

Illinois Part C State Systemic Improvement Plan (SSIP) - Phase II

The Early Intervention Bureau (Bureau), under the umbrella of the Illinois Department of Human Services (IDHS), serves over 21,000 children with Individualized Family Service Plans (IFSPs) each month through our 25 Child and Family Connections (CFC) offices. The SSIP process has helped Illinois identify a meaningful State-identified Measurable Result (SiMR) to improve results for our children with disabilities and their families. Illinois' SiMR is to *increase the percentage of infants and toddlers with disabilities who demonstrate greater than expected progress (Summary Statement 1) in the acquisition and use of knowledge and skills in our pilot areas (Aurora, East St. Louis, and Williamson) by 0.9% points by 2018.*

This narrative provides: (a) a summary of the planning process that we used to develop the Phase II Plan, including how our planning built upon the Phase I Plan, and detailed documentation of broad stakeholder involvement throughout the past year; (b) a description of major improvement strategies included in the Plan and our Theory of Action; (c) a summary description of the major activities designed to enhance the State infrastructure; (d) identification of the evidence based practices to be implemented, rationale for why they were selected, and a description of the support to be provided during the implementation process; (e) a summary description of the major evaluation activities, and (f) an Action Plan for Phase II that provides more detailed information about the specific activities that will be undertaken, timelines for accomplishment, assignment of responsibilities, materials to be revised and developed, procedures to be developed and implemented, and an evaluation plan.

Summary of the Phase II Planning Approach Building on Phase I

The Phase II process included a concerted effort to increase the number of stakeholders working with the Bureau in the development of the implementation and evaluation plan as well as re-engagement of the stakeholders that assisted during Phase I. The members of the SSIP Stakeholders group are:

- Ann Freiburg – Interim EI Bureau Chief
- Susan Connor – EI Training
- Ali Cummins - Parent
- Colleen Cunningham – EI Bureau
- Rob Derry – EI Provider Connections
- Debbie Einhorn – Parent Training & Information Center (PTIC) Director
- Claudia L. Fabián – EI Bureau
- Bill Ferguson – CFC Manager
- Tahney Fletcher – EI Bureau
- Susan Fowler – EI Clearinghouse
- Jenni Grissom – EI Bureau
- Chelsea Guillen – EI Ombudsman
- Sandi Hix – LIC Coordinator
- Shante Holman – EI Bureau
- Patty Hooper – Parent
- Sarah Isaacs – EI Clearinghouse
- Ellana Mavromatis – CFC Manager
- Charlotte McAneney – EI Monitoring
- Karrie Potter – Parent
- Leah Pouw – Race to the Top (RTT) - Innovation Zone (IZ)
- Dee Pratcher – Parent and IICEI member
- Tammy Robinson - Parent
- Sharon Spinks – IDHS staff (Data/Evaluator)
- Sarah Thompson – Parent
- Nicole Van Hise – CFC Manager
- Julie Vineyard – Parent
- Latrice Wallace – EI Monitoring

Also, the Bureau has consulted and sought input from additional stakeholders. Those groups are:

- The *Illinois Interagency Council on Early Intervention (IICEI)*- Illinois' interagency coordinating council/advisory body to the lead agency
- *CFC Managers* – Each of the 25 regional points of entry have a CFC Manager. The 25 Managers meet monthly with the Bureau and EI partners. Managers are updated regularly regarding SSIP activities.
- *EI Partners* – The EI Clearinghouse, Central Billing Office, Monitoring, Provider Connections and Training Program partners are updated monthly during the EI Partners' calls (four of them have representation on the SSIP Stakeholders group).
- *EI Child and Family Outcomes Workgroup* – This workgroup includes EI Training staff, EI Ombudsman, CFC managers, and EI providers. They receive SSIP updates at their meetings. This group meets quarterly to review both child and family outcomes data and processes.
- *Innovation Zones Committees* – Three of the 25 CFC Managers and their local staff maintain regular contact with IZ staff and provide updates on the SSIP development and progress. Bureau staff have also attended local IZ meetings.
- *Members of community teams from the three Innovation Zones (IZ) in Aurora, East St. Louis and Williamson County.* The IZs are specific geographic areas created by the Race to the Top (RTT) grant to increase enrollment of children with high needs in high quality programs and to improve the level of quality of early learning programs. EI selected these three IZ as pilots for the SSIP because they represent a suburban, ethnically diverse population; a suburban, impoverished population; and a rural population with a mix of identified unique income issues.
- *National TA providers*- Karen Moran-Finello, Kim Schroeder and Jeffri Brookfield assisted during the development of the Phase II plan.
- Illinois has also been working with *other TA providers*, specifically, Megan Vinh, ECTA, Grace Kelley, ECTA, DaSy and NCSI and Lauren Barton, ECTA and DaSy, on the Intensive Child Outcomes Technical Assistance effort, and is a member of a cohort of states that are receiving this assistance. This work has been helpful in the preparation of the SSIP Phase II and we expect it will be very valuable during implementation in Phase III.

Illinois has a long history of government investments in local early childhood community collaborations. Since 1999, IDHS has used state funds to support the All Our Kids (AOK) Networks in targeted communities to promote healthy pregnancies and the positive growth and development of all children birth to five and their parents/caregivers. In state fiscal year 2012 (SFY12), MIECHV funds began to support home visiting collaborations in six pilot communities. These communities were charged with implementing coordinated intake for home visiting programs and community systems development to strengthen linkages to comprehensive community systems. In SFY13, Innovation Zones were launched in seven communities with high needs, as part of the state's Race to the Top-Early Learning Challenge grant (RTT-ELC). The Innovation Zones are working to increase enrollment of children with high needs in high quality programs, as well as to improve the level of quality of local early learning programs. Early Intervention will continue its partnership and involvement with these and other initiatives and efforts (currently, Illinois is applying for the Early Childhood Comprehensive Systems Impact [ECCS Impact]) since they will not only support our SSIP efforts in the pilot IZs but also during the scaling up phase.

The focus of Phase II is on building Illinois' capacity to support the CFCs that serve the children and families in the three selected IZs with the implementation of evidence-based practices in order to improve the State-identified Measurable Result(s) (SIMR) for infants and toddlers with delays and disabilities. Phase II builds on the data and infrastructure analyses, coherent improvement strategies, and the theory of action we developed in Phase I. The analyses conducted during Phase I identified a number of areas to target for improvement. As outlined in the previously submitted Theory of Action (TOA), improvement strategies were developed to target the primary issues identified in Phase II. These issues were: *a lack of external knowledge about the purpose of the early intervention program, lack of internal knowledge of evidence-based practices for working with young children*

with disabilities and their families, inconsistent technical assistance to CFCs and providers, missing/unclear messages about the intent of early intervention, and unclear or ineffective program policies/procedures. In addition to these systemic issues, the data analyses raised questions about the quality of our child outcomes data as well as questions about the processes used to collect this data. Feedback from stakeholders during Phase II allowed us to streamline the TOA and group related items. The revised TOA, which attempts to demonstrate a clearer link between improvement areas and desired results, is included on page 5. Work with the national technical assistance providers led the SSIP team to organize our improvement activities into two overarching strategies. Illinois' improvement strategies will address the processes and knowledge utilized for determining child outcomes ratings and the engagement of families in early intervention services. The specific improvement strategies, activities, steps, responsible parties, and timelines are outlined in the Action Plan submitted with this narrative.

The basic supposition behind the plan is that many of our early intervention team members lack either the knowledge or the skills necessary to implement evidence-based practices and the child outcomes process. We also have concerns about the quality of our child outcomes data and the processes utilized to collect and use this data. Our plan seeks to not only provide the knowledge necessary, through high quality professional development activities, but also to enhance early intervention teams' skills through the support provided by local leadership teams. This plan acknowledges that training alone will not lead to practice change. It also acknowledges that state level support, in terms of policies and procedures, is not enough to lead to practice change. The local leadership teams' purpose is, therefore, two-fold. They will support intervention teams' implementation of the practices by offering coaching and reflective supervision as well as by bridging the gap between state support and local implementation. It is felt that if early intervention teams utilize recommended procedures for collecting child-level data and engage families in intervention services, the state will have better information for making programmatic decisions and we will have families who are able to support their children's development. In turn, children will benefit from the intervention received and our data will accurately reflect their progress.

