I. SSIP Improvement Strategy and Evaluation Details

A. **Improvement Strategy 2. Professional Development:**

BWEIP will enhance Utah's statewide CSPD system with the DEC/CEC standards to ensure the use of evidence-based practices by all early intervention (EI) providers.

BWEIP will redesign the current CSPD system to ensure EI providers have the knowledge and skills to implement evidence-based practices.

BWEIP will implement a new EI provider orientation and self-assessment to result in an individualized learning and coaching plan.

BWEIP has credentialing standards that align with DEC/CEC national standards.

BWEIP has an enhanced CSPD system—self-assessment, orientation, and coaching for all new providers—linked to the new standards that includes areas around cultural competency, social-emotional assessment and practices, family-centered services, RBI, and family engagement.

EI providers due to renew credentials access training and learning experiences to field based on the new standards.

EI providers implement evidence based practices to support families their child's development.

Families will be empowered, motivated, and have many opportunities to feel successful in their child's development.

State Improvement Plans or Initiatives That Align With This Improvement Strategy

1. Utah Valley University (UVU)/Easter Seals-Goodwill Certificate in Early Childhood Education Coaching:
   Coaching is an evidence-based strategy to increase program quality and teacher effectiveness in early childhood classrooms, programs, and home delivery systems. This course will train early childhood coaches using material from research-based sources and program experiences. Participants will learn recommended practices in coaching related to early childhood and develop a systematic, individualized approach to effective coaching. This first course explores foundations for early childhood education and coaching. This course is the first in a three-semester program leading to the UVU/Easter Seals-Goodwill Certificate of Proficiency in Early Childhood Coaching.

2. Utah is the second state that is currently developing an Early Childhood System Wide Personnel Development Plan. The following is an overview of a self- assessment Utah is currently working on to develop the plan that is being supported by the Early Childhood Personnel Center (ECPC) and the Early Childhood Technical Assistance Center System Framework for Personnel/Workforce (PN) Component State Self-Assessment

   The purpose of the Personnel/Workforce component of the System Framework is to guide states in the planning, development, implementation and evaluation of a comprehensive system of personnel development (CSPD). This component is the primary mechanism by which the state ensures that infants, toddlers, and young children with disabilities and their families, are provided services by knowledgeable, skilled, competent, and highly qualified personnel, and that sufficient numbers of these personnel are available in the state to meet service needs. The CSPD is a statutory requirement for Part C. Although no longer a mandate for Part B, we continue to use the terminology because CSPD has a lengthy and prominent history in the Individuals with Disabilities Education Act (IDEA), dating back to the predecessor, the Education of the Handicapped Act (EHA).

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An ongoing, coordinated and strategically designed system of personnel development provides the supports needed by the other framework components. An effective CSPD is key to promoting both effective practices and the implementation of legal requirements as determined by the IDEA. It is important for understanding workforce capacity in order to provide timely and consistent services by prepared personnel. An effective system must coordinate and address state needs for both the number of personnel as well as the degree to which those personnel are supported and qualified for their roles in the service system. The CSPD acknowledges the coordination between preservice and inservice personnel development as critical for ensuring consistency of practices. A CSPD is informed by ongoing evaluation and multiple sources of data including stakeholder input, monitoring results and the capacity to implement child and program quality standards. The other components of a system framework inform the work of the CSPD and how it can support their effective implementation and desired results.

This component includes: leadership, coordination, and sustainability; state personnel standards; preservice personnel development; inservice personnel development; recruitment and retention; and evaluation. The leadership, coordination, and sustainability subcomponent addresses the membership and responsibilities of a leadership team and the required elements of a written plan for the CSPD. The state personnel standards subcomponent specifies criteria regarding the alignment of state standards with national standards established by discipline-specific organizations (e.g. CEC, ASHA, AOTA) for personnel knowledge, skills, and competencies, and bases state certification, licensure, credentialing, and/or endorsement upon these standards. The preservice personnel subcomponent requires institution of higher education (IHEs) to align programs of study with state and national personnel standards, coordinate with inservice training providers, and specifically prepare students to work with infants, toddlers, and preschool children and their families. The inservice personnel development subcomponent requires the availability of appropriately targeted and effective training and technical assistance to retool, extend, and update the knowledge, skills, and competencies of the workforce. The recruitment and retention subcomponent delineates strategies that must be in place to ensure the availability of sufficient numbers of highly competent personnel to meet the demand for services in the state. Finally, the evaluation subcomponent provides the basis for collecting data and examining all elements of the CSPD in order to identify strengths and weaknesses, and make appropriate modifications based on the findings.

