**Virginia State Systemic Improvement Plan**

***State Identified Measurable Result*: Increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs**

Broad Improvement Strategy 1: Identify and/or develop and implement the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers, including service coordinators, consistently conduct initial and ongoing *functional* assessment that leads to consistent and accurate determination of entry/exit ratings in the area of children using appropriate behaviors to meet their needs.

Priority Activities to Address the Broad Improvement Strategy:

1. Define functional assessment, related terms and evidence-based practices.
2. Define a consistent process that must be used to determine the child outcome ratings to improve statewide inter-rater reliability
3. Improve communication and transparency with families about assessment and child outcome ratings
4. Ensure all providers have a solid knowledge of typical child development and how it relates to each of the three child outcomes

|  |  |  |  |  | **Indicators of Success & Evaluation Plan** |
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| **Steps** | **Activity #** | **Projected****Timelines** | **Person(s) Responsible** | **Resources Needed\*****(in addition to stakeholder input)** | **Short-Term** | **Long-Term** |
| 1. Revise EI Certification Modules to emphasize functional assessment, child outcome rating process and knowledge of typical child development
 | All | 2014 – 2017  | Professional Development (PD) Team | National, other states’, and Virginia local systems’ materials on module topicsCSEFEL Pyramid Model materials | Modules revisions are released and, therefore, used by all practitioners entering Virginia’s EI system | Fidelity assessment, including observation, indicate increased (and then sustained) provider use of key practices related to functional assessment and the child outcome ratings process – the specific reporting process and measure, frequency and timing to be determined in conjunction with step g in Broad Improvement Strategy #3Annual Provider Implementation Survey (based on ENHANCE survey) indicates within 2 years of initial (baseline) survey an increase over baseline in (1) provider training and support, and (2) knowledge and use of targeted practices associated with functional assessment and child outcome ratings – Baseline survey to be implemented late FFY 2015 or early FFY 2016Based on record reviews conducted by state staff through QMRs or other monitoring processes with all local systems, by FFY 2017:* All IFSP assessment narratives and IFSP outcomes reflect functional assessment and parent priorities in the routines and activities that are important to them.
* Contact notes for all children reflect ongoing assessment and observation across routines

