

**2015 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)

INDICATOR 1: 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 2013 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. In either case, 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.

METHODOLOGY & MEASUREMENT APPROACHES

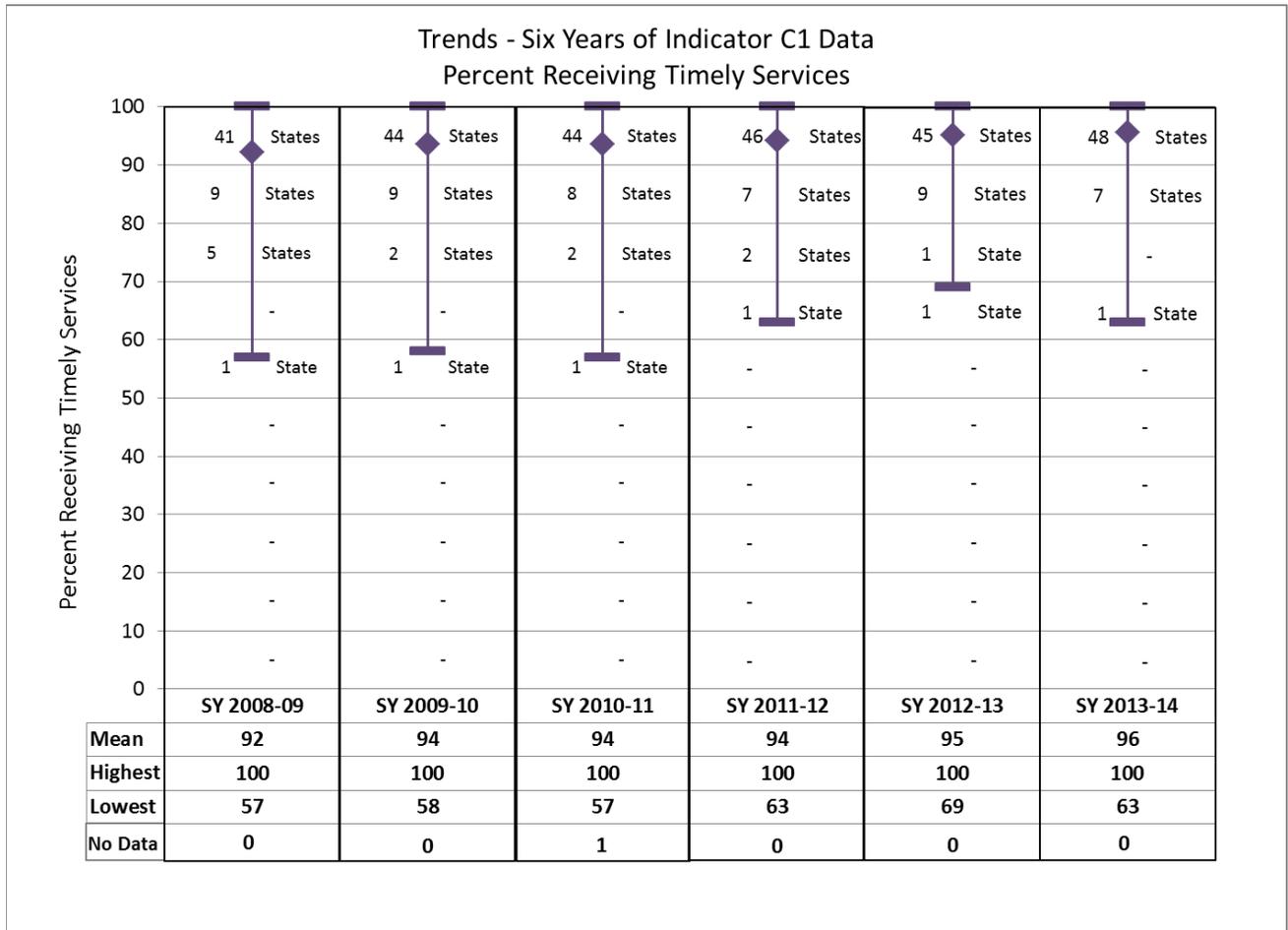
Defining Timely Services

States are required to provide the criteria used to determine which infants and toddlers received IFSP services in a timely manner. The 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 2008 to FFY 2013. 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)

INDICATOR 2: 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 2013 APRs for 56 states. For the purposes of this report, the term “state” is used for both states and territories.

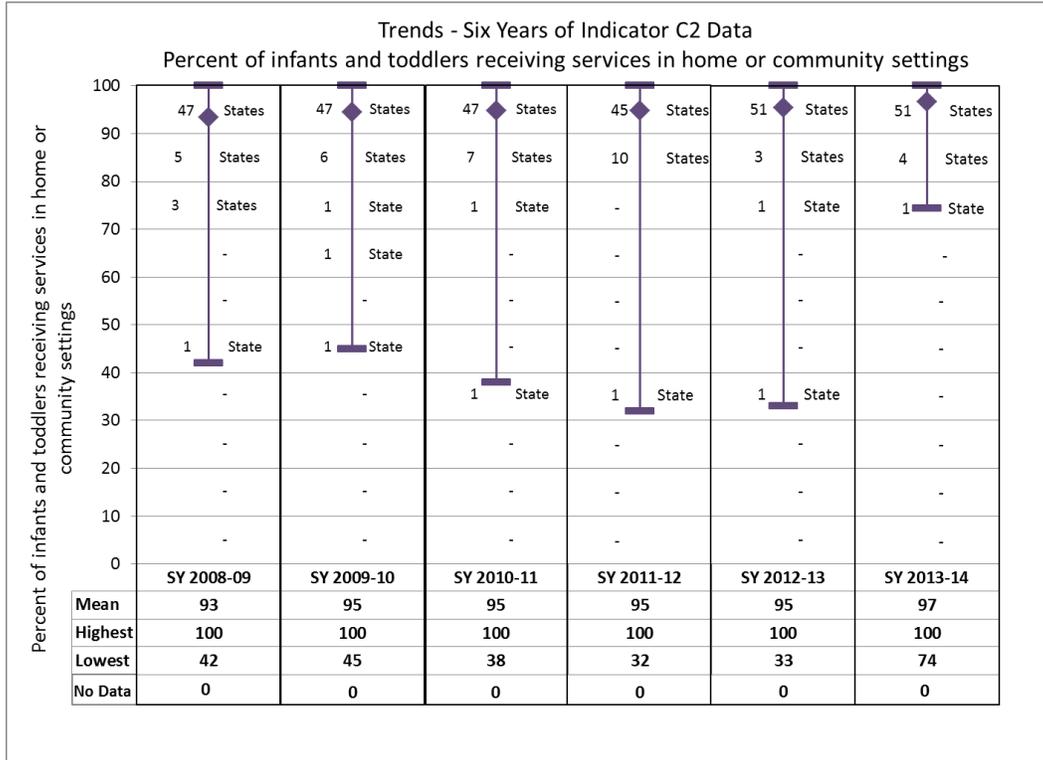
DATA SOURCES

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 location of the child’s services for all children enrolled in Part C on a state-designated date, between October 1 and December 1.

PERFORMANCE TRENDS

Figure 1 illustrates current data for settings 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 3: INFANT & TODDLER OUTCOMES

Prepared by the Early Childhood Technical Assistance Center (ECTA)

INDICATOR 3: 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 2013 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 the two summary statements for each of the three outcome areas over the last six reporting years (FFY 2008 to FFY 2013). 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

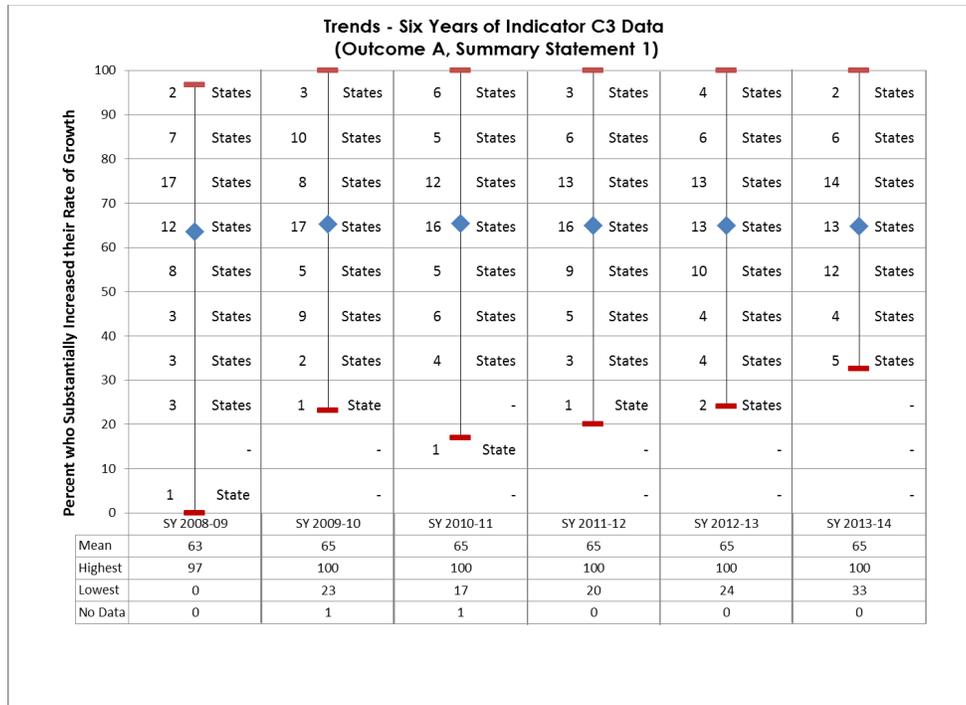


Figure 2

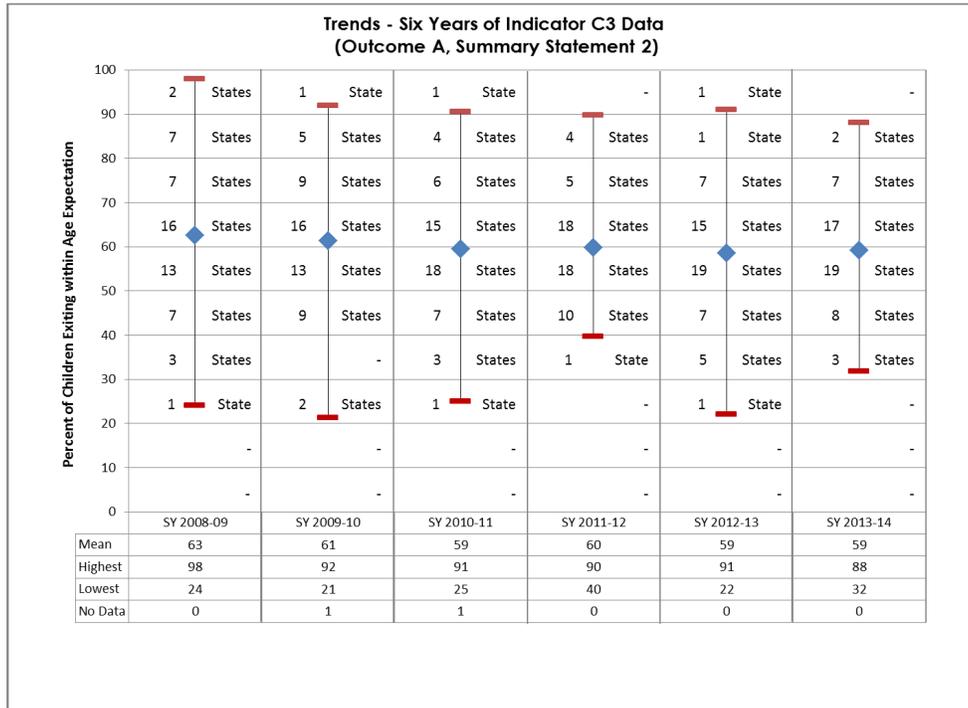


Figure 3

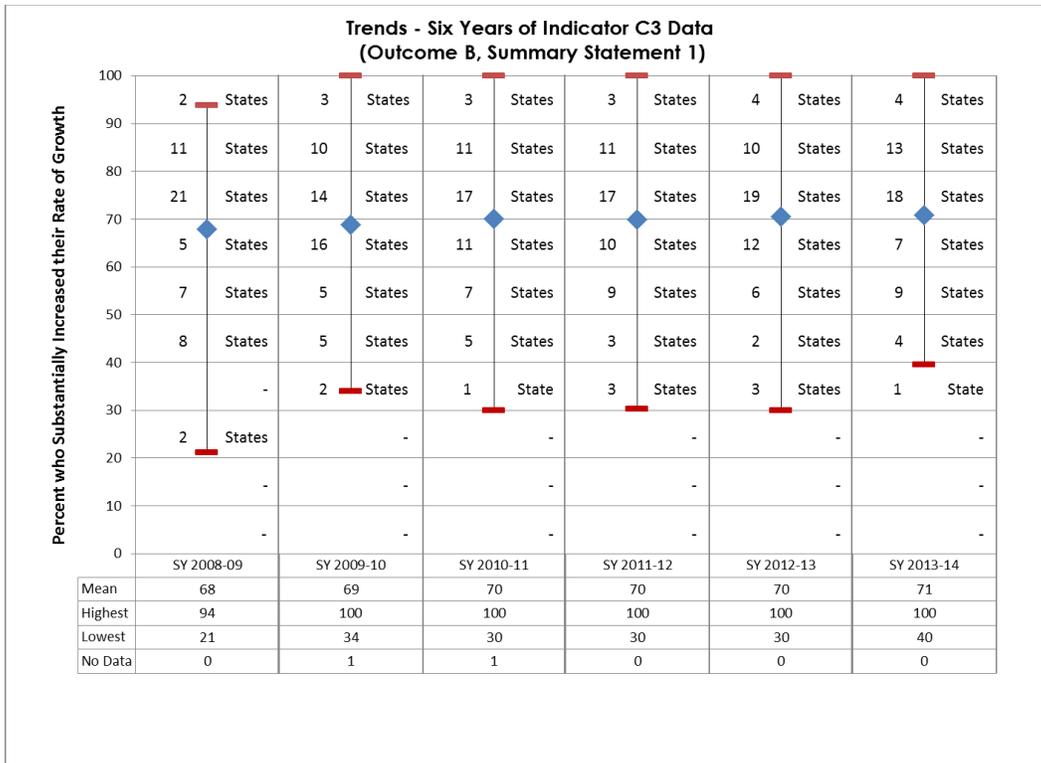


Figure 4

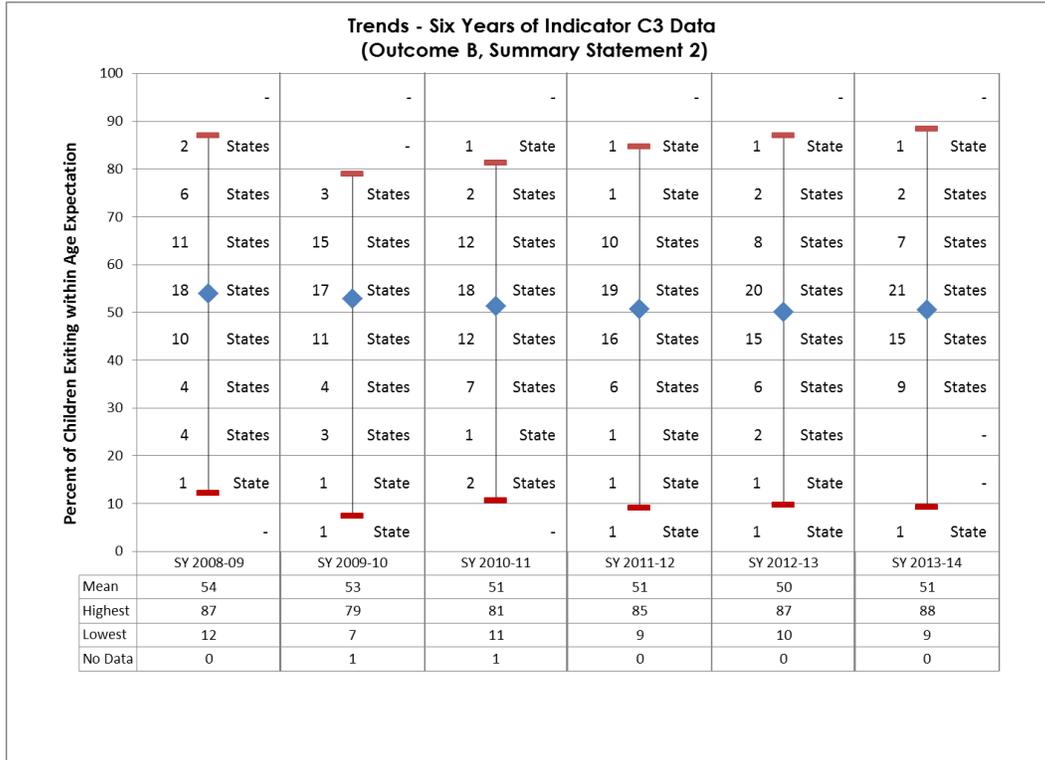


Figure 5

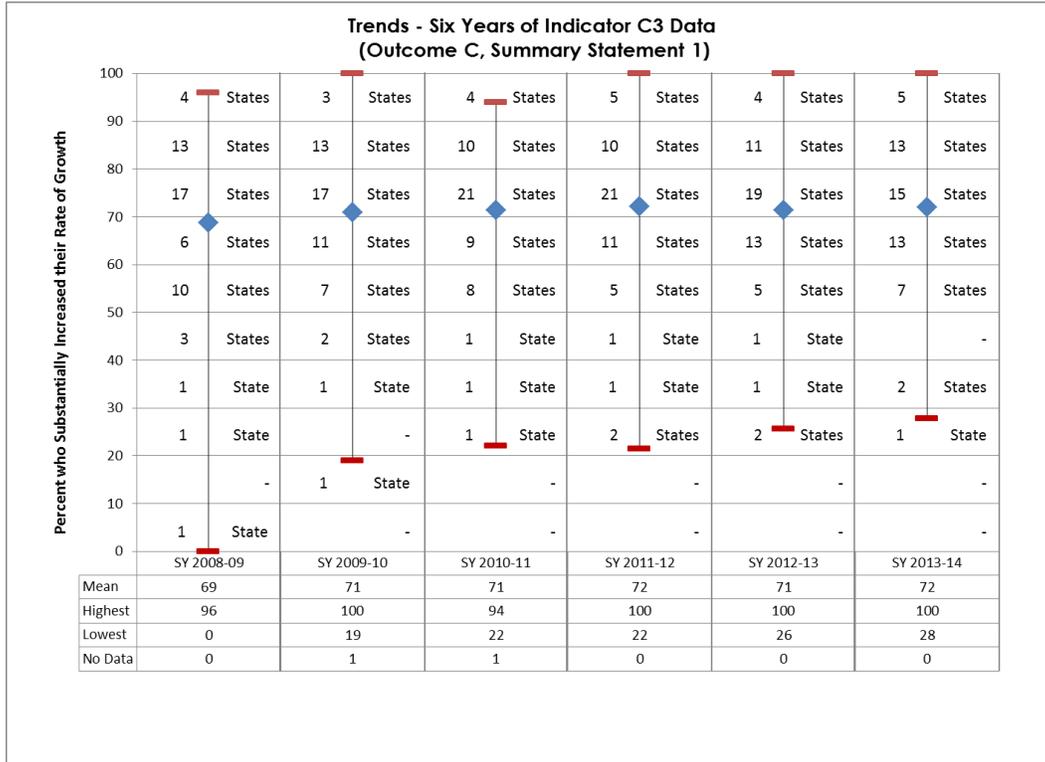
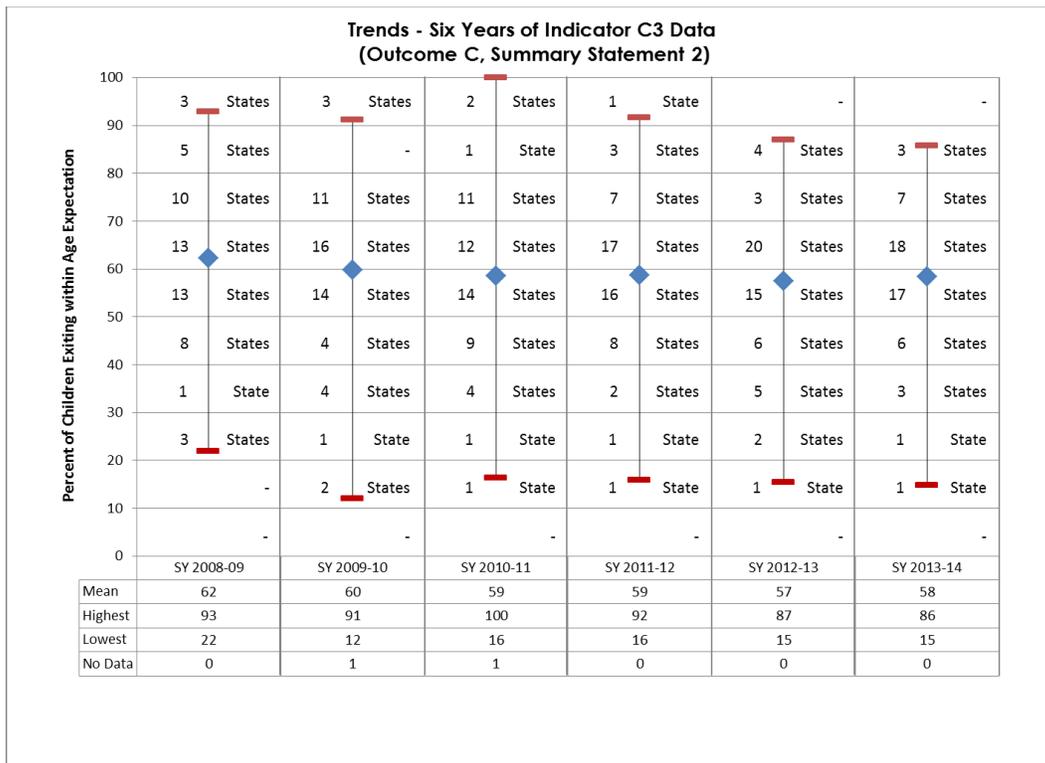


Figure 6



INDICATOR 4: FAMILY OUTCOMES

Prepared by the Early Childhood Technical Assistance Center (ECTA)

INDICATOR 4: 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, and
- (C) help their children develop and learn.

