asked Innovation Zones CFC Managers to complete an in-depth Infrastructure Analysis by assessing their own resources and their potential for capacity building and development. This process helped each Innovation Zone evaluate their infrastructure and their capacity to meet the requirements for serving Illinois families of children with disabilities, while also enhancing their ability to reach the harder to serve children identified in our SIMR. Each Innovation Zone CFC Manager was provided their specific compliance monitoring data to show the difference from their entire CFC and State compared to their Innovation Zone geographic area. The Innovation Zones CFC Managers recognized their infrastructure analysis agreed with their data analysis in showing the areas needing improvement. The discussions of the local Infrastructure Analysis assisted the core group in recognizing theme-based improvement goals that could be piloted within the specific Innovation Zones but had definite potential to enhance statewide improvement of the SIMR.

A consistent theme that emerged from all stakeholder groups was the notion of improved internal and external communication and knowledge of early intervention services. A lack of understanding/implementation was identified as a barrier to capacity building and improved outcomes for children. This converging of themes

solidified the Bureau's resolve to move forward with strategies that would address these issues and support the stakeholders.

A primary challenge to EI's involvement in many of the identified state-wide initiatives has been a lack of state staff resources to keep up with the constant changes. Some of these initiatives have also required policy and procedure changes which are time-consuming to create, implement and maintain due, in some part, to the marketing and training required for successful use of the new policies and procedures. The challenge was to consider the "obtainability" of improvement strategies.

The core group felt that improved service delivery would play a major part in the success of achieving the SIMR. Stakeholder input, such as recommendations from the Council and the SDA workgroup, will be reviewed for their ability to move the program forward in a way that will help Illinois achieve the SIMR.

Representatives Involved

Illinois utilized a very passionate group of stakeholders who became very involved and connected to the new SSIP and SIMR development. The list includes:

- RTT– Early Learning Challenge Grant has Innovation Zones that are working on activities that should support EI's work with the SIMR and SSIP. The RTT created specific geographic areas called Innovation Zones to focus their work with the communities. EI joined RTT in three of the Innovation Zones as pilots for the SSIP. The three chosen pilot sites represent a suburban, ethnically dense population; a suburban, impoverished population; and a rural population with a mix of identified unique income and ethnic issues. The original RTT- Early Learning Challenge Grant was awarded to the State of Illinois in December 2012 by the US Departments of Education and Health and Human Services to strengthen early childhood systems and kindergarten readiness for the children of Illinois. Illinois created Innovation Zone initiatives that will help the state pilot strategies to increase the engagement of children with high needs in early learning and development areas. The most effective strategies will be recommended for statewide or large-scale implementation. This partnership proved to be very important to our SSIP.
- DHS Bureau Staff –The core group Bureau Staff members will be ongoing monitors of the SSIP throughout the entire plan period to continually ensure the Phase II implementation is appropriate. Additional state staff will be used for input and resources when necessary throughout the SSIP.
- IICEI Members –The core group will continue presentations for the IICEI at quarterly meetings and provided updates at each meeting to solicit input. The council will be an ongoing partner of the core group.
- CFC Managers – CFC Managers will continue to receive monthly updates with solicitation of input regarding improvement strategies as we move to future phases of SSIP development.
- Innovation Zones CFC Managers – The three managers will be instrumental in identifying the coherent improvement strategies for implementation in Phase II of the SSIP.
- Local Interagency Council Members – A very intentional presentation to the statewide LICs allowed the knowledge and ongoing planning process of the SSIP and SIMR to be shared. The active participation of Innovation Zones' LIC leadership will play a vital role in the success of the SIMR within the Innovation Zones. Successful activities will be shared with other LICs as we move forward into Phase II of the SSIP.
- RTT-ELC Innovation Zones – Leadership of the RTT Innovation Zones will continue with participation in core group meetings to plan and assist local activities supporting the SSIP future phases. As the RTT Innovation Zones continue to develop and grow, the leadership will continue to partner with Illinois EI with an intended expansion of proven strategies into other Innovation Zones in Illinois as well as statewide throughout the future phases of the SSIP.
- RTT – ELC subcommittees involved with ExceleRate Illinois –Recommendations including approval of Memorandums of Understanding (MOU) between CFCs and Child Care Agencies to meet inclusion

guidelines for young children/families, including EI service delivery, as part of a public outreach effort of RTT for quality child care. The Innovation Zones specific to the Phase I process will pilot the new MOUs before statewide implementation. This unique partnership continues to evolve to reach the goals shared with RTT subcommittees and EI. Leveraging resources between the two initiatives is perfectly in line with continuing phases of the SSIP.

