

**State Systemic Improvement Plan (SSIP)  
Action Plan**

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**State Systemic Improvement Plan (SSIP)  
Action Plan**

I. State: Alaska

II. Part B:                      Part C:    **X**

III. SSIP Leadership Team Members, Role and Organization Represented

<b>Name</b>	<b>Position/Role</b>	<b>Organization/Agency</b>
John Lee	Director	Division of Senior & Disabilities Services
Tony Newman	Deputy Director	Division of Senior & Disabilities Services
Maureen Harwood	Part C Coordinator	Alaska Early Intervention/Infant Learning Program
Susan Kessler	EI/ILP Unit Manager	Alaska Early Intervention/Infant Learning Program
Shilan Wooten	Part C Professional Development Coordinator	Alaska Early Intervention/Infant Learning Program
Kim Mix	Part C Technical Assistant	Alaska Early Intervention/Infant Learning Program
Shannon Parker	Part C Technical Assistant	Alaska Early Intervention/Infant Learning Program
Amy Simpson	Local Program Administrator; Chair, Finance Committee	Programs for Infants and Children (Anchorage)
Laura Barrows	Local Program Administrator; Chair, Service Delivery Committee	Frontier Community Services
Kristin Bradshaw	Local Program Administrator; Chair, Personnel Development Committee	Alaska Center for Children and Adults
Jean Kincaid	Local Program Administrator; Chair, Public Awareness Committee	Mat-Su Center for Children and Adults
Brynn Bolling	Local Program Administrator; Member, Data Committee	Community Connections
Kathleen Hansen	Local Program Administrator; Chair, Policy Committee	REACH

IV. State-Identified Measurable Result(s)

“Of the Alaska Part C infants and toddlers who entered the program below age expectations in Social-Emotional, the percent who substantially increased their rate of growth by the time they exited the program will increase from reset baseline 51.69% to 57.20% by Federal Fiscal Year 2025.”

**v. SSIP Improvement Strategy and Evaluation Details – Professional Development/Technical Assistance**

**A. Improvement Strategy (PD/TA)**

- 1: Ensure Early Intervention provider’s capacity to accurately assign Child Outcome ratings.
- 2: Ensure that Alaska has a coordinated, high quality professional development system that is responsive to training needs related to Outcome Area 1: Positive Social Emotional Skills.
- 3: Support Early Intervention provider’s learning and implementation of evidence-based practices.

**B. Key State Improvement Plans or Initiatives That Align with This Improvement Strategy (PD/TA)**

**C. Improving Infrastructure and/or Practice (PD/TA)**

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

- Governance
- Accountability & Quality Improvement
- Personnel/Workforce (X)
- Finance
- Data
- Quality standards
- Technical assistance (X)

2. Is this strategy intended to directly improve practices? Yes (X) No

**D. Intended Outcomes (PD/TA)**

Type of Outcome	Outcome Description
Short-Term	ILP providers understand the COS rating process (PDTA S1)
Short-Term	ILP will have a high-quality in-service professional development system in place that supports implementation of practices related to related to Outcome Area 1: Positive Social Emotional Skills (PDTA S2)
Short-Term	ILP providers have increased knowledge of practices which support development related to Outcome Area 1: Positive Social Emotional Skills (PDTA S3)
Intermediate	ILP Providers meet implementation standards in COS rating practices. (PDTA I1)
Intermediate	Infants and toddlers with developmental needs related to Outcome Area 1: Positive Social Emotional Skills meet their IFSP goals related to this area. (PDTA I2)
Intermediate	ILP providers use evidence-based practices with fidelity to support development related to Outcome Area 1: Positive Social Emotional Skills with infants & toddlers and their parents (PDTA I3)
Long-Term	Infants and toddlers with disabilities will have substantially increased their rate of growth in positive social-emotional skills including social relationships by the time they exit the EI/ILP. (PDTA L1)