INTRODUCTION

Indicator 4 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 2013 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 2013, 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, 23 used the NCSEAM Family Survey (41%), 14 states (25%) used the revised ECO Family Outcomes Survey (2011), 11 used the original (2006) ECO Family Outcomes Survey (20%), and seven (13%) used a state-developed survey. Some states tailored the NCSEAM or Family Outcomes 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 the 56 states (75% of states) reported their survey response rate. Response rates ranged from 10% to 100%. Among the states reporting response rates, the average was 36%.

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. 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

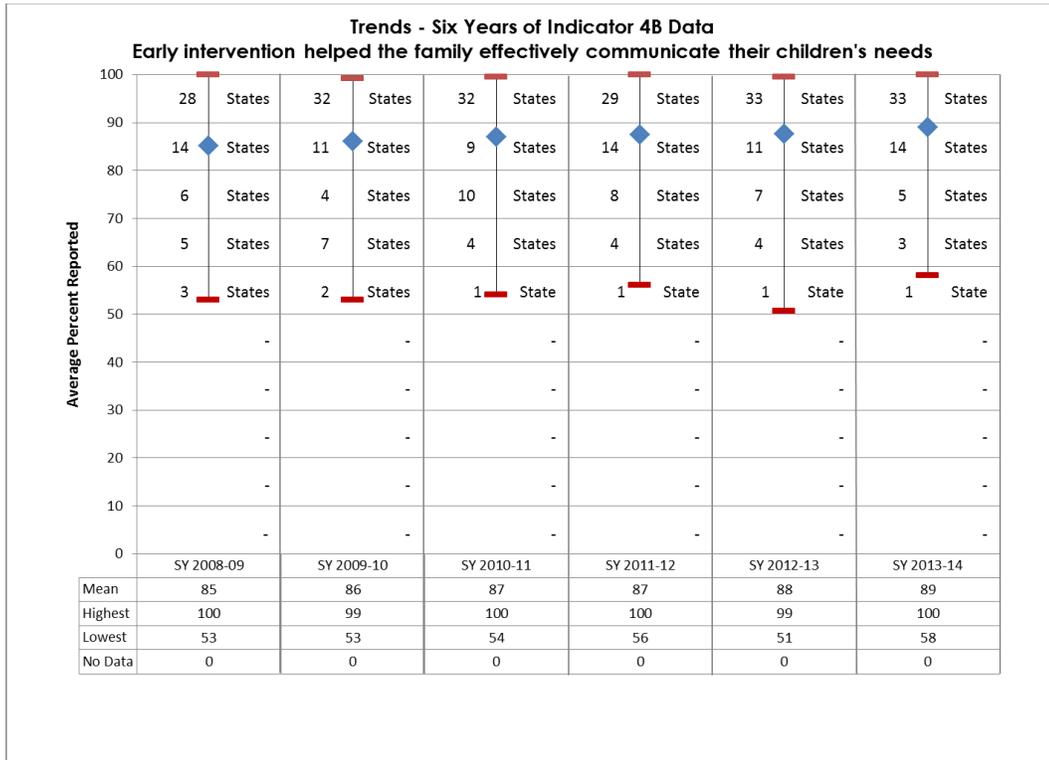
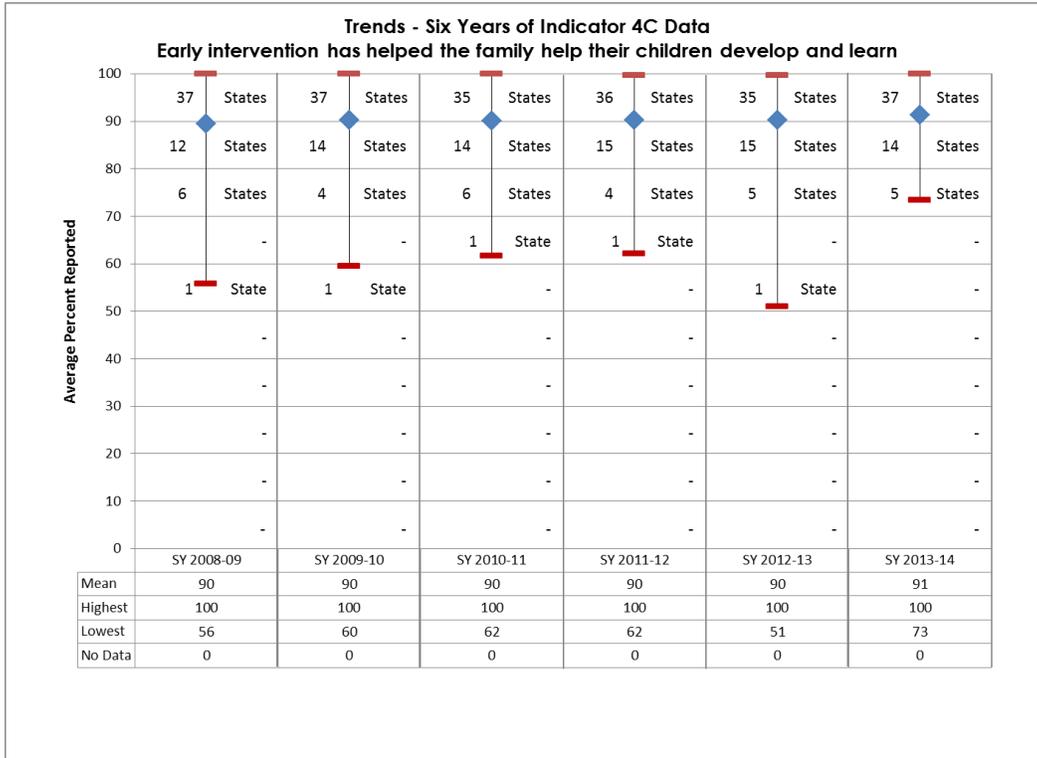


Figure 3



INDICATOR 5: CHILD FIND BIRTH TO ONE

Prepared by the Early Childhood Technical Assistance Center (ECTA)

INDICATOR 5: 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 2013 APRs from 56 states. For the purposes of this report, the term “state” is used for both states and jurisdictions.

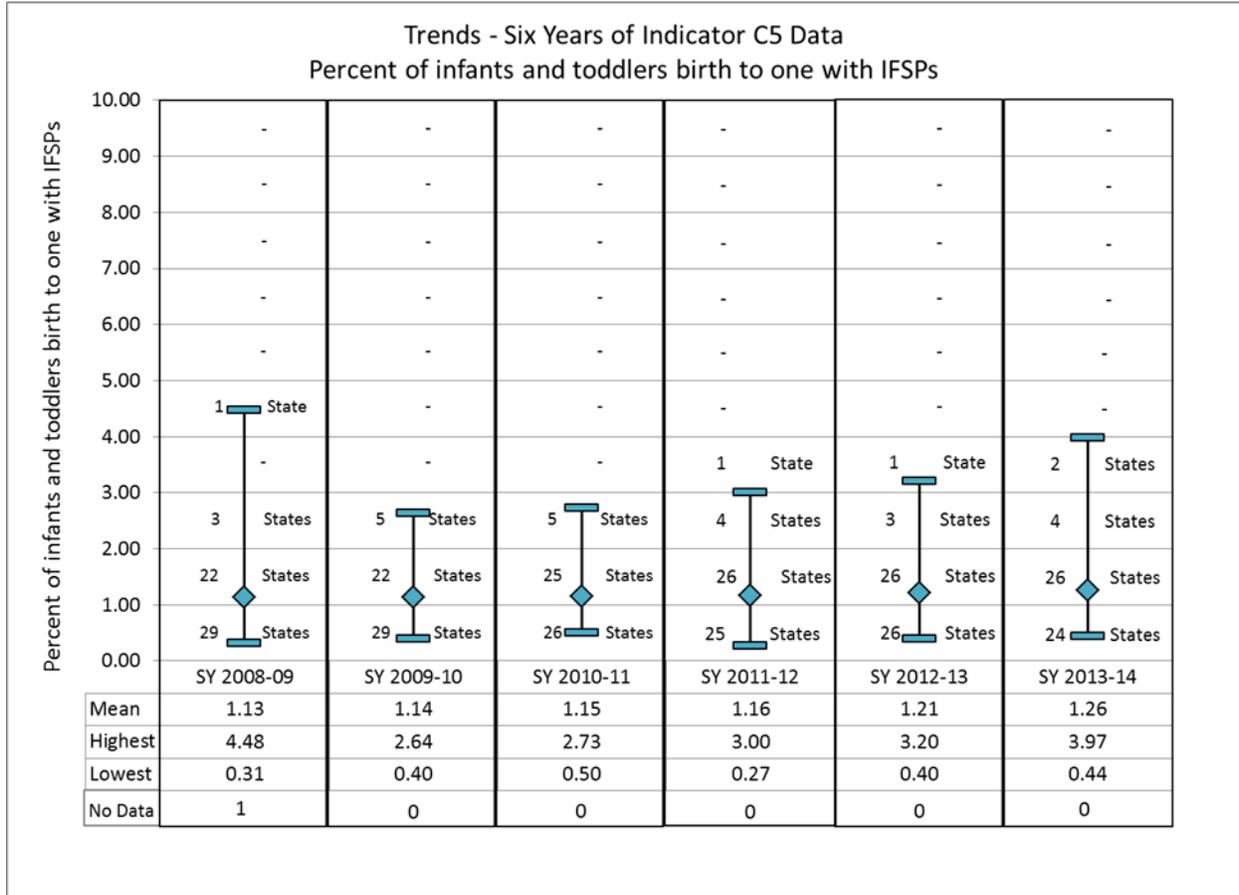
DATA SOURCES

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 Table C1-9 “Number and percentage of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2013”, the national percentage of children from birth to age one served in Part C was 1.11% (based on 50 states, DC and PR). The national percentage reported in Table C1-9 (1.11%) is a weighted percentage, taking 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 2013 (1.26%) includes all 56 states and is an unweighted mean, and therefore differs slightly from the Table C1-9 national mean for FFY 2013 (1.11%).

Figure 1



INDICATOR 6: CHILD FIND BIRTH TO THREE

Prepared by the Early Childhood Technical Assistance Center (ECTA)

INDICATOR 6: 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 2013 from 56 states. For the purposes of this report, the term “state” is used for both states and jurisdictions.

DATA SOURCES

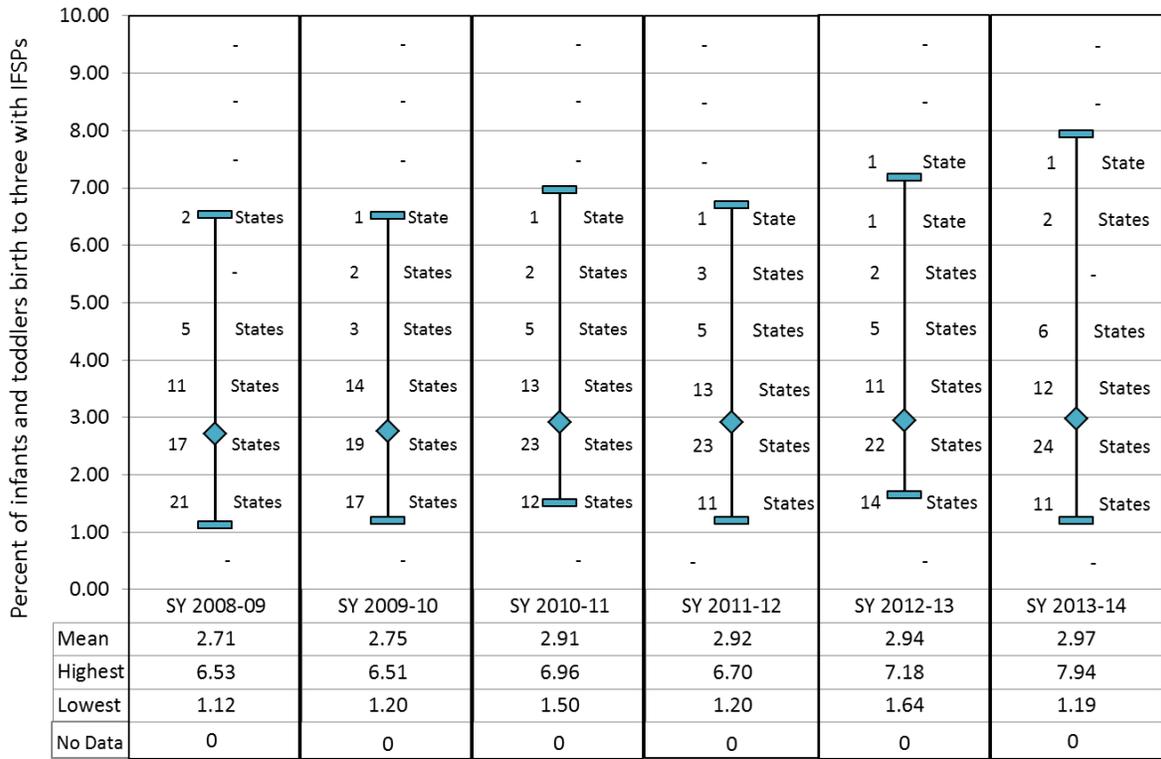
The measurement specifies that states must use data collected and reported under Section 618 (Annual Report of Children Served) regarding the number of infants and toddlers, birth to age three who were identified and served on a state-determined date (generally December 1), and to calculate the percentage 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 purposes of for calculating percentage served. Based on Table C1-9 “Number and percentage of infants and toddlers receiving early intervention services under IDEA, Part C, by age and state: 2013”, the national percentage of children from birth to age three served in Part C was 2.82% (based on 50 states, DC and PR). The national percentage reported in Table C1-9 (2.82%) is a weighted percentage, taking 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 2013 (2.97%) includes all 56 states and is an unweighted mean, and therefore differs slightly from the Table C1-9 national mean for FFY 2013 (2.82%).

Figure 1

Trends - Six Years of Indicator C6 Data
Percent of infants and toddlers birth to three with IFSPs



INDICATOR 7: 45-DAY TIMELINE

Prepared by the Early Childhood Technical Assistance Center (ECTA)

INDICATOR 7: 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 the initial 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 2013. For the remainder of the summary, the term “state” is used to refer to both states and jurisdictions.

DATA SOURCES

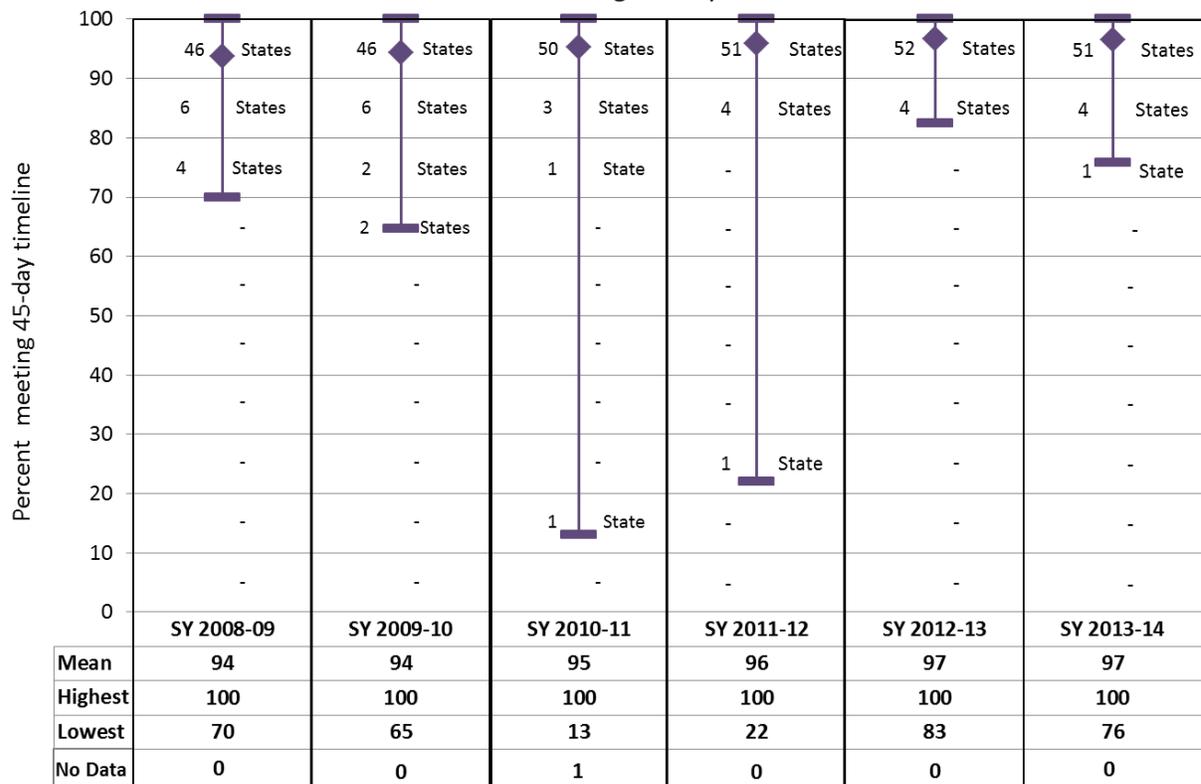
Data for reporting on this indicator may be gathered from a state’s data system and/or local monitoring practices, including sampling files for review, onsite verification visits, or reviews of self-assessment results.