3. Baby Watch Early Intervention has been chosen by the Governor's Office of Management and Budget as one of the programs in state to participate in the Utah Success Initiative. Any organization is comprised of multiple factors. People, policies, technology, business processes, performance measures, organization design, strategies, and goals each play a role in organizational performance. When all of these factors work in harmony toward a common goal, organizations can thrive. Aligning all of these variables to achieve maximum system performance is the core of the SUCCESS Framework.
   Set Goals, Targets and Performance Measures
   Use Analysis and Thinking Tools
   Create Strategy
   Create Organization
   Engage Employees and Customers
   Synchronize Projects and Policies
   Stay Focused

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The Baby Watch System Goal: To improve parent/caregiver capacity to facilitate improved child developmental outcomes for infants and toddlers 0-3 with developmental delays and/or disabilities.
The Measure: Value as the consideration of quality (Child and Family Outcomes), value (number of children and families served) and cost (operating expense).

4. Social Emotional Community of Practice: As Utah Part C works to transform its system of education to ensure that all students are prepared for lifelong learning, work, and citizenship, we recognize the incredible potential, through our State Systemic Improvement Plan (SSIP), to put an intentional and particular focus on the needs of children and youth with disabilities.
To assist us in the ongoing development and implementation of our SSIP, Utah Part C Utah Part C is making a commitment to participate in the Social/Emotional Community of Practice offered by the National Center for Systemic Improvement (NCSI). Participation in this Collaborative will assist Utah Part C in identifying issues and opportunities related to improving outcomes for children and youth with disabilities, engage in professional learning and growth in order to build our capacity in the areas of *data use*, *knowledge utilization*, *systems change*, and *communication & collaboration*, and improve our system of general supervision.

5. Performance Based Contracting: (Appropriate use of S/E assessments) (IFSP S/E outcomes
Baby Watch Early Intervention is strengthening its evidence-based practices and strategies in the following areas to increase the capacity to serve and improve outcomes for children and their families.
   a. Procurement, contracting, and Auditing: To improve transparency, consistency and accountability of the program statewide BWEIP is working to standardize practices and incorporate performance and outcome based contracting. This may include strategies such as competitive procurement, restructuring funding use and more comprehensive auditing.
   b. Process and Practice: To improve statewide operations through strategies such as data-driven decision making to expedite and prioritize services, evidence-based assessment of parent outcomes, and program evaluation.
   c. Capacity Development: Family needs and program requirements will likely always outpace and outgrow funding allocation, so more rigorous operational data analysis, management, and evaluation will be needed for capacity-building, in terms of gaining time and proficiency.

6. BWEIP and SSIP Work Teams are collaborating with a child psychologist on the "*The Baby Watch Early Intervention, Social-Emotional Project*"
   a. To review and determine an appropriate and allowable set of social-emotional assessments for use EI providers in Utah.
   b. To create a protocol for social-emotional delays at referral and intake.
   c. To provide training for Utah EI providers on "*How to Measure a Relationship- A Practical Approach to Dyadic Intervention*" by Dr. Barbara Stroud.

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7. BWEIP was housed at The Utah Department of Health (UDOH), Bureau of Child Development (BCD) until November 30 1, 2016. BWEIP staff and SSIP Work Team members continue to collaborate with the BCD programs and projects to enhance infrastructure within the early childhood community of professionals. As of December 1, 2016 the UDOH moved BWEIP back to the bureau of Children with Special Health Care Needs (CSHCN) which more closely aligns with our mission. With this move BWEIP has strengthened its base of support. The mission and programs in each bureau include the following;

http://www.health.utah.gov/cshcn/pdf/Strategic%Plan.pdf

The mission of the CSHCN is to assure quality health care and related services for children and youth with special needs and their families throughout the state of Utah.

CSHCN provides and promotes family-centered, coordinated care and facilitates the development of community-based systems for these children and their families. CSHCN activities focus on reduction of preventable death, disability and illness in children due to chronic and disabling conditions.

Goals include:

All children with special health care needs will receive coordinated ongoing comprehensive care within a medical home.

All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.

All children will be screened early and continuously for special health care needs.

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All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.

All children will be screened early and continuously for special health care needs.

Services for children with special health care needs and their families will be organized in ways that families can use them easily.

Families of children with special health care needs will partner in decision making at all levels.

All youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work, and independence

Children with Special Health Care Needs Programs

To assure quality health care and related services for children and youth with special needs and their families throughout the State of Utah.

Autism System Development - To identify needs and promote available statewide services to assist families and individuals with autism and their caregivers.

Child Health Advanced Records Management (CHARM) - To provide secure, child-specific, integrated public health information that is accessible to health programs and professionals that have a specific need for this information

Children's Hearing Aid Program (CHAP) - To provide early access to hearing aids for hearing impaired infants and young children of financially eligible families, in order to maximize their communication and learning potentials.