- OSEP Representatives – Illinois will continue to utilize OSEP state contacts and other OSEP-sponsored technical assistance programs for additional resources.
- Cornerstone Staff- Cornerstone staff will be used throughout the entire SSIP plan on a continual basis for gathering data and assisting the core group in analyzing quantitative data as part of the measurement of the SIMR.
- EI Training Staff –The core group will continue to use this EI partner, including the EI Ombudsman, in all future phases of the SSIP for purposes proven very successful in Phase I – community focus groups. Additionally, EI Training will be used as a key player of creating mechanisms to ensure EI Providers have sufficient opportunities to advance their knowledge and practice of EI Principles.

Stakeholder Involvement in Infrastructure Analysis

Illinois performed a two-tiered infrastructure analysis during our development of Phase I of the SSIP. With the guidance of the RRC representative, the state-level infrastructure was completed with acknowledgement of the strengths and weaknesses of the Illinois EI system to help meet the developing SIMR. Illinois sought to determine an ambitious SIMR yet, following the guidance, an achievable SIMR. The state infrastructure analysis started the process of examining what components of the statewide infrastructure could support or hinder achievement of the SIMR. The local infrastructure analysis helped the targeted Innovation Zones consider what resources they had available or what was missing in their efforts to achieve the SIMR.

The local infrastructure analysis was done through a number of meetings with the Innovation Zones' CFC Managers. During these meetings, each partner had the opportunity to identify the strengths and barriers that they feel exist in relation to increasing internal and external knowledge of the EI program and their corresponding impact on the area's ability to achieve the SIMR. The local infrastructure analysis assisted the core group in crafting strategies that could help the Innovation Zones address the challenges identified through their local infrastructure analysis.

Component #3: State-identified Measurable Result(s) (SIMR) for Infants and Toddlers with Disabilities and their Families

SIMR Statement

Illinois developed the following SIMR statement:

We want 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.

Identifying our SIMR involved a comprehensive process that included both data analysis as well as stakeholder input. Since the intent of the SIMR is to enhance the outcomes of the children served by the program, Illinois narrowed its focus to the three child outcomes that are reported to OSEP on an annual basis. We decided that while all three outcomes are important and legitimately relate to school readiness (a focus of our RTT project), we felt more confidence in the data that had been collected for acquisition and use of knowledge and skills. Examining our data led us to identify a number of concerns. As the table below shows, we are not collecting entry and exit data on many of the children served by our program. In addition, examining child outcomes ratings in light of other factors we have on the children served caused some concern with the accuracy of these ratings. Efforts to improve collection and accuracy will both be implemented as part of Phase II. These concerns

led to the decision to anticipate a decline in Summary Statement 1 in the first two years of the SSIP. We feel that there will be a decline as people improve the accuracy of the ratings and as we gather information on a broader range of children- many of whom are not reflected in our current information.

FY2014 Child Outcomes by Innovation Zone

Innovation Zone	Exits	Entry Assessments	% with Entry	Exit Assessments	% with exit	Both	% of Exits with Both
Aurora	154	154	100%	143	92.86%	132	92.86%
East St. Louis	22	19	86.36%	15	68.18%	13	59.09%
Williamson	55	54	98.18%	42	76.36%	39	70.91%