## E. Improvement Plan (PD/TA)

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*	Status and Evidence	Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
1.1 Support ILPs in implementing high- quality Child Outcome Summary (COS) rating processes in partnership with families	A. Implement COS Process Modules and final quiz to determine individual provider COS Process understanding and training needs.	<ul style="list-style-type: none"> <li>• COS Process Modules</li> <li>• Alaska Learning Management System- Moodle</li> <li>• ECO Center</li> <li>• ECTA Center</li> </ul>	<ul style="list-style-type: none"> <li>• PD Coordinator</li> <li>• Part C Technical Assistants</li> </ul>	Initiation: December 4, 2019 Completion: February 1, 2020	N/A	Status: Completed Evidence: Module completion report from Moodle manager	Has been integrated into ongoing processes.
	B. Integrate COS expected standards of practice into annual Program Self-Assessment	<ul style="list-style-type: none"> <li>• Other states' fidelity and standards tools</li> <li>• DaSy Center</li> <li>• ECTA Center</li> <li>• Program Self-Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• PD Coordinator</li> <li>• Part C Technical Assistants</li> </ul>	Initiation: February 1, 2022 Completion: June 30, 2023	N/A	Status: Not initiated Evidence: Annual Program Self-Assessment	
1.2 Identify and plan training activities focused on evidence-based practices which support infants and toddler's progress in Outcome Area 1: Positive Social Emotional Skills	A. Analyze data on statewide and local levels in order to understand developmental patterns and needs of children who are not making progress in Outcome Area 1.	<ul style="list-style-type: none"> <li>• Database</li> <li>• Database reports</li> <li>• Program TA meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Part C Data Manager</li> <li>• Data Committee</li> <li>• Part C Technical Assistants</li> </ul>	Initiation: July 1, 2020 Completion: June 20, 2023 Annual	N/A	Status: Implemented at pilot site Not initiated statewide. Evidence: Pilot site PowerPoint presentation	Data analysis from pilot site shows 1/3 of children ASD or suspected ASD, 1/3 medically fragile or other Part C dx. Waiting for completion of new database.

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*	Status and Evidence	Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	B. Inventory the capacity of local programs to provide evidence-based interventions which support children with these developmental patterns and needs.	<ul style="list-style-type: none"> <li>Program Continuous Quality Outcome Plan</li> <li>Social Emotional Practices Rating Scale (SEPRS) data</li> </ul>	<ul style="list-style-type: none"> <li>PD Coordinator</li> <li>Related ILP Committees</li> </ul>	Initiation: 2017 Completion: June 30, 2024 Annual	N/A	Status: Implemented and Ongoing Evidence: Training Survey; SEPRS data; Program Continuous Quality Outcome Plan	Awaiting completion of new database and analysis of data to understand which children are not making progress on a statewide and local level.
	C. Create annual professional development plan for evidence-based practices which support children with the identified developmental patterns and needs.	<ul style="list-style-type: none"> <li>Self-Assessment data</li> <li>Program Continuous Quality Outcome Plan</li> <li>Evidence Based Practice Clearinghouses</li> </ul>	<ul style="list-style-type: none"> <li>PD Coordinator</li> <li>Related ILP Committees</li> </ul>	Initiation: July 2017 Completion: June 30, 2022 Annual	AK-AIMH, IECMH Conference Planning Committee and MIECVH Home Visiting are partners	Status: Not initiated Evidence: Training attendance logs	Trainings in IECMH are being provided currently. Topics will be fine-tuned as we receive more data on children who are not making progress.
1.3 Conduct training activities focused on evidence-based practices which support infants and toddler's progress in Outcome Area 1: Positive Social Emotional Skills	A. Provide evidence-based practice trainings for ILP providers, as identified on professional development plan.	<ul style="list-style-type: none"> <li>Training materials and curricula</li> <li>Trainers</li> <li>Videoconferencing Platform</li> </ul>	<ul style="list-style-type: none"> <li>PD Coordinator</li> <li>Related ILP Committees</li> <li>Part C Coordinator</li> </ul>	Initiation: July 2017 Completion: June 30, 2022 Annual	AK-AIMH; Center for Human Development	Status: In process Evidence: Training attendance logs; State training list	
	B. Implement Learning Management System to support statewide ILP training	<ul style="list-style-type: none"> <li>Learning management system</li> <li>Training materials and curricula</li> </ul>	<ul style="list-style-type: none"> <li>PD Coordinator</li> </ul>	Initiation: July 1, 2021 Completion: June 2023	Senior and Disabilities Services training department	Status: In process Evidence: Training log reports from LMS	Building Part C Credential into system currently

## F. Evaluation Plan (PD/TA)

### 1. Evaluation of Improvement Strategy Implementation (PD/TA)

Activity	How Will We Know the Activity Happened According to the Plan? (Performance Indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status & Data	Notes: Data Quality Issues/Actions, Performance Status Related to Performance Indicator
1.1 Support ILPs in implementing high-quality Child Outcome Summary (COS) rating processes in partnership with families	<b>A. Performance Indicator:</b> 100% of providers received a passing score of 80% or greater after completing the online COS training modules	<b>Data Collection Method:</b> Quiz measuring providers' completion of COS training modules is integrated into LMS platform. <b>Analysis:</b> Identify the total number of providers who received a passing score on the COS training module quiz divided by the total number of providers who were eligible for COS training modules. If there are providers who did not pass the COS Modules, calculate the percentage of scores less than 80%	Initiation: December 4, 2019 Completion: February 1, 2020	A. Completed	The Moodle Learning Management System links providers to the COS Training Modules and evaluates their learning with an integrated quiz. New program staff are required to complete modules within 6 months of hire.
	<b>B. Performance Indicator:</b> 100% of child records reviewed demonstrate that the COS Process met expected standards.	<b>Data Collection Method:</b> Annual Program self-assessment <b>Analysis:</b> The number who met expected standards divided by the total number of child records reviewed through the self-assessment.	Initiation: February 1, 2022 Completion: June 30, 2023	B. Not initiated	
1.2 Identify and plan training activities focused on evidence-based practices which support infants and toddler's progress in Outcome Area 1: Positive Social Emotional Skills (including social relationships)	<b>A. Output:</b> Statewide data analysis report describing the developmental patterns of children who did not make progress on Indicator 1 – presented for discussion with stakeholders. <b>Performance Indicator:</b> Data analysis report is available to stakeholders.	<b>Data Collection Method:</b> Data is collected in the ILP Database related to each child, including diagnoses, risk factors, evaluation scores, and Child Outcome ratings. <b>Analysis:</b> In order to analyze this data, Child Outcome reports will be cross referenced with diagnoses, risk factors and evaluation information and supplemented by program survey as needed. Developmental patterns will be categorized. Initial analysis will be statewide, then programs will be able to look at their own regional data.	Initiation: July 1, 2020 Completion: June 20, 2023	A. Not initiated	