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Critical Congenital Heart Defect (CCHD) Screening - To create a safety net for all babies born in Utah by educating health care providers, improving the screening process and diagnostic technology, and creating a statewide CCHD screening and data collection system.

Cytomegalovirus (CMV) Public Health Initiative - To educate women of child-bearing age in Utah on the risks of Cytomegalovirus during pregnancy and to teach them strategies for CMV prevention; to facilitate the screening of eligible infants for the presence of congenital CMV infection that allows for early detection and intervention.

Early Hearing Detection and Intervention (EHDI) - Utah's Early Hearing Detection and Intervention Program provides newborn hearing screening oversight to assure all infants born in Utah have access to early screening, identification and intervention for hearing loss.

Fostering Healthy Children Program (FHCP) -To promote the health and well-being of children in foster care by assuring access to timely health care for children in Utah's foster care system so their needs will be met in a timely manner.

Integrated Services Program - To provide coordinated care planning, education and resources to CSHCN and their families to assist them in making informed decisions about primary and specialty health care, behavioral health and social services to help meet their needs during the pediatric life cycle through transition to adulthood.

Kurt Oscarson Children's Organ Transplant Fund - To provide financial support for children under age 18 who require organ transplants through an interest-free loan.

Newborn Bloodspot (Heelstick) Screening Program - To provide a statewide system for early identification and referral of newborns with certain metabolic, endocrine, exocrine, immunologic or hematologic disorders that can produce long-term mental or physical disabilities or death if not treated early.

Technology Dependent Waiver - To provide home and community-based services for technology dependent, medically fragile individuals with complex medical conditions who would otherwise require care in a Medicaid enrolled skilled nursing facility.

Utah Birth Defects Network (UBDN) - The Utah Birth Defect Network seeks to prevent birth defects and secondary disabilities by monitoring occurrence, conducting research, providing education and outreach.

The mission of the Bureau of Child Development (BCD) is to support the health and development of Utah families and their children. The bureau also houses the Utah evidenced-based Home Visiting Program, a Developmental Screening program, Early Childhood Utah – a statewide interagency body whose function is to work to improve Utah's early childhood system, the Longitudinal Data System Project, the Child Care Licensing Program, and the Strengthening Families Protective Factors project. BWEIP has many natural and planned opportunities to interface with these programs and projects. BWEIP is a partner on the activities of all these projects. These partnerships allow us to maximize the use of resources and funding and facilitates interagency agreements.

   a. Child Care Licensing: Supports working parents by protecting the health and safety of children in regulated child care programs. This is accomplished by:

   Establishing and enforcing health and safety standards for child care programs.
   Training and supporting providers in meeting the established health and safety standards.
   Providing the public with accurate information about regulated child care.

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b. Developmental Screening Program: The statewide program trains early care and education providers to use developmental screening tools and share screening results with parents and help early care and education providers connect children and families to community resources for child development.

c. The Early Childhood Comprehensive System (ECCS) Collective Impact Grant: The partnership will provide the Bureau of Child Development with an opportunity to strengthen the work that is currently happening with early childhood/developmental screening and/or collective impact of child find and data sharing by:
    Participation in the Regional Early Childhood Utah groups by local early intervention providers from each designated region (Ogden, Salt Lake, San Juan).
    Participation in the support of a Decision Tree that connects EI to Help Me Grow resources and mental health resources when developmental screenings indicate a need but children do not qualify for EI services.

d. Office of Home Visiting: Promotes a coordinated service continuum of research-informed home visiting that supports healthy child development and ensures the safety of young children and family members by:

    Developing state infrastructure to support home visiting
    Supporting a local continuum of services
    Providing training and technical assistance to local programs
    Securing Sustainable funding
    Evaluating outcomes and quality of services

8. Utah Association of Infant Mental Health (UAIMH) mission is to promote a unified understanding of infant mental health across programs and to develop a statewide system of resources in support of infant mental health for all families living in Utah.

    To facilitate cooperation among individuals and agencies concerned with promoting conditions that will bring about the optimal development of infants and infant-caregiver relationships.
    To encourage the realization that infancy is a sensitive period in the psychosocial development of individuals.
    To promote education and research of the effects of mental development during infancy on later normal and psychopathological development.
    To support the implementation of evidence-based programs of promotion, intervention, and prevention designed to foster infant-caregiver relationships.

