



**STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)
PHASE III YEAR 4**

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Summary of Phase III Year 4

Executive Summary

The fourth year of the Implementation and Evaluation phase of Utah’s State Systemic Improvement Plan (SSIP) began January 1, 2019 and ended February 28, 2020. During this timeframe, the Baby Watch Early Intervention Program (Baby Watch, or BWEIP) team did not have any employee turnover or job vacancies. With a fully staffed team, the knowledge, cohesiveness, and expertise of the Baby Watch team continues to build. As a result, Baby Watch has been able to successfully move forward with Utah’s SSIP work and make significant improvements based on stakeholder input.

Throughout 2019, Baby Watch sustained work on each of the State Systemic Improvement Plan (SSIP) strands: Assessment, Professional Development, Family Engagement, Collaboration, and Compliance and Quality Assurance. During this time, Baby Watch chose to merge the Family Engagement and Collaboration Work Groups, resulting in a renewed ability to advance work and strengthen the outcomes for previously identified objectives in Utah’s SSIP. Baby Watch has also provided a SiMR evaluation and data report for the current reporting year, qualitative and quantitative data for each SSIP strand, as well as supporting evaluation and presentation of other Baby Watch program data.

In alignment with Utah’s SSIP, Baby Watch strives to ensure that Utah’s Part C provides consistently high-quality early intervention services for all eligible children throughout the state, regardless of where they live. Baby Watch has optimized local EI program and stakeholder resources to have a positive impact on the State-identified Measurable Result (SiMR) in 2019.

State-identified Measurable Result (SiMR)

As a result of early data analysis and in-depth discussion by the SSIP Core Work Team, SSIP Leadership Team, and the SSIP Broad Stakeholder Group, Utah determined our State-identified Measurable Result (SiMR) outcome would be:

To 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 Statement 1. By FFY2019, Baby Watch Early Intervention Program would like to increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS). The latest data report indicates a slight decrease from last year.

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016	2017	2018	2019
Target		65.00%	65.00%	65.00%	66.00%	67.00%	67.00%
Data	65.00%	70.78%	67.11%	60.55%	63.59%	63.32%	

Key: Gray – Data Prior to Baseline, Yellow – Baseline

Evaluation Activities, Measures, and Outcomes

Baby Watch was able to obtain and analyze quality quantitative and qualitative data in 2019. Several reports in the Baby Toddler Online Tracking System (BTOTS) were evaluated and revised to ensure that correct and accurate data was being pulled from the database. In addition, new fields were added to the database and guidance and TA was provided to all early intervention programs across that state. There was an emphasis to further educate early intervention providers and data entry staff about the value and importance of accurate and reliable documentation. In the following report, Utah Part C demonstrates reliable results measures for the state's 2019 SSIP work, in addition to the successful completion of Improvement Strategies and Activities.

Notable Changes to Implementation and Improvement Strategies

Utah's SSIP work continues to address Baby Watch's existing SSIP Theory of Action and Logic Model. Through ongoing evaluation of Utah's Part C SSIP improvement activities, each strand continues to address improvement strategies and how they contribute to achieving Utah's SiMR. Stakeholder input has been valuable in helping to determine activities that will continue to strengthen Utah's statewide early intervention system.

Baby Watch acknowledges the need to reevaluate previous SSIP timelines. Through evaluation of completed improvement activities for the current reporting year, Utah has made necessary and appropriate adjustments to projected timelines during 2019. Newly identified timelines allow for thorough evaluation and successful outcome reporting for 2020.

Stakeholder Involvement in the SSIP Evaluation

Throughout the current reporting year, stakeholders were actively involved in the ongoing development and implementation of Utah's SSIP. Stakeholders were informed about the progress of Utah's SSIP work at ICC meetings, grantee meetings, in webinars, as well as in trainings provided by state and national technical assistance groups. Stakeholder survey responses continue to provide valuable feedback regarding the state's SSIP work.

Stakeholder work groups have continued for each of the SSIP strands, and Baby Watch encourages stakeholders to advise and assist the lead agency in decision-making processes. Stakeholder involvement has resulted in more positive reception of Utah early intervention system changes, as well as increased trust between the lead agency and early intervention administrators, providers, and teams across the State of Utah. SSIP work groups continue to promote positive social-emotional outcomes for Utah infants and toddlers, including positive social-emotional relationships for children of culturally diverse backgrounds. Baby Watch also continues to collaborate with community partners to improve Utah's Comprehensive System of Child Find (CSCF).

Community partners such as Help Me Grow Utah, the Utah Parent Center, and the Utah Association for Infant Mental Health (UAIMH) continue to be instrumental in identifying resources and creating materials to further support families with special needs infants and toddlers from culturally diverse backgrounds. In addition, under the direction of Utah's Governor Gary Herbert, early childhood programs increased efforts through a coordinated system to improve outcomes for children birth to five. As reported in the [2017 Early Childhood Services Study](#) from the Utah Education Policy Center at the University of Utah, children from minority backgrounds disproportionately experience poor health, developmental delays, and poverty. Details of how stakeholders have been informed, contributed to, and are actively engaged in the ongoing implementation of the SSIP are described throughout this report.

Technical Assistance

Baby Watch continues to access and benefit from training and technical assistance from the Office of Special Education Programs (OSEP), including Utah's OSEP state contact, as well as from federal training and technical assistance centers. Through ongoing active participation in multiple TA activities, Utah's Part C lead agency staff have continued to be invited to collaborate with TA leader and present at national conferences and webinars. During 2019, lead agency staff participated in the IDEA Infant & Toddler Coordinators Association (ITCA) Fiscal Initiative meetings, Zero to Three conference, and Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) conference. Baby Watch also benefitted through attendance at the OSEP Leadership Conference in July 2019.

During 2019, Utah Part C continued to be a member of the National Center for Systemic Improvement (NCSI) Part C Results Based Accountability (RBA) and Social-Emotional Outcomes Cross-State Learning Collaborative (CSLC) in 2019. In June 2019, NCSI staff were able to come to Utah to provide technical assistance for the lead agency and stakeholders during two full days of training. The training focused on Building the Foundation of a Results Based Accountability System, with the long-term outcome of developing a coordinated plan of general supervision and a structure of support to implement the system to improve results.

Theory of Action



Logic Model

Inputs	Outputs & Strategies: BWEIP will	Outcomes & Impact		
		Short-Term	Intermediate	Long-Term
<p>BWEIP staff</p> <p>Interagency Coordinating Council (ICC)</p> <p>Utah SSIP Core Work Group</p> <p>BWEIP CSPD Redesign ICC Committee: Orientation, Coaching, Learning Topic, and Policy Subcommittees</p> <p>Early Childhood Personnel Center (ECPC), University of Kansas</p> <p>ECTA Technical Assistance</p> <p>ECTA Social-Emotional Learning Community</p> <p>NCSI Cross-State Learning Collaboratives:</p> <ul style="list-style-type: none"> Social-Emotional Outcomes (SEO) Results-Based Accountability (RBA) <p>SSIP Work Teams:</p> <ul style="list-style-type: none"> Family Engagement Cultural Diversity Community Resources Compliance and Quality Assurance 	<p>Assessment Strand: Develop guidance on the use of valid, reliable, culturally appropriate social-emotional (SE) tools and methods to assess children 0-3.</p> <p>Provide support to EI providers to implement assessment guidance for social-emotional development.</p> <p>PD Strand: Enhance Utah's statewide CSPD system with the DEC/CEC standards to ensure the use of evidence-based practices by all EI providers.</p> <p>Redesign the current CSPD system to ensure EI providers have the knowledge and skills to implement evidence-based practices.</p> <p>Implement a new EI provider orientation and self-assessment to result in an individualized learning and coaching plan.</p> <p>Family Engagement Strand: Develop guidance to support EI providers in the use or delivery of culturally-appropriate assessment and EI services.</p> <p>Provide support to EI providers to implement guidance for culturally-appropriate services and assessments.</p> <p>Collaboration Strand: Compile and disseminate community resources to support EI providers in their work with children and families from diverse cultures.</p> <p>Compliance and Quality Assurance Strand: Redesign Utah's Part C General Supervision System to include on- and off-site monitoring of performance and compliance indicators to improve child and family outcomes.</p> <p>Support providers to implement improvement activities identified in Quality Assurance Plans (QAPs).</p>	<p>Assessment Strand: BWEIP has guidance on use of valid, reliable, culturally appropriate tools and methods to assess SE skills and needs of children 0-3.</p> <p>Providers have appropriate assessment tools and methods to evaluate SE development of infants and toddlers of all cultures.</p> <p>PD Strand: BWEIP has credentialing standards that align with DEC/CEC national standards.</p> <p>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, family-centered services, RBI, and family engagement.</p> <p>Family Engagement Strand: BWEIP has cultural resources and guidance available to support providers with assessment and intervention practices.</p> <p>Providers use cultural diversity resources.</p> <p>Collaboration Strand: BWEIP has a compendium of community resources for local programs to access and support children and families from diverse cultures.</p> <p>Providers have community resources to support children and families from diverse cultures.</p> <p>Compliance and Quality Assurance Strand: BWEIP has a redesigned General Supervision System that includes tools and guidance to support ongoing, program-level evaluation of compliance and performance indicators.</p> <p>Providers and BWEIP adopt an attitude of continuous quality improvement through ongoing T/TA and QAPs.</p>	<p>Assessment Strand: Providers and families develop social-emotional outcomes on IFSPs.</p> <p>PD Strand: Providers access credential renewal training and learning experiences based on new standards.</p> <p>Providers implement evidence-based practices to help families support their child's development.</p> <p>Families are empowered, motivated, and have opportunities to feel successful in their child's development.</p> <p>Family Engagement Strand: Providers who use the cultural diversity resources are more competent and confident in working with diverse families. Increased trust between providers and families. Increased collaboration with community partners who serve diverse families.</p> <p>Collaboration Strand: Providers use community resources to address family needs, resulting in decreased family stressors.</p> <p>Compliance and Quality Assurance Strand: Providers are more confident and competent in meeting state and federal performance and compliance indicators that improve outcomes for children and families.</p> <p>Baby Watch and local EI programs improve state and local infrastructure for continuous improvement of results, compliance, and implementation of EBPs.</p> <p>Baby Watch and local EI programs improve relationships, increase collaboration, and renew trust between the state and local levels of Utah's Part C system.</p>	<p>SIMR: By FFY2019, Utah Baby Watch Early Intervention Program (BWEIP) will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).</p>

Improvement Strategies and Principle Activities

At this time, Baby Watch is pleased to report on improvement strategies in each of the five strands in Utah's Logic Model and Theory of Action. Activities completed during the current reporting year that align with improvement strategies identified in Utah's State Systemic Improvement Plan (SSIP) are summarized in the outline below. Each activity has been designed and implemented to impact Utah's SiMR. Additional details, as well as activities that the state will implement next year, are described throughout this report.

Assessment Strand

1. Created a Baby Toddler Online Tracking System (BTOTS) report to monitor the use of social-emotional assessment tools.
2. Analyzed BTOTS reports to determine social-emotional assessment and other factors with children from culturally diverse backgrounds.
3. Identified ways for EI programs and direct service providers to better support infant mental health and social-emotional development.
4. Developed and distributed a guidance document to local EI programs entitled: *Recommended Social-Emotional Screening & Assessment Tools*.
5. Created policy that recommends all children referred to local EI programs receive a social-emotional assessment.
6. Held a live webinar for all local EI program administrators entitled: *Social-Emotional Recommended Screening & Assessment Tools*.
7. Created guidance to EI direct service providers for when to complete an additional social-emotional assessment.
8. Provided training and guidance for writing functional IFSP outcomes, and continue to monitor if a social-emotional component is present.
9. Provided ongoing education to EI providers about social-emotional development, as well as continued child find efforts with Help Me Grow Utah to ensure children with social-emotional concerns are being identified and served.

Professional Development Strand

1. Updated the Early Intervention Specialist (EIS) online training content and materials.
 - a. Designed and rolled out the Early Intervention Specialist 2.0 course.
 - b. Provided a comprehensive Baby Watch Glossary & Acronyms, available in Canvas and on the Baby Watch website.
 - c. Expanded the Baby Watch Canvas course offerings to include optional courses on a range of topics.
 - d. Made online quizzes within the Early Intervention Specialist 2.0 course available in PDF format for non-native English speakers.
2. Created a new CSPD policy, which was approved by OSEP on July 1, 2019.
3. Created an Early Intervention Specialist Credential Workbook that contains discussion points for employees and coaches to talk about.
4. Requires every employee renewing a credential to provide detailed information about their professional development activities in BTOTS or on the renewal application form.

Family Engagement Strand

1. Interagency Coordinating Council (ICC)
 - a. Collaborative efforts to provide ongoing stakeholder involvement and support of SSIP work.
 - b. Exploring how to make EI services more equitable statewide.
 - c. Exploring how to expand eligibility to include at-risk populations.
 - d. Exploring how to expand Child Find.
 - e. Provided advisement to Baby Watch about how to enhance to the Baby Watch website to encourage ICC membership, and clarify dispute resolution options for families.
2. Utah Parent Center (UPC)
 - a. The UPC Family-to-Family Network offers workshops for parents on the importance of early diagnosis, social-emotional development, and referrals to early intervention services.
 - b. The UPC *eConnections* newsletter introduces families to Part C early intervention, the components of an IFSP, and the transition process to preschool or other community services.
 - c. The Dual Diagnosis > *Treatments and Interventions & Managing Crisis* section of the UPC website is dedicated to the mental health needs of individuals with developmental disabilities.
3. Created two new family engagement tools in response to data gathered during FY2018 compliance and monitoring on-site visits. The tools provide for self-assessment of processes that honor the family by demonstrating respect for diversity in culture, language, beliefs, values, routines, activities, and traditions.

Collaboration Strand

1. SSIP Collaboration Work Group has worked to gather resources to further inform and educate early intervention providers about culturally diverse children and families who are served in Baby Watch programs.
2. Identified community resources that would improve outreach and services to families from diverse cultural backgrounds.
3. Help Me Grow Utah, a program of the United Way
 - a. Baby Watch established a contract with Help Me Grow Utah as the primary referral source to Utah's Part C, as well as to track children determined ineligible for EI services.
4. Utah Association for Infant Mental Health (UAIMH)
 - a. Baby Watch continues to collaborate with UAIMH to build awareness about social -emotional development.

Compliance and Quality Assurance Strand

1. Created a Compliance & Monitoring Manual to operationalize components of the General Supervision System.
2. Determined priority areas and created/revised performance measurement tools to evaluate application of DEC Recommended Practices in Early Intervention, Seven Key Principles of EI, and Foundational Pillars of EI.
3. Revised items within performance indicators to assess the application of DEC Recommended Practices trained to during professional development delivered by Baby Watch T/TA.
4. Baby Watch, the BTOTS development team, and BTOTS Data Work Group revised existing BTOTS reports to gather more meaningful information about several activities in the IFSP process.
5. Baby Watch team gathered quantitative and qualitative data using a variety of tools.
6. Provided training and technical assistance to each local EI program throughout 2019.

B1. Assessment Strand

Data on Implementation and Outcomes

Created in spring 2018, the SSIP Assessment Work Group is comprised of local EI program administrators and providers, lead agency staff, a parent of a child in early intervention, and a community member. The purpose of the SSIP Assessment Work Group is to identify and establish the use of valid, reliable, and culturally sensitive assessment tools to ensure an accurate assessment of the social-emotional development of children birth to three. The work group supports local EI programs by providing training on about social-emotional development, the importance of early detection, culturally relevant assessment practices, and recommended assessment tools and methods. These supports are intended inform local early intervention programs of Baby Watch’s expectations around the development of functional and measurable social-emotional IFSP outcomes which will be incorporated into future Baby Watch monitoring activities. These supports are intended to increase the social-relationships of all children, but specifically those from culturally diverse backgrounds for our SiMR. The work group held ongoing meetings in 2019 and, in collaboration with other SSIP work groups, has advised Baby Watch on a wide range of SSIP activities.

Type of Outcome	Description
Short-term	Baby Watch develops useful guidance on use of valid, reliable, culturally sensitive tools and methods for assessing social-emotional skills and needs of children birth to three.
Short-term	EI providers have access to and utilize appropriate assessment tools and methods to evaluate social-emotional development of infants and toddlers of all cultures.
Intermediate-term	EI providers and families develop social-emotional outcomes on the IFSP.
Long-term	State-identified Measurable Result (SiMR)

The improvement plan below provides an overview of progress in evaluating, measuring, and achieving identified assessment activities.

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following table. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in Baby Watch’s [Theory of Action \(ToA\)](#).

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
1. Determine what assessment tools and methods are being used by EI providers to assess the social-emotional domain.	A. Run a BTOTS database query for SFY13-SFY15 to identify assessment methods for children referred with and without initial concerns in the social-emotional domain who are less than 12 months and 12+ months at time of initial referral.	Data consultant time BTOTS database SE assessment survey	Data Manager BTOTS Development Team	Jan – Feb 2016 COMPLETED Sept – Oct 2018 COMPLETED
	B. Survey local EI providers about their use of social-emotional assessment methods, current guidance, policy and procedures for those assessment methods, and plans to make changes.	BTOTS database	SSIP Assessment Work Group	Jan 2020 COMPLETED
	C. Create and utilize BTOTS report to monitor use of SE assessment tools.			
2. Determine what the queried assessment methods tell us about the types of assessment used previously for initial social-emotional concerns.	A. Describe differences within and across fiscal years, age of referral, and type of initial concern(s).	Other issues identified from the analysis	SSIP Coordinator	Nov 2018 COMPLETED
	B. Identify what assessment methods are currently being used, and if they are ineffective because they are not valid, reliable, or culturally sensitive, and what other issues might be at play given the age of the child.	Survey results BTOTS database	Data Manager SSIP Assessment Work Group	Jan 2020 COMPLETED
	C. Analyze results of SE assessment method survey to identify what tools, guidance, policy and procedures are ineffective.			
	D. Analyze reports to determine SE assessment and other factors with children from culturally diverse backgrounds.			
3. Determine what we know about the characteristics of currently used assessments for measuring SE development.	A. Review examiners' manuals for assessments currently used to measure social-emotional development to determine if more could be learned (e.g., are some more appropriate for infants vs. children 12+ months?)	SE assessment examiner's manuals BTOTS database	SSIP Coordinator EI Staff BTOTS Development Team	Spring 2016 COMPLETED
	B. Baby Watch staff identifies assessments to be reviewed and uploaded in the BTOTS Assessment drop-down menu.			
4. Determine if the 2014 CSPD Needs Assessment contains any information that would inform the discussion of the adequacy of currently used assessment methods for the SE domain.	A. Review the Needs Assessment to determine what information relates to this question.	2014 CSPD Needs Assessment	SSIP Core Work Team	SSIP Assessment Work Group discussion
	B. Identify assessment used and problematic aspects.	ICC Meeting	SSIP Coordinator	crosswalk w/ CSPD redesign
	C. Conduct a joint discussion with the CSPD Redesign Committee and choose the SE assessments.		CSPD Redesign Committee	June 2016 COMPLETED
	D. Review SE assessment and SE development needs with stakeholders. Identify needs.		SSIP	Determine a limited and recommended SE assessment set by 2019

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
	E. Incorporate into CSPD system and other online platforms.		Professional Development Work Group	Jan 2020 COMPLETED
5. Determine if there are other valid, reliable, and culturally sensitive social-emotional assessment methods that could replace or be added to the current list of assessments used.	<p>A. Identify other possible assessment measures and methods available in the SE domain, including whether they are age-specific.</p> <p>B. Disseminate ECTA assessment resource list with the SSIP Assessment Work Group for review and consideration.</p> <p>C. Identify social-emotional assessments and implement limited assessment selection.</p> <p>D. Review current literature on SE assessment tools.</p>	ECTA Assessment Resource list	<p>SSIP Core Work Team</p> <p>SSIP Coordinator</p> <p>BWEIP and EI Program Staff</p> <p>Consulting Psychologist</p>	<p>Winter 2016 COMPLETED</p> <p>Nov 2018 COMPLETED</p>
6. Determine what process will be used for evaluating and selecting other possible assessments in the social-emotional domain.	<p>A. Determine criteria for selecting other assessment measures and methods:</p> <ul style="list-style-type: none"> i. What criteria will be used to evaluate them? ii. Who will evaluate them? iii. Would multiple evaluations be appropriate? iv. How does this process work over time as other assessment measures and methods are identified as possibilities? v. How will the evaluation and selection of other assessment measures and methods be documented? vi. Who will review and analyze the data? <p>B. Review current literature on SE assessment tools.</p>	<p>Literature review and expert opinions considered</p> <p>Participation by work team</p> <p>Assessment tools/data from other states</p> <p>Literature review and expert opinions considered</p>	<p>SSIP Core Work Team</p> <p>SSIP Coordinator</p> <p>Baby Watch and EI Program Staff</p> <p>Consulting Psychologist</p> <p>SSIP Assessment Work Group</p>	<p>Ongoing</p> <p>Nov 2018 COMPLETED</p>
7. Develop statewide policy and guidance around the use of appropriate assessment tools.	<p>A. Engage stakeholders in policy decisions and the development of guidance documents.</p> <p>B. Develop eligibility policy that includes the mandate of the use of BDI-2 NU for standard score.</p> <ul style="list-style-type: none"> i. Provide BDI-2 NU supplies and training to EI Providers. ii. Update BTOTS database to include new assessment methods. 	<p>Assessment selection rationale, literature review of other EI assessment policy</p> <p>Houghton Mifflin Harcourt Trainer Katee Duffy</p> <p>BDI-2 NU Users Group</p>	<p>SSIP Core Work Team</p> <p>SSIP Coordinator</p> <p>EI Program Staff</p> <p>BTOTS Development Team</p>	<p>2018 - 2019 COMPLETED</p>
8. Develop TA to support local programs in implementing the new social-emotional assessment guidance and policy.	<p>A. Pilot with select EI programs.</p> <p>B. Develop training materials, processes and procedures, and include resources specific to the child's age and culture.</p> <p>C. Provide training at to all 15 early intervention programs.</p>	<p>Time to develop a training schedule, materials, and an evaluation resulting in revisions based on feedback.</p>	<p>Consulting Psychologist</p> <p>SSIP Core Work Team</p>	<p>Pilot with selected EI programs; Monitor # of children with identified SE</p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
	<ul style="list-style-type: none"> D. Evaluate and revise program training based on feedback. E. Integrate the training into the CPSD system. F. Monitor the number of children with SE deficits referral concerns, SE assessments conducted and IFSP outcomes. 		SSIP Coordinator EI Staff	deficits referral concerns, and child SE IFSP outcomes. COMPLETE Jan 2020
9. Determine the process for implementing new BTOTS assessment methods.	<ul style="list-style-type: none"> A. Define limits or triggers in reference to referral criteria. B. Review assessments listed in BTOTS with social-emotional domains for relevance. 	BTOTS database, Assessment tool publisher and manuals	SSIP Coordinator BTOTS Development Team SSIP Assessment Work Group	2018 2019 COMPLETE
10. Develop a monitoring tool to be used during monitoring and self-assessment activities.	<ul style="list-style-type: none"> A. Develop the monitoring tool and corresponding process and procedure. B. Pilot the implementation of the tool with select EI programs. C. Evaluate and revise the tool and corresponding process and procedure based on pilot feedback. D. Integrate the new monitoring tool into T/TA. E. Integrate the tool into the Baby Watch Compliance & Monitoring system. 	Compliance & Monitoring tools	SSIP Core Work Team SSIP Coordinator Compliance & Monitoring Specialist SSIP Compliance and QA Work Group	In progress
11. Develop policies and Baby Watch eligibility procedures to identify social-emotional needs in infants and toddlers referred to early intervention with social-emotional concerns.	<ul style="list-style-type: none"> A. Develop a referral protocol between community partners and Baby Watch. B. Define and operationalize assessment practices and intervention strategies for infants and toddlers presented with SE concerns and/or delays. C. Integrate SE assessment and intervention into the CPSD process, and training and technical assistance into professional development opportunities for EI providers. D. Integrate into BWEIP General Supervision System – routine, annual program monitoring process. 	BTOTS reports to identify children referred with delays in SE development. BTOTS Reports to identify children referred and eligible by standard score, ICO, or medical diagnosis. BTOTS Reports to assess progress as defined by the achievement of IFSP outcomes and Child Outcome Scores. Parent/provider survey results to identify ongoing T/TA needs and evaluate the effectiveness of interventions.	SSIP Core Work Team SSIP Coordinator BTOTS development team	2018 In progress

Activity 1: Determine what assessment tools and methods are being used by EI providers to assess the social-emotional developmental domain.

This activity has been successfully completed.

Activity 2: Determine what the query data of assessment methods tell us about assessment used previously for initial social-emotional concerns.