As mentioned above, concerns with the accuracy of child outcomes data were identified. For example, the number of children exiting with performance comparable to same aged peers does not appear to make sense when comparing this information to the transition data of number of children still needing services through Part B. The decision to use Indicator 3B, Summary Statement 1 came after many different outreach efforts to stakeholders including IICEI meeting discussions, CFC Manager meeting discussions, RTT Innovation Zone focus group meetings, and internal discussions of the input from the various meetings. In order to leverage resources and align SSIP work with other state initiatives (RTT), Illinois decided to begin our use of improvement strategies in specific Innovation Zones. The selected Innovation Zones represent geographically and culturally diverse populations. They are all, however, communities where performance has been low and the needs of families are high. The EI system has typically had difficulty getting referrals and maintaining enrollment for families in these communities. Given our assumption that the program cannot benefit children who need, but do not receive, services we felt that these communities could benefit from strategies to both improve external knowledge of the EI system as well as improve the service delivery approach in these areas. The charts below show progress category and summary statement information for the children with entry-exit data who left the program during FFY13 in the Innovation Zones.

INNOVATION ZONE - AURORA

Outcome 1	Number	Percentage
<i>a: Children who did not improve functioning</i>	3	2.3%
<i>b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers</i>	25	18.9%
<i>c: Children who improved functioning to a level nearer to same-aged peers but did not reach it</i>	20	15.2%
<i>d: Children who improved functioning to reach a level comparable to same-aged peers</i>	29	22.0%
<i>e: Children who maintained functioning at a level comparable to same-aged peers</i>	55	41.7%
Total	132	100%

Outcome 2	Number	Percentage
<i>a: Children who did not improve functioning</i>	2	1.5%
<i>b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers</i>	28	21.2%
<i>c: Children who improved functioning to a level nearer to same-aged peers but did not reach it</i>	26	19.7%
<i>d: Children who improved functioning to reach a level comparable to same-aged peers</i>	64	48.5%
<i>e: Children who maintained functioning at a level comparable to same-aged peers</i>	12	9.1%
Total	132	100%

Outcome 3	Number	Percentage
<i>a: Children who did not improve functioning</i>	2	1.5%
<i>b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers</i>	31	23.5%
<i>c: Children who improved functioning to a level nearer to same-aged peers but did not reach it</i>	19	14.4%
<i>d: Children who improved functioning to reach a level comparable to same-aged peers</i>	35	26.5%
<i>e: Children who maintained functioning at a level comparable to same-aged peers</i>	45	34.1%
Total	132	100%

SUMMARY STATEMENTS	Outcome 1	Outcome 2	Outcome 3
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	63.6%	75.0%	62.1%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	63.6%	57.6%	60.6%

INNOVATION ZONE – EAST ST. LOUIS

Outcome 1	Number	Percentage
a: Children who did not improve functioning	0	0.0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	3	23.1%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	4	30.8%
d: Children who improved functioning to reach a level comparable to same-aged peers	4	30.8%
e: Children who maintained functioning at a level comparable to same-aged peers	2	15.4%
Total	13	100%

Outcome 2	Number	Percentage
a: Children who did not improve functioning	0	0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	2	15.4%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	6	46.2%
d: Children who improved functioning to reach a level comparable to same-aged peers	4	30.8%
e: Children who maintained functioning at a level comparable to same-aged peers	1	7.7%
Total	13	100%

Outcome 3	Number	Percentage
a: Children who did not improve functioning	0	0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	2	15.4%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	6	46.2%
d: Children who improved functioning to reach a level comparable to same-aged peers	4	30.8%
e: Children who maintained functioning at a level comparable to same-aged peers	1	7.7%
Total	13	100%

SUMMARY STATEMENTS	Outcome 1	Outcome 2	Outcome 3
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	72.7%	83.3%	83.3%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	46.2%	38.5%	38.5%

INNOVATION ZONE - WILLIAMSON

Outcome 1	Number	Percentage
a: Children who did not improve functioning	1	2.6%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	3	7.7%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	14	35.9%
d: Children who improved functioning to reach a level comparable to same-aged peers	13	33.3%
e: Children who maintained functioning at a level comparable to same-aged peers	8	20.5%
Total	39	100%

