State Systemic Improvement Plan (SSIP)
Action Plan

Document Outline

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Action Plan

I.   State: Alaska

II.   Part B: Part C: X

III.   SSIP Leadership Team Members, Role and Organization Represented

Name	Position/Role	Organization/Agency
Tony Newman	Director	Division of Senior & Disabilities Services
Lynne Keilman-Cruz	Deputy Director	Division of Senior & Disabilities Services
Pamela Kellish	Part C Coordinator	Alaska Early Intervention/Infant Learning Program
Susan Kessler	EI/ILP Unit Manager	Alaska Early Intervention/Infant Learning Program
Andria Semmler	Part C Professional Development Coordinator	Alaska Early Intervention/Infant Learning Program
Carissa Irwin	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
Stephanie Tucker	Local Program Administrator; Member, Service Delivery Committee	Mat Su Services for Children and Adults
Kristin Bradshaw	Local Program Administrator; Chair, Personnel Development Committee	Alaska Center for Children and Adults
Heidi Haas	Local Program Administrator; Member, Data Committee	Alaska Center for Children and Adults
Brynn Bolling	Local Program Administrator; Chair, Policy Committee	Community Connections

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.	• COS Process Modules • Alaska Learning Management System- Moodle • ECO Center • ECTA Center	• PD Coordinator • Part C Technical Assistants	Initiation: December 4, 2019 Completion: March 1, 2023	DaSy Center and ECTA Center	Status: Completed Evidence: Module completion report from Moodle manager	COS Process Modules are now integrated into the LMS System and link users to the COS: Knowledge Check quiz upon completion of modules.
	B. Integrate COS expected standards of practice into annual Program Self-Assessment	• Other states' tools • DaSy Center • ECTA Center • Program Self-Assessment	• PD Coordinator • Part C Technical Assistants	Initiation: February 1, 2022 Completion: March 1, 2023	N/A	Status: Completed and Ongoing Evidence: Annual Program Self-Assessment	Improved standards have been integrated into the local ILP program self-assessments.
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.	• Database • Database reports • Program TA meetings	• Part C Data Manager • Data Committee • Part C Technical Assistants	Initiation: July 1, 2020 Completion: June 20, 2023 Annual	N/A	Status: Implemented and Ongoing Evidence: PowerPoint report made available to Stakeholder January 2024.	Development of database reports is limiting factor in analysis of additional components.
	B. Inventory the capacity of local programs to provide evidence-based interventions which support children with these developmental patterns and needs.	• Program Continuous Quality Outcome Plan • Social Emotional Practices Rating Scale (SEPRS) data	• PD Coordinator • Related ILP Committees	Initiation: 2017 Completion: June 30, 2024 Annual	N/A	Status: Implemented and Ongoing Evidence: Grant Applications; SEPRS data; Program Continuous Quality Outcome Plan	This component has been delayed until we have regional data on children not making progress in social emotional.

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	C. Create annual professional development plan for evidence-based practices which support children with the identified developmental patterns and needs.	• Annual PD Calendar • Evidence Based Practice Clearinghouses	• PD Coordinator • Related ILP Committees	Initiation: July 2017 Completion: June 30, 2022 Annual	Infant, Children and Youth Conference Committee, Alaska Home Visiting conference w/ MIECVH and PAT.	Status: Implemented Evidence: Training attendance logs, fiscal records	Regional programs continue to have varying PD needs which is a challenge to provide PD meeting needs of all staff across 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	A. Provide evidence-based practice trainings for ILP providers, as identified on professional development planning calendar.	• Training materials and curricula • Trainers • Videoconferencing Platform	• PD Coordinator • Related ILP Committees	Initiation: July 2017 Completion: June 30, 2022 Annual	AK-AIMH; Center for Human Development; MIECVH; Public Health	Status: Implemented and Ongoing Evidence: Training attendance logs; training list; fiscal records	Some in-person trainings have now become available, but due to high travel costs online training has increased.
	B. Implement Learning Management System to support statewide ILP training	• Learning management system • Training materials and curricula	• PD Coordinator	Initiation: July 1, 2021 Completed annually	Senior and Disabilities Services training department	Status: Implemented Evidence: LMS Platform training reports	The LMS system has been expanded to be used as a Technical Assistance resource as well.