The work group made ongoing efforts in 2019 to understand the assessment methods set by local EI programs, especially for children referred with a social-emotional concern. A new BTOTS report is able to provide greater clarity regarding:

- The number of children who have a social-emotional concern at the time of referral.
- The use of recommended assessment and screening methods specifically: ASQ-SE, BITSEA, DECA-I/T, FEAS, Greenspan S/E, ITSEA, PICCOLO, SEAM, and TABS) by local EI programs.
- The number of IFSPs that contain at least one outcome with a social-emotional component

As of November 2018, Baby Watch has required local EI programs to use the BDI-2 NU to obtain a standard score for the purposes of determining eligibility for every child. Unless a parent does not consent to evaluate, all referred children are evaluated for social-emotional concerns using the BDI-2 NU Personal Social domain. Baby Watch also recommends that local EI programs use other social-emotional assessment tools in addition to the BDI-2 NU, to obtain a more complete picture of each child's social-emotional development.

Activity 3: Determine what we know about the characteristics of currently used assessments for measuring social-emotional development.

This activity has been successfully completed.

Activity 4: Determine if the 2014 CSPD Needs Assessment contains any information that would inform the discussion of the adequacy of currently used assessment methods for the social-emotional developmental domain.

The 2014 CSPD Needs Assessment activity was successfully completed, and ongoing efforts have continued to be made in this area. The SSIP Assessment Work Group utilizes the *Plan, Do, Study, Act* cycle for this activity. In January 2019, the SSIP Assessment Work Group lead a planning activity during an ICC meeting to brainstorm what local EI programs and direct service providers need to better support infant mental health and social-emotional development. During the activity, ICC members and stakeholders reviewed case studies, looking for topics that could be incorporated into Baby Watch's CSPD program, Training & Technical Assistance (T/TA), and community outreach activities.


The table below summarizes the needs that the ICC identified, and how those needs were addressed by T/TA activities throughout 2019. The SSIP Assessment Work Group will review what is next needed to address the Study and Act portions of the cycle in 2020.

Family Need	Solutions
<ul style="list-style-type: none"> To understand what is typical development and social-emotional milestones. To understand why we look at the whole child and how social-emotional concerns can be interrelated to other areas of development. Time to allow a trusting relationship between parent and provider to flourish. Education and print materials about social-emotional development. 	<p>2020 Infant and Toddler Social-Emotional Development brochure, available in hard copy and on the Baby Watch website in both English and Spanish</p> <p>Promotion of Utah’s Early Learning Guidelines: Birth to Age Three at live training events and in the Early Intervention Specialist 2.0 training</p> <p>Promotion of Help Me Grow Utah resources including referrals, screening, milestones, activity ideas and additional resources</p>
Local EI Program Need	Solutions
<ul style="list-style-type: none"> To provide a good teaming structure to allow families to build trust with individual providers. Support from Baby Watch to improve the CAPTA referral process and DCFS partnership. To train staff on the importance of interventions that are relationship-based, culturally sensitive, and trauma informed. Clarification from Baby Watch on how and when to pick children up with social-emotional concerns under Informed Clinical Opinion. 	<p>On-site training at local EI programs about relationship-based interventions that support provider/parent relationships.</p> <p>Online training about Social-Emotional Development & Outcomes; which addressed the need of understanding relationship-based services, culturally sensitivity, and trauma informed practices.</p> <p>Baby Watch is continuing to work with DCFS on improving the CAPTA referral processes. Each local program was given current contact information for regional DCFS offices</p> <p>Baby Watch’s Eligibility Criteria policy was finalized in 2018 to clarify the eligibility hierarchy: Medical Diagnosis, Standard Score, and Informed Clinical Opinion. The Baby Watch team has also provided individual education on this topic as eligibility questions arise at local EI programs.</p>
Early Intervention Provider Need	Solutions
<ul style="list-style-type: none"> To learn and apply adult learning principles and coaching methods. Training and practice on handling difficult conversations. 	<p>Training materials for online and in-person training contain much needed information to employees about:</p> <ul style="list-style-type: none"> Adult learning theory Reflective coaching Family-centered practices

Activity 5: Determine if there are other valid, reliable, and culturally sensitive assessment methods for social-emotional testing that could replace or be added to the current list of assessments used.

This activity has been successfully completed.

Activity 6: Determine what process will be used for evaluating and selecting other possible assessments in the social-emotional domain.

	<p>In 2019, Baby Watch developed and distributed a guidance document to local EI programs entitled Recommended Social-Emotional Screening & Assessment Tools. This document will be reviewed by the SSIP Assessment Work Group and Baby Watch on a three-year cycle.</p> <p>The SSIP Assessment Work Group will also determine if there are other valid, reliable, and culturally-sensitive assessment methods for social-emotional testing that could be added to current list of assessments provided in the guide.</p>
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Activity 7: Develop statewide policy and guidance around the use of appropriate assessment tools.

Baby Watch’s [Timely, Comprehensive, Multidisciplinary Evaluation and Assessment](#) policy recommends that all children referred to local EI programs receive a social-emotional assessment. Baby Watch provided guidance regarding this recommendation to local EI program administrators in recorded webinar presentations on the Canvas platform.

Activity 8: Develop training and technical assistance to support local programs in implementing the new social-emotional assessment guidance and policy.

Below is a timeline summarizing training activities related to implementing Baby Watch’s new social-emotional assessment guidance and policy recommendation.

Year	Activities Completed by SSIP Assessment Work Group
2014-2017	<ul style="list-style-type: none"> Reviewed academic research about social-emotional screening and assessment tools. Created <i>Limited and Recommended List of Social-Emotional Assessments</i> guidance document. Purchased and reviewed examiner’s manuals for each tool in the guidance document.
2018	<ul style="list-style-type: none"> Researched academic literature available about each tool in the 2017 guidance document Revised the 2017 document and renamed it: <i>Recommended Social-Emotional Screening and Assessment Tools</i>.
Summer 2019	<ul style="list-style-type: none"> Created a slide presentation on the topic of social-emotional assessment and screening, for future use in live and virtual training events.
Sept 2019	<ul style="list-style-type: none"> Held a live webinar for all local EI program administrators entitled: <i>Social-Emotional Recommended Screening & Assessment Tools and Screening Tools</i>. Training emphasized the importance of social emotional development, early detections through screening and assessment, and relevant culturally sensitive practices. Clarified Baby Watch’s policy recommendation that all children receive a social-emotional assessment as part of the initial evaluation process. Introduced participants to the <i>Recommended Social-Emotional Screening and Assessment Tools</i> guidance document.
Oct 2019	<ul style="list-style-type: none"> <i>SE Assessment & Screening</i> Canvas course was created to house the Sept 2019 webinar recording, presentation slides, and guidance document. The course has been accessed by at least one person from each local EI program. The <i>Recommended Social-Emotional Screening and Assessment Tools</i> document is readily accessible and has been downloaded for use by many end users.

Year	Activities Completed by SSIP Assessment Work Group
Nov 2019	<ul style="list-style-type: none"> Reviewed learner survey feedback from the <i>SE Assessment & Screening Canvas</i> course, and made minor changes to the slide presentation Developed a webinar about writing IFSP outcomes related to social-emotional development
Dec 2019	<ul style="list-style-type: none"> Hosted a second webinar entitled: <i>Social-Emotional Development and Outcomes</i> Facilitated group discussion and answered questions about sample IFSP outcomes Introduced participants to a new brochure entitled Infant and Toddler Social-Emotional Development, and gave guidance on how to use the brochure to teach families about social-emotional development. Made the webinar recording, presentation slides, and related resources available on the Canvas platform within a new online course entitled <i>Social-Emotional Development & Outcomes</i>. The course was made available to all providers statewide in early 2020.

Activity 9: Determine the process for implementing new assessment methods in BTOTS.

As new assessment methods are reviewed, added, or deleted to the *Baby Watch Recommended SE Screening and Assessment Tools* document, BTOTS is also updated to reflect changes. Stakeholder work groups and meetings are used as a two-way communication avenue for problem solving and relaying information concerning changes made to BTOTS.

Currently, per Baby Watch policy, it is recommended that all children receive a social-emotional assessment. By capturing all children in our recommendation, we will be able to support all children in their social-emotional relationships to impact our SiMR. Additionally, guidance has been given to programs about the most common red flags that might indicate that a child needs additional social-emotional assessment including:

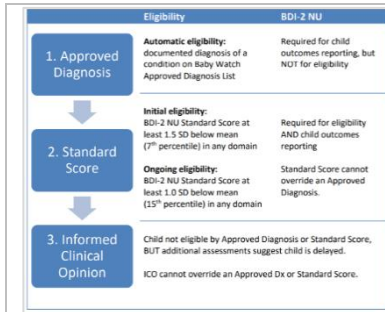
- Low BDI-2 NU Personal-Social scores
- DCFS/CAPTA referrals
- History of child or family trauma
- Family concerns about a child’s behavior
- Concerns about parent/child interactions

Activity 10: Develop a monitoring tool to be used during monitoring and self-assessment activities.

In 2018, a BTOTS report was created to capture IFSP outcomes by developmental domain, and to also identify the family assessments that programs used. This information was included in the 2018 Monitoring and Quality Assurance Report for each local EI programs.

In 2019, Baby Watch continued to monitor IFSP outcomes by domain. Training and guidance from Baby Watch remain consistent, communicating that all IFSP outcomes should reflect each family’s unique concerns and priorities in a way that is functional, meaningful individualized, and discipline-free. IFSP outcomes address many areas that may fall into various domains within child development. With the BTOTS “IFSP Outcome by Domain” report, Baby Watch can now monitor all IFSP outcomes to determine if a social-emotional component is present.

Activity 11: Develop Baby Watch eligibility procedures to identify social-emotional needs in infants and toddlers referred to early intervention with social-emotional concerns.



Throughout 2019, Baby Watch continued to work closely with local early intervention programs and community partners to provide resources and ongoing education about social-emotional development, identify possible delays, and provide appropriate interventions for eligible children and their families. Early intervention providers are encouraged to utilize social-emotional assessment tools to gain additional information to support writing Informed Clinical Opinions for EI eligibility.



Baby Watch continues to collaborate with [Help Me Grow Utah](#) to ensure children with social-emotional concerns are being identified and served. Help Me Grow Utah regularly uses social-emotional tools including the ASQ:SE-2, M-CHAT, and Edinburgh Postnatal Depression Scale to support families. When a concern is identified by Help Me Grow Utah, a referral is made to the appropriate local Baby Watch Early Intervention Program. Please refer to the [Collaboration](#) and [Family Engagement](#) strands for additional information.

Progress towards Achieving Intended Improvements

Beginning in 2014, the SSIP Assessment Work Group has provided guidance for using social-emotional assessment in early intervention, as well as how to improve data collection, measurement, and data analysis. The stakeholder’s meaningful involvement, in an effort to move the work forward, resulted in revisiting improvement strategies, performance indicators, data collection, and timelines. Additional details have been added to the Analysis column in the table below to better define, identify, and record achievement toward intended outcomes.

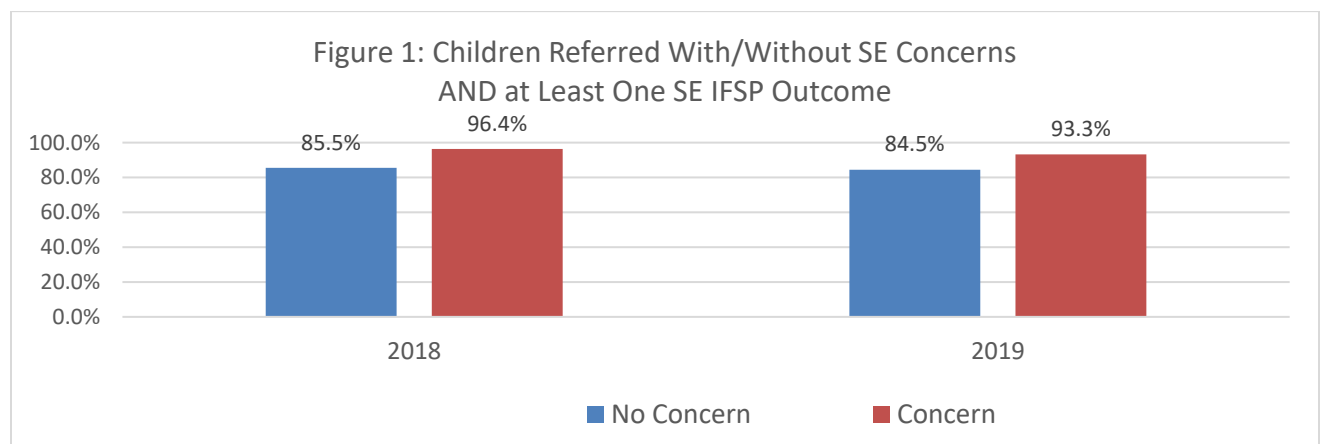
Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short Term: BABY WATCH develops guidance on the use of valid, reliable, culturally sensitive tools and methods for assessing SE skills and needs of children birth to three.	Did BWEIP develop guidance on the use of valid, reliable, culturally sensitive tools and methods for assessing SE skills and needs of children birth to three?	100% of local, Part C programs report receiving guidance documentation for assessing SE development. 80% of providers report knowing the expectations and process for assessing SE development.	100% of local programs received the guidance (by attending Sept. 2017 SE training). 80% of training survey respondents report an increased understanding of SE development.	2017 – Ongoing	Evaluate training survey response rates, responses, and data trends. Evaluate the frequency of SE IFSP outcomes pre/post development, training, and distribution of guidance tools. This will be done through BWEIP Compliance & Monitoring Systems, T/TA, and self-assessment.
Short Term: EI providers have access to and utilize appropriate assessment tools (and methods) to evaluate SE development of children of all cultures.	Do EI providers use appropriate high-quality assessment tools/ methods to evaluate SE development for children of all cultures?	80% of IFSPs are developed with the use of an appropriate social-emotional assessment tool and/or method.	Enhanced BTOTS reports will: <ul style="list-style-type: none"> • Measure use of pre-approved SE assessment tools in IFSPs. • Identify IFSP outcomes by domain in order to measure the prevalence of SE outcomes. 	2017- Ongoing	Evaluate the frequency and type of SE assessment tools used and IFSP outcomes written pre/post development, training, and distribution of guidance tools.
Intermediate Term: EI providers and families develop functional SE IFSP outcomes.	Do EI providers and families develop functional social-emotional outcomes on IFSPs?	80% of IFSPs include functional SE outcomes as defined by the Monitoring & QA reports, BTOTS reports, and self-assessments.	80% of IFSPs will meet the practice indicator for developing SE outcomes as measured on the IFSP Quality Assessment Rubric.	2018 - Ongoing	Baseline data indicates 72% of all 2018 IFSP outcomes address SE development. In 2019 this increased to 73%.

Long Term: (SiMR)	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).
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Evaluation of Improvement Strategy Implementation

The lead agency continues to support the SSIP Assessment Work Group in developing T/TA to increase knowledge about social-emotional development, screening and assessment, and writing functional IFSP outcomes. The BTOTS report for Activity 2 asked the following questions for 2018-2019.

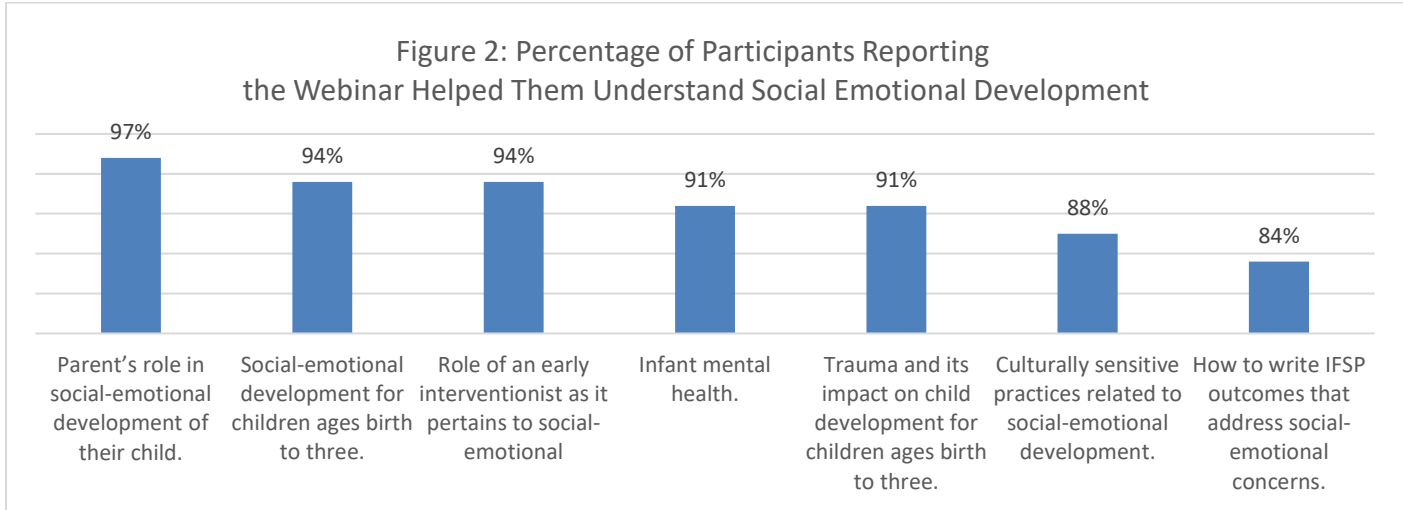
Question	Analysis
1. Do children referred based on social-emotional concerns receive a social-emotional assessment?	Children referred to early intervention with a social-emotional concern who received a social-emotional assessment: <ul style="list-style-type: none"> 2018: 170 of 1,085 children (15.66%) 2019: 211 of 1,109 children (19.02%) <p>Though additional analysis is warranted, this suggests that quality improvement activities have increased the rate at which children are receiving social-emotional assessments. The SSIP Assessment Work Group will work to increase this rate further to meet the short-term goal or revise the goal.</p>
2. Do children who have a social-emotional concern noted at time of referral receive an IFSP with a least one social-emotional outcome at higher rates than children without a social-emotional referral concern?	Children with a social-emotional concern noted at referral are more likely to receive an IFSP with a social-emotional outcome. 2018 BTOTS data indicates that 96.4% of children with a social-emotional concern at time of referral had a social-emotional outcome on their IFSP, slightly higher than in 2019 (93.3%). Children whose families did not have a social-emotional concern at time of referral were less likely to receive a social-emotional outcome on their IFSP (See Figure 1).



The *Social-Emotional Recommended Assessment and Screening Tools* webinar was attended by 21 individuals representing 13 of 15 local EI programs. Nine webinar participants indicated in an online post training survey that they understood infant and toddler social-emotional development and the role of early intervention in supporting social-emotional development. Further, all participants felt satisfied with the content of the training and thought that the strategies used by the presenters were appropriate to attain the training objectives. A majority of survey participants reported to have also gained knowledge in three core areas:

- 89%: reported learning about social-emotional development of children
- 78%: reported learning about social-emotional screening and assessment
- 78%: reported learning about culturally sensitive approaches to assessment and screening

The *Social-Emotional Development and Writing IFSP Outcomes* webinar was attended by over 50 individuals representing 13 of 15 local EI programs. Participants were asked to complete a post-survey about the webinar. Below is a summary of the survey results from the 32 respondents. The majority of webinar participants reported that the webinar was beneficial to them in further understanding a number of the core areas identified in Figure 2 below.

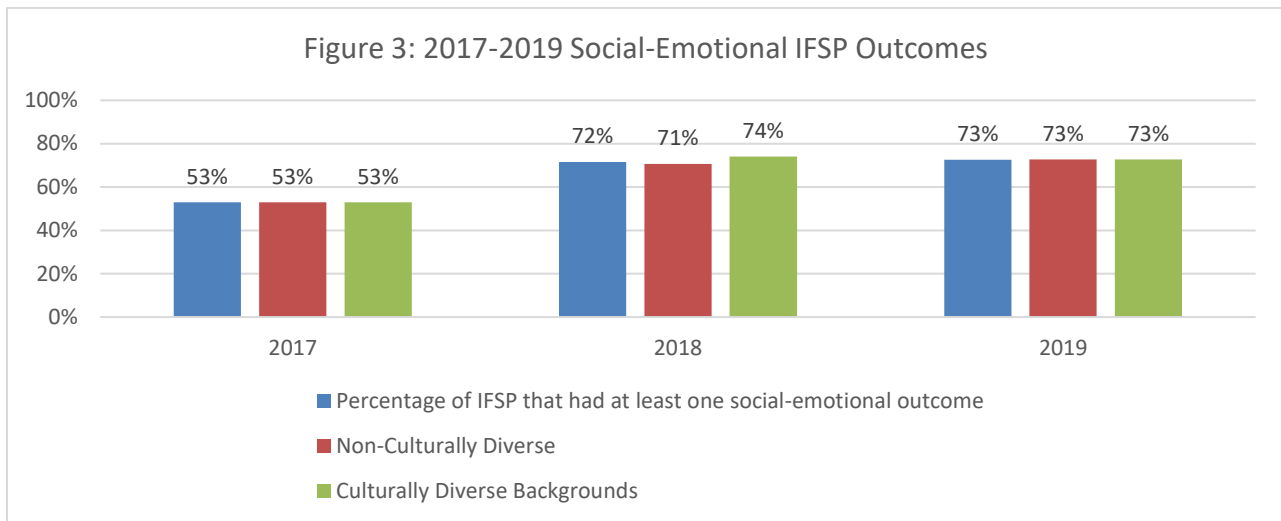


The majority of survey participants for each webinar reported that they gained skills to implement the training concepts at their local EI programs.

- 88%: Reported gaining skills to implement the training into their job
- 78%: Reported gaining skills to implement the training into their role as a program administrator

Baby Watch examined BTOTS reports for Activity 10 to analyze IFSP outcomes among children from culturally diverse backgrounds. In assessing cultural diversity, examining the data for 2017-2019 using demographic variables captured in BTOTS, an increasing number of children had at least one social-emotional IFSP outcome. The percentage of culturally diverse children with at least one social-emotional outcome increased to 74% in 2018, higher than those of non-culturally diverse backgrounds.

As shown in Figure 3, BTOTS data indicates that children from culturally diverse backgrounds have IFSPs with at least one outcome written to address social-emotional development at similar rates to their non-culturally diverse counterparts. This suggests that as we increase our efforts to increase understanding of social-emotional development, improve efforts for social-emotional assessment and IFSP outcomes for all early intervention children in Utah we are also impacting our SiMR population as well. As our SiMR population is children from culturally diverse backgrounds, Baby watch plans to continue to improve culturally relevant practices and resources.



BTOTS data shows a slight decrease in the number of IFSPs with social-emotional outcome from 2018 to 2019. This decrease may be due to the fact that social-emotional outcomes are a recommended but not required by Baby Watch. The decrease may also suggest slippage in provider practices after the 2018 on-site monitoring activities. Baby Watch continues to educate providers about the importance of writing IFSP outcomes to address social-emotional concerns.

Plans for Next Year

For 2020, the Baby Watch and SSIP Assessment Work Group has prioritized several activities:

- Develop data queries to examine social-emotional concerns at time of referral, the methods and frequency of social-emotional assessment, and the frequency of social-emotional IFSP outcomes written for children from culturally diverse backgrounds. This activity will help inform future improvement activities, including T/TA, parent and provider documents, monitoring to further support meeting our SiMR.
- Examine trends in children who fail to demonstrate progress in the social-emotional domain, based on BTOTS child outcome reporting. BTOTS child outcome reporting for 2020 will be impacted by the use of BDI-2 NU use for entry and exit scores, where historically the COS was used. Baby Watch will explore BTOTS data for social-emotional domain assessment scores in 2020. Current barriers include the BTOTS database houses domain scores on a different server than readily accessible and would need further developments in order for this information in this detailed manner to be accessible.
- Analyze provider use of social-emotional assessment tools before and after the rollout of the *Recommended Social-Emotional Screening & Assessment Tools* document and accompanying trainings. This will be done by selecting target dates and analyzing the data to determine effectiveness of the guidance. SSIP Assessment Work Group will be utilized in determining what the appropriate timeframe to analyze will be. Anticipated challenges to this would be examining how much time should be allowed to pass prior to examining data to determine if practices have changed. Local EI programs have differing professional development processes and capacities to incorporate changes. Challenges to implementing the guidance at each local EI program will affect the data results.
- Continued collaboration with the Interagency Coordinating Committee (ICC) to increase stakeholder involvement.
- Utilize SSIP Assessment Work Group in continuing the Plan, Do, Study Act Cycle to determine what has been working, and what future improvements are needed for Baby Watch’s professional development system as stated in Activity 4.

B2. Professional Development Strand

Data on Implementation and Outcomes

The Baby Watch team made substantial progress in implementation and evaluation of the Professional Development Strand in 2019. The SSIP Professional Development Work Group convened throughout the year to provide ongoing input on updates to Baby Watch’s Comprehensive System of Professional Development (CSPD). This strand contains an overview of Baby Watch’s progress in evaluating, measuring, and achieving intended improvements. The original goals of the Professional Development Strand are stated below.