Outcome 2	Number	Percentage
a: Children who did not improve functioning	1	2.6%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	5	12.8%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	20	51.3%
d: Children who improved functioning to reach a level comparable to same-aged peers	12	30.8%
e: Children who maintained functioning at a level comparable to same-aged peers	1	2.6%
Total	39	100%

Outcome 3	Number	Percentage
a: Children who did not improve functioning	2	5.1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	6	15.4%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	17	43.6%
d: Children who improved functioning to reach a level comparable to same-aged peers	13	33.3%
e: Children who maintained functioning at a level comparable to same-aged peers	1	2.6%
Total	39	100%

SUMMARY STATEMENTS	Outcome 1	Outcome 2	Outcome 3
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	87.1%	84.2%	78.9%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	53.8%	33.3%	35.9%

The intention is to use the coherent improvement strategies in the three Innovation Zones as pilots before extending the effective strategies across the state for overall systemic improvement. Effective implementation of improvement strategies that target challenges identified in the individual Innovation Zones will help the state create effective strategies to address the needs of different populations across the geographic regions in Illinois. The three Innovation Zones serve economically similar, but culturally and geographically diverse populations with both overlapping and unique needs. While vaguely similar, each would need very specific implementation of the strategies to be successful. Piloting strategies in these Innovation Zones should prepare the state to address the needs of high needs children across Illinois.

Data and Infrastructure Analysis Substantiating the SIMR

Initial data analysis, with the help of the RRC team members, demonstrated that Illinois needed to do a better job of ensuring that we are reaching the right children and providing the correct services in order to enhance the

school readiness of Illinois' children. This is why strategies to increase internal and external knowledge of the program were selected. Data analysis revealed that there were geographic pockets within the state where children were not coming into the program, were not staying in the program, or had to be re-referred multiple times before successfully entering the program. Since it is difficult for children who do not receive services to benefit from them, these process variables seemed important to examine. Child outcomes scores as well as qualitative information gathered through focus groups indicated a lack of understanding of the how the program is intended to support both children and families. As the core and stakeholder groups reviewed the initial data, the core group became more convinced that it had chosen the correct path. As qualitative data was shared, stakeholder groups confirmed the presence of similar challenges across the state and agreed with the importance of improving infant's and toddler's acquisition and use of knowledge and skills. The various stakeholders provided valuable input and discussed potential strategies. The state infrastructure analysis as well as the local infrastructure analysis helped them see the strengths and weaknesses currently present in our system. Stakeholders agreed that aligning SSIP activities with RTT-ELC Grant activities provided a unique opportunity to expand the limited resources within the state. Given the limited nature of state resources, Illinois selected only three of the seven initial Innovation Zones created. These three had specific plans indicating a need to partner with EI to support their communities' goals. While their activities largely target improving the use of developmental screenings, improving outreach to primary referral sources, and engaging families in programs, it is felt that these activities will impact our ability to serve the right children in the right way in the Innovation Zones. As a result of this collaboration, Indicator 3B (acquisition and use of knowledge and skills), Summary Statement 1 (children demonstrating greater than expected progress), was chosen as the focus for Illinois' SIMR.

SIMR as Child-Family-Level Outcome

Directives from OSEP indicated that the SSIP needed to focus on individual child or family outcomes. Though the core group and stakeholders understand the value of addressing family outcomes, the selected child outcome seemed to align more closely with a number of state initiatives focused on preparing young children for school success. In addition, stakeholders acknowledged that the selected Child Outcome was an important benefit of effective early intervention services. Stakeholders agreed that ensuring that the children in need of early intervention services receive these services was as important as ensuring that we provide the kinds of service that keep families engaged and allow children to make progress. General consensus on the importance of following the evidence-based practices linked to Illinois' and National EI principles was obtained. Stakeholders understood that specific activities to increase the use of these evidence based strategies as well as long-term plans to improve training and communication were needed. Stakeholders also acknowledged the importance of accurate data for obtaining a true picture of the improvement children and families make as a result of participating in Illinois' EI program. As coherent improvement strategies supported by the evidence-base are used, Illinois will have an opportunity to evaluate the success of these strategies as it gears up for statewide implementation. The data analysis and stakeholder discussions provided proof that many of the issues identified within the Innovation Zones exist across the state. Given the state's limited resources for addressing these challenges, it was imperative to leverage the resources that are more readily available within the Innovation Zones. While the activities are not identical, the Innovation Zones efforts will provide resources that could not be provided to the communities through EI efforts alone. Implementation of evidence-based strategies should allow children in the Innovation Zones to experience gains in their acquisition and use of knowledge and skills.