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

Trends - Six Years of Indicator C7 Data
Percent meeting 45-day timeline



INDICATOR 8: EARLY CHILDHOOD TRANSITION

Prepared by the Early Childhood Technical Assistance Center (ECTA)

INDICATOR 8: 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 Lead Education Agency (LEA), 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 2013 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. For Indicator 8B, OSEP determined that data from two states was not valid and reliable; these data are excluded in analyses.

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

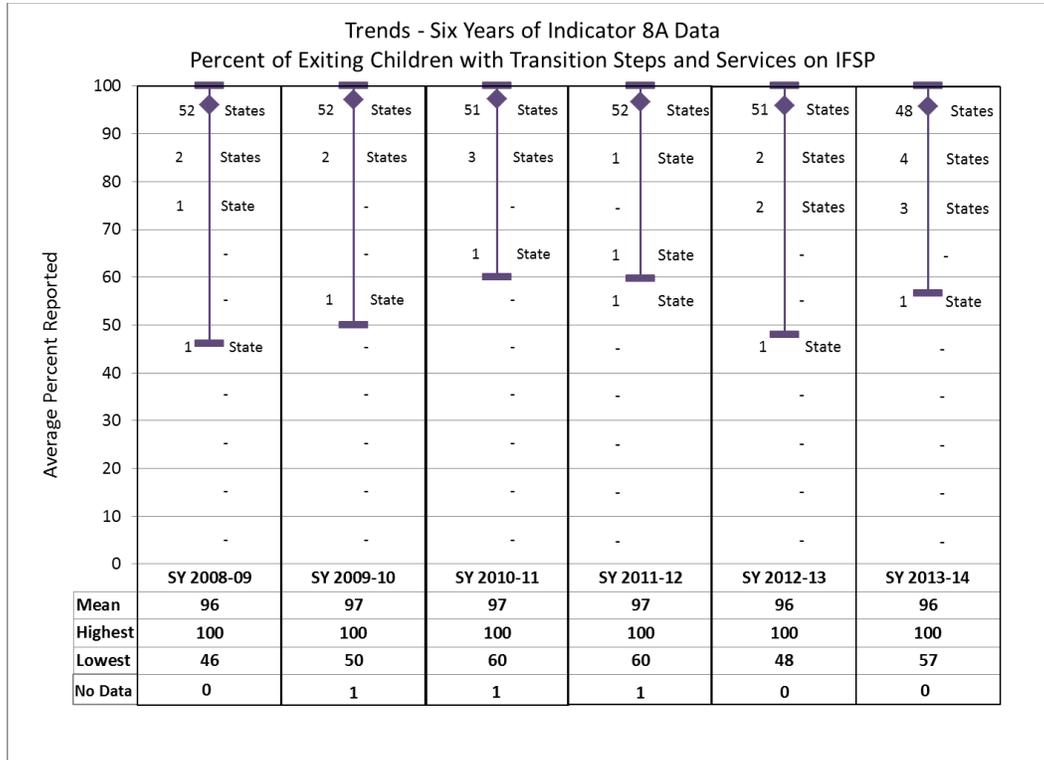


Figure 2

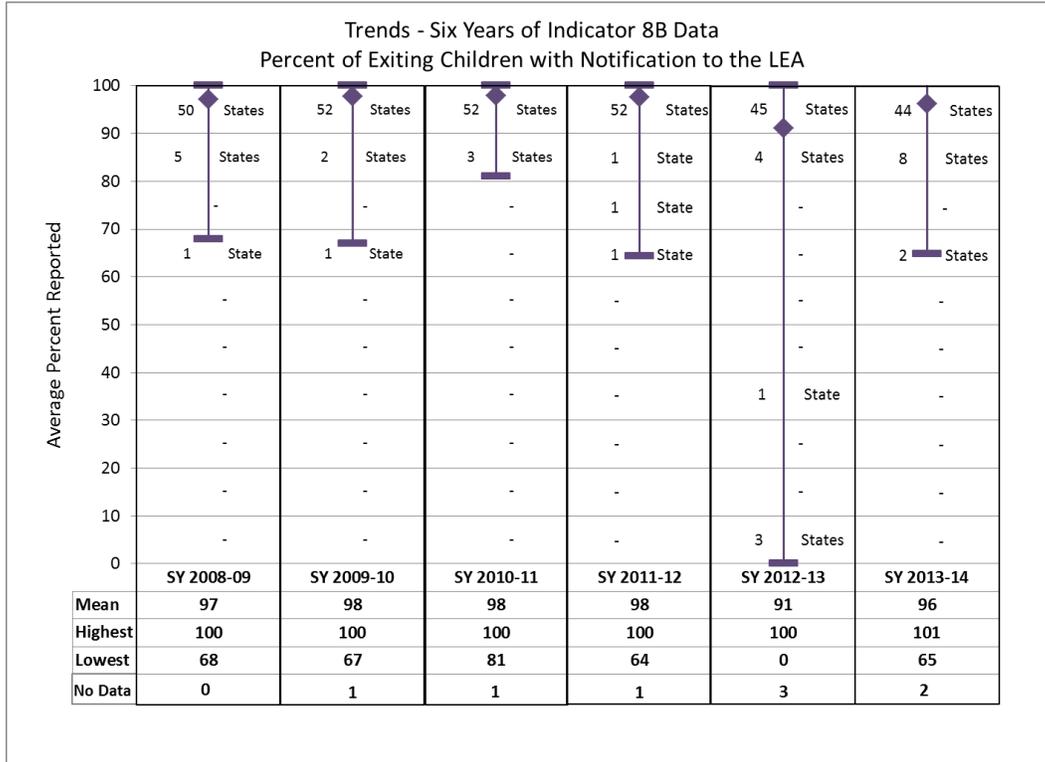
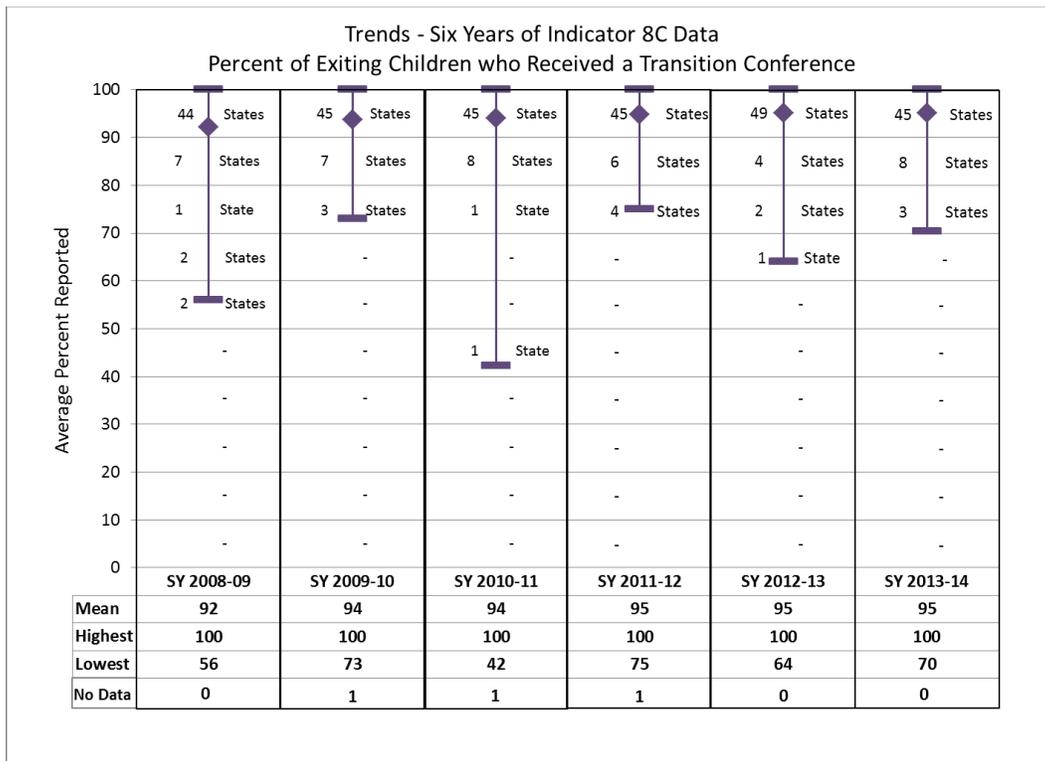


Figure 3



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 US Department of Education Office of Special Education Programs (OSEP) on their performance.¹ The processes include signed written complaints, mediation, due process complaints, and resolution meetings, where Part B due process procedures have been adopted.

The following is a report and brief summary of States' Federal Fiscal Year (FFY) 2013 Annual Performance Reports (APRs) for Indicators 9 (Resolution Meetings Resulting in Written Settlement Agreements) and 10 (Mediations Resulting in Written Agreements).^{2,3}

DATA SOURCES AND METHODOLOGY

Data sources for this report include FFY 2013 APRs and Section 618 data, available through the GRADS360 OSEP portal. These analyses are specific to State performance on Indicators 9 and 10, 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 is a performance indicator that documents the number of resolution meetings resulting in written settlement agreements, and 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 ten resolution meetings are held in a single year.

In their 2013 APRs, 18 States reported that they use Part B due process procedures.⁴ Nationally, only two resolution meetings occurred. In one state, a written settlement agreement resulted, while no resolution meeting agreement was reached in the other.

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 C10, though they are not required to set or meet

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, 2013-June 30, 2014) began during FFY 2013.

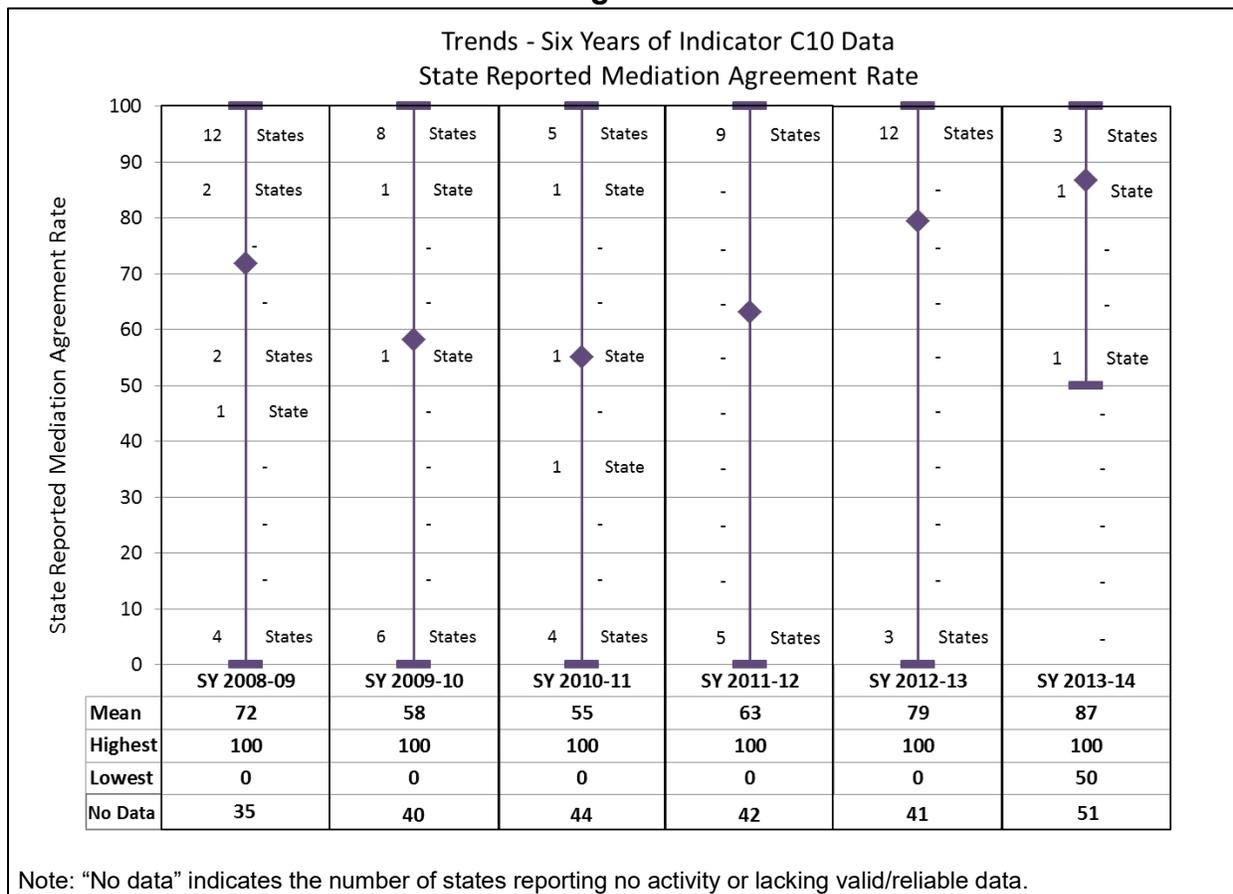
³ These indicators were reported as C12 and C13 in previous years' APRs.

⁴ These include: AL, DC, FL, GU, IL, MD, ME, MI, MN, MP, NE, NV, OH, OK, OR, SD, TN, and VT.

a performance target if fewer than ten mediations are held in a single year.

The bands in Figure 1 reflect state performance on Indicator 10 over a six year period. In 2013, five states reported holding mediations. Three of those states reported written agreement rates of $\geq 90\%$. Two states with large populations accounted for 85 of the 90 mediations held nationally during 2013—the same percentage as last year. The other three states each reported one or two mediations per state, with agreements reached in all but one case. In total, 84 of the 90 mediations held nationally resulted in an agreement, for a national agreement rate of 93%.

Figure 1



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. 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 is a new indicator for FFY 2013 and required states to develop a State Systemic Improvement Plan (SSIP). The SSIP is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. Baseline data for this indicator was established by each state, expressed as a percentage, 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, 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 in FFY 2013 and in establishing targets for Indicator 11. Stakeholders are required to be included in implementing, evaluating, and revising the SSIP in FFY 2014 through FFY 2018.

For FFY 2013, Indicator 11 included five required components:

- Data Analysis - A description of the analyses of key data to identify the State-identified Measurable Result(s) and root causes.
- Analysis of State Infrastructure to Support Improvement and Build Capacity - A description of the analyses of the capacity of the state's current infrastructure to support improvement and build capacity in early intervention service (EIS) programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families.
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families - A statement of the result(s) the state intends to achieve through the implementation of the SSIP.
- Selection of Coherent Improvement Strategies - An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the SIMR.
- Theory of Action - A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the state's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the SIMR.

The data used for this report are based on information reported by 56 states and jurisdictions in their FFY 2013 APRs. States and jurisdictions are referred to as “states” for the remainder of this summary.

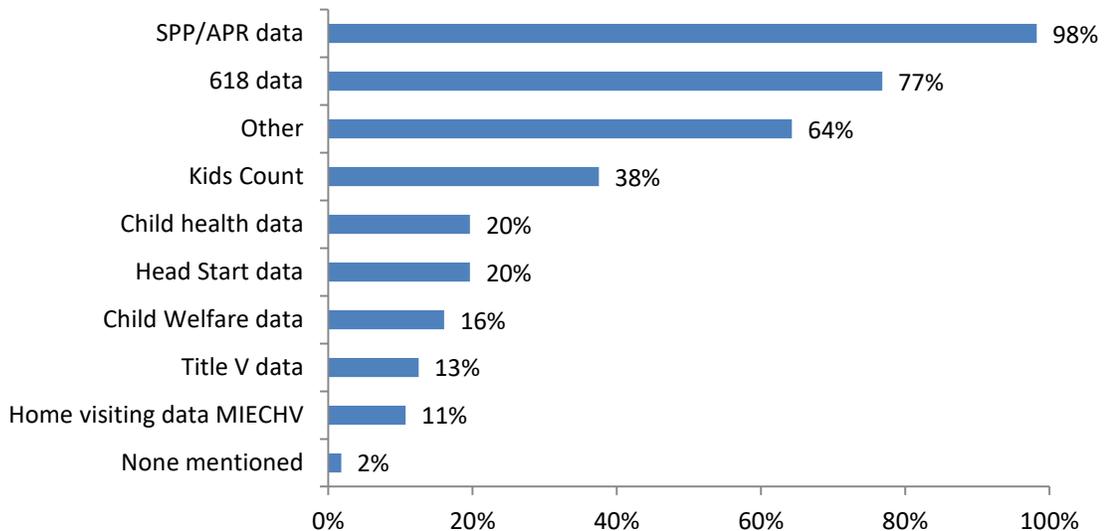
COMPONENT 1: DATA ANALYSIS

States were required to conduct data analysis on key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable to (1) select the SIMR for infants and toddlers with disabilities and their families and (2) identify root causes contributing to low performance. States were required to describe how data were disaggregated, if compliance data were a barrier to improvement, data quality issues, and if additional data were needed.

All states used child and/or family outcomes data as the primary data source in their analyses for selecting a SIMR. Figure 1.1 below shows the data sources the 56 reporting states accessed in addition to child and family outcomes data, including those sources outside of the Part C program/agency. Almost all states (98%) analyzed SPP/ARR data, while more than three quarters of the states (77%) accessed 618 data. Thirty-six states (64%) accessed data sources not listed in the figure below. These sources included national data, census data, risk assessment reports, data from various state departments (e.g. Mental Health, Medicaid), reports on child poverty, etc.

Figure 1.1

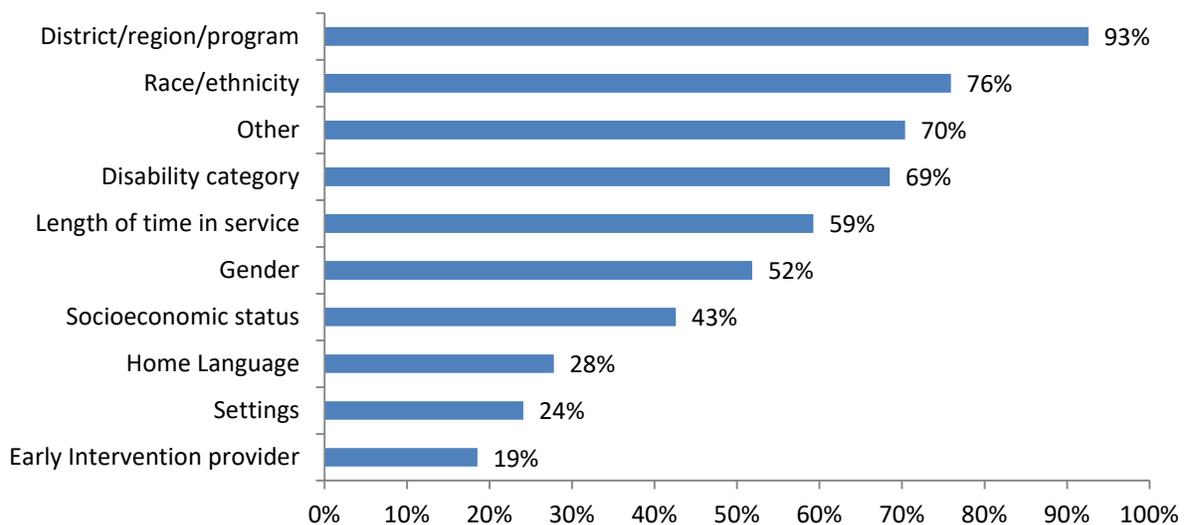
Data sources in addition to child and/or family outcomes data that states accessed (N=56)



Fifty-four (96%) of the 56 states reported disaggregating their outcomes data. Figure 1.2 below displays the variables states used to disaggregate outcomes data. Most states, 50 (93%) out of 54, used district/region/program variables to disaggregate the data. Race/ethnicity was a variable that a large majority (76%) of states used. Disability category was another variable that was used by many states (69%). A range of “other” variables not listed on the figure below were used by 70% of states. These variables included such items as age at entry, entry and exit ratings, evaluation and eligibility, level of service, and insurance type among others.