Activity	How Will We Know the Activity Happened According to the Plan? (Performance Indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status & Data	Notes: Data Quality Issues/Actions, Performance Status Related to Performance Indicator
	<p><b>B. Output:</b> Program Continuous Quality Outcome Plan – staff capacity section</p> <p><b>Performance Indicator:</b> 100% of local programs will complete staff capacity section of Program Continuous Quality Outcome Plan and submit to State ILP Office.</p>	<p><b>Data Collection Method:</b> Review plans describing the skills, capacities and needs of providers to support children with identified developmental patterns.</p> <p><b>Analysis:</b> Information from programs will be used to create goals on local program’s Continuous Quality Outcome Plan and aggregated into a report to be used as a basis for the statewide annual Professional Development Plan.</p>	<p>Initiation: July 1, 2022</p> <p>Completion: June 30, 2023</p> <p>Annual</p>	B. Not initiated	
	<p><b>C. Output:</b> Professional Development Plan</p> <p><b>Performance Indicator:</b> Annual Professional Development Plan will be developed to support the capacity of programs to meet the needs of children who are not making progress.</p>	<p><b>Data Collection Method:</b> Professional Development Plan is developed and made available to stakeholders.</p> <p><b>Analysis:</b> This annual plan will be developed in the spring, utilized to plan trainings, and reviewed to gather data on our successful implementation of planned activities.</p>	<p>Initiation: July 1, 2017</p> <p>Completion: June 30, 2022</p> <p>Annual</p>	Implemented	While COS data analysis is developed, Professional Development Plan will be based on continued identified needs around IECMH, Autism Spectrum disorders and other needs identified by programs.
1.3 Conduct training activities focused on evidence-based practices which support infants and toddler’s progress in Outcome Area 1: Positive Social Emotional Skills (including social relationships)	<p><b>A. Performance Indicator:</b> 75 ILP staff will participate annually in at least 1 ILP sponsored training activity.</p>	<p><b>Data Collection Method:</b> ILP Database</p> <p><b>Analysis:</b> Total number of ILP Providers who document at least 1 state sponsored training related to Outcome Area 1: Positive Social Emotional Skills, divided by total number of ILP Providers.</p>	<p>Initiation: July 1, 2017</p> <p>Completion: June 30, 2022</p> <p>Annual</p>	Implemented	

## 2. Evaluation of Intended Outcomes (PD/TA)

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)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator
Short-term	ILP providers understand the COS rating process (PD/TA S1)	Do providers understand the COS rating process and how to involve families?	<b>Performance Indicator:</b> 100% of providers demonstrate understanding of COS rating process through scoring 80% or higher on the COS rating process module quiz.	<b>Data Collection Method:</b> COS Process Module Quiz <b>Analysis:</b> Identify the total number of providers who received a passing score on the COS training module quiz divided by the total number of providers who were eligible for COS training modules. If there are providers who did not pass the COS Modules, calculate the percentage of scores less than 80%.	Initiation: July 1, 2019 Completion: February 1, 2020	Completed	The COS Process Module Quiz is accessible to all ILP staff for initial and ongoing training. Analysis will occur on an ongoing basis.
Short-term	ILP will have a high-quality in-service professional development system in place that supports implementation of practices related to related to Outcome Area 1: Positive Social Emotional Skills (PD/TA S2)	Does Alaska have a robust professional development system that ensures staff have the skills they need to support identified child development needs?	<b>Performance Indicator:</b> Alaska will demonstrate annual improvements in development, implementation and evaluation of multi-year professional development plan.	<b>Data Collection Method:</b> Annual completion of the ECTA Center Personnel/Workforce Component of the Systems Framework <b>Analysis:</b> Alaska will demonstrate annual growth in ratings of Quality Indicators 2, 7, 11 and 12	Initiation: July 1, 2022 Completion: June 30, 2023 Annual	Not initiated	