Outcome Type	Description
Short-term	BWEIP will have Utah standards that align with DEC/CEC national standards.
Short-term	BWEIP will enhance the existing 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, social-emotional assessment and practices, family-centered services (FCS), routine-based intervention (RBI), family engagement, and relationship-building.
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.
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.
Intermediate	Early intervention providers access credential renewal training and learning experiences based on the new standards by participating in a self-assessment .
Intermediate	EI providers implement evidence-based practices to support families with their child’s development.
Intermediate	Families will be empowered, motivated, and have many opportunities to feel successful in supporting their child’s development.
Long-term	State-identified Measurable Result (SiMR)

The SSIP Professional Development Work Group was able to successfully move forward with many system improvements in 2019. Lead by the Baby Watch CSPD Coordinator, the group gathered critical feedback from programs and providers about the strengths and weaknesses of Utah’s improvement plan.

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following table. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in BWEIP’s [Theory of Action \(ToA\)](#).

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
1. Create Utah standards.	<p>A. Review the national DEC/CEC standards and the Seven Key Principles of EI and Utah's old standards. CSPD committee identified areas missing/needing improvement.</p> <p>B. Adopt portions of DEC standards.</p> <p>C. Committee and Provider Consortium vetted and adopted the new standards.</p> <p>D. Embed new standards into provider contracts.</p> <p>E. Revise CSPD policy includes new standards.</p>	<p>DEC/CEC standards</p> <p>Current UT standards</p>	CSPD Committee	<p>Mar-June 2017</p> <p>COMPLETED</p>
2. Create individual self-assessment as component of the new credentialing system.	<p>A. CSPD committee to review the new standards.</p> <p>B. Create provider self-assessment tool based on the new standards.</p>	<p>DEC/CEC standards</p> <p>Current UT standards</p> <p>ECPC self-assess tools</p>	CSPD Committee	<p>June 2015</p> <p>COMPLETED</p>
3. Create orientation as component of the new credentialing system.	<p>A. Identify and finance a new platform for supporting the online credential training system.</p> <p>B. Create new web page to log in to the platform to access the orientation.</p> <p>C. Create online training materials to include assessment that allows them to move on; mandatory field opportunities.</p>	<p>Canvas Learning Management System (LMS)</p> <p>Local EI program new-hire training materials</p>	CSPD Committee	<p>July to Oct 2015</p> <p>COMPLETED</p> <p>2019 In Progress</p>
4. Create a coaching system as a component of the new credentialing system.	<p>A. Create a subcommittee for designing the CSPD coaching component.</p> <p>B. Review existing EI coaching materials used by other states.</p> <p>C. Secure assistance from TA Center (national support).</p> <p>D. Develop the content of the coaching training, forms, and processes.</p> <p>E. Pilot the coaching process and forms, making revisions based on feedback from pilot participants.</p>	<p>EI coaching materials from other states</p> <p>National TA assistance</p>	CSPD Committee	<p>May 2015</p> <p>June 2015</p> <p>Aug 2015</p> <p>Sept 2015</p> <p>May 2016</p> <p>COMPLETED</p> <p>2019 In Progress</p>
5. Train coaches and keep them updated.	<p>Initial online training rollout has a 3-part audience:</p> <p>A. Newly hired providers earning an Early Intervention credential for the first time.</p> <p>B. Veteran direct service providers, also earning an Early Intervention credential.</p> <p>C. Veteran direct service providers who earned a credential in former CSPD system.</p>	<p>Baby Watch coaching curriculum: classroom and online training delivery</p>	<p>CSPD Committee</p> <p>Program-level training teams</p>	<p>Sept 2015 to Dec 2016</p> <p>2019 In Progress</p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
6. Develop and communicate instructions for how providers can access the system to update credentials.	A. Develop instructions.	Baby Watch coaching curriculum: BTOTS CSPD features	CSPD Committee	Aug 2015— ONGOING
	B. Announcements and invitation to training at Grantee and ICC meetings.		Program-level training teams	2019 In Progress

Activity 1: Create Utah Standards

This activity has been successfully completed.

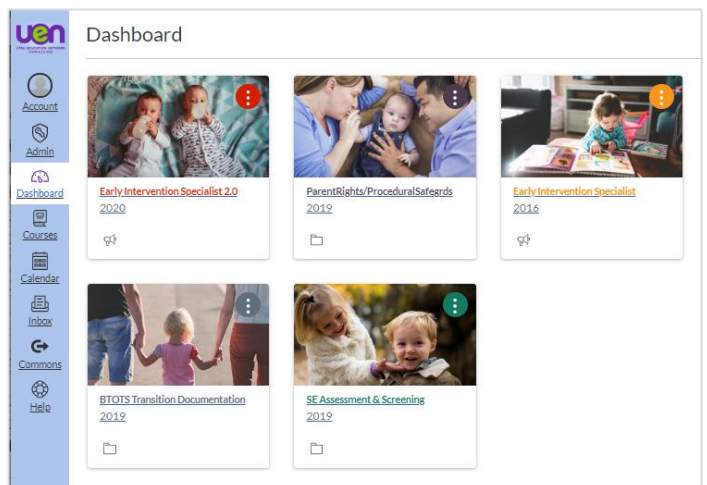
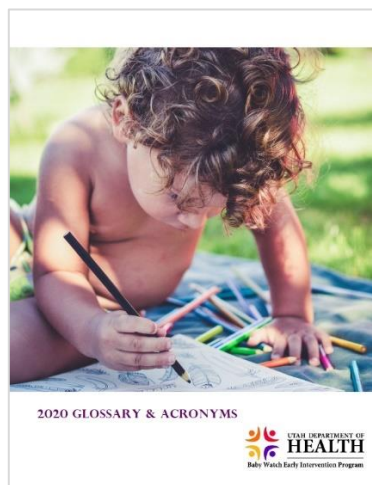
Activity 2: Create individual self-assessment as a component of the new credentialing system

This activity has been successfully completed.

Activity 3: Create orientation as a component of the new credentialing system

The Baby Watch team maintained the online Early Intervention Specialist (EIS) credential training experience throughout 2019, and was able to successfully transition from the 2016 Early Intervention Specialist online course to a 2020 course with updated content and training materials. During the year, the following technical and process improvements were made:

- Designing and rolling out the Early Intervention Specialist 2.0 course, based on feedback from the work group, program managers and coaches
- Providing a comprehensive [Baby Watch Glossary & Acronyms](#) document, available in Canvas and on the Baby Watch website
- Inviting employees to renew credentials ahead of schedule using the redesigned Early Intervention Specialist 2.0 training
- Expanding the Canvas course offerings to include optional training on a range of topics
- Making [online quizzes](#) available in PDF format for non-native English speakers
- Requiring long-term direct service providers without bachelor’s degrees to complete the initial credential requirements in 2020
- Encouraging employees to document professional development hours in greater detail in the BTOTS > Professional Development tab



The following table, taken from the [Early Intervention Specialist Credential Workbook](#) Introduction, summarizes many of the key differences between the Early Intervention Specialist 1.0 course, available from October 2016 to December 2019, and the Early Intervention Specialist 2.0 course that was rolled out in fall 2019.

Welcome to the Early Intervention Specialist 2.0 training experience! Whether you are a new employee learning about early intervention for the first time or a seasoned provider renewing your credential, Baby Watch values your time and cares about your professional development. We've made the following changes to the online training, so that you can have access to the most current information about Part C early intervention in a user-friendly online platform:

	Early Intervention Specialist 1.0 Oct 2016-Dec 2019	Early Intervention Specialist 2.0 January 2020
Avg. Credential Completion Time	4+ months from start date	GOAL: 1-2 months from start date
Structure	35 topics, divided into 2 Phases	25 topics, divided into 5 Sections
Seat Time	Initial: 16+ hours Renewal: 4+ hours	Initial: 12-16 hours Renewal: 4+ hours
Coaching Time	Varies	TBD based on beta feedback
Quizzes (minimum score 80%)	Initial: 35 questions Renewal: 5 questions	Initial: 100 questions Renewal: 20 questions
Self-Assessment	Completed on paper	Online in Jan 2020
Individual Credential Plan	Completed on paper	Online in Jan 2020
Service Observations (Initial Credential only)	25+ service observations: not customizable	20 service observations: 10 required, 10 customizable
Additional Resources	NA	In-depth info for future learning including suggestions for Individual Credential Plans (articles, websites, other training opportunities, etc.)

Activity 4: Create a coaching system as a component of new credentialing system

In early 2019, the CSPD draft policy was submitted for public comment. Minor revisions were made, and the policy was finalized and approved by OSEP on July 1, 2019. The CSPD policy is available at utahbabywatch.org > Get More Info > Policy.

Hard copies of all Baby Watch policy documents were provided to all local EI programs at the September 2019 grantee meeting, so that every program site has a policy binder available to employees. As a result of the CSPD policy being finalized, the following improvements have been made to hiring and professional development practices at every local EI program:

- All direct service providers hired by local EI programs have a completed bachelor's degree.
- All 15 local EI programs now provide periodic CPR/First Aid training to employees.
- Many employees who were previously allowed to work under Professional Authorizations are now required to have an Early Intervention Specialist credential, which requires more extensive training.



Activity 5: Train coaches and provide ongoing updates

The [Early Intervention Specialist Credential Workbook](#) was an exciting new feature of the redesigned 2019 training. The workbook, available in PDF format for learners to download and print from Canvas, contains discussion points for employees and coaches to talk about, as they complete each training activity.




About this Workbook

This workbook is your guide through the Early Intervention Specialist training. Throughout the workbook, icons indicate the following learning activities:

	Reading Articles, handouts, and other information in PDF format.		Interactive Online Module Includes audio, video clips and learning activities. Transcript PDF provided.
	Team Discussion Conversations between employees, coaches, and supervisors.		Writing Activity Individual study, brainstorming, and review activities.
	Video Embedded YouTube videos, with closed captioning.		Additional Resources OPTIONAL documents and websites for future reference.
	Section Quiz 20 multiple-choice questions at the end of each section. Minimum 80% passing score.		Bright Ideas Suggestions for how to maximize your training experience.

Within each learning activity, the workbook provides discussion points for one-on-one or small-group coaching conversations between supervisors and employees. Coaches and employees now have a framework to follow throughout the credentialing process, and are required to complete the coaching discussions in addition to completing the online training.

For example, the following discussion points are provided in Workbook Section 1, Activity 4: Welcome to the Baby Watch Early Intervention Program. The activity introduces learners to the 2020 Baby Watch brochure, and poses the following discussion questions:

	DISCUSSION POINTS	<input type="checkbox"/> What do you know about the relationship between Baby Watch Early Intervention and your local EI program? <input type="checkbox"/> How do Baby Watch and your local EI program work together to serve Utah families? <input type="checkbox"/> How could you use this brochure as a family education tool for new referrals? How might this brochure be helpful to share with existing EI families?
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Activity 6: Develop and communicate instructions for how providers access the system to update their credentials

According to the Baby Watch CSPD policy, credential holders are required to complete at least 75 hours of professional development every 5 years. However, prior to 2019 Baby Watch did not require learners to show a detailed accounting of their professional development activities. As a result, very few Utah EI employees kept a thorough and detailed record of their professional development activities.

Baby Watch now requires every employee renewing a credential to document their professional development in the BTOTS > Employee > Professional Development tab (shown below), or within the renewal application form itself.

Names/Contacts			Employment	Qualifications	CSPD	Pro
Trainings Conferences (Southern Utah University Early Intervention)						
Training Type	Training Date	Hours				
Pivotal Response Training	09/18/2014	6				
Utah Traumatic Brain Injury Implementation	09/16/2013	4				
The National Institute for Trauma & Loss in Children	09/12/2016	6				
Best for Babies - Improving Outcomes for Infants and Toddlers	01/30/2017	5				
Early Childhood Training	09/09/2016	2				
Family Concerns, Priorities and Resources and Family-Directed Assessment	03/05/2019	1				
Parent Rights and Procedural Safeguards Training	03/15/2019	1				
BWEIP Social-Emotional Recommended Tools Webinar	09/04/2019	0.75				
Social/Emotional BW Webinar	12/05/2019	2				
Functional & Measurable IFSP Outcomes	11/05/2019	2.5				

UTAH DEPARTMENT OF HEALTH Baby Watch Early Intervention Birth to Three Development			Early Intervention Specialist Credential Renewal Application		
EMPLOYEE:	ROLE: PIP Deaf Parent Advisor	PROGRAM/SITE:	USDB + Jordan CDC		
Baby Watch Policy 1.A.2: Comprehensive System of Professional Development states: All Baby Watch Credential holders are required to participate in at least 75 hours of professional development every five years. Professional development hours may be a combination of: • Credit hours from an accredited institution. • Conferences, workshops, and trainings related to early intervention. Each employee must provide documentation of professional development hours to their Coach or Supervisor. This might include transcripts, training certificates, or proof of attendance at professional conferences. Professional development records are subject to random on-site Compliance & Monitoring audits.					
Please list all qualifying professional development activities below or in a separate document.					
DATE	HOURS	DESCRIPTION			
1. 10/4/18	12	PIP Deaf Fall Workshop			
2. 3/17/18	8	USDB Opening Institute			
3. 10/9/18	2.5	Determining Auditory Potential			
4. 10/10/18	3.5	Cochlear Receptor Course			
5. 4/16/18	7	PIP Deaf Spring Workshop			
6. 11/15/17	6	Teaching children with hearing working with babies			
7. 1/26/18	6	UAEAH: Trauma + resiliency in Infancy			
8. 9/19/17	7.5	Integrating social Emotional Concepts			
9. 11/11/16	6.5	The ABCs of Early Brain Development			
10. 4/17/14	7	PIP Deaf Spring Training			
11. 10/6/17	3.5	Nucleus + Baby Refresher Course			
12. 9/20/17	2	USDB Annual Training			
13. 5/25/14	3.5	AG Bell Conference			
14.					
15.					
TOTAL HOURS (MIN. 75)	75				

As a result, credential holders now make a much more concerted effort to pursue professional development throughout the five-year credential cycle, and not just in few months before their credential must be renewed. In order to support employees in earning their 75 hours, Baby Watch now communicates directly with service providers via email to encourage them to take advantage of training opportunities both in-person and online. In 2019, Baby Watch informed providers of over a dozen training events offered by organizations including:

- The Hanen Center
- American Speech-Language Hearing Association (ASHA)
- National Association of Neonatal Therapists (NANT)
- Utah Association for Infant Mental Health (UAIMH)
- Utah Chapter of the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN-UT)
- Utah Parent Center and the Family-to-Family Network of Salt Lake County
- Utah State University, Department of Communicative Disorders and Deaf Education
- National Center for Hearing Assessment and Management (NCHAM)
- Early Childhood Hearing Outreach (ECHO) Initiative

Progress towards Achieving Intended Improvements

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
Short Term: 1. 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 communicated to local programs? Do local EI programs understand the expectations for use of the standards?	Canvas online training teaches new hires about the new Utah standards. New standards are written into each program's annual contract.	Numbers of new EI providers and coaches trained on the new standards. User feedback from CSPD pilot sessions.	2016	November 2017 CSPD Survey Results from learners who received their Initial EIS credential
Short Term: 2. BWEIP will enhance the existing 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, social-emotional assessment and practices, family-centered services (FCS), routine-based intervention (RBI), family engagement, and relationship-building.	Did BWEIP develop and establish an orientation for all new EI providers linked to the new standards which include areas addressed in this SSIP plan around cultural competency, SE assessment and practices, RBI, family engagement and relationship building? Was the orientation and guidance shared with local programs? Do providers know the expectations for the orientation?	A new online system for orientation based on standards exists and is accessed by EI providers.	New web-based login to access the curriculum. Self-paced online training requires learners to move through the curriculum in order; hands-on learning & self-assessments determine additional training needs.	2016 2019 – 2020	November 2017 CSPD Survey Results from learners who received their Initial EIS credential 2019 SSIP PD Work Group feedback
Short Term: 3. BWEIP will enhance the existing CSPD system: establish a coaching component to the credentialing system to support providers in implementing EBPs to meet the standards.	Did BWEIP develop and establish a coaching component to the credentialing system to support providers in implementing EBPs to meet the standards?	A coaching component exists and is accessed by EI providers.	Coaching piece exists in the platform. Coaching forms. Website statistics on participation.	March 2015 to May 2016 ongoing 2019 – 2020	2020 Credential Workbook

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
Intermediate Term: 4. BWEIP will enhance the existing CSPD system: establish an individualized credentialing plan for hands-on learning including a resources component to the credentialing system to support providers in implementing evidence-based practices to meet the standards.	Did BWEIP develop and establish individualized credentialing plan for hands-on learning including a resources component to the credentialing system to support providers in implementing EBPs to meet the standards?	An individualized credentialing plan exists based on standards and is accessed by providers.	Individualized Credentialing Plan will be a paperless online process Summer 2020. Tracking of online Individual Credential Plans.	March 2015 to May 2016 and ongoing 2019 – 2020	Analyze plans submitted by 2019 credential candidates.
Intermediate Term: 5. Early intervention providers access credential renewal training and learning experiences based on the new standards by participating in a self-assessment.	Did BWEIP develop and establish individualized self-assessment linked to Utah standards based on national DEC/CEC standards? Were the self-assessments/guidance shared with providers to renew credentials? Do EI providers understand expectations for use of the self-assessments in renewal process?	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.	Online self-assessment process to launch Summer 2020. Tracking of online self-assessment responses.	2016 to present 2019 – 2020	Analyze self-assessment responses submitted by 2019 credential candidates.
Intermediate Term: 6. EI providers implement evidence-based practices to support families with their child’s development.	Are functional, routines-based outcomes being written in IFSPs?	Providers implement EBPs when working with families.	Home visit monitoring tools for self-assessment.	2017 2019 – 2020	152 on-site and home visit observations.
Intermediate Term: 7. Families will be empowered, motivated, and have many opportunities to feel successful in supporting their child’s development.	Are families empowered and motivated and have opportunities to be successful in their child’s development?	Families will report improved outcomes on the family survey, specific items (to be determined).	Family survey data.	2018 2019 – 2020	2018 NCSEAM family survey results.

Long Term: SiMR	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).
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Evaluation of Improvement Strategy Implementation

Baby Watch made progress in each of the seven SSIP Professional Development outcomes in 2019.

PD Outcome	Analysis Tools	2019 Progress Update
1. BWEIP will have Utah standards that align with DEC national standards.	NA	This activity was completed in 2016.
2. BWEIP will enhance the existing CSPD system: establish an orientation for new providers linked to the new standards which include SSIP areas: cultural competency, SE assessment and practices, family-centered services (FCS), routine-based intervention (RBI), family engagement/relationships.	Nov 2017 CSPD Survey Results from learners who received their Initial EIS credential.	This activity was completed in 2016.
3. BWEIP will enhance the existing CSPD system: establish a coaching component to the credentialing system to support providers in implementing EBPs to meet the standards.	Canvas Coach participation, coaching resource downloads, and attendance at live coach training.	<ul style="list-style-type: none"> • CSPD Policy approved by OSEP July 2019. • Early Intervention Specialist 2.0 launched October 1, 2019. • Early Intervention Specialist Credential Workbook created to meet the needs of learners and coaches, and to clarify the coaching relationship
4. BWEIP will enhance the existing CSPD system: establish an Individual Credential Plan for hands-on learning including resources to support providers in implementing EBPs to meet the standards.	Analyze Individual Credential Plans submitted by credential candidates.	<ul style="list-style-type: none"> • 2019 SSIP Professional Development Work Group agreed unanimously to move the Individual Credential Plan from paper to an online format, within Early Intervention Specialist 2.0 course. • Online Individual Credential Plan scheduled to roll out Summer 2020.
5. Early intervention providers due to renew credentials access training and learning experiences to field based on the new standards by participating in a Self-Assessment.	November 2017 CSPD Survey Results from learners who renewed their EIS credential.	<ul style="list-style-type: none"> • 2019 SSIP Professional Development Work Group agreed unanimously to move the Self-Assessment from paper to an online format, within the Early Intervention Specialist 2.0 course. • Online Self-Assessment scheduled to roll out Summer 2020.
6. EI providers implement evidence-based practices to support families with their child's development.	On-site and home visit observations.	<ul style="list-style-type: none"> • Employees who renew credentials must provide detailed documentation of ongoing professional development (at least 75 hrs./5 yrs.) • Baby Watch email blasts to inform providers about professional development opportunities.
7. Families will be empowered, motivated, and have many opportunities to feel successful in supporting their child's development.	2019 NCSEAM family survey results.	<p>2019 NCSEAM family survey respondents indicated that EI services help them feel:</p> <ul style="list-style-type: none"> • Part of the team when meeting to discuss their child (97.3%). • More confident in their skills as a parent (94.8%). • That their efforts are helping their child (96.9%).

Data Quality Issues and Plans for Improvement

Prior to 2018, Baby Watch had little quantifiable data about the usage and effectiveness of the Early Intervention Specialist (EIS) credential program. During the 2019 calendar year, the Baby Watch team was able to continue to gather data regarding the number of early intervention employees who earned or renewed credentials through the Comprehensive System of Personnel Development (CSPD). The following table shows the total number of early intervention employees who earned an Early Intervention Specialist (EIS) credential from 2015 to 2019, organized by credential type:

- **Initial Credential:** New hires who earned an EIS credential within first 6 months of employment.
- **Renewal Credential:** Existing employees who renewed an EIS credential after 5 years of employment.
- **Provisional Credential:** University student employees who earned a short-term EIS credential.
- **Professional Authorization:** Part-time licensed employees who earned a Professional Authorization.
- **Remediation Required:** Employees who scored less than 80% on the online quizzes.
- **ANNUAL TOTAL:** Initial, Renewal, and Provisional Credentials, plus Professional Authorizations.
- **Incomplete:** Individuals whose employment ended prior to completing an initial credential.

Year	Format	Initial	Renewal	Provisional	Prof Auth	Remediation Required	ANNUAL TOTAL	Incomplete
2015	On-site only	42	48	0	5	0	95	NA
2016	Online Oct 2016	51	46	0	4	0	101	NA
2017	Online quizzes Oct 2017	74	47	0	27	0	148	NA
2018	First full year of quizzes	66	74	2	25	2	167	7
2019	EIS 2.0 Beta launch Oct 1	74	30	8	18	4	130	11

The drop in the total number of Early Intervention Specialist (EIS) credentials issued, from 167 credentials in 2018 to 130 credentials in 2019, is a 22% decrease. Due to more thorough tracking and direct communication from Baby Watch, many employees completed long-overdue renewal credentials in 2018. In 2019, the total number of overdue credential renewals was at an all-time low, and even dropped to zero for a short time. Baby Watch attributes the drop in the annual total primarily to this shift in the statewide professional development culture. Baby Watch now actively encourages program employees to renew their credentials ahead of schedule, to prevent overdue credentials from occurring in the first place. Nearly all of today's direct service providers are up-to-date on their state training requirements, which improves their overall ability to provide high-quality services to all Utah families—not just those families from culturally diverse backgrounds. Baby Watch will continue to track the number of completed credentials in 2020 and beyond.

In 2020, Baby Watch will continue to expand the data set surrounding professional development. The bachelor's degree education requirement effective July 1, 2018 (see [Activity 4](#)) has impacted staffing at rural programs much more than urban programs. In rural areas, programs struggle to find job candidates with bachelor's degrees, which is reflected in the increase in provisional credentials issued in 2019. Most of the provisional credentials issued in 2019 were at rural programs including Southern Utah University Early Intervention, Southeastern Utah Early Intervention, and Central Utah Health Department Early Intervention.

Plans for Next Year

The SSIP Professional Development Work Group has ambitious goals for 2020, including:

- Completion and rollout of all five sections of the Early Intervention Specialist 2.0 online training and workbook
- Add a Learner Survey to gather feedback about the user's experience
- On-site observations of coaches and new employees participating in the team discussions outlined in the Credential Workbook
- Update CSPD policy to reflect the changes made in the EIS 2.0 course
- BDI-2 NU field observations to gauge the need for ongoing BDI-2 NU training
- Collaboration with other work groups to identify the unique training needs of each program
- On-site orientation to the EIS 2.0 materials and process, provided by Baby Watch
- Continued tracking of Early Intervention Specialist credential completion

B3. Family Engagement Strand

Data on Implementation and Outcomes

During 2019, the SSIP Family Engagement Work Group continued to identify and develop cultural resources and guidance to increase the level of confidence and competence, as reported by EI providers, in administering culturally sensitive assessments and intervention practices. Furthermore, the work group created materials and resources that would both inform and improve family engagement and child social-emotional development.