Via regional meetings and report by Technical Assistance and Monitoring Consultants, all local system managers demonstrate by June 30, 2017 that they are able to identify, explain and address unusual patterns in child outcome ratings and reasons for missing ratings data Statewide percent of children with at least 6 months between initial and exit assessment, exiting with complete child outcomes data increases, as measured by the new ITOTS Child Progress Analysis Report – baseline to be established in FFY 2015, measured annually, with increase by FFY 2018The statewide percent of families strongly/very strongly agreeing with questions 14 and 21 on the annual family survey increases from FFY 2015 to FFY 2018.Inter-rater reliability improves, as measured by the mechanism developed in step *b* of this broad improvement strategy The statewide percent of infants and toddlers exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs, as measured and reported for the SPP/APR, increases in accordance with the state targets identified for Indicator 11 in the SPP/APR |
| 1. Adopt or develop and implement an accessible, objective measure of inter-rater reliability that can be used within and across local systems
 | 2 | Package existing mechanisms with expectations for use and oversight 7/15 – 3/17Review tools developed nationally or by other states and consider adopting or adapting for Virginia2017 – 2020 | State team of Technical Assistance (TA) and Monitoring Consultants | Information and feedback from Northern Virginia pilot projectTools that exist and emerge from other states or from national groups | Inter-rater reliability measure is in place.Inter-rater reliability measure is used by all local systems within 1 year of being in place (as measured annually through monitoring and by reporting from local system managers at regional meetings) |
| 1. Consider, with stakeholder input, revising the EI Activity Note or prompts to support collecting functional assessment information starting at Intake and ongoing throughout child’s enrollment
 | 1, 2, 3 | 4/16 – 7/16 | State team of TA and Monitoring consultants  | National, other states’, and Virginia local systems’ materials/forms on documentation of assessment information | EI Activity Note is revised and posted on ITCVA website (therefore, available to all providers) |
| 1. Revise Child Indicator (Outcomes) Booklet to include definitions; answer questions raised by stakeholders (e.g., factoring in cultural differences; see other suggestions in State Leadership Team documents); list assessment tools with information about pros/cons for use in EI and how to incorporate them as one component of functional assessment (initial, ongoing and exit); and support providers in communicating with families about assessment and outcome ratings and including families in both
 | All | 4/16 – 2/17 | State team of TA and Monitoring consultants, with Stakeholder Group and State Early Childhood Mental Health Coordinator | National, other states’, and Virginia local systems’ materials on assessment and child outcome ratingsCSEFEL resources on age expectations by cultural groupResearch on assessment tools for the birth-3 populationResource list of evidence based social-emotional assessment tools developed by ECMH VA InitiativeBudget existing funds for printing | Booklet is completed and posted to ITCVA website (therefore, available to all users)Booklet addresses the topics identified in the wording of step dWithin one year of releasing the revised Child Outcomes Booklet, all providers use the booklet routinely in determining outcome ratings, as measured on fidelity checklist and/or Provider Implementation Survey (and eventually through the statewide data system) |
| 1. Revise Practice Manual to better define terms, practices and child outcome ratings process
 | 1, 2 | 4/16 – 2/17 | Policy Consultant | Will align with revisions to Child Outcomes Booklet | Practice Manual revision completed and posted to ITCVA website (therefore, available to all users) |
| 1. Develop/adopt/adapt concise and practical self-assessment checklists that providers and supervisors can use to monitor fidelity of implementation of functional assessment and child outcome ratings process
 | 1, 2 | Pilot4/16 – 12/16 Prepare for full implementation1/17 – 5/17Fully implement 7/1/17 | Policy Consultant, with early adopter group | National, other states’, and Virginia local systems’ self-assessment and fidelity checklists | Checklist is available to all local system managers, supervisors and providers on the ITCVA website(See long-term evaluation column of Broad Improvement Strategy #3 for measurement of use of self-assessment checklist) |
| 1. Develop a one-page information sheet for families on what to expect about functional assessment and child outcomes measurement, with accessibility through mobile devices
 | 3 | 9/16 – 3/17 | State team of TA and Monitoring consultants, with Family Advocacy and Support Coordinator at Arc of Virginia | Technology support from VCU Partnership for People with Disabilities and PD Team Information sheets developed by other states and by local systems in Virginia | Information sheet developed and disseminated to all local systems and the Arc of Virginia, posted to the ITCVA website, and available via mobile device |
| 1. Develop and implement a webinar or webinar series, incorporating the Child Outcome Summary Process online learning module developed by DaSY, with structured follow-up in regional meetings, to support roll-out of the revised Child Outcomes Booklet and Practice Manual and ensure awareness, understanding and use of new information; archive webinars for use as refreshers for existing personnel, orientation for new personnel
