

# Supporting Idaho and Washington to Implement Statewide Systems to Improve Outcomes for Young Children with Disabilities and their Families

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<https://ectacenter.org/about/impact-2025-outcomes.asp>

In 2014, OSEP instituted the Statewide Systemic Improvement Plan (SSIP) reporting requirement. The SSIP was designed as a comprehensive multi-year plan for improving results for infants and toddlers with disabilities and their families through system strengthening efforts. States/entities work to improve their infrastructure, implement evidence-based practices, and measure their progress. Since SSIP's inception, ECTA and DaSy have collaborated to provide technical assistance (TA) to support states with the SSIP requirements.

This impact story spotlights two states that used TA to scale implementation of their SSIP practices statewide, making noteworthy progress in their systems to improve child outcomes.

## How TA Supported States with Their SSIP

Since the implementation of SSIP, ECTA and DaSy have tailored TA to meet the specific needs of each state. At a minimum, this involved TA specialists reviewing and providing input on states yearly SSIP documentation before submission to OSEP.

For many states, TA included deeper engagement, such as supporting states to:

- Acquire and use information and resources
- Select and use data collection tools in evaluating infrastructure improvements and practice change
- Build data analysis competencies and support analysis of evaluation data
- Manage, organize, implement activities and track implementation progress
- Use evaluation data to revise logic models, improvement activities and evaluation plans
- Engage state partners in planning, implementation and evaluation
- Create high-quality products such as guides, policies and standards

Using targeted TA from ECTA and DaSy, Idaho and Washington have achieved state-wide SSIP implementation, built systems to support the early intervention workforce, and improved the quality and use of their data. TA providers facilitated the states' use of the [System Framework](#) and ECTA's [Statewide Implementation Guide](#) to support design and scale-up of SSIP activities. States developed action plans and evaluation methodologies, trained practitioners, and launched evidence-based practices in pilot implementation sites, which later served as demonstration sites for expansion and scale-up.



## Idaho

State leaders in Idaho articulated three focus areas:

1. Training staff on the child outcomes with proficiency in knowledge of typical social emotional (SE) development
2. Standardizing processes to review and monitor child outcomes data and SE practices
3. Providing professional development on Coaching in Natural Learning Environments (the state-selected evidence-based practice)

The state launched activities in pilot sites in urban and rural areas. State leaders sought TA to establish and document detailed criteria and procedures and to systematically gather feedback from practitioners during the pilot. A staggered implementation approach was used until all 7 regions of the state were using standardized procedures and practices to implement the SSIP. State leaders acknowledged challenges getting buy-in for SSIP activities in some regions, but the staggered implementation approach helped to allay concerns, as local staff recognized that the early success of the two pilot sites could be replicated.

## Processes and Procedures

The state team established [essential support structures](#) as the framework on which to build standardized processes and procedures for [Child Outcomes Summary \(COS\)](#) ratings. Beginning with pilot sites, the state provided child outcomes training and other online resources as they assembled a cadre of trained professionals including mentors, infant mental health certified staff and certified fidelity coaches. As the process rolled out, state staff collected qualitative and quantitative data from staff implementing SSIP activities, which they used to inform a standardized statewide process.

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Idaho state staff reported that TA helped them implement the SSIP in a way that was relevant and feasible without sacrificing fidelity or data quality. For example, some sites were not comfortable assigning numbers to children (for example, using the COS numeric rating scale), so TA staff introduced ECTA's [Decision Tree for Summary Rating Discussions](#), which allowed COS teams to assign ratings using visual "buckets" rather than numbers.

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## Data Analysis Capacity

State staff worked with TA specialists to better understand their child outcomes data and variation across implementation sites. This led to revising baseline data and yearly targets to better reflect Idaho's context. Together they examined data and TA staff suggested disaggregating data to identify differences across regions. TA providers helped the state use the [Identifying Meaningful Differences in Child Find](#) calculator to determine how much change in child outcome scores would be needed for the state to register a statistically significant difference from baseline. This enabled the state to set more reasonable targets.