Figure 1.2

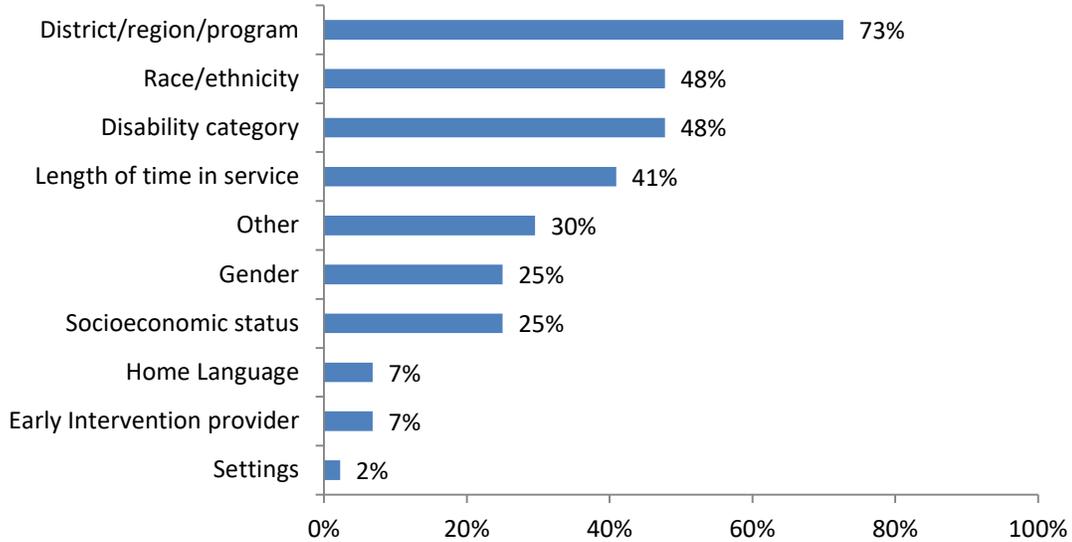
Variables states used to disaggregate outcomes data (N=54)



Of the 54 states that disaggregated their outcomes data, 44 states (82%) found notable differences in outcomes among variables as reflected in Figure 1.3 below. Most often these differences fell into the categories of district/region/program (73%), race/ethnicity (48%), disability category (48%), and length of time in service (41%). Smaller numbers of states found differences in outcomes based upon gender, socioeconomic status, home language, provider, and “other” variables unique to individual states.

Figure 1.3

Variables where states disaggregated the outcomes data and found a difference in results (N=54)



Forty-eight (86%) of the 56 reporting states described data quality concerns related to their SIMR data. As shown in Figure 1.4 below most states, 45 (94%) of 48, had data quality concerns about child outcomes data. A smaller number of states (17%) identified concerns about family outcomes data quality. A few states (eight percent) described data quality concerns related to other issues including referral dates, reliability of the data system’s self-generated reports, and disruptions caused by planned data system improvements.

Figure 1.4

Outcomes for which states had data quality concerns (N=48)

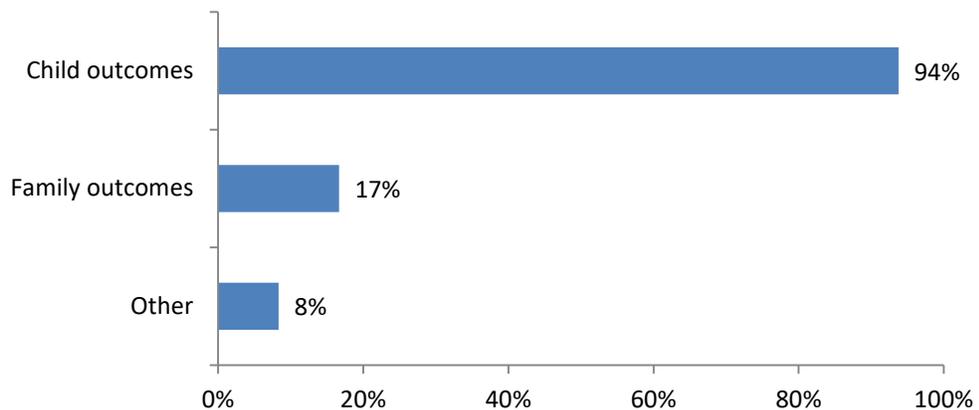


Figure 1.5 below shows the distribution of responses on the nature of the data quality concerns among the 36 states that selected child outcomes data as their area of concern. The majority of states, 27 (75%) of 36, were concerned about lack of fidelity to the outcomes data collection process. Other common concerns were errors in data reporting (44%) and missing data (33%).

Figure 1.5

Nature of outcome data quality concerns (N=36)

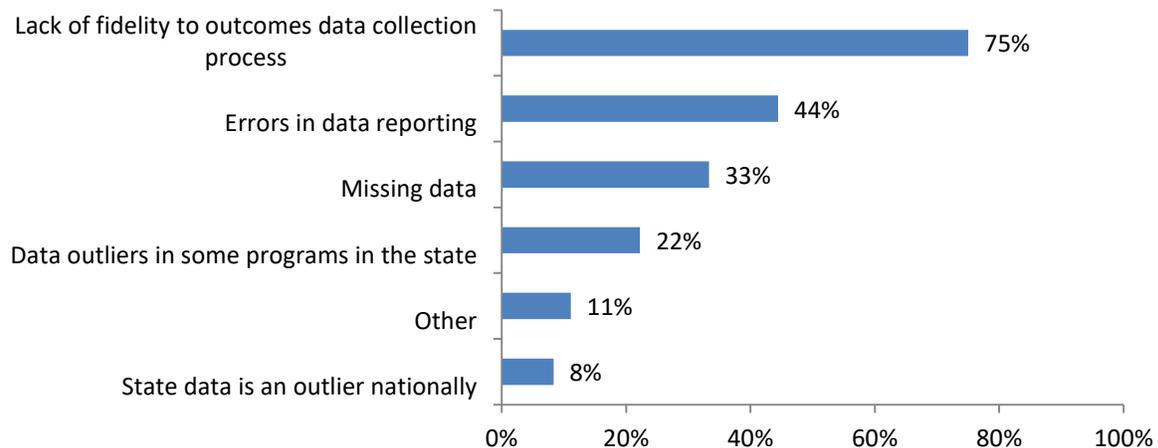


Figure 1.6 below illustrates the data collection strategies that states used for conducting the root cause analysis. Almost all, 55 (98%) of 56 reporting states, conducted a root cause analysis and used review of existing data (including data already in their data system). Similarly, 98% made use of stakeholder discussions. Half (50%) of the reporting states collected survey data. The “other” category (20%) included collecting interview data, focused data samples, and reports of local program discussions.

Figure 1.6

Data collection strategies used by states for root cause data analysis (N=55)

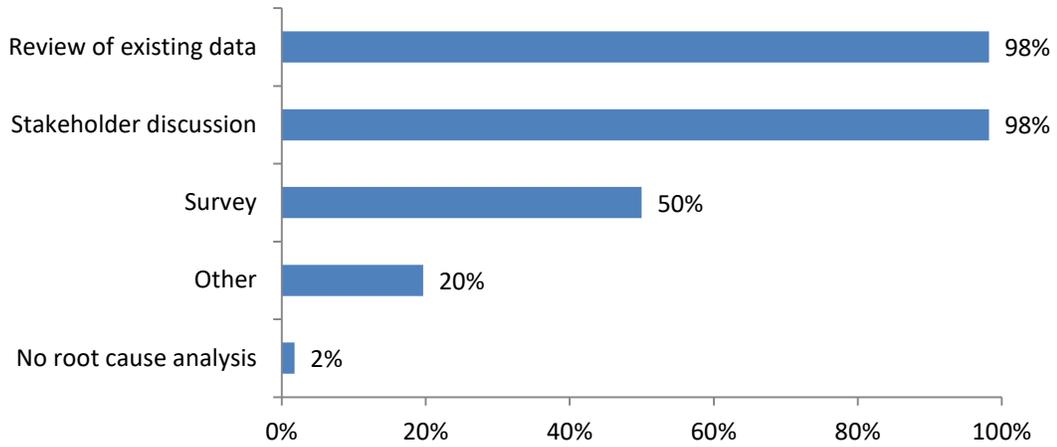


Figure 1.7 below displays the infrastructure variables looked at by states for their root cause analysis. Of the 55 reporting states that did a root cause analysis, most states looked at all infrastructure variables. The infrastructure components most frequently included in the root cause analysis included the professional development (PD) system (95%), data system (84%) and technical assistance (TA) system (76%).

Figure 1.7

Infrastructure variables looked at by states in their root cause analysis (N=55)

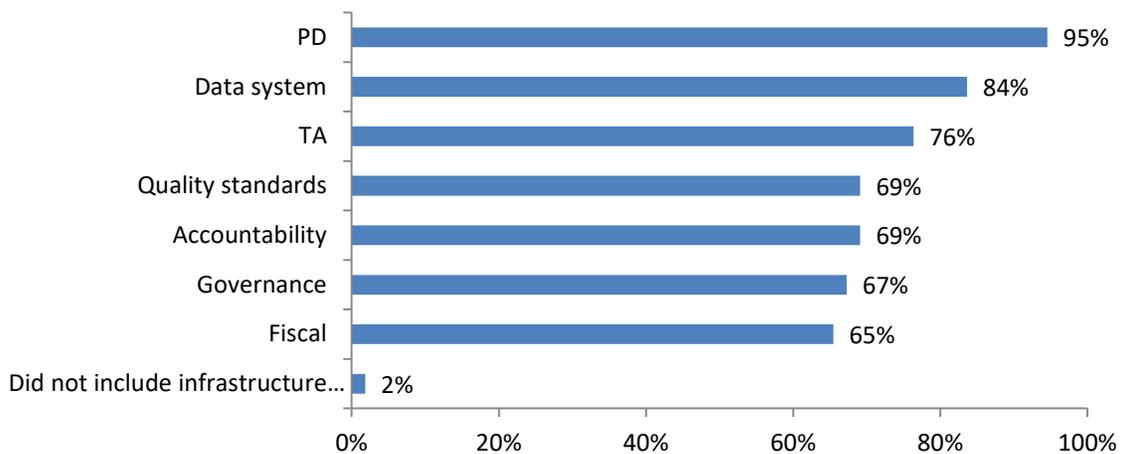
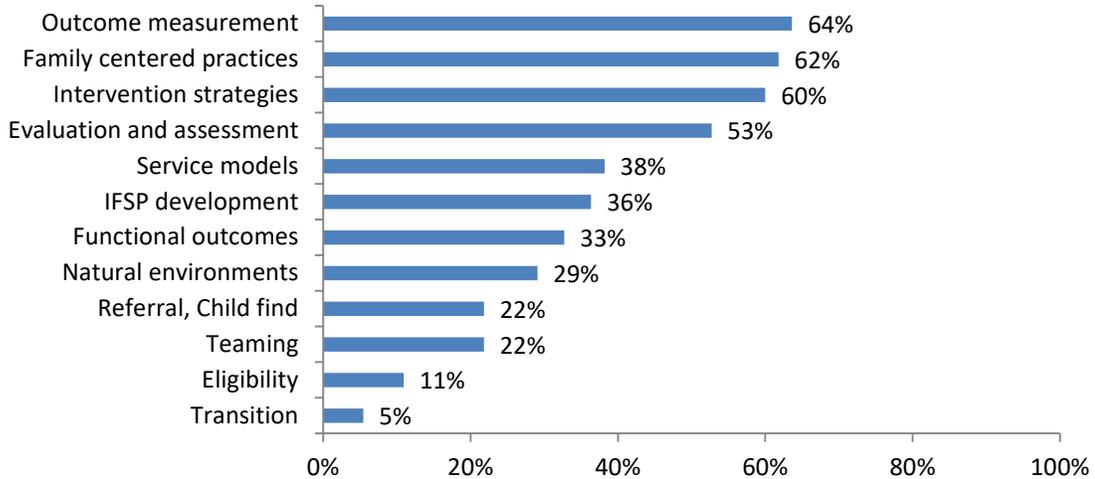


Figure 1.8 below shows the areas that the states identified as root causes related to improving the state's SIMR. This list was topped by outcome measurement (64%), primarily representing states' concern with the methods used to collect and report outcome information, family centered practices (62%), intervention strategies (60%) and evaluation and assessment (53%).

Figure 1.8

Areas identified as root causes related to improving the state's SIMR (N=55)



Forty-eight (87%) of the 55 states that did a root cause analysis reviewed compliance data. Ten (21%) of these 48 states found compliance data was impacting improvement in the state's SIMR. Timeliness of services, IFSP within the 45-day timeline, and transition were mentioned most frequently as being barriers. In addition, 11 (20%) of the 56 states utilized linkages with other agencies' data systems, and 42 (75%) of the 56 states identified the need to collect additional data.

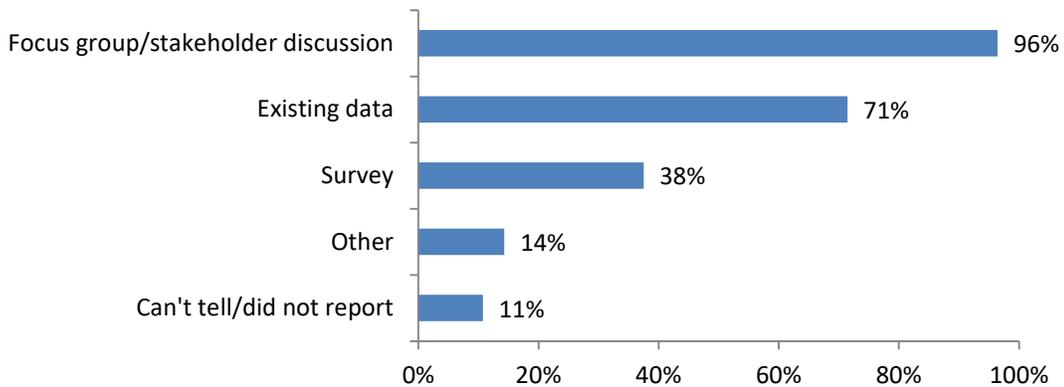
COMPONENT 2: INFRASTRUCTURE ANALYSIS

States were required to analyze the capacity of their current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. Components that make up state infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring.

States used a variety of methods to conduct their infrastructure analysis (see Figure 2.1 below). Most states (96%) used focus groups or stakeholder discussions as the primary method for conducting infrastructure analysis. Seventy-one percent of states used existing data while 38% used surveys to collect infrastructure analysis data. Fourteen percent of states reported using other methods such as the ECTA System Framework in completing this analysis.

Figure 2.1

Data collection methods across items (N=56)



Fifty-five (98%) of the 56 reporting states included governance in their infrastructure analysis. Figure 2.2 below displays the areas of need reported by the 55 states that included governance in their infrastructure analysis. Twenty-five (45%) of the 55 states identified needs in the area of the state of the local administration structure. Thirty-eight percent detected needs in the area of lead agency oversight and management, while 31% found needs in the area of regulations, policies and interagency agreements.

Figure 2.2

Governance needs (N=55)

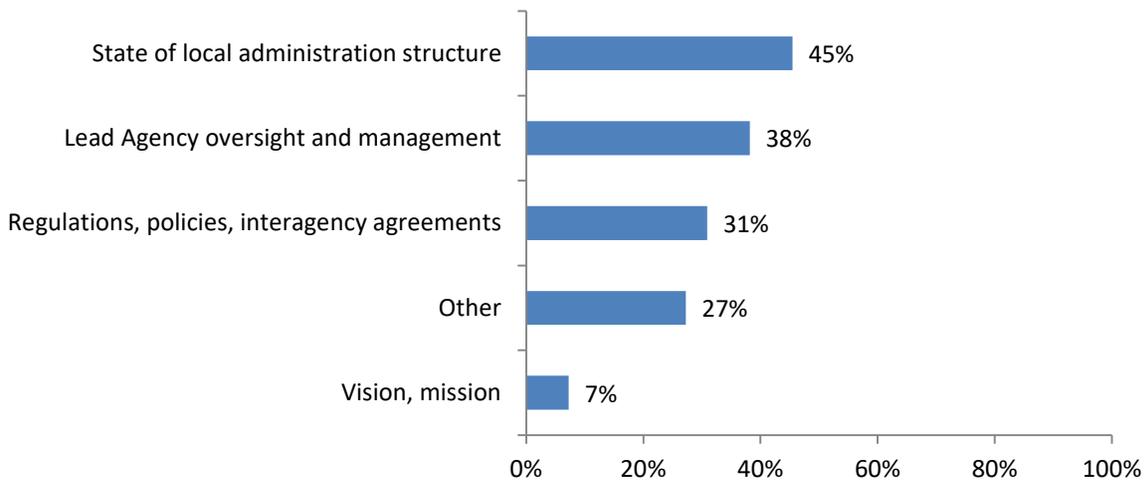
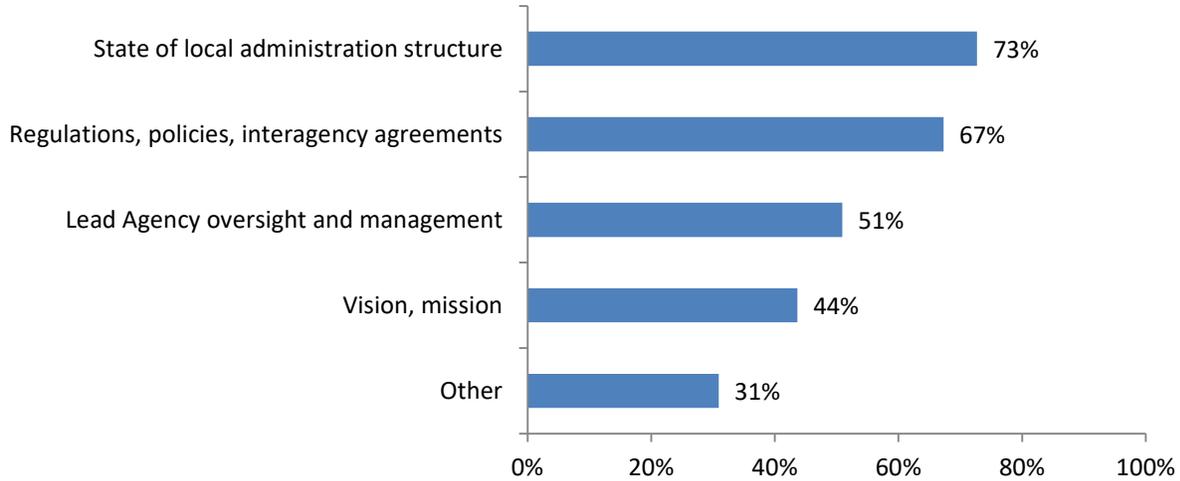


Figure 2.3 below displays the areas of strength reported by the 55 states that included governance in their infrastructure analysis. Forty (73%) of the 55 recognized some strengths in the state or local administration structure. Sixty-seven percent found strengths in the area of regulations, policies and interagency agreements. Fifty-one percent identified strengths in the area of lead agency oversight and management, while 44% identified strengths in the area of vision and mission.

Figure 2.3
Governance strengths (N=55)



Fifty-four (96%) of the 56 reporting states included the fiscal system in their infrastructure analysis. Figure 2.4 below displays the areas of need reported by the 54 states that included the fiscal system in their infrastructure analysis. The largest area of need identified was adequacy of funds procurement with 38 (70%) of the 54 states reporting needs in this area. A large number of states (65%) also indicated needs in the area of resource allocation and use of funds.