As Illinois worked through Phase I activities, it became clear that strategies would need to be piloted before statewide implementation. State resources have been, and continue to be, limited by the financial condition of the state and no additional funding was provided for the implementation of SSIP activities. Therefore, states were encouraged to leverage existing resources. To that end, Illinois examined the activities underway in the Race to the Top- Early Learning Challenge Innovation Zones (IZ). Three IZs were already engaging in activities that addressed issues identified in our early work, such as improving external knowledge and awareness of early intervention, and provided opportunities to implement strategies with traditionally hard to serve populations (groups which Phase I analyses identified we do a poorer job of engaging). These three IZs have developed local partnerships (aligning with existing statewide efforts) and serve economically similar, but culturally and geographically diverse populations, with both overlapping and unique needs. These IZs are located in Williamson County (very rural area), Aurora, (urban, large number of immigrants and refugees), and East St. Louis (urban, high poverty, large percentage of African Americans). Piloting the improvement strategies in these IZs provides an opportunity to evaluate strategies that address the identified issues with populations that we have typically had more trouble engaging effectively. Piloting also allows strategies that are ineffective to be revised. Effective strategies can then be scaled up statewide.

Part of the Phase I analysis included examining the state's infrastructure and its ability to support local programs in their use of evidence-based practices. Phase I also involved identifying Illinois' SiMR. Since the SiMR's intent 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 and decided on using the outcome that examines children's **acquisition and use of knowledge and skills**. As identified in Phase I, Illinois chose: *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 chart below shows individual and combined performance data for the three IZs for the past two fiscal years.

Innovation Zone	% for Summary Statement 1 for Acquisition and Use of Knowledge and Skills (FFY'13)	# of Children with Matched Entry-Exit Pairs	% for Summary Statement 1 for Acquisition and Use of Knowledge and Skills (FFY 2014)	# of Children with Matched Entry-Exit Pairs
East St. Louis	83.8%	13	73.7%	21
Aurora	75.0%	132	68.9%	201
Williamson Co.	84.2%	39	80.0%	6
Combined	77.6%	184	69.6%	228

Timeline of Phase II Planning Activities

Upon return from the Interactive Institute in Chicago in May 2015 and the OSEP Leadership Conference in Washington DC in July 2015, the first meeting with stakeholders was set for August 13, 2015 in Springfield. Nineteen stakeholders attended the meeting as well as Karen Moran-Finello, from NCSI. The stakeholder group was charged with developing the Phase II plan in alignment with our Phase I work and the Theory of Action. The group reviewed the three main components required for SSIP Phase II: *infrastructure development, support for CFCs' and providers' implementation of Evidence Based Practices (EBP), and evaluation*. They also reviewed the Phase I final document and TOA and brainstormed ideas about how to start the Phase II plan considering the focus on areas identified in the TOA: messaging (external and internal knowledge of the important role of the family in early intervention), training/technical assistance to support use of EBPs, and policies/procedures that reinforce the importance of EBPs and good data collection.

Since that first meeting in the summer of 2015, the stakeholders have met several more times (in person and over the phone).

- **August 13th** - Phase II kickoff meeting with stakeholders
- **September 2nd** - Developing activities with stakeholders
- **October 23rd** - Creation of smaller workgroups to clarify activities within the three areas of action
- **November 18th** - Core group integration of initial workgroup information to reduce duplication
- **December 7th & 8th** - Conference calls with workgroups to review strategies developed during last meeting, identify missing pieces, and further reduce duplication
- **January 4th & 5th** - Smaller stakeholders' meeting with TA representative to discuss evaluation- led to reorganization of earlier work
- **January 11th** - Conference call to share ongoing activities with larger stakeholders' group
- **January** - Participation in national webinars; links to recordings provided to stakeholders
- **January 29th** - Additional revision of plan to eliminate duplication
- **February 10th** - Larger stakeholders' meeting in Springfield to review plan and discuss progress on evaluation

To develop the activities that would support local implementation of evidence-based practices, the larger stakeholder group was divided into three smaller groups to consider the issues identified in the TOA (messaging, training/technical assistance, and policies/procedures). Each of the groups met, identified activities that addressed concerns, and generated ideas for the components required in the Sample SSIP Action Plan Template created by ECTA Center, DaSy, IDC and NCSI. When the large group reconvened at the end of the day, it was decided that the next task was the elimination of duplication across the groups and prioritization of the strategies generated by the smaller groups. Stakeholders continued to be involved over the next several months as the plan evolved and changed, based on their input. A central theme that was reiterated throughout these discussions was the need for local support for the implementation of these strategies. It was determined that local leadership teams would be the way to support implementation of EBPs. These leadership teams will utilize existing personnel from the local CFCs as well as state-level partners from the Bureau, the Early Intervention Training Program (EITP), the Monitoring Program, and the Early Intervention Clearinghouse. The leadership teams will receive training, technical assistance, and support from their state-level partners and will then use this knowledge and their own knowledge to support their local early intervention teams (parents, interventionists, and service coordinators) in the use of evidence-based and recommended practices.

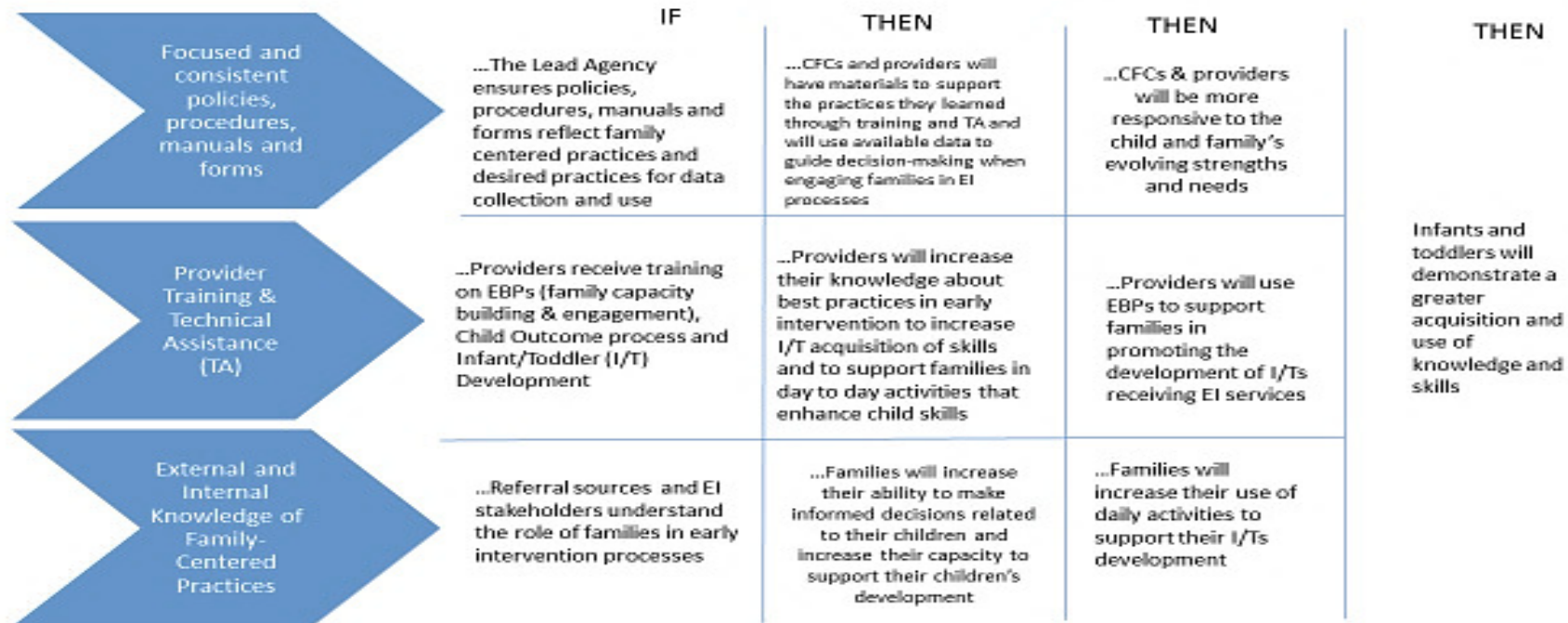
Improvement Strategies and Theory of Action

In early January 2016, Kim Schroeder from IDC joined a small group of stakeholders to develop the evaluation plan. Based on this meeting, it was decided that the TOA needed to be revised, that two overarching improvement strategies would be utilized, and that the activities originally identified (messaging, training/technical assistance and policies/procedures) would be rearranged to support the two improvement strategies that were finally selected. These improvement strategies were selected as the group closed in on what needed to be done to address the issues identified in Phase I and help the State achieve its SiMR. The group felt that we needed to address the quality of the information we collect and the engagement of families in the early intervention process. The selected strategies will address child outcomes data quality (which includes understanding the recommended processes for collecting this data as well as improving knowledge of age-expected development) and address the use of evidence-based practices for family engagement (since Part C recognizes the importance of families as facilitators of their children's development). Specifically, the group decided on these two improvement strategies:

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

The Theory of Action was revised based on stakeholder and TA provider feedback to better emphasize the link between the improvement strategies, desired results for children and families, and the SiMR.