 | All | Develop 2/17 – 4/17Implement 5/17 | Same team and stakeholder group identified in Step d, with PD team  | Webinar support from VCU Partnership for People with Disabilities and PD TeamNational and other states’ online webinars and modules on assessment and child outcome ratings | Webinar (series) is held Data is collected on the number and type of participants in the live webinar and the number who access the archived versionRegional meeting agendas show follow-up was provided in all regionsWebinar evaluations indicate at least 75% of participants who submit the post-webinar evaluation state they understand the rating process, including collection and use of functional assessment information, and that they are likely to use this information in practice |
| 1. Determine ongoing requirements for when and how often service providers, service coordinators and local system managers will be required to complete all sessions of the Child Outcome Summary Process online learning module developed by DaSY
 | 2 |  2/17 – 3/17 | Same team and stakeholder group identified in Step d | None | Practice Manual and/or Local Contract reflect requirement, if any |
| 1. Create electronic version (accessible by mobile device) of Child Outcomes Booklet with links for additional information to support use and accessibility, including in team meetings
 | All | 3/17 – 7/17 | Data Manager | Technology support from DBHDS IT Dept and VCU Partnership for People with Disabilities | Electronic version of booklet is available to providers and families through the ITCVA website, the VEIPD website and the Arc of Virginia |
| 1. Revise local contract to require:
* Use of the Child Outcomes Booklet as part of the team discussion in determining child outcome ratings and progress
* Completion of the Child Outcome Summary Process online learning module developed by DaSY
 | All | 3/17 – 5/17 | Early Intervention (EI) Administrator | None | Local contract is revised and implemented for 7/1/17 – 6/30/18 |
| 1. Establish expectations and process for a mentoring network or communities of practice for ongoing support for providers in implementing the expected functional assessment and child outcome ratings process.
	* Consider credit toward recertification for both mentor and mentee, participation in community of practice
	* Establish ways to connect in addition to in person
 | 1, 2 | 9/17 – 9/18 | PD Team | Other states’/initiatives’ mentoring and communities of practice materialsProcesses used to establish and implement national cross-state learning collaboratives and topic cohortsOther certification bodies’ continuing education credit for mentoring or participation in communities of practiceLists of local personnel interested in serving as mentors or facilitating communities of practiceDepending on approach selected, may be need for additional funds | Mentoring network and/or communities of practice are in place and accessible to all local systemsSince the task in step l is to establish expectations and a process for mentoring or communities of practices, Virginia will identify and implement a measure of participation once those expectations are established |
| 1. Publish annually a summary of child and family outcome results, ensuring it is readily accessible to families
 | 3 | Annually (began October 2015) | Policy Consultant, with Family Advocacy and Support Coordinator at the Arc of Virginia | None | 1-page summary sheet published annually, disseminated to all local systems and the Arc of Virginia, and posted to the ITCVA so accessible to all stakeholdersRegional meeting agendas indicate the outcome results and mechanisms for sharing with stakeholders were reviewed at all regional meetings |
| 1. Collaborate with the Early Childhood Mental Health Virginia (ECMH VA) Initiative to expand provider competence and confidence in assessing social-emotional development and its impact on the child’s use of appropriate behaviors to meet needs
 | 1, 2, 4 | In place now and ongoing | EI Administrator and State Early Childhood Mental Health Coordinator | Funding to continue Project SEED – to support training and kits for ASQ-SE2Infant Mental Health Endorsement process – in placeITCA Infant Mental Health Position Paper and Checklist | Data is collected on the number of activities completed and the number of EI participants  |
| 1. Provide ongoing written technical assistance that supports interactive practice, discussion and learning related to functional assessment and the child outcome ratings process using the following:
* “The Decision Tree: Child Indicators Seeds of Success” and “Test Your Inter-Rater Reliability” columns in the monthly Update
* EI Strategies for Success blog (which is also tied to Facebook)
 | 1, 2 | In place now and ongoing | Decision Tree - TA ConsultantBlog - PD Team Member | National, other states’, and Virginia local systems’ materials on potential topics for the blog and Update columns | At least 2 blog posts are posted per year related to assessment and/or child outcome ratings processDecision Tree and Test Your Inter-rater Reliability published at least 10 times per year through at least December 2016Regional meeting agendas indicate reminder/review of Update and blog content and discussion of follow-up with local providersData is collected on the number of individuals who access the blog and The number who open the Monthly Update |