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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	**A. Performance Indicator:** 100% of providers received a passing score of 80% or greater after completing the online COS training modules	**Data Collection Method:** Quiz measuring providers' completion of COS training modules is integrated into LMS platform. **Analysis:** 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, 2023	**A. Completed** All 22 Providers who completed the COS Modules had passing scores. A total of 69 participants passed the COS: KC quiz.	The COS Process Modules are integrated into the LMS and link to the COS: Knowledge Check. Next steps: expand requirement to contract staff participating in COS ratings.
	B. Performance Indicator: 100% of child records reviewed demonstrate that the COS Process met expected standards.	**Data Collection Method**: Annual Program self-assessment **Analysis:** 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 15, 2023	**B. Completed** 107 child records were in FY23 reviewed and 100% compliance with standards was found.	Annual inclusion in 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 (including social relationships)	**A. Output:** Statewide data analysis report describing the developmental patterns of children who did not make progress on Indicator 1 – presented for discussion with stakeholders. **Performance Indicator:** Data analysis report is available to stakeholders.	**Data Collection Method:** Data is collected in the ILP Database related to each child, including diagnoses, risk factors, evaluation scores, and Child Outcome ratings. **Analysis:** To analyze this data, Child Outcome reports are cross referenced with reason for eligibility, diagnoses, risk factors and evaluation information and supplemented by program survey as needed. Statewide and regional analysis will be performed	Initiation: July 1, 2020 Completion: January 30, 2023 Annual	**A. Completed** Review found 21% enrolled by diagnosis, 5% by clinical opinion and 74% by delay. Top 3 diagnoses were Autism, Cerebral Palsy and Down Syndrome.	Data analysis was conducted for statewide data for past 2 years. Analysis considered children eligible by < 50% delay, Part C diagnosis and Clinical Opinion. Next steps: analyze specific area of developmental delay for children eligible by delay.
	B. Output: Program Continuous Quality Outcome Plan – staff capacity section **Performance Indicator:** 100% of	**Data Collection Method:** Review plans describing the skills, capacities and needs of providers to support children with identified developmental patterns.	Initiation: July 1, 2022 Completion: June 30, 2024	**B. Started** Due June 30, 2024	Updated plan to do this as a survey for each program Coordinator, with additional data updates in the ILP database

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	local programs will complete staff capacity section of Program Continuous Quality Outcome Plan and submit to State ILP Office.	**Analysis:** 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.	Annual		staff table.
	C. Output: Professional Development Plan/Calendar **Performance Indicator:** Annual Professional Development Plan/Calendar will be developed to support the capacity of programs to meet the needs of children who are not making progress.	**Data Collection Method:** Professional Development Plan/Calendar is developed and made available to stakeholders. **Analysis:** 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.	Initiation: July 1, 2017 Completion: June 30, 2022 Annual	**C. Implemented** Calendar is distributed at start of each Fiscal Year	Professional Development Plan/Calendar is based on program coordinator survey and continued identified needs around IECMH, Autism Spectrum disorders and other needs identified by programs and data analysis.
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)	**A. Performance Indicator:** 75 ILP staff will participate annually in at least 1 ILP sponsored training activity.	**Data Collection Method:** ILP Database **Analysis:** Total number of ILP Providers who attend at least 1 state sponsored training related to Outcome Area 1: Positive Social Emotional Skills, divided by total number of ILP Providers.	Initiation: July 1, 2017 Completion: June 30, 2022 Annual	**A. Implemented** ILP Providers participated 131 times in state sponsored training activities, with additional activities provided locally through state grant funds.	Program training opportunities have included Circle of Security Parenting, DIR Floortime, Circle of Security, WonderBabies Learning Collaborative, Facilitating Attuned Interactions (FAN) for Supervisor, 4 "I's" to Socialize (Hanen), Colorado Vision Screening, STAT Autism Screening.
	B. Output: Learning Management System Module **Performance Indicator:** At least 1 course will be functional in the LMS.	B. Implement Learning Management System to support statewide ILP training	Initiation: July 1, 2022 Completion: June 30, 2023 Annual	**B. Implemented** 2 courses are fully functional in the LMS: Alaska Part C Credential and COS Process Online Modules.	An additional course, the Universal Online Part C Curriculum is currently being added. A Program Technical Assistance Portal is available. Next steps are to add ILP database training and ILP Coordinator training.