Figure 2.4
Fiscal system needs (N=54)

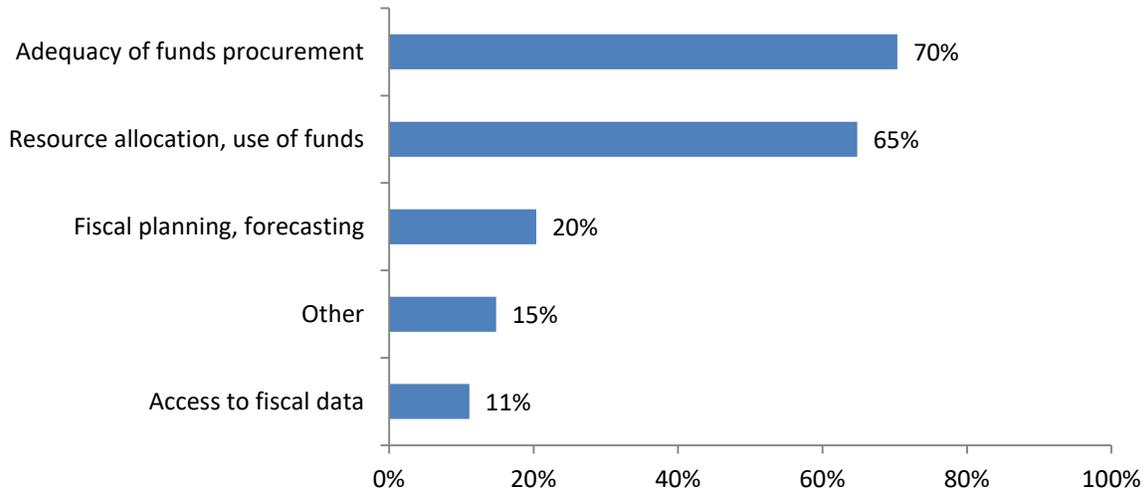
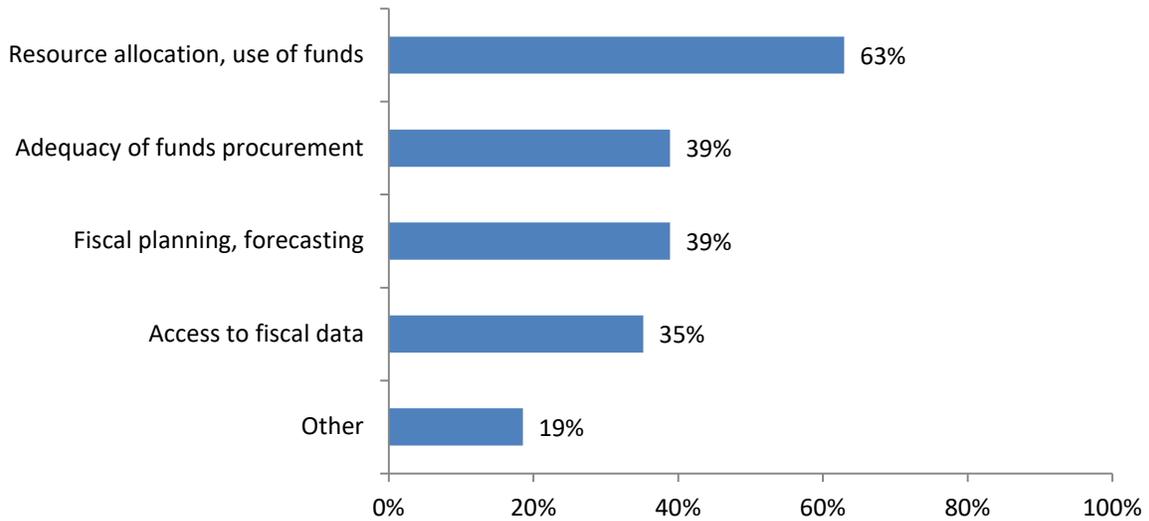


Figure 2.5 below displays the areas of strength reported by the 54 states that included the fiscal system in their infrastructure analysis. Thirty-four (63%) of the 54 states recognized strengths in resource allocation and use of funds. Thirty-nine percent found

strengths in the areas of both adequacy of funds procurement, and fiscal planning and forecasting. Thirty-five percent identified strengths in access to fiscal data.

Figure 2.5

Fiscal system strengths (N=54)



Fifty-three (95%) of the 56 reporting states included quality standards in their infrastructure analysis. Figure 2.6 below displays the areas of need reported by the 53 states that included quality standards in their infrastructure analysis. The largest area of need identified was program standards with 30 (57%) of the 53 reporting needs in this area. About a quarter of the states (26%) also indicated needs in the area of child-level standards and EL standards.

Figure 2.6

Quality standards needs (N=53)

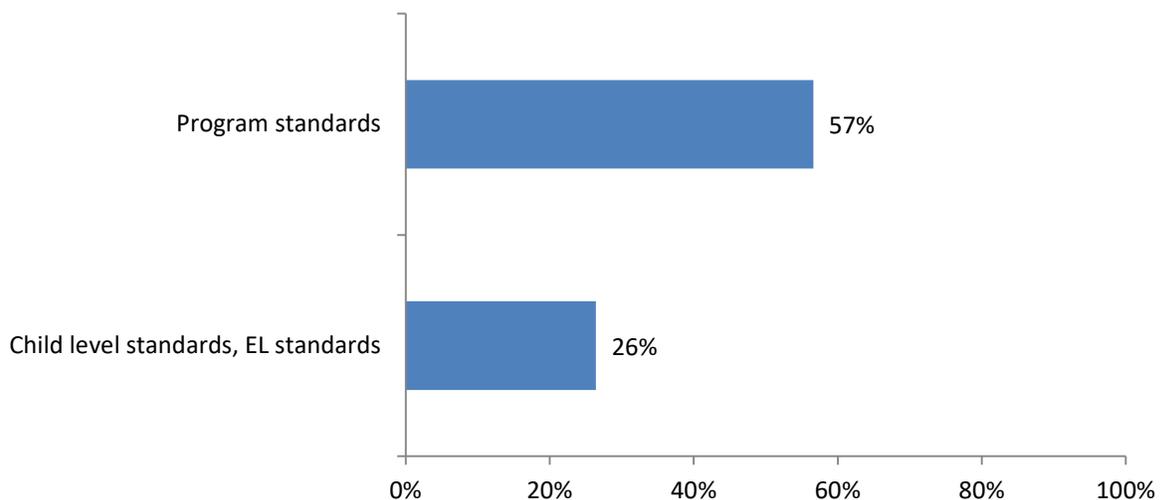
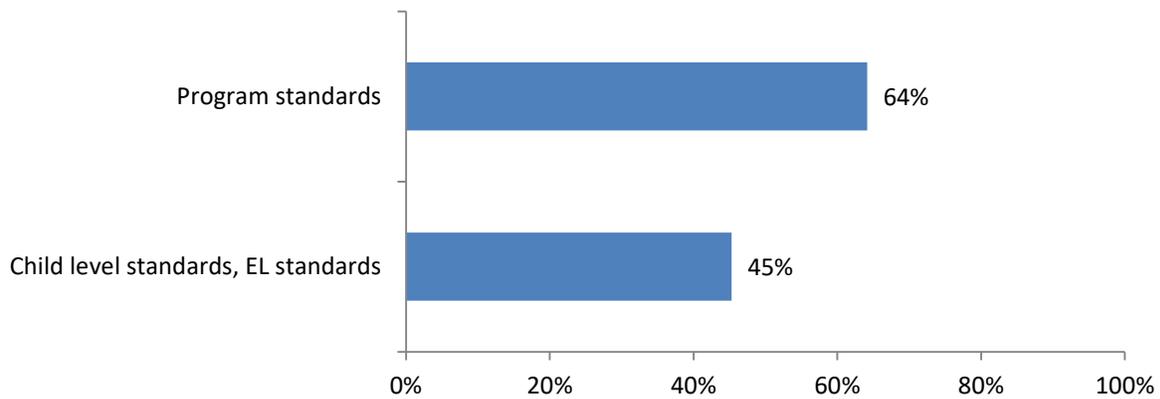


Figure 2.7 below displays the areas of strength reported by the 53 states that included quality standards in their infrastructure analysis. Thirty-four (64%) of the 53 states recognized strengths in program standards. Forty-five percent found strengths in child-level standards and EL standards.

Figure 2.7
Quality standards strengths (N=53)



All states included their professional development system in their infrastructure analysis. Figure 2.8 below displays the areas of need that all 56 reporting states identified in their infrastructure analysis related to professional development. The largest area of need identified was the technical assistance and training system with 41 states (73%) reporting needs in this area. Forty-three percent of the states indicated needs in the area of personnel standards. A quarter of the states (25%) identified needs in the area of recruitment and retention, while 21% found needs in the area of preservice professional development.

Figure 2.8
Professional development needs (N=56)

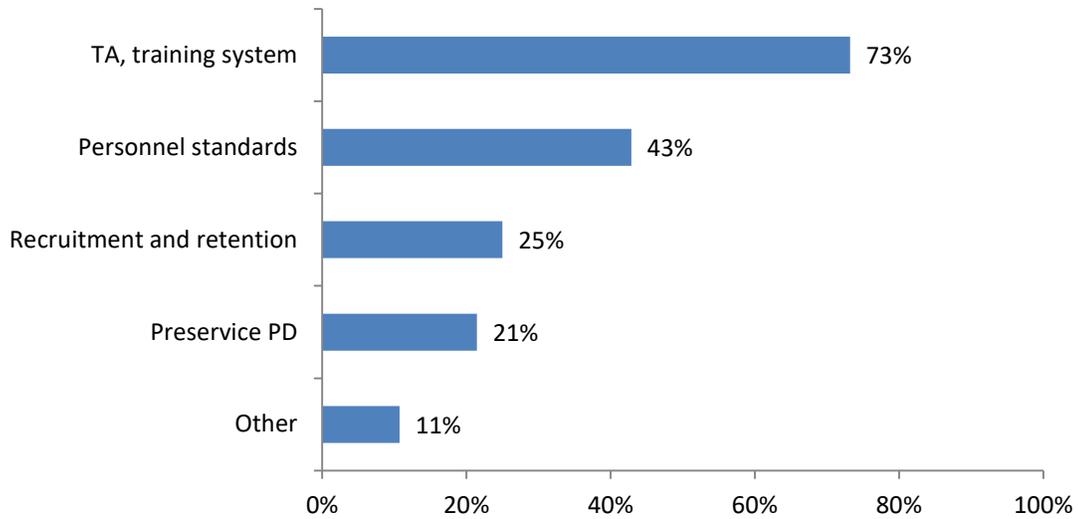
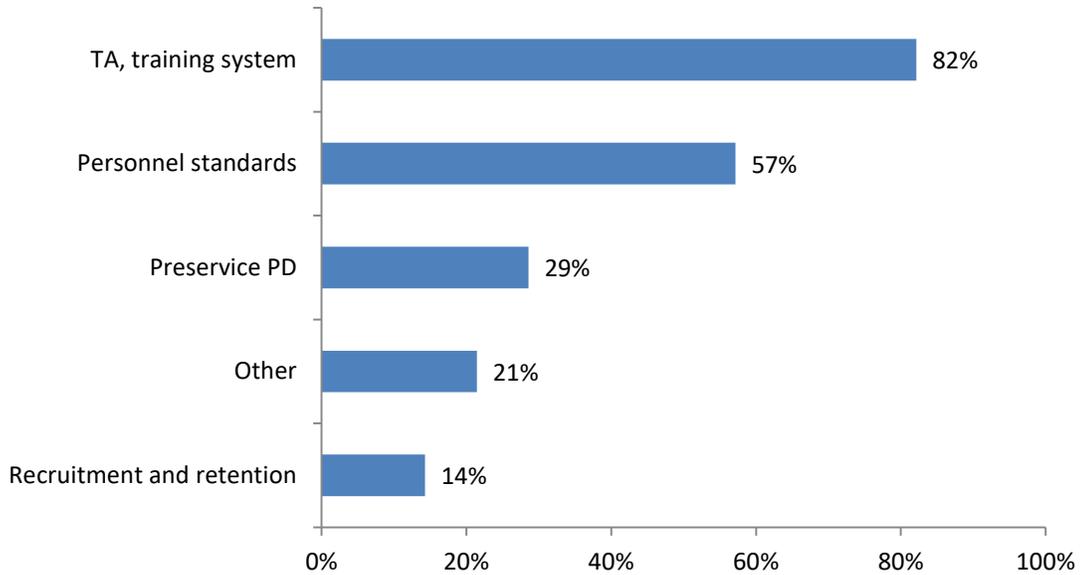


Figure 2.9 below displays the areas of strength reported in relation to professional development. A large majority, 46 (82%) of the 56 states, recognized strengths in the technical assistance and training systems. Fifty-seven percent found strengths in personnel standards. Twenty-nine percent identified strengths in preservice professional development, and 14% observed strengths in recruitment and retention.

Figure 2.9
Professional development strengths (N=56)



Fifty-four (96%) of the 56 reporting states included their data system in their infrastructure analysis. Figure 2.10 below displays the areas of need reported by the 54 states that included data systems in their infrastructure analysis. The largest area of need identified was data use with 37 (69%) of the 54 states reporting needs in this area. Over half of the states recognized needs in data system design (57%) and data quality (56%). A little over a third (35%) ascertained needs in the area of data management.

Figure 2.10
Data system needs (N=54)

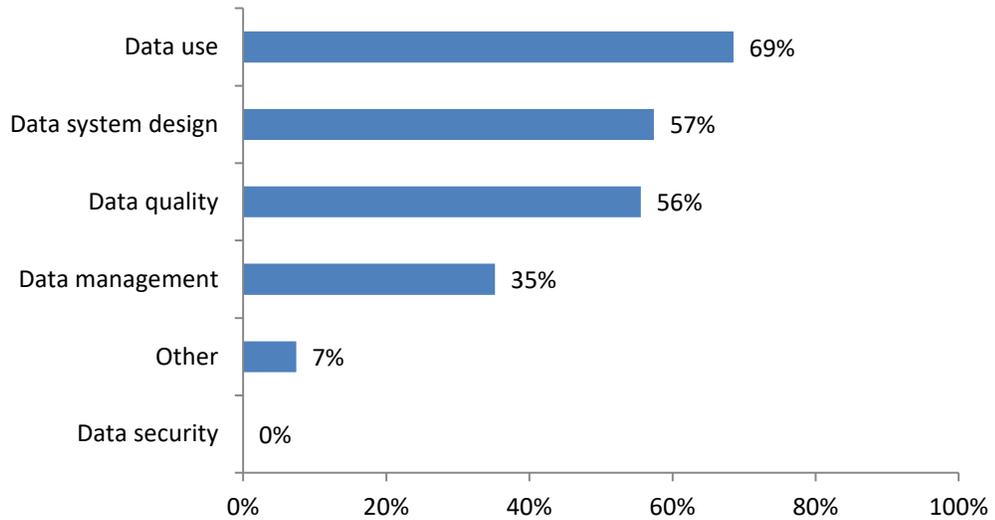
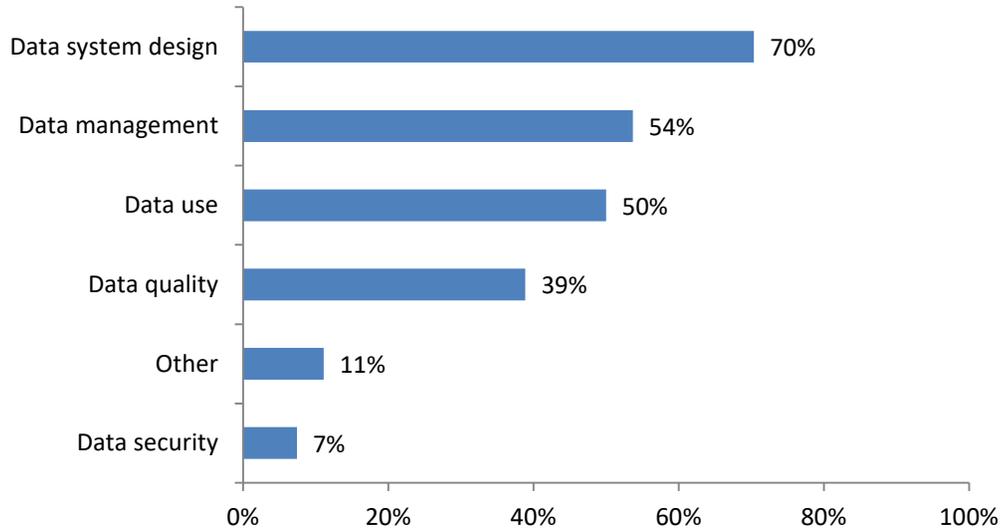


Figure 2.11 below displays the areas of strength reported by the 54 states that included data systems in their infrastructure analysis. Thirty-eight (70%) of the 54 states recognized strengths in data system design. Around half the states found strengths in data management (54%) and data use (50%). Thirty-nine percent recognized strengths in data quality. Only seven percent found strengths in data security.

Figure 2.11
Data system strengths (N=54)



Fifty-four (96%) of the 56 reporting states included technical assistance in their infrastructure analysis. Figure 2.12 below displays the areas of need reported by the 54 states that included technical assistance in their infrastructure analysis. The largest area of need identified was training with 38 (70%) of the 54 states reporting needs in this area. About a third (30%) of the states recognized needs in the area of coaching, while 19% ascertained needs in the area of technology and online strategies.

Figure 2.12
Technical assistance needs (N=54)

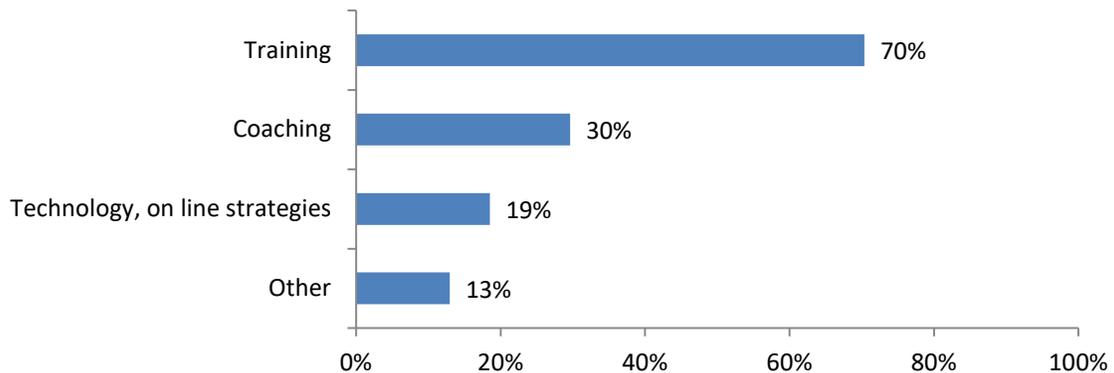
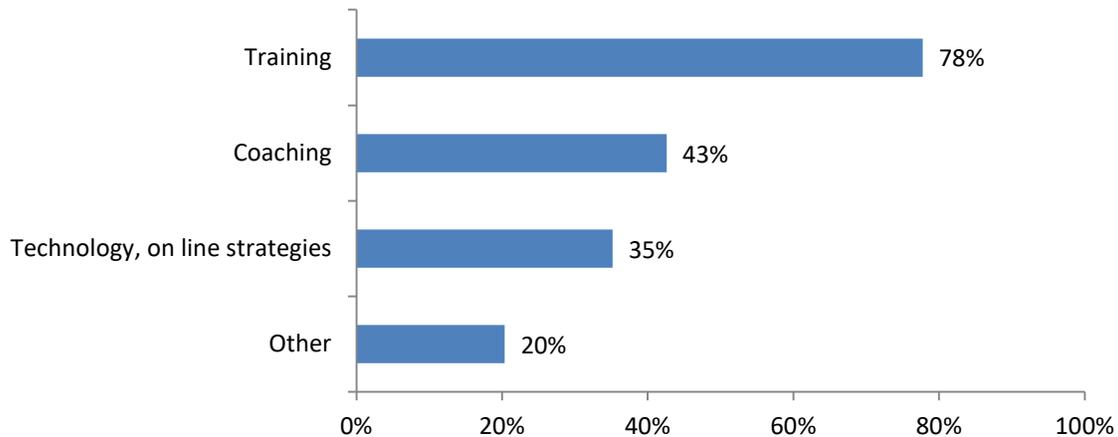


Figure 2.13 below displays the areas of strength reported by the 54 states that included technical assistance in their infrastructure analysis. Forty-two (78%) of the 54 states recognized areas of strength in training. Forty-three percent found strengths in the area

of coaching, and 35% identified strengths in the area of technology and online strategies.