Stakeholder Involvement in Selecting SIMR

As described previously, a number of stakeholder groups participated in aspects of planning that led to the selection of the SIMR. The RRC team provided analyses and ideas for ways to examine information to determine a SIMR for Illinois to consider. Many stakeholders expressed concern for ensuring that the capacity of the state was able to support the final SIMR. Given ongoing efforts to improve service delivery in Illinois, utilizing the SDA workgroup for feedback and selecting service delivery as a focus for improving child outcomes seemed a natural

fit. The data analysis also demonstrated the weakness of the separate data systems used in Part C and Part B when trying to partner. This obstacle posed an insurmountable barrier to having an achievable SIMR that directly connected to Part B. Beyond the RRC involvement, the RTT – ELC Grant proved to be a valuable partner and the RTT Innovation Zones became a valued stakeholder with critical input. The qualitative data collected through the Innovation Zones Focus Groups supported the importance of addressing children’s acquisition and use of knowledge and skills. CFC Managers and the IICEI agreed with the selection of the chosen outcome for the SIMR and reminded the core group of the importance for implementing successful efforts and improving outcomes statewide.

Baseline Data and Targets

The process of setting baseline and targets was the final piece which required some input from a team under IDEA Data Center (IDC). The three unique pilot sites’ information needed to be combined into a single calculation. We were provided a tool that allowed the three unique data sets to be averaged and weighted to form a single data element. The tool can easily accommodate expected growth which we anticipate happening differently within the three pilot areas. Illinois feels a watchful eye on this calculation is necessary each year and, if necessary, adjustments will be made with justification.

The chart below shows the tool provided by IDC which allowed us to consider the three unique pilot sites and their weighted participation to develop a single rate.

	Target 2014-15	Number of children exiting in 2014-15	Target 2015-16	Number of children exiting in 2015-16	Target 2016-17	Number of children exiting in 2016-17	Target 2017-18	Number of children exiting in 2017-18
Program 1	20.0%	500	55.0%	500	56.0%	500	58.0%	500
Program 2	42.0%	200	44.0%	200	46.0%	200	48.0%	200
Program 3	33.0%	30	34.0%	30	36.0%	30	40.0%	30
Target for subset 2014-15 *	26.6%							
Target for subset 2015-16 *	51.1%							
Target for subset 2016-17 *	52.4%							
Target for subset 2017-18*	54.5%							
* note the target for subset is the average of the targets for the programs weighted by the size of the program								

The baseline listed below number for Illinois was derived based on FFY13/SFY14 APR Indicator 3B, Summary Statement 1 data from the three Innovation Zones. As with other analyses, the process included looking at the statewide APR number then comparing that to CFC specific performance and finally drilling down to the Innovation Zone data.

Illinois feels that the initial implementation of the coherent improvement strategies may result in a decrease in the percentage of children reported to have substantially increased their rate of growth for child outcomes. This decrease is anticipated due to improved understanding and increased accuracy of child outcomes ratings as well as a belief that we will now be collecting information on children who have previously been lost to the program. It is also anticipated that even effective strategies that increase communication and improve service delivery will

take a while to implement and show a benefit as measured through child outcomes. Child Outcomes performance for the Innovation Zones will be evaluated by extracting data from the Cornerstone data system specific to the Innovation Zones and comparing to previous years' data.