**Virginia State Systemic Improvement Plan**

***State Identified Measurable Result*: Increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs**

Broad Improvement Strategy 2: Identify and/or develop and implement the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers, including service coordinators, consistently use coaching and natural learning environment practices when planning and delivering early intervention services

Priority Activities to Address the Broad Improvement Strategy:

1. Strengthen orientation and training of new staff
2. Educate families about coaching and natural learning environment practices
3. Increase collaboration with early childhood educators to support early intervention services in child care settings
4. Support providers’ consistent use of coaching and natural learning environment practices with all families

|  |  |  |  |  | **Indicators of Success & Evaluation Plan** |
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| **Steps** | **Activity #** | **Projected****Timelines** | **Person(s) Responsible** | **Resources Needed\*****(in addition to stakeholder input)** | **Short-Term** | **Long-Term** |
| 1. Ensure revisions to the EI Certification Modules emphasize and support coaching and natural learning environment practices
 | 1 | 2014 – 2017 | PD Team | National, other states’, and Virginia local systems’ materials on module topics | Modules revisions are released and, therefore, used by all practitioners entering Virginia’s EI system | Fidelity checklists, including observation, indicate increased (and then sustained) use of key practices related to coaching and natural learning environment practices – the specific reporting process and measure, frequency and timing to be determined in conjunction with step g in Broad Improvement Strategy #3Annual Provider Implementation Survey (based on ENHANCE survey) indicates within 2 years of initial (baseline) survey an increase over baseline in (1) provider training and support, and (2) knowledge and use of targeted practices associated with coaching and natural learning environment practices - Baseline survey to be implemented late FFY 2015 or early FFY 2016Based on record reviews conducted by state staff through QMRs or other monitoring processes with all local systems, by FFY 2017, contact notes for all children reflect use of coaching and natural learning environment practicesThe percent of families strongly/very strongly agreeing with questions 16, 18, 20 and 22 on the family survey increases from FFY 2015 to FFY 2018Percent of infants and toddlers exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs, as measured and reported for the SPP/APR, increases in accordance with the state targets identified for Indicator 11 in the SPP/APR |
| 1. Support implementation of the Coaching Facilitation Guide book study activities in local systems through the “Enhancing Local Implementation of Coaching Practices with the *Coaching Facilitation Guide*” project
 | 4 | Pilot9/15 - 5/16Determine whether to expand and/or require statewide6/16 - 9/16 | PD Team | Initial cohort evaluation results | Coaching Facilitation Guides booklets are disseminated to all 40 local systemsCoaching Facilitation Guide is posted to VEIPD website and, therefore, available to all local system managers and providersMeeting agendas and notes indicate monthly online support is provided 11/15 – 4/16 for local leaders who self-selected to participate in the implementation projectMeeting notes indicate that participants report the project/book/activities are being used locally and that these activities are positively impacting provider knowledge and/or practicesAt least 75% of project participants report by post-project survey that they were satisfied with the project  |
| 1. Implement (with accompanying Practice Manual revisions and technical assistance) expanded flexibility in planning service frequency by allowing planned frequency over a 6 month period to facilitate more individualized support to families
 | 4 | 10/15 – 3/16 | EI Administrator, Part C EI Team Leader, Policy ConsultantEI Services Program Manager at Department of Medical Assistant Services | None | Revised requirements regarding planned frequency period are released in the Practice Manual, which is posted on the ITCVA website and, therefore, available to all users.Statewide meeting process agenda indicates this topic was covered in the March 2016 statewide meeting with all local system managersRegional meeting agendas indicate this topic was covered in all regional meetings |
| 1. Revise EI Activity Note to better reflect coaching approach, including joint planning
 | 4 | 4/16 – 7/16 | State team of TA and Monitoring consultants  | National, other states’, and Virginia local systems’ materials/forms on documentation of coaching and joint planning information | EI Activity Note revised and posted on ITCVA website (therefore, available to all providers) |
| 1. Develop coaching and natural learning environment practices orientation package for new employees/contractors or those who need additional support
 | 1, 4 | 4/16 – 6/17 | State team of TA and Monitoring consultants and PD Team | National, other states’, and Virginia local systems’ resources on coaching and natural learning environment practices, including *Relationship of Quality Practices to Child and Family Outcomes*. | Orientation package is posted on ITCVA and VEIPD websites and, therefore, available to all local system managers and providers |
