

**2016 PART C SPP/APR INDICATOR ANALYSIS BOOKLET
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Early Childhood Technical Assistance Center (ECTA) in collaboration with the Center for IDEA Early Childhood Data Systems (DaSy), the National Center for Systemic Improvement (NCSI), and the IDEA Data Center (IDC).	

INDICATOR 1: TIMELY RECEIPT OF SERVICES

Prepared by the Early Childhood Technical Assistance Center (ECTA)

Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

INTRODUCTION

Indicator 1, Timely Receipt of Services, is a compliance indicator with a target of 100%. Each state defines what constitutes timely services. The indicator refers to the percentage of children for whom all services are timely, not the percentage of services that are timely; if one or more of the services for a child are not delivered within the defined timeline, then the child would not be counted in the percentage of children receiving timely services.

The analysis of Part C Indicator 1 is based on data from FFY 2014 Annual Performance Reports (APRs) for 56 states. For the purpose of this report, the term “state” is used for both states and jurisdictions.

DATA SOURCES

In responding to this indicator, states could use data from monitoring or the state data system.

METHODOLOGY & MEASUREMENT APPROACHES

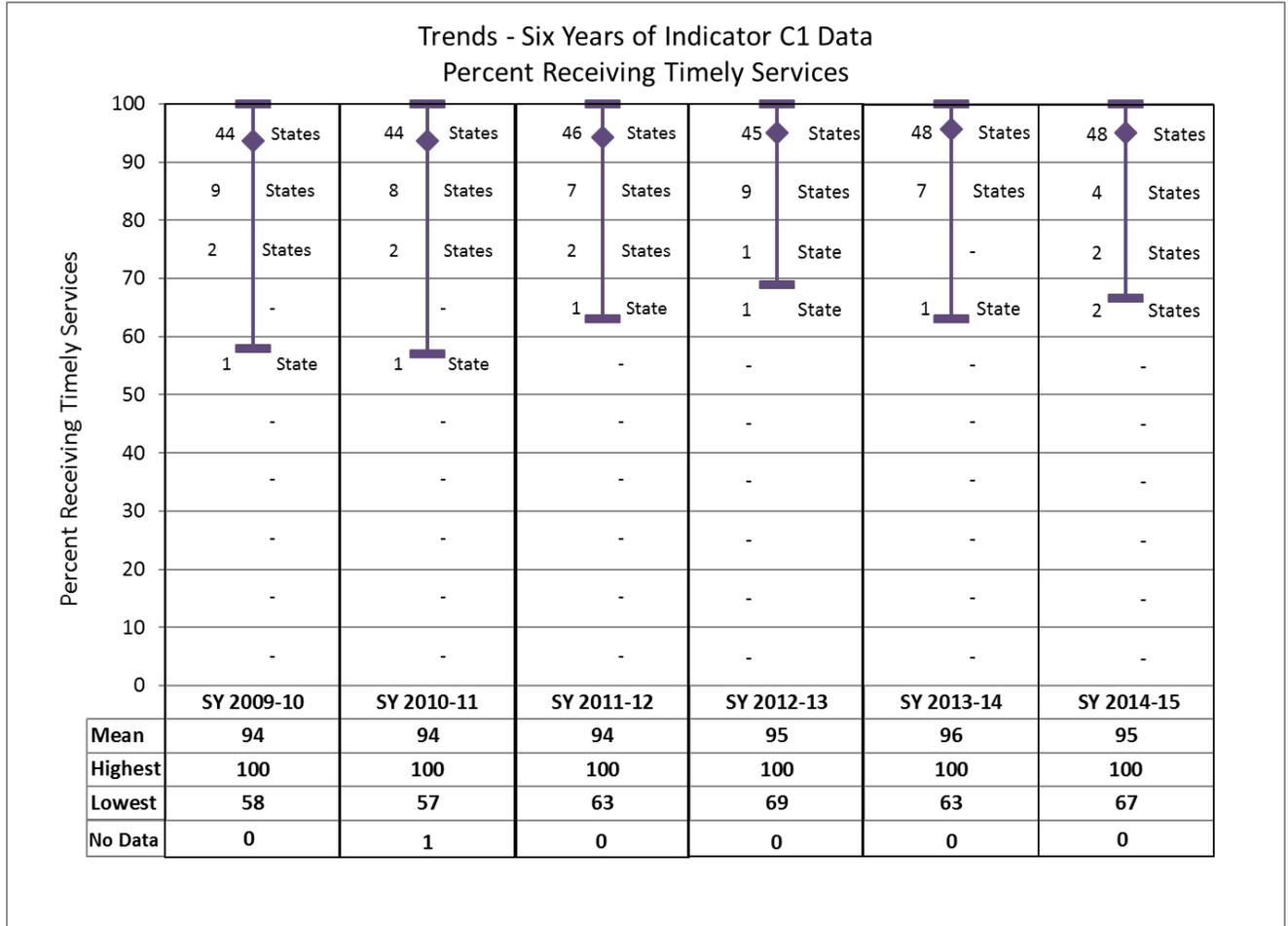
Defining Timely Services

States are required to provide the criteria used to determine which infants and toddlers received IFSP services in a timely manner. The data are based on the actual number of days between parental consent or the date specified on the IFSP for the initiation of services and the provision of services. The number of days states use to define timely services varies across states. States are also allowed to count delays due to family circumstances as timely, although not all states collect and report delays attributable to family circumstances.

PERFORMANCE TRENDS

Figure 1 illustrates current data for Indicator 1 and trend data over the last six reporting years, from FFY 2009 to FFY 2014. For each reporting year, the number of states represented within each ten-percentage point range is shown in the chart, and the table below the chart shows the national mean, range, and number of states included.

Figure 1



INDICATOR 2: SETTINGS

Prepared by the Early Childhood Technical Assistance Center (ECTA)

Percent of infants and toddlers with IFSPs who primarily receive early intervention services in community-based or home settings.

INTRODUCTION

Indicator 2 documents the extent to which early intervention services are provided in natural environments. “Natural environments” are settings that are either home-based or community-based. Settings that are not considered natural environments include hospitals, residential schools, and separate programs for children with delays or developmental disabilities. This summary of Indicator 2 is based on data from FFY 2014 APRs for 56 states. For the purposes of this report, the term “state” is used for both states and territories.

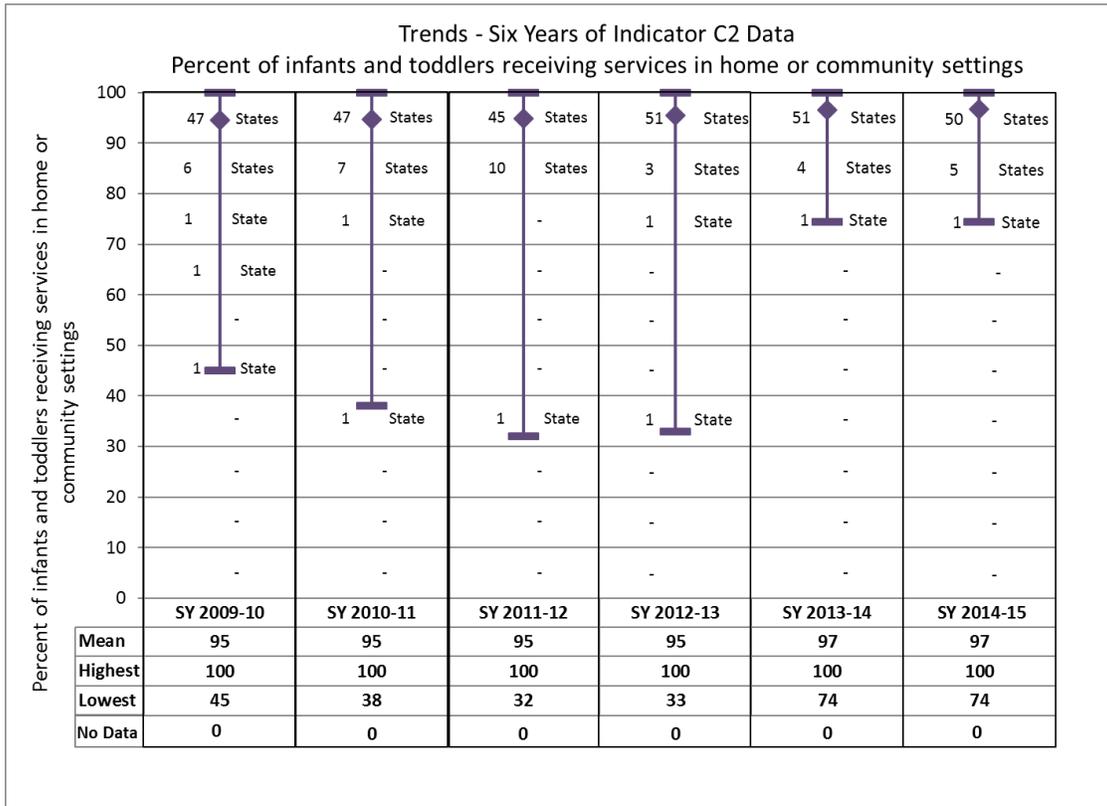
DATA SOURCES

The data for this indicator are from the 618 IDEA Part C Child Count and Settings data collection. In this data collection, states report the primary setting of the child’s services for all children enrolled in Part C on a state-designated date, between October 1 and December 1, 2014. “Primary setting” is the service setting in which the child receives the largest number of hours of Part C early intervention services. Determination of primary setting should be based on the information included on the IFSP in place on the Child Count date.

PERFORMANCE TRENDS

Figure 1 illustrates current data for settings and trend data over the last six reporting years, from FFY 2009 to FFY 2014. For each reporting year, the number of states represented within each ten-percentage point range is shown in the chart, and the table below the chart shows the national mean, range, and number of states included.

Figure 1



INDICATOR 3: INFANT & TODDLER OUTCOMES

Prepared by the Early Childhood Technical Assistance Center (ECTA)

Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);*
- B. Acquisition and use of knowledge and skills (including early language/communication); and*
- C. Use of appropriate behaviors to meet their needs.*

INTRODUCTION

Indicator 3 reports the percentage of infants and toddlers with IFSPs who demonstrate improved outcomes during their time in Part C. This summary is based on information reported by 56 states and jurisdictions in their FFY 2014 Annual Performance Reports (APRs). For the purposes of this report, the term 'state' is used for both states and jurisdictions. For this indicator, states report data on two summary statements for each of the three outcome areas. The summary statements are calculated based on the number of children in each of five progress categories. The child outcomes summary statements are:

- Summary Statement 1: Of those children who entered the program below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they turned three years of age or exited the program (progress categories c+d/a+b+c+d).
- Summary Statement 2: The percent of children who were functioning within age expectations in each outcome by the time they turned three years of age or exited the program (progress categories d+e/a+b+c+d+e).

DATA SOURCES & MEASUREMENT APPROACHES

States and jurisdictions continue to use a variety of approaches for measuring child outcomes, as shown in Table 1.

Table 1

Child Outcomes Measurement Approaches (N=56)	
Type of Approach	Number of States (%)
Child Outcomes Summary (COS) process	43 (77%)
One statewide tool	8 (14%)
Publishers' online analysis	2 (4%)
Other approaches	3 (5%)

PERFORMANCE TRENDS

Figures 1 through 6 illustrate trends for the two summary statements for each of the three outcome areas over the last six reporting years (FFY 2009 to FFY 2014). For each reporting year, the number of states within each ten-percentage point range are shown in the charts, and the tables below each chart show the national mean, range, and number of states included each year.

Figure 1

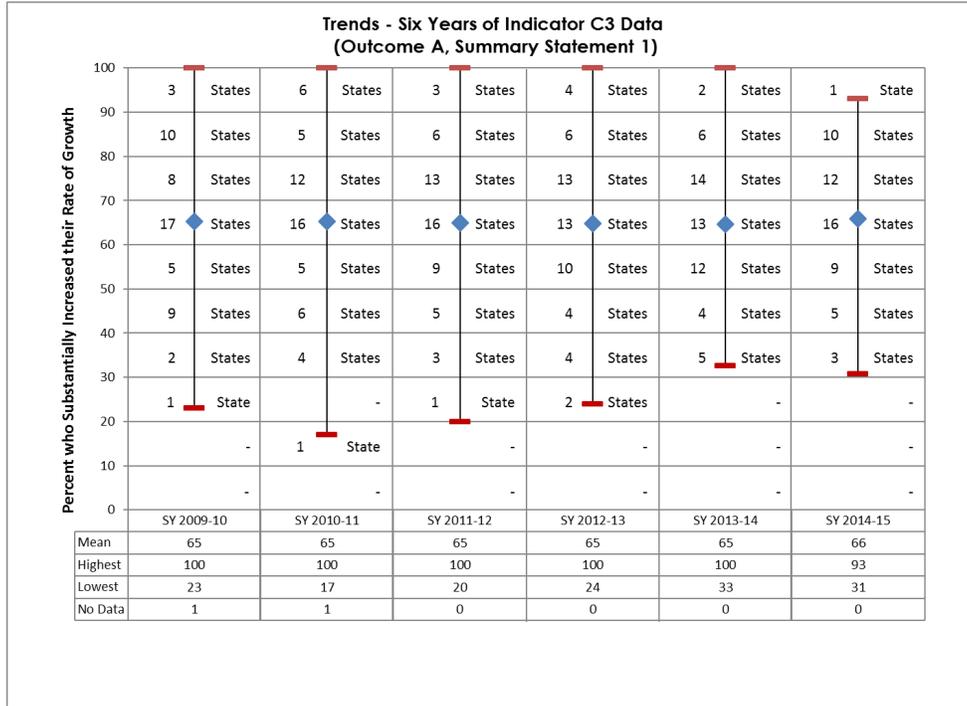


Figure 2

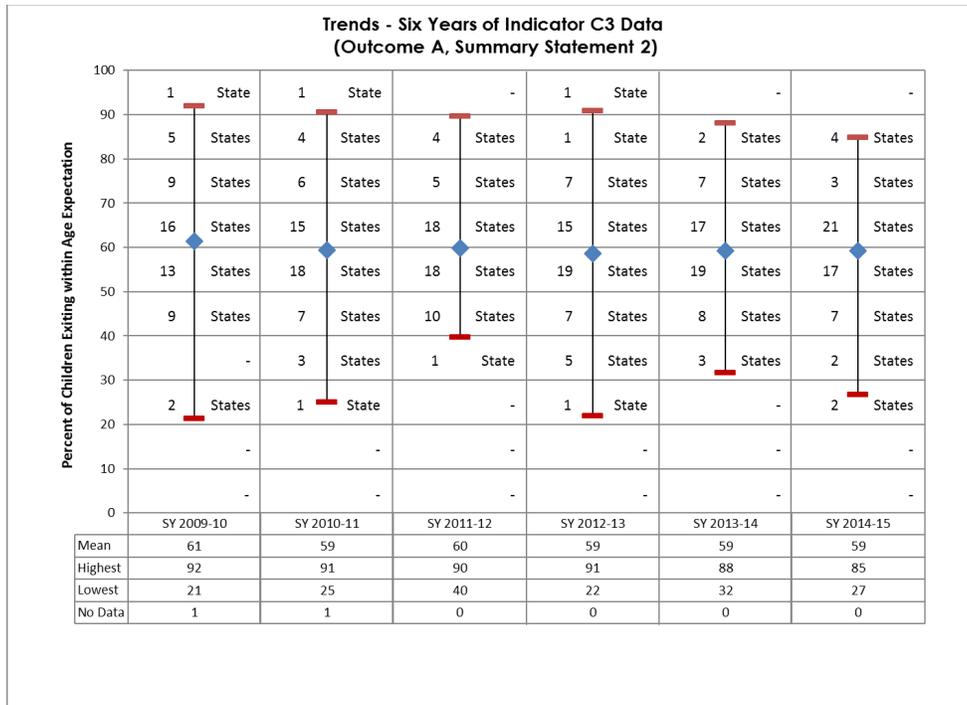


Figure 3

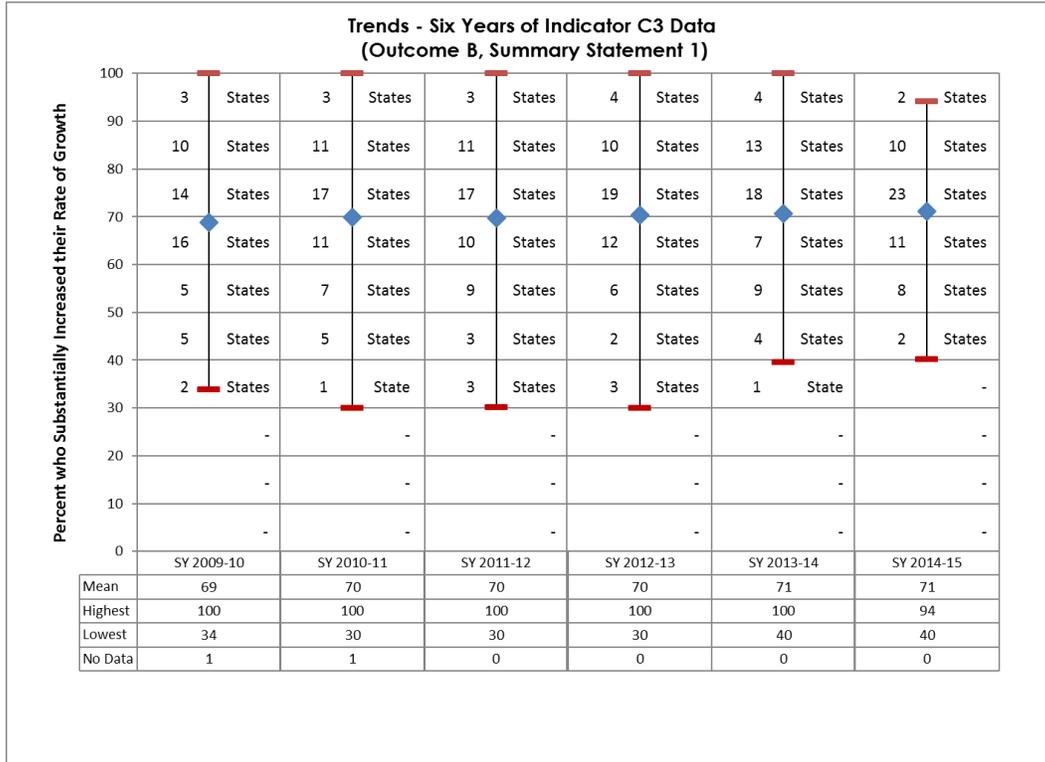


Figure 4

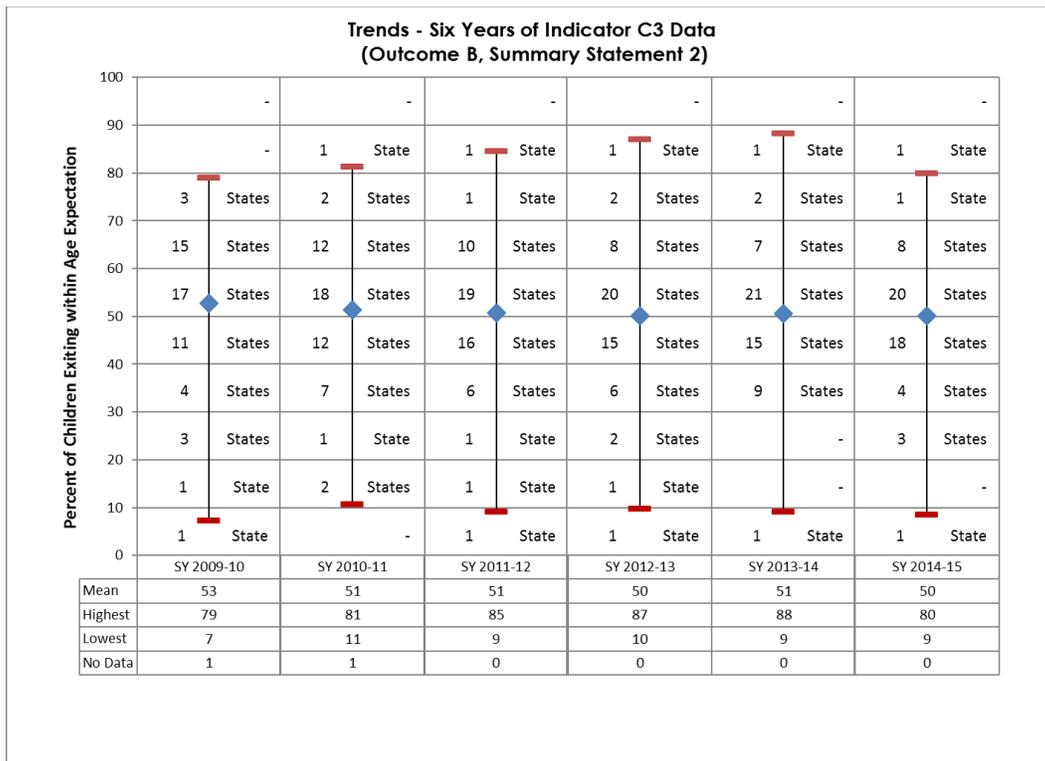


Figure 5

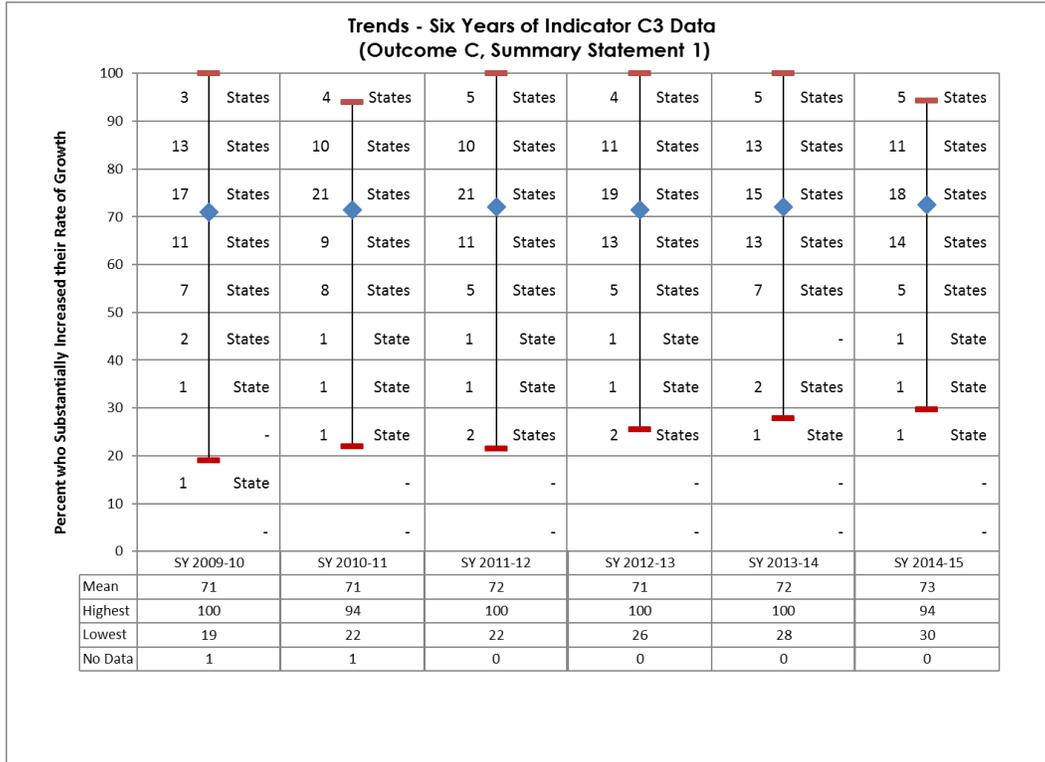
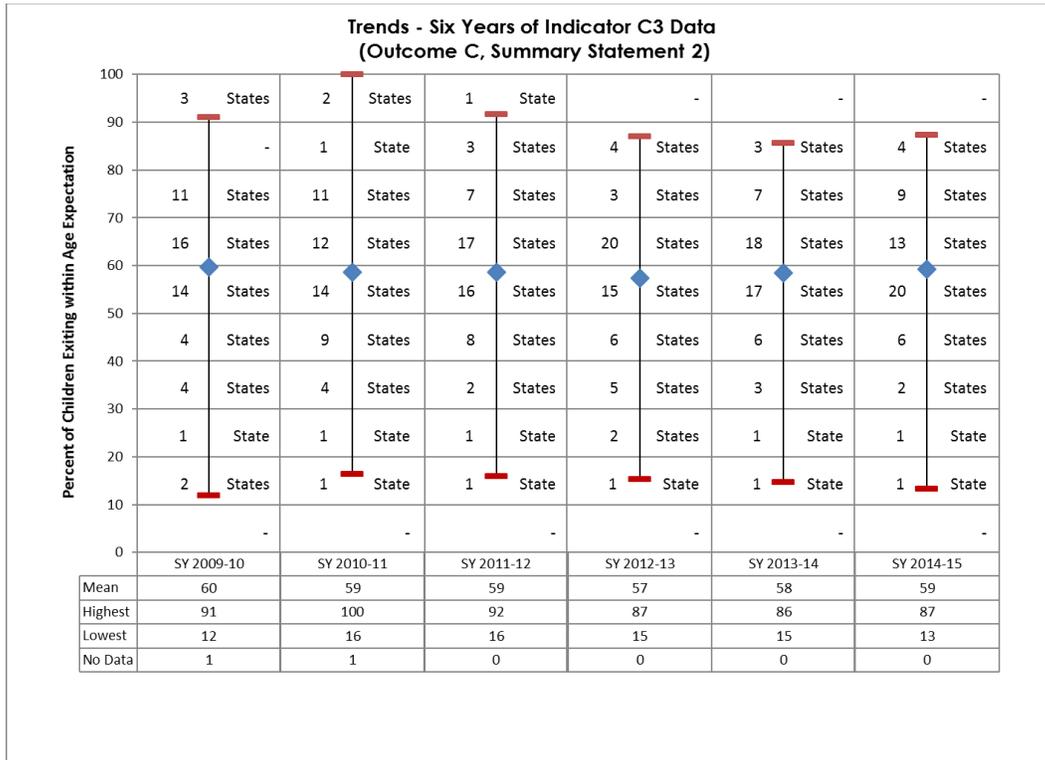