Baseline Data	
FFY	2013
Data	78.4%

FFY 2013 – FFY 2018 Targets*					
FFY	2014	2015	2016	2017	2018
Target	77.6%	77.6%	75.9%	77.3%	78.5%

Focused, intentional activities will be utilized in the three specific Innovation Zones. The activities, once proven beneficial, will be implemented in a wider set of geographic regions. This broader implementation could result in an accompanying drop in statewide child outcomes as data quality (accuracy and completeness) improves. Eventually, by the end of the SSIP process, the entire state should be utilizing proven, evidence-based practices for service delivery in EI. The program will implement a variety of strategies to reach high risk populations at the local level. Effective, tailored messages will be shared with all EI community partners (Providers, Families, Local Agencies, Sister State Agencies, Local Community Leaders, etc.) in order to realize the type of service delivery EI children and families need.

Component #4: Selection of Coherent Improvement Strategies

How Improvement Strategies were Selected

As data was considered, the core group continued to focus on what elements the EI program can influence and control. We want to ensure that the improvement strategies, if implemented, will realistically help correct and, if successful, eliminate the problem in the future. The considerations of influence and potential for improvement drove the selection of improvement activities. The ultimate goal was not only to show improvement in the Innovation Zones so that they reach a performance level similar to the entire CFC and/or state but also to determine which strategies are successful so that they can be implemented and drive improvements across the entire state. Given the similarity of themes and the diversity represented across the three CFCs, it is felt that viable strategies for statewide improvement can be gleaned from piloting improvement strategies in these three sites.

The core group synthesized the local infrastructure analysis to determine common themes. The core group also included the focus groups' data themes to identify barriers that needed to be addressed. Literature was reviewed to identify evidence-based practices that could address the barriers identified by these groups. It is anticipated that the use of these practices will not only benefit the Innovation Zones, but will also eventually impact the entire state in terms of improving the outcomes of children and families in Illinois. Illinois acknowledged the importance of reaching the right children at the right time with the right services.

Qualitative data and the in depth infrastructure analysis revealed that many stakeholders do not understand the intent of early intervention or who can benefit from its services. Resources are spent on inappropriate referrals, taxing the system. In addition, families often do not receive information about how to facilitate their children's development- a primary goal of early intervention. When expectations do not align with reality, families exit services without gaining the knowledge and skills necessary to support their children's development. Without this support, young children do not achieve desired outcomes. By improving referral sources' understanding of the purpose of EI and by helping families understand what EI should do for them, resources will be allocated more effectively and children will get the services they need. As EI providers utilize evidence-based strategies

for working with young children and their families, parents will become better able to facilitate their children's development and, in turn, child outcomes will improve.

How Improvement Strategies are Sound, Logical and Aligned

The primary improvement strategies being implemented through the SSIP process will address tailoring important messages to EI referral sources and stakeholders, training providers on child outcomes ratings, training EI providers to utilize evidence-based practices. Many of these evidence-based practices will impact the service delivery method in Illinois thereby improving the outcomes of children participating in the program. The Innovation Zones are the logical initial targeted communities based on the data analysis, the local infrastructure analysis and the unique partnership with RTT. Continued support and evaluation from the core group will assist growth of successful strategies during state-wide implementation. Broadening the use of practices benefitting these three unique communities and restructuring existing supports already within the EI system are important strategies for statewide implementation within the SSIP time frame.

Strategies that Address Root Causes and Build Capacity

The coherent improvement strategies chosen were based on the specific themes (lack of internal and external knowledge of EI purpose and principles) reported within the three Innovation Zones. The implementation science framework helped us think about how to plan for and implement change. It helped us think about an area's readiness and ability to implement change. Choosing to pilot strategies in the Innovation Zones was quite intentional as these pilot sites possess a number of desired qualities in that they have a greater capacity to implement change, they demonstrate a high need for improvement, they have other initiatives that fit with SSIP work, they have a period of time where they have additional resources available to them, and they are invested in improving outcomes for high needs children in their area. Implementing a targeted set of improvement strategies around messaging and training within the Innovation Zones provides an opportunity for State staff to partner and evaluate at a level that would be difficult with state-wide implementation. Leveraging the available resources of RTT and the Innovation Zones with EI resources allows the State to obtain information and provide opportunities that would otherwise be unavailable.