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9. The State Practice Model is presented as a framework for all who work with children 0-5. *An Initiative of the Utah Interagency Coordinating Council For Infants and Toddlers with Special Needs carried out by the Expanding Options for Infant Mental Health Committee.*
The following Tool Kits were developed to support the State Practice Model:
   PROMOTION TOOL KIT- Resources to support healthy social emotional development in children birth to five
   PROACTIVE INTERVENTION TOOL KIT -Information on screening and first line interventions for children birth to five
   INTERVENTION/TREATMENT TOOL KIT - Information on assessment, evidence based models of intervention and clinical treatment for infants and young children birth to five.

8. Training and Support for Early Identification of Autism in Early Intervention Systems
University of Utah, Brigham Young University, Utah State University

   Working with Utah Regional Leadership Education in Neurodevelopmental and Related Disorders (URLEND) and Utah Baby Watch

- Statement of need: Among the states in the CDC prevalence studies, Utah has the lowest rate of early identification of autism spectrum disorders (33% of children with autism were identified in educational and/or health records by the age of 3).

- Purpose and Description: This project proposes to (1) Collect needs assessment data from early intervention agencies under the purview of Utah Baby Watch to determine training needs regarding identification or documentation of autism spectrum disorders in children, birth to 3 (Fall 2014); (2) Develop an evidence-based curriculum to address identified training needs, specifically including autism screening using the Modified Checklist for Autism in Toddlers (M-CHAT-R/F: Winter 2015); (3) Deliver the training in one-day workshops in 6 EI areas (SL county/Tooele, Utah county/central Utah, northern Utah, southern, eastern, and southeastern Utah) in Summer 2015; (4) Follow up on training with regular (monthly) video conference consultation to support training and implementation (Fall 2015, Winter 2016).

B.   Improving Infrastructure and/or Practice
1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance	☐	Accountability	☐	Professional development	☐
Data	☐	Quality standards	☐	Technical assistance	☐
Finance	☐				

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2. **Is this strategy intended to directly improve practices?** <mark>Yes</mark>   No ▢

C. Intended Outcomes

Type of Outcome	Outcome Description
Short term	BWEIP has credentialing standards that align with DEC/CEC national standards.
Short term	BWEIP has an enhanced CSPD system: establish an orientation for all new providers linked to the new standards which include areas addressed in this SSIP plan around cultural competency, SE assessment and practices, Family Centered Services, Routines Based Interviews, and family engagement.
Intermediate	EI providers due to renew credentials access training and learning experiences to field based on the new standards
Intermediate	EI providers implement evidence based practices to support families their child's development.
Intermediate	Families will be empowered, motivated, and have many opportunities to feel successful in their child's development
Long term	SiMR

A. Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)
1.Create Utah standards	A. Reviewed the national DEC/CEC and 7 principles of EI and UT's old standards SSIP CSPD committee identified areas missing or needing to be improved B. Adopted portions of the DEC/CEC	DEC/CEC standards; current Utah (competencies) standards	SSIP/CSPD Committee	March – June 2017

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Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)
	standards C. Committee and then provider consortium vetted and adopted the new standards D. New standards embedded into the provider contracts E. When CSPD policy is revised, it will include new standards			
1. Phase III Update: Utah developed the Utah Early Intervention Standards, which are based on the CEC Initial Special Educator Preparation Standards Early Childhood Specialist Set. These standards were compiled by the SSIP/CSPD Stakeholder Committee and are an important component of Utah's new CSPD early intervention credentialing system. Our new EI standards emphasize the social emotional domain with family- centered, relationship based early intervention elements. These standards were introduced during Utah's first pilot for the new CSPD in September 2016, and are now being used with all 15 early intervention agencies across the State of Utah. **PD1.Utah EI Standards.pdf**				
2.Create individual self-assessment as component of new credentialing system	A. Subcommittee reviewed new standards B. Created self-assessment based on the new standards	DEC/CEC standards; Utah standards, ECPC self-assessment tools	SSIP/CSPD Assessment Committee	June 2015
2. Phase III Update: The SSIP/CSPD Stakeholder Committee developed the Early Intervention Provider Self-Assessment of Competence, which is based on the Utah Early Intervention Standards. Every new early intervention direct service provider is required to complete this self-assessment by week four of their early intervention credentialing process. Upon completion of the Self-Assessment of Competence, the new provider, supervisor, and coach will meet to develop an Individualized Credentialing Plan. This plan is derived from the results of the self-assessment, and will individualize a detailed training plan for the new provider, which includes the social emotional domain The Self-Assessment of Competence was introduced during Utah's first pilot for the new CSPD in September 2016, and is now being used with all 15 early intervention agencies across the State of Utah. **PD2.Self-Assessment.docx.pdf and PD3.Individual Credential Plan.pdf**				
3. Create orientation as component of new credentialing system	A. Identify and finance a new platform for supporting the online system B. Create new web page to login to the platform to access the orientation information C. Create online interactive training materials to include assessment that allows them to move on; mandatory experiential opportunities	University of Utah CANVAS Current local EI orientation packages National EI orientation	SSIP/CSPD Orientation Committee	July – October 2015