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



Component #1: Infrastructure Development

The specific improvement activities that will be used to better support CFCs' implementation and scale up of EBPs to improve results for children with disabilities can be found in our Action Plan. In addition, the steps that will be taken to further align and leverage current improvement plans and initiatives in the State and how the Bureau will involve multiple offices within the lead agency (IDHS), and other State agencies in the improvement of its infrastructure are also identified in this narrative and corresponding columns of the Action Plan. Highlights of some of the activities listed in the plan are included below.

It is important to note that amidst the uncertainty and volatility of the fiscal situation that has been escalating in Illinois, the current political climate that has prevented Illinois from having an operating state budget for the current fiscal year (07/01/15 – 06/30/16), and serious concerns about next fiscal year's budget, EI has continued serving infants and toddlers with disabilities and their families without interruption. However, this uncertainty required a practical approach to the selection of improvement activities that could support the development of the state infrastructure. We focused on current and existing resources, as well as current initiatives and efforts, and agreed to make enhancements to the existing state infrastructure rather than trying to develop a new infrastructure.

Even though the State has been unable to hire for vacant positions, a few Bureau employees along with the EI Ombudsman, have been assigned to lead the SSIP work. Additionally, over the past few years, the Bureau has begun a concerted effort to engage stakeholders in many aspects of the Early Intervention system, so continuing and increasing that trend is reasonable and sound. For example, recent revisions to the CFC Procedure Manual, the Provider Handbook, and the Family Guide have been successfully completed with the active involvement of several specific stakeholders. In addition, the Bureau re-initiated conversations with the Governor's Office to ensure that appointments to the ICEI were made. Specifically, we worked to have the maximum number of parents appointed to the ICEI, so that all decisions, including SSIP decisions, are made with families' participation and voice.

The improvement activities selected require, among other things, changes to the training and monitoring partners' role to emphasize their technical assistance and support responsibilities, specifically in the area of implementation of the child outcomes process and evidence based practices. They also require an examination of the roles of current CFC personnel to see who could be available to support system change at the local level. Two primary concerns identified during the Phase I process were the lack of support available for local early intervention teams' implementation of evidence-based practices (EBPs) and the statewide inconsistency of available technical assistance. Specific activities have been designed to address these gaps in the Action Plan. Developing local leadership teams that can support intervention teams' use of EBPs and restructuring some of the responsibilities of state level personnel to support the leadership teams will definitely enhance the state infrastructure.

The leadership teams will utilize existing local resources (Social/Emotional Consultant, Parent Liaison, Developmental Pediatrician Consultants) already included in the CFCs' contracts, and state existing resources (Ombudsman, Training, Monitoring, Clearinghouse partners' resources) to create a new structure to better connect and link available technical assistance and ongoing support. We want to reinforce our current use of best practices for professional development for adult learners, and focus our efforts on adding reflective supervision, coaching and mentoring practices.

The state will also determine a plan for implementing recent changes to the Administrative Code (Rule 500) which states that "up to 20 hours of the required 30 hours of continuing professional education shall be provided by the Department, or its training designee." In other words, two-thirds of future required continuing education will be provided by the Early Intervention Training Program and will include specific training on the areas needing focus: evidence based practices, typical and atypical child development, and the child outcomes process.

The relationships developed with RTT – IZs are strong and will continue to be nurtured. Local CFCs are one of the IZ's principal stakeholders and they have been active participants in many of the IZ's efforts. These local IZ groups will receive all EI materials, such as the new Memorandum of Understanding (MOU) with child care providers being piloted in the East St. Louis IZ, and will assist with education and sharing to improve the external knowledge that was identified as a weakness in Phase I.

As stated in the plan, these changes will require a state/local team approach for implementation: the Bureau and its partners (Ombudsman, EITP, Monitoring, Clearinghouse, Provider Connections), along with IZs and local leadership teams, will be responsible for implementing the improvement strategies, as listed in the Action Plan. The timelines for implementation are also outlined in the Action Plan and several activities are set to start immediately upon OSEP approval of the Phase II Plan.

In addition to stated activities, the stakeholder group decided that an evaluation team should be created to help the Bureau with the development and selection of evaluation tools, the regular collection and analysis of the data, and the ongoing comparison of data and expected outcomes. The evaluation

team includes members from each of the groups represented at the large stakeholder group: parents, CFC managers, Bureau, EI partners and Ombudsman, and a data/evaluator. An EI provider has also been added to the evaluation team.

Lastly, to take advantage of additional current statewide initiatives, the Bureau has reached out to the IDHS Office of Evaluation and Performance Support for assistance with the SSIP, and has strengthened its collaboration efforts with the Illinois Governor's Office of Early Childhood Development, through participation in its many workgroups, committees and subcommittees (i.e., Community Systems Development, RTT, Special Education Subcommittee, Systems Integration and Alignment Committee). In addition, the effort to increase ICEI membership included strategic outreach to other offices and special initiatives, such as the statewide Head Start Collaboration office, the Illinois Assistive Technology Program, and the Developmental Therapy Association, to secure a varied membership that can support the work of the Bureau.

Component #2: Support for CFCs and Providers of Evidence Based Practices

The evidence used to select EBPs came from our SSIP Phase I research and data analysis, the identification of root causes, and the work that has been done by the ICEI Service Delivery Approaches Workgroup (SDA), which released its recommendations in July 2015. In addition, the Division of Early Childhood (DEC) Recommended Practices, literature reviews, and resources from TA providers helped inform the chosen practices. Practices that inform professional development, family engagement, and the child outcomes process have been targeted. Though it would be ideal to say that we used implementation science as the initial framework for planning change and implementing new practices, in reality, many of the choices made were by necessity. That being said, we feel that we either have addressed or will address many of the elements required for successful implementation. The implementation science hexagon tool identifies six foundational elements for adopting a new practice, including:

- Need (the data examined in Phase II established this);
- Fit (though more work can be done in this area, SSIP efforts coincide with both current efforts in the IZs as well as some of the SDA recommendations);
- Resources (though limited currently, both state and local resources will be utilized to support implementation);
- Evidence (the evidence for the practices being targeted are well established—additional information about this will be provided to the sites during activities);
- Readiness (the practices are sufficiently documented and ready for replication); and finally,
- Capacity (this needs to be examined more closely, but the areas selected all benefit from strong local leadership).

We know that the leadership in the areas selected is ready for and supportive of the anticipated changes.

Four years ago, the ICEI created the SDA workgroup with Early Intervention stakeholders such as EI providers, state association members, service coordinators, CFC Managers, parents, advocates, 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. This group identified existing system challenges and then reviewed the literature base as well as other states' resources to identify potential solutions. The Bureau will utilize the SDA recommendations that align with the SSIP activities as an important resource during the SSIP implementation phase.