Figure 2.13

Technical assistance strengths (N=54)



Fifty-five (98%) of the 56 reporting states included accountability in their infrastructure analysis. Figure 2.14 below displays the areas of need reported by the 55 states that included accountability in their infrastructure analysis. The largest area of need identified was training with 29 of the 55 (53%) states reporting needs in this area. About a third (36%) of the states recognized needs in the area of ensuring fidelity of implementation of effective practices, while 19% ascertained needs in the area of improvement strategies.

Figure 2.14

Accountability needs (N=55)

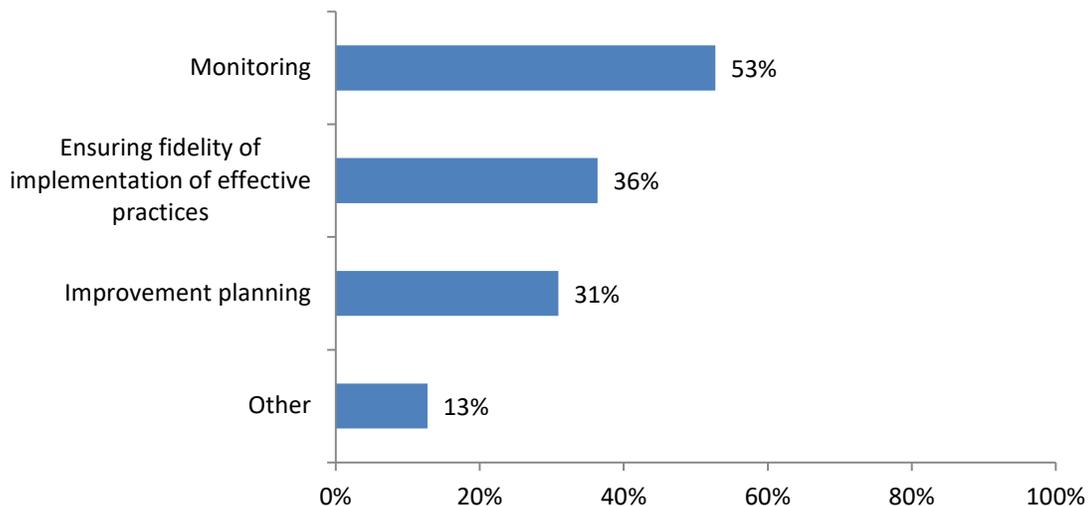
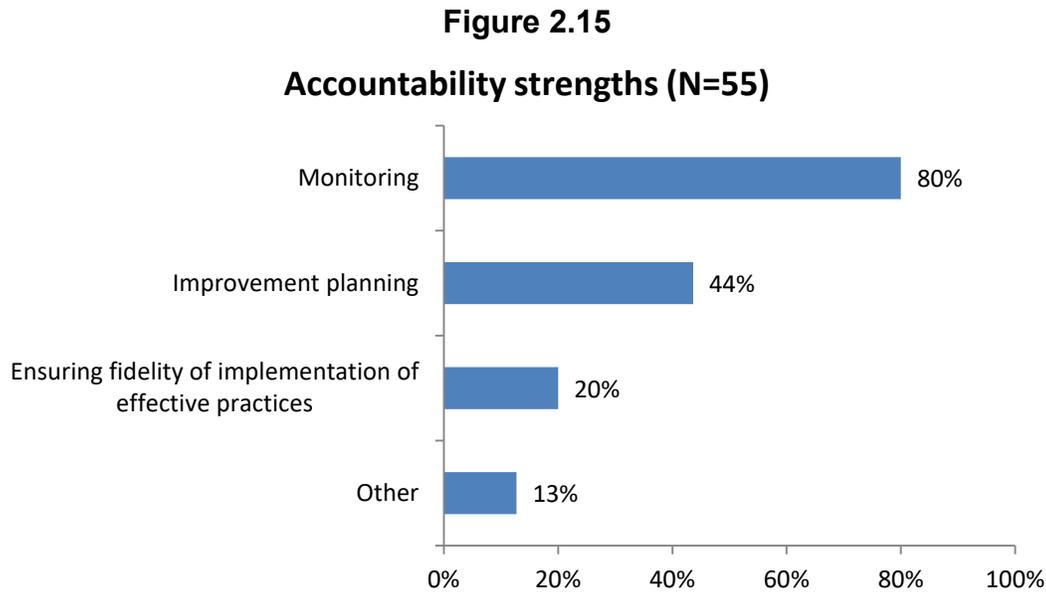


Figure 2.15 below displays the areas of strength reported by the 55 states that included accountability in their infrastructure analysis. Forty-four (80%) of the 55 states recognized strengths in monitoring. Forty-four percent found strengths in the area of Improvement planning, and 20% identified strengths in the area of ensuring fidelity of implementation of effective practices.

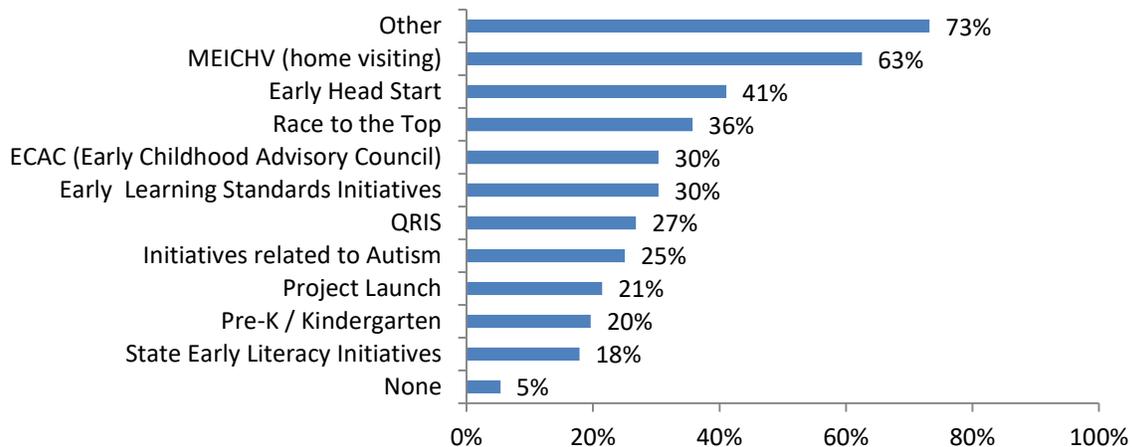


Thirty-four (61%) of the 56 reporting states reported concerns about the accuracy of the information they used in their infrastructure analysis. These concerns included lack of access to needed reports, inadequacies in the capacities and reporting of data systems, needed improvements in the data collection process and tools, and the use of primarily qualitative data to identify infrastructure strengths and needs.

In addition to examining the components of their state infrastructure, states looked at other early childhood initiatives as part of their infrastructure analysis. Figure 2.16 below presents the early childhood (EC) initiatives that were included in states' SSIPs. The largest category was "other," as reflected by 41 (73%) of the 56 states. The "other" category included a variety of local, state, and national efforts, such as infant mental health initiatives, Early Childhood systems grants, and screening initiatives. Of the most commonly included initiatives across states, Home Visiting (63%), Early Head Start (41%) and Race to the Top (36%) were most often named.

Figure 2.16

Early childhood initiatives included in state's SSIP (N=56)



COMPONENT 3: STATE-IDENTIFIED MEASURABLE RESULT(S) FOR INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

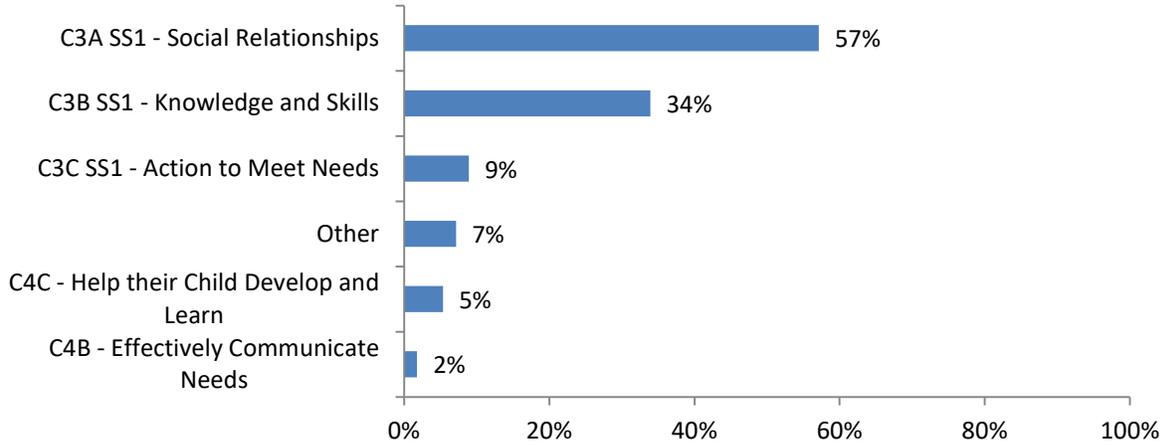
Indicator Measurement

Baseline Data: In their FFY 2013 SPPs/APRs, states provided FFY 2013 baseline data that was expressed as a percentage and was aligned with the SIMR for infants and toddlers with disabilities and their families.

Targets: In their FFY 2013 SPPs/APRs, states provided measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2014 through FFY 2018.

States selected child and/or family outcomes for their SIMRs. Fifty-one states (91%) selected child outcome SIMRs, and five states (9%) chose SIMRs related to family outcomes. Fifty states (89%) used a single outcome for their SIMR, and six states (11%) used a combination of outcomes. As shown in Figure 3.1, states focused most often on the child outcomes related to positive social emotional skills (C3A) and acquisition and use of knowledge and skills (C3B).

Figure 3.1
Indicators targeted by the SIMR (N=56)

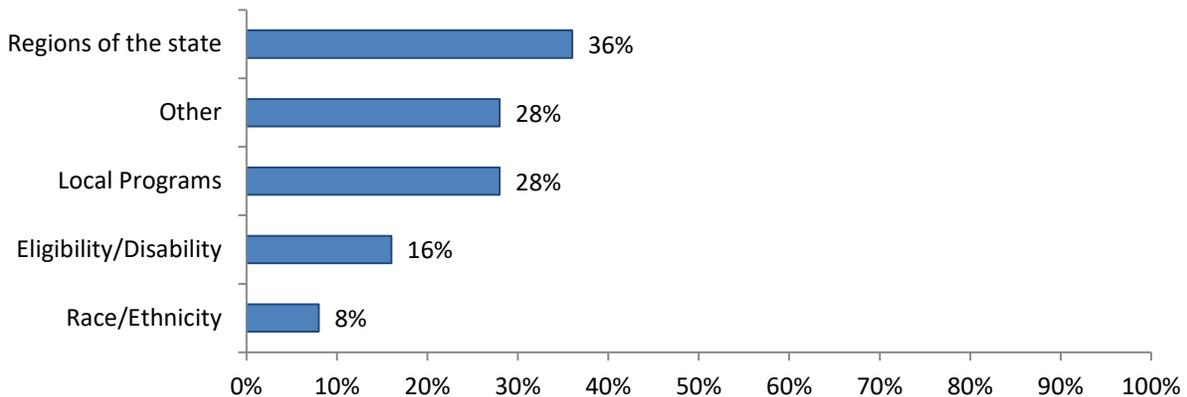


States use a variety of approaches to measure child and family outcomes, as reported in the Indicator 3 and 4 Indicator reports. Forty-eight states (86%) will use their state reported data for Indicators 3 and/or 4 to measure progress on their SIMR. Eight states (14%) will use subsets of their Indicator 3 and/or 4 data, or data calculated by combining subsets of their Indicator data. No states reported an intention to collect different data to measure progress on their SIMR than they were using to report on Indicators 3 or 4.

Target Populations

Thirty-one states (55%) included all Part C children in their SIMR while 25 states (45%) will focus on a subset of children. Figure 3.2 shows the subpopulations included in the 25 states.

Figure 3.2
Subpopulations on which SIMRs are focused (N=25)



Baseline and Target Data

The baseline data are shown in Table 3.1, summarized according to the SIMRs selected by the states.

Table 3.1
Baseline data for state SIMRs (N=56)

Indicator	# states	Mean %	Lowest %	Highest %
C3A SS1 – Social Relationships	27	61.9	36	83
C3B SS1 – Knowledge and Skills	11	62.2	39.6	86
C3C SS1 – Action to Meet Needs	3	75.6	70	82
C3A SS2 – Social Relationships	5	41.9	26	59
C3B SS2 – Knowledge and Skills	9	53.8	39.7	89
C3C SS2 – Action to Meet Needs	2	48.8	42.5	55
C4B – Effectively Communicate Needs	1	75		
C4C – Help their Child Develop and Learn	3	86	75	99
NOTE: SS1 refers to children who showed greater than expected growth; SS2 refers to children who exited at age expectations.				

Table 3.1 includes more than 56 individual states because some states included more than one indicator in their SIMR. Only four of five states who included family outcomes are represented in Table 3.1 because one state included the calculation of a composite mean for their family measure.

Table 3.2 reflects the mean rigorous and measurable targets established by the state according to their SIMR. The lowest and highest targets by SIMR are also reflected.

Table 3.2
State's final Targets for state SIMRs

Indicator	# states	Mean %	Lowest %	Highest %
C3A SS1 - Social Relationships	27	57.5	27	88
C3B SS1 - Knowledge and Skills	11	66.5	43	90
C3C SS1 - Action to Meet Needs	3	81	77	85
C3A SS2 - Social Relationships	5	47.5	30	65
C3B SS2 - Knowledge and Skills	9	62.3	35	89.5
C3C SS2 - Action to Meet Needs	2	57	55	59
C4B - Effectively Communicate Needs	1	85	85	85
C4C - Help their Child Develop and Learn	3	94.3	90	100
NOTE: SS1 refers to children who showed greater than expected growth; SS2 refers to children who exited at age expectations				

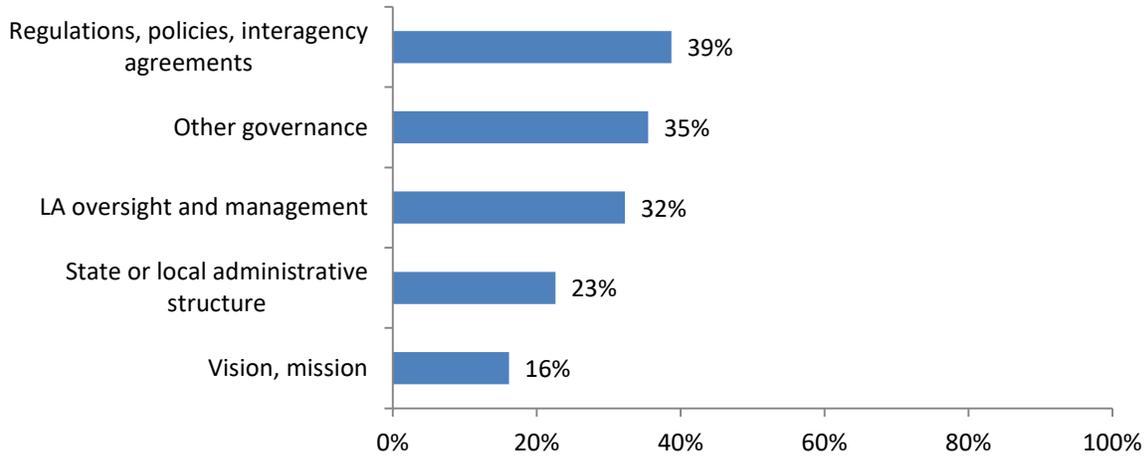
COMPONENT 4: IMPROVEMENT STRATEGIES

States were required to identify improvement strategies that improve the infrastructure and support EIS programs and/or EIS provider's implementation of evidence-based practices and ultimately improve the SIMR. These strategies were expected to address the root causes of low performance that states identified as a result of their data and infrastructure analyses.

Specific to improving the infrastructure, 31 (55%) of the 56 reporting states included strategies to improve governance. Figure 4.1 below displays the different aspects of governance that these 31 states included. The governance strategies most frequently related to improving regulations, policies, and interagency agreements (39%), and Lead Agency (LA) oversight and management (32%). Eleven (35%) of the states chose "other" strategies that included developing partnerships (especially developing linkages with other EI community partners), improving communication (with programs, practitioners, families; and interagency communication and collaboration at the local level), and implementing guidelines and standardized procedures.

Figure 4.1

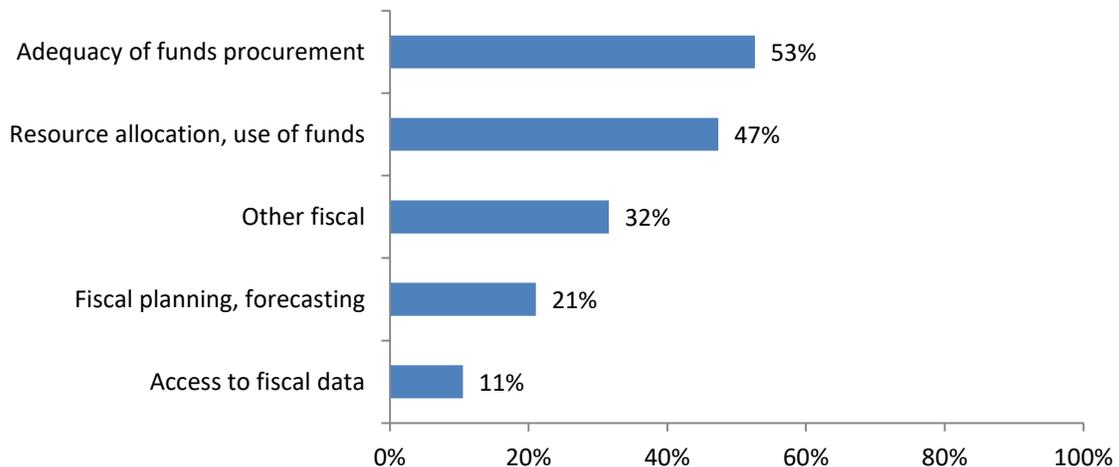
Improvement strategies to strengthen governance (N=31)



Nineteen (34%) of the 56 reporting states included strategies to improve their fiscal system. Figure 4.2 below presents the different fiscal strategies that these 19 states included. Strategies to address adequacy of funds procurement (53%), and resource allocation and use of funds (47%) were the most frequently included. Six (32%) of these 19 states included strategies related to “other” aspects of the fiscal system that included providing training for government finance personnel on Part C regulations and federally mandated program requirements, professional development for staff on fiscal supports needed to hire and retain qualified staff, increasing funding through grant writing and legislative support, anticipating passage of legislation and new funding formula, and sharing resources.