Figure 6



INDICATOR 4: FAMILY OUTCOMES

Prepared by the Early Childhood Technical Assistance Center (ECTA)

The percent of families participating in Part C who report that early intervention services have helped the family:

(A) know their rights

(B) effectively communicate their children's needs

(C) help their children develop and learn

INTRODUCTION

Indicator C4 is a performance indicator, with states allowed to set performance targets each year. The data used for this report are based on information reported by 56 states and jurisdictions in their FFY 2014 APRs. States and jurisdictions are referred to as “states” for the remainder of this summary.

DATA SOURCES AND MEASUREMENT APPROACHES

All states use survey methodology to report on this indicator. In cases where a state did not report which survey was used and did not report a change to survey type for FFY 2014, the survey type reported in previous years was used.

States reported using four main survey approaches to collect data for this indicator. Of the 56 states, 20 used the NCSEAM Family Survey (36%), 16 states (29%) used the revised ECO Family Outcomes Survey (2011), 12 used the original (2006) ECO Family Outcomes Survey (21%), and eight (14%) used a state-developed survey. Some states tailored their surveys by removing questions not required for APR reporting, adding survey questions specific to their state, and/or making wording and formatting changes. Scoring metrics and indicator thresholds varied among states as well.

Forty-two of 56 states (75% of states) reported a response rate. Among these 42 states, response rates ranged from 11% to 100% and the average was 38%.

PERFORMANCE TRENDS

Figures 1, 2, and 3 show the current data for each of the three family outcome sub-indicators and trend data over the last six reporting years (FFY 2009 to FFY 2014). For each reporting year, the number of states represented within each ten-percentage point range is shown in each chart, and the tables below the charts show the national means, ranges, and number of states included.

Figure 1



Figure 2

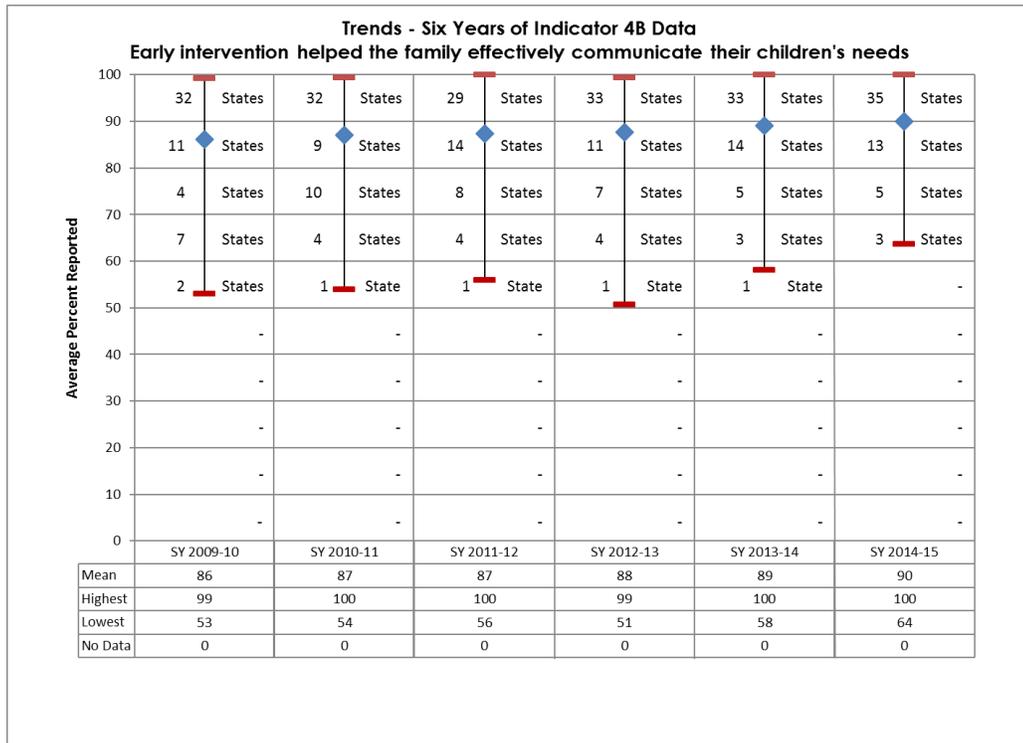
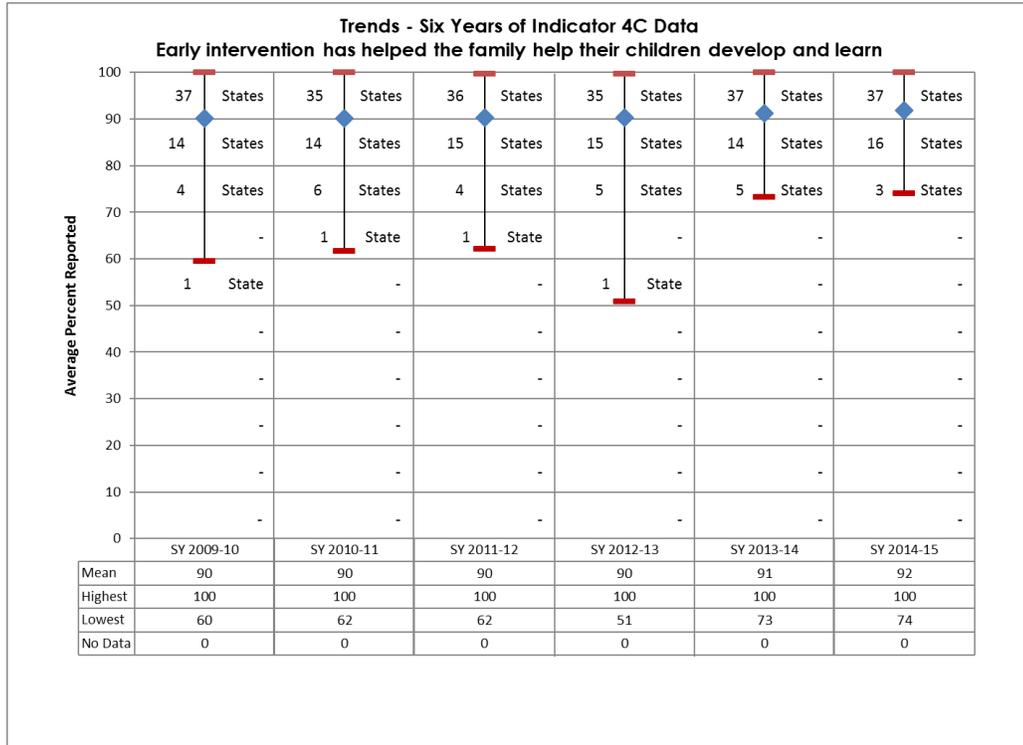


Figure 3



INDICATOR 5: CHILD FIND BIRTH TO ONE

Prepared by the Early Childhood Technical Assistance Center

Percent of infants and toddlers birth to one with IFSPs compared to national data.

INTRODUCTION

Indicator 5 reports state performance in the identification of eligible infants during their first year of life. The summary of the analysis of Indicator 5 is based on data from FFY 2014 APRs from 56 states. For the purposes of this report, the term “state” is used for both states and jurisdictions.

DATA SOURCES

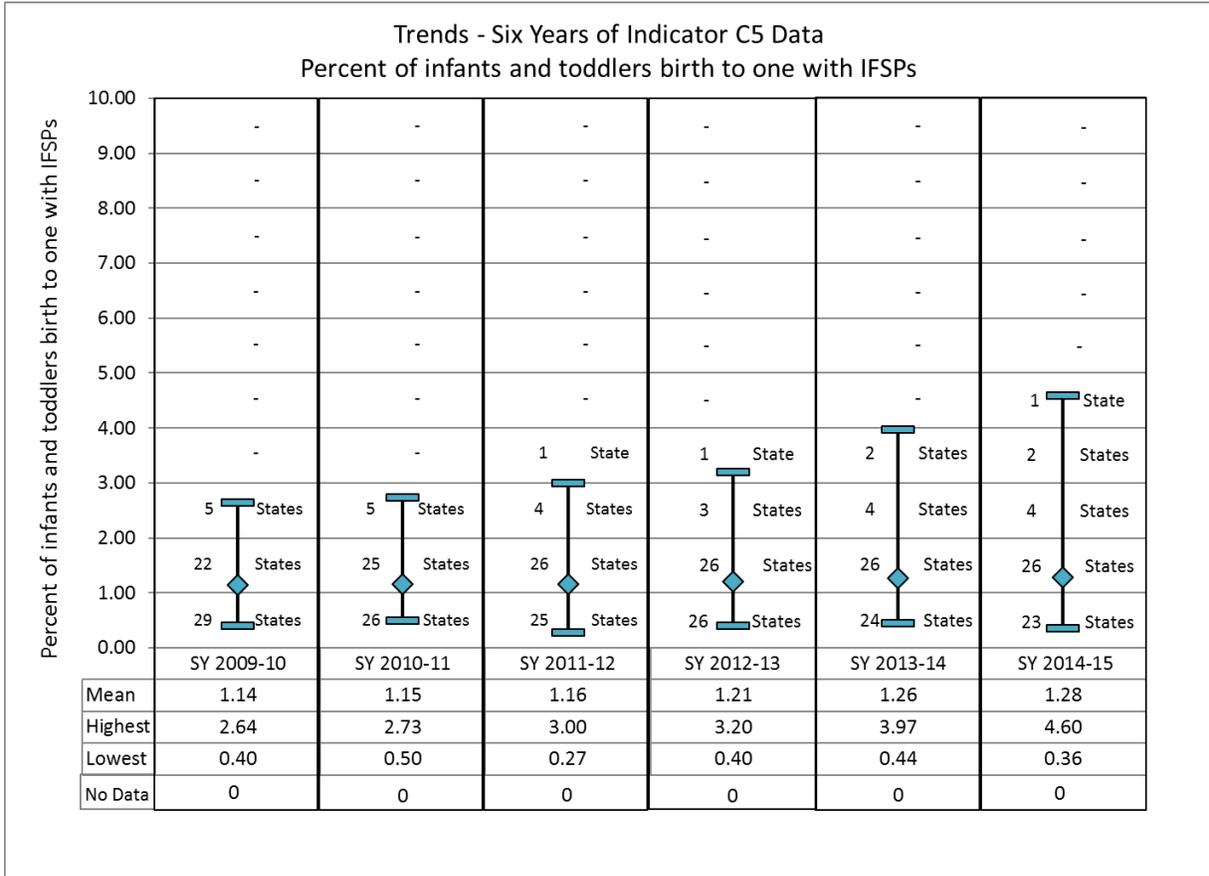
States must use data collected and reported under Section 618 (Annual Report of Children Served) regarding the number of infants, birth to age one, who were identified and served on a state-determined date (generally December 1), and to calculate the percentage of the state’s birth to one population that number represents. For Indicator 5, OSEP provided states with pre-populated data from the Child Count/ Educational Environment data, and comparison data from U.S. Census Annual State Resident Population Estimates. These two numbers were used to calculate the percentage of children served. For jurisdictions for which US Census data were not available, states could submit population data from an alternate source for purposes of calculating the percentage served.

Based on Part C Child Count and Settings data, Table C1 “Number of infants and toddlers ages birth through 2 and 3 and older, and percentage of population, receiving early intervention services under IDEA, Part C, by age and state: 2014”, the national percentage of children from birth to age one served in Part C was 1.15% (based on 50 states and DC). This national percentage takes into account state population, and excludes jurisdictions and territories. This is the number to which states must compare their data.

PERFORMANCE TRENDS

Figure 1 illustrates current data for child find and trend data over the last six reporting years. For each reporting year, the number of states represented within each one-percentage point range is shown in the chart; the table below the chart shows the mean, range, and number of states included. The mean shown in the charts below for FFY 2014 (1.28%) includes all 56 states and is an unweighted mean, and therefore differs slightly from the Table C1 national mean for FFY 2014 (1.15%).

Figure 1



INDICATOR 6: CHILD FIND BIRTH TO THREE

Prepared by the Early Childhood Technical Assistance Center (ECTA)

Percent of infants and toddlers birth to three with IFSPs compared to national data.

INTRODUCTION

Indicator 6 reports state performance in the identification of eligible infants and toddlers from birth to age three. This summary of the analysis of Indicator 6 is based on APR data for FFY 2014 from 56 states. For the purposes of this report, the term “state” is used for both states and jurisdictions.

DATA SOURCES

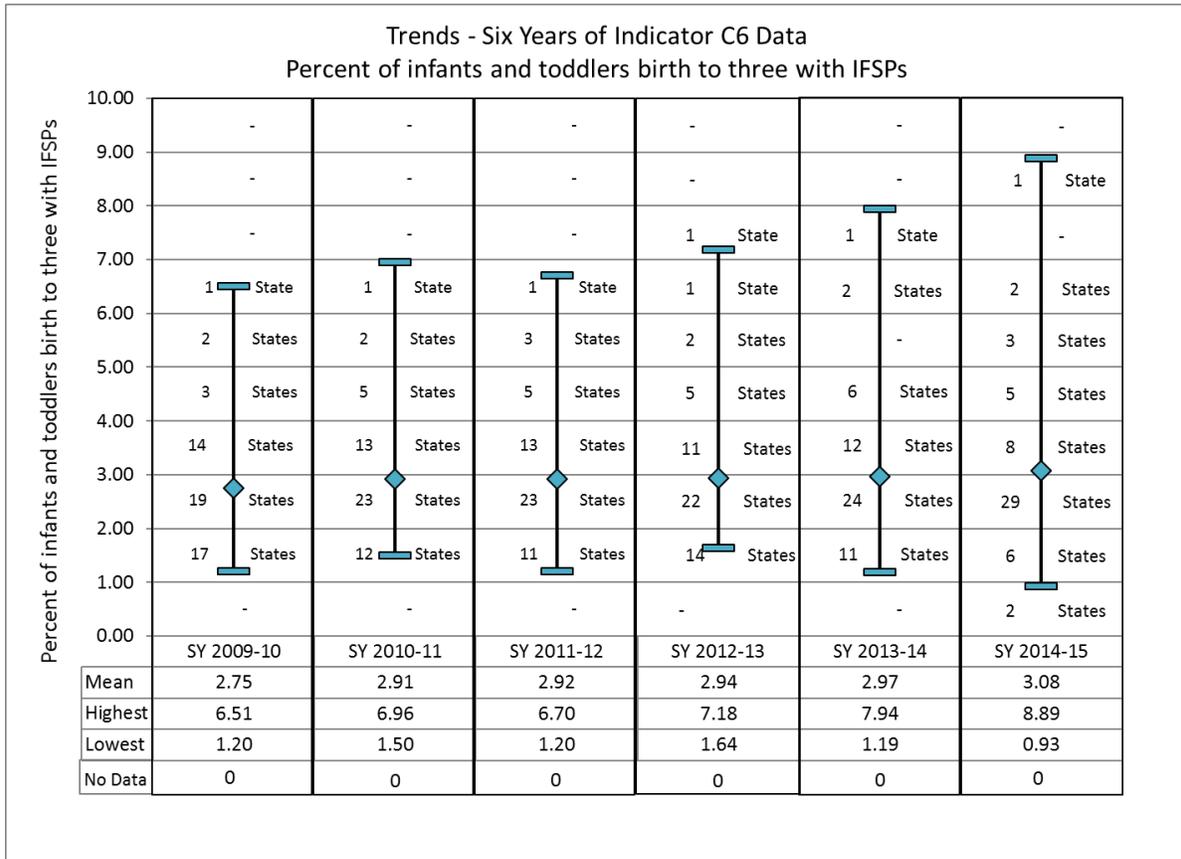
The measurement specifies that states must use data collected and reported under Section 618 (Annual Report of Children Served) regarding the number of infants and toddlers, birth to age three who were identified and served on a state-determined date (generally December 1), and to calculate the percentage of the state’s birth to three population which that number represents. For Indicator 6, OSEP provided states with pre-populated data from the Child Count/ Educational Environment data and comparison data from U.S. Census Annual State Resident Population Estimates, which were used to calculate percentage of children served. For jurisdictions for which US Census data were not available, states could submit population data from an alternate source for purposes of calculating percentage served.

Based on Part C Child Count and Settings data, Table C1 “Number of infants and toddlers ages birth through 2 and 3 and older, and percentage of population, receiving early intervention services under IDEA, Part C, by age and state: 2014”, the national percentage of children from birth to age three served in Part C was 2.95% (based on 50 states and DC). This national percentage takes into account state population, and excludes jurisdictions and territories. This is the number to which states must compare their data.

PERFORMANCE TRENDS

Figure 1 illustrates current data for child find and trend data over the last six reporting years. For each reporting year, the number of states represented within each one-percentage point range is shown in the chart; the table below the chart shows the mean, range, and number of states included. The mean shown in the charts below for FFY 2014 (3.08%) includes all 56 states and is an unweighted mean, and therefore differs slightly from the Part C Child Count and Settings Table C1 national mean for FFY 2014 (2.95%).

Figure 1



INDICATOR 7: 45-DAY TIMELINE

Prepared by the Early Childhood Technical Assistance Center (ECTA)

Percentage of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

INTRODUCTION

Indicator 7 is a compliance indicator with a performance target of 100%. Part C regulations specify that the initial evaluation and assessments of the child and family, as well as the initial IFSP meeting must be completed within 45 days from the date the lead agency or provider receives the referral. For this indicator, states have the option to identify and count as timely those delays that are the result of exceptional family circumstances.

This summary is based on data from Annual Performance Reports (APRs) submitted by 56 states and jurisdictions for FFY 2014. For the remainder of the summary, the term "state" is used to refer to both states and jurisdictions.

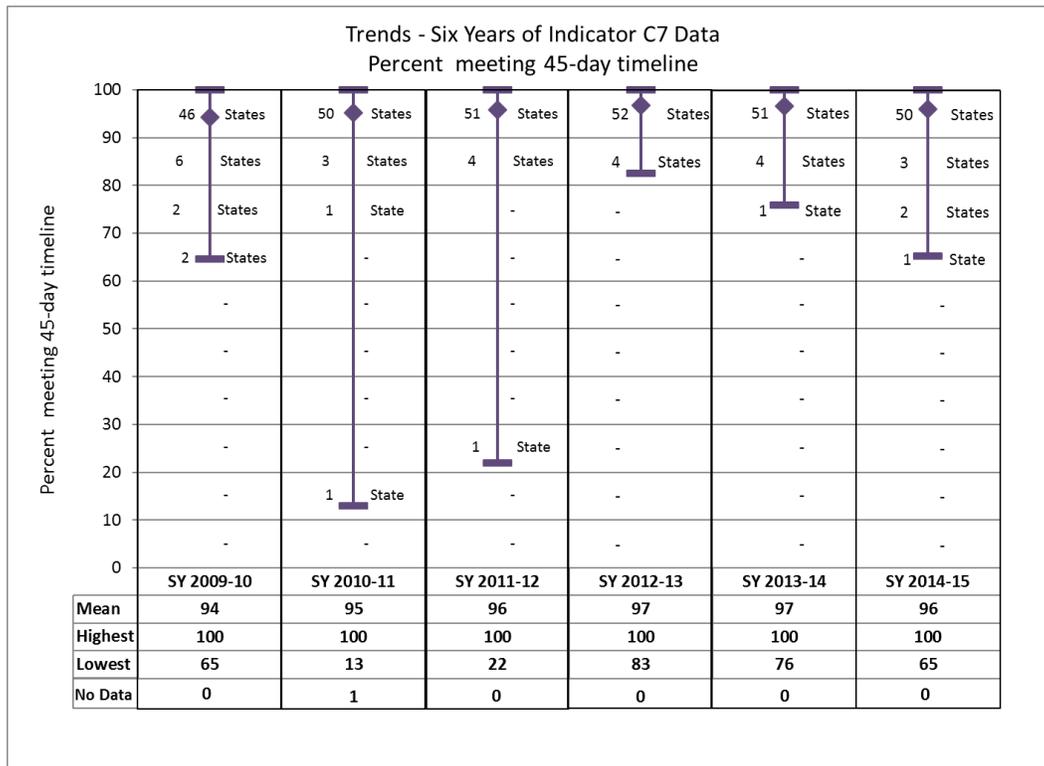
DATA SOURCES

Data for reporting on this indicator may be gathered from a state's data system and/or local monitoring practices, including sampling files for review, onsite verification visits, or reviews of self-assessment results.