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Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)
		and training		

3. Phase III Update: Utah's new early intervention credentialing system is comprised of three phases. **PD4.Flow Chart-The New Baby Watch Early Intervention Credential.pdf** Phase One (Introduction) and Phase Two (Foundation) include mandatory orientation and foundation trainings that are supported by the Canvas Learning Management System, hosted by the Utah Education Network (UEN). Two subcommittees of the SSIP/CSPD stakeholder committee worked to develop trainings based on the Utah Early Intervention Standards. These trainings are in PowerPoint format, include links to various online resources, as well as include a short quiz following each training module. The new early intervention provider must pass the quiz in order to move onto the next consecutive training module. The new provider is registered in the Canvas system as a S*tudent*, and their assigned coach is registered as an *Observer*. The coach is able to monitor the ongoing progress, of each of their students, in the Canvas system. Also in Canvas, there are identified places for instruction and guidance on *Getting Started* with the early intervention credential, as well as a location for all of the credentialing documents and forms. Phase Three of the credentialing system involves Supported Hands-On Learning, and will be described in more detail in Activity 4. **PD5.Credential Orientation and Training Plan Requirements.pdf**

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline
4. Create a coaching system as component of new credentialing system	A. Created a subcommittee for designing the coaching B. Reviewed existing materials in other states/nationally C. Secured assistance from TA Center (national support) D. Develop the content of the coaching training, forms, process E. Pilot the coaching process and forms, revising based on the pilot process	Existing national resources; state examples; National TA expert assistance	SSIP/CSPD Coaching Committee	May 2015 June 2015 December 2013 August 2015 September 2015 May 2016

4. Phase III Update: Phase Three of the early intervention credentialing process involves a Supported Hands-On Learning approach for the new early intervention provider, with the strong support of an identified coach. A stakeholder subcommittee was formed to address the area of 'coaching' for new early intervention providers. With the TA support of Stephanie Parks, previously of the Early Childhood Personnel Center (ECPC), this subcommittee did extensive research to find and review Part C Early Intervention coaching/mentoring models that are currently being implemented in various states across the nation. The stakeholder coaching subcommittee developed forms, processes, and required coach training opportunity for all experienced early intervention providers who are interested in being in a coaching role. The Baby Watch Early Intervention Program has implemented three pilots for their new CSPD system, Based on feedback obtained from surveys and phone meetings with new coaches, appropriate revisions have been made to the coach forms, processes, and coach training throughout the piloting process. The Baby Watch Early Intervention Program continues to provide ongoing coach training for those individuals who are

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Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)
currently in the role of coach, as well as those who are aspiring to fill this role. **PD6. Coaches Training for Early Intervention Credential.pdf**				
5. Train coaches and keeping them updated	3 groups: (1) new providers through credentialing process; (2) group of coaches being trained who are also providers; (3) current providers trained with former CSPD process and competencies	Curriculums Forms Web and in person delivery systems	SSIP/ CSPD Work Team	September 2015 – December 2016
5. Phase III Update: Seasoned and new coaches are being provided with ongoing coach and CSPD training opportunities provided by the Baby Watch Early Intervention Program. All of the coaches for Utah's Part C early intervention agencies (15) are experienced early intervention direct service providers, who are currently providing early intervention services. These individuals have all been recommended by their early intervention agency director. The coach training is full day long training, and includes the following topics: Review of the Family Centered Early Intervention Model, Review of the New Utah Early Intervention Standards, Paperwork and Processes, Canvas, and coaching. The entire afternoon is devoted to learning coaching strategies and techniques, including reflective supervision. At this time, all attendees are required to participate in this training in person. **PD7. Eligibility Observation.Demonstration Form.pdf, PD8. IFSP Observation.Demonstration Form.pdf, PD9. Home Visit Observation.Demonstration Form.pdf**				
6. Develop and communicate instructions for how providers can access the system to update their credentials	A. Develop instructions B. Announcements and invitation to training at grantee, ICC, SSIP. CSPD meetings.	Staff and training platform Written documentation	SSIP/ CSPD State Work Team	August 2015 - ongoing
6. Phase III Update: The Baby Watch Early Intervention Program has developed an Early Intervention Specialist Credential renewal process for providers credentialed before the new credential system was developed, to provide them with the new standards including family-centered and social emotional relation-ship based practice. All Early Intervention Specialist Credentials need to be renewed five years from the date of issue. The BWEIP is in the process of revising their current CSPD Policy, and new information is provided on early intervention credential renewal. There is a requirement of 75 professional development hours specific to birth to 3 years of age. In addition, the early intervention provider must complete the following modules in the Canvas learning platform: DEC Recommended Practices, Seven Key Principles of Early Intervention, Child and Family Assessment, Writing Functional IFSP Outcomes, Routines Based Interventions, Self-Assessment of Competence, and Individualized Credentialing Development Plan. The early intervention provider must obtain a supervisor's verification of all required professional development hours, trainings, Self-Assessment of Competence, and Individualized Professional Development Plan implementation. This information is submitted to the Baby Watch Early Intervention Program for final credential approval. **PD10. Road map Credential Process.pdf, PD11. Seven Key Principles of Early Intervention.pdf, PD12.Checklist_Family_Centered_Practices_ifsp_VA.pdf, PD13.Early-Intervention-Family Coaching _VA.pdf**				