Type of Outcome	Outcome Description
Short-term	BWEIP has cultural resources and guidance available to support providers with assessment and intervention practices.
Short-term	EI providers access and use cultural diversity resources.
Intermediate-term	EI providers who use the cultural diversity resources are more competent and confident in working with diverse families.
Intermediate-term	There is increased trust and acceptance between providers and families.
Intermediate-term	There is increased collaboration with community partners who serve culturally and linguistically diverse families.
Long-term	State-identified Measurable Result (SiMR).

The progress of improvement activities in 2019 was impacted by the resignation of the Family Engagement Work Group chair, the voluntary termination of a subrecipient contract, and the subsequent redistribution of additional responsibilities to members of the Baby Watch team. However, improvement efforts resumed following the merger of the Family Engagement and Collaboration Work Groups and the addition of community partners that share Baby Watch’s vision of improving outcomes for children and families. These actions contributed to the achievement of the following objectives identified in the Family Engagement Improvement Plan:

- Develop resources and guidance on cultural diversity
- Disseminate the resources and guidance
- Provide follow-up training and technical assistance to ensure providers can implement culturally appropriate practices

Further information regarding the identification, development, and dissemination of cultural diversity resources can be found in the [Collaboration](#), [Professional Development](#), and [Compliance and Quality Assurance](#) strands. Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following tables. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in Baby Watch’s [Theory of Action \(ToA\)](#).

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owners	Timeline
1. Create resources and guidance on cultural diversity available to all providers.	A. Explore existing resources and guidance around cultural diversity that can support providers with assessment and intervention practices.	Diverse cultural connections Literature and research review	SSIP Coordinator and Core Work Team SSIP Family Engagement Work Group	Fall 2016 Winter 2017 and ongoing 2018 in progress
	B. Look widely at available resources that BWEIP might be able to tap into.		Cultural Advisors	Completed /Ongoing
	C. Identify gaps in resources.			
	D. Develop a final list of resources and supports available.			
2. Disseminate the resources and guidance.	A. Share with EI providers via the following: website, provider consortium meetings, stakeholder meetings, and ICC meetings.	Canvas CSPD training In-service training opportunities Dissemination channels	SSIP Coordinator and Core Work Team Baby Watch Staff	Winter 2017 and ongoing 2018 in progress
	B. Incorporate into the CSPD training platform.			Completed /Ongoing
3. Provide follow-up TA as needed to ensure providers can implement culturally appropriate practices.	A. Develop training and technical assistance to inform providers of culturally appropriate practices.	Family Survey responses Interviews with local EI program administration and direct service providers	SSIP Core Work Team SSIP Coordinator SSIP Family Engagement Work Group	Winter 2017 ongoing 2018 in progress
	B. Develop guidance documents, processes and procedures for implementing culturally appropriate practices with fidelity.	Self-assessment data from providers after deployment of culturally appropriate resources, training, and guidance	Cultural Advisors Partnerships with local universities for professional development	Completed /Ongoing
	C. Incorporate evaluation of culturally appropriate practices into existing General Supervision system assessment tools.	Guidance tools, processes and procedures		

Activity 1: Create resources and guidance on cultural diversity available to all providers.

The success of early intervention largely depends on the quality of interpersonal interactions and the establishment of positive relationships between families and professionals. Family values, structures, beliefs, and patterns of interaction define families and must be acknowledged and respected by providers. This requires professionals to develop new skills and practices to establish culturally-sensitive and healthy partnerships with families that promote ongoing parent engagement. In an effort to promote ongoing improvement in social-emotional development and progress toward meeting the SiMR, Baby Watch is partnering with institutions of higher education to create and provide training on culturally sensitive, relationship-based practices. See the [Collaboration Strand](#) for additional details.

In 2019, the Interagency Coordinating Council (ICC) for Infants and Toddlers with Special Needs and their Families chose to create three subcommittees to support the efforts of the SSIP Collaboration and Family Engagement Work Groups. ICC Parent Representatives participated on each subcommittee, lending their voice to the planning process. Subcommittee members are currently exploring answers to the following questions designed to positively impact results for children and families.

Equitable Services	Expanding Eligibility to At-Risk Groups	Child Find
<ul style="list-style-type: none"> • What do equitable services look like? • What are the foundational funding needs for equitable services? • How do we plan for long-term funding? 	<ul style="list-style-type: none"> • How do we define at-risk populations? • What would it take to expand Part C eligibility to include at-risk infants and toddlers? 	<ul style="list-style-type: none"> • How can we improve child find efforts for immigrant, refugee, and non-English speaking families? • How should local EI programs address child find given current capacity restraints?

Baby Watch reported on the progress of SSIP improvement activities at each quarterly ICC meeting in 2019. ICC members provided key recommendations about measurement criteria and data collection methods for evaluating progress of various SSIP improvement activities. ICC meeting agendas, minutes, and membership information are available in the [Baby Watch website > ICC tab](#).

In 2019, Baby Watch collaborated with stakeholders to design and develop the [Infant and Toddler Social-Emotional Development](#) brochure. Available in both English and Spanish, the brochure:

- Educates families about the interrelatedness of child development and how social-emotional skills are the foundation for all future learning
- Outlines the skills infants and toddlers need to learn, and the strategies parents and caregivers can use to support healthy social-emotional development



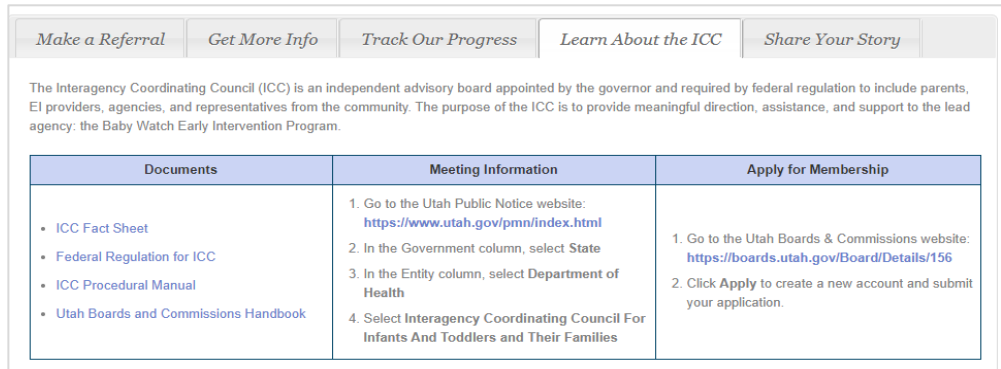
The brochure has become a valuable parent education tool that direct service providers use to:

- Introduce the topic of social-emotional development to parents before assessment begins
- Review the elements of social-emotional development including: self-regulation, self-confidence, and positive social interactions
- Explore and validate parent behaviors that support their child’s social-emotional development
- Emphasize the importance of parent/child relationships

In partnership with the ICC, the SSIP Family Engagement Work Group established a website subcommittee in late 2019 for the purpose of enhancing the [Baby Watch website](#) to encourage ICC membership by simplifying the member application process, and clarify dispute resolution options for families. These subcommittee objectives were addressed through revisions to two website tabs: Learn About the ICC and Share Your Story.

Learn About the ICC

Contains reference documents, meeting information, and steps to apply for membership

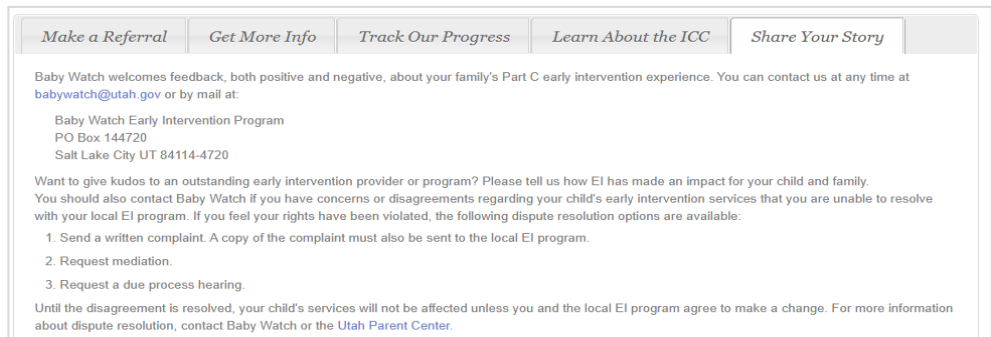


The screenshot shows a navigation bar with five tabs: *Make a Referral*, *Get More Info*, *Track Our Progress*, *Learn About the ICC* (selected), and *Share Your Story*. Below the navigation bar is a paragraph describing the Interagency Coordinating Council (ICC) as an independent advisory board appointed by the governor. Below this is a table with three columns: Documents, Meeting Information, and Apply for Membership.

Documents	Meeting Information	Apply for Membership
<ul style="list-style-type: none"> • ICC Fact Sheet • Federal Regulation for ICC • ICC Procedural Manual • Utah Boards and Commissions Handbook 	<ol style="list-style-type: none"> 1. Go to the Utah Public Notice website: https://www.utah.gov/pmn/index.html 2. In the Government column, select State 3. In the Entity column, select Department of Health 4. Select Interagency Coordinating Council For Infants And Toddlers and Their Families 	<ol style="list-style-type: none"> 1. Go to the Utah Boards & Commissions website: https://boards.utah.gov/Board/Details/156 2. Click Apply to create a new account and submit your application.

Share Your Story

Explains how families can provide Baby Watch with feedback about their EI experience, and pursue dispute resolution.



The screenshot shows a navigation bar with five tabs: *Make a Referral*, *Get More Info*, *Track Our Progress*, *Learn About the ICC*, and *Share Your Story* (selected). Below the navigation bar is a paragraph welcoming feedback and providing contact information (babywatch@utah.gov or by mail). Below this is a paragraph asking for kudos and providing information on dispute resolution options.

Baby Watch welcomes feedback, both positive and negative, about your family's Part C early intervention experience. You can contact us at any time at babywatch@utah.gov or by mail at:

Baby Watch Early Intervention Program
PO Box 144720
Salt Lake City UT 84114-4720

Want to give kudos to an outstanding early intervention provider or program? Please tell us how EI has made an impact for your child and family. You should also contact Baby Watch if you have concerns or disagreements regarding your child's early intervention services that you are unable to resolve with your local EI program. If you feel your rights have been violated, the following dispute resolution options are available:

1. Send a written complaint. A copy of the complaint must also be sent to the local EI program.
2. Request mediation.
3. Request a due process hearing.

Until the disagreement is resolved, your child's services will not be affected unless you and the local EI program agree to make a change. For more information about dispute resolution, contact Baby Watch or the Utah Parent Center.

For more information about Family Engagement subcommittee efforts, please refer to the [October 2019 Family Engagement and Collaboration Work Group](#) presentation.

Activity 2: Disseminate the resources and guidance.

The [Utah Parent Center \(UPC\)](#) continues to play an influential role in promoting Part C early intervention services and the importance of social-emotional development in the special education community and on their website.

- The UPC Family-to-Family Network offers workshops for parents on the importance of early diagnosis, social-emotional development, and referrals to early intervention services.
- The UPC [eConnections newsletter](#) introduces families to Part C early intervention, the components of an IFSP, and the transition process to preschool or other community services
- The Dual Diagnosis > [Treatments and Interventions & Managing Crisis](#) section of the UPC website is dedicated to the mental health needs of individuals with developmental disabilities.

Activity 3: Provide follow-up TA as needed to ensure providers can implement culturally appropriate practices.

In 2019 Baby Watch and the Family Engagement and Compliance and Quality Assurance Work Groups created two new tools in response to data gathered during FY2018 compliance and monitoring on-site visits:

[Family-Directed Assessment Observation Tool](#)

[Family-Directed Assessment Guidance](#)



The tools feature DEC Recommended Practices performance indicators to engage families as partners in the assessment process and to promote respectful interactions with families of diverse cultural backgrounds.

Six programs were chosen as pilot sites for the new Family-Directed Assessment Observation Tool. Each program received an in-person training on the topic of [Family Concerns, Priorities, and Resources](#) from a member of the Baby Watch team in 2019.

Four programs participated in pilot testing for both the Family-Directed Assessment Observation Tool and the Administering a Family-Directed Assessment guidance document. The pilot consisted of observing family-directed assessments by 12 different EI providers to:

1. Measure the transfer of knowledge and the application of evidence-based practices acquired through the family assessment/CPR training
2. Inform improvements to existing training and technical assistance projects
3. Build the confidence and capacity of local EI programs to provide culturally-sensitive, family-centered services

After each field observation appointment, the provider participated in a one-hour, individual coaching session with a Baby Watch Compliance & Monitoring Specialist. The focus of each coaching session was to:

1. Give feedback to ensure understanding of how to use the observation tool and guidance document
2. Enhance the provider’s ability to implement evidence-based practices in family assessment
3. Provide guidance on how to apply information gathered in a family-directed assessment

To communicate the importance of quality, family-centered and relationship-based interactions in positive social-emotional outcomes for all children, Baby Watch will scale-up the use of the family-directed assessment tools in SFY21. Observations of family assessments will be included as one of several on-site statewide monitoring activities. Recognizing that professional skills require practice to maintain, family assessment observations will likewise be incorporated into local program self-assessment activities through SFY23. For further information about the Baby Watch System of General Supervision please refer to the [Compliance and Quality Assurance Strand](#).

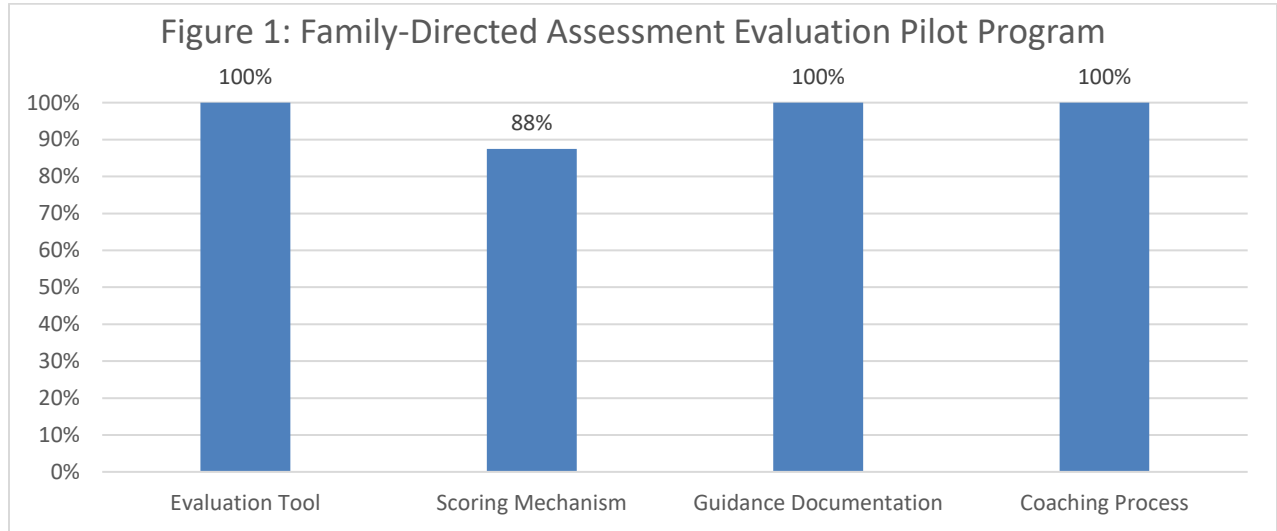
Progress towards Achieving Intended Improvements

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short Term: BWEIP has cultural resources and guidance available to support providers with assessment and intervention practices.	Did BWEIP develop family engagement and cultural resources and guidance available to support providers and families? Were resources shared with programs? Do EI providers understand expectations for use of the resources and guidance?	Family engagement and cultural resources and guidance exist.	Family engagement cultural resources and guidance dissemination: online, at community events, and through Utah Parent Center.	Winter 2017 to Summer 2017 and ongoing Winter 2019 Summer 2020 Completed/ Ongoing	Development and availability of cultural resources Provider awareness of resources, perceptions of T/TA (obs tool and guidance doc) and coaching from Baby Watch.
Short Term: EI providers access and use cultural diversity resources.	Are EI providers accessing and using the family engagement and cultural diversity resources and guidance?	Provider website access Canvas CSPD resource downloads	Baby Watch website analytics Canvas LMS analytics Provider survey response rates and responses	Fall 2017 ongoing Winter 2019 Summer 2020	EI provider use of resources.
Intermediate Term: EI providers who use the cultural diversity resources are more competent and confident in working with diverse families.	Is there an increase in the number of providers who are confident working with diverse families?	Provider website access Canvas CSPD resource downloads Provider self-assessment	Baby Watch website and Canvas LMS analytics Parent survey response rates and responses	Fall 2017 ongoing Winter 2019 Winter 2020 CY2020	Assess effectiveness of relationships among culturally diverse populations. Provider self-assessment: cultural competence USU training series on culturally sensitive and family-centered practices
Intermediate Term: There is increased trust and acceptance between providers and families.	Do families report they have increased trust and acceptance with their child's providers?	Families report increased trust and acceptance.	Compliance & Monitoring parent survey responses pre/post	Completed	C&M parent survey responses NCSEAM survey responses
Intermediate Term: There is increased collaboration with community partners who serve culturally and linguistically diverse families.	Is there increased collaboration with community partners who serve culturally and linguistically diverse families?	Referral sources identified in the BTOTS data base.	Utilize BTOTS referral reports and community partner tracking documentation	2019 Completed/ ongoing	Referral trends and community partnership effectiveness

Long Term: (SiMR)	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).
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Evaluation of Improvement Strategy Implementation

During 2019, a new performance measurement tool, which incorporates Division of Early Childhood (DEC) Recommended Practices, was created to strengthen a collective area for growth determined through an evaluation and analysis of data gathered during FY2018’s universal monitoring activities. Six programs qualified as field-test sites by having attended an in-person family assessment training from Baby Watch; however, only four participated in the pilot. After completing all observations and coaching sessions with participants at each of the four pilot sites, a survey was distributed to leadership and their staff. As shown in Figure 1 below, the results indicated that in all areas except the scoring mechanism, EI program staff agreed with the success of the evaluation tool, guidance document, and coaching process.



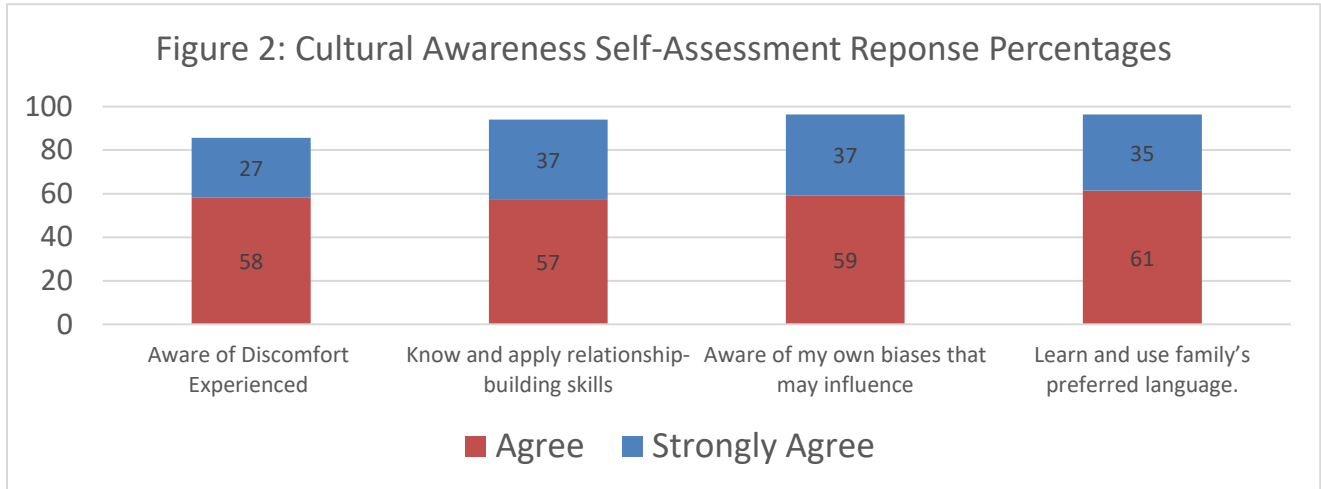
Open-ended survey responses provided specific examples of both strengths and areas for improvement. Participants reported that the requirements of the document could be offensive to families as they may appear to be too personal. Additionally, providers expressed that an additional visit may be required in order to perform all items within each quality indicator. Given high caseloads, this poses a challenge to provider capacity.

Members of the Compliance and Quality Assurance Work Group facilitated an in-depth discussion with local program administrators to further identify the benefits and challenges from this pilot. A summary of the feedback received includes the following:

- Contrast best practice with compliance/requirements
- Reevaluate the scoring process
- Families may be uninterested
- Programs may be completing their own observations
- Consider the process as an optional performance measurement method
- Tool flow feels unnatural

Early Intervention providers frequently bring differences in perspectives and experiences to their partnership with families. To truly honor the diversity of families, providers need to be aware of how their own socioeconomic background, religious affiliation, spiritual beliefs, ethnicity, race, and sexual orientation affect their interactions with families.

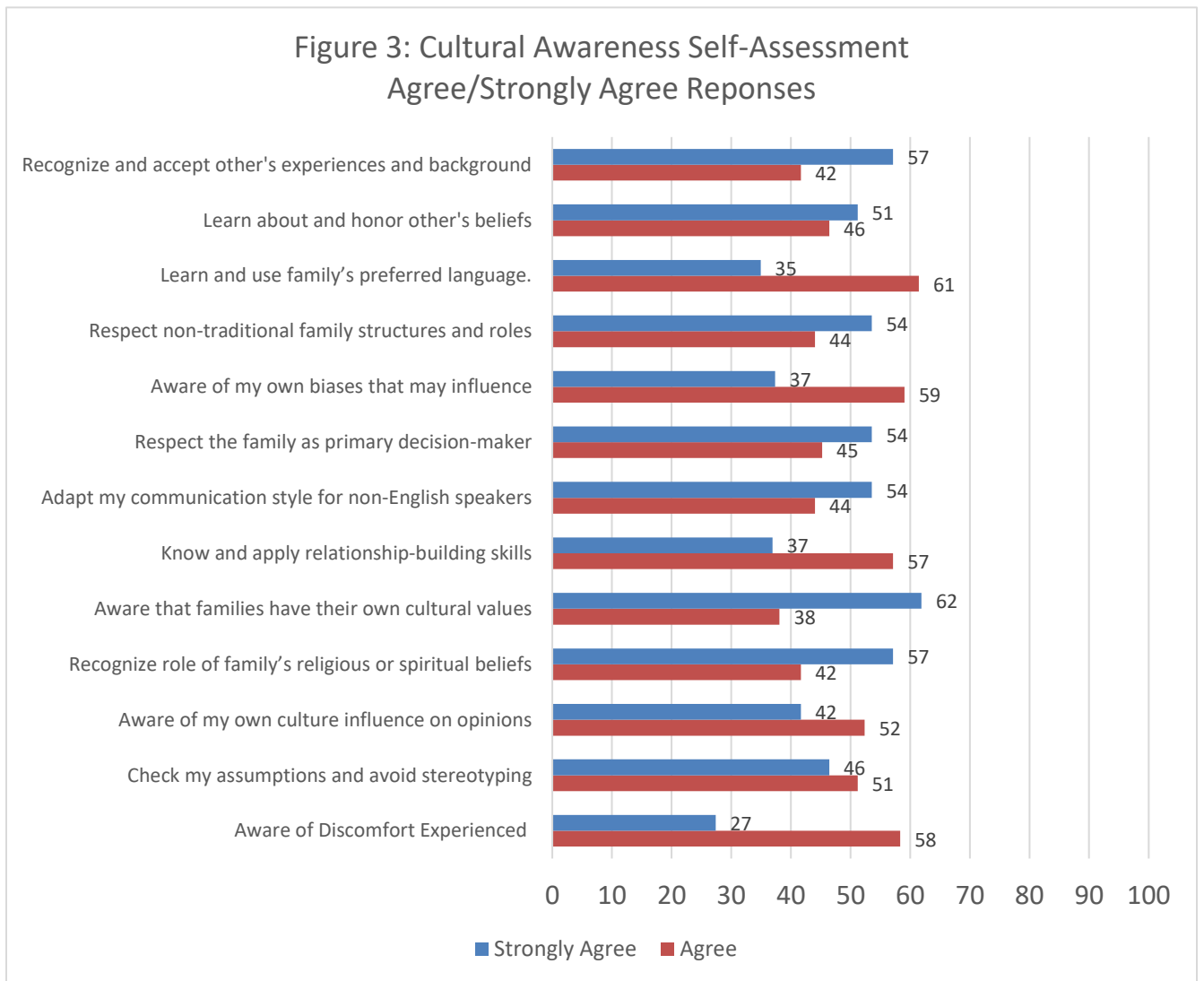
Baby Watch surveyed EI provider perceptions of cultural competence in 2019, and received 84 total online responses. The survey was intended to promote awareness and self-examination of attitudes, values, knowledge, and abilities to deliver culturally sensitive services and supports to families of diverse backgrounds, as well as identify further T/TA needs to positively impact Utah’s SiMR. Please see the [Cultural Awareness Self-Assessment](#) instrument and overall Likert-scaled [Cultural Awareness Self-Assessment data](#) for detailed questions. Although a strong majority of respondents agreed overall with the survey statements about cultural competence, few responded that they strongly agreed.