Strategies Based on Data and Infrastructure Analyses

The initial quantitative data analysis gave the core group a snapshot of statewide performance. Disaggregation of the data provided more detailed information about the performance at the CFC level, and eventually, the Innovation Zones level. This disaggregation also allowed the core group and stakeholders to examine differences between groups with varying demographic characteristics resulting in a clear message that our program is better able to reach and retain certain groups of children and families. It became evident that in order to improve child outcomes, we needed to be making sure that we could serve the eligible children who needed EI services. One way to serve these children is to ensure that they find out about EI. This means that people and programs that come into contact with these children and their families know about EI. It also means that EI needs to be a welcoming entity for both referral sources and families. Families need to understand the potential benefits of the program for their child. They also need to be engaged in service provision so that they are able to facilitate their child's development in between intervention visits. While SSIP activities will focus on increasing knowledge of EI services and implementation of evidence-based practices consistent with EI principles (serving children the right way), RTT efforts will address knowledge barriers in the community and increased provision of developmental screenings. The unique partnership with RTT provides a much-needed resource for outreach and child find, helping us achieve our goal of serving the right children. The improvement strategies seemed to become clear with additional information about RTT activities and the identification of the SIMR. By improving EI knowledge externally and internally, families should have a better understanding of the purpose of EI services and an enhanced ability to utilize the strategies shared by interventionists. This improvement in knowledge will be achieved through the use of messages and information specifically tailored to families. By receiving training and support on the determination of child outcomes and the use of EI principles, EI providers will increase their

understanding of evidence-based service delivery and will be better able to support families' efforts to support their children's development.

Local communities will benefit from proper training and support of EI providers. Families will benefit from training and support that acknowledges the resources EI provides and shows them how to facilitate their children's development, ultimately helping them to be better prepared for the transition into the Part B/school system. As strategies are proven to be successful, they will be planned for statewide implementation with targeted implementation steps. Ineffective strategies will be discontinued and alternates explored. Lessons learned will guide the process.

Stakeholder Involvement in Selecting Improvement Strategies:

The three Innovation Zones provided the core group with the qualitative data that ultimately led to selection of the identified improvement strategies. The core group shared these improvement strategies with other stakeholders to ensure alignment with ongoing initiatives. One of those groups was the SDA workgroup which has been actively listening to updates on the SSIP process and is getting ready to make recommendations for changes in Illinois service delivery to meet the same goals of evidence-based, realistic and achievable change. Also, potential strategies were discussed with the Innovation Zones CFC Managers and the Director of Innovation Zones Program Innovation to ensure continued alignment with RTT activities and to ensure that strategies would address identified barriers. The chart below reflects the list of challenges identified by the three Innovation Zones that need to be considered to achieve the SIMR.

Internal Knowledge:

- Mission, vision and principles are not understood to the degree that they guide practice
- Provider handbook and payee agreement do not provide the level of detail required to implement desired practice
- Gap between credentialing requirements and expectations (appropriate method of service delivery) of providers very inconsistent.
- Many providers do not avail themselves of EITP training opportunities
- Training alone is not sufficient to change practice
- Limited opportunities available for mentoring and supervision
- Limited individualized TA available
- I am afraid that TA may come from individuals not familiar with EI or EI experience dates back to when system looked much different. Focus often times looks much different from one part of state to another
- Not enough time/energy for one LIC coordinator to successfully achieve needed professional development
- Current monitoring focuses on compliance with system procedures not adherence to EI principles
- Providers do not have accountability to the CFC
- No consequences for practices that do not align with EI principles
- CFCs have no authority over the providers
- No existing measures for tracking adherence to EI principles
- Adherence to EI Principles difficult to measure and/or enforce when the system itself encourages independence

Internal Knowledge: - continued

- No requirements/defined expectations for communicating with other team members
- Providers have traditionally been required to show evidence that they have a copy of the IFSP on file not required to demonstrate that they are actually following the service plan.