Figure 4.2

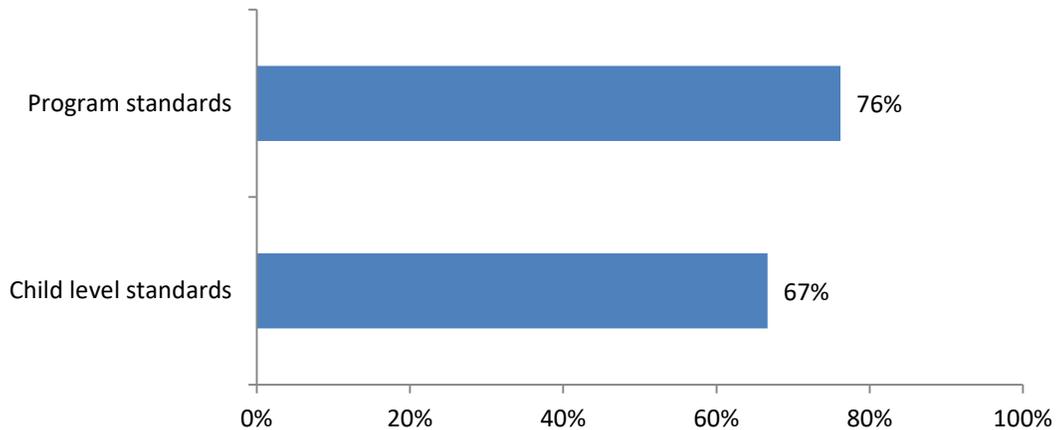
Improvement strategies to strengthen fiscal systems (N=19)



Twenty-one (38%) of the 56 reporting states included strategies to improve quality standards. Figure 4.3 below shows the different aspects of quality standards that these 21 states included. Strategies related to program standards (76%) were the most often included followed by strategies to address child level standards (67%).

Figure 4.3

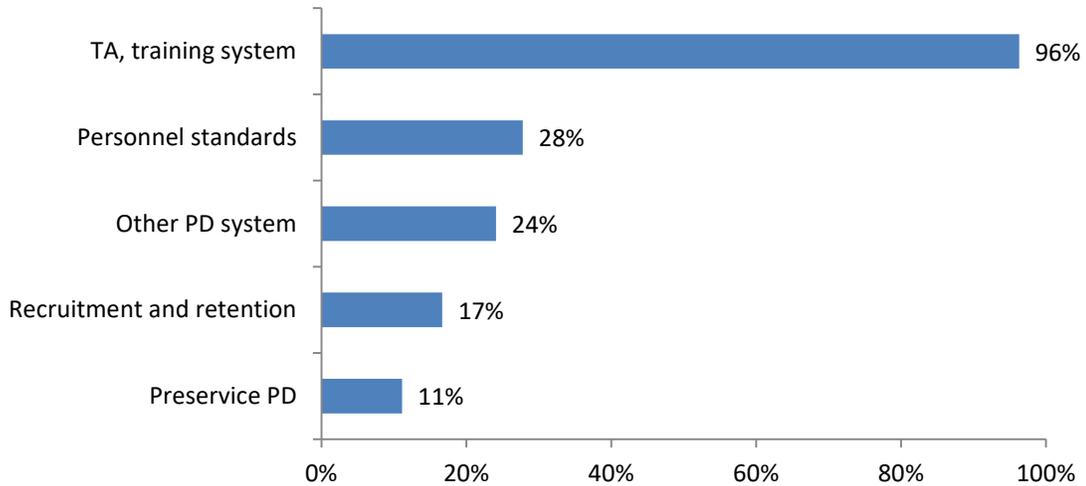
Improvement strategies to strengthen quality standards (N=21)



Fifty-four (96%) of the 56 reporting states included strategies to improve their professional development system. Figure 4.4 below displays the different professional development strategies that were included. The majority of these 54 states (96%) identified strategies related to improving the technical assistance and training systems. The second most frequently included aspect was personnel standards (28%). Thirteen states (24%) included strategies to address “other” aspects that included professional development on policies, procedures and practices, process for enhancing collaboration with partner agencies, process for increasing family partnerships, building technical and adaptive leadership skills, adapting caseload rule to address workforce shortages, using DEC recommended practices, monitoring and evaluating coursework leading to certification, and conducting needs assessments for training and professional development needs.

Figure 4.4

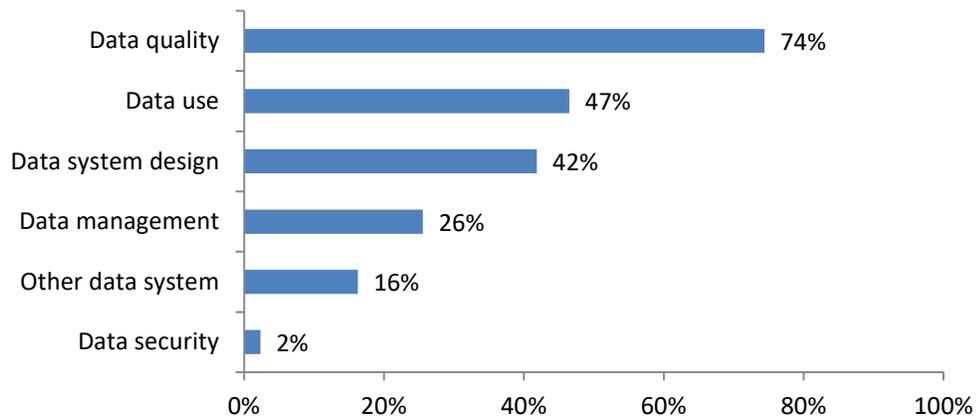
Improvement strategies to strengthen professional development (N=54)



Forty-three (77%) of the 56 reporting states included strategies to improve their data system. Figure 4.5 below presents the different aspects of the data system that were included. The majority of states (74%) chose to include strategies that address data quality. Other frequently chosen aspects were data use (47%) and data system design (42%). Seven states (16%) included “other” aspects that included enhancing Part C system to collect indicators of how research supported practices are being implemented and those related to the SIMR, building local capacity to understand and use data, developing reporting capability, and implementing the DaSy Center self-assessment.

Figure 4.5

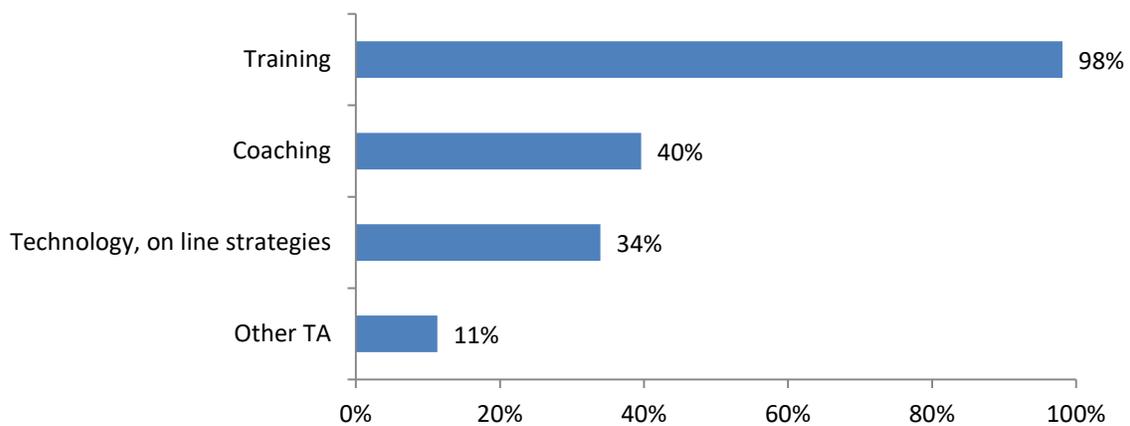
Improvement strategies to strengthen data system (N=43)



Fifty-three (95%) of the 56 reporting states included strategies to improve TA and training. Figure 4.6 below shows the different technical assistance and training strategies that were included. Nearly all of the 53 states (98%) included strategies related to training. Coaching (40%) and technology and online strategies (34%) were also included by many. Six states (11%) identified “other” strategies that included technical assistance on policies, procedures and practices, ensuring fidelity of implementation of effective practices, and cross-agency systems of support.

Figure 4.6

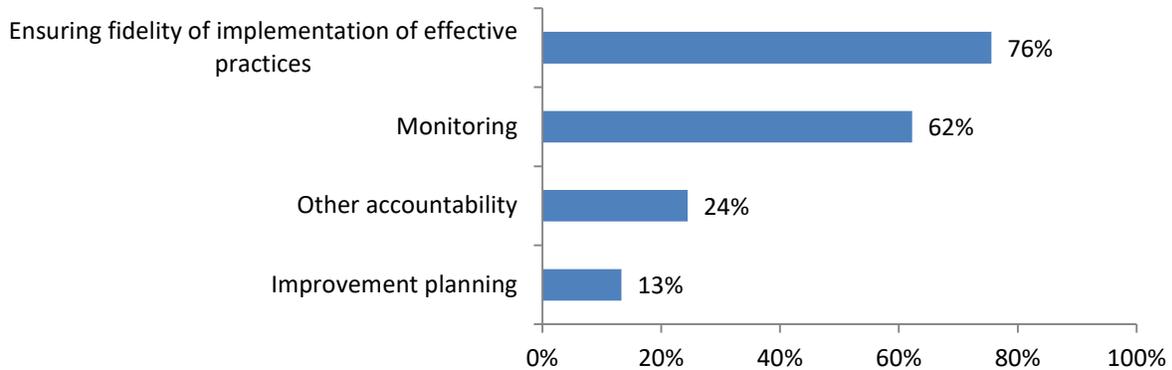
Improvement strategies to strengthen TA and training (N=53)



Forty-five (80%) of the 56 reporting states included strategies to improve accountability. Figure 4.7 below displays the different aspects of accountability that were included. The most frequently included strategies addressed ensuring fidelity of implementation of effective practices (76%). Monitoring (62%) was also commonly chosen. Eleven states (24%) incorporated “other” accountability strategies that included using implementation science for program improvement, developing a high quality data system and providing training and TA to support EIPs to collect and use data for decision making, using a Child Outcome Summary Competency Check being created to ensure accurate data by verifying EI staff have basic competency in the process, implementing and monitoring exit child outcome summary procedures, and building capacity at the local level for monitoring and quality improvement.

Figure 4.7

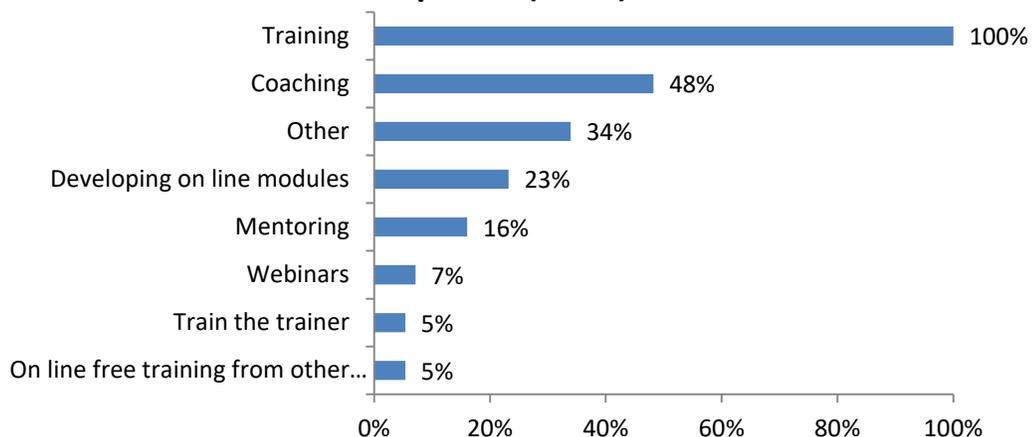
Improvement strategies to strengthen accountability (N=45)



All 56 reporting states included professional development strategies in their state's improvement strategies. Figure 4.8 below presents the different professional development strategies included. All states (100%) included training, while almost half (48%) included coaching as strategies to implement. Almost a quarter (23%) included developing online modules. Nineteen states (34%) identified "other" professional development delivery strategies that included collaborative training with other state entities, culturally responsive practices and understanding of child rearing practices, education and marketing efforts, family involvement using the Pyramid Model, reflective practice opportunities, and targeted support to local areas.

Figure 4.8

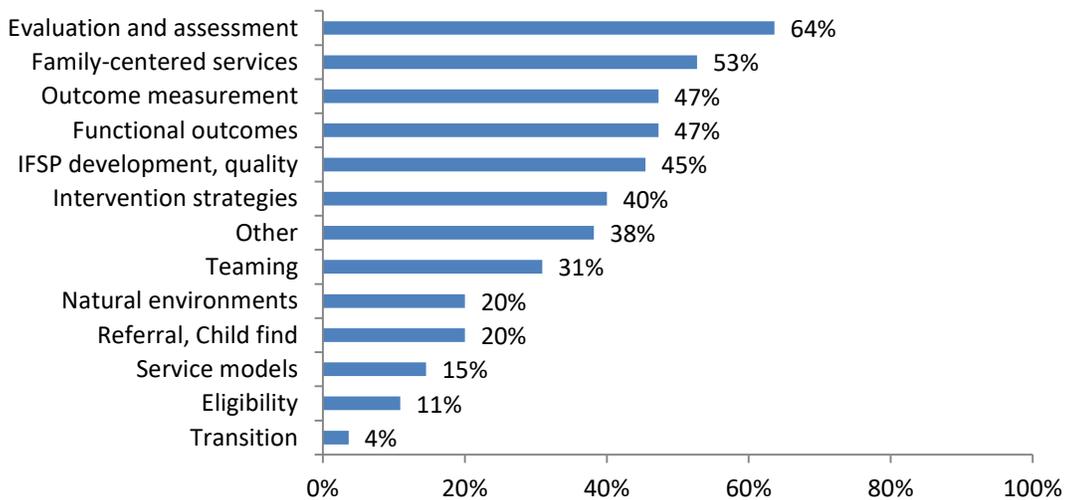
Improvement strategies to strengthen professional development (N=56)



Fifty-five (98%) of the 56 reporting states included strategies to improve areas related to service delivery. Figure 4.9 below shows the different strategies that were included to address aspects of service delivery. The top five areas were evaluation and assessment (64%), family-centered services (53%), outcome measurement (47%), functional outcomes (47%), and IFSP development and quality (45%). Twenty-one states (38%) selected “other” aspects of service delivery including family support and engagement, DEC Recommended Practices, cultural competency for EI services, and procedural safeguards.

Figure 4.9

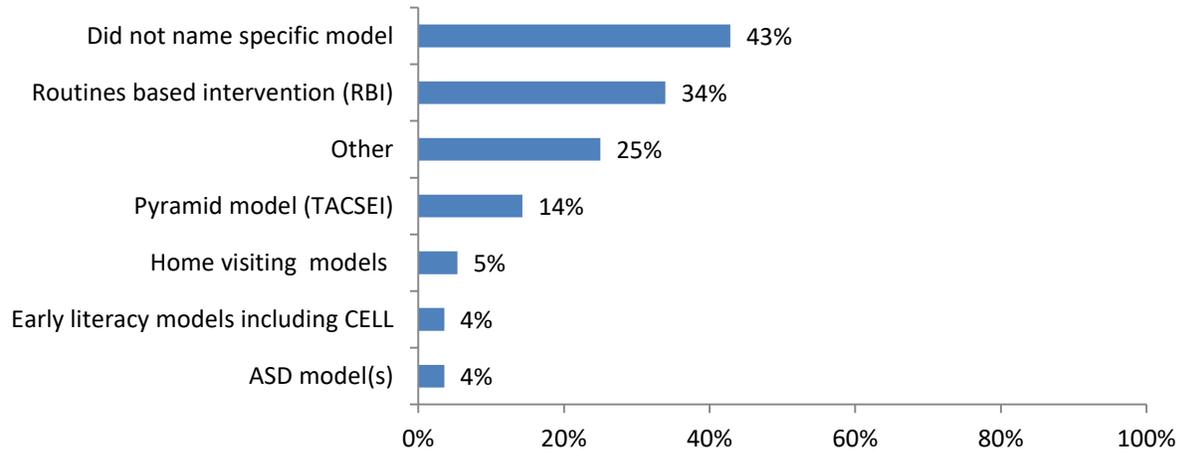
Improvement Strategies to Strengthen Service Delivery (N=55)



All 56 reporting states (100%) included models of evidence-based practices in their improvement strategies. Figure 4.10 below catalogues the various models that were included. The majority of states (43%) did not name a specific model. Routines-Based Intervention (RBI) (34%) and the Pyramid Model (TACSEI) (14%) led the list of named models. Fourteen (25%) of states identified “other” models that included distance mentoring model, family coaching model, primary service provider model, reflective coaching, and the "Breakthrough series" system change approach.

Figure 4.10

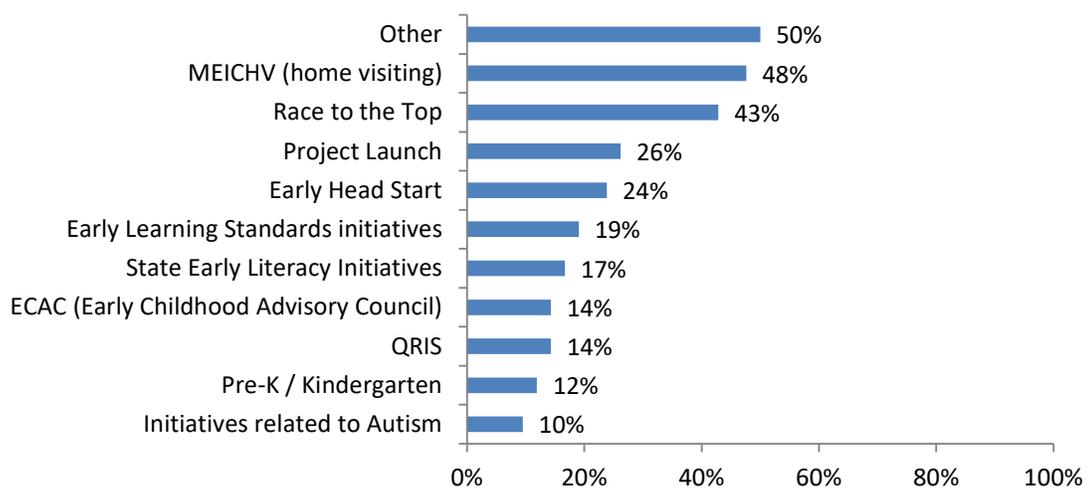
Improvement strategies incorporating models of evidence-based practices (N=56)



Forty-two (75%) of the 56 reporting states included improvement strategies in collaboration with other early childhood (EC) programs/early childhood systems. Figure 4.11 below lists the other entities with whom these 42 states collaborated. Half the states (50%) collaborated with “other” entities that included Infant Mental Health, organizations for children at-risk, pediatric organizations, parent leadership and advisory groups, Governors’ councils on disabilities, Early Hearing Detection and Intervention (EHDI), Head Start, Part B Special Education, and other state initiatives. Almost half of the states also reported collaborating with the Maternal Infant Early Childhood Home Visiting (MIECHV) program and Race to the Top.