ACTUAL PERFORMANCE

Figure 1 illustrates current data for Indicator 7 and trend data over the last six reporting years. For each reporting year, the number of states represented within each ten-percentage point range is shown in the chart, and the table below the chart shows the national mean, range, and number of states included.

Figure 1



INDICATOR 8: EARLY CHILDHOOD TRANSITION

Prepared by the Early Childhood Technical Assistance Center (ECTA)

Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday, including: an IFSP with transition steps and services; notification to the State Education Agency (SEA) and the Lead Education Agency (LEA) of residence, if the child is potentially eligible for Part B; and a transition conference, if the child is potentially eligible for Part B.

INTRODUCTION

Indicator 8 is a compliance indicator with a performance target of 100%. Each of the three sub-indicators of Indicator 8 corresponds to specific Part C regulations. For Indicator 8, states report the percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the state) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

This analysis of Part C Indicator 8 is based on data from FFY 2014 Annual Performance Reports (APRs) for 56 states and jurisdictions. For the purposes of this report, the term "state" is used for both states and jurisdictions. One state had data determined by OSEP to be not valid and reliable for Indicator 8B.

DATA SOURCES/ MEASUREMENT APPROACHES

States use a variety of data sources for reporting on this indicator, including monitoring data (e.g. file review and self-assessment), the state's data system, or combinations of these approaches. There is also variability among states regarding use of census vs. sampling methodologies for reporting on this indicator. A census approach is defined as reporting on all children for the entire reporting period or all children in a specific time frame (e.g. all children transitioning in one quarter of the calendar year). A majority of states use census data for all three sub-indicators.

PERFORMANCE TRENDS

Figures 1, 2, and 3 illustrate the current data for each of the three transition sub-indicators and trend data over the last six reporting years. For each reporting year, the number of states represented within each ten-percentage point range is shown in each chart. The tables below the charts show the national mean, range, and number of states included.

Figure 1

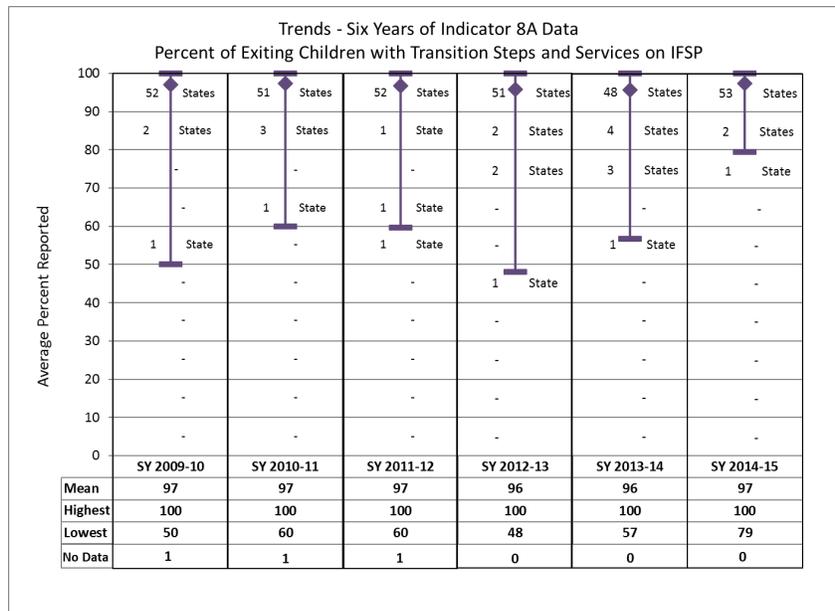


Figure 2

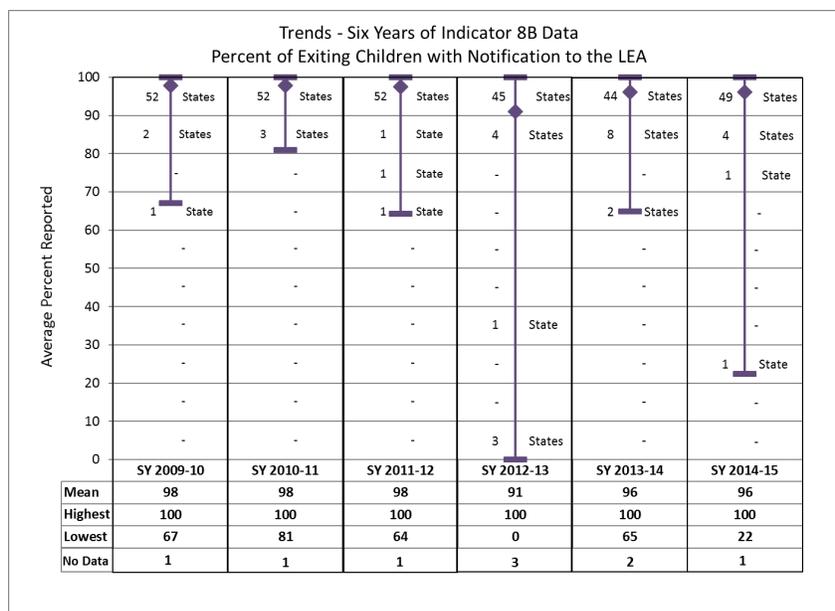
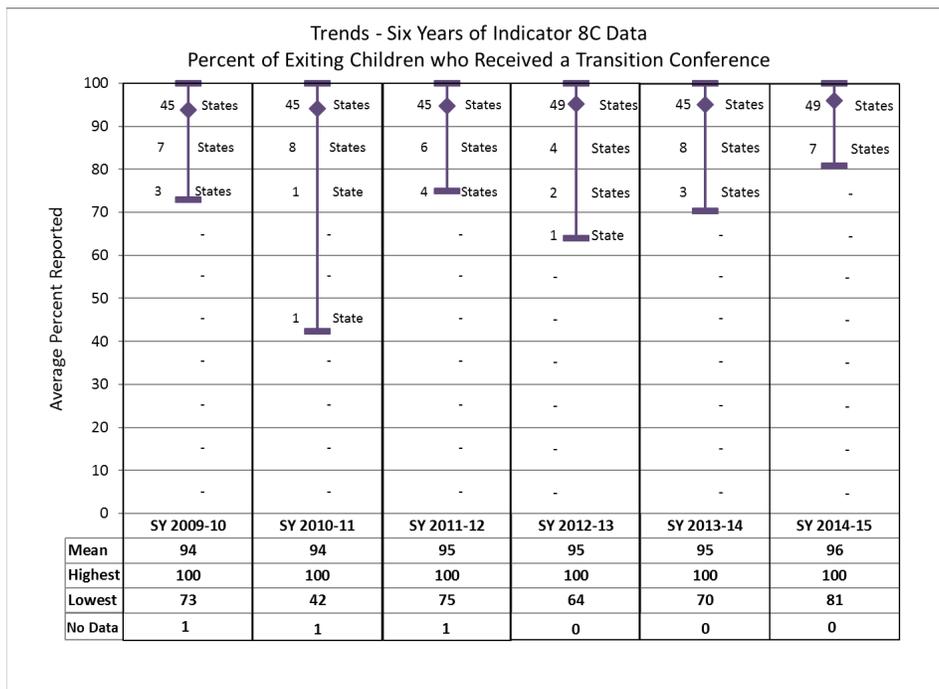


Figure 3



INDICATORS 9 & 10: DISPUTE RESOLUTION

Prepared by the Center for Appropriate Dispute Resolution in Special Education (CADRE)

INTRODUCTION

The IDEA requires States receiving grants under Part C to make available four dispute resolution processes, and to report annually to the U.S. Department of Education Office of Special Education Programs (OSEP) on their performance.¹ The processes include signed written complaints, mediation, due process complaints, and, in states where Part B due process complaint procedures have been adopted, resolution meetings.

The following is a report and brief summary of States' Federal Fiscal Year (FFY) 2014 Annual Performance Reports (APRs) for Indicators C9 (Resolution Meetings Resulting in Written Settlement Agreements) and C10 (Mediations Resulting in Written Agreements).^{2,3}

DATA SOURCES AND METHODOLOGY

Data sources for this report include FFY 2014 APRs and Section 618 data, available through the GRADS360 OSEP portal. These analyses are specific to State performance on Indicators C9 and C10, and do not present a complete picture of dispute resolution activity.

SUMMARY BY INDICATOR

Indicator 9: Resolution Meetings Resulting in Written Settlement Agreements

Indicator 9 documents the percentage of resolution meetings that result in written settlement agreements. This indicator applies only to States that have adopted Part B due process complaint procedures. States are required to report any activity relating to performance Indicator 9 but are not required to set or meet a performance target if fewer than 10 resolution meetings are held in a single year. Because due process complaints are relatively rare in Part C programs, resolution meetings are unusual occurrences. Nationally, only in one year (2012-13) were more than two resolution meetings held during a single reporting year.

In their 2014 APRs, about one-third of States reported that they use Part B due process procedures. Nationally, only one resolution meeting occurred and it did not result in a written settlement agreement; that due process complaint, however, was withdrawn.

Indicator 10: Mediations Resulting in Written Agreements

Indicator 10 is a performance indicator that documents the percentage of mediations resulting in written mediation agreements. As with Indicator 9, states are required to report any activity relating to Indicator 10, though they are not required to set or meet a performance target if fewer than ten mediations are held in a single year.

¹ For the purposes of this report, the terms "States" is used to refer to all 56 Part C grant recipients (i.e., the Fifty States, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands).

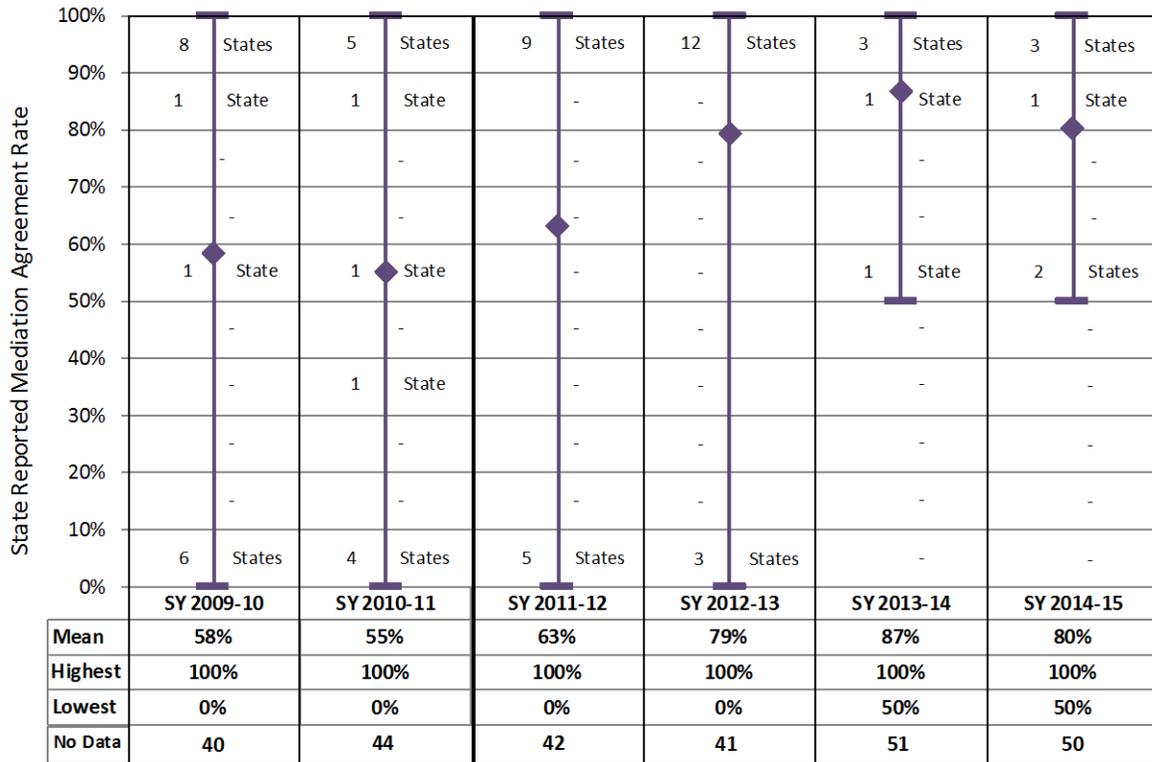
² The reporting period (July 1, 2014-June 30, 2015) began during FFY 2014.

³ These indicators were reported as C12 and C13 in previous years' APRs.

The bands in Figure 1 reflect state performance on Indicator 10 over a six year period. The blue diamonds on each performance band in Figure 1 indicate the mean, or average, rate of agreement across states for that year.⁴

Figure 1

Trends - Six Years of Indicator C10 Data
State Reported Mediation Agreement Rate



Note: "No data" indicates the number of states reporting no activity or lacking valid/reliable data.

In 2014-15, six states reported holding 87 mediations. Two large population states accounted for 81 of the 87 mediations held nationally during 2014 – 94% of all mediations held, about the same percentage as mediations held last year. Four states each reported one or two mediations, with agreements reached in all but one case. A total of 80 of the 87 mediations held resulted in an agreement – a national agreement rate of 92%.

Lead agencies and early intervention programs continue to report very low levels of IDEA dispute resolution activity. One reason for this may be the role that informal conflict resolution and problem-solving plays in day-to-day early intervention interactions. Other possibilities include the short time that families are engaged with Part C programs (from birth to age 3), or a lack of parental awareness of procedural safeguards. It is also likely that the character of the Part C program is more

⁴ For this "average of state agreement rates", all states contribute equally to the calculation regardless of the level of activity.

collaborative from the start, something suggested by a 92% mediation agreement rate. Nevertheless, Lead Agencies must ensure that parents are aware of their rights, that the IDEA-required dispute resolution processes are available, and that they are ready to respond when an option is requested.

INDICATOR 11: STATE SYSTEMIC IMPROVEMENT PLAN

Prepared by the Early Childhood Technical Assistance Center (ECTA) in collaboration with the Center for IDEA Early Childhood Data Systems (DaSy), the National Center for Systemic Improvement (NCSI), and the IDEA Data Center (IDC).

INTRODUCTION

Indicator 11 requires states to develop and implement a State Systemic Improvement Plan (SSIP). The SSIP is a comprehensive, ambitious, yet achievable multiyear plan for improving results for infants and toddlers with disabilities and their families. Baseline data for this indicator were established in FFY 2013 by each state. Baseline was expressed as a percentage and aligned with the State Identified Measurable Result(s) (SIMR) for infants and toddlers and their families. Measurable and rigorous targets, expressed as percentages, were also established by the state for each of the five years from FFY 2014 through FFY 2018.

Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council (ICC), and others, are critical partners in improving results for infants and toddlers and their families. As a result, states included stakeholders in developing the SSIP and in reviewing baseline and targets for Indicator 11 in FFY 2014. Stakeholders are required to be included in implementing, evaluating, and revising the SSIP in FFY 2015 through FFY 2018.

For FFY 2014, Indicator 11 focused on developing a plan to build states' capacity to support EIS programs and/or EIS providers with the implementation of evidence-based practices (EBPs) that would lead to measurable improvement in the SIMR. States were required to develop a plan that included activities, steps, and resources required to implement the coherent improvement strategies, with attention to the research on implementation, timelines for implementation, and measures needed to evaluate implementation and impact on the SIMR. States were expected to base their SSIPs on data and infrastructure analyses, coherent improvement strategies, and theory of action developed in FFY 2013. The plan was required to address three components:

- 1) *Infrastructure Development*: The improvements to the state infrastructure that would support implementation and scale up evidence-based practices to improve the SIMR.
- 2) *Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices*: How the state would support EIS programs and/or EIS providers in implementing evidence-based practices that would result in changes in practices to achieve the SIMR.
- 3) *Evaluation*: The short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in the SIMR and the long-term objectives as those children exit Part C.

The data used for this report are based on information reported by 56 states and jurisdictions in their FFY 2014 Annual Performance Reports (APRs). States and jurisdictions are referred to as “states” for the remainder of this report.

FFY 2014 SIMR DATA

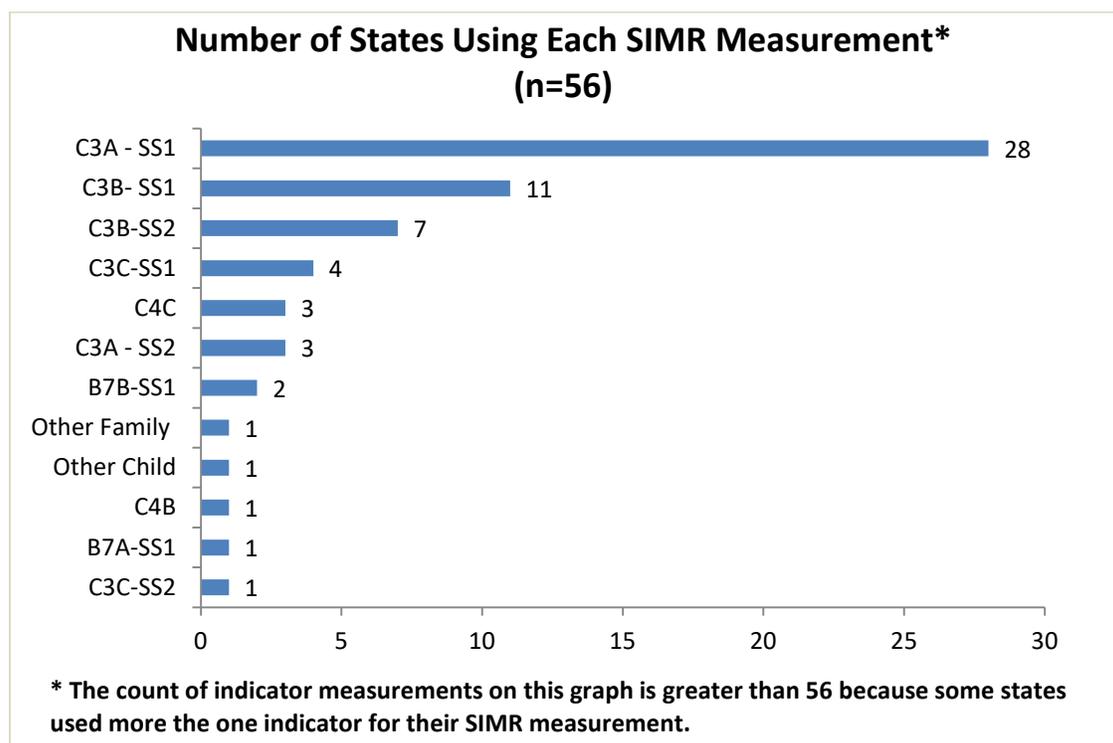
In their FFY 2014 APRs, states were required to report FFY 2014 progress data, expressed as a percentage and aligned with the SIMR for infants and toddlers with disabilities and their families. The FFY 2014 progress data were compared with the FFY 2014 measurable and rigorous target, also expressed as a percentage.

States were required to review their targets for FFY 2014 through FFY 2018. Based on stakeholder input and justification, states were able to revise their baseline and targets.

Fifty-one states selected a single SIMR for their SSIPs and reported one percentage for their FFY 2014 SIMR data. The SIMR was either a child or family outcome. Five states selected a clustered SIMR including multiple child outcomes within Part C or a combination of child outcomes across Part C and Part B Section 619. States that selected a clustered SIMR either combined multiple outcomes into a single percentage or reported more than one percentage (i.e., one percentage for each outcome included in the SIMR). One state changed from a clustered SIMR to a single SIMR. The FFY 2013 SIMR for this state included both C3A (Positive Social Emotional Skills) and C3B (Knowledge and Skills). The FFY 2014 SIMR included only C3A. The state did not provide a rationale for this change.

Figure 1 shows the number of states by the SIMR measurement selected. Half of the states (28 of 56, 50%) used C3A-SS1, greater than expected growth in Positive Social Emotional Skills. Two Part C SSIPs included Part B 619 child outcomes in their measurement: one state included both B7A (Positive Social Emotional Skills) and B7B (Knowledge and Skills); one state included only B7B. Two states had SIMRs that were not equivalent to an APR indicator measurement. Four states included family outcomes in their SIMR, one of which reported a SIMR not equivalent to an APR indicator but rather the percentage of respondent families participating in Part C who met the state’s standard on a scale measuring program impact on families. Another state combined scores across all three of the child outcomes to develop a single percentage and reported FFY 2014 SIMR data at 45%.

Figure 1



Thirty-one of the 56 states (55%) met their FFY 2014 targets for Indicator 11, and 25 states (45%) did not meet their FFY 2014 targets. States were coded as meeting their targets if their actual FFY 2014 data were at or above their FFY 2014 targets for all outcomes associated with the SIMR.

Seven of 56 states (13%) revised their baselines. In five of these seven states, the FFY 2014 performance, which was used as the new baseline, was lower than the baseline reported in FFY 2013. In one state, the FFY 2014 performance, which was used as the new baseline, was higher than the baseline reported in FFY 2013. One state that revised baselines had a clustered SIMR with four baselines. In this state, three of the baselines were lower and one was slightly higher. These seven states provided the following rationales for these revisions:

- Two states revised their baselines because of improved data quality.
- One state revised because it is using a new measurement tool.
- One state revised because it changed the SIMR from a measure of the total population at exit to a measure of a subgroup of the population.
- One state revised to better align the baseline with its initiation of implementation.
- Two states did not provide rationales for changing their baselines.

Five of the 56 states (9%) revised their targets. In four of the five states, FFY 2014 targets were lower than FFY 2013 targets. The states provided the following rationales for these revisions:

- Four states revised their targets to align with their revised baselines.
- One state revised its targets but did not revise its baseline. The state did not provide a rationale for the change.

One state did not report targets in FFY 2014, so a comparison with FFY 2013 data was not possible.

Thirty-one of the 56 states (55%) made progress between FFY 2013 and FFY 2014. Twenty-five states (45%) did not make progress. For this analysis, a state was coded as making progress between FFY 2013 and FFY 2014 if its actual FFY 2014 data were at or above the baseline set in FFY 2013 for all outcomes associated with the SIMR.

INFRASTRUCTURE DEVELOPMENT

States were required to identify strategies that improve the infrastructure to support EIS programs' and/or EIS providers' implementation of evidence-based practices and ultimately improve the SIMR. This included steps to align and leverage current improvement plans and initiatives in the state that have an impact on infants and toddlers with disabilities. States were also required to identify who would be in charge of implementing the changes to the infrastructure, the resources needed, expected outcomes, timelines for completing improvement efforts, and how other offices would be involved.