| 1. Develop/adopt/adapt concise and practical self-assessment checklist that providers and supervisors can use to monitor fidelity of implementation of coaching and natural learning environment practices
 | 4 | Pilot4/16 – 12/16 Prepare for full implementation1/17 – 5/17Fully implement 7/1/17 | Policy Consultant, with early adopter group | National, other states’, and Virginia local systems’ self-assessment and fidelity checklists | Checklist is available to all local system managers, supervisors and providers on the ITCVA websiteSee long-term evaluation column of Broad Improvement Strategy #3 for measurement of use of self-assessment checklist |
| 1. Develop a 1-page handout(s) for families and physicians that describes coaching and natural learning environment practices, with accessibility through mobile devices
 | 2 | 9/16 – 3/17 | State team of TA and Monitoring consultants, with Family Advocacy and Support Coordinator at Arc of Virginia | Technology support from VCU Partnership for People with Disabilities and PD Team Information sheets developed by local systems in Virginia | Information sheet developed and disseminated to all local systems and the Arc of Virginia, posted to the ITCVA website, and available via mobile device |
| 1. Provide families with access to practical self-assessment fidelity checklists
 | 2 | 7/17 – 8/17 | Policy Consultant with Family Advocacy and Support Coordinator at Arc of Virginia | Technology support from VCU Partnership for People with Disabilities and PD Team to make this information accessible | The self-assessment checklist is posted to the *Information for Families* section of the ITCVA website and disseminated through the Arc of VirginiaRegional meeting agendas indicate discussion with local system managers in all regions within 2 months of checklists being developed about sharing the self-assessment checklist with families  |
| 1. Explore with families the best way to provide orientation/training to families about coaching and natural learning environment practices
 | 2 | 7/17 – 12/17 | Technical Assistance Team, with Family Advocacy and Support Coordinator at Arc of Virginia | National, other states’, and Virginia local systems’ materials for families | Meeting agendas, meeting notes, and newsletters document that families have multiple opportunities during the development timeframe to provide input on the best way to provide orientation/training to families about coaching and natural learning environment practicesThe SSIP is revised to reflect planned steps based on recommendations from families |
| 1. Establish expectations and process for a mentoring network or communities of practice for ongoing support for providers in implementing the expected functional assessment and child outcome ratings process.
* Consider credit toward recertification for both mentor and mentee, participation in community of practice
* Establish ways to connect in addition to in person
 | 4 | 9/17 – 9/18 | PD Team | See Step l, in strategy 1 | Mentoring network and/or communities of practice are in place and accessible to all local systems Since the task in step j is to establish expectations and a process for mentoring or communities of practices, Virginia will identify and implement a measure of participation once those expectations are established |
| 1. In collaboration with the Infant-Toddler Specialist Network, develop an orientation package for child care providers/early childhood professionals to support provision of early intervention services through coaching in child care settings, including home-based child care settings
 | 3 | 10/18 – 10/19 | PD Team | National, other states’, and Virginia local systems’ materials on providing EI services in child care settings | Orientation package is disseminated to all local systems, posted on the ITCVA website and disseminated through the Infant-Toddler Specialist Network. |
| 1. Collaborate with the Early Childhood Mental Health Virginia (ECMH VA) Initiative to expand providers’ own competence and their access to professionals trained in mental health in order to address social-emotional development and child-caregiver relationships through coaching and natural learning environment practices
 | 1, 2, 4 | In place and ongoing | EI Administrator and State Early Childhood Mental Health Coordinator | Funding to continue Project SEED – to support training and kits for ASQ-SE2Infant Mental Health Endorsement process – in placeITCA Infant Mental Health Position Paper and ChecklistCSEFEL Pyramid Model materials | Data is collected on the number of activities completed and the number of EI participants  |

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***State Identified Measurable Result*: Increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs**

Broad Improvement Strategy 3: Increase local system capacity to determine the extent and fidelity of provider use of evidence-based practices, including the ability to identify and address fiscal and other local system issues that support or hinder full implementation of these practices and the ability to assess the impact of evidence-based practices on results for children and families.