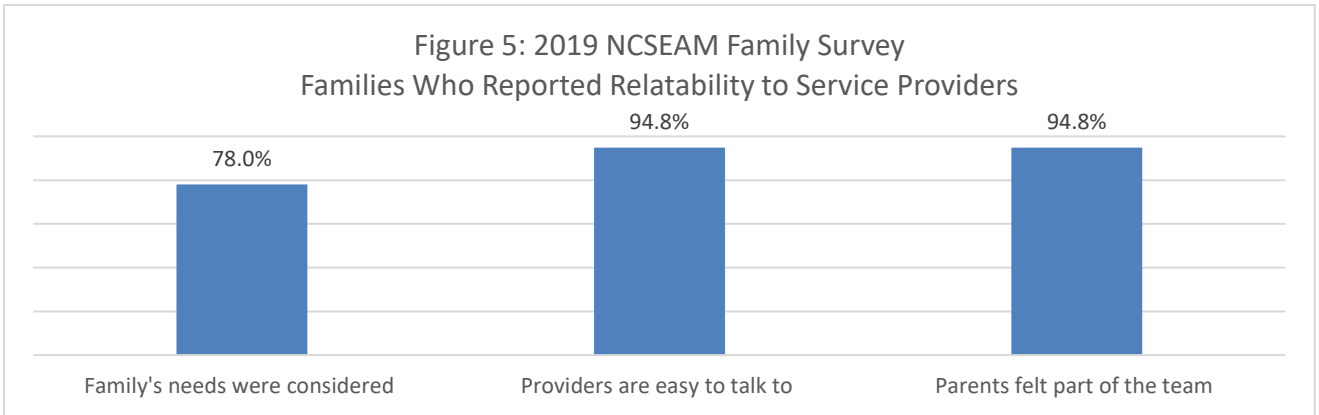
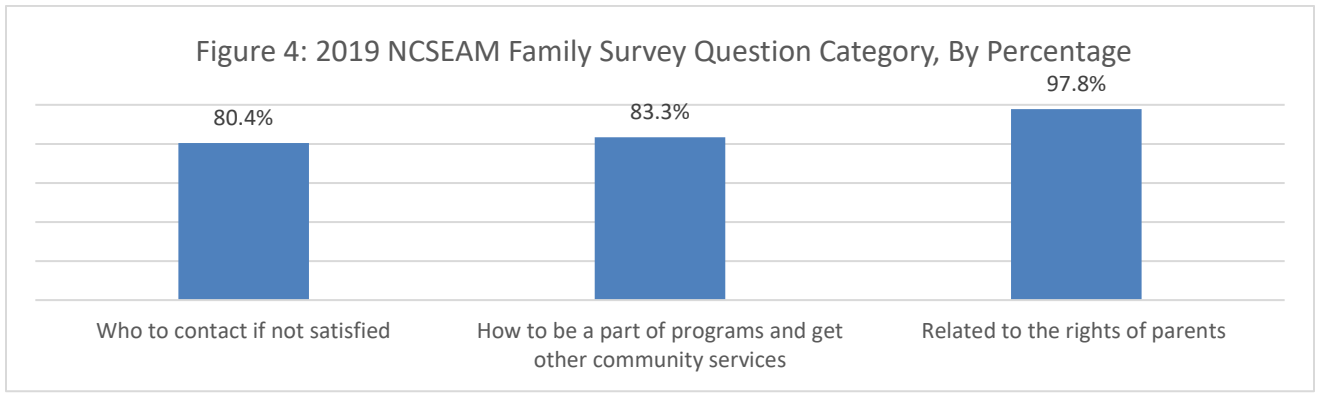
Responses to open-ended questions show varied levels of cultural humility and understanding of cultural diversity, as illustrated in the provider statements below:

Demonstrates Opportunity for Growth/Learning	Demonstrates Opportunity for Growth/Learning	Demonstrates Cultural Humility
<p>“I feel competent because, being from a different culture than the local norm, I’ve looked at culture to understand and navigate aspects of life in this dominant environment, as I’ve built relationships, raised children, and developed professionally. I understand my perspective is unique, but for me it’s about compassion, respect and appreciation of differences, understanding that being part of the majority/minority group is only a geographical matter.”</p>	<p>“I believe that accepting the culture of others does not mean that I, or any other provider, must assimilate into the culture. Part of early intervention is bringing new ideas to the table. That can be done respectfully, without sacrificing our own culture or belief system.”</p>	<p>“I work regularly with Native American, Latina, and LGBT populations as well as Mormons and people with substance abuse and trauma issues. I struggle the most with strong Mormon and drug cultures. I am aware of this, however. It is sometimes difficult to accept some of the childrearing beliefs in these homes. I attempt to learn and discuss differences and similarities in all homes and try to keep these things in mind when working with families.”</p>

Many professionals are less familiar with how to elicit meaningful information and genuinely listen to families. Quality interactions cannot be rushed. An early investment of time to earn a family’s trust and to build an open and honest relationship impacts social-emotional well-being. When professionals recognize that families are complex, interactive systems with unique established beliefs, values, functions, and structures, there is overall greater satisfaction with services and a higher percentage of positive outcomes attained. Figure 3 includes the survey statements that received the lowest percentage of Strongly Agree responses. Baby Watch will target these provider misperceptions with training opportunities offered through partnerships with local universities. More information about these efforts is available in the [Collaboration Strand](#).



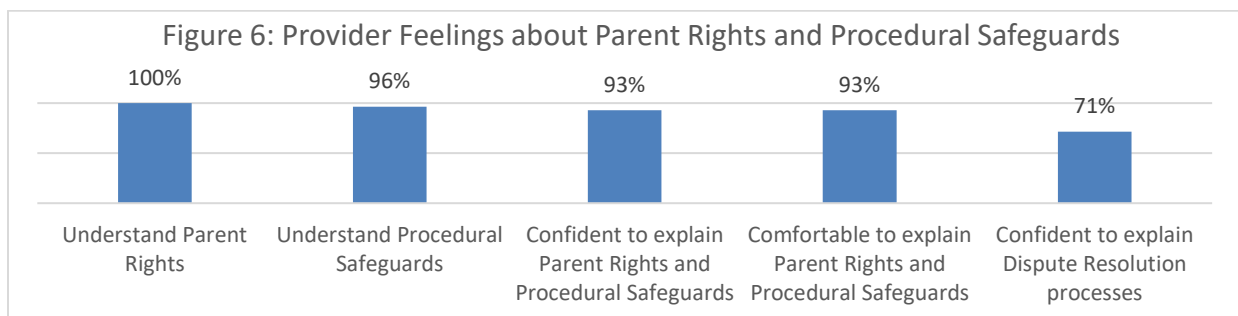
Establishing healthy parent-provider relationships is essential for child growth and development. To measure progress in meeting our SiMR, Baby Watch analyzed parent perceptions about the quality of their relationships with local EI providers. Baby Watch consulted with the ICC to identify the 2019 National Center for Special Education Accountability Monitoring (NCSEAM) survey questions that correlated most directly with a high-quality parent/provider relationship. The NCSEAM overall response rate for parents responding to at least one question was 36.7 percent (N=1,601). Chosen questions were grouped into categories by theme, as illustrated in Figures 4 and 5.



Although parent responses were overwhelmingly positive, developing sustainable and enforceable policies and protocols that promote parent-provider information sharing and informal social and formal community connections for families is a wise, ongoing investment of time and resources. Additionally, Baby Watch must continue to promote common language and a shared understanding about the benefits and impacts of effective engagement practices on positive outcomes for children and families.

Stakeholders continue to promote social-emotional development and progress in meeting the SiMR by recommending appropriate social-emotional screening and assessment tools, facilitating training on social-emotional development, and facilitating evidence-based IFSP activities that impact social-emotional outcomes for children.

In 2019, Baby Watch studied the effectiveness of local EI programs in educating families about their parent rights and procedural safeguards. 2018 on-site monitoring findings suggested that families, although experiencing challenges with local EI programs or service providers, may not understand their rights as parents under Part C of IDEA. All provider respondents reported to understand parent rights (n=28), though fewer indicated an understanding of procedural safeguards. As shown in Figure 6, only 71% of respondents reported feeling confident explaining the dispute resolution processes.



In response to these survey results and based on additional feedback from stakeholders, Baby Watch chose to:

- Deliver on-site training to EI providers statewide on the topic of discussing parent rights and procedural safeguards with an emphasis on explaining dispute resolution to families. The training was later adapted into a webinar, now available in Canvas.
- Overhaul its *Parent Rights, Roles, and Responsibilities in Part C Early Intervention* handbook—a 28-page booklet that had been in distribution since 2007. The redesigned [Parent Rights and Responsibilities in Part C Early Intervention](#) brochure is a single-page document written in plain English that presents the key concepts about parent rights.



Data Quality Issues and Plans for Improvement

During 2019, Baby Watch staff collaborated with EI programs to improve the Baby Toddler Online Tracking System (BTOTS) production data report methods and data system variables. Changes were made in order to:

- Reduce data entry errors in the BTOTS visit notes and parent contact/scheduling logs.
- Reduce noncompliance levels for APR 1 – Timely Receipt of Services and better understand the reasons for family-caused late visits.
- Prevent providers from changing or deleting previous entries among deactivated children.

Plans for Next Year

Baby Watch and its 15 local EI programs will continue to participate in various initiatives, as well as build connections with community organizations to increase the capacity of the Part C System to respond more effectively to the needs of infants and toddlers and their families. In an effort to make family engagement more integrated, systemic, and inclusive of DEC Family Practice recommendations, Baby Watch will collaborate with local universities in 2020 to provide professional development opportunities for direct service providers statewide. Specific training topics have been discussed, but training platforms and timelines are on hold until completion of the Baby Watch Cost Study and the safe resolution of the COVID-19 Pandemic. The SSIP Collaboration and Family Engagement Work Group will continue to partner with the other SSIP work groups to promote family engagement opportunities that are accessible, evidence-based, equitable, and culturally sensitive.

B4. Collaboration Strand

Data on Implementation and Outcomes

The SSIP Collaboration Work Group continued to identify, develop, and increase EI provider awareness and ability to access resources and guidance applicable for all Utah families. Furthermore, the work group identified and informed EI providers about available resources and supports unique to families from diverse cultures, resulting in the improvement of social-emotional development in children of culturally diverse backgrounds.

Type of Outcome	Outcome Description
Short-term	BWEIP will develop a compendium of resources to inform local programs about how to access existing information and supports for families from diverse cultures.
Short-term	EI providers will have community resources to support children and families from diverse cultural backgrounds.
Intermediate-term	Community resources will be utilized to address family needs, resulting in decreased family stressors.
Long-term	State-identified Measurable Result (SiMR)

The Collaboration Work Group continued to make strides in accomplishing outcomes throughout 2019. Using strategies identified in the [Leading by Convening – A Blueprint for Authentic Engagement](#), the work group increased momentum for collaborative approaches to meet the needs of families from diverse cultural backgrounds. In 2019, the Collaboration Work Group merged with the Family Engagement Work Group, aligned with other statewide initiatives, and expanded stakeholder participation to ensure that EI providers had the tools necessary to deliver high-quality, evidence-based services to families in Utah regardless of race, ethnicity, religion, socioeconomic status or sexual orientation. Please refer to the [July 2019 Family Engagement and Collaboration Work Group presentation](#) for additional information.

During 2019, the SSIP Collaboration Work Group achieved the following objectives identified in Utah’s improvement plan:

- Expand the compilation of community resources available to all programs
- Publish a list of community resources
- Provide guidance, as needed, to ensure EI providers can access and use compiled resources
- Maximize engagement by joining existing committees focused on improving outcomes for children and families

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following table. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in Baby Watch’s [Theory of Action \(ToA\)](#).

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owners	Timeline
1. Create compilation of community resources available to all providers.	A. Explore existing community resources available to culturally diverse families.	Diverse cultural connections Literature review	SSIP Collaboration Work Group Utah Parent Center CSHCN Family Advisory Council	2017 2018–Ongoing Completed Ongoing
	B. Develop a final list of resources and supports available.			
2. Disseminate a list of community resources.	A. Share with EI providers via the website, provider consortium meetings, grantee meetings, and ICC meetings.	utahbabywatch.org On-site Compliance & Monitoring visits Bureau of Children with Special Health Care Needs	SSIP Collaboration Work Group Program leadership teams CSPD Committee	2017 2018–Ongoing Completed Ongoing
	B. Incorporate into the CSPD training system.	Help Me Grow Utah 2-1-1		
3. Provide follow-up TA, as needed, to ensure providers can access and use the resources.	A. Develop training and technical assistance to inform providers of culturally appropriate practices.	Family Survey items. Interviews with Part C program administration and direct service providers. Self-assessment data from providers post deployment of culturally appropriate resources, training, and guidance tools.	SSIP Core Work Team SSIP Coordinator SSIP Family Engagement Work Group	2017 2018–Ongoing Completed Ongoing
	B. Develop guidance documents, processes and procedures for implementing culturally appropriate practices with fidelity.	Early Childhood Utah Family Engagement Subcommittee Focused collaboration with UPC & HMGU		
	C. Develop training and technical assistance to help providers build new or strengthen existing social connections for families.			

Activity 1: Create compilation of community resources available to all providers.

The SSIP Collaboration Work Group continues to leverage existing partnerships and create new collaborations. In 2019, membership expanded to include representatives from multiple early childhood organizations. The focus was on advancing the common vision, sharing priorities and maximizing human and financial resources to improve outcomes for children and families in Utah from diverse backgrounds.

Throughout 2019, the SSIP Collaboration Work Group gathered additional resources to help EI providers deliver high-quality, evidence-based services to diverse cultural groups prevalent in Utah including: immigrant families, refugee families, families impacted by polygamy, families residing in rural and frontier areas; families affected by trauma; families affiliated with LGBTQ; families impacted by poverty; families experiencing homelessness; and, families representing other ethnic, cultural, and linguistically diverse groups. These resources are compiled and available to all early intervention providers. By receiving and disseminating information unique to each family, professionals adopt a family-centered philosophical approach, communicate respect for the complexities and preferences of each individual family served, and promote overall family well-being.

Activity 2: Disseminate a list of community resources.

The SSIP Professional Development and Collaboration Work Groups joined forces in 2019 to identify community resources that would improve outreach and services to families from diverse cultural backgrounds. Ultimately, the work groups determined that adding the resources to the Early Intervention Specialist 2.0 online training (available on the Canvas online learning platform) was the most appropriate and impactful solution.

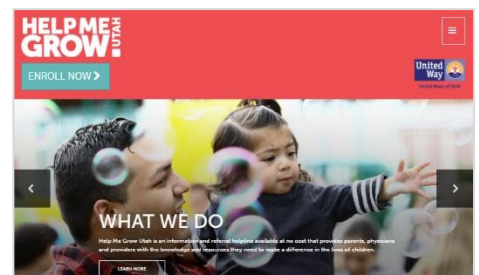
Early Intervention Specialist 2.0

Section 5 of the Early Intervention Specialist 2.0 course educates providers about Utah children with special needs due to diagnoses such as hearing and/or vision loss, autism spectrum disorder, and conditions related to preterm birth. This section emphasizes the importance of outreach to underserved populations including international refugees, children in rural areas, children in foster care, and children from families impacted by addiction and incarceration. Section 5 is currently in development, with a tentative launch date of May 2020.



Help Me Grow Utah

Baby Watch contracted Help Me Grow Utah (a program of the United Way) as the primary referral source to Utah’s Part C Public Awareness and Child Find System. This new partnership seeks to identify and respond to parent concerns as quickly as possible. This results in decreased stressors and increases a parent’s capacity to begin or resume nurturing interactions with their child. In 2019, Baby Watch updated subrecipient contracts to identify Help Me Grow as the responsible entity for ongoing tracking of children determined ineligible for EI services. Help Me Grow Utah now provides each local EI program with a monthly report of the families referred for tracking.

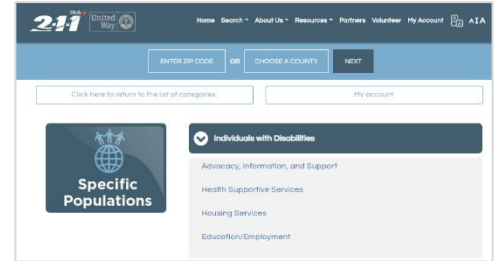


2-1-1 Utah

Until a family’s basic needs are met, all other needs become secondary. Therefore, foundational to improving social-emotional outcomes is assuring that families have the resources they need to feed, clothe, and provide for their families.

The 2-1-1 Utah phone number and website connect Utahans to community services such as housing and utility assistance, food resources, legal aid, and more. 2-1-1 Utah also serves as the Part C Central Directory, providing free, confidential information for individuals, families, and professionals statewide.

The [Specific Populations](#) section of 211utah.org provides resources for individuals with disabilities including: advocacy information, health services, housing services, and education/employment.



Activity 3: Provide follow-up TA, as needed, to ensure providers can access and use the resources.

Utah Association for Infant Mental Health (UAIMH)

Baby Watch continues to collaborate with the Utah Association for Infant Mental Health (UAIMH) to build awareness about social-emotional development and culturally sensitive intervention.



In response to the 2018 provider survey responses that indicated a preference for online training, Baby Watch included a range of cultural diversity resources in the Early Intervention Specialist 2.0 course in Canvas, and also developed professional development made available through webinar recordings, in-person or live virtual training.

Utah DEC Subdivision

In 2019, DEC members from throughout the state formally organized the Utah DEC Subdivision. The Utah DEC Subdivision is one of 27 state subdivisions that provide a means for networking, professional development, and information sharing among DEC members.

In 2020, Baby Watch will promote several Utah DEC Subdivision virtual training events so that employees at every local EI program can learn from national experts in the fields of Part C early intervention and early childhood education.



Progress towards Achieving Intended Improvements

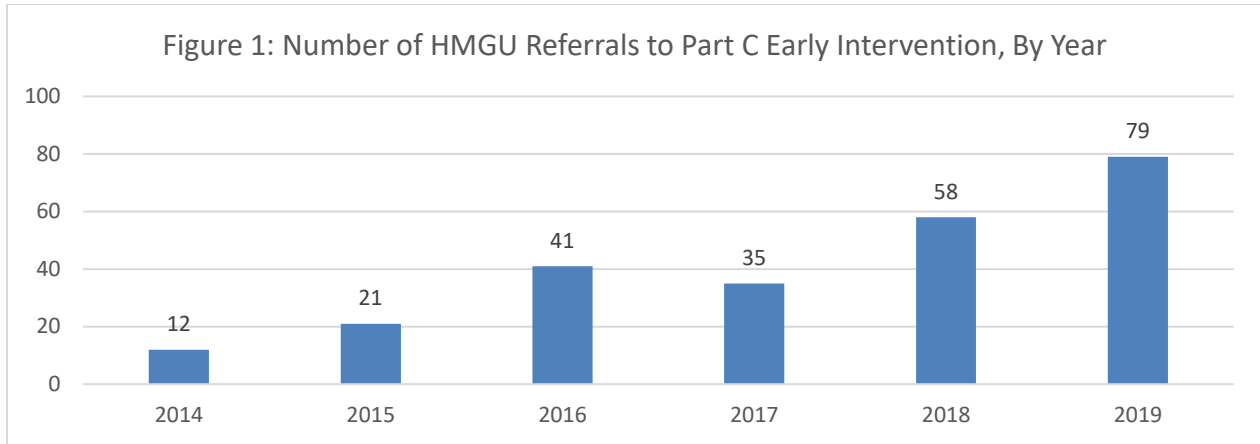
Since 2014, the SSIP Collaboration Work Group has established community partnerships to provide supplemental support to families served by local EI programs. By accessing formal resources and supports as well as maintaining or expanding informal social connections, families improve their overall quality of life. This results in positive outcomes for all children and families.

Outcome	Evaluation Question(s)	How will we know?(Performance Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short Term: BWEIP will develop a compendium of resources to inform local programs about how to access existing information and supports for families from diverse cultures.	Did BWEIP develop a compendium of resources to inform local programs about how to support families from diverse cultures? Were resources shared with programs? Do EI programs understand how to use the resources?	Guide to culturally diverse community resources exists.	Baby Watch website analytics Help Me Grow and Utah 211 referrals	Winter 2017 and Ongoing 2018 – Winter 2019 COMPLETED/Ongoing	Evaluate current user trends in Canvas CSPD resource use/downloads
Short Term: EI providers will have community resources to support children and families from diverse cultural backgrounds.	Are providers accessing and using community resources with families?	Provider website access C&M home visit observations Family Surveys	Baby Watch website analytics Family Survey response rates and responses	Winter 2017 and Ongoing 2018 – Winter 2019 COMPLETED/Ongoing	Conduct provider surveys regarding community resources
Intermediate Term: Community resources will be utilized to address family needs, resulting in decreased family stressors.	Are families using community resources to assist with their family's needs? Do families have the resources & supports they need to improve the social-emotional well-being of each member of their family?	Parent and family report regarding use of community resources	Family Survey response rates and responses	Winter 2017 and Ongoing 2018 – Winter 2019 Fall 2021	Analyze NCSEAM survey responses pre/post Analyze parent survey responses pre/post

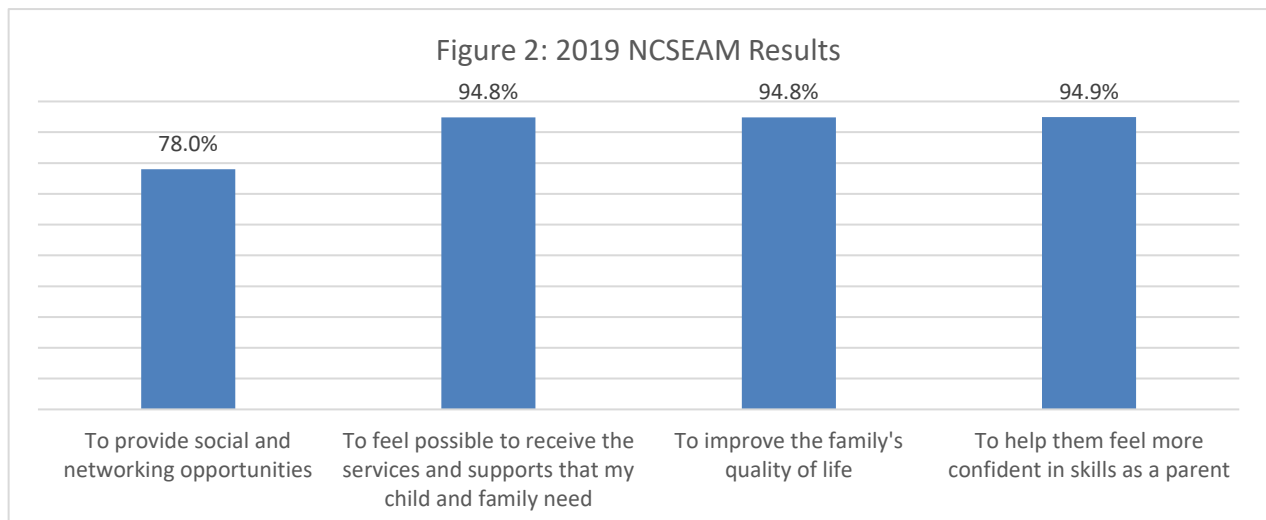
Long Term: SiMR	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).
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Evaluation of Improvement Strategy Implementation

In 2019, BWEIP revised its contract with Help Me Grow Utah (HMGU) to include necessary improvements to communication practices, professional development, and collaboration. Baby Watch evaluated referral data as one measure to determine the effectiveness of recent enhancements made to the contract. As seen in Figure 1 below, EI referrals increased steadily between 2014 and 2019.

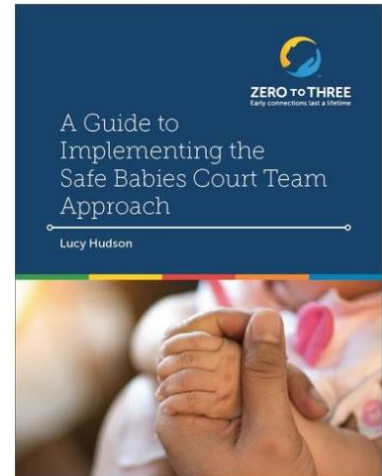


In 2018, Baby Watch gathered information from local EI providers to ascertain their beliefs that resources dispersed to families resulted in decreased levels of family stress. In 2019, to determine whether parents agreed with EI providers' perceptions, Baby Watch, with assistance from the ICC selected questions from the NCSEAM survey that might inform the degree to which parents believe that information received decreased stressors, thereby improving their quality of life. Figure 2 below identifies parent perceptions about the impact of community services and supports. A majority of families identified that EI services help them in multiple ways. One area in which families reported some limitation was related to receiving sufficient information from their EI provider about available social and networking opportunities. One in four respondents did not agree (78%). As a result, Baby Watch, in collaboration with stakeholders, has agreed to include identifying strategies to promote opportunities for informal social connections for families as an improvement strategy. By doing so, parents will strengthen connections and build supportive relationships that will ultimately impact their child's social-emotional health and progress toward meeting the Baby Watch SiMR.