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)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator
<b>Short-term</b>	ILP providers will have increased knowledge of practices which support development related to Outcome Area 1: Positive Social Emotional Skills (PDTA S3)	Do ILP providers report increased knowledge of practices which support development related to Outcome Area 1 because of participation in a training opportunity?	<b>Performance Indicator:</b> 100% of providers indicate by survey that they have gained knowledge of practices which support development related to Outcome Area 1: Positive Social Emotional Skills after completing training.	<b>Data Collection Method:</b> Collection of training surveys <b>Analysis:</b> Annual analysis of training surveys will calculate	Initiation: July 1, 2017 Completion: June 30, 2022 Annual	Implemented	
<b>Intermediate</b>	ILP Providers meet implementation standards in COS rating practices. (PDTA I1)	Do providers complete the COS rating process in partnership with families following implementation standards?	<b>Performance Indicator:</b> 100% of programs report in their self-assessment that they complete the COS rating process meeting implementation standards as reflected by the COS questions section.	<b>Data Collection Method:</b> COS Implementation Standards Questions <b>Analysis:</b> Total number of records that report at least 80% standards met with COS rating process divided by total number of records reviewed. that complete the COS rating process.	Initiation: July 1, 2022 Completion: June 30, 2023 Ongoing with annual analysis	Not initiated	

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)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator
Intermediate	ILP providers use evidence-based practices with fidelity to support development related to Outcome Area 1: Positive Social Emotional Skills with infants & toddlers and their parents (PDTA I2)	Do ILP providers use evidence-based practices to support SE skills with parents and infants/toddlers with SE needs?	<b>Performance Indicator:</b> 75% of ILP Providers receive an average score of 3 or higher on the annual Social Emotional Rating Practices Scale.	<b>Data Collection Method:</b> SEPRS will be implemented in phases over the next 2 years. Aggregate SEPRS scoring data will be reported to the State ILP Office as part of the Annual Self-Assessment process. <b>Analysis:</b> Each program will calculate the average staff scores for Modeling of Coping and Regulation and for Provision of Relational Guidance. The State ILP Office will use these scores to calculate an aggregate statewide average overall score.	Initiation: July 1, 2021 Completion: June 30, 2022 Annual	Implemented	SEPRS is being rolled out in phases, starting with the pilot programs. The Annual Program Self-Assessment will be updated to include these additional questions.
Intermediate	Infants and toddlers with developmental needs related to Outcome Area 1: Positive Social Emotional Skills meet their IFSP goals related to this area (PDTA I3)	Were IFSP goals related to Outcome Area 1: Positive Social Emotional Skills met?	<b>Performance Indicator:</b> 75% of IFSP goals related to Outcome Area 1 reviewed as part of Program Self-Assessment were rated as completed.	<b>Data Collection Method:</b> Review of Outcome Area 1 goal completion will be integrated into the Annual Program Self-Assessment. <b>Analysis:</b> For each child record reviewed, programs will report the number of IFSP goals related to Outcome Area 1 and the number that were completed. The ILP State office will aggregate that data for statewide reporting.	Initiation: January 1, 2022 Completion: June 30, 2022 Annual	Not yet initiated	Self-Assessment will be updated to include this analysis.

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)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator
<b>Long-term</b>	Infants and toddlers with disabilities will have substantially increased their rate of growth in positive social-emotional skills including social relationships by the time they exit the Early Intervention Infant Learning program. (PDTA L1)	What percentage of infants and toddlers demonstrated greater than expected growth in positive SE skills (including social relationships) at exit from ILP?	<b>Performance Indicator:</b> The percentage of children with greater than expected growth (SS1) in positive SE skills (including social relationships)	<b>Data Collection Method:</b> Child Outcome Summary Progress Report <b>Analysis:</b> Calculate Summary Statement 1 (c+d)/(a+b+c+d) for Child Outcome 3A. Analysis will be completed in August for the preceding fiscal year.	Initiation: July 1, 2013 Completion: June 30, 2022 Annual	Implemented and Ongoing	

**vi. SSIP Improvement Strategy and Evaluation Details (Data System and Accountability/Quality Improvement)**

**A. Improvement Strategy**

1: Support State and Local ILP programs by enhancing the monitoring system and providing data tools which better guide decision making.