Priority Activities to Address the Broad Improvement Strategy:

1. Articulate required functions for local lead agencies (e.g., local system management, fiscal management, etc.) including competencies necessary to carry out the functions as specified in the local contract, Practice Manual, state code/regulations, policy interpretation
2. Develop consistent, comprehensive orientation for local lead agency staff involved in EI system management, including core responsibilities of fiscal management, supervision and oversight for implementation of evidence based services
3. Enhance the training and TA structure/mechanisms at the state level to support local lead agency staff involved in EI system management on an ongoing basis with carrying out core responsibilities including fiscal management, implementation of evidence based services
4. Explore options for local lead agency structure changes that might lead to improved capacity for fiscal management and oversight for implementation of evidence based services

|  |  |  |  |  | **Indicators of Success & Evaluation Plan** |
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| **Steps** | **Activity #** | **Projected****Timelines** | **Person(s) Responsible** | **Resources Needed\*****(in addition to stakeholder input)** | **Short-Term** | **Long-Term** |
| 1. Develop supervisor competencies, disseminate as a resource to local systems and integrate them into revised EI certification supervision module and other documents (e.g., Practice Manual)
 | 1 | Develop and disseminate:1/15 – 5/16Integrate in module:7/16 - 6/17 | PD Specialist,Virginia Home Visiting Consortium | Technology support for module revisions from VCU Partnership for People with DisabilitiesResources through Home Visiting Consortium | Supervisor competencies are defined – *Completed 11/15*Competencies are disseminated to local system managers and program supervisors and posted to VEIPD website by 5/16Competencies are integrated into the revised supervision module and, therefore, impact training of all new supervisors | Based on record reviews conducted by state staff through QMRs or other monitoring processes with all local systems, by FFY 2017, contact notes for all children reflect use of evidence-based practices including coaching and natural learning environment practices and functional assessment (as specified in the Long-Term evaluation column for Broad Improvement Strategies 1 & 2)Providers participate in fidelity assessment, as documented by local system managers and reported to the state ITCVA Office – at least 75% participate by 10/17; all participate by 1/18; ongoing evaluation of participation in 6/18 and 6/19 shows participation sustained at 100%Fidelity checklists, including observation, indicate increased (and then sustained) use of evidence-based practices -- the specific reporting process and measure, frequency and timing to be determined in conjunction with step g in Broad Improvement Strategy #3Annual state review of local system manager fidelity assessment follow-up (meeting agendas, notes, verbal report by LSM) indicates local system managers can identify use of evidence-based practices and implement effective strategies to support increased and sustained use of those practices. Annual Provider Implementation Survey (based on ENHANCE survey) indicates within two years of initial (baseline) survey an increase over baseline in (1) provider training and support, and (2) supervision of provider implementation of evidence-based practices -- Baseline survey to be implemented late FFY 2015 or early FFY 2016Timely submission of accurate local fiscal reports increases from FFY 2015 to FFY 2017 so DBHDS can make data-driven decisions regarding state budgets and support for local systems – timely submission is tracked by ITCVA state staff and accuracy is measured by the number of requests from DBHDS to local lead agency for corrections to the fiscal reports submittedFederal and state Part C funds are effectively allocated and used to support services as payor of last resort, as evidenced by fewer local systems requesting additional funds and/or the amount of additional funds requested decreasing from FFY 2015 to FFY 2018Percent of infants and toddlers exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs, as measured and reported for the SPP/APR, increases in accordance with the state targets identified for Indicator 11 in the SPP/APR |
| 1. Revise content and format for Kaleidoscope training for service coordinators to reduce duplication with certification modules, build on existing resources, reduce travel and time away from work for participants, increase follow-up support after face-to-face training and incorporate features of evidence-based professional development.
 | 3 | 1/16 – 9/16 | PD Team | Resources on building communities of practice for follow-up after in person trainingDunst’s 7 Key Features of Evidence-Based Professional Development to assess revised content and format | Evaluation following the face-to-face component indicates at least 75% of participants who submit the evaluation say (1) the training gave them tools and resources they will use in their daily work; (2) the training had a positive impact on their professional skills; (3) the content advanced their skills; and (4) they are able to identify at least one change in practice they’ll make as a result of the training.Evaluation of the follow-up community of learning component of Kaleidoscope indicates at least 75% of participants who complete the evaluation say the community of learning gave them opportunities to practice applying the information they learned |
| 1. Release updates to manuals and documents at two set times each year (March and September) in conjunction with the statewide local system manager meetings, to support a coordinated roll-out and effective communication of new information
 | 3 | Starting 3/16 | EI Administrator | None | Release of new and revised documents follows the March/September schedule, beginning 3/16Survey of local system managers at the September 2017 statewide LSM meeting indicates at least 75% of local system managers prefer this process to the previous rolling schedule and that it is easier to understand and use the new information as a result of this process |
| 1. Review and revise, as needed, the contract with local lead agencies to specify/clarify required functions for local lead agencies
 | 1 | 3/16 – 5/16 | EI Administrator | None | SFY 2017 contract defines required functions |
| 1. Require each local lead agency to identify in the local contract who in their local system (by name) fulfills each required local lead agency function
 | 1 | 3/16 – 6/16 | EI Administrator | None | Each local lead agency identifies in their SFY 2017 contract with DBHDS the individual within their local system who fulfills each function |
| 1. Identify a process to review and revise, as needed and with input from all local lead agencies, the formula used for local allocations to ensure equitable allocation of funds and reduce budget shortfalls in local systems
 | 4 | 4/16 – 3/17 | EI Administrator | Information, resources and tools through participation in the ITCA Fiscal Initiative | Evaluation process is identifiedSpecific steps and timelines to implement the process are identified and added to the SSIP by 5/17 |
| 1. Define requirements, mechanisms and timelines for using fidelity assessments to monitor and support implementation of evidence-based practices.
 | 3 | Pilot4/16 – 12/16 Prepare for full implementation1/17 – 5/17Fully implement 7/1/17 | Policy ConsultantStakeholder group, including local system managers and providers | National resources on fidelity assessment, including information from the Active Implementation HubInformation and materials from Virginia local systems using fidelity assessment | SFY 2018 contract with local lead agencies specifies minimum requirements, mechanisms and timelines for beginning to use fidelity assessmentAs reported by local system managers to their TA or Monitoring Consultant, all SFY 2018 local lead agency contracts with providers require participation in fidelity assessment |