States first reported what key improvements they had planned for each of the following infrastructure components: governance, finance, quality standards, professional development/technical assistance, data systems, and general supervision/accountability. Options for key improvements included in this analysis are examples of strategies used in each area to support implementing and scaling up of evidence-based practices. These options are not meant to be exhaustive or mutually exclusive; states could report several key improvements in each area. Each improvement area is discussed below.

States reported on key improvements they had planned related to **governance**. Options—ranked from most to least common—included improving state or local administrative structures (including roles and responsibilities and maximizing family engagement); developing or modifying regulations, policies, and interagency agreements; strengthening leadership, oversight, and management; and developing or modifying vision or mission.

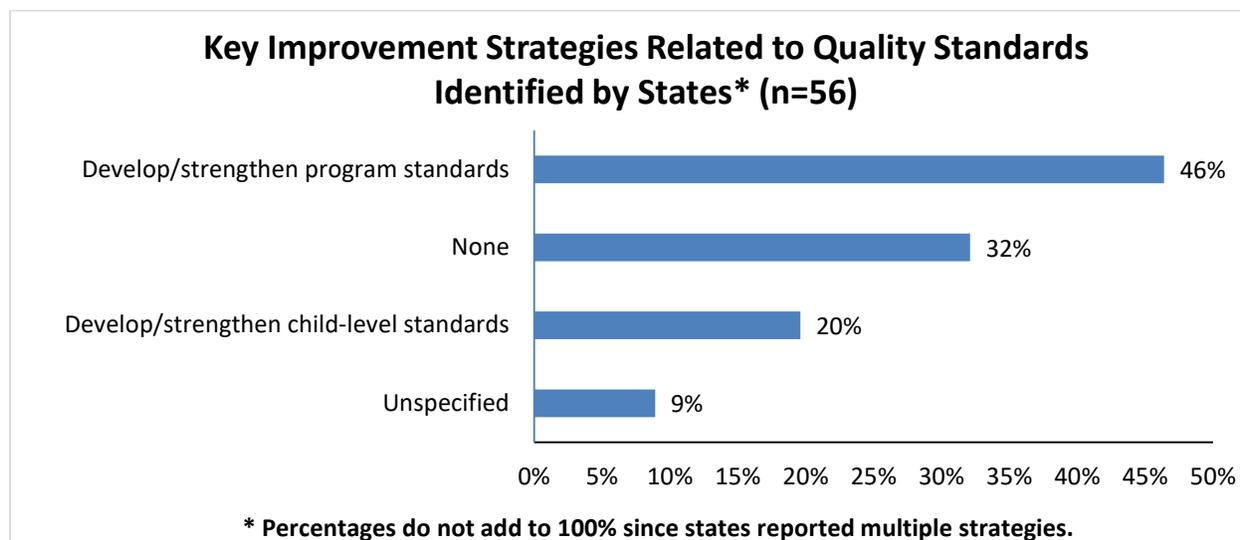
States also described key improvements they had planned related to **finance**. Options—ranked from most to least common—included improving allocation of resources, use, and disbursement of funds; increasing procurement of funds; improving

access to and use of fiscal data; strengthening fiscal planning and forecasting; and strengthening monitoring and accountability of funds and resources.

States also had the opportunity to report on key improvements they planned to make around **quality standards** (Figure 2). Twenty-six of 56 states (46%) planned to develop or strengthen program standards, whereas 11 (states 20%) planned to develop or strengthen child-level standards. Eighteen states (32%) did not identify a key improvement strategy around quality standards. Five states (9%) either did not describe how they were improving quality standards or did not describe it in sufficient detail to determine the focus of the improvement. These data are identified as “unspecified” in the figure below. “Unspecified” is a term that is used consistently in figures throughout the report to mean that a state either did not clearly describe a strategy or did not provide enough detail to categorize what the state was planning to do or how it would do it.

Percentages in Figure 2 do not add to 100% because states reported multiple strategies they would use to improve quality standards. A footnote is included in the figure below to clarify this. Many figures through the remainder of this report also include a similar footnote to clarify that percentages do not add to 100% because states described using multiple strategies, individuals, etc., for specific areas of the SSIP.

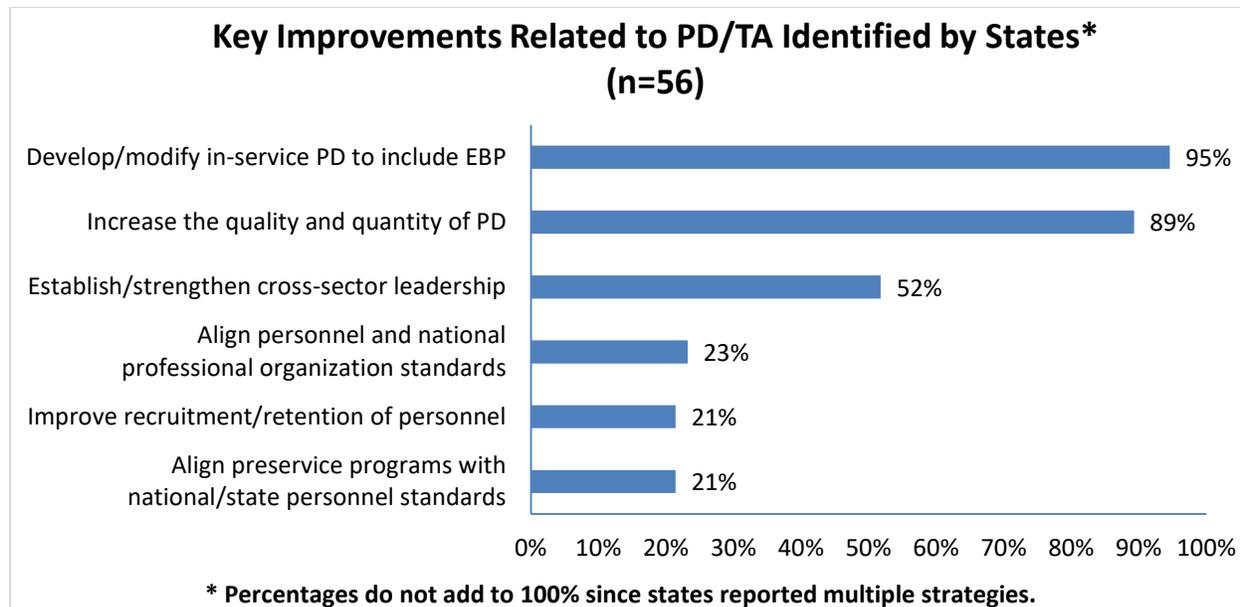
Figure 2



States identified several improvements to **professional development (PD) and technical assistance (TA)** (Figure 3). Almost all of the 56 states (95%) planned to develop or modify in-service PD. Fifty states (89%) planned to increase the quality and quantity of PD. About half of states (52%) planned to establish or strengthen cross-sector leadership. Other PD/TA improvements related to alignment of personnel standards with national organizational standards (13 states, 23%), recruitment and

retention (12 states, 21%), and alignment of preservice with personnel standards (12 states, 21%).

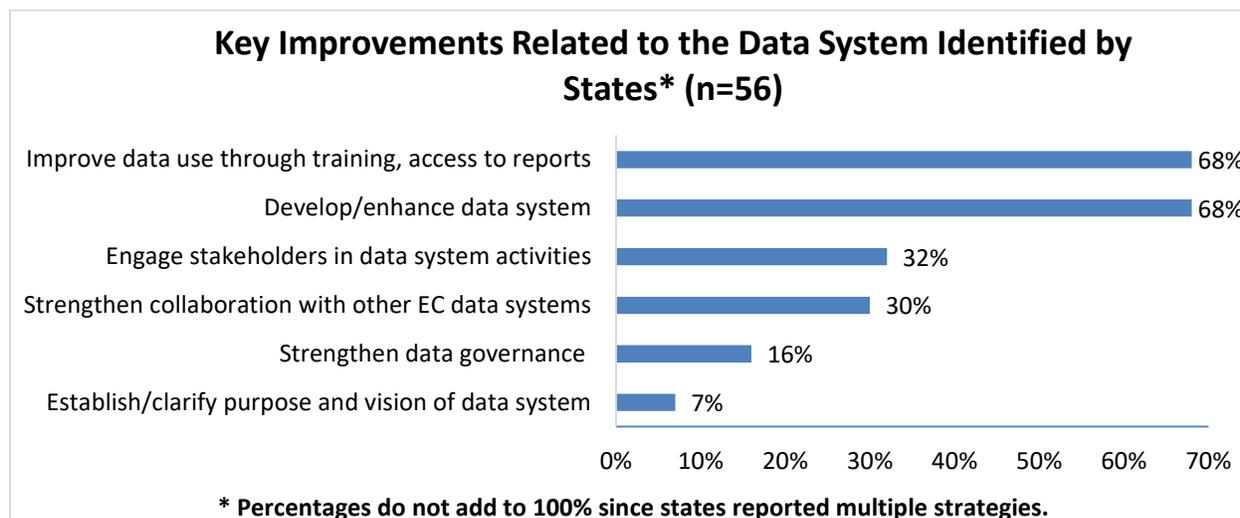
Figure 3



States identified several ways PD and TA improvements would support EIS programs and providers in implementing and scaling up EBPs. States most commonly reported that in-service PD would support practitioners’ understanding of EBPs. Other common responses included putting Comprehensive System of Personnel Development plans (e.g., training) in place to support professional development related to improving the SIMR, and developing coaching and mentoring structures to support practitioners in implementing EBPs with fidelity.

Figure 4 shows **data system** improvements that states identified. Thirty-eight of the 56 states (68%) planned to improve data use through training and/or access to reports. An equal share of states planned to develop or enhance the data system. Eighteen states (32%) planned to engage stakeholders in data system activities more effectively, and 17 states (30%) planned to strengthen collaboration with other early childhood (EC) systems to align and share data. Strengthening data governance (16%) and clarifying the purpose of the data system (7%) were mentioned by nine states and four states, respectively.

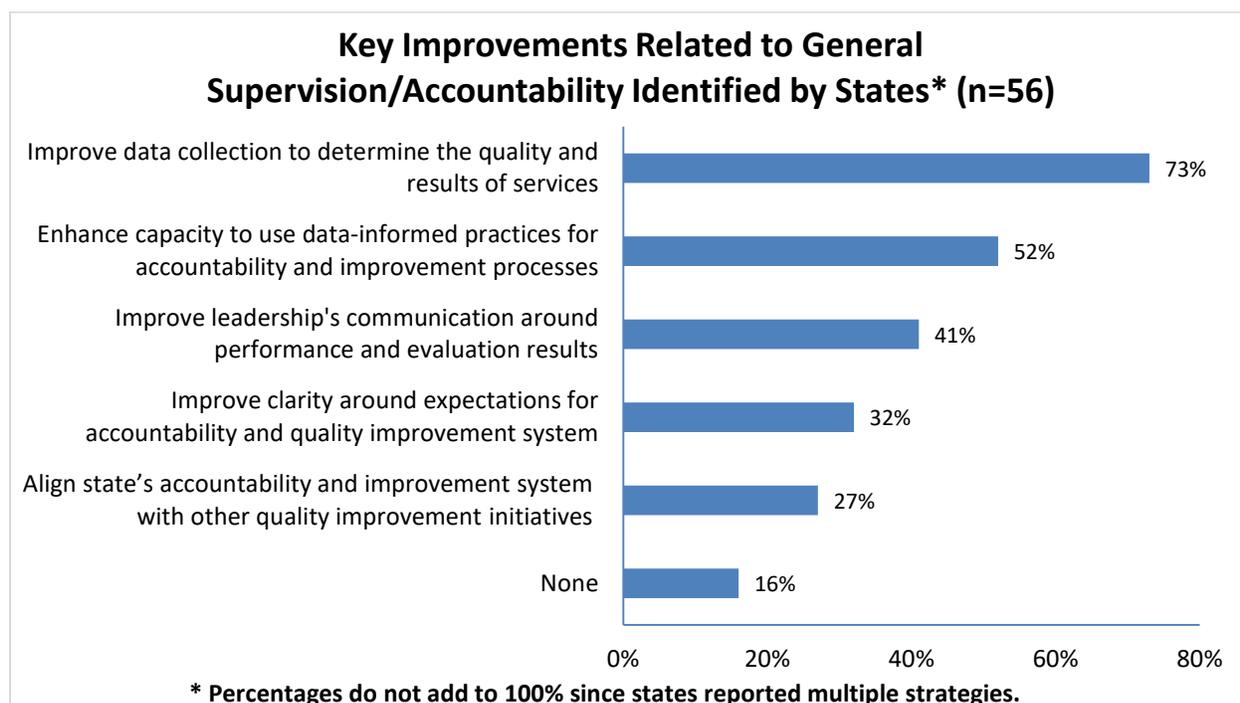
Figure 4



States that had identified specific data system improvements also reported ways that these improvements would support EIS programs and providers in implementing and scaling up EBPs. These included using data to track progress with the SIMR, making data reports available for local program and provider use, and using new data collection strategies to gather data not previously collected to gauge progress in implementation of an improvement strategy.

Finally, states reported on key improvements to **general supervision/accountability** they had planned (Figure 5). Forty-one of the 56 states (73%) reported that they planned to improve processes to collect adequate data to understand the quality and results of the system and services. About half of states (52%) planned to enhance capacity at all levels to use data-informed practices to implement effective accountability and improvement processes. Also frequently mentioned were improving leadership's communication around results (41%), clarifying expectations for the accountability system (32%), and aligning the accountability system with other quality improvement initiatives (27%).

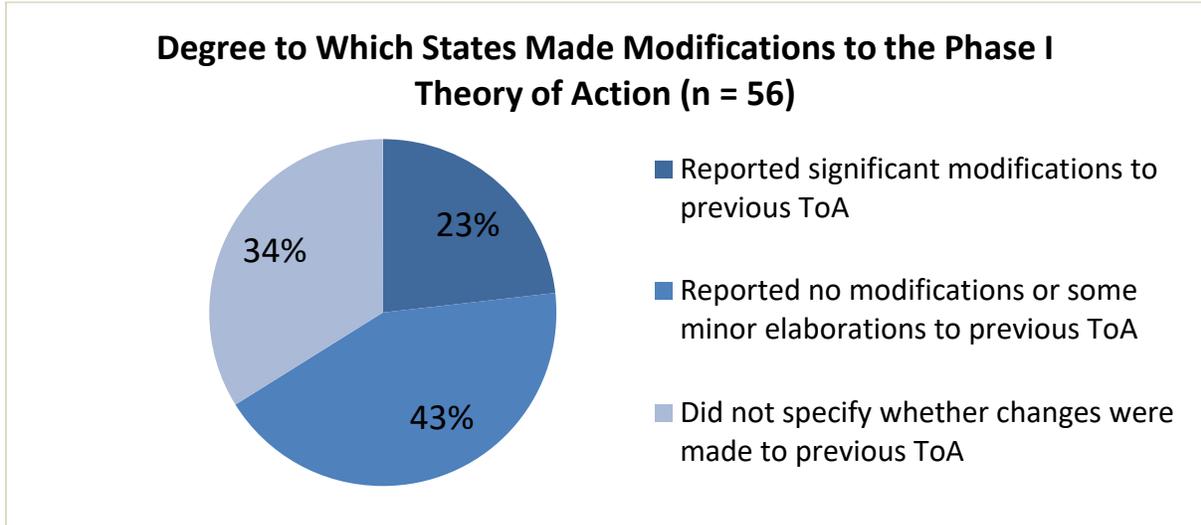
Figure 5



States that identified specific improvements to **general supervision/accountability** reported ways that these improvements would support EIS programs and providers in implementing and scaling up EBPs. These included having data available to determine whether EIS providers are implementing EBPs with fidelity over time, EIS programs are using monitoring and accountability data to make program modifications, and EIS providers are using data to adjust their practices.

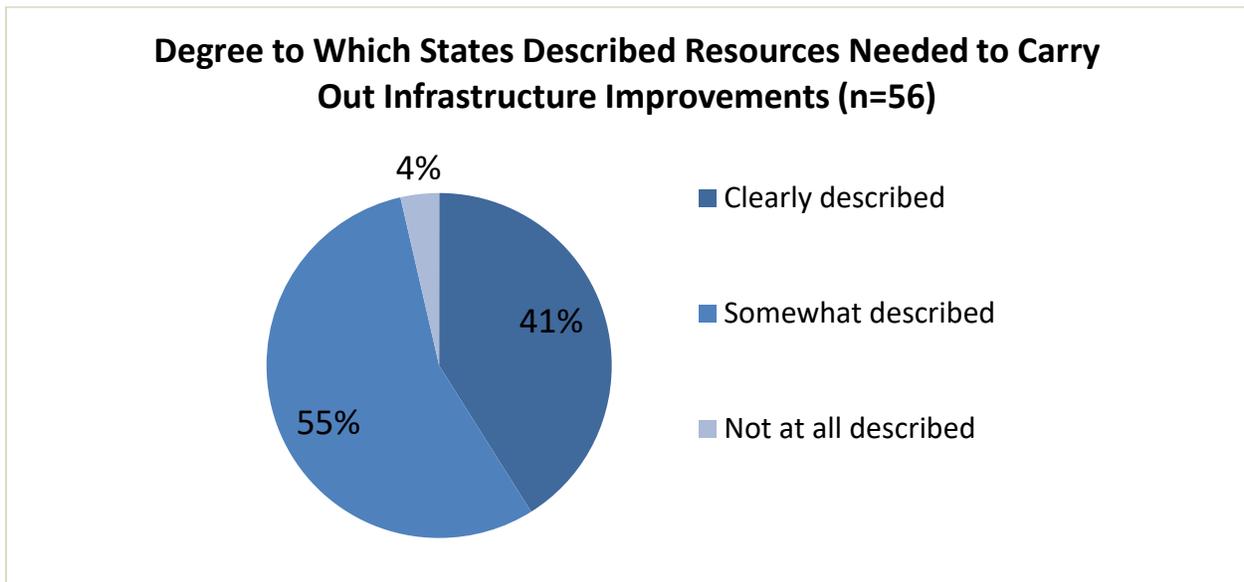
In addition to reporting on each **infrastructure component**, states also reported on modifications they made to their theory of action submitted in Phase I, as well as the resources needed to carry out infrastructure improvements and timelines for completing these activities. Specifically, Figure 6 shows the degree to which states reported making changes to the theory of action (ToA) they had developed in Phase I. Thirteen states (23%) reported significant changes. These changes included deleting improvement strategies (five states, 38% of states reporting significant changes), adding improvement strategies (five states, 38%), deleting focus areas for improvement (four states, 31%), adding outcomes (two states, 15%), and adding new focus areas (two states, 15%). Twenty-four of the 56 states (43%) reported no modifications or some minor elaborations to their previous ToA. Nineteen states (34%) were not specific about whether they made changes to their ToA from Phase I to Phase II (i.e., states either did not include or refer to their ToA in Phase II or did not comment on whether they made any changes).

Figure 6



States varied in the degree to which they described the resources needed to carry out infrastructure improvement activities (Figure 7). Twenty-three of the 56 states (41%) clearly described the resources needed to carry out infrastructure improvement activities. Thirty-one states (55%) described these resources to some degree, and two states (4%) did not describe these resources.

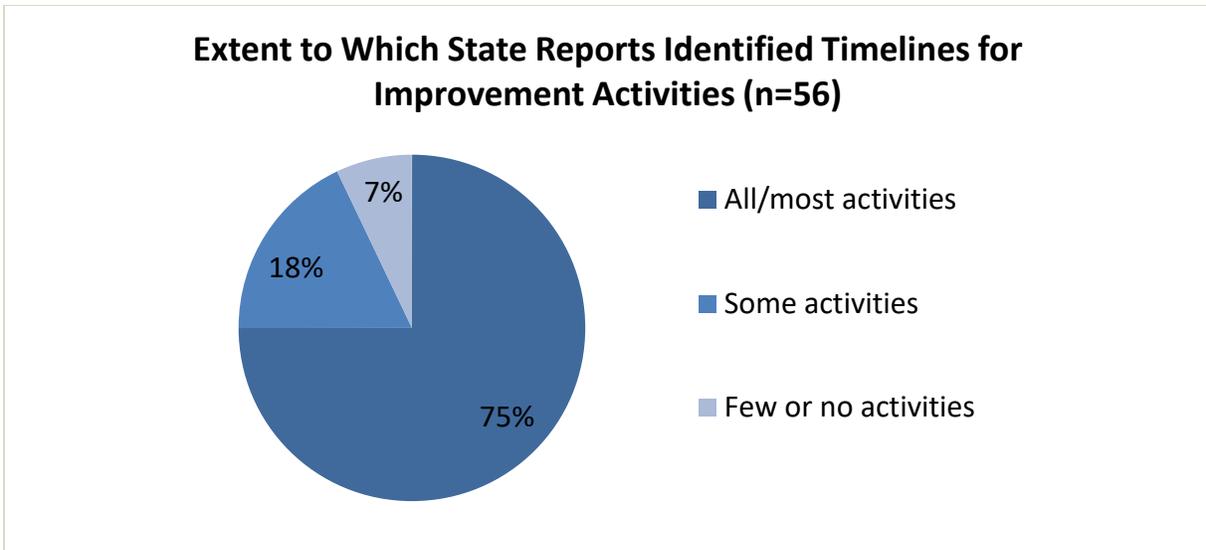
Figure 7



States also varied in the extent to which they included timelines for the infrastructure improvement activities (Figure 8). The majority of the 56 states (75%) included

timelines for all or most activities, whereas ten states (18%) included timelines for some and four states (7%) included timelines for very few or no activities.

Figure 8



States reported on alignment with other early childhood initiatives, including which initiatives they had identified to support SSIP infrastructure improvement activities. They also reported on the purpose and intended results of aligning with other programs.

Figure 9 indicates the initiatives that states identified to support their improvement activities. Forty-two of 56 states (75%) reported that they would collaborate with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. Forty states (71%) reported that they would use state or local early learning initiatives to support SSIP improvement activities. Thirty-six states (64%) identified early childhood special education (Section 619), and a similar number of states (35, 63%) identified Early Head Start/Head Start to support their SSIP improvement activities. Half of the states (50%) reported that they would work with early childhood mental health initiatives. Also mentioned frequently were Child Care, family-related initiatives, Child Welfare, Race to the Top, and many others shown in the figure below. Half (50%) of the states identified initiatives other than the ones included in the figure. These initiatives included a variety of specific state and local early childhood initiatives, primarily relating to public health (e.g., nurse-family partnerships).