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B. **Evaluation Plan**
1. **Evaluation of Improvement Strategy Implementation**

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
SSIP/CSPD workgroup activity	Meeting dates, materials reviewed, documents produced, discussion, conclusion. Standards agreed upon and compiled.	December 2014 – May 2015
Phase III Update: SSIP/CSPD stakeholders' workgroup met regularly during the years of 2014, 2015, and 2016. This workgroup was able to agree upon and compile the Utah Early Intervention Standards, which are based on the CEC Initial Special Educator Preparation Standards Early Childhood Specialist Set. In addition, this workgroup compiled, reviewed, and produced twenty-three (23) documents and forms that support and facilitate the coaches and the new early intervention provider in moving through and meeting the requirements for the Utah Early Intervention Specialist Credential. The Utah Early Intervention Standards, as well as the documents and forms are all available on the Baby Watch Early Intervention Program's Canvas learning platform.		
BWEIP enhanced CSPD system work	Membership, meeting dates, materials produced by the three SSIP/CSPD subcommittees (Orientation, Coaching, Hands on Learning).	June 2015 – April 2016
Phase III Update: Three stakeholder subcommittees formed from the SSIP/CSPD workgroup, which included Orientation, Training, and Coaching. These subcommittees met regularly throughout the years of 2015 and 2016 to work on each of these three areas of the new CSPD credentialing process. The Orientation and Training committees identified training topics, as well as compiled learning content for each topic. The Coaching subcommittee developed forms and processes to support, facilitate, and individualize the new early intervention provider's learning.		
BWEIP enhanced CSPD credential process dissemination and participation	Dates of component launches, trainings, and tracking of learning platform logins, progress, returned forms, conference call feedback and surveys of users (coaches and new practitioners).	October 2015 - Ongoing
Phase III Update: The first pilot for the new CSPD early intervention credentialing process launched in September of 2015, beginning with the Baby Watch Early Intervention Program's first Coach training. Seven of Utah's 15 early intervention agencies participated in the first pilot. In October 2015, the BWEIP collected survey feedback for the first Coach training, and in April 2016, the BWEIP collected survey feedback from participants in the first pilot. In addition, the BWEIP organized phone calls with the early intervention coaches across the state of Utah. Based upon feedback from surveys and phone calls, the BWEIP made changes to CSPD forms, Canvas, as well upcoming Coach trainings. The Second CSPD Coach training and pilot began in May 2016, with approximately 5 additional early intervention agencies participating. Following feedback from a survey sent out to all coaches in June 2016, and ongoing meetings with the CSPD stakeholders workgroup and subcommittees, additional changes were made to CSPD forms, Canvas, and the third Coach training. The third Coach training was held in September 2016, and in October 2016 the Baby Watch Early Intervention Program completely implemented the new Utah CSPD system		

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with all 15 early intervention agencies participating. Members of the CSPD stakeholders workgroup continue to meet periodically and communicate via email to help ensure ongoing improvement to the system, as well as have participated in writing the new Baby Watch Early Intervention Program CSPD policy that is tailored to the new CSPD system.

2. **Evaluation of Intended Outcomes**

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	BWEIP will have Utah standards that align with DEC/CEC national standards.	Did BWEIP develop Utah standards that align with DEC/CEC national standards? Were the standards disseminated to local programs? Do EI providers understand expectations for use of the standards?	New standards are posted and in the program contracts.	Numbers of new EI providers and coaches feedback from pilots.	March 2015 – May 2017 and ongoing
Phase III Update: The Utah Baby Watch Early Intervention Program developed the Utah Baby Watch Early Intervention Standards, which are based on the CEC Initial Special Educator Preparation Standards Early Childhood Specialist Set. These standards are on the Baby Watch website, in the Canvas learning platform, and reviewed at all of the coach trainings. In addition, the Self-Assessment of Competence, required for the credentialing and renewal processes, is based off of the new Utah Early Intervention Standards. Adherence to the CSPD process id included in each EI agency's contract assurances to the state. Baby Watch has held four day long coaches training events, with a total attendance of 148 EI staff, resulting in approximately 75 active coaches. Additionally, after each coach training a survey was conducted to obtain feedback to assist Baby Watch to meet the needs of local EI coaches at future trainings.
	BWEIP will enhance the existing CSPD system: establish an orientation for all new providers	Did BWEIP develop and establish an orientation for all new EI providers linked to	A new online system for orientation based on standards exists and is accessed by EI	New web based login to the platform to access the orientation information.	March 2015 – May 2017 and ongoing