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 (PDTA S1)	Do providers understand the COS rating process and how to involve families?	**Performance Indicator:** 100% of providers demonstrate understanding of COS rating process through scoring 80% or higher on the COS rating process module quiz.	**Data Collection Method:** COS Process Module Quiz **Analysis:** 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 COS:KC Quiz Completion: April 30, 2023	Completed	22 Providers completed the COS Process Modules with passing scores on the learning management system. This links directly to the COS: KC quiz for each participant. A total of 69 participants passed the COS : KC quiz.
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)	Does Alaska have a robust professional development system that ensures staff have the skills they need to support identified child development needs?	**Performance Indicator:** Alaska will demonstrate annual improvements in development, implementation, and evaluation of multi-year professional development plan.	**Data Collection Method:** Completion of the ECTA Center Personnel/Workforce Component of the Systems Framework **Analysis:** Alaska will demonstrate annual growth in ratings of Quality Indicators 2, 7, 11 and 12	Initiation: July 1, 2022 Completion: June 30, 2025	Implemented but not complete.	The Professional Development Coordinator, EI/ILP Unit Manager, and Professional Development Committee began work on this. It was soon apparent that we needed a broader group of stakeholders and partners, as a subcommittee of the ICC. ICC work on this has currently focused on ILP eligibility and funding expansion.
Short-term	ILP providers will have increased knowledge of practices which support development related to Outcome Area 1: Positive	Do ILP providers report increased knowledge of practices which support development related to Outcome Area 1	**Performance Indicator:** 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.	**Data Collection Method:** Collection of training surveys **Analysis:** Annual analysis of training surveys will calculate	Initiation: July 1, 2017 Completion: June 30, 2022 Annual	Implemented	Training survey was distributed to providers August 2023.

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	Social Emotional Skills (PDTA S3)	because of participation in a training opportunity?					
Intermediate	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?	**Performance Indicator:** 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.	**Data Collection Method:** COS Implementation Standards Questions in SA **Analysis:** 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	Implemented	107 records were reviewed in Self-Assessment due June 15, 2023. All reviewed records demonstrated best practices were followed by providers.
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?	**Performance Indicator:** 75% of ILP Providers receive an average score of 3 or higher on the annual Social Emotional Rating Practices Scale.	**Data Collection Method:** SEPRS will be implemented in phases over the next 2 years. **Analysis:** Each program will calculate the average staff scores for Modeling of Coping and Regulation and for Provision of Relational Guidance. The Stata ILP Office will use these scores to calculate an aggregate statewide average overall score.	Initiation: July 1, 2021 Completion: June 30, 2022 Annual	Implemented	Pilot programs have helped us finalize the form and guidance; however, programs continue to express concern about the time and supervision required to implement the SEPRS, as well as it's applicability for very new and very experienced staff.

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?	**Performance Indicator:** 75% of IFSP goals related to Outcome Area 1 reviewed as part of Program Self-Assessment were rated as completed.	**Data Collection Method:** Review of Outcome Area 1 goal completion will be integrated into the Annual Program Self-Assessment. **Analysis:** 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	Implemented	Out of 107 child records reviewed, 49 were reported to have an IFSP goal related to S/E and to have met that goal. 9 were reported to have no S/E goal. 15 children had been enrolled less than 6 months and had no goal review. 34 children were marked N/A for unknown reasons. Next year we will solicit more specific information on reasons.
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?	**Performance Indicator:** The percentage of children with greater than expected growth (SS1) in positive SE skills (including social relationships)	**Data Collection Method:** Child Outcome Summary Progress Report **Analysis:** 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	We had excellent outcomes this year and are showing continuing improvement. Target: 54.45% Results: 65.37%

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

A. **Improvement**

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 and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
2.1 Work with DOH IT team to create and roll out improved database with new user interface and enhanced reports.	A. Work with DOH IT team to move existing database structure to new, secure platform with new user interface.	• ILP Server • ILP Database	• Part C Data Manager • Part C Coordinator • DOH IT Team	Initiation: July 1, 2019 Completion: June 30, 2022	DOH IT	Status: Completed Evidence: ILP Database	Met
	B. Increase database field options and required fields for better quality data collection.	• DOH IT Department • ILP Database • ILP Database Manual	• Part C Data Manager	Initiation: July 1, 2019 Completion: June 30, 2021	N/A	Status: Completed Evidence: ILP Database and ILP Database reports	Met
	C. Develop additional reports in the database which support detailed tracking and analysis of child level data.	• ILP Database	• Part C Data Manager • Data Committee	Initiation: July 1, 2023 Completion: June 30, 2025	DOH IT	Status: Implemented Evidence: Database reports	There have been many competing priorities in development of database reports. This work will continue as resources allow.
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	• ILP Database	• Part C Data Manager • ILP Technical Assistants	Initiation: July 1, 2017 Completion: June 30, 2022	N/A	Status: Completed Evidence: Database Training PowerPoint; Data Cleaning PowerPoint	Met
	B. Conduct database trainings for ILP providers.	• ILP Database • Videoconferencing Platform	• Part C Data Manager • ILP Technical Assistants	Initiation: July 1, 2017 Completion: June 30, 2022 Annual	N/A	Status: Implemented Evidence: Training attendance; Zoom recordings; TA records	Met