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“[Our TA specialist] is amazing. I mean, [she] is incredible. [She] has been with us every step of the way. I feel fortunate that we’ve been able to have her be a part of our TA team for as long as she has...”

— Idaho Team Member

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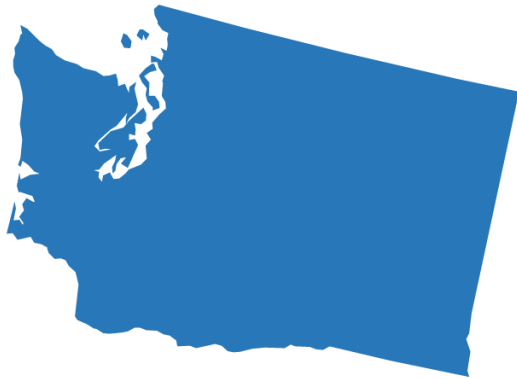
To support Idaho’s emphasis on family engagement and data quality, TA providers collaborated with state leaders to fully engage families and improve response rates and representativeness of family survey data. As state leaders used various tools to engage families in the child outcomes scoring process, TA staff helped the state to understand OSEP’s reporting requirement around family data representativeness and to identify strategies to improve representativeness and the response rate. Idaho’s FFY 2022 federal reporting demonstrates increased family engagement in the child outcomes process, exceeding the target of 80%. Among families responding to the survey:

- 92% reported having awareness and understanding of the early childhood outcomes process.
- 88% reported being involved in the process, including determining ratings of their child’s progress.
- 91% reported being involved in discussions about plans for helping their child grow.

## Monitoring, Accountability, and Professional Development

Idaho accomplished additional goals around monitoring and accountability and professional development. This included instituting detailed documentation of early childhood outcomes process fidelity through tools (for example, coaching logs) and surveys to monitor compliance. Through their SSIP activities, Idaho also enabled master mentors to complete [National Fidelity Coach Institute trainings](#) and co-developed and instituted a [Fidelity in Practice EI Certification Plan](#) to support practitioners in achieving fidelity. The state also collects data on teaming practices to measure fidelity and practice change.

Idaho has maintained statewide implementation for more than four years and continues to enhance implementation and improve data quality. This includes collecting data, measuring fidelity of coaching practices, and making investments in training and coaching. Next steps include strategies to sustain high-quality implementation and increasing the number of practitioners implementing evidence-based practices with fidelity. Idaho anticipates these next steps will continue the trend of improved social emotional outcomes for children enrolled in the Infant Toddler Program that has occurred over the past three years, including the significant increase of 5.16% made between FFY 2022 and FFY 2023.



## Washington

Beginning in 2014, Washington Part C state staff met monthly with TA specialists on SSIP planning. Early SSIP work included emphasis on systems thinking and the system framework. ECTA and DaSy TA staff coached state leaders to use all components of the [System Framework Self-Assessment](#) with partners across the state to identify strengths and opportunities. During this process, the state team identified four action strands to guide the SSIP work:

- Professional development to ensure practice fidelity
- Training personnel to gain expertise in infant mental health
- Enhancing implementation of high-quality functional assessments and child outcomes measurement procedures
- Implementing a high-quality data system that supports the child outcomes measurement system

## Systems Change

Systems-focused planning for the SSIP enabled Washington to implement and scale SSIP activities statewide, offering widespread support to local providers during a period of significant change at the state agency. Washington gathered input from partners across the state to make significant structural changes within the Part C system. This change resulted in the state having more oversight and ability to provide consistent guidance/direction to all early intervention programs/providers while maintaining many aspects of local decision-making. State leaders used the system framework to build the structure of the enlarged state team, ensuring that, collectively, staff had competencies to address all components of a strong system. Concurrently, TA staff supported the state in determining local agencies' readiness to be SSIP implementation sites. In 2016, the state rolled out the SSIP in 3 cohorts comprising 17 implementation sites. Since 2022, Washington has conducted activities statewide.