| 1. Identify effective strategies for local lead agency oversight of contract providers (e.g., specify expectations in contracts with providers) and include in the Local System Manager Handbook and local lead agency orientation materials
 | 3 | 1/17 – 6/17Revisit, as new requirements are implemented10/17 – 3/18 | Team of Monitoring and TA Consultants | National and other states’ resources on effective oversight and managementVirginia local system provider contracts and other tools and materials for oversight of contract providers | Meeting agendas and notes indicate stakeholders participated in identifying effective strategies for oversight of contract providersThese strategies are included in the LSM Handbook and local lead agency orientation materials |
| 1. Present an annual “State of the State’s Part C System” for all stakeholders to highlight system accomplishments and improvements underway as well as benefits to children and families
 | 2,3 | Annually Beginning 2/17 | EI Administrator | Other states’ materials (e.g., Maryland) for this type of presentation Data dashboard resources from ITCA Fiscal Initiative | As documented by announcements, meeting agendas and/or notes, a State of the State’s Part C System is presented annuallyPresentation is available through at least 3 mechanisms and, therefore, accessible to a broad group of stakeholders |
| 1. Develop and implement a webinar or series of webinars (also recorded and archived) and provide ongoing technical assistance through regional meetings to support local system manager, supervisor and provider use of required fidelity assessments
 | 3 | 3/17 – 6/17 | TA Consultants, Policy Consultant | Technology support for webinars from VCU Partnership for People with Disabilities | Webinar(s) are conducted, recorded and available on the VEIPD website (therefore, available to all target participants)All local system managers, program supervisors, and providers complete the webinar within 1 month of its original presentation date, as documented by printed certificate or signed attestation.Webinar evaluations indicate at least 75% of participants who submit the post-webinar evaluation state they understand the fidelity assessment requirements |
| 1. Develop a Local System Manager Handbook
 | 2, 3 | 7/17 – 1/18 | Policy Consultant  | National, other states’, and Virginia local systems’ management handbooksSupervision, leadership resources from Home Visiting Consortium | Handbook is developed, disseminated to all local system managers and posted to the ITCVA website |
| 1. Develop and implement a multi-component orientation plan (face-to-face, online, mentoring, etc.) for new local system managers, fiscal staff and executive/supervisor leadership at local lead agencies
 | 2 | Develop:7/17 – 1/18Implement:Beginning 2/18 | Team of state PD, TA, Monitoring and fiscal staff with stakeholder group | National and other states’ /initiatives’ materials on mentoringNational and other states’ orientation materials for state and local leaders/managersSupervision, leadership resources from Home Visiting Consortium and Early Childhood Mental Health Virginia Initiative | Orientation plan is developed and includes multiple components of professional developmentAll orientation resources and materials are available on the ITCVA website and, therefore, easily accessible to target audienceEvaluation immediately following orientation indicates that at least 75% of responding participants understand their required role and know where to find additional resources to answer future questions  |
| 1. Specify expectations for local system orientation for new providers to support implementation of evidence-based practices, including functional assessment, child outcome ratings, coaching and natural learning environment practices
 | 3 | 7/17 – 12/17 | EI AdministratorStakeholder group, including local system managers and providers | National, other states’, and Virginia local systems’ materials for provider orientationMaterials from Early Childhood Mental Health Virginia Initiative | SFY 2019 contract with local lead agencies includes requirement for use of the orientation package(s), or its equivalent, with all EI employees and contract providers new to Virginia’s Part C system |
| 1. Re-design the state (infantva.org) website to make it more functional for all users
	* Add to the state (infantva.org) website a tab for local system managers which includes LSM toolbox, forms, when things are due, etc
 | 3 | 7/17 – 6/18 | Data Manager, with stakeholder group | Expertise of website staff in DBHDS IT Dept. and PD staff at VCU Partnership for People with DisabilitiesLayout and organization of other states’ websitesBudget existing funds or seek additional funds, if necessary, to support IT personnel time | Website is re-designed and deployedA survey of users 6 months after website deployment indicates at least 75% of respondents found the new website visually appealing and easy to navigate |
| 1. Articulate the successes and challenges with the current local system structure based on the evaluation of the other steps and activities within the SSIP, the goals for a review of this structure, and how it specifically connects to the state-identified measurable result
 | 4 | 3/18 – 6/18 | EI Administrator | Evaluation information from implementation of other steps in the SSIPEvaluation expertise through VCU Partnership for People with Disabilities | Goals for reviewing the local system structure, including connection to the SiMR, are identified in writing and posted to the ITCVA websiteSuccesses and challenges are identified in writing and posted to the ITCVA website |
| 1. Develop and implement a communication plan to keep all stakeholders informed about and provide opportunities for input into the work of the stakeholder group exploring options for local system structures.
 | 4 | 3/18 – 6/18 | EI Administrator, withStakeholder Group (to include State Leadership Team for Local System Capacity) | None | Communication plan is articulated, posted to the ITCVA website.Meeting agendas and notes, monthly Updates and/or other correspondence indicate the communication plan was followed |
| 1. Evaluate the current local systems structure, considering costs, benefits, and information from other states in collaboration with a stakeholder group (including local lead agency administrators and local system managers)
 | 4 | 7/18 – 6/19 | EI Administrator, withStakeholder Group (to include the State Leadership Team for Local System Capacity) | Information from other states about their service system structure (pros and cons)Evaluation expertise through VCU Partnership for People with Disabilities | Costs and benefits of current local system structure are identified and posted to the ITCVA websitePossible alternative structures are identified and evaluated using the same cost/benefit analysis as that used for current structure, with results posted on the ITCVA websiteRecommendations for local system structure are identified and posted on the ITCVA website |
| 1. Incorporate adult learning principles in communication with and development of all materials for personnel and families
 | Other | Underway and ongoing through 2020 | All State Part C staff and PD Team | National resources on adult learning principles | Adult Learning Principles laminated card is widely disseminated to state and local staff – *Completed 9/15*An annual review by state staff of new professional development resources and materials indicates new information (1) explicitly connects to and builds on prior information/ knowledge, and (2) actively engages the learner with interactive components within the learning activity and/or with suggestions and support for follow-up activities to practice using the new information in context |