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Short Term	linked to the new standards which include areas addressed in this SSIP plan around cultural competency, SE assessment and practices, FCS, RBI, family engagement and relationship building.	the new standards which include areas addressed in this SSIP plan around cultural competency, SE assessment and practices, FCS, RBI, family engagement and relationship building? Was the orientation and guidance disseminated to local programs? Do EI providers understand expectations for use of the orientation?	providers	Online interactive training materials to include assessment and tracking that leads the credentialing new practitioners to move through the orientation sequentially; mandatory experiential opportunities, and self-assessment to determine additional needs to be included in the individualized credentialing/coaching plan.	
Phase III Update: The Canvas platform includes required online trainings about the early intervention processes including, but not limited to the Seven Key Principles of Early Intervention, DEC Recommended Practices, Writing Functional IFSP Outcomes, Routines Based Interventions, Parent Concerns, Priorities, and Resources, and Child and Family Assessment. Upon completion of each Canvas module, the early intervention provider completes a one-question quiz in order to proceed to the next section. This ensures that the provider understands the information, as well as creates a transcript of completed assignments for their coach. In combination with the online learning opportunities, every new early intervention provider completes observations and demonstrations of the early intervention process. To date the Canvas platform has registration for 127 EI providers that are working toward or have received their EI Specialist Credential.					
Short term	BWEIP will enhance the existing CSPD system: establish an individualized self-assessment linked to the Utah standard which are based on national DEC/CEC standards	Did BWEIP develop and establish individualized self-assessment linked to Utah standard based on national DEC/CEC standards? Were the self-assessments and	A new system for individualized self-assessments linked to standards exists and is accessed by EI providers.	Self-assessments with items based on DEC/CEC standards Data are collected from new practitioners and are used for the credentialing system CSPD credentialing pilot	March 2015 – May 2016 and ongoing

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		guidance disseminated to local programs? Do EI providers understand expectations for use of the self-assessments?		surveys	
Phase III Update: Every new early intervention provider, as well as those who are renewing their early intervention credential, completes the Self-Assessment of Competence, based on the new Utah Early Intervention Standards. Upon completion of the self-assessment, the new provider will meet with their assigned early intervention coach to develop an Individualized Credentialing Plan. This plan guides the training, activities, and learning resources for Phase Three of the CSPD Early Intervention Credentialing Process. Those individuals, who are renewing their early intervention credential, review their completed self-assessment with their supervisor in order to develop their Individualized Credentialing Plan. Thirty EI providers have registered in Canvas to renew their credentials and 12 of the 30 have completed the credential renewal process.					
Short term	BWEIP will enhance the existing CSPD system: establish a coaching component to the credentialing system to support providers in implementing evidence based practices to meet the standards	Did BWEIP develop and establish a coaching component to the credentialing system to support providers in implementing evidence based practices to meet the standards? Was the coaching system and guidance disseminated to local programs? Do EI providers understand	A new system for coaching based on standards exists and is accessed by EI providers.	Coaching piece exists in the platform – individualized credentialing plan based on self-assessment Forms completed related to coaching Web site statistics on participation in the coaching aspects Individual data in the system about coaching.	March 2015 – May 2016 and ongoing

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		expectations for use of the coaching system?			
		Phase III Update: Upon hire, every new early intervention provider is assigned an early intervention coach. The early intervention coach helps the new provider throughout the credentialing process. All early intervention coaches are required to attend an in-person Coach training provided by the Baby Watch Early Intervention Program. All new early intervention providers are informed of the early intervention credentialing process, as well as the role of their assigned coach.			
Short term	BWEIP will enhance the existing CSPD system: establish an individualized credentialing plan for hands-on learning including resources component to the credentialing system to support providers in implementing evidence based practices to meet the standards	Did BWEIP develop and establish an individualized credentialing plan for hands-on learning including resources component to the credentialing system to support providers in implementing evidence based practices to meet the standards? Was the individualized credentialing plan and resources guidance disseminated to local programs? Do EI providers understand expectations for use of the individualized credentialing plan and resources?	An individualized credentialing plan for hands-on learning including resources exits and is accessed by credentialing new practitioners	Individualized credentialing plan and resources based on self-assessment exits in platform. Individualized credentialing plans created. Web site statistics on participation in the credentialing plan activities and resources accessed.	March 2015 – May 2016 and ongoing
		Phase III Update: Every new early intervention provider, as well as those who are renewing their credential, completes the Self-Assessment of Competence based on the Utah Early Intervention Standards. Upon completion of the Self-Assessment, the early intervention provider develops an Individualized			