Figure 9

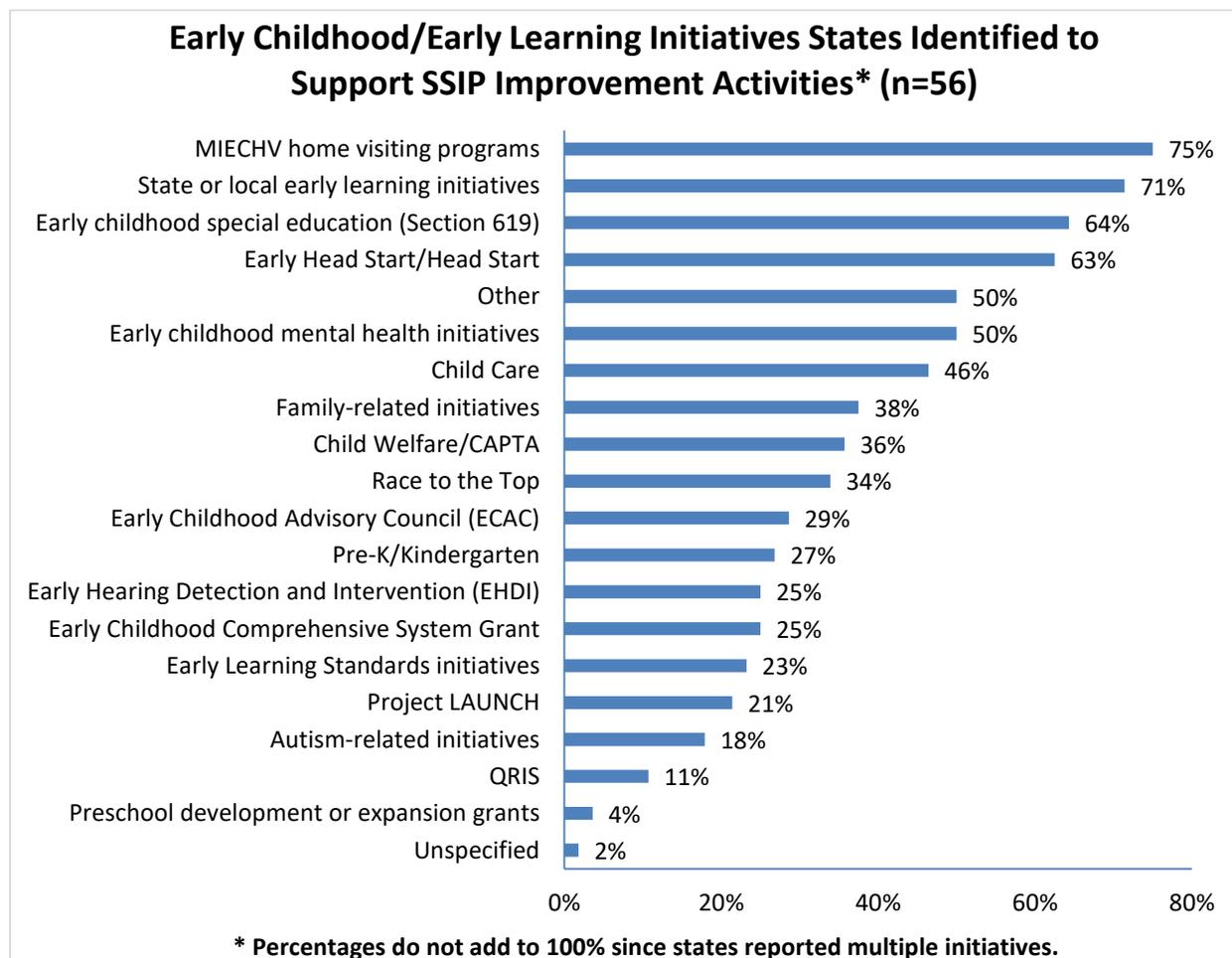
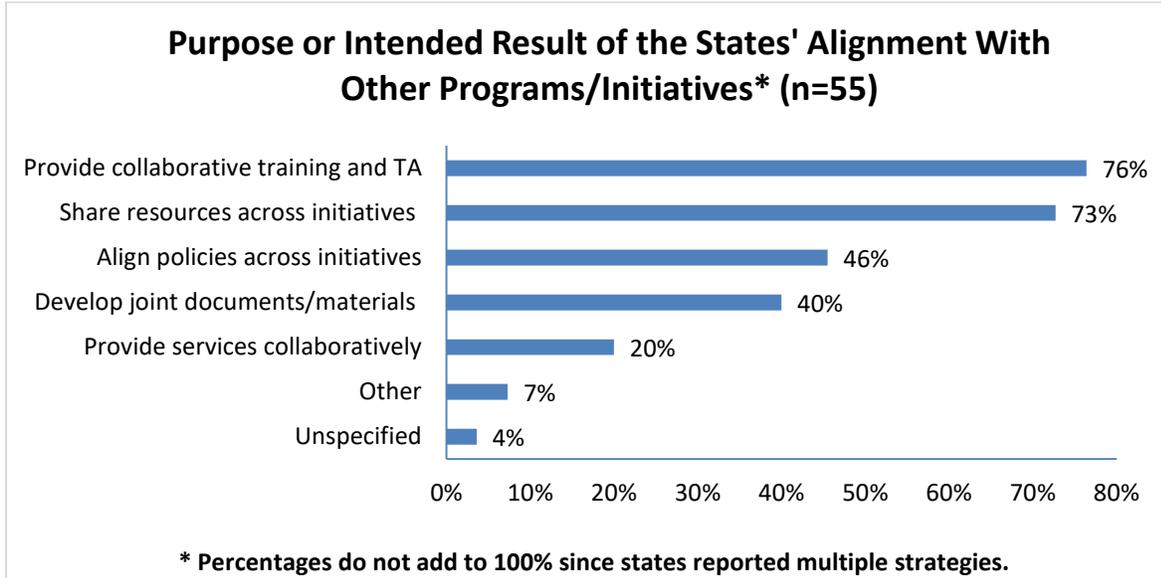


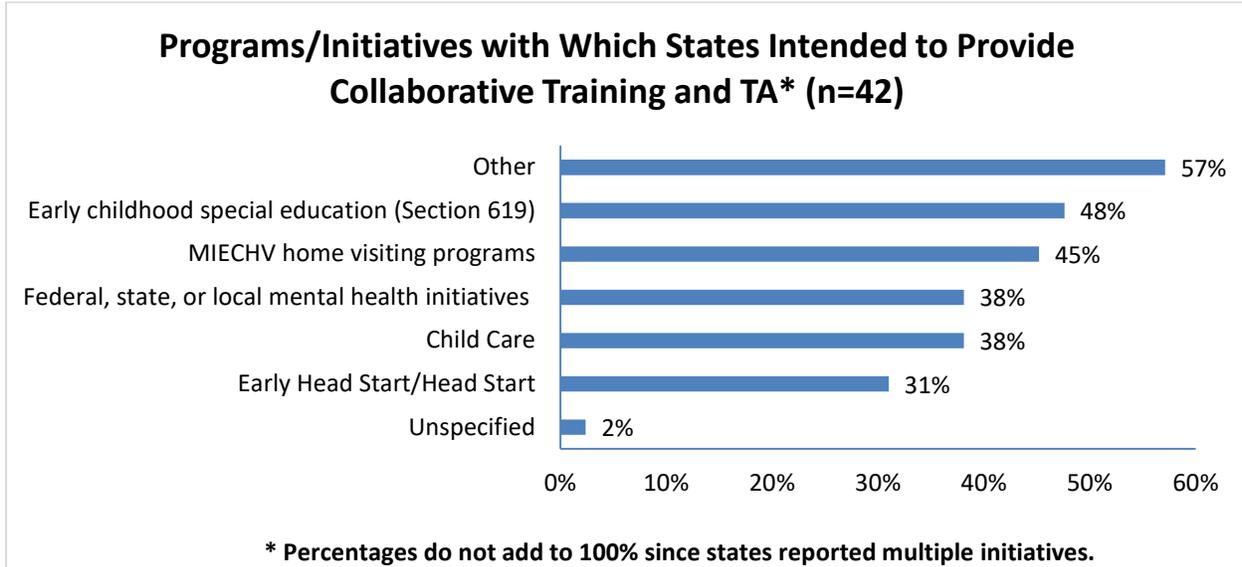
Figure 10 shows the purposes and intended results of states' alignment with other early childhood initiatives discussed above. Forty-two of 55 states (76%) reported that alignment with other programs/initiatives was intended to provide collaborative training and TA. Forty states (73%) reported that alignment with other programs and initiatives would allow programs to share resources across initiatives (e.g., funding, space, personnel).

Figure 10



As just described and shown in Figure 10, the majority of states (42 of 55, 76%) reported that one of the purposes or intended results of alignment with other programs/initiatives was providing collaborative training and TA. Figure 11 describes the various programs/initiatives with which states intended to provide collaborative training and TA. Twenty of 42 states (48%) reported that they would provide collaborative training and TA with early childhood special education (Section 619). Other frequently mentioned programs/initiatives included MIECHV home visiting, mental health initiatives, Child Care, and Head Start/Early Head Start. Fifty-seven percent of states identified “other” programs as partners in providing collaborative training and TA. These programs represented a variety of specific state and local early childhood initiatives, including states’ councils or divisions of early childhood or early learning, Race to the Top–Early Learning Challenge, nurse-family partnerships, and the Child Abuse Prevention and Treatment Act (CAPTA).

Figure 11



Finally, states reported on stakeholder involvement in infrastructure improvements (Figure 12). The majority of the 56 states reported that the following stakeholders would be involved in the implementation of infrastructure improvements: staff representing other state agencies (89%), ICC members (82%), family representatives (77%), staff representing other programs within the lead agency (77%), representatives of EC initiatives (71%), early intervention providers (71%), and local program administrators (71%). Thirty-three of the 56 states (59%) mentioned including state TA personnel and higher education representatives. Twenty-one states (38%) also identified consultants/contractors, five states (9%) mentioned state legislators, and two states (4%) indicated that health care providers would be involved in making infrastructure improvements.

Figure 12

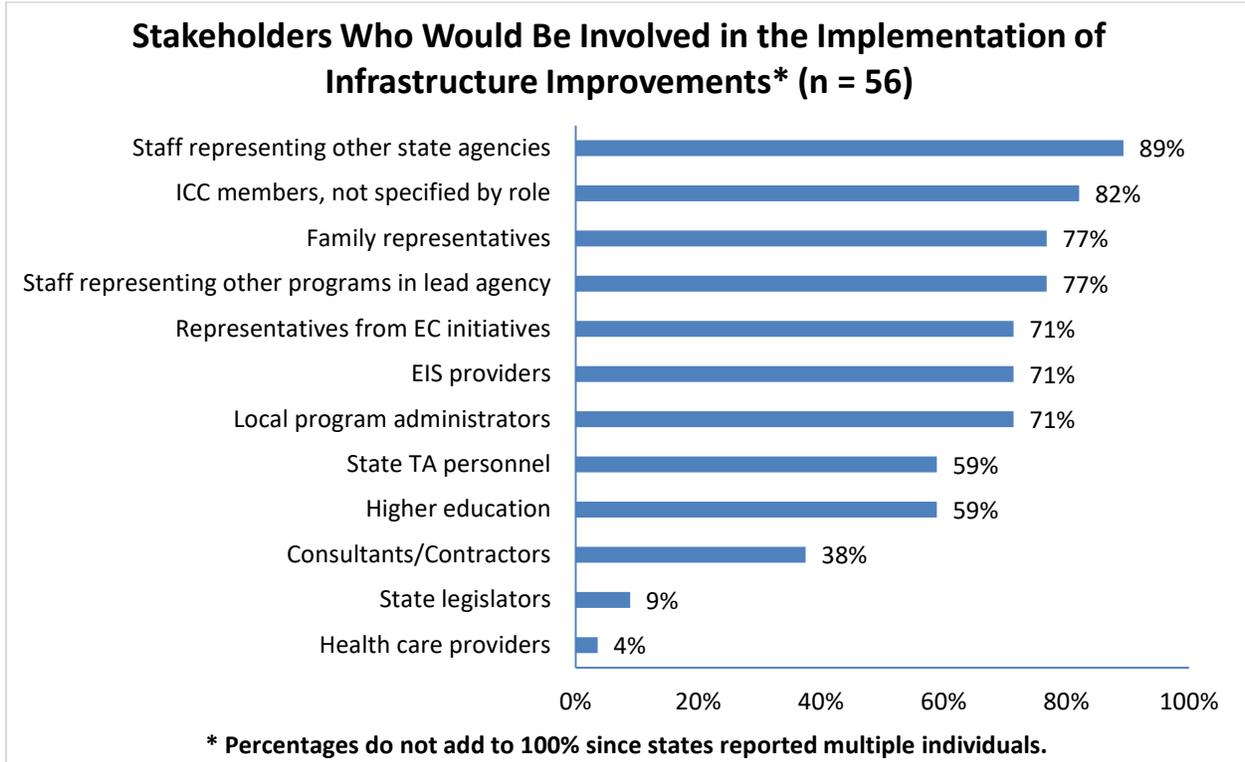
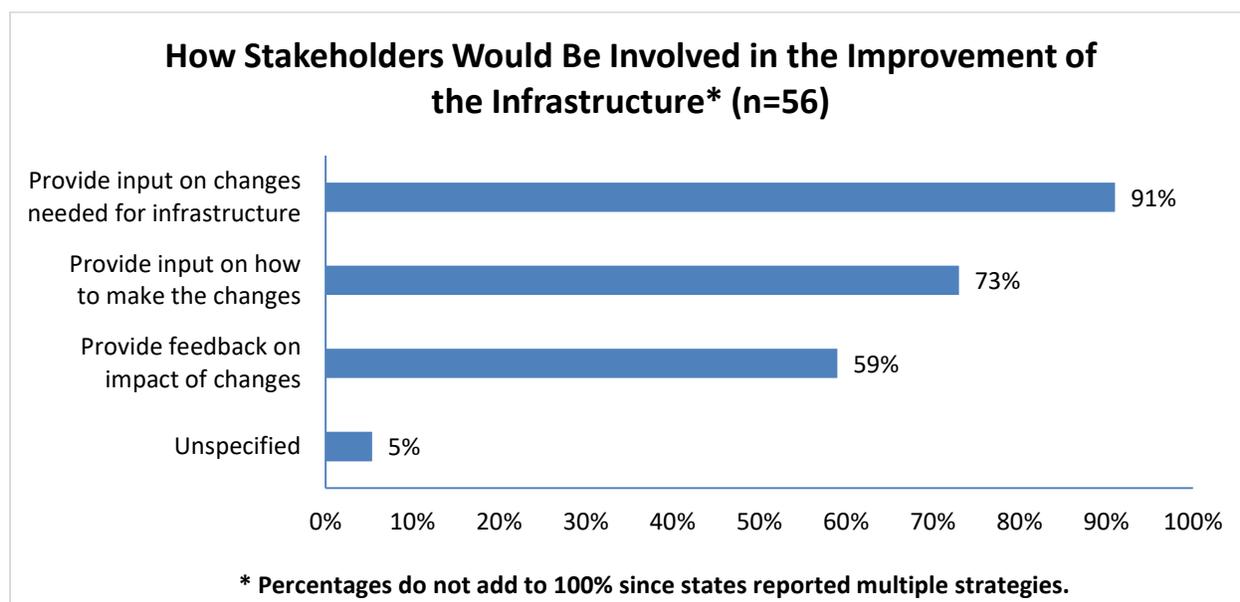


Figure 13 depicts how stakeholders would be involved in infrastructure improvement. Most of the 56 states (91%) reported that stakeholders would be involved in infrastructure improvement by reviewing information and providing input on changes that needed to be made in the infrastructure. Forty-one states (73%) reported that stakeholders would provide input on how to make the changes, and 33 states (59%) reported that stakeholders would provide feedback on the impact of the changes.

Figure 13



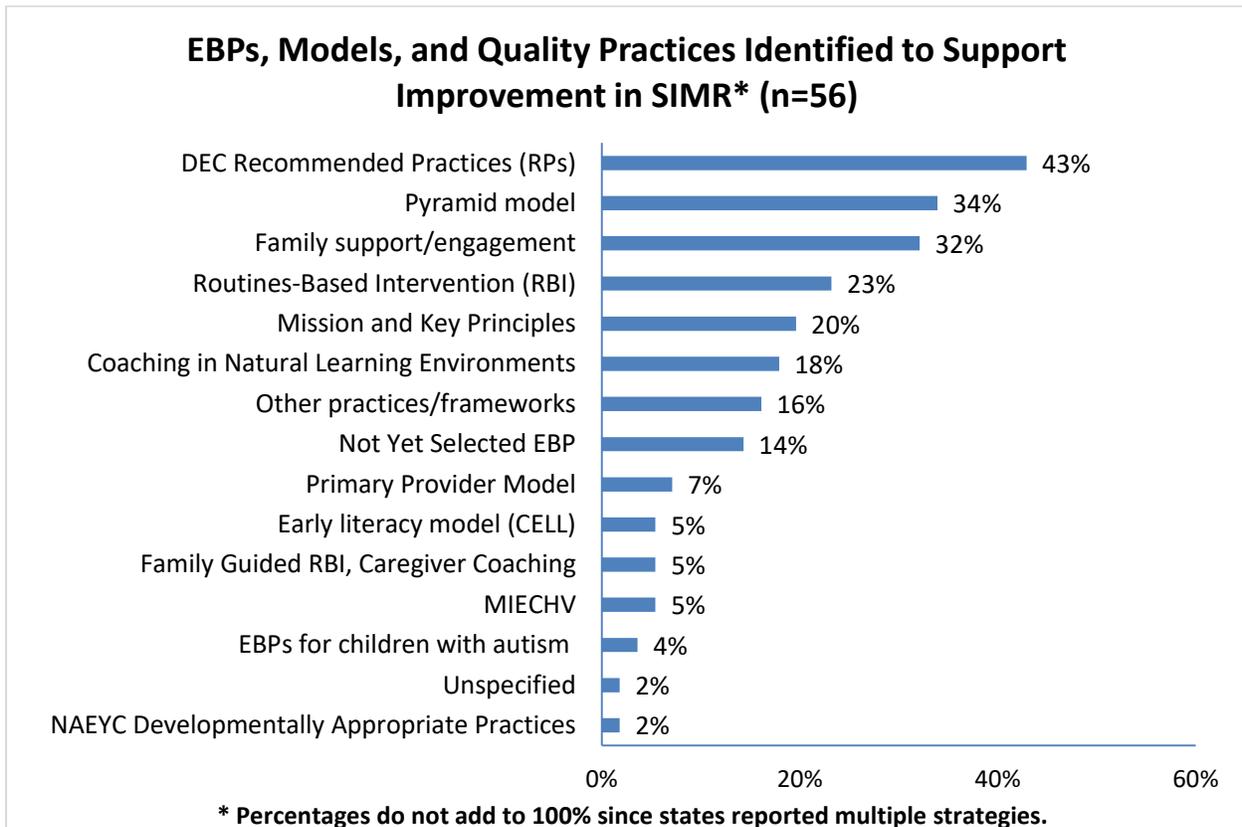
SUPPORT FOR EARLY INTERVENTION SERVICE PROGRAM AND PROVIDER IMPLEMENTATION OF EVIDENCE-BASED PRACTICES

States were required to identify which evidence-based practices they would implement to improve their SIMR and specify how they would support early intervention service programs and providers in implementing these EBPs in their Phase II SSIPs. Specifically, steps and activities needed to implement these practices and related improvement strategies, including communication strategies and stakeholder engagement, were required to be identified. States were expected to address how implementation would occur with fidelity, how barriers would be addressed, and how practices would be scaled up and sustained over time. Who would be involved, who would be responsible for implementation, resources needed, and timelines also needed to be identified.

States reported on the EBPs, models, and quality practices they had identified to support improvement in their SIMR (Figure 14). Twenty-four of the 56 states (43%) reported using selected practices from the Division for Early Childhood of the Council for Exceptional Children (DEC) Recommended Practices (RPs). About one-third of states identified the Pyramid Model practices (34%), and another one-third (32%) reported using selected family support/engagement practices. Smaller percentages of states identified the following EBPs: Routines-Based Intervention (RBI) practices (23%), Mission and Key Principles or Agreed upon Practices for Providing Early Intervention Services in Natural Environments (20%), Coaching in Natural Learning Environments Using a Primary Service Provider Approach to Teaming (18%), and other practices or frameworks (16%). These other practices included Strengthening Families; Books, Balls, and Blocks; Raising a Reader; coaching and teaming; Just in Time Parenting; EBP on the Reflective Consultation Model; Classroom Engagement Model

(CEM); unspecified routine-based strategy; Collaborative Problem-Solving (CPS); and Early Childhood Positive Behavior Interventions and Supports (ECPBIS). Fewer than ten percent of states identified the additional EBPs or models shown in the figure below. Eight states (14%) had not yet selected specific EBPs.

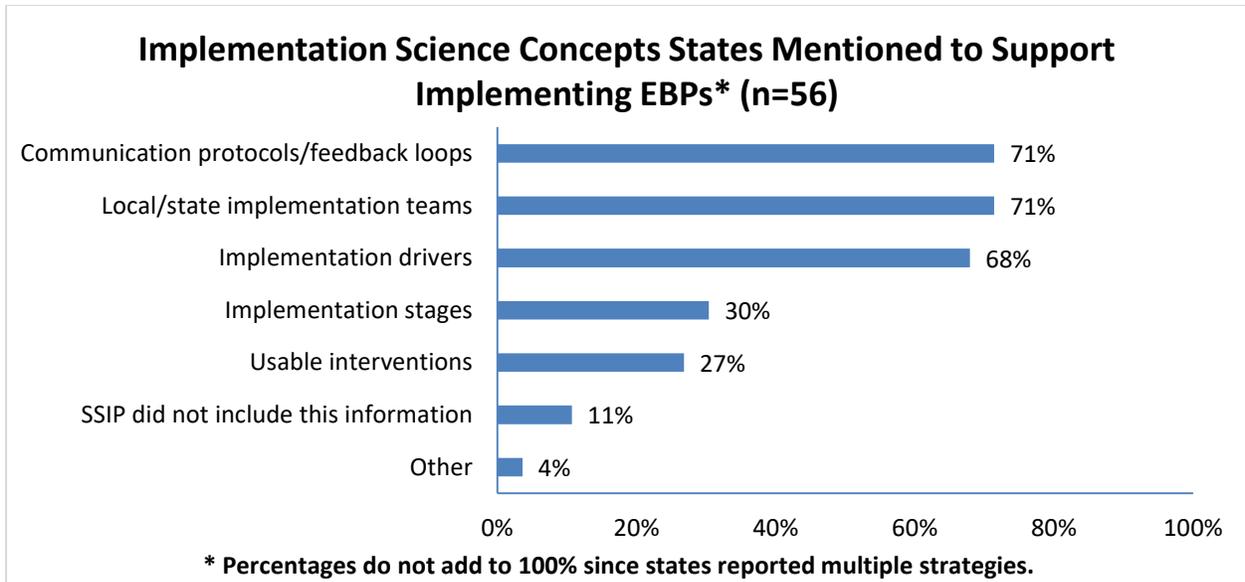
Figure 14



Figures 15 to 17 depict information related to how states planned to implement EBPs, including what implementation science concepts they planned to use, how they planned to begin EBP implementation, and what factors they used to determine how to begin the implementation of EBPs. Specifically, Figure 15 shows what implementation science concepts states mentioned they would use to support EIS programs and providers in implementing EBPs with fidelity. Forty of 56 states (71%) reported that they would establish communication protocols for sharing information and decisions between workgroups and between local implementation teams and the state team, including use of feedback loops. The same number of states (40, 71%) reported that they would establish implementation teams at the state or local level for overseeing implementation through local implementation plans. Thirty-eight states (68%) stated that they would strengthen implementation drivers (e.g., competency, organization, and leadership) to support effective implementation of evidence-based practices. Seventeen states (30%) mentioned use of implementation stages; 15 states (27%) reported that when selecting usable interventions (i.e., selected practices) they aligned or would align these practices

with the principles, values, and goals of the program. Six states (11%) did not include this information, and only two states (4%) cited other implementation science concepts.