Figure 4.11

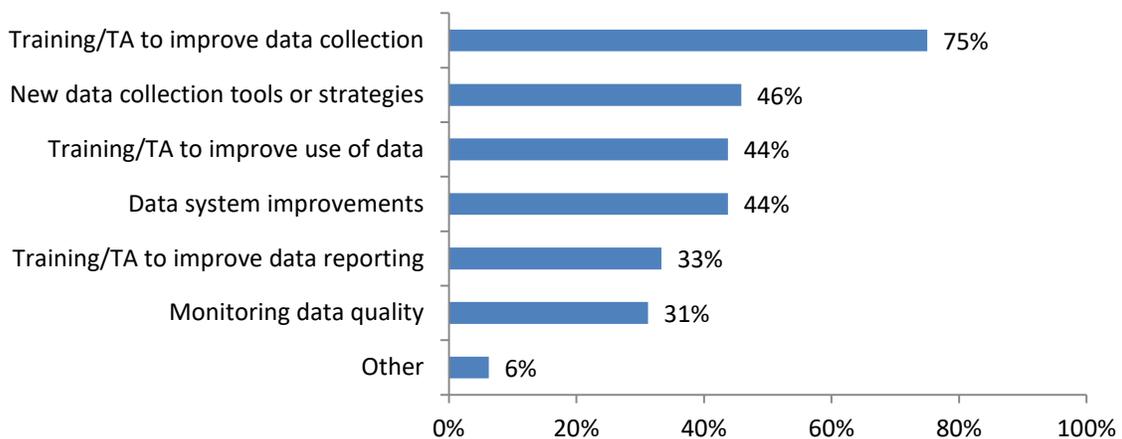
EC program/EC system collaboration for improvement strategies (N=42)



Forty-eight (86%) of the 56 reporting states included strategies for improving data quality. Figure 4.12 below displays the different strategies to improve data quality that were included. Three quarters of the states (75%) included training and technical assistance to improve data collections. Other frequently included strategies addressed using new data collection tools or methods (46%), training and technical assistance to improve use of data (44%), and data system improvements (44%). Three states (6%) identified “other” aspects of data quality which were: a data dictionary, regular collaborative meetings between the Data Unit and Quality Assurance Monitoring Unit to evaluate progress, and longitudinal emphasis using unique identifier to track progress over time.

Figure 4.12

Improvement strategies for improving data quality (N=48)

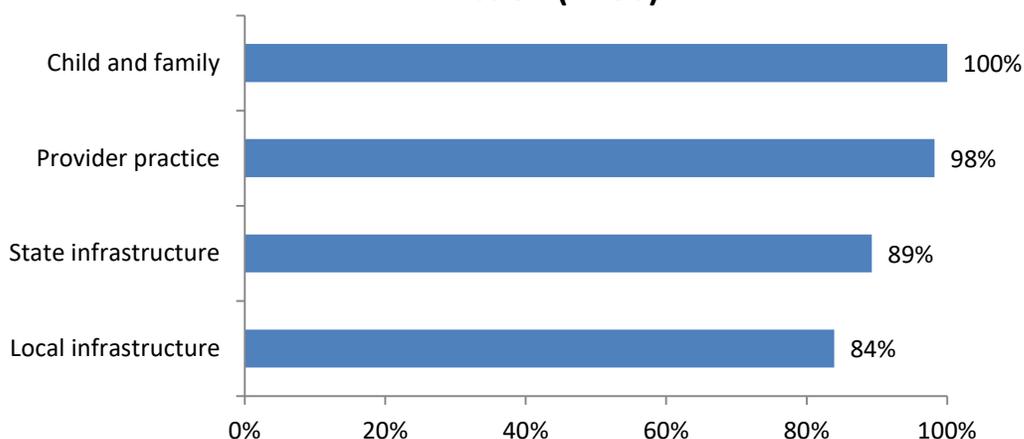


COMPONENT 5: THEORY OF ACTION

States were required to develop a graphic illustration (Theory of Action) to show the rationale of how implementing their coherent set of improvement strategies will increase the State’s capacity to lead meaningful change in EIS programs and/or EIS providers, and ultimately achieve improvement in the SIMR.

All 56 reporting states (100%) included strategies and impacts at multiple levels in their Theory of Action. Figure 5.1 below displays the frequency that the different system levels were included by states. All states (100%) included the child and family level. All but one state (98%) included the practice level. The state (89%) and local (84%) infrastructure levels were also included by a majority of states.

Figure 5.1
Levels of Strategies and Impacts in State's Theory of Action (N=56)



Forty-nine (88%) of the 56 reporting states used the format or "Model" OSEP provided for their Theory of Action. Seven (12%) states did not use the OSEP "Model" but rather used alternate graphic models, or an adapted/modified version of the OSEP "Model."

Forty-two (75%) of the 56 reporting states included key/important improvement strategies from their state's Coherent Improvement Strategies section of the SSIP in their Theory of Action. The remaining 14 (25%) used "some" of the key/important strategies in their Theory of Action.

USE OF STAKEHOLDERS

Stakeholders, as critical participants in improving results for infants and toddlers with disabilities and their families, are required to be included in developing, implementing, evaluating, and revising the SSIP. This includes establishing a State's targets under Indicator 11.

Figure 6.1 below presents the involvement of stakeholder types across all components of the SSIP Phase I process. All 56 (100%) reporting states involved family representatives, local providers, staff representing other state agencies and staff from other programs within the Lead Agency at some point in the process. Most states also involved representatives from EC initiatives (95%) and higher education/technical assistance staff (93%). Twenty-four (43%) states involved state legislators. Thirty-three (59%) states included "other" types of stakeholders included members of the medical community (e.g. nurses, pediatricians), advocates, local providers, and ICC members.

Figure 6.1
Stakeholders involved across components (N=56)

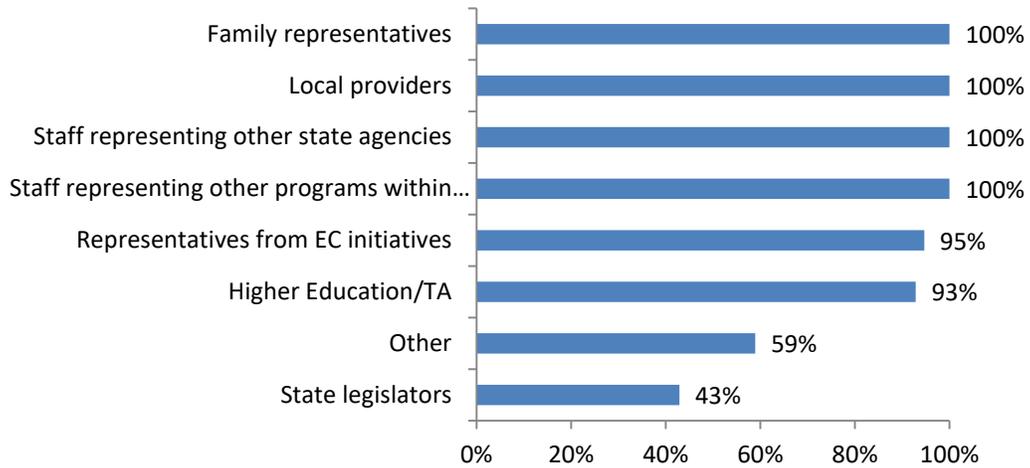


Figure 6.2 below portrays how the stakeholders were engaged in the data analysis process. Fifty-five (98%) of the 56 reporting states involved stakeholders in reviewing the data and offering interpretations and conclusions. Forty-six (82%) states used stakeholders to provide input on potential data analyses. Thirty-one (55%) states solicited feedback from stakeholders on the state’s interpretation and conclusions.

Figure 6.2
Mode of stakeholder involvement in data analysis (N=56)

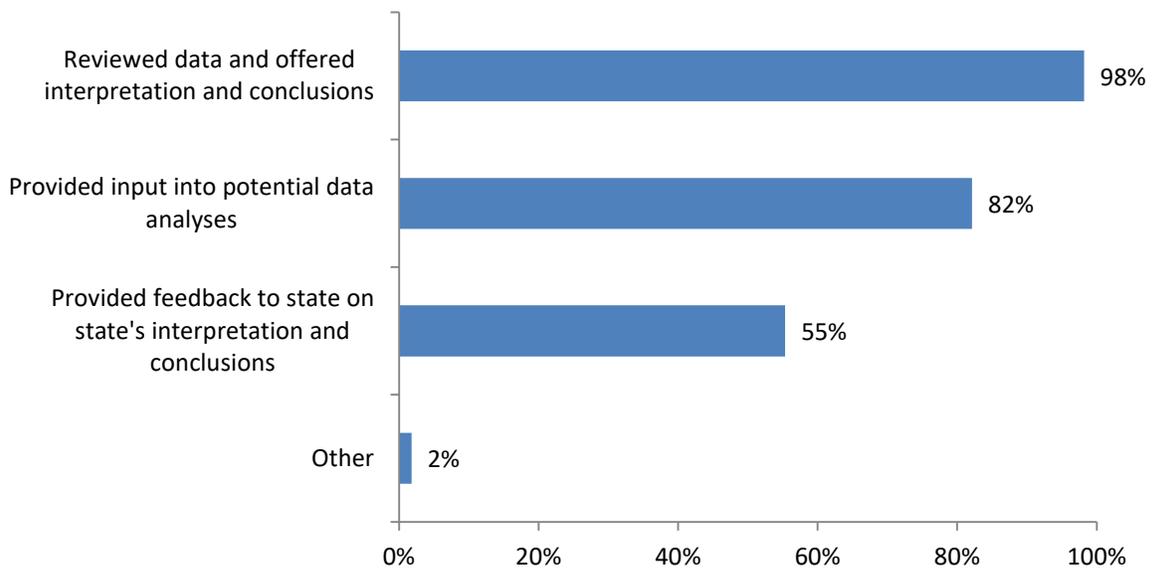


Figure 6.3 below portrays how the stakeholders were engaged in the infrastructure analysis. Fifty-four (96%) of the 56 reporting states solicited feedback from stakeholders on the state's interpretation and conclusions. Fifty-two (93%) states involved stakeholders in reviewing the data and offering interpretations and conclusions. Forty-four (79%) states used stakeholders to provide input on potential data analyses. Two (four percent) states used "other" modes of involvement by having stakeholders suggest additional data and analyses, and by involving stakeholders in Phase II of the SSIP.

Figure 6.3

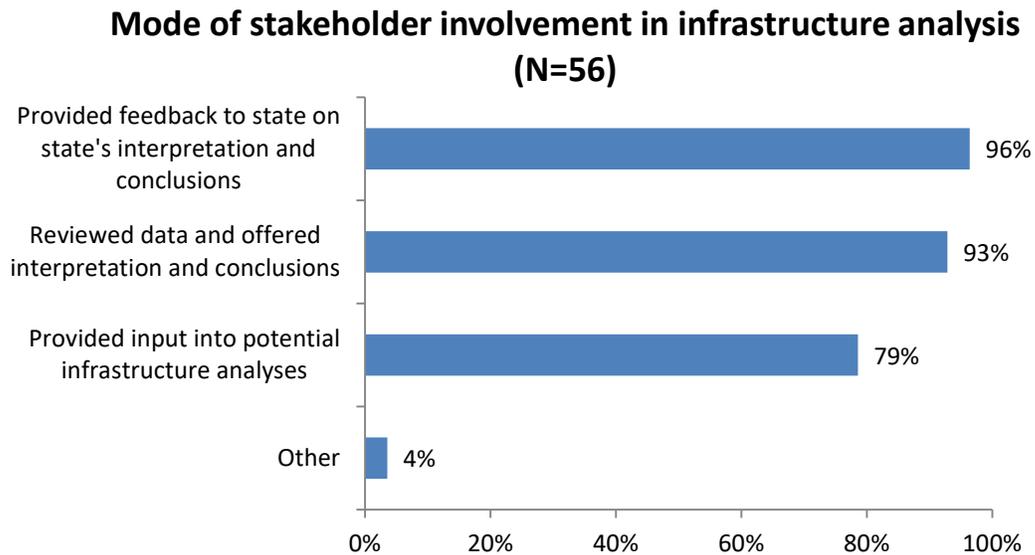


Figure 6.4 below portrays how the stakeholders were engaged in the selection of the SIMR. Fifty-four (96%) of the 56 reporting states used stakeholders to provide input on potential SIMRs. Fifty-one (91%) states involved stakeholders in reviewing the data and offering interpretations and conclusions. Forty-two (75%) states solicited feedback from stakeholders on the state's interpretation and conclusions.

Figure 6.4
Mode of stakeholder involvement in the selection of the SIMR (N=56)

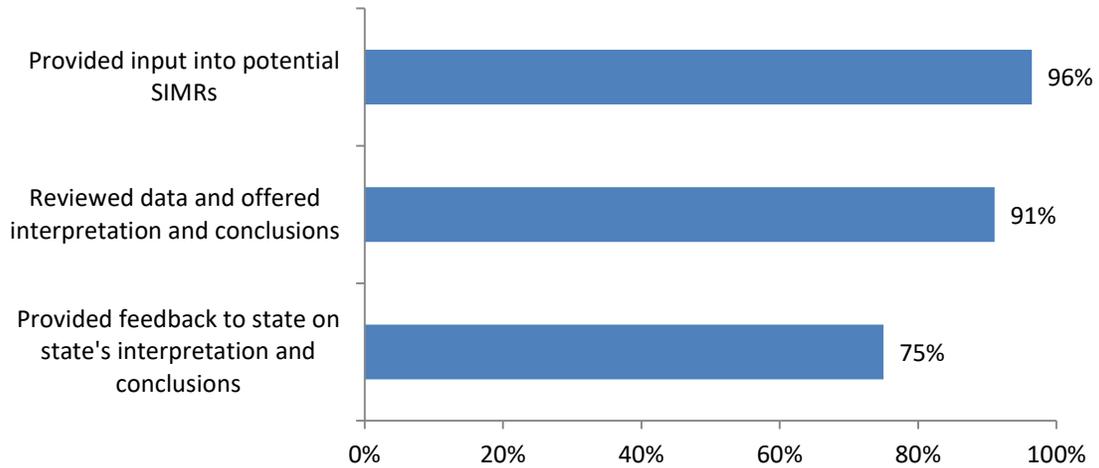


Figure 6.5 below portrays how the stakeholders were engaged in the development of coherent improvement strategies. Fifty-one (91%) of the 56 reporting states involved stakeholders in reviewing the data and developing improvement strategies. About two thirds, 38 (68%) states, used stakeholders to provide input on potential coherent improvement strategies. Thirty (54%) states solicited feedback from stakeholders on the state's developed improvement strategies. Two (four percent) states used "other" modes of involvement by using stakeholders to help to prepare and write sections of the plan, and to align community and state-level improvement plans and other early learning initiatives.

Figure 6.5
Mode of stakeholder involvement in developing coherent improvement strategies (N=56)

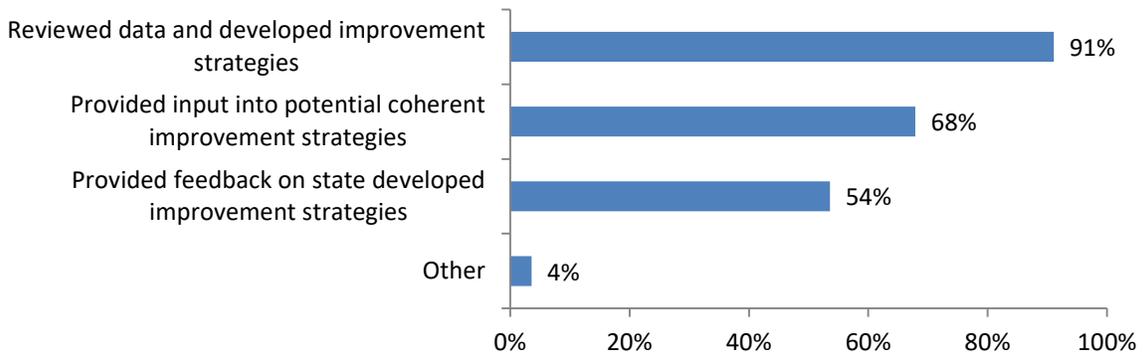


Figure 6.6 below portrays how the stakeholders were engaged in developing the Theory of Action. Thirty-eight (68%) of the 56 reporting states involved stakeholders in reviewing the data and developing draft components or the draft Theory of Action.

Almost as many, 37 (66%) states, solicited feedback from stakeholders on the states' developed Theory of Action. Thirty-one (55%) used stakeholders to provide input on potential concepts for the Theory of Action.

Figure 6.6

Mode of stakeholder involvement in developing the theory of action (N=56)

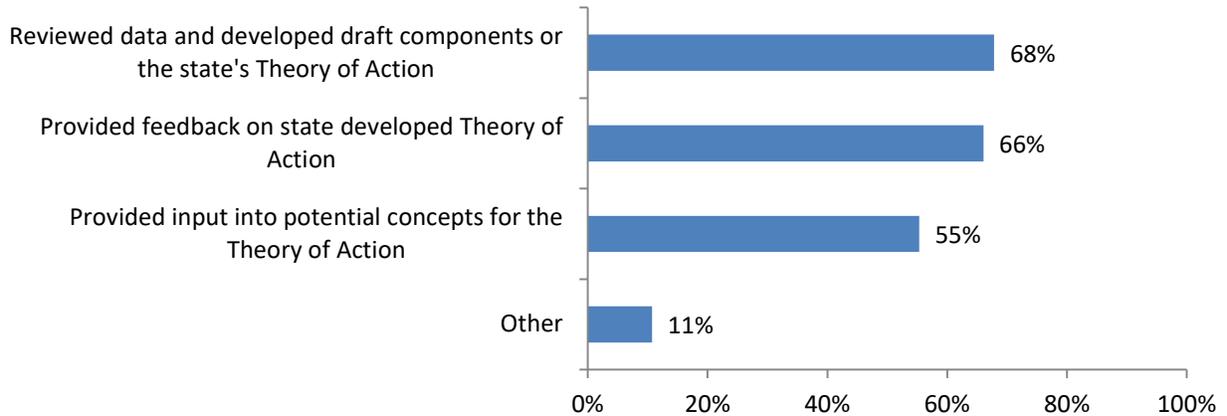
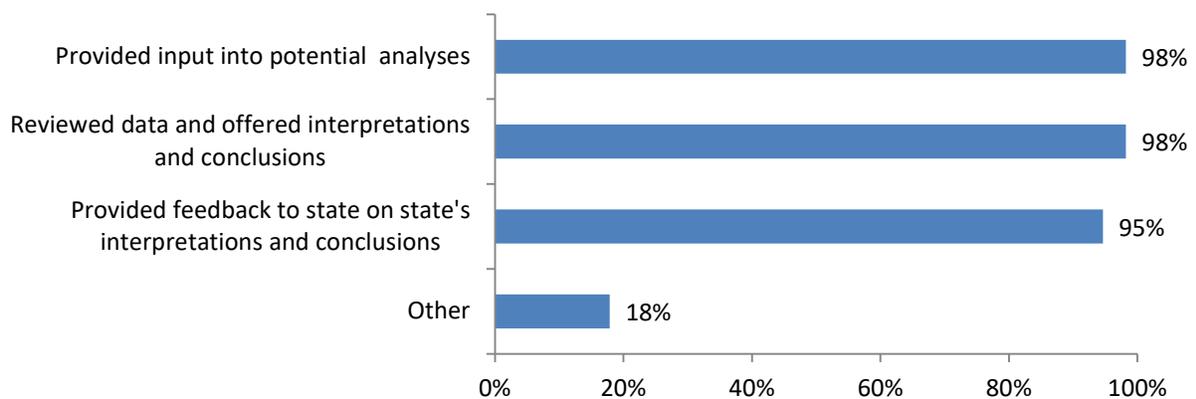


Figure 6.7 below displays how the stakeholders were engaged across all components in the SSIP Phase I development. Almost all, 55 (98%) of the 56 reporting states, used stakeholders at some point to provide input into potential analyses, and also in reviewing the data and developing interpretations and conclusions. Most states (95%) solicited feedback from stakeholders on the state's interpretations and conclusions. Ten states (18%) used "other" modes of stakeholder involvement described above in the text related to Figures 6.2 and 6.5 above.

Figure 6.7

Mode of stakeholder involvement across components (N=56)



CONCLUSION

This analysis of the SSIPs indicates that states engaged in extensive data and infrastructure analysis, crafted child- and/or family-result based SIMRS, decided on evidence-based coherent improvement strategies and developed Theories of Action. Baseline information and targets expressed as percentages were included in states' SSIPs. Almost all states focused on child outcomes as their SIMR, with the majority selecting improving social emotional development and social relationships. In general, stakeholders were heavily engaged in the process, particularly with respect to the data and infrastructure analyses.