**B. Key State Improvement Plans or Initiatives That Align with This Improvement Strategy**

**C. 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 & Quality Improvement (X)	Personnel/Workforce	Finance
Data (X)	Quality standards	Technical assistance	

2. Is this strategy intended to directly improve practices? Yes (X) No

**D. Intended Outcomes**

Type of Outcome	Outcome Description
Short-term	ILP will have a new database user interface that is successfully adopted by all ILP Programs. (DA S1)
Short-term	State and local ILP programs will enter accurate child data, quarterly indicator data, and annual self-assessment data related to child progress toward Outcome Area 1: Positive Social Emotional Skills (DA S2)
Short term	ILP incorporates SSIP measures and program performance data into a revised annual program self-assessment and new program quality outcome plans. (DA S3)
Short-term	A diverse group of stakeholders are partners in decision making related to selection of targets and engaged with identification of critical questions and related analyses (DA S4)
Intermediate	ILP has a secure, functional database which is responsive to the program’s need for accurate and robust collection, analysis and reporting of ILP data. (DA I1)
Intermediate	ILP programs will use data collection, management, and reports to analyze local and statewide data in order to assess program strengths and needs, track progress and identify areas for growth. (DA I2)
Intermediate	ILP demonstrates a coordinated system of stakeholders, committees and state staff who utilize data to make decisions about improvements across the ILP system. (DA I3)
Long-term	Infants & toddlers with disabilities will have substantially increased their rate of growth in positive social-emotional skills including social relationships by the time they exit the ILP (DA L1)

E. Improvement Plan (DA)

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved*	Status	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
2.1 Work with DHSS IT team to create and roll out improved database with new user interface and enhanced reports.	A. Work with DHSS IT team to move existing database structure to new, secure platform with new user interface.	<ul style="list-style-type: none"> <li>ILP Server</li> <li>ILP Database</li> </ul>	<ul style="list-style-type: none"> <li>Part C Data Manager</li> <li>Part C Coordinator</li> <li>DHSS IT Team</li> </ul>	Initiation: July 1, 2019 Completion: June 30, 2022	DHSS IT	Status: In process Evidence: ILP Database	New database construction has been ongoing since FY19, with significant progress in FY20. Test database and live database are available to test sites from data committee.
	B. Increase database field options and required fields for better quality data collection.	<ul style="list-style-type: none"> <li>DHSS IT Department</li> <li>ILP Database</li> <li>ILP Database Manual</li> </ul>	<ul style="list-style-type: none"> <li>Part C Data Manager</li> </ul>	Initiation: July 1, 2019 Completion: June 30, 2021	N/A	Status: Completed Evidence: ILP Database and ILP Database reports	The new database has expanded fields related to risk factors, diagnoses and protective factors. Required fields have been put in place to ensure complete data.
	C. Develop additional reports in the database which support detailed tracking and analysis of child level data.	<ul style="list-style-type: none"> <li>ILP Database</li> </ul>	<ul style="list-style-type: none"> <li>Part C Data Manager</li> <li>Data Committee</li> </ul>	Initiation: July 1, 2023 Completion: June 30, 2025	DHSS IT	Status: Not initiated	

**Section 3: Data System and Accountability/Quality Improvement Strand (DA)**

<b>Activities to Meet Outcomes</b>	<b>Steps to Implement Activities</b>	<b>Resources Needed</b>	<b>Who Is Responsible</b>	<b>Timeline (projected initiation &amp; completion dates)</b>	<b>How Other LA/SEA Offices and Other Agencies Will Be Involved*</b>	<b>Status</b>	<b>Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments</b>
2.2 Build local program capacity to report accurate data by improving understanding of data and data collection methods.	A. Review and update Database Trainings	<ul style="list-style-type: none"> <li>ILP Database</li> </ul>	<ul style="list-style-type: none"> <li>Part C Data Manager</li> <li>ILP Technical Assistants</li> </ul>	Initiation: July 1, 2017 Completion: June 30, 2022	N/A	Status: Implemented Evidence: Database Training PowerPoint	Data training was developed for old database; new training is being developed for new database rollout January 2022
	B. Conduct database trainings for ILP providers.	<ul style="list-style-type: none"> <li>ILP Database</li> <li>Videoconferencing Platform</li> </ul>	<ul style="list-style-type: none"> <li>Part C Data Manager</li> <li>ILP Technical Assistants</li> </ul>	Initiation: July 1, 2017 Completion: June 30, 2022 Annual	N/A	Status: Implemented Evidence: Training attendance minutes	Data training was provided for old database; training for new database will be provided January 2022
	C. Work with programs to create and implement a data quality checklist for quarterly and annual reporting submittal, utilizing new database reports.	<ul style="list-style-type: none"> <li>ILP Database</li> <li>ILP Database Reports</li> <li>ILP Database Manual</li> </ul>	<ul style="list-style-type: none"> <li>Part C Data Manager</li> <li>Part C Technical Assistants</li> </ul>	Initiation: January 1, 2022 Completion: June 30, 2022	N/A	Status: Not initiated Evidence: ILP Database Manual	This goal was previously related to the development of the new database. New steps for this activity are related to implementation of the new database.
2.3 Integrate SSIP activities and data into program monitoring system.	A. SSIP goals and measures will be incorporated into program monitoring processes, including quarterly reporting, self-assessment and on-site or virtual visits, and ongoing Technical Assistance.	<ul style="list-style-type: none"> <li>Videoconferencing Platform</li> <li>Monitoring Manual</li> <li>ILP Program Self-Assessment</li> <li>ILP Quarterly Reports</li> </ul>	<ul style="list-style-type: none"> <li>Part C Coordinator</li> <li>Part C Data Manager</li> <li>Part C Technical Assistants</li> <li>PD Coordinator</li> <li>Related ILP Committees</li> </ul>	Initiation: July 1, 2022  Completion: December 30, 2023	N/A	Status: Not initiated Evidence: ILP Monitoring Manual ILP Program Self-Assessment ILP Quarterly Reports	