The stakeholders identified several ways to support changes in CFC and providers' practices that in turn, will help with achieving the SiMR. As the SSIP Action Plan outlines, to achieve the SiMR the Bureau will:

- Make changes to Policies and Procedures, including changes to the Payee Agreements and Contracts.
- Work with EI partners, specifically the Early Intervention Training Program and the Early Intervention Monitoring Program, to improve technical assistance and ongoing support for local IZs.
- Implement a plan that ensures ongoing professional development efforts align with new mandatory training to support implementation and sustainability of the selected practices.
- Through the use of a newly developed rubric, ensure that existing and future training curricula (both face-to-face and online opportunities) reflect and reinforce EBPs and an improved child outcome process; and develop and distribute Resource Guides linked to key pieces of curriculum to further practitioners' understanding of targeted practices.
- Based on adult learning principles, implement a coordinated state/local training and TA initiative. The Early Intervention Training Program (the current contractual Comprehensive System of Personnel Development provider) will review, modify, develop and implement both state and local training. EITP will also support the skill development of the leadership teams who will, in turn, use reflective supervision, mentoring and coaching to support practitioners on EBP implementation.

During the Phase I analysis, we acknowledged the need to establish stronger communication channels with all system stakeholders and community partners to ensure the vision, mission and purpose of EI are commonly understood. Though Illinois created the EI Ombudsman position several years ago to have someone to take the lead in the provision of technical assistance, it is recognized that one person is not sufficient for individualized support of all local teams. While advocating for additional resources (financial and staff), the Bureau and SSIP stakeholders identified a series of activities and steps in the Action Plan to ensure the EI message is shared across communities in the state of Illinois.

We know that one of the best ways to ensure that we reach eligible children is to ensure that their families know about early intervention (EI). In addition, other people and programs in communities must also know about EI. Families not only need to know about the benefits of EI but also need to be engaged in service provision so that they are able to facilitate their children's development in between intervention visits and after their children turn three. While SSIP activities will focus on increasing knowledge of EI services and implementation of evidence-based practices consistent with EI principles, RTT efforts will continue to address the general knowledge barriers in these communities while increasing the provision of developmental screenings.

When reflecting on the Phase I process, the Bureau was concerned about the limited input received from EI family members and sought to purposefully enlarge the stakeholders group to ensure this addition. Very specifically, the Bureau recruited one of Illinois' Parent Training and Information Center (PTIC), Family Matters, which serves 94 Illinois counties, as well as several additional parents. This ensured that the parents' voice was strong and clear in the planning of the improvement strategies, activities, and in the evaluation. In contrast to Phase I where stakeholders outside of the focus group participants primarily received updates and were asked for feedback, in Phase II, the members of the stakeholder group actually generated the activities that will be used for system improvement.

To ensure ongoing communication between stakeholder groups during Phase II and beyond, the Bureau will share information with:

- i. *SSIP Stakeholder group* – quarterly emails, webinars as needed and at least 1 to 2 face to face meetings
- ii. *EI partners* (websites and monthly meetings)
- iii. *IICEI* (quarterly meetings)
- iv. *Evaluation team* (frequency to be determined)
- v. *PTIC*– Board of Directors – as requested

The implementation of the Action Plan will be a combined effort between the Bureau, EI partners, and the pilot CFCs. Stakeholders from each of these groups have been, and to continue to be, involved in both the planning and implementation phases. Successful implementation will also rely on other statewide collaborations and partners, especially the collaborations that have been established at the local level in the three IZs. The activities that are planned address many of the barriers that focus group members identified in Phase I. These can be seen through the activities targeted at addressing messaging, training/technical assistance, and policies/procedures. The evaluation team members will review the data being collected and help the Bureau and the larger stakeholders group to evaluate the effectiveness of current efforts as well as identify potential areas of modification.

Component #3: Evaluation

Kim Schroeder was instrumental in assisting the SSIP stakeholders in developing the evaluation component. She worked with us to define our activities, outputs, outcomes, and evaluation questions. She provided resources and was onsite for a two day face-to-face meeting. With her guidance, the group was able to concentrate on each of the activities previously identified and ensure that these were directly linked to the TOA and to the change we want to see. The details of the evaluation plan can be found in the Action Plan. It was decided that the evaluation plan will be developed and executed utilizing both internal and external personnel. A subgroup of the larger SSIP stakeholder group has volunteered to consider evaluation needs and resources and requested the addition of an EI provider. This group is our evaluation team. In addition, an external evaluator and TA personnel will be consulted as needed to develop and refine data collection measures, processes, and timelines.

During the meeting in early January 2016 with Kim, it became clear that the TOA needed to be revised, so that the short and intermediate outcomes, activities and the evaluation questions were logically aligned to the SiMR. The original four hypothetical statements in the TOA were reviewed to be clearer and to emphasize evidence based practices and system components to support their use. An example of the alignment between the various pieces of the action plan is illustrated by the following example. The TOA states, *“Providers receive training on EBPs (family capacity building & engagement), Child Outcome process and Infant/Toddler (I/T) Development”*. One of the short term outcomes belonging to the first improvement strategy states, *“Leadership teams have the skills and knowledge to support local early intervention teams in implementing the Child Outcomes process with fidelity using reflective supervision, coaching and mentoring strategies”*. From that outcome, evaluation questions were created that assisted with the identification of performance indicators and methods for collecting data related to the identified activities. For example, methods for collecting information on training and other local support activities have been considered for these items: (1) *“Train leadership teams on utilization of coaching/mentoring/professional development strategies (including how to assess effectiveness of offerings and how to utilize available data to inform future training/TA offerings)”*, (2) *“Train local early intervention teams on typical child development and how to implement the Child Outcomes process”*, and (3) *“Leadership teams offer opportunities for early intervention team members to obtain training, reflective supervision, practice groups, and coaching to*

effectively implement the Child Outcomes Process and evidence-based intervention practices.” Outputs to document the occurrence of the activities and measures for evaluating their effectiveness have both been considered and have been incorporated into the first piece of evaluation in the Action Plan.

The decisions to use pre and post surveys, the family outcomes survey, a family practices checklist (to be created from DEC Recommended Practices checklists) and the state’s data system, Cornerstone, were made based on availability, simplicity and familiarity, as well as their alignment with the Phase I infrastructure analysis and current work being done at the three pilot IZs. We will be able to compare results on Child Outcomes performance for the three pilot IZs by evaluating the data extracted from the Cornerstone data system specific to the IZ and comparing it to previous years’ data. Stakeholders were involved in reviewing the general outline of the evaluation plan and provided input about where things were unclear. The criteria for successful implementation was determined by the larger stakeholder group and is detailed in the Action Plan. The level of proficiency was selected based on input and past experience with training efforts. We are confident that these targets are achievable and realistic. The SSIP stakeholder group asked to be given periodic updates once implementation begins with an opportunity to meet face to face, if needed, to consider modifications to the plan.

As mentioned previously, a decision was made to create an evaluation team. The larger stakeholder group determined that a smaller subset of this group (six to eight members) was needed as the end of Phase II and beginning of Phase III are approaching. The evaluation team will include members from each of the groups represented at the large stakeholders group: parents, CFC managers, Bureau, EI partners, data/evaluator. The large group decided that an EI provider needed to be added so it has been. This evaluation team will weigh in on the current evaluation plan, will make final decisions about the evaluation tools and methodology for collection, and be an active participant in the review and analysis of the data collected.

Equally important, the local leadership teams will be involved in some aspects of evaluation. Since they will be involved in the implementation of the Action Plan, they are well positioned to have a clear understanding of the “local pulse” of their community. They will need evaluation information to plan their local supports. We are planning for a fluid and constant communication between the evaluation team and the local leadership teams as we understand the importance of the continuous learning process that will be critical for evaluating our effectiveness and making implementation adjustments when needed.

The evaluation team will decide on the frequency/intervals for each of the evaluation tools selected. The data will be collected locally, by EITP or by the Monitoring staff (depending on the type of information) and sent to a designated member (the data/evaluator designee) of the evaluation team for analysis. The data entered locally by CFCs in Cornerstone, will continue to be analyzed by the Bureau. The specific child outcomes data from the three pilot CFCs will be shared with the evaluation team on a quarterly basis.

Pre and post surveys are an integral part in determining the effectiveness of our professional development efforts and in identifying which additional supports (besides the development of easy-to-use resource guides) will be selected and provided to team members in the three pilot IZs. The EI Training Program will bear the primary responsibility for collecting the pre and post surveys data that evaluate the utility and impact of the professional development offerings. In addition, information will be collected from leadership team members about challenges identified by practitioners and the support provided to address these challenges. While additional details are still being developed, the plan is to utilize a mix of self-report and objective measures (when possible) to determine utilization of desired practices.