In July 2019 Baby Watch joined the Utah Safe Baby Court Team (SBCT), a group of Utah early childhood professionals committed to improving outcomes for infants and toddlers in Utah’s child welfare system. The purpose of USBCT is to promote the use of evidence-based practices to support healthy and safe long-term parent/child attachments for infants and toddlers in state custody.

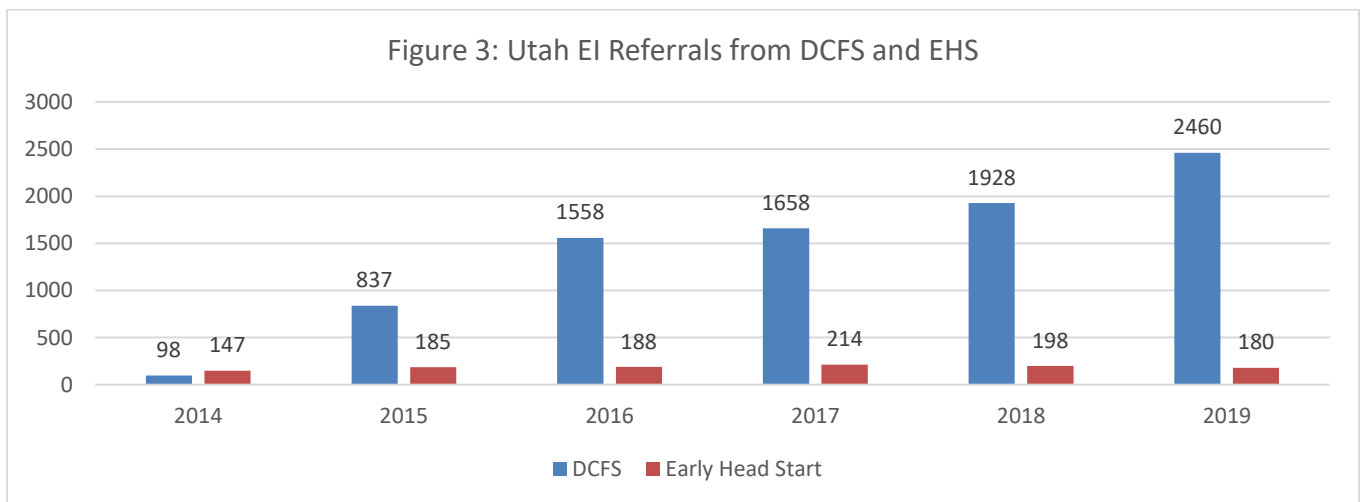
Utah’s SBCT is currently considering participating in [ZERO TO THREE Safe Babies Court Team™](#) Approach training, to build the capacity of early childhood professionals to sensitively respond to the needs of all children and families impacted by trauma.



Baby Watch also revisited its relationships with key agencies including the Utah Division of Child and Family Services (DCFS) and Head Start/Early Head Start (HS/EHS). In spring 2019, Baby Watch:

- Reexamined the purpose and value of the Child Abuse and Prevention Act (CAPTA), as it relates to Part C early intervention
- Identified the most common challenges that families encounter as they navigate the Part C early intervention and child welfare systems

Baby Watch evaluated referral trends over a five-year period (2014-2019), in an attempt to measure the impact of its partnerships with DCFS and HS/EHS. As shown in Figure 3, referrals from DCFS have increased dramatically since 2014. However, referrals from Early Head Start in this same timeframe are consistently low.



In February 2020, the Utah Association of Infant Mental Health (UAIMH) held their annual conference entitled “Healing the Hurt: Relationship-Based Interventions to Facilitate Trauma Repair.” Following the conference, 38 EI providers in attendance were surveyed related to the importance of understanding and utilizing mental health components. All eight respondents agreed it is important to learn about relationship-based practices, reported to be knowledgeable about mental health interventions, and would pursue additional related education. Nearly all (88%) reported to feel supported by their Local EI program to implement what they had learned at the conference.

Collaboration with Community Partners

[Michigan Association for Infant Mental Health \(MI-AIMH\)](#)

In June 2019, Baby Watch collaborated with early childhood and infant mental health programs in Utah to support the purchase of rights to the Michigan Association for Infant Mental Health – Alliance for Infant Mental Health’s (MI-AIMH) competencies. These competencies are an evidence-based training blueprint for all professionals who serve the birth to three population. The competencies are also for training in infant mental health (IMH) and a critical step toward receiving the Endorsement for Culturally Sensitive Relationship Focused Practice Promoting Infant and Early Childhood Mental Health® (IECMH-E®)—the gold standard for cultural sensitivity training in infant mental health.



Newborn Hearing Screening Advisory Committee

Baby Watch holds a seat on the Utah Newborn Hearing Screening Advisory Committee (NHSAC) and attends the quarterly committee meetings. Baby Watch collaborates with the [Early Hearing Detection and Intervention \(EHDI\)](#) data manager to follow-up on the status of infants who failed newborn screenings and who also receive EI services. Baby Watch participates in meetings with EHDI and Utah School for the Deaf and the Blind (USDB) Parent Infant Program (PIP) for the Deaf Hard of Hearing improve the process of identifying and enrolling infants and toddlers with hearing loss.



University of Utah and Utah State University

As a result of Baby Watch’s 2017 Memorandums of Agreement (MOAs) with the University of Utah and Utah State University, seven students completed the Early Intervention Specialist credential training as part of their 2019 undergraduate coursework. Each student earned a bachelor’s degree in Early Childhood Special Education, and then submitted a credential application to Baby Watch within 6 months. These students were graduates of:

- The University of Utah (1 student)
- Utah State University (6 students)

Baby Watch also discussed new undergraduate opportunities with the University of Utah Department of Psychology in 2019. The department is in the process of creating an Infant Mental Health Certificate program for undergraduate students. Baby Watch and the Department of Psychology also plan to form an agreement that allows undergraduate students to earn an Early Intervention Specialist credential and an Early Childhood Mental Health certificate simultaneously.

NICU Referrals

Baby Watch meets with Utah Neonatal Intensive Care Units (NICUs) to follow up on referrals to local EI programs, and to streamline the NICU/EI referral process. The SSIP Professional Development Work Group, with input from the University of Utah NICU and Intermountain Health Care NICU Rehab Service teams, will include a topic dedicated to Premies and NICU graduates in the Early Intervention Specialist 2.0 online training. The training will address:

- Neonatal Abstinence Syndrome (NAS)
- Developmental concerns associated with preterm birth
- Long-term effects of prematurity and low birth weight

The Children with Special Health Care Needs (CSHCN) bureau was required to move to a different UDOH facility in late 2019, with little advance notice. This relocation prevented Baby Watch from planning and holding a statewide early childhood cultural resource fair before the end of the year. However, Baby Watch was able to begin the preliminary planning process, contacting a potential keynote speaker and making an initial list of community organizations to include.

Plans for Next Year

ZERO TO THREE

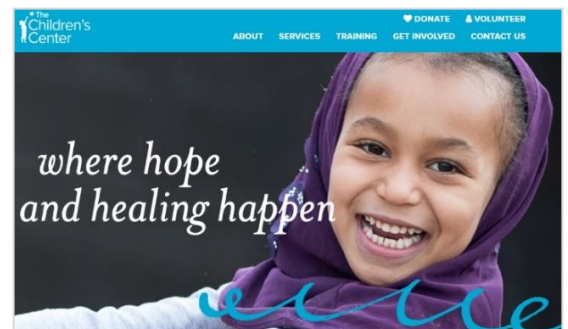
In 2020 Baby Watch will partner with the Utah Department of Human Services, Division of Substance Abuse and Mental Health to bring the [ZERO TO THREE Infant and Early Childhood Mental Health Competencies](#) training to Utah. EI providers will have the opportunity to become certified in Infant and Early Childhood Mental Health, which aligns with the Michigan Association for Infant Mental Health (MI-AIMH) Early Childhood Mental Health Endorsement (ECMH-E). After completing ten training modules, participants will have an increased capacity to:

- Work with families impacted by trauma
- Facilitate healthy parent-child attachment
- Identify infant and early childhood mental health concerns and refer for further treatment

The Children’s Center

Founded in 1962, The Children’s Center is a highly-respected Utah nonprofit organization whose mission is to provide comprehensive mental health care to enhance the emotional well-being of infants, toddlers, preschoolers, and their families.

In 2019 the Utah Department of Health (UDOH), on behalf of Baby Watch, committed to partner with The Children’s Center (TCC) for FY2020-FY2025 on the Statewide Trauma Program for Families with Young Children project (pending approval of grant application).



The goal of this partnership is to improve access to trauma-informed service delivery by filling recognized gaps in services for children’s mental health across Utah. Baby Watch has committed to:

- Encourage early intervention providers across Utah, especially Weber-Morgan Early Intervention Program service providers, to access Tier 2 consultation
- Allow TCC to train all Weber-Morgan Early Intervention Program employees in the CARE model
- Allow TCC team members to build relationships with providers in target communities throughout Utah

Postpartum Support International (PSI) Utah

Baby Watch attends quarterly PSI Utah board meetings, is collaborating with PSI Utah and the UDOH Maternal Child Health bureau to plan for a conference scheduled October 2020.



In addition, Baby Watch is collaborating with PSI Utah to identify upcoming professional development opportunities to build the capacity of EI providers in supporting new mothers and families impacted by postpartum depression, anxiety, and stress.

Early Head Start Collaboration

In 2020, Baby Watch will collaborate with the ICC Head Start provider representative to recruit an individual from [Utah’s Head Start Association](#) to participate in the Family Engagement and Collaboration Work Group. By so doing, we will identify barriers to an effective referral process and consider opportunities for training across programs.



Utah State University

Utah State University (USU) is partnering with Baby Watch to provide professional development to EI providers statewide. Recordings of each live virtual training event provided in 2020 will be available online in Canvas. Participating USU faculty members include Vonda Jump, Ph.D. and Anne Larson, Ph.D.



Vonda Jump, Ph.D.

- Assistant professor in the College of Humanities and Social Sciences
- Academy of ZERO TO THREE Fellows Alumni
- Co-chair of the ZERO TO THREE 2020 conference, taking place in Salt Lake City
- Expert in human behavior, social work research, field education, early parent/child relationships, vulnerable families, and trauma

Anne L. Larson, Ph.D.

- Assistant professor in the College of Education and Human Services, Dept of Special Education and Rehabilitation
- Expert in early language development and sociocultural and environmental factors that affect child/caregiver interactions

Children with Special Healthcare Needs

Baby Watch will continue to partner with fellow programs within the Children with Special Health Care Needs (CSHCN) bureau in 2020, such as:

- Working with the Utah Birth Defects Network (UBDN) to develop training materials for a breakout session at the National Birth Defects Prevention Network’s Annual Meeting in March 2020.



- Participating in joint meetings of the Utah Early Hearing Detection and Intervention (EHDI) and the Utah Schools for the Deaf and the Blind (USDB) Parent Infant (PIP) programs to better manage the referral process for babies who fail newborn hearing screening.

In 2020, Baby Watch and the SSIP Collaboration Work Group will also continue to:

- Participate in state initiatives to improve outcomes for children and families
- Expand work group membership and identify resources to build a culturally and competent early childhood workforce in Utah
- Forge new partnerships within the UDOH [Division of Family Health and Preparedness \(FHP\)](#) to maximize human and fiscal resources to host a cultural resource fair

B5. Compliance and Quality Assurance Strand

Data on Implementation and Outcomes

The Compliance and Quality Assurance Work Group, created in spring 2018, continues to advise and assist Baby Watch in meeting the following objectives identified in Utah’s Part C redesigned General Supervision System:

- Strengthen local capacity
- Improve clarity regarding Baby Watch expectations and requirements
- Identify needs for training and technical assistance
- Promote consistency across systems and service provisions
- Promote quality in the provision of services
- Support the alignment of local program processes and procedures with Baby Watch policy
- Strengthen relationships with program administrators and direct service staff
- Improve results for children and families

Type of Outcome	Description
Short-term	Providers and Baby Watch adopt an attitude of continuous quality improvement through ongoing T/TA and Quality Assurance Plans (QAPs).
Short-term	Baby Watch has a redesigned General Supervision System that includes tools and guidance to support ongoing, program-level evaluation of compliance and performance indicators.
Intermediate-term	Providers and Baby Watch improve infrastructure for continuous improvement for results and compliance and implementation of EBPs.
Intermediate-term	Providers are more confident and competent in meeting state and federal performance and compliance indicators which improve outcomes for children and families.
Intermediate-term	Providers and Baby Watch improve relationships, increase collaboration, and renew trust between the state and local programs and families.
Long-term	State-identified Measurable Result (SiMR).

During 2019, the SSIP Compliance and Quality Assurance Work Group collaborated with grantees to support Baby Watch in completing or initiating the following activities included in the Improvement Plan:

- Creating a [Compliance & Monitoring Manual](#)
- Selecting performance indicators for FY2021 general monitoring activities
- Informing self-assessment measures to evaluate compliance and improved results performance
- Developing T/TA and determining methods of dissemination
- Developing and revising existing BTOTS reports to support efficient and effective monitoring and accountability
- Advising and assisting BTOTS developers and Baby Watch in creating enhancements to the BTOTS database

Revisions to activities, timelines, data sources, and evaluation plans are updated in **RED** in the following table. The improvement strategies, including how they will contribute to achievement of Utah’s SiMR, are visually depicted in Baby Watch’s [Theory of Action \(ToA\)](#).

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
1. Redesign the General Supervision System (GSS) to include on- and off-site monitoring activities of compliance and performance indicators.	A. Determine local program classifications: Urban, Rural, Frontier.	NCSI RBA CSLC BWEIP Financial UDOH OFO	Compliance & Monitoring Specialist	Oct. – Jan. 2018 COMPLETED
	B. Determine random sampling method used to review electronic child records. C. Create a Compliance & Monitoring manual to operationalize components of the General Supervision System	<i>Developing & Implementing an Effective System of General Supervision: Part C</i>	Compliance & Monitoring Team: T/TA Coordinator, Data Manager, & Performance Auditor	COMPLETED/ONGOING
2. Identify evaluation methods to assess the application of the Seven Key Principles of Early Intervention and the renown Foundational Pillars of Early Intervention.	A. Include assessment items to identify evidence of family-centered services, relationship-based practices, natural environments, children’s learning, application of adult learning principles, cultural sensitivity, and quality teaming.	NCSI T/TA ECTA System Framework DaSy T/TA	Compliance & Monitoring Specialist	Oct. – Jan. 2018 COMPLETED
	B. Determine priority areas and create/revise performance measurement tools to evaluate application of DEC Recommended Practices in EI/ECSE, Seven Key Principles of EI, Foundational Pillars of EI.			COMPLETED/ONGOING
3. Create a service provision observation tool which aligns with CSPD evaluation forms and includes items to identify the application of nationally endorsed practices.	A. Design the checklist to provide information and invite self-reflection.	CSPD Service Observation/ Demo forms	Compliance & Monitoring Specialist	Oct. – Jan. 2018 COMPLETED
	B. Design the checklist to identify application of evidence-based interventions, recommended practices, and compliance with federal regulations and state policies.		CSPD Coordinator	
4. Design a tool to serve as a resource and guidance document to plan and organize program monitoring.	A. Identify on- and off-site monitoring activities.	NCSI RBA CSLC NCSI T/TA	Compliance & Monitoring Specialist	Oct. - Jan. 2018 COMPLETED
	B. Include template for documenting scheduled service provisions for observation.			

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
<p>5. Develop a records review assessment tool to determine compliance in meeting federal and state performance standards, and that incorporates current literature on recommended practices in the area of IFSP development and quality performance.</p>	<p>A. Identify seven key areas to assess during records reviews which include both compliance and quality indicators. B. Disseminate tool to NCSI T/TA for review and feedback. C. Disseminate to Providers for review and consideration prior to initiating monitoring activities. D. <i>Revise items within performance indicators to assess the application of recommended practices trained to during professional development delivered by BWEIP T/TA.</i></p>	<p>NCSI RBA CSLC NCSI T/TA ECTA publications <i>The Early Intervention Workbook</i> Publications from EC experts C&M rubrics from other states</p>	<p>Compliance & Monitoring Specialist BWEIP Team</p>	<p>Oct.—Jan. 2018 COMPLETED COMPLETED/ONGOING</p>
<p>6. Identify existing BTOTS reports and design new reports to collect quantitative data from our statewide EI database to support monitoring activities.</p>	<p>A. Coordinate with developers to update existing or design new quantitative BTOTS reports. B. Coordinate with BWEIP Business Analyst to include sorting and grouping features and data queries.</p>	<p>BTOTS developers BWEIP Business Analyst BWEIP Team</p>	<p>Compliance & Monitoring Specialist BWEIP Team BTOTS Team</p>	<p>Dec. 2017— COMPLETED COMPLETED/ONGOING</p>
<p>7. Develop parent survey questions designed to assess early intervention practice from a parent perspective and to measure satisfaction with services.</p>	<p>A. Determine survey questions that measure parent satisfaction, compliment NCSEAM, and include methods of identification and measurement of results or the impact of EI services with families. B. Identify all families from each program who are: i. Eligible with 6 consecutive months of services ii. Ineligible iii. Exited from EI C. Elicit feedback from CSHCN Family Advisory Council and revise survey questions accordingly.</p>	<p>Parent survey questions developed by other states to measure parent satisfaction with Part B/C services</p>	<p>Compliance & Monitoring Specialist BWEIP Team</p>	<p>Oct.—Jan. 2018 COMPLETED COMPLETED/ONGOING</p>
<p>8. Identify qualitative data collection methods to explore findings from quantitative data collected during records reviews, the BTOTS database, and observations of service provisions.</p>	<p>Draft administrator and on-site interview questions to: i. Provide greater understanding of findings (quantitative data) from records reviews, service observations, and Compliance Indicator Checklist ii. Identify strategies to build capacity and explore financial viability in promoting application of EBPs iii. Inform local and statewide T/TA iv. Identify and explore discrepancies in systems and application v. Assess dimensions of policy/practice from a direct service perspective vi. Identify and celebrate strengths and successes vii. Promote self-reflection and individual learning</p>	<p>NCSI T/TA ECTA</p>	<p>Compliance & Monitoring Specialist BWEIP Team</p>	<p>Oct.—Jan. 2018 COMPLETED COMPLETED/ONGOING</p>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
9. Design a tool to assess provider levels of compliance with state/fed policies and serve as a guide in updating, creating, or enforcing local policies, processes and procedures which align with state policies and fed regulations.	A. Create a checklist to determine if providers have documented policies which align with federal rules and regulations and BWEIP policies	NCSI T/TA ECTA Compliance & Monitoring tools from other states	Compliance & Monitoring Specialist BWEIP Team	Oct. — Jan. 2018 COMPLETED COMPLETED/ONGOING
	B. Include guidance for identifying procedures which operationalize state, federal, and local policies.			
10. Design a template to present findings identified from on- and off-site monitoring activities.	Comprehensive reports to include the following: i. Desk audit ii. Observation of service provision iii. Interview responses iv. Parent survey results v. Identified strengths vi. Concerns or findings vii. Recommendations viii. General T/TA ix. Resources x. Definitions/acronyms xi. QAP template	Review of corrective action templates and monitoring feedback tools from other states NCSI T/TA NCSI RBA CSLC	Compliance & Monitoring Specialist BWEIP Team	Jan. 2018 COMPLETED
11. Develop T/TA to support local EI programs in implementing improvement activities and objectives identified in QAPs.	A. Engage stakeholders in the development of guidance documents. B. Develop training material and resources specific to the unique culture or sub-populations served. C. Provide training at all Local EI programs. D. Evaluate and revise program training based on feedback. E. Integrate training into CSPD.	Develop training schedule, materials, and evaluation based on feedback	Compliance & Monitoring Specialist CSPD Coordinator BWEIP Team NCSI SEO CSLC	May 2018 — Apr. 2020 COMPLETED/ONGOING
12. Update 2013 BWEIP policies and procedures.	Engage stakeholders in policy revisions and processes and procedures development: i. Update policies ii. Redesign formatting iii. Include definitions iv. Hold public hearings v. Amend policies in accordance with stakeholder input vi. Engage stakeholders in determining final policies. Submit updated policies to OSEP for approval vii. Disseminate updated policies to local programs and post on BWEIP website viii. Discuss final policies, offer T/TA	Federal regulations BDI Users Group DaSy T/TA	Program Manager CSPD Coordinator Compliance & Monitoring Specialist	Oct. 2018 – 2019 COMPLETED The following NEW policies were updated/approved by OSEP IN 2019: CSPD, Eligibility, Evaluation & Assessment, Transition. Mar 2021 – Sept 2022

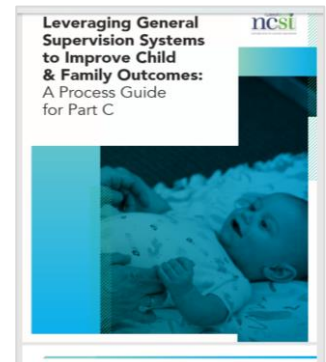
Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
13. Create a Part C Compliance and Quality Assurance Work Group to inform ongoing monitoring activities.	<p>A. Request for volunteers to sign-up at ICC and Grantee Meeting.</p> <p>B. Send out additional work group member request reminders via email for those not in attendance.</p> <p>C. Review volunteer sign-ups and request for additional volunteers as needed to represent urban, rural, frontier areas and parents.</p> <p>D. Request group members volunteer to lead or co-lead the Compliance/QA Work Grp.</p> <p>E. Facilitate ongoing meetings with stakeholder work group.</p>	<p>DaSY Data Toolkit</p> <p>NCSI T/TA</p> <p>NCSI RBA CSLC</p>	<p>Compliance & Monitoring Specialist</p> <p>Data Manager</p> <p>Local EI program administrators and service providers</p> <p>Current/former UT EI parents</p>	COMPLETED
14. Introduce the BDI-2 NU as Utah’s Part C evaluation tool and Child Outcomes reporting tool. Create a BDI-2 NU Users Group to inform procedures in using the BDI-2 NU evaluation and child outcomes tool.	<p>Create a BDI-2 NU Users Group, comprised of BTOTS users, to advise and assist BWEIP in meeting the following objectives:</p> <p>i. Inform procedures in using the BDI-2 NU evaluation and child outcomes tool</p> <p>ii. Determine and develop BDI-2 NU Child Outcomes Business Rules</p> <p>iii. Redesign the BTOTS database to house standardized assessment scores and Child Outcomes results</p>		<p>Local program administrators and direct service providers</p> <p>BWEIP Team</p> <p>BTOTS Dev Team</p>	COMPLETED

Activity 1: Redesign the General Supervision System to include on-site and off-site monitoring activities of compliance and performance indicators.

In 2019, Baby Watch created a [Compliance & Monitoring Manual](#) under the advisement of stakeholders and as a mechanism to operationalize the program’s General Supervision System. Still in draft form, this manual is designed to reduce complexity by describing the integrated components and timelines of all the accountability and monitoring actions and activities performed as part of Utah’s Part C General Supervision System (GSS).

A two-day workshop, facilitated by WestEd National Center for Systemic Improvement (NCSI), guided members of the Baby Watch Compliance & Monitoring Team, Baby Watch Financial, and the Compliance and Quality Assurance Work Group in identifying the strengths and areas for improvement in Utah’s General Supervision System (GSS):

- Teach programs how to conduct root-cause analysis and complete a Quality Assurance Plan (QAP)
- Explain the difference between compliance requirements (federal regulations) and performance (quality indicators)
- Establish a program-level self-assessment process



Activity 2: Include the identification of evaluation methods and the development of monitoring and accountability tools which measure application of the following: Seven Key Principles of Early Intervention, Foundational Pillars of Early Intervention, Nationally Endorsed and Recommended Practices, and Federal and State Performance Standards and Regulations.

A new performance measurement tool was created in 2019 to strengthen a collective area for growth determined through an evaluation and analysis of data gathered during FY2018’s universal monitoring activities. This tool, developed in collaboration with the Family Engagement and Compliance and Quality Assurance Work Groups and administrators from local EI programs, measures the application of professional development provided by Baby Watch. Training, which includes recommended practices from the Division of Early Childhood (DEC), was delivered in-person to local EI programs participating as field-test sites for the pilot evaluation tool. For detailed information about the pilot refer to the Family Engagement Strand Activity 3 and [October 2019 Compliance and Quality Assurance](#) Work Group presentation.