**Section 3: Data System and Accountability/Quality Improvement Strand (DA)**

<b>Activities to Meet Outcomes</b>	<b>Steps to Implement Activities</b>	<b>Resources Needed</b>	<b>Who Is Responsible</b>	<b>Timeline (projected initiation &amp; completion dates)</b>	<b>How Other LA/SEA Offices and Other Agencies Will Be Involved*</b>	<b>Status</b>	<b>Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments</b>
	B. Updated monitoring system will be implemented as new phases are developed	<ul style="list-style-type: none"> <li>Monitoring Manual</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	Initiation: January 1, 2023 Completion: June 30, 2024		Status: Not initiated Evidence: ILP Program Self-Assessment ILP Quarterly Reports	
2.4 Implement framework for data driven decision making related to program accountability with diverse stakeholder input.	A. Data Committee will work with State ILP committees, Leadership Team and other Stakeholders to implement coordinated plan for data collection, analysis and reporting in areas committees identify as priorities.	<ul style="list-style-type: none"> <li>Videoconferencing Platform</li> <li>Committee Guidance and Flow Chart</li> </ul>	<ul style="list-style-type: none"> <li>Part C Coordinator</li> <li>Part C Data Manager</li> <li>Part C Technical Assistants</li> <li>PD Coordinator</li> </ul>	Initiation: July 1, 2019 Completion: June 30, 2022 Annual	N/A	Status: In process Evidence: ILP Committee and Leadership Team meeting minutes	Data Committee formed in 2019. A subcommittee, the database workgroup, meets biweekly focusing on database development
	B. Stakeholder groups will work as partners with state staff to make decisions related to data, outcomes, targets and improvement strategies.	<ul style="list-style-type: none"> <li>Videoconferencing Platform</li> <li>Stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Part C Data Manager</li> </ul>	Initiation: July 1, 2018 Completion: June 30, 2022 Annual	ICC and PITC (Stone Soup Group) will help us connect with stakeholders	Status: Not initiated Evidence:	

**F. Evaluation Plan (DA)**

**1. Evaluation of Improvement Strategy Implementation (DA)**

**Section 3: Data System and Accountability/Quality Improvement Strand (DA)**

Activity	How Will We Know the Activity Happened According to the Plan? (Performance Indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status & Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
2.1 Work with DHSS IT team to create and roll out improved database with new user interface and enhanced reports.	<b>A. Output:</b> New Database <b>Performance Indicator:</b> New database on secure platform and server with new user interface is complete.	<b>Data Collection Method:</b> New database complete <b>Analysis:</b> New database passes all security tests and is accessible by state users and local programs.	Initiation: July 1, 2019 Completion: June 30, 2022	In process	New database has been in process for several years. Current status: production database has been published, data committee members have done testing of live data, program user agreements are signed. Developers and Data Manager meet twice a week. Anticipate rollout for live data entry in time for FY 21 to be entered for clarification period.
	<b>B. Output:</b> New database fields and required fields. <b>Performance Indicator:</b> New database has additional fields and additional required fields.	<b>Data Collection Method:</b> Review database to view new database fields created <b>Analysis:</b> New fields identified by the ILP Data Manager and data committee are created.	Initiation: July 1, 2019 Completion: June 30, 2021	Completed	New database fields have been identified. We are currently working with the developers to build them into the database and understand how they can feed into reports.
	<b>C. Output:</b> Develop additional reports in the database which support detailed tracking and analysis of child level data.	<b>Data Collection Method:</b> Review database reports created <b>Analysis:</b> New reports identified by the ILP Data Manager and data committee are created.	Initiation: July 1, 2023 Completion: June 30, 2025	Not initiated	
2.2 Build local program capacity to report accurate data by improving understanding of data and data collection methods.	<b>A. Output:</b> New and updated Database Training <b>Performance Indicator:</b> Trainings have been updated to match new database, with input from the Data Committee.	<b>Data Collection Method:</b> Tracking data committee meetings; counting memberships within data committee. Trainings should also be kept track of using the database training tracking log. <b>Analysis:</b> Total number of programs divided by total number of ILP programs that receive training on how to use COS data for program improvement	Initiation: January 2022 Completion: June 2023	In process	Data Committee and Data Manager are currently developing new database trainings. Currently waiting for completion of the database to finish screenshots, publish manual and develop PowerPoint for training videos.