The evaluation team will meet at least quarterly to review the data collected. Upon review of the data received, a data analysis report will be developed and used by the evaluation team to monitor the program's progress toward achieving the intended improvements. The results of the analysis and recommendations for modifications to the plan (if needed) will be included in a progress report that will be sent to various stakeholder groups to report on completed activities and to solicit input.

As part of the continuous learning process, leadership teams and the evaluation team will maintain regular communication. Not only will there be overlapping membership between the groups but a review of results and findings will also occur on a quarterly basis so that local conversations that generate reflection and analysis happen. Those conversations, along with the data analysis, will be critical components that assist in making informed decisions about ongoing implementation.

We believe that the effectiveness of the implementation of the coherent improvement strategies in the three pilot IZs will be demonstrated by meeting the SiMR (*a .9 percentage point increase in the infants and toddlers with disabilities who demonstrate greater than expected progress in the acquisition and use of knowledge and skills in our three pilot areas by 2018*). However, we are anticipating that the initial implementation of the 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 the expected improved understanding and increased accuracy of child outcomes ratings as well as a belief that we will now be collecting information on children who may have previously been lost to the program. It is also anticipated that even effective strategies that increase communication and improve service delivery will take some time to be fully implemented and to show benefits as measured through child outcomes.

The Action Plan

As mentioned previously, the development of the Action Plan was produced as a collaborative effort by all the stakeholders (parents, Bureau, EI Partners and EI Ombudsman, PTIC Director, CFC managers, Social Emotional consultant, IDHS staff and RTT manager) during many meetings. The group selected the Sample SSIP Action Plan Template created by ECTA, DaSy, IDC and NCSI to write its Action and evaluation plans. Workgroup members played an active role in the creation of the activities to meet desired outcomes and the steps to implement them.

Since, there is a considerable emphasis on training in the Action Plan, we wanted to expand on what we mean by quality training. The EI Training Program will take a lead role in the review of existing curricula around the child outcomes process, typical and atypical development, and evidence based practices (family capacity-building, family engagement, family decision-making, and family centered practices). CJ Dunst's "Seven Characteristics of Effective Inservice Professional Development" will be used to guide the development of the rubric to be used for this review. Through the use of high quality training and local leadership support, we feel that all the identified characteristics can be included. This should be kept in mind as the Action Plan is reviewed.

The Action Plan outlines the activities, steps, resources, responsible parties and timelines selected by consensus. In addition, the evaluation pieces include ideas about evaluating activities as well as our short and intermediate outcomes for the two improvement strategies. Since both improvement strategies emphasize a training and technical assistance component, we felt that it was unnecessary to repeat every activity under both strategies, and decided instead to list all of them under the first improvement strategy and then only the specific activities that varied under the second improvement strategy.

I. State SSIP Planning Team Members, Role and Organization Represented

SSIP Planning Team Member	Role	Organization
Ann Freiburg	Interim Part C Coordinator	Illinois Department of Human Services, Bureau of Early Intervention
Susan Connor	Director	Early Intervention Training Program
Ali Cummins	Parent	Child and Family Connections (CFC) #21
Colleen Cunningham	Bureau Staff	Illinois Department of Human Services, Bureau of Early Intervention
Rob Derry	Director	Early Intervention Provider Connections
Debbie Einhorn	Executive Director	Family Matters, Parent Training & Information Center (PTIC)
Claudia L. Fabián	Bureau Staff	Illinois Department of Human Services, Bureau of Early Intervention
Bill Ferguson	Program Manager	CFC #22
Tahney Fletcher	Bureau Staff	Illinois Department of Human Services, Bureau of Early Intervention
Susan Fowler	Principal Investigator	Early Intervention Clearinghouse
Jenni Grissom	Bureau Staff	Illinois Department of Human Services, Bureau of Early Intervention
Chelsea Guillen	EI Ombudsman	Early Intervention Training Program
Sandi Hix	Local Interagency Council (LIC) Coordinator	CFC #4
Sarah Isaacs	Librarian	Early Intervention Clearinghouse
Ellana Mavromatis	Program Manager	CFC #4
Charlotte McAnaney	Acting Director	Early Intervention Monitoring Program
Karrie Potter	Parent	CFC #20
Leah Pouw	Director of Program Innovation	Illinois Action for Children
Dee Pratcher	Parent Representative	Illinois Interagency Council on Early Intervention (IICEI)
Tammy Robinson	Parent	CFC #19
Sharon Spinks	Staff Evaluator	Illinois Department of Human Services
Sarah Thompson	Parent	CFC #16
Nicole Van Hise	Program Manager	CFC #21
Julie Vineyard	Parent	CFC #17
Latrice Wallace	Monitoring Staff	Early Intervention Monitoring Program

Additionally, Illinois sought input from additional stakeholders: the Illinois Interagency Council on Early Intervention (IICEI), the 25 CFC managers from across the state, Early Intervention partners (even though many of them are also members of the Planning Team) and members of community teams from the three IZs in Aurora, East St. Louis and Williamson County. The IZs are specific geographic areas created by the Race to the Top (RTT) grant to focus most of the work specifically on their communities. EI selected these three IZs as pilots for the SSIP because they represent a suburban, ethnically diverse population; a suburban, impoverished population; and a rural population with a mix of identified unique income issues.

II. State-Identified Measurable Result:

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 (e.g. Aurora, East St. Louis, and Williamson) will increase by .9 percentage points by FFY2018.

III. Improvement Strategies:

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

IV. SSIP Improvement Strategy 1 and Evaluation Details:

A. Improvement Strategy 1: Implement effective training for Leadership Teams and EI providers that focuses on infant/toddler development and the Child Outcomes Summary Process, and make related changes to state policy and guidance documents, so that early intervention teams implement the Child Outcomes Process as desired.

B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy:

The State of Illinois has a long history of government investments in local early childhood community collaborations. Over the years, collaborative efforts and innovative thinking have moved the state to define a vision and to set broad goals for our children. Illinois' vision is for every child to enter kindergarten safe, healthy, eager to learn and ready to succeed in a rigorous, developmentally appropriate K-12 curriculum. The goals range from the increase of healthy births and family engagement, to the improvement of developmental and health outcomes to make sure that by 2021, 80% of all children and 65% of children with high needs demonstrate full readiness at kindergarten entry.

The following are current initiatives that align with our SSIP improvement strategies:

- Early Learning Council and its committees: Program Standards and Quality, System Integration and Alignment, Data, Research and Evaluation, Family and Community Engagement, and Home Visiting Task Force
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
- Race to the Top-Early Learning Challenge (RTT-ELC)
- Healthy Start Program – Community Action Networks (CANs)

- ABL Change Framework cohorts (selected AOK Networks, Innovation Zones, MIECHV communities, and organically grown collaborations)
- All Our Kids (AOK) Networks
- Illinois is currently applying for Early Comprehensive Childhood Systems Impact (ECCS Impact) grant

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance <input checked="" type="checkbox"/>	Accountability <input checked="" type="checkbox"/>	Professional development <input checked="" type="checkbox"/>
Data <input checked="" type="checkbox"/>	Quality standards <input checked="" type="checkbox"/>	Technical assistance <input checked="" type="checkbox"/>
Finance <input type="checkbox"/>		

2. Is this strategy intended to directly improve practices? Yes No

D. Intended Outcomes

Type of Outcome	Outcome Description
Short term	Leadership teams (see Narrative for definition of membership) have the skills and knowledge to support local early intervention teams in implementing the Child Outcomes Process with fidelity
Short term	Early intervention teams (providers, service coordinators, and families) have acquired knowledge about typical and atypical infant/toddler development
Short term	Early intervention providers have acquired the skills and knowledge necessary to understand how the Child Outcomes process is to be implemented
Intermediate	Leadership teams will utilize reflective supervision, coaching, and mentoring strategies to support local early intervention team in implementing the Child Outcomes Process
Intermediate	Early intervention teams provide Child Outcomes ratings that accurately represent the child’s developmental status
Long term	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 (e.g. Aurora, East St. Louis, and Williamson) will increase by .9 percentage points by FFY2018.

E. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
Develop a process for creating high quality Early Intervention Training Program (EITP) trainings that emphasize evidence-based practices, typical and atypical child development, Child Outcome Process and adult-learning principles.	X	X		<p>Review existing rubrics to review training curriculum. Adopt or develop a rubric that can be used to review content and use of adult learning practices.</p> <p>Develop system to use review rubric effectively and on a regular basis.</p> <p>Select panel members to use rubric.</p> <p>Train reviewers on rubric selected to ensure fidelity of implementation.</p> <p>Prioritize training curriculum and apply rubric.</p>	<p>Dunst article on effective professional development</p> <p>Technical Assistance (TA) providers have other resources that can also be used to evaluate professional development (PD) Training program staff time</p>	<p>EITP</p> <p>Early Intervention Clearinghouse (EIC)</p> <p>Illinois Department of Human Services Bureau of Early Intervention (Bureau)</p>	4 th Quarter SFY 2016	<p>Gateways to Opportunity (INCCRRA, IL Network of Child Care Resource and Referral Agencies)</p> <p>Community Systems Development (CSD) - Professional Development Coordination</p> <p>Illinois Head Start Association</p>
Develop resource guides to support training curricula			X	<p>Prioritize the training curriculum in need of supporting resource guides.</p> <p>Develop or modify topical resource guides ensuring they reinforce strategies for implementation of evidence based practices (EBP).</p>	<p>EI Training and EI Clearinghouse staff time</p> <p>Partners' & IDHS websites Connections with Gateways/PTIs/ Child Care Resource and referral Agencies (CCR&Rs)/IZs</p>		Beginning 1 st Quarter SFY 2017	<p>Gateways to Opportunity (INCCRRA)</p> <p>CSD - Professional Development Coordination</p>

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
				<p>Advertise widely the availability of resource guides that are linked to specific pieces of curriculum.</p> <p>Include resource guides as handouts at appropriate EITP trainings.</p> <p>Share resource guides with families and caregivers using EIC website and newsletters.</p> <p>Use resource guides as a support tool through Monitoring and TA activities with CFC and providers.</p> <p>Use resource guides when meeting with Innovation Zone partners and ensure their availability through all local partners' websites.</p>	EI Monitoring Program staff time	<p>EIC</p> <p>EITP</p> <p>Early Intervention Monitoring Program (Monitoring)</p> <p>Bureau</p>		<p>Illinois Head Start Association</p> <p>University of Illinois (UIUC) – IL Early Learning Project and Illinois Early Childhood Asset Map Projects</p>
Help IZ CFC Managers create leadership teams that will provide ongoing technical assistance	X	X	X	<p>Survey CFC managers at 3 pilot zones about their use of Social Emotional (SE) consultant, Local Interagency Council (LIC) and TA roles to support local staff and providers.</p> <p>Assist 3 pilot CFC managers to identify existing positions and personnel who work for</p>	<p>Survey tool</p> <p>Staff time for survey development and analysis</p> <p>EI Partners' staff time</p>	<p>Bureau</p> <p>EITP</p> <p>Provider Connections</p> <p>Monitoring</p> <p>EIC</p>	Beginning 4 th Quarter SFY 2016	<p>Gateways to Opportunity (INCCRRA)</p> <p>CSD-Professional Development Coordination</p> <p>Family Matters- Parent Training Information Center (PTIC)</p>

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
				<p>the CFC for the local leadership teams.</p> <p>Develop support mechanisms to insure parent participation in leadership team activities (e.g., PTIs, EIC, ICDD)</p> <p>Identify pilot CFCs' local TA providers that are utilized for support (in and out of EI).</p> <p>Designate EI Partners to support the leadership teams.</p>				
Train and support leadership teams on their utilization of coaching/ mentoring/ professional development strategies (including how to assess effectiveness of offerings and how to utilize available data to inform future professional development opportunities)		X	X	<p>Create guidelines for leadership team membership and responsibilities.</p> <p>Identify the EITP personnel who have the skills to coach and mentor local leadership teams.</p> <p>Ensure monitoring staff participate in leadership team trainings.</p> <p>Develop a training calendar and make available additional resources.</p>	<p>Bureau, CFC, and EI Partners' time</p> <p>EITP staff/ contractor time</p> <p>Monitoring staff time</p> <p>Website resources</p>	<p>Bureau</p> <p>EITP</p>	<p>Beginning 1st Quarter SFY 2017</p>	<p>Gateways to Opportunity (INCCRRA)</p> <p>CSD - Professional Development Coordination</p> <p>IDHS, Office of Management Information Systems</p>

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
Train local early intervention providers on typical infant/toddler development so that they can implement the Child Outcomes process accurately		X	X	Develop a viable training calendar (face to face and online) and make available additional resources	Early Childhood Technical Assistance Center (ECTA) EITP curriculum and staff time Provider and CFC personnel time	EITP Local leadership teams	Beginning 2 nd Quarter SFY 2017	IDHS Office of Management Information Systems Gateways to Opportunity (INCCRRA) CSD - Professional Development Coordination
Leadership teams offer opportunities for early intervention providers to obtain training, reflective supervision, practice groups, and coaching to effectively implement the Child Outcomes Process and evidence-based intervention practices			X	Establish ongoing early interventionists meetings to reflect and to practice how to implement the Child Outcomes Process Establish ongoing early interventionists meetings to reflect on their utilization of evidence-based intervention practices. Support peer to peer review processes to observe, critique, support and coach. Jointly develop a calendar of events with EITP and local CFC offices that reflect needs related to child outcomes, and family centered practices.	ECTA National TA providers Leadership team time/ meeting space/ support materials Partners' staff time	Leadership teams EITP Monitoring EIC	Beginning 2 nd Quarter SFY 2017	Gateways to Opportunity (INCCRRA) CSD - Professional Development Coordination

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
				Develop and advertise a local calendar of training events (EI and additional community partners)				
Develop/ modify materials related to Child Outcomes and intervention materials that reflect recommendations and that are tailored to specific audiences (e.g. families/ caregivers, providers, CFC staff)		X		<p>Develop a guidance document that can be used to evaluate existing materials about Child Outcomes and intervention.</p> <p>Identify a messaging rubric for existing and new materials.</p> <p>Develop/revise all Child Outcomes materials and tailor messages for providers, stakeholders and families in multiple languages and literacy levels.</p> <p>Propose and develop a timeline that determines what Child Outcomes and intervention materials should be provided to families at different points in the system, e.g. intake, transition, etc.</p>	<p>ECTA Child Outcomes Summary website information</p> <p>Bureau/EITP/EIC staff time</p>	<p>Bureau</p> <p>EITP</p> <p>EIC</p>	Ongoing throughout SFY 2017	<p>Clearinghouse and UIUC students</p> <p>IL Planning Council on Developmental Disabilities grant</p>
Create policy and procedures about Child Outcomes and evidence-based intervention practices		X		Revise existing policies and procedures to clarify expectations and intent of the Child Outcome Process.	Bureau/ stakeholders' time	Bureau	End of 2 nd Quarter SFY 2017	IDHS Offices of Management Information Systems and Legal

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
				<p>Develop policies and corresponding procedures for the use of evidence-based intervention practices.</p> <p>Provide training on the policies and procedures to CFC managers, staff and early interventionists.</p> <p>Update all manuals and guidelines and distribute widely.</p>				
Create and implement policy/procedure to define requirements for “up to 20 hours” of EITP training		X		<p>Meet to review possible options to meet the legislative intent of the Rule.</p> <p>Determine the number of hours to be required. Determine the topics to be included: Child Outcomes Process, child development, intervention practices, etc.</p> <p>Create a menu of training options that includes at least 3 sets of options for providers.</p> <p>Develop and implement a phase-in plan with specific timelines.</p>	Bureau EITP Provider Connections	Bureau EITP Provider Connections Monitoring	Creation to begin second quarter SFY17; implementation expected by 7/1/17 to coincide with revised provider agreement	IDHS Offices of Legal and Administrative Rules

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
Revise payee/provider agreement and supporting documents to include language about new training requirements		X		Clarify payee/provider agreement and include reference to new credential renewal training requirement. Widely advertise new language in payee/provider agreement. Update all provider supporting documents to include new credential renewal training requirement.	Bureau staff time Provider Connections staff time	Bureau and other DHS staff	Beginning 2 nd Quarter SFY 2017	IDHS Offices of Program Support and Fiscal Management, Procurement and Legal.
Revise Monitoring checklists and tools used during monitoring reviews to ensure they reflect and reinforce new policy/procedures		X		Revise existing tools Develop observation tools for checking quality of child outcomes and evidence-based intervention practices.	Bureau/ EITP/ Monitoring staff time National TA provider support	Monitoring Bureau	Beginning 1 st Quarter SFY 2017	IDHS Bureau of Planning and Evaluation

F. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Representatives from leadership and early intervention teams will have participated in the anticipated training sessions (adult learning principles, reflective supervision, coaching, and mentoring strategies, child outcomes process, and typical and atypical infant/toddler development)	Role/discipline of participants as reported on the Participant Attendance List	1 st Quarter SFY 2017

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
All key topics were covered in the training.	Training agenda and materials, and trainer report after the training that specifically address the coverage of each of the key topics as listed in the training objectives	1 st Quarter SFY 2017
The training was consistent with best practices in adult learning.	Participants' evaluations of engagement and observation guided by the training rubric	1 st Quarter SFY 2017
The training was consistent with the desired Child Outcomes Summary (COS) process.	Review of checklists and/or video observations of teams	1 st Quarter SFY 2017
Resource guides were developed to reinforce curricula and strategies for implementation of EBPs.	Resource guides that specifically address each of the key topics from the training curriculum	2 nd Quarter SFY 2017
Newly produced resource guides were distributed to training attendees, families, caregivers and monitoring staff.	Marketing plan (with completion date, who received it, and at what event/situation)	2 nd Quarter SFY 2017
Leadership teams were created utilizing existing CFC personnel, contractors and EI partners.	List of members of leadership teams	1 st Quarter SFY 2017
Local early intervention providers attended ongoing meetings to reflect, support and practice how to implement the COS Process and EBPs.	<p>Calendar of, and attendance records from, the leadership team offerings</p> <p>Documentation of support activities (e.g. observation, coaching, reflective supervision)</p> <p>Survey local teams about effectiveness of support activities offered by the leadership team</p>	2 nd Quarter SFY 2017 and ongoing
A calendar of training events was created to address the local needs related to child outcomes and family centered practices.	Calendar of available training events	2 nd Quarter SFY 2017
Materials about child outcomes and intervention were developed/modified following the review guidance and rubric.	<p>Review Guidance document to ensure all aspects of quality professional development are included</p> <p>Messaging Rubric</p> <p>Written materials</p>	2 nd Quarter SFY 2017
A document with specific timelines to provide COS materials to families and caregivers was developed.	Document with specific timelines	2 nd Quarter SFY 2017
New policies and procedures about Child Outcomes and evidence-based intervention practices were developed.	Revised CFC Procedure Manual, Provider Handbook and Family Guide	2 nd Quarter SFY 2017

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
CFC managers and staff, and early interventionists attended training about new policies and procedures.	Documentation of training webinars offered and posted online	2 nd Quarter SFY 2017
A menu of 3 training options for early interventionists and a phase-in plan with timelines was developed and distributed widely.	Menu of training options Phase-in compliance plan	2 nd Quarter SFY 2017
A revised payee/provider agreement with new training requirement was created and signed by all early interventionists.	Revised payee/provider agreement Signed agreements on file with the Bureau	3 rd and 4th Quarter SFY 2017
Supporting documents and websites are updated with information about new training requirement.	Updated EI partners and IDHS websites Updated Provider Handbook	3 rd Quarter SFY 2017
Monitoring tools used to monitor early interventionists were updated to reinforce new policies and procedures.	Revised monitoring checklists and tools	1 st Quarter SFY 2017

2. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	Leadership teams will have the skills and knowledge to support local early intervention providers in implementing the desired Child Outcomes process using training, reflective supervision, coaching and mentoring strategies	Did the individuals on the leadership teams acquire the skills and knowledge necessary to effectively use reflective supervision, coaching, and mentoring to support local early intervention teams in their implementation of the Child Outcomes process?	At least 75% of attendees report increase in the skills and knowledge acquired	Pre and post surveys of leadership team members (pre survey to include questions about knowledge of topics to be covered in trainings) Pre survey completed prior to initial training will focus on what leadership team members currently know related to child outcomes and how they provide information and support for the child outcomes process and post survey will focus on what they now know about child outcomes	July 2016-October 2016

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	Early intervention providers have acquired knowledge about typical and atypical infant/toddler development	Do individuals have knowledge of typical and atypical infant/toddler development?	At least 75% of attendees report an increase in the knowledge acquired	Pre and post surveys of early intervention teams Pre survey completed prior to training will need to focus on aspects of infant/toddler development that will be targeted during training; post survey will need to see if these concepts were mastered as a result of training	September 2016-March 2017
Short term	Early intervention providers have acquired the skills and knowledge necessary to understand how the Child Outcomes process is to be implemented	Do individuals have the skills and knowledge necessary to understand how the Child Outcomes process is to be implemented?	At least 75% of attendees report increase in the skills and knowledge acquired	Pre and post survey of early intervention team members (use <i>Instructions for Completing the COS and the Summary of Relevant Results</i> to enhance training and develop survey items; ECTA pop quizzes may also have valuable survey content.)	September 2016-June 2017
Intermediate	Leadership teams will utilize reflective supervision, coaching, and mentoring strategies to support local early intervention team in implementing the Child Outcomes Process	Are leadership teams using the strategies they learned in training to support their local EI teams?	At least 50% of the surveyed leadership team members report that they are utilizing these strategies on the first post survey and 75% report that they are utilizing these strategies at year 2 survey	Post survey should focus on how they have been using reflective supervision, coaching and mentoring to support local teams in implementation of child outcomes process.	October 2016-March 2018

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Intermediate	Early intervention teams provide Child Outcomes ratings that accurately represent the child's developmental status using the recommended process	Are providers implementing the desired Child Outcomes rating process to produce accurate ratings?	75 % of Child Outcomes Checklists demonstrate that the child outcome process is being completed as desired	Child Outcomes Summary Collaboration Toolkit Checklists (use Toolkit as a fidelity checklist for determining if process was implemented with fidelity by early intervention teams in the IZs . Procedural fidelity will be assessed using a random sample (e.g. one observation in person/ video per team).	September 2016 - September 2017
Long term	The percentage of children in summary statement 1 will increase by 0.9% over time in the IZs	To what extent has the percentage of infants and toddlers with disabilities who demonstrate greater than expected progress (i.e. SS1) in the acquisition and use of knowledge and skills in our pilot areas changed?	Children experience greater than expected growth in their acquisition and use of knowledge and skills	<u>Indicator 3.b collected in Cornerstone</u> will show a .9 percentage point increase by FFY2018	FFY 2018

V. SSIP Improvement Strategy 2 and Evaluation Details:

- A. Improvement Strategy 2:** Implement effective training for EI providers that focuses on evidence based, family capacity-building practices and make related changes to the local support structure by creating leadership teams, providing consistent technical assistance, and revising state policy and guidance documents, so that early intervention teams utilize practices that encourage the active participation of families in the intervention process by embedding intervention strategies into family/caregiver routines.
- B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy:** The State of Illinois has a long history of government investments in local early childhood community collaborations. Over the years, collaborative efforts and innovative thinking have moved the state to define a vision and to set broad goals for our children. Illinois' vision is for every child to enter kindergarten safe, healthy, eager to learn and ready to succeed in a rigorous, developmentally appropriate K-12 curriculum. The goals range from the increase

of healthy births and family engagement, to the improvement of developmental and health outcomes to make sure that by 2021, 80% of all children and 65% of children with high needs demonstrate full readiness at kindergarten entry. All of these initiatives recognize the importance of family engagement and family capacity building, including specific efforts to reach minority families, such as Abriendo Puertas, an evidence-based comprehensive training program for Latino parents, which align well with the second SSIP improvement strategy that focuses on the active participation of families in the early intervention process.