Activity 3: Create a service provision observation tool which aligns with CSPD evaluation forms and includes items to identify the application of nationally endorsed practices.

This activity has been successfully completed.

Activity 4: Design a tool to serve as a resource and guidance document to plan and organize program monitoring.

This activity has been successfully completed.

Activity 5: Develop a records review assessment tool to determine compliance in meeting federal and state performance standards, and that incorporates current literature on recommended practices in the area of IFSP development and quality performance.

In 2019 Baby Watch held discussions with the Compliance and Quality Assurance Work Group to develop a local EI program self-assessment process, including child records reviews. The goal was to identify realistic, enforceable, and sustainable performance measures that would have the greatest impact on children, families and the SiMR. The number of records each program is required to review is based on their designation as an urban, rural, or frontier program.

Urban Must Review	Rural Must Review	Frontier Must Review
Records for 10% of the children with active IFSPs, no more than 50	Records for 10% of the children with active IFSPs	Records for 10% of the children with active IFSPs, at least 5

Regardless of the number of records reviewed, the self-assessment process for every program is the same:

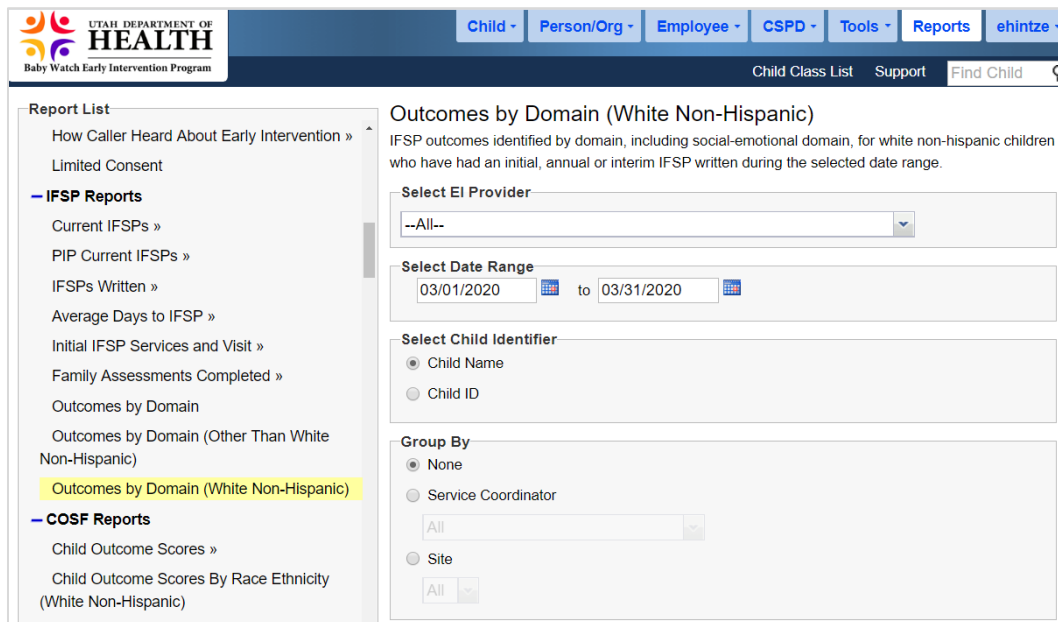
1. Baby Watch selects the child records for review through random selection and provides the local EI program with BTOTS child IDs.
2. Programs complete the [IFSP Quality Assessment Rubric](#) for each child’s record.
3. Programs electronically submit results of the child records reviewed to Baby Watch.

Activity 6: Identify existing BTOTS reports and design new reports to collect quantitative data from the statewide EI database which supports monitoring activities.

In 2019, Baby Watch, the BTOTS development team, and the BTOTS Data Work Group revised existing BTOTS reports to gather more meaningful information about several activities in the IFSP process.

BTOTS Report	What info does it provide?	How is the info used?
Initial Referral Concerns	The initial referral concerns of the parent or primary referral source, grouped by developmental domain	To identify rates of social-emotional referral concerns, SE assessments, and IFSP outcomes with SE components
IFSP Outcomes by Domain	Number of outcomes in active IFSPs that address parent concerns in each developmental domain	To determine if children from culturally diverse backgrounds have IFSP outcomes addressing SE concerns
Family-Directed Assessments	Number of family-directed assessments administered by EI providers at each local EI program	To help local EI program administrators create program-level assessment policy and procedures
APR 1: Timely Provision of Services	Number of families who did not receive an initial service within 45 days of the IFSP	To gather detailed info about family-caused late visits, and reduce data entry errors in the BTOTS parent contact logs
NEW: SE Screening & Assessment	Frequency, type, and child population receiving a recommended social-emotional screening and assessment	To gather info about the number of children receiving a social-emotional assessment or screening and the frequency of each tool used

BTOTS allows users to control for several variables in each report. In the IFSP Outcomes by Domain Report shown here, users can customize the report results based on provider, date range, child identifier, service coordinator, and site.



In 2019, Baby Watch and the BTOTS Data Work Group improved BTOTS system production data report methods and data system variables to limit data entry errors thereby reducing the numbers of findings of noncompliance for APR 1: Timely Provision of Services. Further, the BTOTS child record is locked for editing after six months of a child being deactivated, reducing unwarranted data modification. Report function and outputs are checked regularly. Identified data display errors were assessed and extra database memory and processors implemented to ensure proper function.

Activity 7: Develop parent survey questions designed to assess early intervention practice from a parent perspective and to measure satisfaction with services.

This activity has been successfully completed.

Activity 8: Identify qualitative data collection methods to explore findings from quantitative data collected during records reviews, the BTOTS database, and observations of service provisions

Baby Watch team gathers both quantitative and qualitative data using a variety of tools, based on input from the Interagency Coordinating Council (ICC) and the SSIP Compliance and Quality Assurance Work Group.



Activity 9: Design a tool to assess provider levels of compliance with state and federal policies and to serve as a guide in updating, creating, or enforcing local-level policies, processes and procedures which align with state policies and federal regulations.

To preserve the integrity of the Part C data system, local EI programs are responsible for developing and enforcing program-level data governance policies and procedures to align with state policies, federal regulations, and ensure the validity of Part C data. Detailed information about the required components of each program’s data governance policies and procedures is available in the [Compliance & Monitoring Manual](#).

Activity 10: Design a template to present findings identified from on- and off-site monitoring activities.

This activity has been successfully completed.

Activity 11: Develop T/TA to support local programs in implementing improvement activities and objectives identified in QAPs.

Baby Watch continued to provide training and technical assistance to each local early intervention program throughout 2019, including: phone calls, emails, and follow-up from Baby Watch team members to support each local EI program’s Quality Assurance Plan (QAP). In 2019, all local early intervention programs received in-person mentoring and support from Baby Watch. For some programs, Baby Watch provided multiple in-person training sessions in areas of need. In-person activities ranged from coaching sessions to program-wide in-service and education activities. Overall, the top three trends identified in QAPs were:

1. Family-Directed Assessment and CPR documentation
2. Writing IFSP Child and Family Outcomes
3. Social-Emotional Development

In 2019 Baby Watch also developed original training materials on Parent Rights and Procedural Safeguards and BTOTS Transition Documentation. Both training packages are housed in the Canvas online learning system.



Training materials were developed by Baby Watch and stakeholder work groups. Additional stakeholder feedback and surveys helped Baby Watch revise and improve the training materials. Online courses for Family-Directed Assessment and Social-Emotional Development will be released in early 2020. The Writing Child and Family IFSP Outcomes course will be developed and released later in 2020. More information about T/TA can be found in Assessment Strand Activity 8.

Each local EI program’s success in the QAP process falls into one of three categories:

Exceeds Expectation	Meets Expectation	Below Expectation
<ul style="list-style-type: none"> a. set many goals (8+) related to recommendations in their “2018 Monitoring and Quality Assurance Report” b. is making progress towards goals within time frame c. demonstrated follow-through activities that includes providing proof of progress to Baby Watch 	<ul style="list-style-type: none"> a. set some goals (4-7) related to recommendations in their “2018 Monitoring and Quality Assurance Report” b. has not completed all goals within identified timeframe c. report on actions taken towards completion and progress regularly with Baby Watch 	<ul style="list-style-type: none"> a. set few goals (less than 4) related to recommendations in their “2018 Monitoring and Quality Assurance Report” b. failed to make progress on goals c. allowed timelines to pass without an extension request or justification

Activity 12: Update 2013 Baby Watch policies and procedures.

During 2019, Baby Watch developed several procedural resource documents to operationalize policies. To better promote understanding of the important role healthy social-emotional development plays for all learning and to support progress in meeting Utah’s SiMR, Baby Watch created the [Social-Emotional Procedural Resource Guide](#). This document provides step-by-step instructions for entering social-emotional child assessment information into BTOTS. In addition, this document instructs EI providers about service provisions which support infants and toddlers within the context of caregiving relationships, family systems, and culture all of which, when put into practice, positively impact social-emotional outcomes for children thereby assuring progress in meeting our SiMR.

Activity 13: Create a Compliance and Quality Assurance Work Group to inform ongoing monitoring activities.

This activity has been successfully completed.

Activity 14: Introduce the BDI-2 NU as Utah’s Part C evaluation and child outcomes reporting tool. Create a BDI-2 NU User Group to inform procedures in using the BDI-2 NU evaluation and child outcomes tool.

This activity has been successfully completed.

Progress Toward Achieving Intended Improvements

The Compliance and Quality Assurance Work Group provided guidance on how to enhance state infrastructure to lead meaningful change in program performance. Furthermore, the Work Group informs how infrastructure improvements may be leveraged to address outcomes not currently reflected in our SiMR.

Outcome	Evaluation Question(s)	How will we know? (Perform Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Short-Term: BWEIP has redesigned the General Supervision System to include on- and off-site monitoring activities of compliance and performance indicators.	<p>Did BWEIP redesign the GSS and incorporate on- and off-site C&M activities?</p> <p>Did BWEIP develop monitoring tools to assess systems and practices of local programs?</p> <p>Were tools disseminated to programs in advance?</p> <p>Do programs understand the intent of each tool and how it will be used to evaluate infrastructure and practices?</p>	<p>On- and off-site monitoring tools exist.</p> <p>Monitoring tools used to evaluate program performance/ accountability dispersed to local programs after development and again, before on-site visits.</p>	<p>100% of local EI programs report receiving on- and off-site C&M tools to be used to evaluate infrastructure and measure program performance and accountability.</p> <p>100% of local EI programs, ICC members, and guests report discussing the purpose of each C&M tool and how it will be used to measure performance.</p>	<p>Fall 2017 – Winter 2018</p> <p>Completed</p>	<p>Evidence of the use of individual monitoring tools to evaluate program performance and compliance are embedded within individual program monitoring reports.</p> <p>Evaluate the frequency of recommendations to systems and practices identified within monitoring reports to inform local/statewide improvement efforts.</p>
Short-Term: Programs and BWEIP adopt an attitude of continuous quality improvement through ongoing T/TA and QAPs.	<p>Did programs and BWEIP adopt an attitude of continuous quality improvement through ongoing T/TA and QAPs?</p>	<p>EI programs:</p> <p>a. Use BWEIP C&M tools to improve systems/ practices.</p> <p>b. Have QAPs with root-cause analysis and improvement objectives w/ clear timelines/ responsibilities</p>	<p>70% local programs use 1+ C&M tool to assess systems/ practice improvements.</p> <p>ALL programs:</p> <ul style="list-style-type: none"> • Submit QAPs with analysis to inform systems/ practice improvements • Report receiving BWEIP assistance to support systems/practice improvements. 	<p>Summer 2019</p> <p>Completed</p>	<p>Evaluate surveys to determine the effectiveness of the redesigned C&M process.</p> <p>BWEIP internal monitoring</p>
Intermediate: Providers more confident/ competent in meeting state/fed compliance & performance indicators to improve outcomes for children and families.	<p>Did the EI programs who used the C&M tools in advance of their on-site visit feel more prepared to meet state/fed compliance & performance indicators?</p> <p>Are EI programs better able to meet state/fed compliance & performance indicators to improve outcomes for children/families?</p>	<p>Administrator Interview (formal and informal).</p> <p>Written documentation submitted during on-site visit to augment monitoring process and showcase unique program strengths.</p>	<p>Analytics of submitted, written documentation and formal interviews or informal discussions with administrators.</p> <p>Disaggregate data analyze performance of programs monitored during SFY2018 and SFY2019</p>	<p>Summer 2019</p> <p>Completed</p>	<p>EI program survey responses to the evaluation of the accountability and monitoring process.</p> <p>EI program performance as summarized in monitoring reports.</p>

Outcome	Evaluation Question(s)	How will we know? (Perform Indicator)	Measurement / Data Collection Method	Time	Analysis Description
Intermediate-term: EI providers and BWEIP improve infrastructure for continuous improvement for results and compliance. EI providers and BWEIP implement EBPs.	Did EI programs improve infrastructure for continuous improvement for results and compliance? Did BWEIP improve infrastructure for continuous improvement and compliance? Did EI providers and BWEIP implement EBPs?	EI programs submit QAPs to BWEIP. BWEIP provides well-defined, operationalized practices with enhanced, practice assessment tools. BWEIP and providers prioritize and implement EBPs.	100% of local EI programs submit QAPs including analysis of systems/practice improvements. 100% of local EI programs document progress in meeting QAP improvement objectives. EBPs are taught to ensure intended use and teach behaviors and actions that exemplify practices and unacceptable variations of EBPs. Practice performance assessments are used to determine if EBPs are implemented.	Summer 2019 Completed Fall 2019 Completed Spring 2020 Fall 2020	Retrospective review of IFSP records data submitted in self-assessments. Identify patterns of strengths & findings across monitoring reports and QAPs. T/TA evaluations for webinars, on-site, and statewide PD. % programs that meet performance indicator for practitioner fidelity. EI program score improvements over time vs. fidelity threshold. EI program evals of tool effectiveness in identifying strength/weakness, and reach fidelity.
Intermediate-term: Providers and BWEIP improve relationships, increase collaboration renew trust between the state and local programs and families.	Did EI providers and BWEIP improve relationships, increase collaboration, and renew trust? Did EI providers and families improve relationships, increase collaboration, and renew trust?	BWEIP will improve communication, promote transparency, and establish clear expectations. EI providers will participate in discussions to inform improvements and promote collaboration. BWEIP will design a family survey that measures quality of relationships, services, parent confidence.	80% of Utah EI providers will report: <ul style="list-style-type: none"> Improvement in communication methods Increased opportunities to inform Part C improvement efforts Analytics of family survey results by demographics and geography. Analytics of provider survey results by program.	Fall 2019 Completed . Fall 2019 Completed . Fall 2019 Completed .	Provider survey feedback evaluating the effectiveness of communication methods and the quantity/quality of stakeholder engagement. C&M family survey that includes demographic information. Provider survey feedback evaluating relationships, services, parent confidence.

Long Term: SiMR	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS).
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Evaluation of Improvement Strategy Implementation

As discussed in Activity 11, Baby Watch assigns one of three categories based on the local EI program’s progress in meeting QAP objectives. The majority of program QAPs met or exceeded expectations in 2019:

- 2 of 16 programs: Below Expectations
- 10 of 16 programs: Meets Expectations
- 4 of 16 programs: Exceeds Expectations

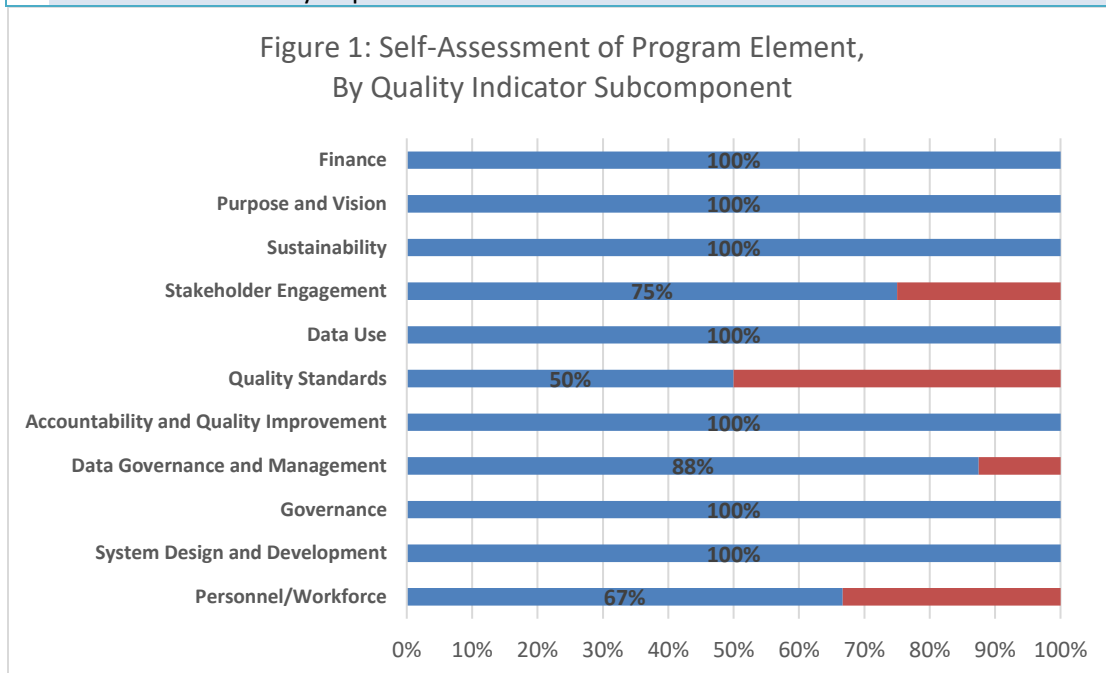
Baby Watch will continue to offer targeted and intensive support to programs that are below expectations.

In 2019, Baby Watch and its affiliates collaborated to complete the ECTA/DaSy Framework Self-Assessment to: evaluate the effectiveness of recent changes made to the Baby Watch infrastructure, determine capacity to support and sustain achievement of the SiMR and scale-up; and, set priorities for continuous quality improvement. Baby Watch intends to share self-assessment results with the ICC to elicit further dialogue about the strengths and weaknesses identified in the Baby Watch infrastructure.

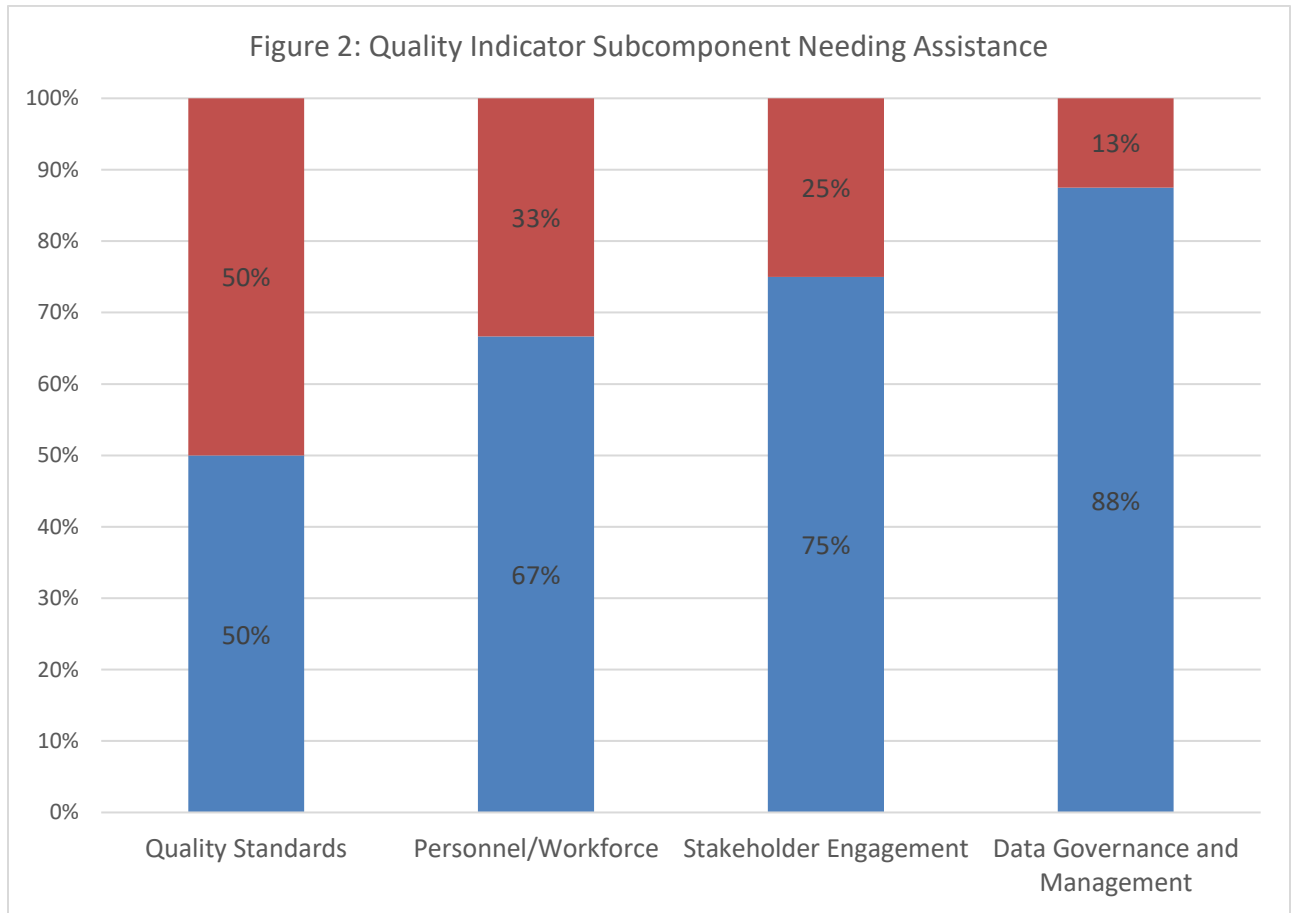
Baby Watch assigned a rating 1-7 to each quality indicator subcomponent based on the quality and progress of its implementation. Incomplete subcomponents were rated 1, 2, or 3, and shown in red. Complete subcomponents were rated 4, 5, 6, or 7, and were shown in blue.

Quality Indicator Subcomponent Rating

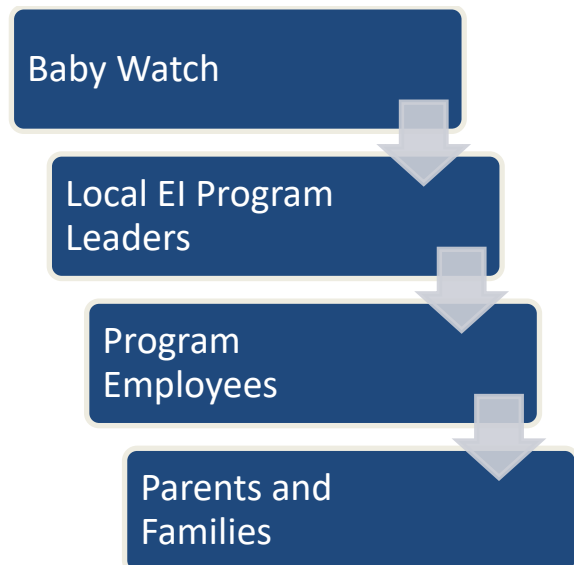
1	None of the elements is yet planned or in place.
2	Most of the elements are not yet planned or in place.
3	Some elements are in place; a few may be fully implemented.
4	At least half of the elements are in place; a few may be fully implemented.
5	At least half of the elements are in place; some are fully implemented.
6	At least half of the elements are fully implemented; the rest are partially implemented.
7	All elements are fully implemented.



As honed in Figure 2 below, four quality indicator subcomponents were identified as needing assistance. Baby Watch will focus efforts on implementing elements related to these subcomponents in 2020 and beyond.



Establishing and sustaining healthy, positive interpersonal relationships at all levels of the Baby Watch system is central to achieving the SiMR. Baby Watch values and promotes respectful professional relationships, transparent communication and information sharing, and delivering meaningful guidance and encouragement to local EI programs. Baby Watch recognizes how the strengths, behaviors, and relationships of local EI program leaders set the tone for relationships between program employees. And when program leaders create a culture of respect, service providers show respect and support for one another, and are better able to establish healthy, trusting and respectful relationships with the families they serve.



To measure SiMR progress, Baby Watch evaluated its own ability to build and sustain quality relationships and engage in positive communication practices. Local EI program leaders’ perceptions of their relationship with Baby Watch are discussed below.