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Credentialing Plan with their coach and/or supervisor. The self-assessment and Individualized Credentialing Plan is defined on the home page of the Canvas learning platform, which is accessed by every direct service provider going through the credentialing process. In addition, this process is discussed with the early intervention provider by their coach and/or supervisor. Supplemental learning resources for hands-on-learning are available in Phase Three of the Canvas learning platform.					
Intermediate	EI providers due to renew credentials access training and learning experiences to field based on the new standards by participating in a self-assessment.	Did BWEIP develop and establish individualized self-assessment linked to Utah standard based on national DEC/CEC standards? Were the self-assessments and guidance disseminated to local programs and providers due to renew credentials? Do EI providers understand expectations for use of the self-assessments for providers due to renew credentials?	EI providers renewing credentials participate in areas of training and learning experiences based on the standards as informed by their participation in a self-assessment.	Tracking of providers due to renew credentials self -assessment and professional development.	July 2016 - ongoing
Phase III Update: Every early intervention provider who is renewing their credential completes the Self-Assessment of Competence, based on the Utah Early Intervention Standards. Upon completion of the Self-Assessment, the early intervention provider develops an Individualized Credentialing Plan with their supervisor and/or coach. The self-assessment and Individualized Credentialing Plan is defined on the home page of a separate Canvas page titled *CSPD Credential-Renewal*. This Canvas page is accessed by every direct service provider going through the re-credentialing process. In addition to being defined in Canvas, this process is discussed with the early intervention provider by their supervisor and/or coach. Supplemental learning resources for hands-on-learning are available are available in Phase Three of the Canvas learning platform.					
Intermediate	EI providers implement evidence based practices to support families their child's development.	Are S/E outcomes increasing on the IFSP	Providers implement EBPs when working with families	Monitoring tool for home visits pre/post self-assessment	Spring 2017-ongoing

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				Monitoring tool for home visits by lead agency Review of IFSPs for goals and strategies related to S/E; with follow up discussions with local program.	
Phase III Update: SSIP workgroups are in the process of reviewing specific evaluation and assessment tools that target social and emotional development, as well as researching learning strategies to help guide direct service providers write appropriate social and emotional IFSP outcomes for infants and toddlers. PD7. Eligibility Observation.Demonstration Form.docx, PD8. IFSP Observation.Demonstration Form.docx, PD9. Home Visit Observation.Demonstration Form.docx					
Intermediate	Families will be empowered, motivated, and have many opportunities to feel successful in their child's development.	Are families empowered and motivated and have opportunities to successful in their child's development?	Families will report improved outcomes on the family survey, specific items (to be determined).	Family survey data (identify specific items; analysis by subgroups; trend data).	August 2016 – 2017- August 2018
Phase III Update: As part of the CSPD Coach training, the Baby Watch Early Intervention Program provides information and review of the Family Centered Early Intervention Model. In addition, a Family Survey is sent annually to all families participating in Utah Part C services. This survey provides feedback about family outcomes related to family empowerment and participation in early intervention service delivery.					
Long term (SiMR)	BWEIP will substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C." These children will move closer in functioning to that of same-aged peers, as reflected in Summary				Winter 2019

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	Statement 1.*				
Phase III Update: The Baby Watch Early Intervention Program has identified stakeholder workgroups to participate in work toward the completion of Utah's identified SiMR: Utah Early Intervention would like to increase child social relationships by substantially increasing rate of growth for children of culturally diverse backgrounds as measured by the Child Outcome Summary. The identified workgroups are addressing assessment, professional development, family engagement, and collaboration.					

* SIMR as Child-Family Level Outcome

By utilizing Summary Statement 1 of APR Indicator 3, the progress achieved in the SiMR will be a direct result of the developmental gains made by individual children. While the focus of implementation in Utah is a sub-population of children from diverse cultures, all children and families should benefit from the improved training and competence of early intervention providers. Additionally, the focus on cultural diversity regarding assessment, family engagement, communication, and IFSP services and goals should substantially increase the rate of growth in acquisition of knowledge and skills; and use of appropriate behavior to meet a child's needs for the culturally diverse subpopulation.

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