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Activity	How Will We Know the Activity Happened According to the Plan? (Performance Indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status & Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
	<b>B. Performance Indicator:</b> Database training conducted for 100% of providers using new database.	<b>Data Collection Method:</b> Database training tracking log. <b>Analysis:</b> Total number of ILP providers who use the database divided by total number of providers who received database training from Part C Data Manager or Part C Technical Assistants.	Initiation: July 1, 2017 Completion: June 30, 2022	In process	Training on current database: FFY17 – 5 trainings FFY18 – 2 trainings FFY19 – 2 trainings FFY20 – Ongoing program support
	<b>C. Output:</b> Quarterly Data Submittal Checklist <b>Performance Indicator:</b> Data committee and State Staff have developed quarterly data quality checklist.	<b>Data Collection Method:</b> Grantee Quarterly Report in ILP Database. <b>Analysis:</b> 100% of grantees must confirm in their quarterly narrative report, submitted in the ILP Database, that the steps in the checklist has been completed.	Initiation: January 1, 2022 Completion: June 30, 2022	In process	
2.3 Integrate SSIP activities and data into program monitoring system.	<b>A. Output:</b> Updated Program Monitoring Manual <b>Performance Indicator:</b> Updated Program Monitoring Manual has integrated all Program SSIP activities, including SEPRS, COS Data, required trainings, Annual Program Quality Outcome Plans, etc.	<b>Data Collection Method:</b> Review of Updated Program Monitoring Manual <b>Analysis:</b> Review manual to ensure it contains all required program elements.	Initiation: July 1, 2022 Completion: December 30, 2024	Not initiated	
	<b>B. Performance Indicator:</b> Programs will be monitored with the new monitoring protocols on the schedule outlined in the Monitoring Manual.	<b>Data Collection Method:</b> Program monitoring reports <b>Analysis:</b> Annually, State staff will review program monitoring requirements and ensure that the planned program monitoring schedule and activities meet requirements.	Initiation: January 1, 2023 Completion: June 30, 2024	Not initiated	

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Activity	How Will We Know the Activity Happened According to the Plan? (Performance Indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)	Status & Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
2.4 Implement framework for data driven decision making related to program accountability with diverse stakeholder input.	<b>A. Performance Indicator:</b> Data Committee and Leadership Team will meet at least quarterly to review progress toward SSIP goals and other ILP initiatives identified by the committees.	<b>Data Collection Method:</b> Documenting Leadership Team, Data and other ILP Committee meetings using minutes to track attendance, review of data, discussions and decision-making. <b>Analysis:</b> Analyze frequency of Data Committee, Leadership Team and State ILP Staff meetings to ensure they occur at least quarterly.	Initiation: July 1, 2019 Completion: June 30, 2022 Annual	In process	
	<b>B. Performance Indicator:</b> Stakeholder meetings will take place semi-annually.	<b>Data Collection Method:</b> Keeping track of scheduled stakeholder interactions and counting the number of attendees. Meeting conclusions about decisions on data collection requirements will be kept in meeting notes. <b>Analysis:</b> Trend analysis should indicate increasing numbers of stakeholder participation; changing targets should reflect progress of Part C Program each year.	Initiation: July 1, 2018 Completion: June 30, 2022 Annual	In process	FFY18 – 1 meeting FFY19 – 2 meetings FFY20 - 2 meetings

2. Evaluation of Intended Outcomes (DA)

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)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator
Short-term	ILP will have a new database user interface that is successfully adopted by all ILP Programs. (DA S1)	Is the new database complete and has the new user interface been successfully adopted by all ILP Programs?	<b>Performance Indicator:</b> All ILP programs have administrative and standard logins for users and are actively entering child data.	<b>Data Collection Method:</b> Quarterly Report review <b>Analysis:</b> All programs will submit reports in the ILP database by FY22 Q4	Initiation: August 2019 Completion: June 2022	In process	Additionally, ILP user logins will be reviewed on the approved login tracking sheet to ensure each program has a supervisory user account.
Short-term	State and local ILP programs will enter accurate child data, quarterly indicator data, and annual self-assessment data related to child progress toward Outcome Area 1: Positive Social Emotional Skills (DA S2)	Have programs entered child and quarterly data accurately and used reports to analyze data related to the COS and progress levels of the children they work with?	<b>Performance Indicator:</b> 100% of programs have completed an analysis related to the COS and progress levels of their children and have submitted analysis to the State staff	<b>Data Collection Method:</b> Annual Self-Assessment review <b>Analysis:</b> Each program will complete their annual self-assessment and submit to their TA, including an analysis of children who are not making progress in their region.	Initiation: September 1, 2022 Completion: December 30, 2022	Not yet initiated	