## Professional Development

Washington offers professional development (PD) on evidence-based practices and embeds Early Relational Health, a core state focus, in all levels of the system. Washington sought TA to strengthen their personnel system and has invested heavily in PD for early intervention providers. This includes activities to support practitioners implementing [Promoting First Relationships \(PFR\)](#), for example:

- Providing tiered, team-based training on the three levels of PFR, including booster sessions; more than 1,000 practitioners across the state are currently trained at level 1.
- Offering monthly consultations on PFR using coaching logs and translating PFR parent handouts.

Washington also offers [Early Relational Health](#) trainings and [Neuro-Relational Framework](#) training tailored to meet needs of practitioners as well as communities of practice. The state aims to make Infant Parent Mental Health Specialists (IPMHS) available to all intervention teams that may need them. The SSIP work has improved access to PD, as many of these activities are now available to providers across Washington. Focus group data from 90 providers showed that 80% had participated in voluntary PD opportunities.

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“Overall, we’ve been able to create a foundation that really centers the child and parent relationship. And we’re embedding that in every aspect of our system and our workforce. Even to the point that our monitoring team is now monitoring IFSP outcomes that are written in the context of a relationship. So, we are really centering that relationship embedded into our system through all of these different activities.”

— Washington Team Member

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## Child Outcomes Summary (COS) Process

With TA support, Washington has enhanced the COS and increased staff’s understanding of how to use the associated data. Washington enabled practitioners to use TA resources such as the [COS Process Online Module](#) and the [Child Outcomes Summary Team Collaboration](#) (in implementation sites) to ensure staff have a solid understanding of the COS. All providers must complete a COS training module and score 100% on a quiz.

The state also provides coaching and a practice guide emphasizing functional routines-based outcomes and the importance of family involvement and cultural considerations in the COS process. TA staff have helped state

leaders interpret COS data and use reports from the state data system to support program improvement.

## Using Data for Practice Change

TA has helped staff establish a strong focus on data and measurement, including attention to practice change. For example, practitioners complete evaluation surveys after all trainings, and the state collects fidelity data on the Neuro-Relational Framework and PFR Level 2 when during providers’ certification process. PFR training follow-up evaluation occurs at 6 and 12 months to see if learning is sustained.

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“A key focus of TA is keeping us focused on practice change. This is drilled into our heads; we are cognizant of that in everything we do. We struggled with that initially but that is an amazing benefit of the TA.”

— Washington Team Member

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## Scaling Up

Building on successes with its SSIP, Washington continues to expand Early Relational Health practices and seeks to further enhance the COS process. This includes a focus on measurement and using data for practice change. The state plans to expand COS supports to improve fidelity including expanding coaching opportunities for practitioners.

## Enhanced Child Outcomes

As a result of Washington’s extensive improvements in infrastructure supports, including efforts to improve provider practices, progress in their child outcomes has been noted since FFY 2021. Specifically, child outcomes data reflect nearly a 3% increase over the past 2 years.

## Key Takeaways

- SSIP is an integrated part of a larger system of partnerships. A collaborative network of partners is essential to successful implementation and long-term sustainability.
- It takes piloting and time to be purposeful about establishing a standardized process for scale-up.
- Data collection is integral to having feedback on the process and understanding what works.
- It's important to allow regions or programs some flexibility in implementation. Clear expectations are essential, but some choice (for example, around choice of tools) fosters buy-in and sustainability.
- State partners' engagement is the hidden driver of the process. There can be an initial challenge with buy-in, but others' success is a catalyst for acceptance and proliferation.
- TA staff, while supporting the planning, implementation, and evaluation of the SSIP process, have helped states to collect, track and interpret data and use them for program improvement.

## Suggested Citation

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