Figure 15



States also reported how they planned to begin the implementation of EBPs (Figure 16). Thirty-five of 56 states (63%) reported that they would use selected local sites to begin the implementation of EBPs. Ten states (18%) planned to begin EBP implementation with all providers/practitioners statewide, whereas four states (7%) planned to begin EBP implementation in selected cohorts (e.g., selected teams within local sites). Five states (9%) did not specify how they planned to begin EBP implementation, and two states (4%) planned to use another method not specified in the survey.

Figure 16

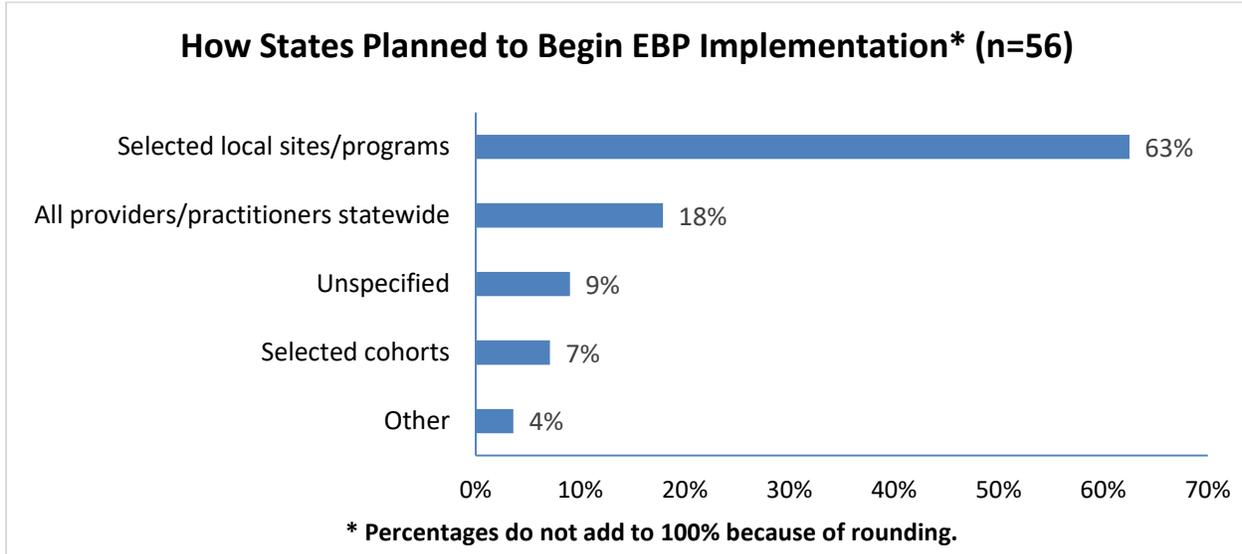


Figure 17 shows the factors that states used to determine how to begin the implementation of EBPs. Nineteen of 56 states (34%) claimed they used program readiness to determine where to begin EBP implementation, choosing programs with the capacity for implementing selected practices. An equal number of states (19, 34%) did not specify any factors to determine how to begin EBP implementation. Twelve states (21%) reported that distribution by other demographic variables determined where to begin EBP implementation. This demographic information included whether programs represented rural or urban communities, county/service area size, community race/ethnicity, and population density. Eleven states (20%) used the geographic distribution of programs across the state to determine where to begin EBP implementation. Some states mentioned programs most in need (9 states, 16%) or the sites where the EBPs fit best (8 states, 14%). Ten states (18%) used factors not listed in the figure below. These included whether other early childhood programs/initiatives were implementing complementary EBPs in the selected regions, participation in SSIP development activities, whether EIS programs served military families, and whether EBP implementation sites were innovation zones for the state's Race to the Top–Early Learning Challenge.

Figure 17

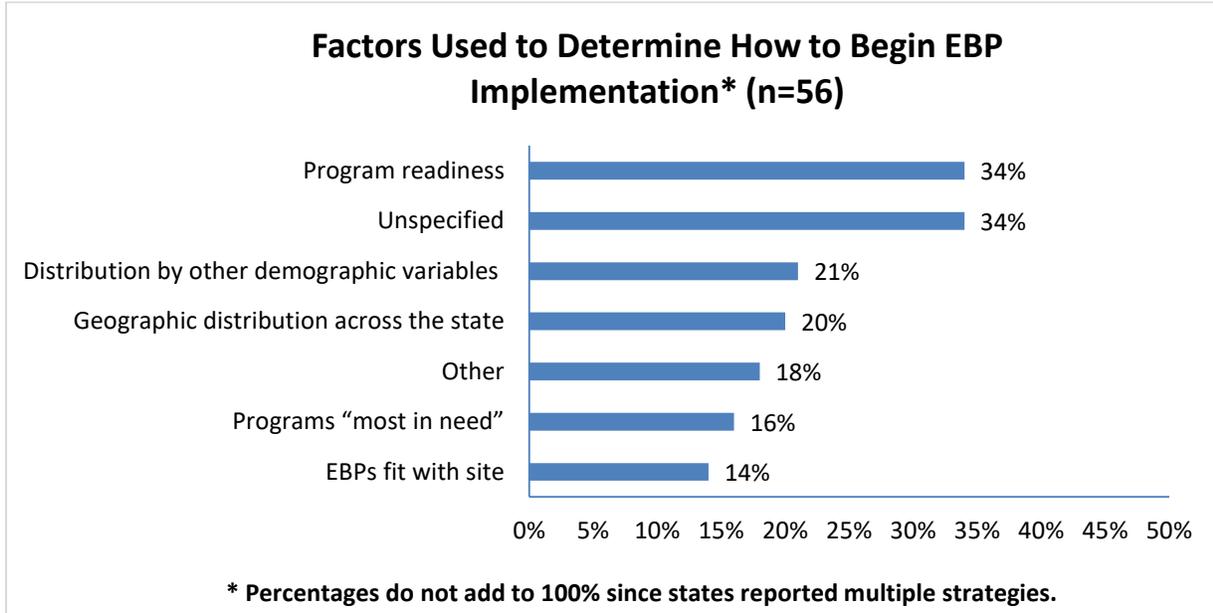
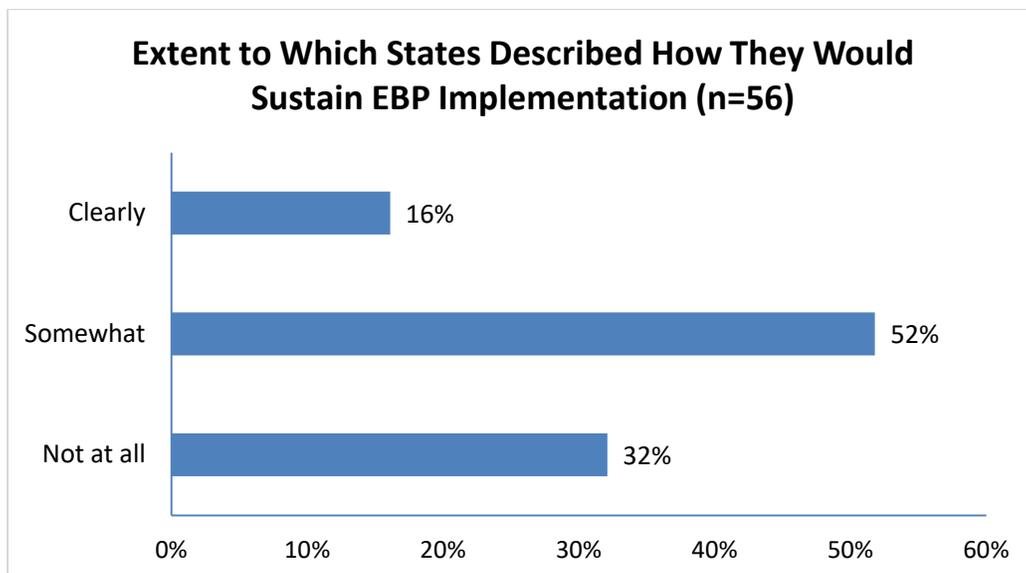


Figure 18 depicts to what extent states described how they would sustain implementation of EBPs over time. Nine of the 56 states (16%) clearly described how they would sustain EBP implementation over time. About half of states (52%) described to some extent how they would sustain EBP implementation, and 18 states (32%) did not describe this process at all.

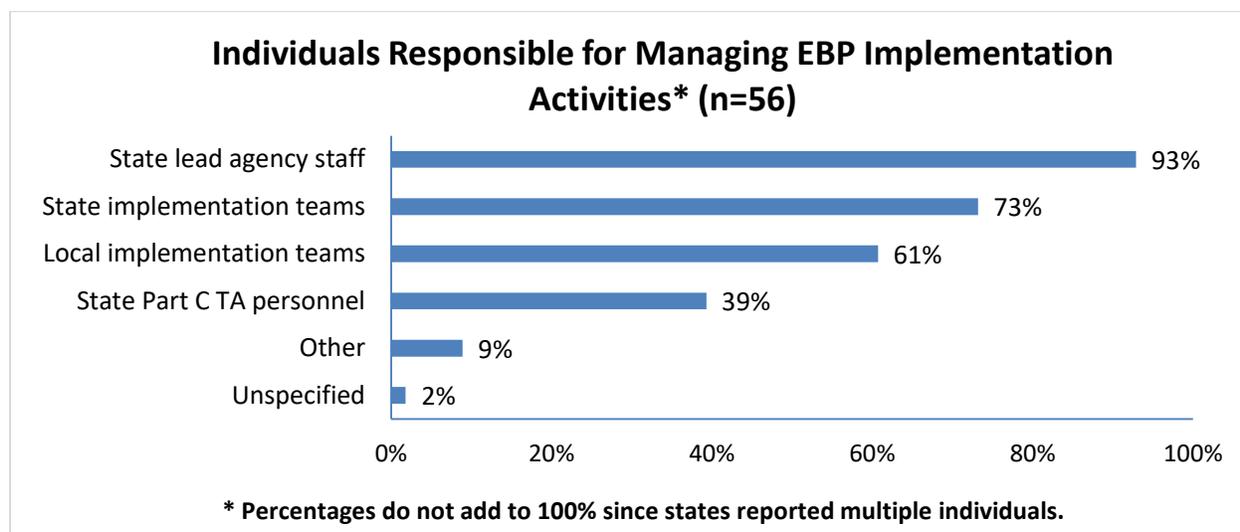
Figure 18



States reported on their management of EBP implementation. This included who would be responsible for managing the implementation of improvement activities and whether states described necessary resources and timelines for completion of EBP improvement activities.

Figure 19 shows whom states identified as being responsible for managing the implementation of improvement activities. Fifty-two of 56 states (93%) reported that State lead agency staff would be responsible for implementing improvement activities. Whereas 41 states (73%) identified state implementation teams, 34 states (61%) identified local implementation teams as responsible for implementation of improvement activities. Twenty-two states (39%) reported that state EIS TA personnel would be responsible, and five states (9%) reported that other stakeholders would be responsible. These other stakeholders included local practitioners, ICC members, SSIP Phase II workgroups and Continuous Improvement workgroups, higher education, and contractors.

Figure 19



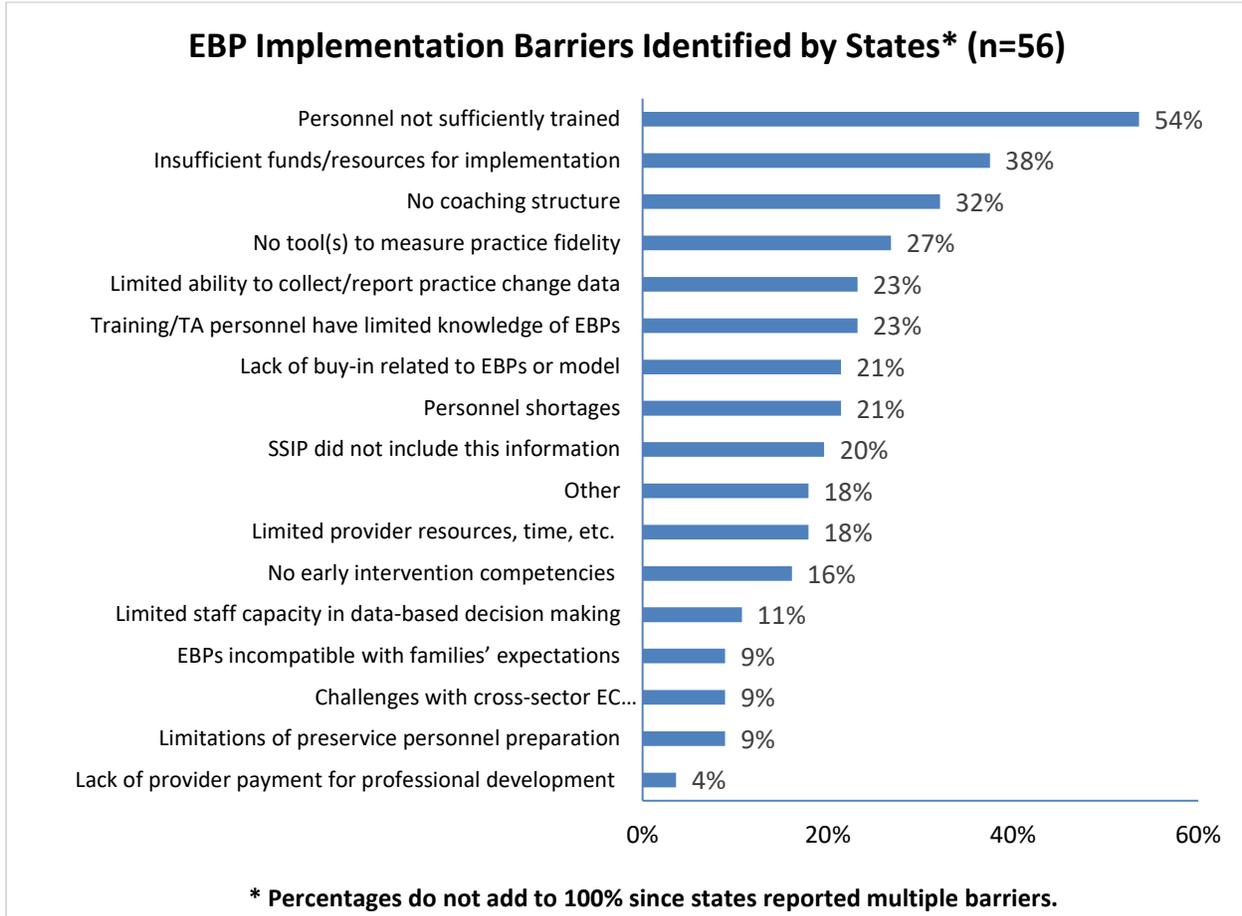
States varied in the degree to which they described resources needed to carry out EBP improvement activities. Of the 56 states, 18 (32%) clearly described the resources needed, 36 (64%) described these resources to some extent, and two (4%) did not describe the resources needed to carry out EBP improvement activities.

States also varied in whether or not they included timelines for completion of EBP improvement activities. Forty-three (77%) states included timelines for all or most of the activities, eight (14%) included timelines for some activities, and five (9%) included timelines for none or very few activities.

States identified barriers to the implementation of EBPs (Figure 20). States identified a variety of major challenges, and no single barrier was common to most states. About half of the 56 states (54%) identified lack of training among current personnel as a significant barrier. More than 20% of states also identified the following challenges: insufficient funds to implement activities (38%), lack of a coaching structure to support practitioners (32%), not having an identified data collection tool for tracking changes in practice (27%), limited ability to collect and report data on impact of practice changes (23%), limited content knowledge of EBP among training and TA personnel (23%), lack of buy-in regarding EBP (21%), and personnel shortages (21%). Also mentioned in state reports were limited provider resources and time (18%), lack of EIS competencies (16%), limited staff capacity around data-based decision making (11%), challenges with EBPs not being compatible with family expectations of service delivery (9%), cross-sector collaboration challenges (9%), limitations of preservice personnel preparation (9%), and lack of provider payment for PD (4%).

Eleven states (20%) did not include any information about barriers to implementation in their SSIPs, and ten states (18%) mentioned barriers not included in the figure below. These included a lack of adequate supervision or support to implement EBPs, resistance from medical personnel, lack of provider accountability, lack of family engagement in the state system, poor data sharing across programs, shifts in training structure, personnel changes at the state level, limitations in rewarding high-performing programs, challenges stemming from the state's size, lack of a Comprehensive System of Personnel Development, data system limitations (e.g., lack of a fluid reporting system to support local data profiles), and inconsistencies between regulations among various EIS payors.

Figure 20



States were also asked about stakeholder involvement in EBP implementation, including types of stakeholders and their roles in implementing EBPs. Figures 21 and 22 show this information.

Figure 21 depicts the types of stakeholders that states reported would be involved in EBP implementation. At least 70% of the 56 states reported that the following stakeholders would be involved in the implementation of EBPs: EIS providers (73%), local program administrators (71%), family representatives (70%), and staff representing other state agencies (70%). Smaller but still substantial percentages of states reported that the following types of stakeholders would be involved: state Part C TA personnel (64%); higher education (61%); staff representing other programs within the lead agency (61%); ICC members, not specified by their role (57%); and representatives from the EC community (55%). Also mentioned in state reports were consultants/contractors (38%) and state legislators (5%).

Figure 21

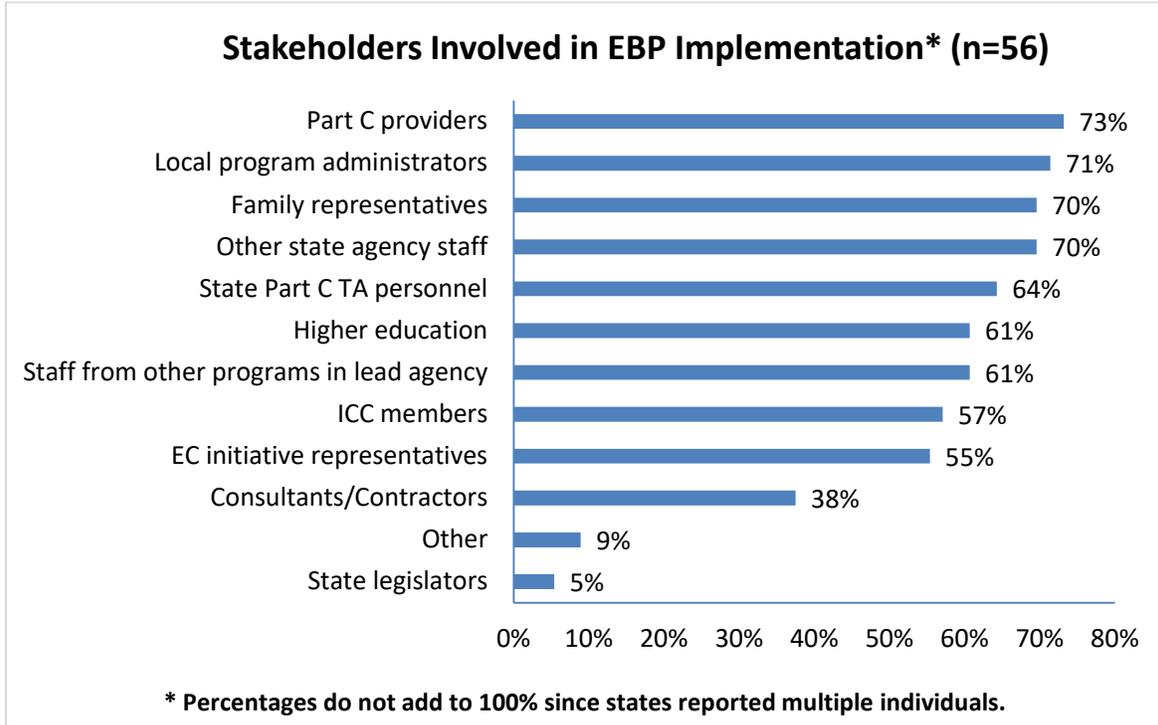
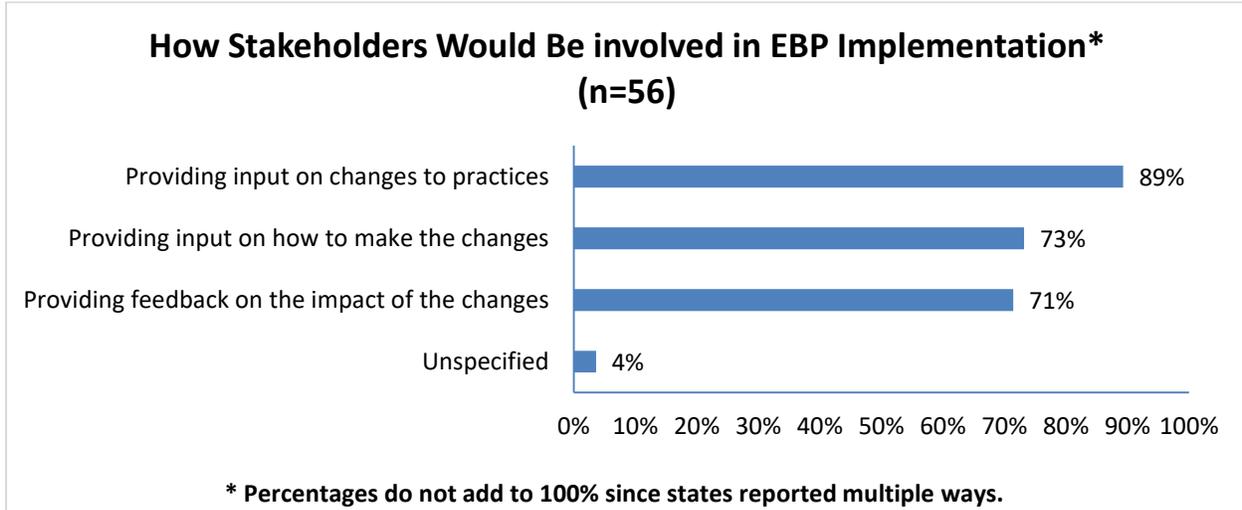


Figure 22 shows how states reported that stakeholders would be involved in EBP implementation. Fifty of the 56 states (89%) reported that stakeholders would be involved in sharing information and providing input on changes that needed to be made to practices. Large numbers of states also reported that stakeholders would be involved in providing input on how to make changes (41 states, 73%) and providing feedback on the impact of the changes (40 states, 71%).