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	C. Work with programs to create and implement data procedures for quarterly and annual reporting submittal, utilizing new database reports.	• ILP Database • ILP Database Reports • ILP Database Manual	• Part C Data Manager • Part C Technical Assistants	Initiation: January 1, 2022 Completion: June 30, 2022	N/A	Status: Completed Evidence: ILP Database Data Cleaning Training PowerPoint and handouts.	This will be integrated into updated Database Manual
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.	• Videoconferencing Platform • Monitoring Manual • ILP Program Self-Assessment • ILP Quarterly Reports	• Part C Coordinator • Part C Data Manager • Part C Technical Assistants • PD Coordinator • Related ILP Committees	Initiation: July 1,2022 Completion: December 30, 2023	N/A	Status: Initiated Evidence: ILP Monitoring Manual, ILP Program Self-Assessment, ILP Quarterly Reports	Ongoing work is being done to integrate into all aspects of program oversight.
	B. Updated monitoring system will be implemented as new phases are developed	• Monitoring Manual	• Part C Coordinator • Part C Data Manager • Part C Technical Assistants • PD Coordinator • Related ILP Committees	Initiation: September 1, 2023 Completion: June 30, 2025	N/A	Status: Initiated Evidence: ILP Program Self-Assessment, Quarterly Reports, Monitoring Manual	Work has been in process in reviewing new guidance on General Supervision from OSEP and integrating changes into AK ILP General Supervision and Monitoring procedures.
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.	• Videoconferencing Platform • Committee Guidance and Flow Chart	• Part C Coordinator • Part C Data Manager • Part C Technical Assistants • PD Coordinator	Initiation: July 1, 2019 Completion: June 30, 2022 Annual	N/A	Status: Ongoing Evidence: ILP Committee meeting minutes	Next steps being considered are to include program results as component of local determinations.

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| | B. Stakeholder groups will work as partners with state staff to make decisions related to data, outcomes, targets and improvement strategies. | • Videoconferencing Platform
• Stakeholders | • Part C Data Manager | Initiation: July 1, 2018
Completion: June 30, 2022
Annual | ICC and PITC (Stone Soup Group) will help us connect with stakeholders. | Status: Initiated, Ongoing
Evidence: | Work with the ICC and PITC will continue to help develop stakeholder representation. |

F. Evaluation Plan (DA)

1. Evaluation of Improvement Strategy Implementation (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 DOH IT team to create and roll out improved database with new user interface and enhanced reports.	**A. Output:** New Database **Performance Indicator:** New database on secure platform and server with new user interface is complete.	**Data Collection Method:** New database complete **Analysis:** New database passes all security tests and is accessible by state users and local programs.	Initiation: July 1, 2019 Completion: June 30, 2022	Completed	Met
	B. Output: New database fields and required fields. **Performance Indicator:** New database has additional fields and additional required fields.	**Data Collection Method:** Review database to view new database fields created **Analysis:** New fields identified by the ILP Data Manager and data committee are created.	Initiation: July 1, 2019 Completion: June 30, 2021	Completed	Met
	C. Output: Develop additional reports in the database which support detailed tracking and	**Data Collection Method:** Review database reports created **Analysis:** New reports identified by the ILP Data	Initiation: July 1, 2023 Completion: June 30, 2025	Initiated	Reports allow additional analysis of child level data through server-level SQL reports. Next

	analysis of child level data.	Manager and data committee are created.			steps include showing this data in each individual child record and to integrate into program accessible web interface.
2.2 Build local program capacity to report accurate data by improving understanding of data and data collection methods.	**A. Output:** New and updated Database Training **Performance Indicator:** Trainings have been updated to match new database, with input from the Data Committee.	**Data Collection Method:** Tracking data committee meetings; counting memberships within data committee. Trainings should also be kept track of using the database training tracking log. **Analysis:** Total number of programs divided by total number of ILP programs that receive training	Initiation: January 2022 Completion: June 2023	Completed 100% participation	Met
	B. Performance Indicator: Database training conducted for 100% of providers using new database.	**Data Collection Method:** Database training tracking log. **Analysis:** 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	Completed	Met
	C. Output: Quarterly Data Submittal Checklist **Performance Indicator:** Data committee and State Staff have developed quarterly data quality checklist.	**Data Collection Method:** Grantee Quarterly Report in ILP Database. **Analysis:** 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	This is being integrated into the ILP Database Manual.
2.3 Integrate SSIP activities and data into program monitoring system.	**A. Output:** Updated Program Monitoring Manual **Performance Indicator:** Updated Program Monitoring Manual has integrated all Program SSIP activities, including SEPRS, COS Data, required trainings, Annual Program Quality Outcome Plans, etc.	**Data Collection Method:** Review of Updated Program Monitoring Manual **Analysis:** Review manual to ensure it contains all required program elements.	Initiation: July 1, 2022 Completion: December 30, 2024	Not initiated	Work has been in process in reviewing new guidance on General Supervision from OSEP and integrating changes into AK ILP General Supervision and Monitoring procedures. A specific addition was made to the local determination process to look at timely data entry and quality in local determinations.