- Early Learning Council and its committees: Program Standards and Quality, System Integration and Alignment, Data, Research and Evaluation, Family and Community Engagement, and Home Visiting Task Force
- ExceleRate Illinois (one of its four domains of standards of excellence is devoted to Family and Community Engagement)
- MIECHV
- Race to the Top-Early Learning Challenge (RTT-ELC)
- Healthy Start Program – Community Action Networks (CANs)
- ABLe Change Framework cohorts (selected AOK Networks, Innovation Zones, MIECHV communities, and organically grown collaborations)
- All Our Kids (AOK) Networks
- Illinois is currently applying for ECCS Impact grant

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance <input checked="" type="checkbox"/>	Accountability <input checked="" type="checkbox"/>	Professional development <input checked="" type="checkbox"/>
Data <input checked="" type="checkbox"/>	Quality standards <input checked="" type="checkbox"/>	Technical assistance <input checked="" type="checkbox"/>
Finance <input type="checkbox"/>		

2. Is this strategy intended to directly improve practices? Yes No

D. Intended Outcomes

Type of Outcome	Outcome Description
Short term	Leadership teams have the skills and knowledge to support local early intervention teams in implementing evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) using reflective supervision, coaching and mentoring strategies
Short term	Early intervention teams have acquired knowledge about evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) for working with infants and toddlers with delays or disabilities and their families
Intermediate	Early intervention teams utilize evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) when working with infants and toddlers with delays or disabilities and their families
Intermediate	Families use strategies that have been adapted with their team members to help their children develop and learn during every day routines
Long term	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 (e.g. Aurora, East St. Louis, and Williamson) will increase by .9 percentage points by FFY2018.

E. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
Train local early intervention teams on evidence-based intervention (family capacity-building, family engagement, family decision-making, & family centered practices) practices for infants and toddlers with delays or disabilities and their families		X	X	EITP, Monitoring, and local level leadership teams meet to identify topics for the focus of training, reflective groups, coaching opportunities in each of the IZs EITP/Local level leadership teams create a viable calendar of events.	ECTA EITP staff time Leadership team time CFC/ IZ team time	EITP	Beginning 2 nd Quarter SFY 2017	Gateways to Opportunity (INCCRRA) CSD - Professional Development Coordination

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
				<p>EITP/Local level leadership teams make intentional links or connections between EITP training opportunities and local level opportunities.</p> <p>CFCs explore opportunities to include other community partners' training and technical assistance events that support EBP into own calendar.</p>				
<p>Develop/modify materials related to evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) utilizing recommendations for tailoring information to specific audiences (e.g. families/ caregivers, providers, CFC staff)</p>		X		<p>EI Clearinghouse and EI Partners will propose an organizational structure for existing resources and identify additional resources if needed</p> <p>Develop a guidance document that can be used to evaluate existing materials about intervention practices</p> <p>Form a workgroup to review/develop consistent messages that reflect EBPs for all statewide materials.</p> <p>Develop/revise all intervention and public awareness materials and tailor messages for</p>	<p>Partners' and Bureau staff time</p> <p>Stakeholders' time</p> <p>Members of local 3 IZs & other stakeholder groups' members' time</p>	<p>Bureau</p> <p>EITP</p> <p>EIC</p> <p>IICEI parents</p> <p>Provider Connections</p> <p>Monitoring</p>	<p>October 2016</p> <p>December 2016</p> <p>January – April 2017</p>	<p>Clearinghouse and UIUC students</p> <p>IL Planning Council on Developmental Disabilities grant</p>

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
				<p>providers, stakeholders and families in multiple languages and formats.</p> <p>Determine what materials should be provided to families and caregivers at different points in the system to help them understand how intervention should work.</p>			January-April 2017	
				<p>Establish a process for coordinating ongoing communication to share consistent messages (newsletters, websites, social media outlets, Information Bulletins and any system updates).</p> <p>Identify groups to target for messaging, e.g. providers, CFCs, childcare centers, physicians, professional organizations, state agencies and universities.</p> <p>Identify an access point for each system stakeholders' information, e.g. Illinois Chapter of the American Academy of Pediatrics (ICAAP) for Physicians and Illinois Network of Child</p>			<p>May-June 2017</p> <p>May - June 2017</p> <p>By June 2017</p>	

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other Offices and Agencies Will Be Involved
		State	Local					
				Care Resource and Referral Agencies (INCRRA) for childcare.				

F. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Representatives from early intervention teams participated in the training about evidence-based intervention practices (EBPs).	Role/discipline of participants as reported on the Participant Attendance List	1 st Quarter SFY 2017
All key topics were covered in the training.	Training agenda and materials, and trainer report after the training that specifically address the coverage of each of the key topics as listed in the training objectives	1 st Quarter SFY 2017
The training was consistent with best practices in adult learning.	Participants' evaluations of engagement and observation guided by the training rubric	1 st Quarter SFY 2017
A calendar of training events was created to address the local needs related to evidenced-based intervention practices.	Calendar of available training events	2 nd Quarter SFY 2017
Workgroup reviewed/developed consistent messages that reflect EBPs.	List of workgroup members Messaging materials evaluated to ensure that all rubric components were included	1 st Quarter SFY 2017
Public Awareness and evidence-based intervention practices materials were developed/ modified in multiple formats following the review guidance and messaging rubric.	Review Guidance document and Messaging Rubric applied to Public Awareness and evidence-based intervention practices materials Public Awareness and EBP materials in English/ Spanish	2 nd and 3 rd Quarters SFY 2017
Document with specific timelines to provide identified materials to families and caregivers was developed.	Document with specific timelines and materials	3 rd Quarter SFY 2017

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
The process for ongoing communication among EI partners to share materials was created.	Procedures for ongoing communication and sharing of materials	3 rd Quarter SFY 2017
Groups to target for messaging were identified.	List of stakeholders groups (providers, CFCs, childcare centers, physicians, professional organizations, etc.) Single access point for each system's stakeholders has been identified	3 rd and 4 th Quarters SFY 2017

2. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	Leadership teams have the skills and knowledge to support local early intervention teams in implementing evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) using reflective supervision, coaching and mentoring strategies	Did the individuals on the leadership teams acquire the skills and knowledge necessary to support local early intervention teams in their implementation of evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices)?	At least 75% of attendees report increase in the skills and knowledge acquired	Pre and post surveys of all 3 IZ's leadership team members (e.g. about their ability to support interventionists in their use of a variety of intervention practices that engage families and build family capacity)	July-August 2016
Short term	Early intervention teams have acquired knowledge about evidence-based intervention practices (family capacity-building, family engagement, family	Do early intervention teams in the IZs have knowledge of evidence-based intervention practices (family capacity-building, family engagement, family decision-making,	At least 75% of attendees report an increase in the knowledge acquired	Pre and post survey of early intervention team members	September 2016-March 2017

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
	decision-making, & family centered practices) for working with infants and toddlers with delays or disabilities and their families	& family centered practices) for working with infants and toddlers with delays or disabilities and their families?			
Intermediate	Early intervention teams utilize evidence-based intervention practices (family capacity-building, family engagement, family decision-making, & family centered practices) when working with infants and toddlers with delays or disabilities and their families	Did reflective supervision, coaching and mentoring support early intervention team members in implementing effective intervention practices? Are providers implementing effective practices?	At least 75% of providers report that they have received support for implementing evidence-based practices with families At least 75 % of interventionists in the IZs who complete their checklists report that they are using recommended intervention practices at least at 50% of their visits during the first year. At least 50% of checklists completed by observers from the leadership teams verify self-report checklists scores	Pre and post survey of early intervention teams Pre survey (what do you know and how do you access local supports and intervention info) and post survey (how often did you attend meetings, trainings, availability and responsiveness of leadership teams, how useful are they?) <u>Family Practices Checklists</u> Can use desired items from family practices checklists being developed by ECTA for the Recommended Practices.	September 2016-September 2017
Intermediate	Families use strategies that have been adapted with their team members to help their	To what extent are families able to use strategies to help their	75% of the families surveyed in the IZs will report that they can	Portion of Family Outcomes Survey-Revised	September 2016-June 2017

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
	children develop and learn during every day routines	children learn during every day routines?	help their children develop and learn during every day routines via their responses on the Family Outcomes Survey-Revised		
Long term	The % of children in summary statement 1 will increase by .9 percentage points over time in the IZs	To what extent has the percentage of infants and toddlers with disabilities who demonstrate greater than expected progress (i.e. SS1) in the acquisition and use of knowledge and skills in our pilot areas changed?	Children experience greater than expected growth in their acquisition and use of knowledge and skills	Indicator 3.b collected in Cornerstone will show a .9 percentage point increase by FFY 2018	FFY 2018

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