Figure 22



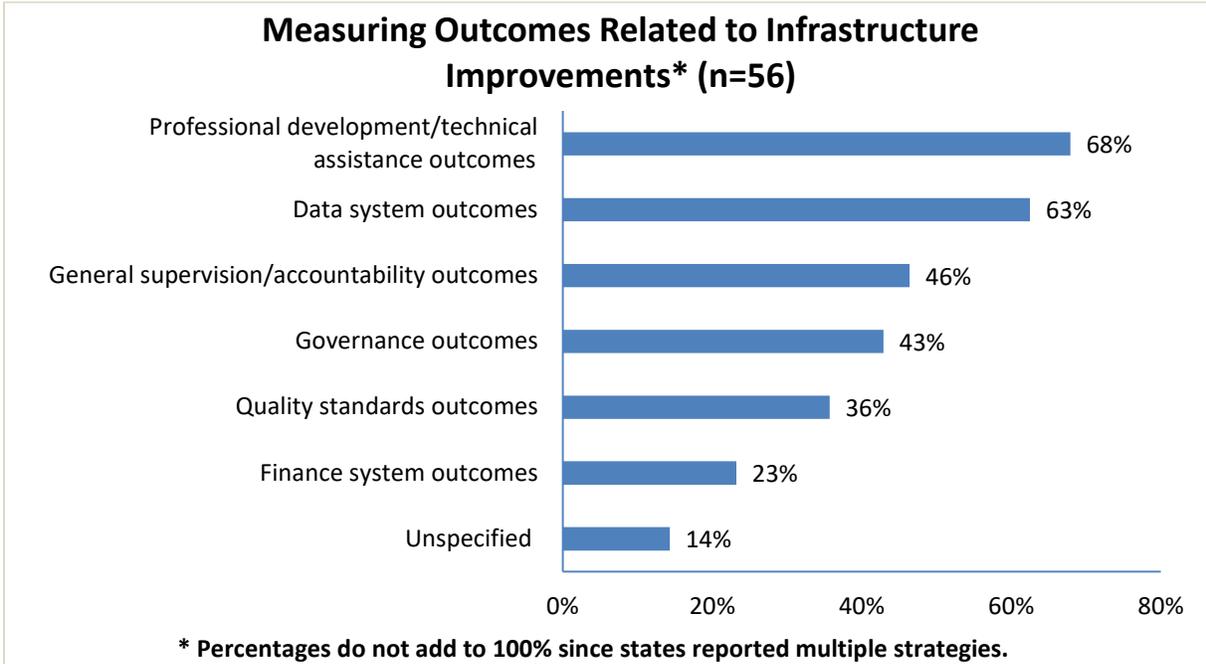
EVALUATION

States were required to develop an evaluation plan that included short-term and long-term objectives to measure implementation of the SSIP and the impacts on achieving the SIMR. Aligning the evaluation plan with the theory of action and other components of the SSIP was expected. Methods for collecting and analyzing data to evaluate implementation and outcomes of the SSIP were required, along with ways the data would be used to make modifications to the SSIP. States also needed to describe how stakeholders would be involved and how information from the evaluation would be disseminated.

States' SSIP evaluation plans reflected a great deal of variability, including the level of detail and the number of outcomes they proposed to evaluate. The types of outcomes that states proposed to measure were separated into infrastructure improvement outcomes and practice change outcomes.

Figure 23 shows the distribution of infrastructure improvement outcomes that states would measure. Thirty-eight of the 56 states (68%) included professional development/technical assistance outcomes in their plans, and 35 states (63%) included data system outcomes. Twenty-six states (46%) proposed to measure general supervision/accountability outcomes, and 24 states (43%) proposed to measure governance outcomes. Somewhat less often mentioned were quality standards (20 states, 36%) and finance system outcomes (15 states, 23%). Forty-eight of the 56 states included plans to measure infrastructure improvements; eight states (14%) did not.

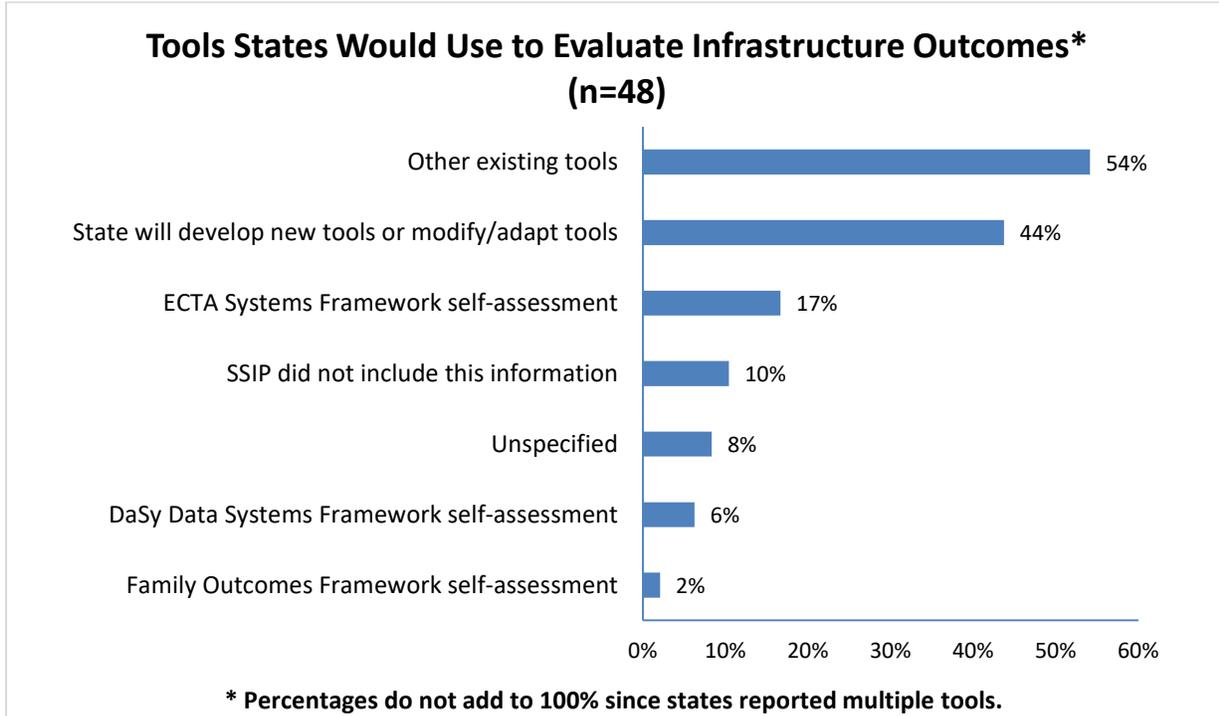
Figure 23



Half (50%) of the 48 states proposing to measure infrastructure improvement outcomes included performance indicators with measures, targets, and timelines for all or most of their outcomes. Sixteen states (33%) did not include any or included very few performance indicators, and seven states (15%) included some performance measures for their proposed infrastructure outcomes.

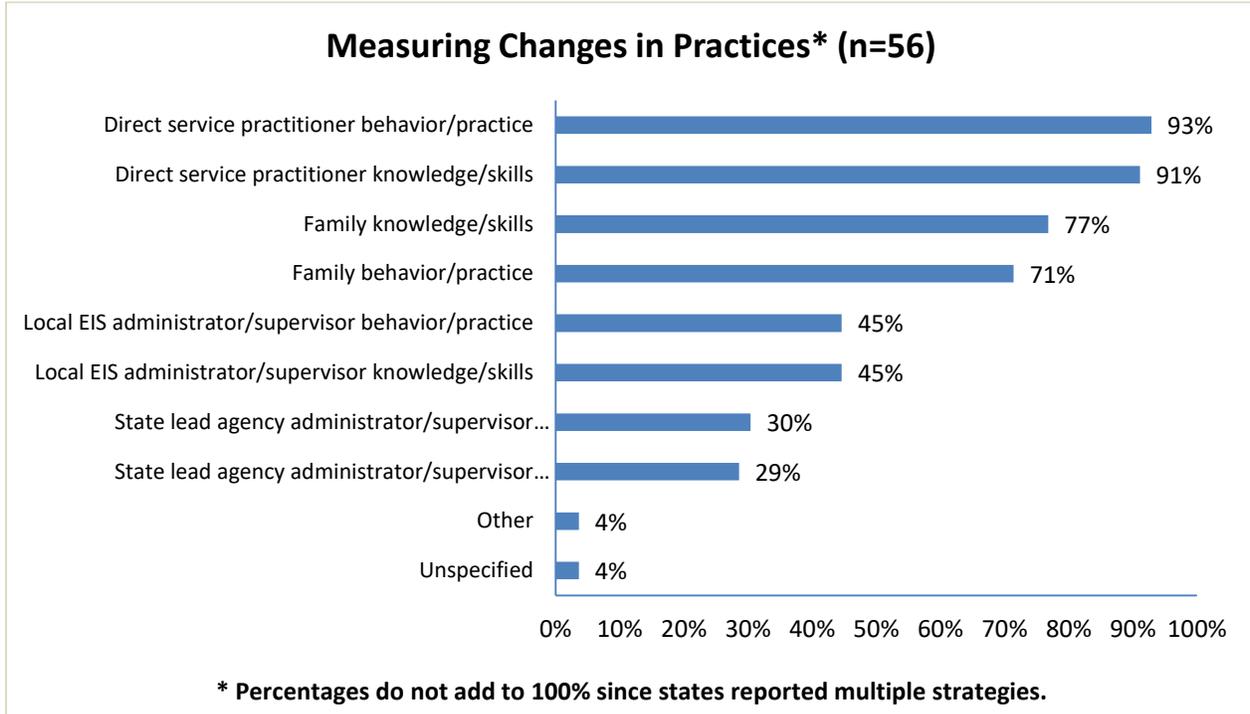
The measurement tools that states would use to evaluate their infrastructure improvement outcomes can be found in Figure 24. Twenty-six of the 48 states (54%) planned to use existing tools, while 21 states (44%) reported that they would develop new tools or modify/adapt existing tools. Some of the existing measurement tools that states listed include state monitoring activities and reports, state data systems (including data system reports), and surveys. Tools that states would develop or modify/adapt include state monitoring/quality assurance tools, including IFSP review tools; ECTA Benchmarks of Quality for Home Visiting Programs; and existing data system reports. Eight states (17%) specified plans to use the ECTA Systems Framework self-assessment tool in their evaluation of infrastructure outcomes. Six of these eight states would focus on the personnel/workforce component, and half would focus on the governance and finance components. The primary ways that states would analyze infrastructure data are by looking at longitudinal change over time (24 states, 50%), comparisons with a criterion or target (21 states, 44%), and through pre/post comparisons of data (19 states, 40%).

Figure 24



Fifty-four of the 56 states (96%) described practice change outcomes (Figure 25); two states (4%) either did not clearly describe practice change outcomes or did not include them. Almost all of these states intended to measure outcomes on direct service practitioners' behavior/practice (93%) and knowledge/skills (91%). Families are the next most targeted group, with most states proposing to measure changes in family knowledge/skills (77%) and family behavior/practice (71%). Twenty-five states (45%) planned to measure both local EIS administrator/supervisor behavior/practices and knowledge/skills. Fewer than a third of states proposed to measure outcomes for state lead agency administrator/supervisor behavior/practice and knowledge/skills (30% and 29%, respectively).

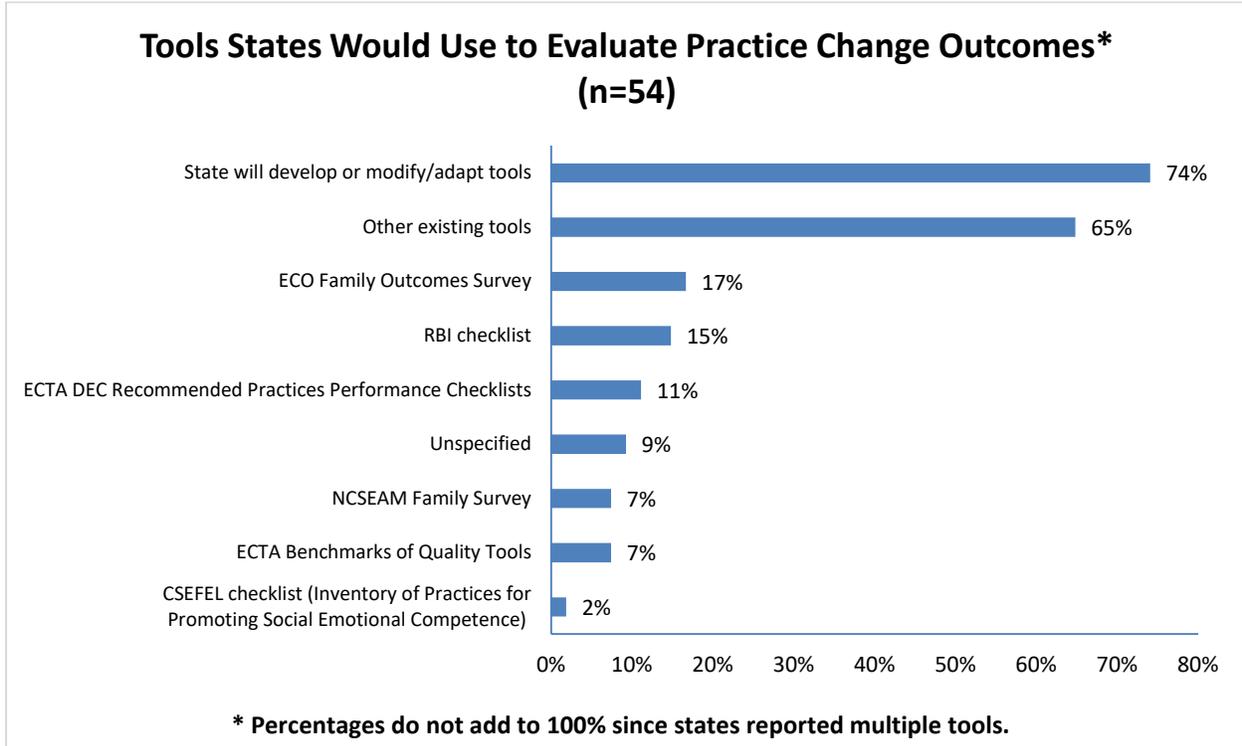
Figure 25



Half (50%) of the 54 states proposing to measure practice change outcomes included performance indicators with measures, targets, and timelines for all or most of their outcomes. Fourteen states (26%) did not include any or included very few performance indicators, and 11 states (20%) included some performance measures for their proposed practice change outcomes.

States proposed using a variety of measurement tools to evaluate practice change outcomes (Figure 26). Forty of the 54 states (74%) planned to develop or modify/adapt existing tools; 35 states (65%) intended to use other existing tools. Nine states (17%) would use the ECO Family Outcomes Survey, eight states (15%) would use the RBI checklist, and six states (11%) would use the ECTA DEC RP Practice Performance Checklists. Also mentioned by states were the NCSEAM Family Survey (7%), the ECTA Benchmarks of Quality tools (7%), and the CSEFEL Inventory of Practices for Promoting Social Emotional Competence (2%). Some of the existing measurement tools that states intended to use are surveys, state data systems (including data system reports), and child outcome data. Tools that states would develop or modify/adapt include family surveys, training evaluations, and fidelity measures associated with EBP models/approaches being used.

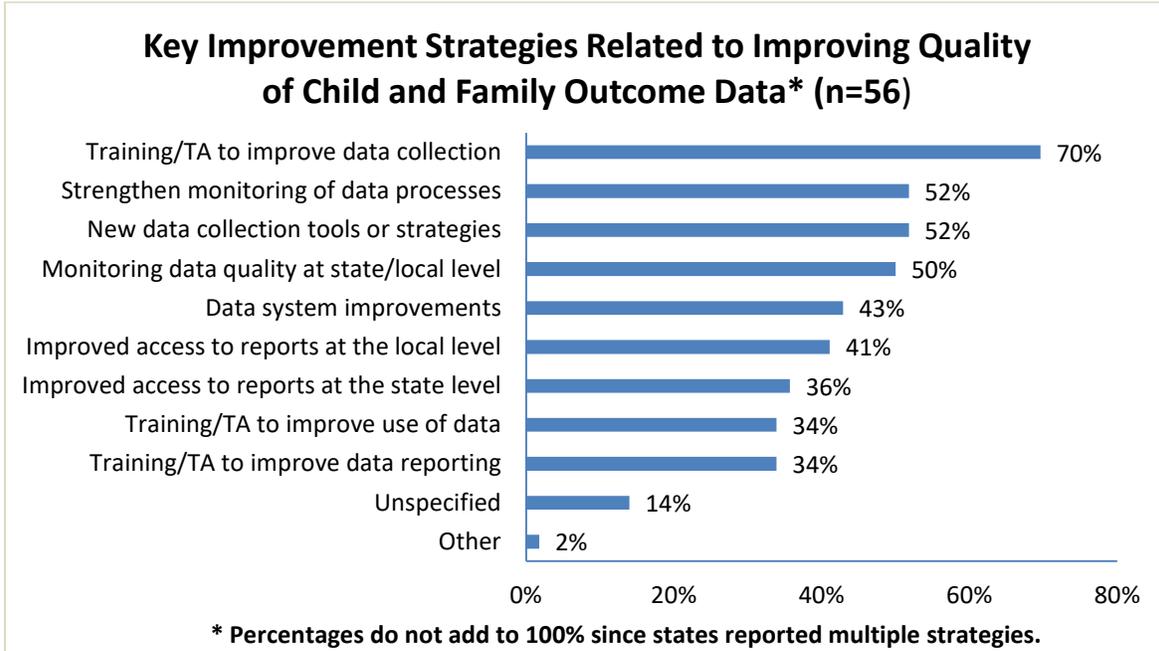
Figure 26



The majority of states (32 out of 54, 60%) reported they would analyze practice change outcomes by comparing pre data with post data. Twenty-eight states (52%) would analyze outcome data using longitudinal change over time, and the same number of states (28) would use comparisons with a criterion or target.

Figure 27 shows that training/TA would be used by 39 of 56 states (70%) to improve data collection and by 19 states (34%) to improve both the use of data and data reporting. About half of states (52%) planned to strengthen oversight and monitoring of data collection processes, and half (50%) proposed to monitor data quality at the state and local levels. Twenty-nine states (52%) planned to develop new data collection tools or strategies, and 24 states (43%) planned data system improvements. Strategies related to improved access to reports at the local level and at the state level were identified by 41% and 36% of states, respectively.

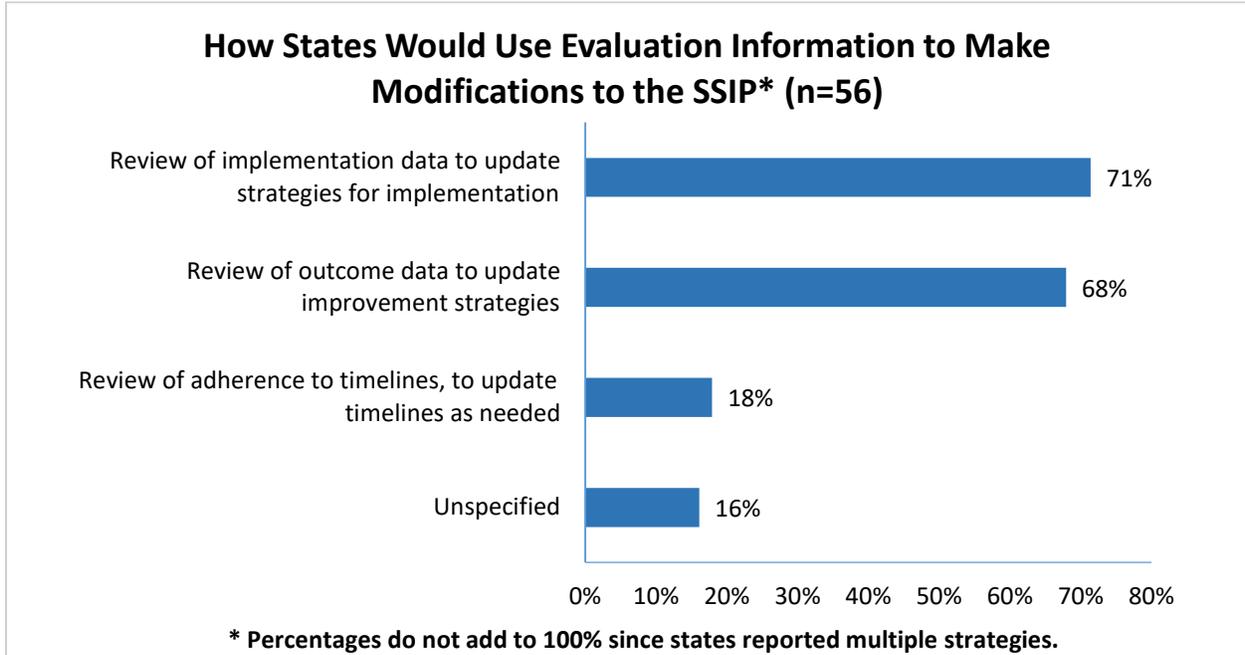
Figure 27



The SSIP submission required states to specify how they would use the evaluation data to examine the quality/effectiveness of the implementation of their improvement plans. The majority of states (36 out of 56, 64%) either clearly or partially included this information; the remaining states did not. Of the 36 states proposing to use measurement tools to evaluate the quality/effectiveness of their improvement plan implementation, 20 (56%) would use state-developed, modified, or adapted tools, and 11 (31%) would use existing tools. Some of the tools that states proposed to use include fidelity checks, feedback loops, and implementation science cycles (i.e., Plan-Do-Study-Act).

States were asked to describe how they would use evaluation information to make modifications to their SSIPs (Figure 28). Most states (40 of 56, 71%) reported they would review implementation data to update strategies for implementation, and 38 states (68%) would review outcome data to update improvement strategies. Ten states (18%) would use evaluation information to review adherence to timelines and update timelines as needed.

Figure 28



Thirty-eight of the 56 states (68%) chose to include logic models in their SSIP submissions, with the majority labeling them with activities (95%), inputs (82%), outputs (92%), short-term outcomes (84%), intermediate outcomes (87%), and long-term outcomes (90%) columns. Twenty (53%) of the 38 states that included logic models characterized the state SIMR as the only long-term outcome, whereas seven (18%) added it as one of several long-term outcomes.

Figure 29 shows the distribution of who would plan and manage the SSIP evaluation. State lead agency staff would plan and manage the evaluation in 49 of 56 states (88%). About a third of states (32%) would use external evaluators, and seven states (13%) would work with evaluation staff from state agencies other than the lead agency. The six states (11%) in the “other” category included using parents, the Interagency Coordinating Council, and stakeholders to help plan and manage their evaluations.