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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)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator
Short-term	ILP incorporates SSIP measures and program performance data into a revised annual program self-assessment and new program quality outcome plans. (DA S3)	Are SSIP measures and program performance data built into program self-assessment and quality outcome plan processes?	<b>Performance Indicator:</b> All relevant components of the SSIP evaluation plan are incorporated into the annual program self-assessment and program quality outcome plans.	<b>Data Collection Method:</b> Review Self-Assessment and program quality outcome plan templates. <b>Analysis:</b> Through the committee structure, proposed updates to the Self-Assessment and new template for program quality outcome plan will be reviewed and approved for utilization spring of 2023.	Initiation: September 1, 2022 Completion: December 30, 2022	Not yet initiated	
Short term	A diverse group of stakeholders are partners in decision making related to selection of targets and engaged with identification of critical questions and related analyses (DA S4)	Are stakeholders key partners in decision making in selection of targets and consideration of critical questions and related analyses?	<b>Performance Indicator:</b> Stakeholders are active participants in meetings held at least quarterly where key decisions are considered.	<b>Data Collection Method:</b> ICC Member list, Stakeholder meeting minutes, work products, and attendance lists <b>Analysis:</b> Stakeholder meeting minutes reflect meeting content where decisions related to targets and improvements are considered, critical questions discussed, and data analysis reviewed, on at least a quarterly basis. Compare stakeholder representation on ICC Member List to criteria established by ICC.	Initiation: January 2020 Completion: Ongoing	Initiated and ongoing	Stakeholders actively engaged in target setting for FFY19, FFY20, FFY21

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<b>Type of Outcome</b>	<b>Outcome Description</b>	<b>Evaluation Questions</b>	<b>How Will We Know the Intended Outcome Was Achieved? (Performance Indicator)</b>	<b>Measurement/Data Collection Method</b>	<b>Timeline (projected initiation and completion dates)</b>	<b>Status</b>	<b>Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator</b>
<b>Intermediate</b>	ILP has a database which is responsive to the program's need for accurate and robust collection, analysis and reporting of ILP data. (DA I1)	Does the new database meet ILP needs for accurate and robust data collection, analysis, and reporting?	<b>Performance Indicator:</b> DHSS IT creates the fields and reports designed by the Data Manager and Data Committee to support robust data collection, analysis, and reporting.	<b>Data Collection Method:</b> Database report submittal <b>Analysis:</b> 100% of 4 <sup>th</sup> quarter reports and annual self-assessments are submitted via the ILP Database.	Initiation: January 2022 Completion: June 2022	In process	Database is progressing, should be live during FY22.
<b>Intermediate</b>	ILP programs use data collection, management, and reports to analyze local and statewide data to assess program strengths and needs, track progress and identify areas for growth. (DA I2)	Do ILP programs analyze data to assess strengths and needs, track progress and identify areas of growth?	<b>Performance Indicator:</b> 100% of ILP Programs complete revised Annual Self-Assessment and new Outcome Plan each year.	<b>Data Collection Method:</b> Database report submittal <b>Analysis:</b> 100% of 4 <sup>th</sup> quarter reports and annual self-assessments are submitted via the ILP Database. FY23: 100% of programs submit Outcome Plan with self-assessment.	Initiation: April 2023 Completion: Ongoing annually	Not yet initiated	
<b>Intermediate</b>	ILP demonstrates a coordinated system of stakeholders, committees and state staff who utilize data to make decisions about improvements across the ILP system. (DA I3)	Do the stakeholders, committees and state staff systematically consider data in their regular meetings when discussing improvements to the ILP system?	<b>Performance Indicator:</b> State committees and stakeholder groups meet regularly and incorporate data into their meetings. Regular meetings include: ICC, Professional Development, Finance, Service Delivery, Policy, Data and Leadership Committees	<b>Data Collection Method:</b> Meeting minutes, work products, and attendance lists <b>Analysis:</b> Meeting minutes reflect that meetings occur regularly and that committees review data, plan for data collection, analyze data and consider data when making decisions.	Initiation: August 2013 Completion: Ongoing, with annual review	In process	

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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)	Status	Evaluation Notes: Data Quality Issues and Actions, Performance Related to Performance Indicator
Long-Term	Infants and toddlers with disabilities will have substantially increased their rate of growth in positive social-emotional skills including social relationships by the time they exit the Early Intervention Infant Learning program. (PDTA L1)	What percentage of infants and toddlers demonstrated greater than expected growth in positive SE skills (including social relationships) at exit from ILP?	<b>Performance Indicator:</b> The percentage of children with greater than expected growth (SS1) in positive SE skills (including social relationships)	<b>Data Collection Method:</b> Child Outcome Summary Progress Report <b>Analysis:</b> Calculate Summary Statement 1 (c+d)/(a+b+c+d) for Child Outcome 3A. Analysis will be completed in August for the preceding fiscal year.	Initiation: July 1, 2013 Completion: Ongoing with annual analysis	Implemented and Ongoing	<u>Performance Related to Performance Indicator:</u> The state did not meet the performance indicator target.