- Current data system does not support information sharing among team members
- Current fee for service model values direct service over consultation/supportive services
- Payment mechanisms (authorizations) limit flexibility of altering service delivery quickly in response to changing child/family needs
- As long as the system is "the more children you see and the more often you see them - the more money you make" service delivery is going to be difficult to change.

External Knowledge:

- The external messages about EI are not fully developed and not multiple languages
- Limited information has been provided about tailoring system messages to target audiences
- LICs and IZs have different skill levels with regard to their knowledge of marketing and communication strategies
- What works for public awareness in Kenilworth probably won't work in Cairo. Expectations would have to be very broad
- Limited funding to support multi-faceted public awareness efforts
- How valid is the assumption that public awareness is always lacking. No doubt it lacks in many areas however the possibility exists that other factors may be in place that are out of the control of EI. Overall general apathy often exists in and out of the EI system.
- Lack of consistent message from ISBE to LEAs in supporting birth to 3 screenings
- LICs do not have clear instruction on how screenings are to be reported
- Even within our local partnerships there are inconsistent messages in how/what to report in regard to screening
- Rely on local level to promote awareness of EI-no comprehensive statewide effort
- State has limited available funding
- Lack of explicit expectations for LICs around public awareness activities
- Lack of awareness within primary referral source community
- Many referral sources don't read EI state Rule
- Not feasible to expect referral sources to read state rule. A simplistic approach as to where and who should be referred would be better served. In other words: what is an appropriate referral and where should it go.
- Underutilization of existing opportunities with referral sources
- Need to broaden our thinking about who our potential primary resources are
- Disconnect with understanding that Early Intervention System and CFC's are one and the same
- Minimal TA provided to LICs historically
- High level of expectation for the LIC coordinator position which is minimally funded and only part time.
- Other programs can currently alter the EI referral source
- Inconsistent approaches to information entered in the referral source field

Component #5: Theory of Action

Graphic Illustration

Illinois outlined the steps in a graphic Theory of Action with assistance from the RRC. The RRC led the core group in using the data analysis, infrastructure analysis, and stakeholder involvement to translate the information into a theory of action graphic. Themes from the infrastructure analysis completed at both the state level and the local level indicated the need for consistent messages to improve external knowledge of the EI system, improve understanding and use of EI principles, improve data collection, accuracy, and sharing, and

more clearly articulate expectations for system stakeholders with corresponding accountability for meeting expectations. The graphic demonstrates how these pieces will work together to improve outcomes for children served in early intervention.

The SDA workgroup recommendations that are being finalized will address some of the concerns about increasing internal knowledge and mechanisms for addressing this including the revision of current policies and procedures. Input from stakeholder groups must be used when creating, training and implementing the recommendations. Additional data needs may also drive final implementation. The crafting of improved external messages will need to be developed with consideration of the needs of different audiences. Positively impacting the lives of young children with disabilities across Illinois is the target so the implementation strategies must include input from the local communities affected by the changes made. Resources to support the local communities must be built in using similar practices as the RTT Innovation Zones.

How Improvement Strategies will Lead to Improved Results

Throughout the entire SSIP Phase 1 development, the data continued to show specific themes of needed knowledge both internally and externally to improve families’ experience of EI. The improvement strategies support this theme and the evidence-base suggests which strategies should be successful. The outside partners of EI such as physicians and local community organizations need a better understanding of our program to better support the needs of the families they serve. EI Providers need a clearer line of communication around the expectations of Illinois EI service delivery in order to better support the needs of the families they serve. The families need a clearer description of the program to better understand the role they play in their children’s development.

Stakeholder Involvement in Developing the Theory of Action

The Theory of Action was drafted by the core group using the local infrastructure analysis and the qualitative data provided by the Innovation Zones Focus Groups. The Theory of Action has been shared with various stakeholders through presentations and emails to solicit responses. The Council has representation from a wide variety of EI partners with expertise focused on their unique experiences with EI. The Theory of Action shows a very high-level yet intense plan of action for Illinois EI to meet the SIMR. The resources which will be leveraged should prove the Theory of Action as a starting point for creating a system of service delivery in Illinois that provides intentional and planned support to infants and toddlers with disabilities and their families.