Figure 29

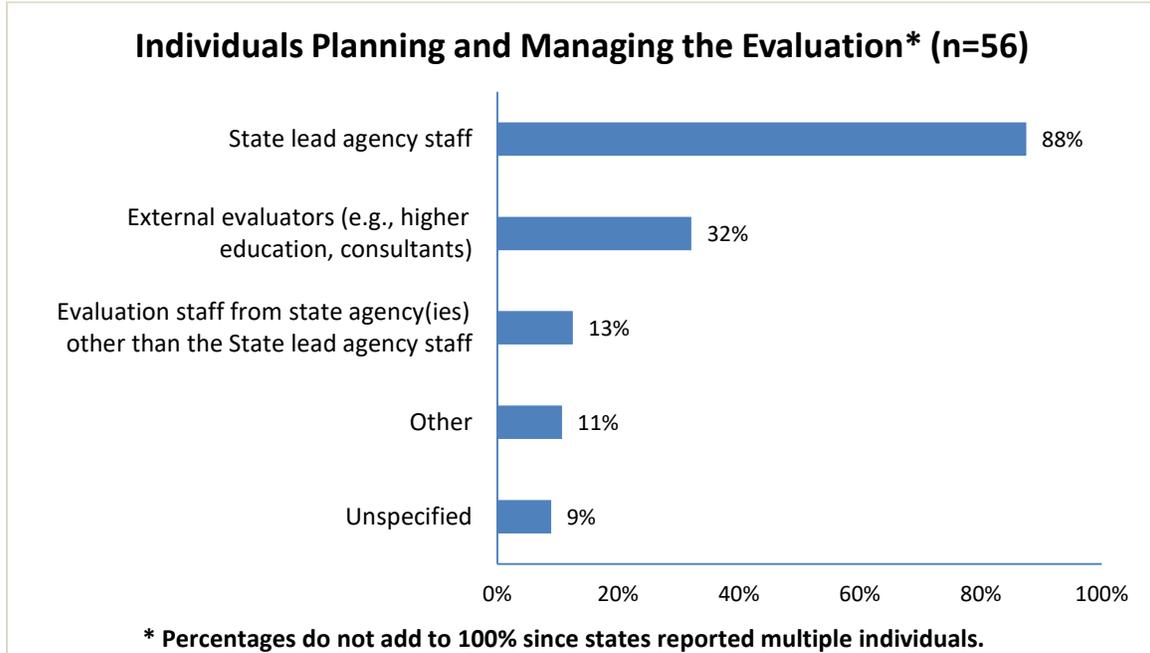
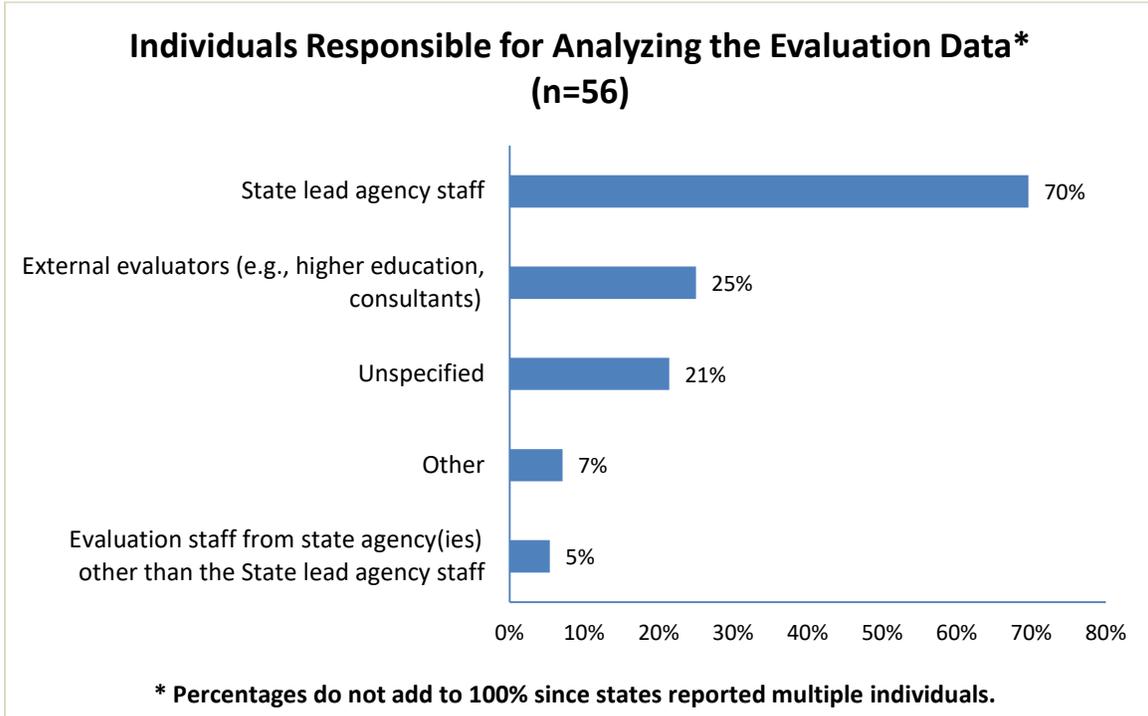


Figure 30 shows the distribution of who would be responsible for analyzing state SSIP evaluation data. The state lead agency staff would be responsible for analyzing evaluation data in 39 of 56 states (70%), with a quarter of states (25%) using external evaluators (e.g., higher education, consultants). Five states (7%) identified that evaluation staff from other state agency(ies) other than the lead agency would be responsible. Twelve states (21%) did not specify who would be responsible for data analysis, and a few states (7%) indicated that “others” would be responsible (including stakeholders and stakeholder groups).

Figure 30



Twenty-nine percent of the 56 states clearly stated the resources they would need, and more than a third of states (36%) included some information on the resources needed to carry out the proposed evaluation activities. Thirty-six percent of states did not include information on the resources needed to carry out their proposed evaluation activities. A little less than half of the 56 states (48%) included timelines for all or most analyses and uses of evaluation data, 11 states (20%) included timelines for some of their proposed analyses and uses of data, and 18 states (32%) included very few or did not include any timelines.

All states (100%) included information on the stakeholders who would be involved in SSIP evaluation activities. Fifty of the 56 states (89%) had specific stakeholders identified for evaluation, and six states (11%) used the same stakeholder group for all Phase II work. The most frequent stakeholders identified by states (Figure 31) were EIS providers (63%), family representatives (57%), local program administrators (55%), staff representing other state agencies (55%), ICC members (46%), and staff representing other programs within the lead agency (46%). To a lesser extent, states identified higher education staff, representatives from early childhood initiatives, consultants/contractors, state legislators, and state TA personnel. Some of the “other” stakeholders identified by six states included advocacy staff and medical personnel.

Figure 31

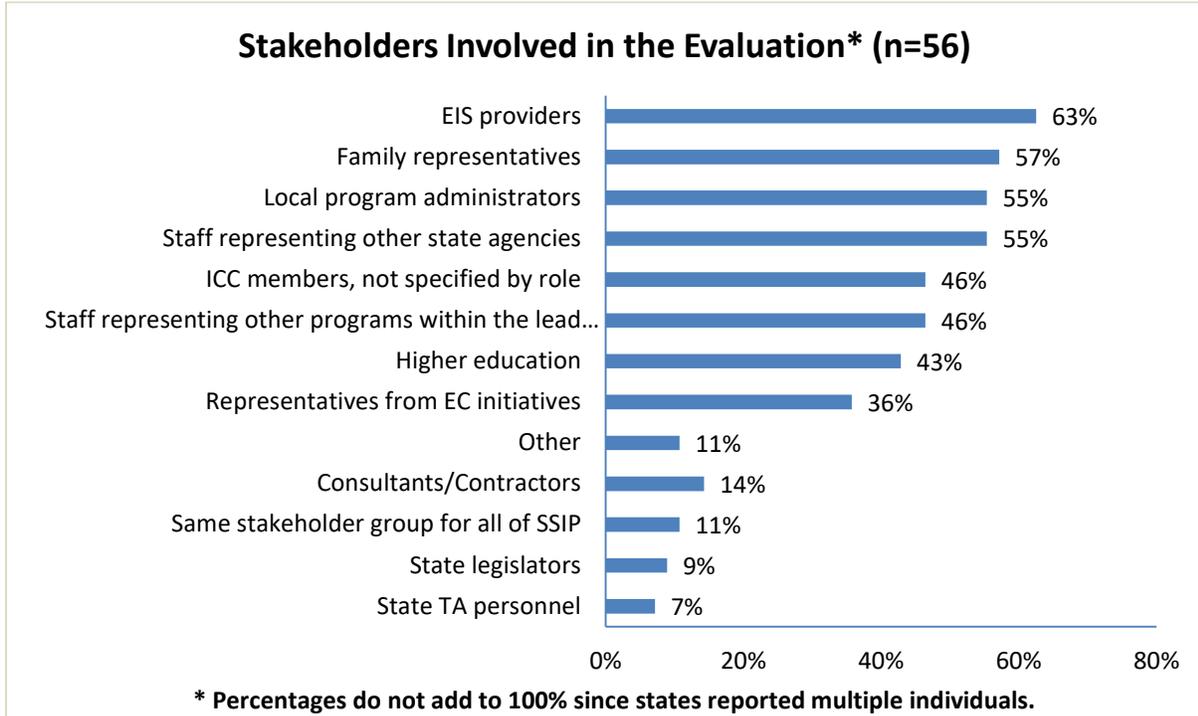
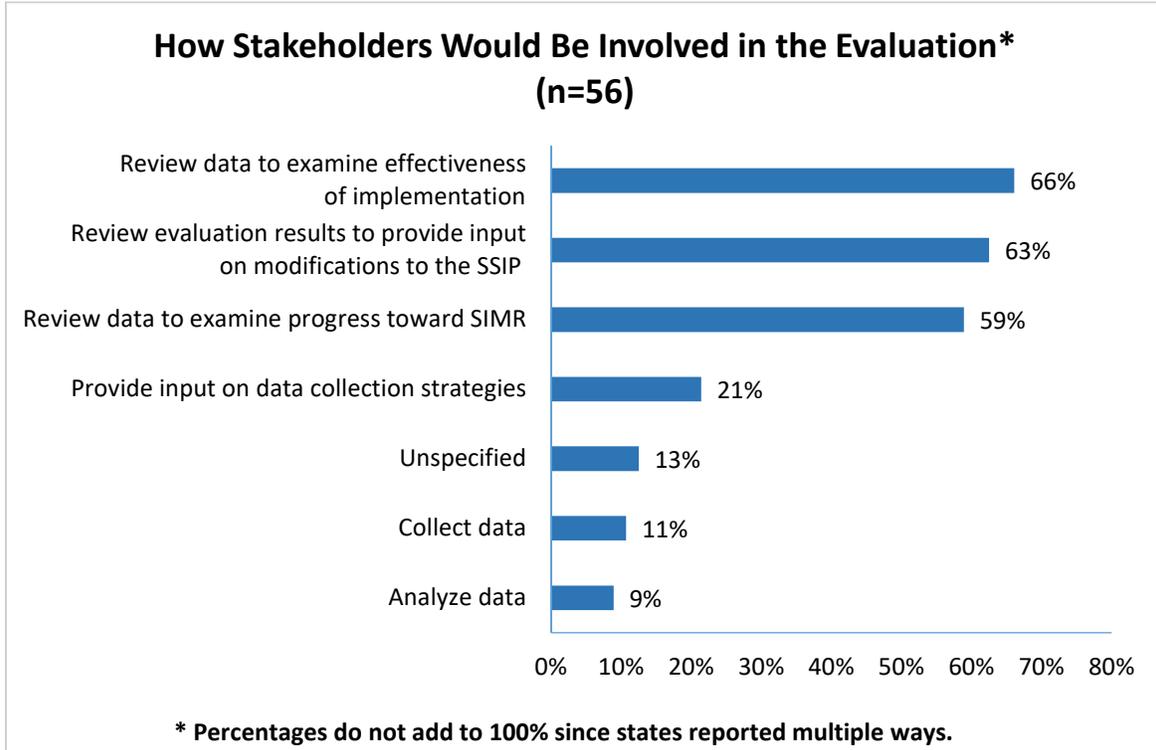


Figure 32 shows the ways that states proposed to involve stakeholders in evaluation activities. Most states would ask stakeholders to review data to examine the effectiveness of implementation (37 states, 66%), to review evaluation results to provide input on modifications to the SSIP (35 states, 63%), and to review data to examine progress toward the SIMR (33 states, 59%). Twelve states (21%) would use stakeholders to provide input on data collection strategies, six states (11%) would use stakeholders to collect data, and five states (9%) would ask them to assist in data analysis. A few states (13%) did not specify how they would involve stakeholders in their evaluations.

Figure 32



To keep stakeholders informed of evaluation progress, the majority of states (77%) proposed to provide updates at regularly scheduled meetings. A little more than half of the 56 states (55%) would use routine written reports to disseminate evaluation results, and a quarter of states (25%) would provide ad hoc written reports as needed. Twenty-seven states (48%) reported that they would share evaluation progress with stakeholders at various times throughout the year, depending on the purpose; 12 states (20%) would share information quarterly, 5 (9%) monthly, and 4 (7%) about once per year. Eight states (14%) did not specify the timeframe for sharing evaluation information with stakeholders.

TECHNICAL ASSISTANCE AND SUPPORT

In Phase II, states were required to describe the technical assistance and support they would need to develop and implement an effective SSIP. Figure 33 shows which aspects of the SSIP states identified as needing TA support to ensure effective implementation in Phase III. Twenty of 56 states (36%) identified needing TA around evaluation of the SSIP, including evaluating effectiveness of implementation activities, interpreting data, communicating evaluation data to stakeholders, and making mid-course adjustments. States also identified needing TA support around implementing EBPs (34%) and infrastructure development (30%). More than a quarter of states (27%) did not specify needing TA related to implementing the SSIP in Phase III. A few states (18%) identified needing TA in other SSIP-related areas not identified in the figure below, including such things as addressing barriers that arise during

implementation, completing the DaSy Framework self-assessment, using data, operationalizing implementation frameworks, and connecting with other early childhood programs. Also mentioned were support for EIS programs/providers (13%), stakeholder engagement (11%), and selection of EBPs (5%).

Figure 33

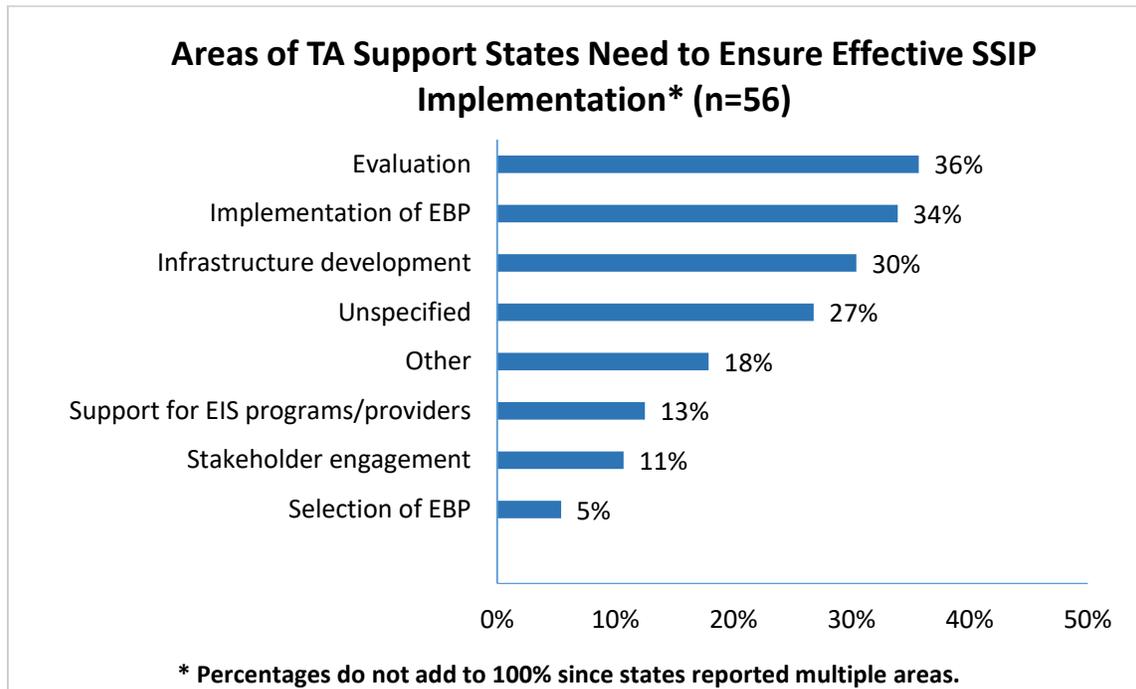
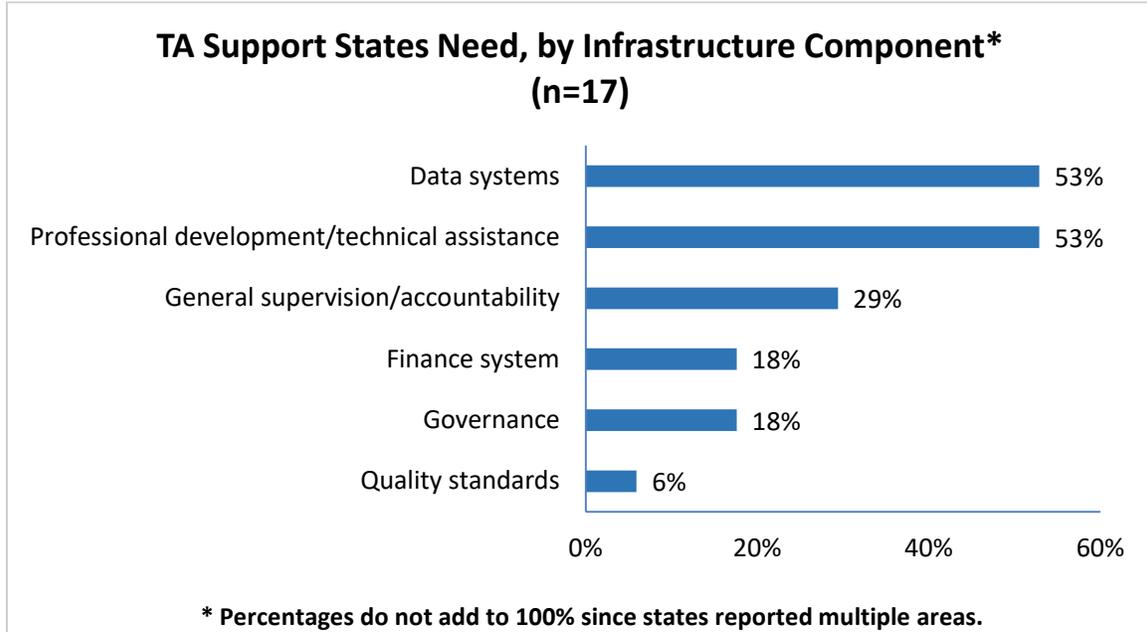


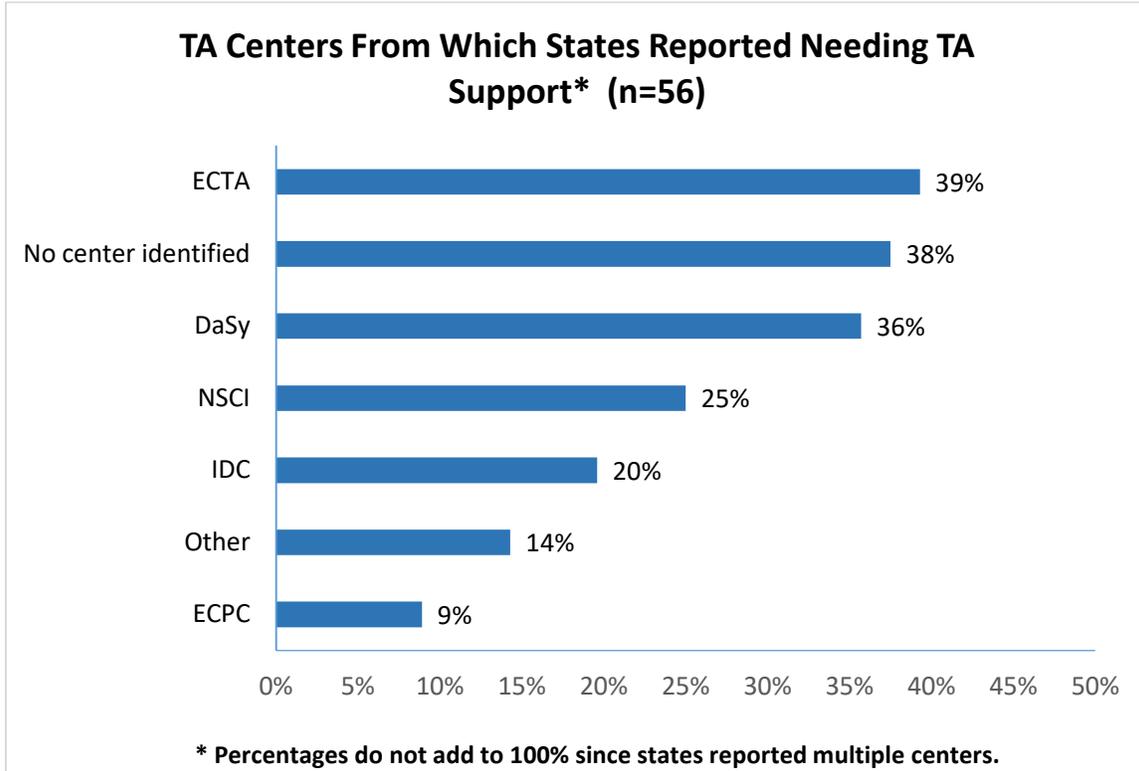
Figure 34 shows areas in which 17 of the 56 states (30%) reported needing TA support with developing their infrastructure components. Nine of these 17 states (53%) identified needing TA to improve their data systems. This included support with data system design/development, data quality, and data use. Nine states (53%) also reported needing TA with their personnel/workforce/TA systems, and five states (29%) reported needing support with their accountability and quality improvement systems. TA around improving their governance systems and support to enhance their finance systems were each identified by three states (18%). Only one state (6%) reported needing TA with quality standards.

Figure 34



In addition to identifying the areas and the infrastructure components where TA was needed for Phase III, some states also identified which TA Centers they specifically would need support from (Figure 35). TA Centers identified by states included the ECTA Center (39%) and DaSy Center (36%), NCSI (25%), IDC (20%), and ECPC (9%). Fourteen percent of states identified other organizations they would like TA from, such as the Infant & Toddler Coordinators Association (ITCA) and the Family, Infant and Preschool Program (FIPP).

Figure 35



CONCLUSION

This analysis of states' Phase II SSIPs describes the extensive planning processes that states engaged in to develop plans to build state capacity to support early intervention service programs and/or providers with the implementation of EBPs and lead to improved results for the children served. States engaged in planning processes that supported their identification of needed infrastructure improvements and strategies and activities to support implementation of evidence-based practices. A number of states developed logic models reflecting a logical connection between the activities they selected and the outcomes they hoped to achieve. These states used their logic models to help inform the refinement of their implementation activities and the development of their evaluation plans. The level of detail of each state's implementation and evaluation plans varied. Many states identified how they would evaluate the effectiveness of their implementation, as well as whether or not they achieved their intended outcomes. Many states also identified how their Phase III plans connected to their activities in Phase I, including their theory of action. Most states also identified their TA needs for Phase III.