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	B. Performance Indicator: Programs will be monitored with the new monitoring protocols on the schedule outlined in the Monitoring Manual.	**Data Collection Method:** Program monitoring reports **Analysis:** 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, 2025	Not initiated	This will be initiated when the monitoring process and manual is completed.
2.4 Implement framework for data driven decision making related to program accountability with diverse stakeholder input.	**A. Performance Indicator:** Data Committee and Leadership Team will meet at least quarterly to review progress toward SSIP goals and other ILP initiatives identified by the committees.	**Data Collection Method:** Documenting Leadership Team, Data and other ILP Committee meetings using minutes to track attendance, review of data, discussions and decision-making. **Analysis:** 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, 2023 Annual	Ongoing	Committee membership has been updated. Data committee meets monthly. Leadership Team is reforming with new committee chairs.
	B. Performance Indicator: Stakeholder meetings will take place semi-annually.	**Data Collection Method:** 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. **Analysis:** 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	Ongoing FFY22: 72 Attendees at stakeholder meetings	FFY22 – 2 public stakeholder meetings; 5 additional stakeholder 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?	**Performance Indicator:** All ILP programs have administrative and standard logins for users and are actively entering child data.	**Data Collection Method:** Quarterly Report review **Analysis:** All programs will submit reports in the ILP database by FY22 Q4	Initiation: August 2019 Completion: June 2022	Completed	Met
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?	**Performance Indicator:** 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	**Data Collection Method:** Annual Self-Assessment review **Analysis:** 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	Completed	State and local data analysis has been completed. Further refinement of analysis in ongoing.
Short-term	ILP incorporates SSIP measures and program performance data into a revised annual program self-assessment and	Are SSIP measures and program performance data built into program self-assessment and quality outcome plan	**Performance Indicator:** All relevant components of the SSIP evaluation plan are incorporated into the annual program self-assessment and program quality outcome plans.	**Data Collection Method:** Review Self-Assessment and program quality outcome plan templates. **Analysis:** Through the committee structure, proposed updates to the Self-Assessment and new template for program quality outcome plan will be reviewed and approved for	Initiation: September 1, 2022 Completion: December 30, 2023	Completed	Met

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	new program quality outcome plans. (DA S3)	processes?		utilization spring of 2023.			
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?	**Performance Indicator:** Stakeholders are active participants in meetings held at least annually where key decisions are considered.	**Data Collection Method:** ICC Member list, Stakeholder meeting minutes, work products, and attendance lists **Analysis:** 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, FFY22
Intermediate	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?	**Performance Indicator:** DOH IT creates the fields and reports designed by the Data Manager and Data Committee to support robust data collection, analysis, and reporting.	**Data Collection Method:** Database report submittal **Analysis:** 100% of 4th quarter reports and annual self-assessments are submitted via the ILP Database.	Initiation: January 2022 Completion: June 2022	Completed	Met
Intermediate	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?	**Performance Indicator:** 100% of ILP Programs complete revised Annual Self-Assessment and new Outcome Plan each year.	**Data Collection Method:** Database report submittal **Analysis:** 100% of 4th 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: June 15, 2023	Completed	Met
Intermediate	ILP demonstrates	Do the	**Performance Indicator:** State	**Data Collection Method:** Meeting	Initiation:	In process	Data committee meets regularly.

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	a coordinated system of stakeholders, committees and state staff who utilize data to make decisions about improvements across the ILP system. (DA I3)	stakeholders, committees and state staff systematically consider data in their regular meetings when discussing improvements to the ILP system?	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	minutes, work products, and attendance lists **Analysis:** Meeting minutes reflect that meetings occur regularly and that committees review data, plan for data collection, analyze data and consider data when making decisions.	August 2013 Completion: Ongoing		Next steps: approach ICC to consider formation of data subcommittee to meet with ILP Data Committee quarterly.
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?	**Performance Indicator:** The percentage of children with greater than expected growth (SS1) in positive SE skills (including social relationships)	**Data Collection Method:** Child Outcome Summary Progress Report **Analysis:** 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 annually	Implemented and Ongoing	The state has met and made good progress on this performance indicator.