**Virginia State Systemic Improvement Plan**

***State Identified Measurable Result*: Increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs**

Broad Improvement Strategy 4: Enhance the capacity of the statewide early intervention data system (ITOTS) to efficiently collect and report comprehensive data on child indicator results that helps in evaluation and improvement planning at the state and local levels

Priority Activities to Address the Broad Improvement Strategy:

1. Support local systems in collecting, analyzing and using data for local system evaluation and improvement planning
2. Replace or fix ITOTS to meet the expanding data needs of Virginia’s EI system

|  |  |  |  |  | **Indicators of Success & Evaluation Plan** |
| --- | --- | --- | --- | --- | --- |
| **Steps** | **Activity #** | **Projected****Timelines** | **Person(s) Responsible** | **Resources Needed\*****(in addition to stakeholder input)** | **Short-Term** | **Long-Term** |
| 1. Foster a statewide culture of consistent and routine data-driven inquiry and decision-making by collaborating with stakeholders to identify key data questions we want to answer
 | 1 | Underway and ongoing | EI Administrator | Materials, resources and ideas (national and from other states) provided through the DaSY Topical Meeting on “Supporting Local Data Use for Program Improvement” | Meeting agendas, talking points and notes, and monthly Updates demonstrate multiple opportunities for a variety of stakeholders to collaborate with DBHDS in identifying key data questionsA statewide model/approach is adopted for data-driven inquiry and is widely shared with stakeholders via the ITCVA website, the Update and meetingsMeeting agendas, talking points, and notes document data-driven decision-making | TA and Monitoring Consultants report that all local system managers review local child outcome data at least quarterly beginning in FFY 2015 in order to monitor data quality (percent of exiters, expected patterns for progress categories, and trends over time)Statewide percent of children with at least 6 months between initial and exit assessment exiting with complete child outcomes data increases, as measured by the new ITOTS Child Progress Analysis Report – baseline to be established in FFY 2015, measured annually, with increase by FFY 2018A new data system is implemented and addresses the widely agreed upon data system needs (data elements and functionality) identified in step cMeeting agendas, notes, presentations, and other documentation indicate that local system managers and state staff use the new data system to correlate child outcome data with other program and demographic data in order to identify successes and to plan and evaluate improvement efforts Annual Provider Implementation Survey (based on ENHANCE survey) indicates within two years of initial (baseline) survey an increase over baseline in provider understanding of local system results on the child outcomes -- Baseline survey to be implemented late FFY 2015 or early FFY 2016Percent of infants and toddlers exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs, as measured and reported for the SPP/APR, increases in accordance with the state targets identified for Indicator 11 in the SPP/APR  |
| 1. Complete the Data Exchange Project that will allow local systems to upload data into ITOTS directly from their local data system
 | 1, 2 | 3/15 – 9/16 | EI Administrator, Data Manager,IT Director | DBHDS IT support | Data Exchange Project is completed |
| 1. Identify widely agreed upon future data system needs/wants (data elements and functionality) using the DaSY Framework Self-Assessment and broad stakeholder input
 | 2 | 6/15 – 6/16 | Data Manager,Monitoring Consultant with State Leadership Team on Data | DaSY Cohort on Integrating IFSP/IEP into data systemRecommendations from Early Childhood Mental Health Virginia Initiative | Meeting agendas, talking points and notes, and monthly Updates demonstrate that local system managers, local lead agency executives, local data managers, and providers have multiple opportunities to participate in the identification of priorities for the new data systemNeeded data elements and functionalities are identified and defined in writing |
| 1. Identify and evaluate potential replacement systems in order to determine the data system that best addresses Virginia’s needs and maintains data exchange capabilities
 | 2 | 7/15 – 9/16  | EI Administrator, Data Manager with State Leadership Team on Data | DaSY – help identifying other states with data systems to consider; technical assistance through DaSY Cohort on Integrating IFSP/IEP info data systemInformation from other states’ data managers and IT staff | Replacement data system is identified |
| 1. Determine what data elements in our existing data system will give us the most helpful information – which factors have the biggest impact on child results
 | 1 | 8/15 – 6/16 | Data Manager and Monitoring Specialist, with State Leadership Team for Data | DaSY consultationNEILS study data to narrow focus on what factors are most likely to impact results | Priority data elements are identified |
| 1. Continue to address analysis and use of local data to support data quality and program improvement through structured support in regional meetings, statewide meetings, and webinars
 | 1 | 9/15 and ongoing | State team of TA and Monitoring Consultants | Technology support for webinars from the VCU Partnership for People with DisabilitiesDaSY consultation on tools and interpretation and to support State staff in helping local systems | Regional meeting agendas indicate child outcome data analysis and use, including data quality, are addressed with local system managers at least 3 times per year through FFY 2019Statewide meeting agendas indicate child outcome data analysis and use are addressed with local system managers at least once a year through FFY 2019. |
| 1. Determine the feasibility of “fixing” ITOTS (time and cost; ability to add needed functionality)
 | 2 | 10/15*(Completed)* | EI Administrator, IT Director | Expertise of DBHDS IT Department staff | Decision is made whether or not to fix ITOTS – *Completed 10/15 (needed functionality cannot be added)* |
| 1. Explore the ability and timeline for existing Part C early intervention data to be added to the DBHDS Data Warehouse Project to improve state and local access to child outcome and related data already collected in ITOTS
 | 1 | 10/15 – 10/16 | EI Administrator, Data Manager,IT Director | DBHDS IT support | Decision is made regarding inclusion of Part C early intervention data in the data warehouseIf inclusion is possible, steps and timelines for completing this project are identified in the SSIP within 2 months of decision |
| 1. Participate in the DaSY Topical Meeting on “Supporting Local Data Use for Program Improvement” to identify new strategies to support local analysis and use of child outcome data
 | 1 | 11/15 | EI Team Leader,Policy Consultant | Travel supported by DaSY for 2 state and 3 local staff to participate | Team of state and local representatives attends the meeting – *Completed 11/15*Team identifies new strategies to support local analysis and use of child outcome data – *Completed 11/15 (added step a to this plan)* |
| 1. Identify a simple and effective way for local systems to collect and analyze data on child outcomes, evaluating new and current tools and templates to develop a uniform tool kit and process for local use
 | 1 | 2/16 – 8/16 | State team of TA and Monitoring Consultants | DaSY ConsultationResources from DaSY topical meeting on pivot tables and other tools for organizing and presenting data | ITOTS ad hoc report is revised to include discharge date and released to usersTool kit of data analysis tools and templates is posted on the ITCVA websiteExpectations for local data analysis and use related to the child outcomes are specified in the contract with local lead agencies no later than SFY 2018 |
| 1. Determine the need for and submit, if needed, a budget request(s) to the General Assembly to pay for and maintain new data system (including consideration of costs to local lead agencies to exchange data without duplicate data entry)
 | 2 | Initial request under consideration for session that ends 4/16 | EI Administrator | Information from the state/manufacturer from which data system will be obtained about the purchase and maintenance costs | Initial budget request, if needed, is made for the 2016 General Assembly session - *Submitted*Sufficient funding is available in order to obtain and maintain the new data system  |
| 1. Determine specific steps and timelines to reach implementation of the new data system and to prepare, train and support users for the new data system
 | 2 | 9/16 – 6/17 | EI Administrator, IT Director | DBHDS IT DepartmentDaSY ConsultationInformation from other states’ data managers and IT staff | Specific steps and timelines are identified for implementation of the new data system, and the SSIP is updated to reflect these specific plans  |

\*Generally, funding is only listed in the Resources Needed if there is an anticipated need for new or additional funding.