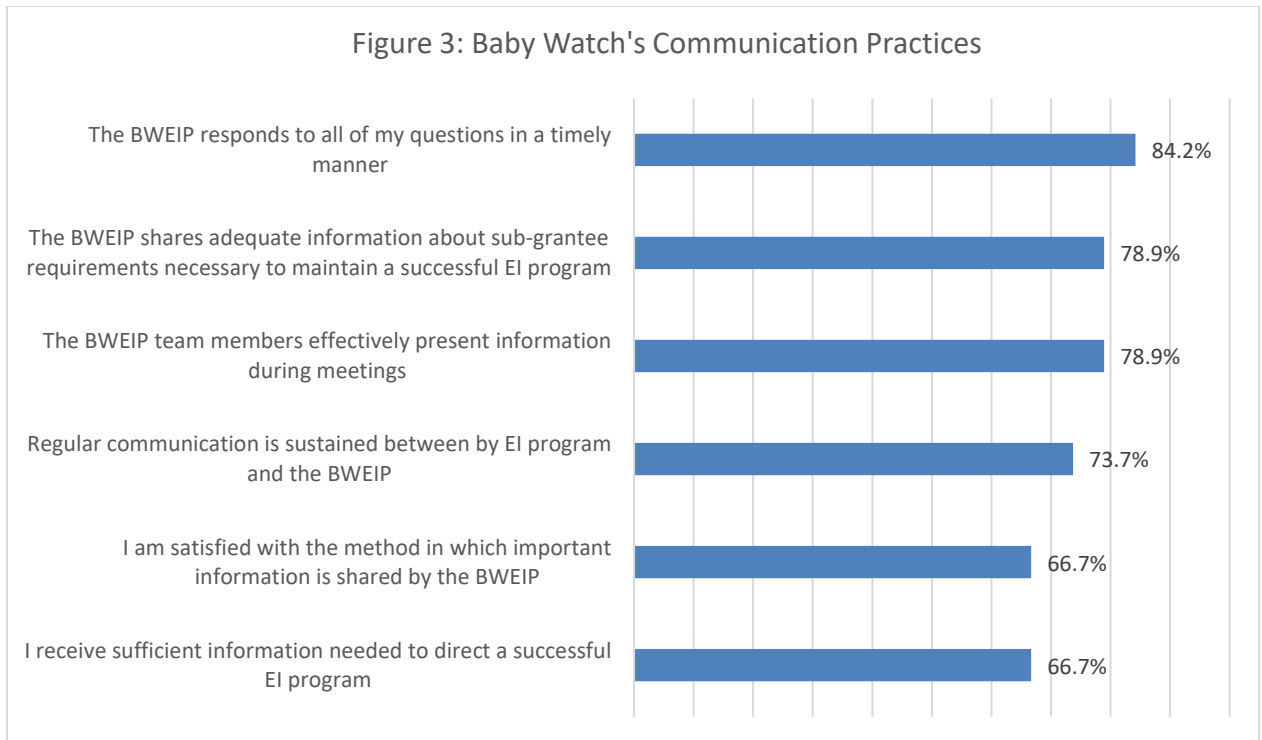
A majority of survey respondents perceived that Baby Watch wants local EI programs to succeed, is open to feedback, and is enjoyable to work with:

- 68.4% agreed: Baby Watch is open to my opinions and feedback.
- 78.9% agreed: I enjoy working with members of the Baby Watch team.
- 84.2% agreed: Baby Watch wants my program to be successful.

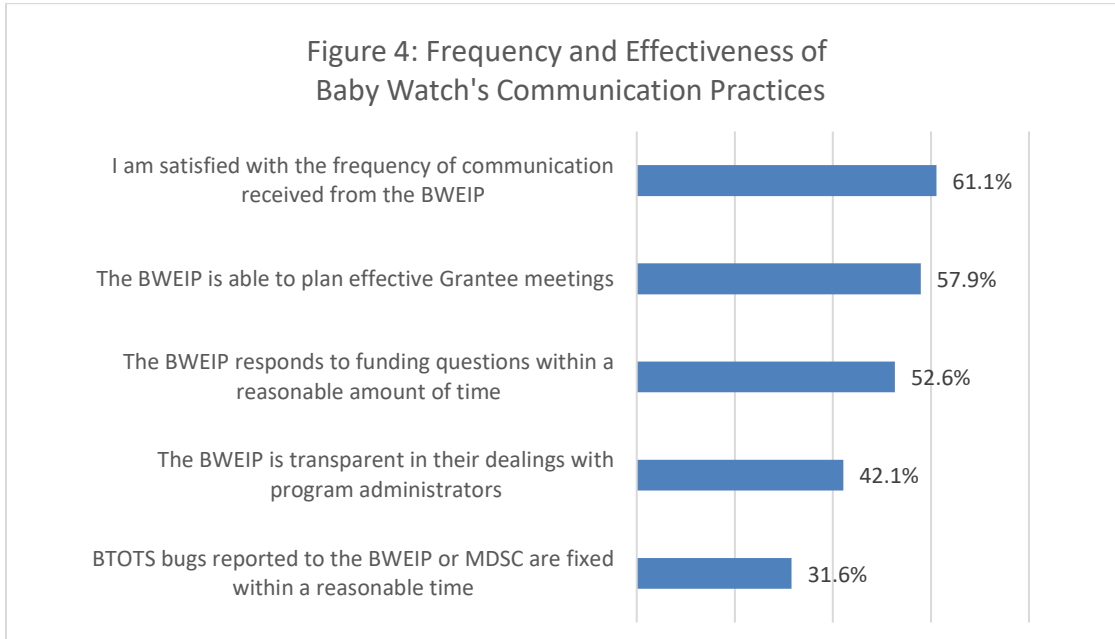
However, only about half of respondents reported feeling supported, comfortable, or appreciated in their relationship with Baby Watch:

- 52.6% agreed: Baby Watch provides sufficient opportunities to advise and assist with decisions that impact my job.
- 57.9% agreed: I feel comfortable reaching out to Baby Watch when I need help.
- 57.9% agreed: I feel appreciated and valued by Baby Watch.
- 57.9% When I approach a member of the Baby Watch team with a problem, I trust that they will listen.

At least two-thirds of respondents perceived that Baby Watch communicates effectively across multiple channels and formats, as shown in Figure 3, by individual question.



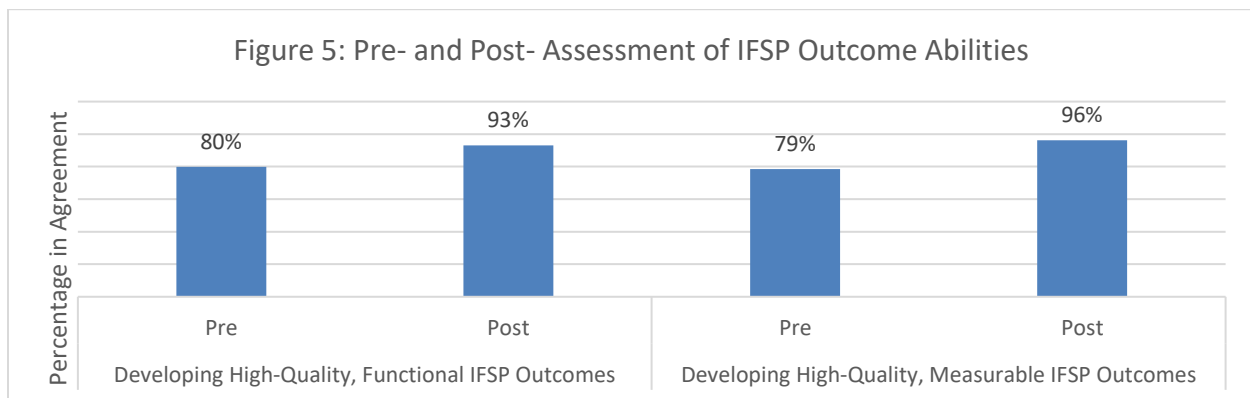
Areas in which a higher than expected proportion of respondents identified concerns, generally related to Baby Watch’s response to BTOTS technical issues, funding questions, and general transparency, are shown in Figure 4 by individual question.



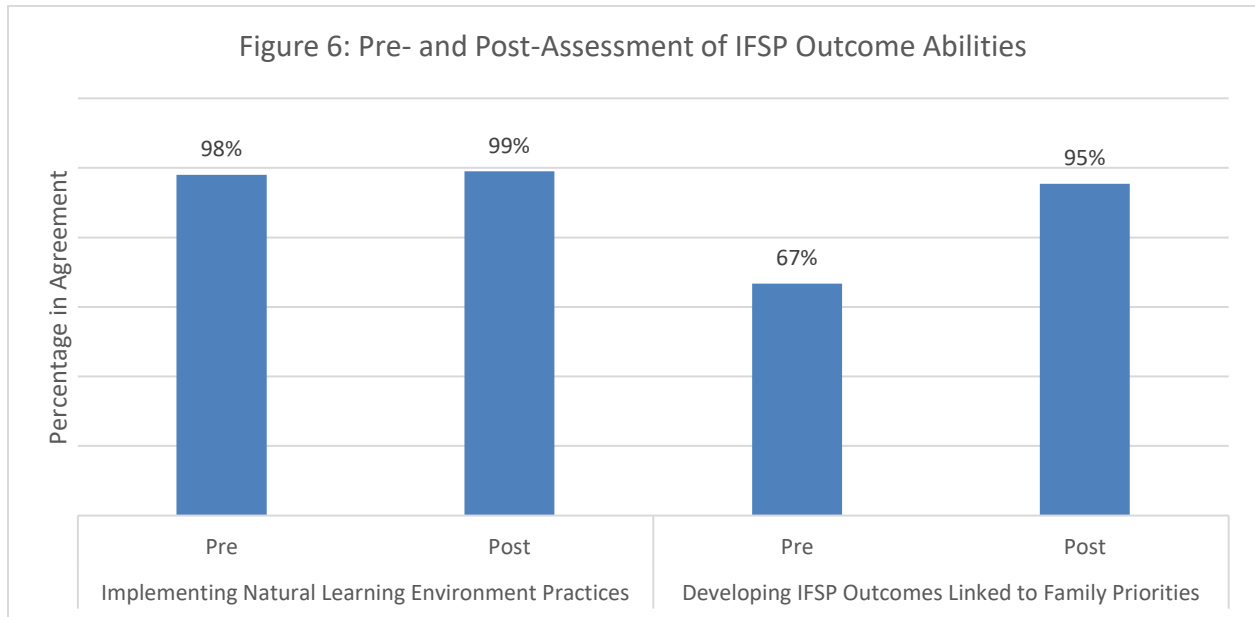
As a result of feedback received from local EI program administrators, Baby Watch is exploring the following strategies to:

- Increase fiscal and human capacity to positively impact Part C systems and practices
- Promote additional or ongoing opportunities for authentic stakeholder engagement
- Continue frequent and transparent communication practices
- Show appreciation for the individual contributions made that improved outcomes for Utah families

After completing an in-person IFSP training provided by Baby Watch, local EI providers were assessed regarding their understanding and knowledge about recommended or Evidence-Based Practices (EBP) for developing IFSP outcomes. Provider survey responses indicated an increase in understanding of how to develop functional and measurable IFSP outcomes.

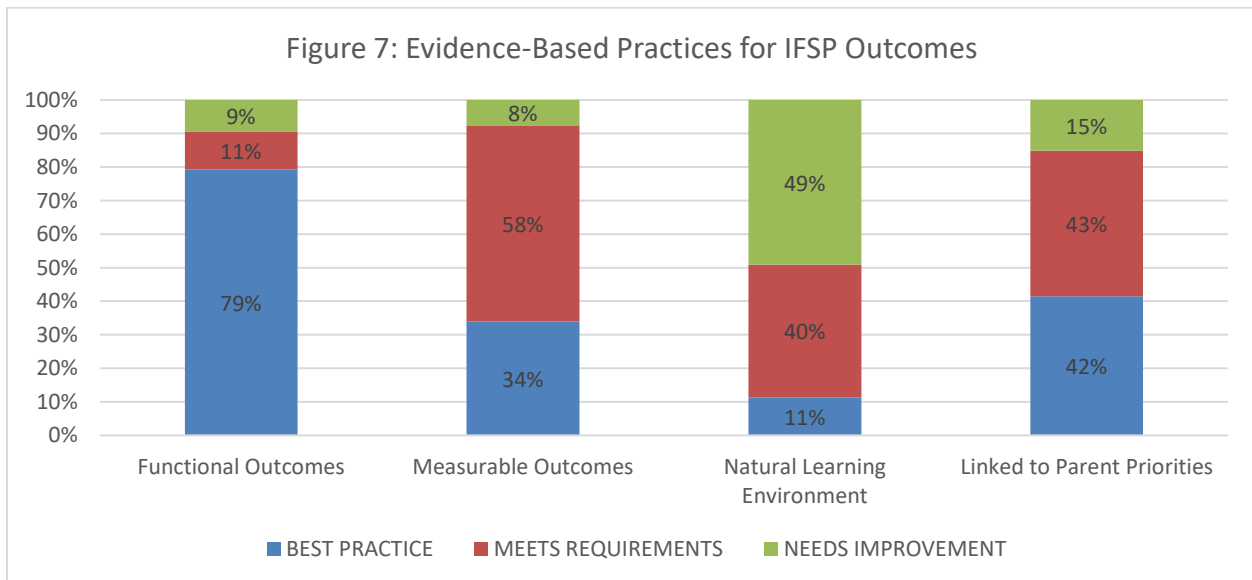


As shown in the table below, 28% of participating EI providers reported gaining a new ability to develop IFSP outcomes linked to family priorities between the pre- and post-surveys.

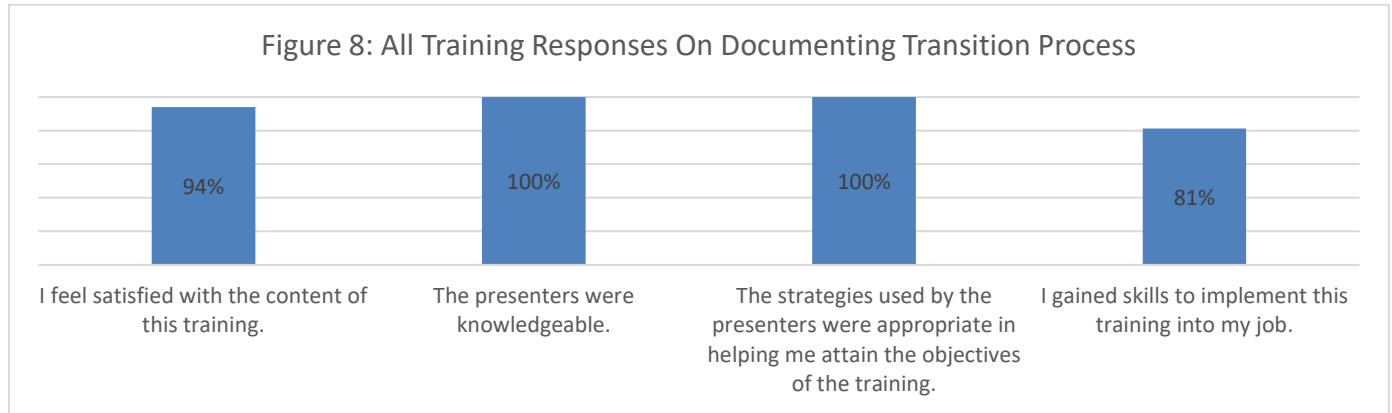


To measure the application of training concepts, Baby Watch conducted a random selection of child records for review, utilizing a 25% review rate to comprise 53 IFSP records from four programs. The records were evaluated for evidence in meeting recommended practices or EBP as provided through on-site professional development.

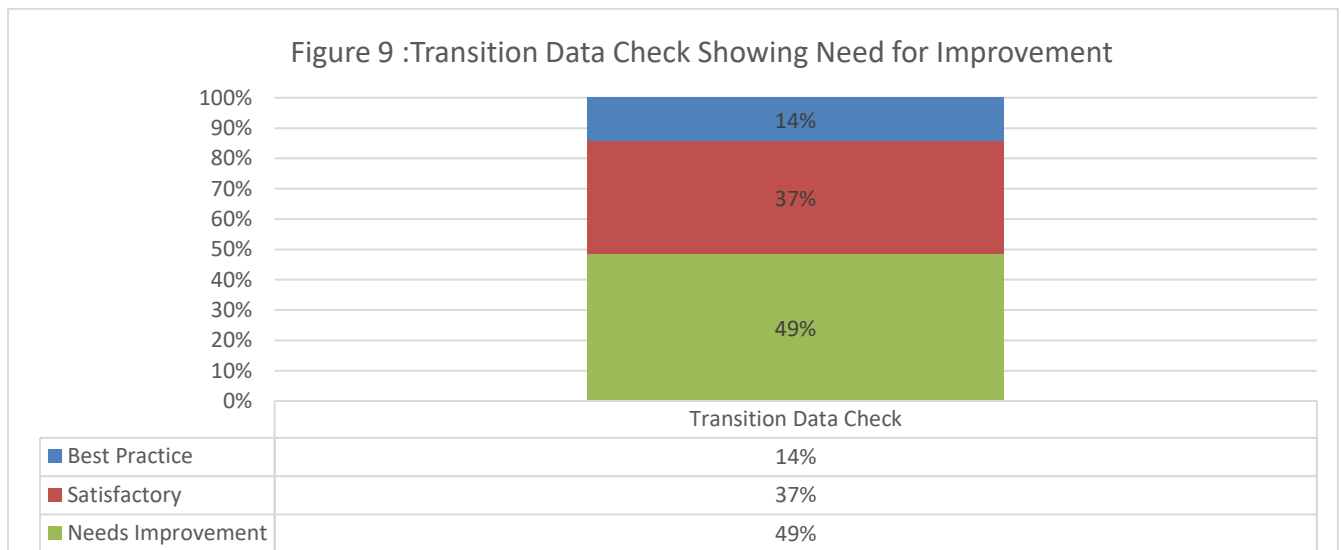
As Figure 7 indicates, there is an identified need for improvement on how to apply knowledge about natural learning environments (49%) and parent priorities (15%) into IFSP outcomes. As a result, Baby Watch plans to update its existing IFSP outcomes training. The end goal is to build provider’s skills in writing functional and measurable IFSP outcomes in partnership with families.



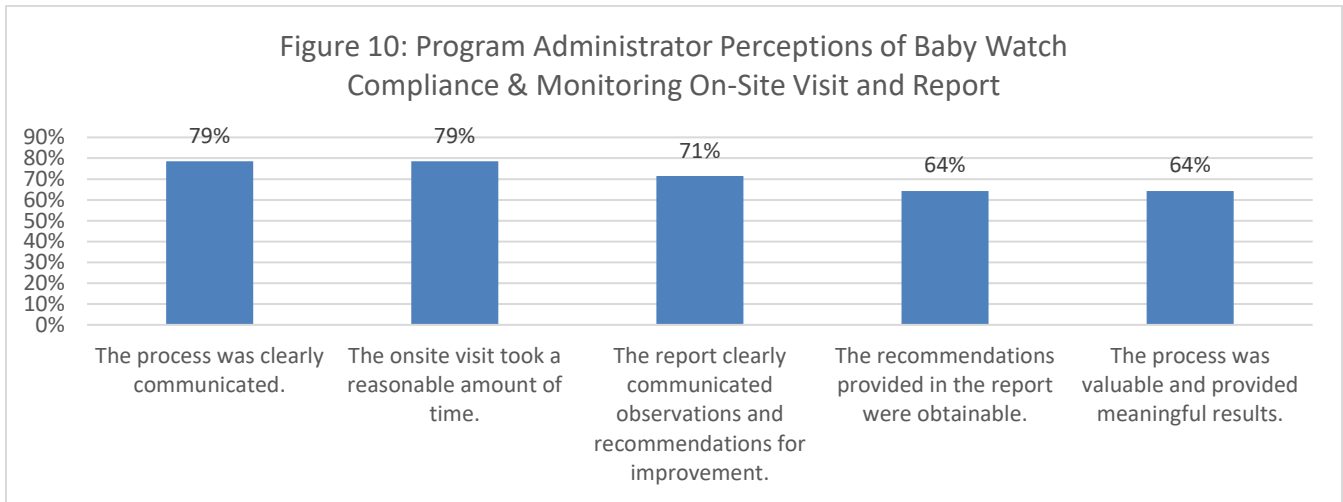
Baby Watch created a [BTOTS Transition Guide](#) to support local EI programs in meeting federal and state requirements regarding transition from early intervention to Part B and community services. Baby Watch provided virtual training about how to document transition activities in BTOTS, in order to empower programs to provide more meaningful support to families making the switch from Part C to Part B preschool or community services. EI providers took online surveys about their perceptions of each training experience. As depicted in Figure 8, most responses were highly favorable.



To measure the transfer of learning to application, Baby Watch randomly selected 35 child records, utilizing a 25% review rate, from five programs statewide. The child records were evaluated in BTOTS for evidence in documenting transition activities. Based on Baby Watch’s quality rubric, nearly half (49%) of the child records needed improvement, suggesting a need for further training. Encouragingly, one in seven (14%) IFSPs exceeded expectations in its documentation of transition tasks and 37% of the records were found to be satisfactory.

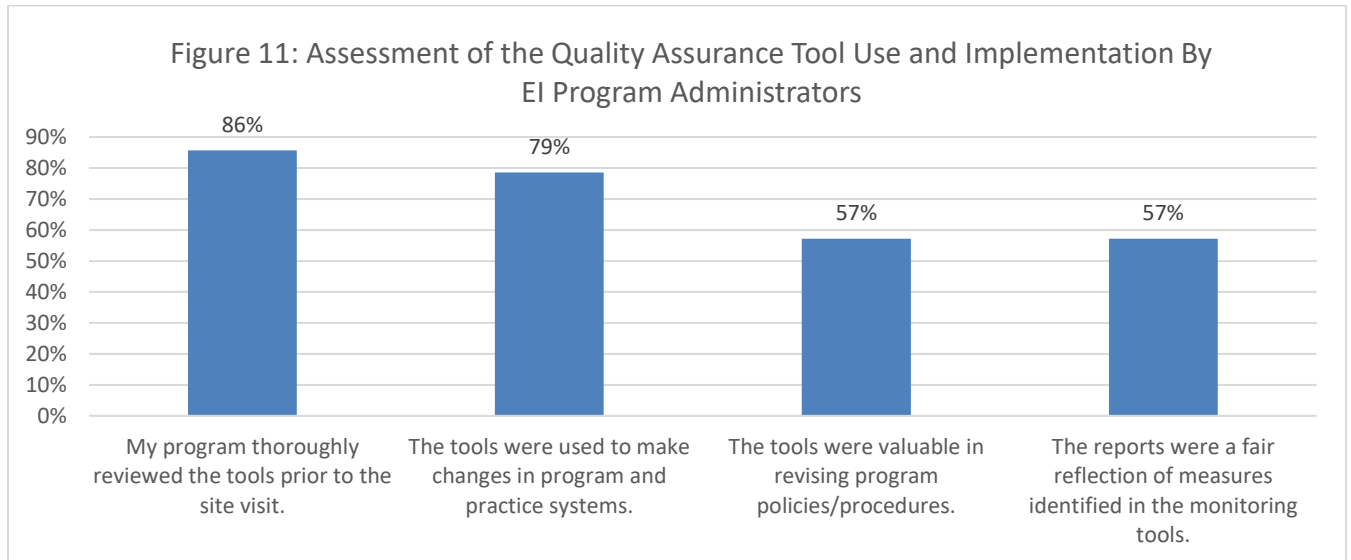


The Baby Watch surveyed local EI program administrators to assess perceptions of Baby Watch’s Compliance & Monitoring process including reports, evaluation tools, and Quality Assurance Plans (QAPs). Nearly 80% of respondents agreed that the on-site monitoring process was communicated clearly, and that the time commitment was reasonable. However, only 71% agreed that the Compliance & Monitoring report findings were clear, and only 64% found the process valuable and the report recommendations attainable.



Open-answer survey questions praised the Baby Watch Compliance & Monitoring team, and made suggestions for future improvements such as: including discussion about the off-site visits into the administrative interview, minor revisions to exit interview questions, and clarification regarding the difference between the minimum requirements and best practice.

A strong majority (57%) of respondents identified that their local EI program used the Compliance & Monitoring tools provided by Baby Watch. However, nearly half (43%) questioned the value of the tools in revising program policies/procedures and if the reports were a fair reflection of what was measured.



Specific feedback praised Baby Watch’s comprehensive information sharing, and provided insight into what specific aspects could be changed, such as: requesting broad stakeholder input on measures, summarizing information, and more objective measurement criteria. A majority of survey respondents also indicated that their QAPs followed recommendations from the Compliance & Monitoring report:

- 64% agreed: The QAP addressed recommendations in my program’s Compliance & Monitoring report.
- 43% agreed: Resources from Baby Watch helped to address objectives identified in our QAP.

Specific concerns noted following this process include: the frequency of scheduled group TA meetings, and confusion surrounding the difference between Baby Watch requirements and recommendations.

Data Quality Issues and Plans for Improvement

Baby Watch was unable to measure the use of evidence-based practices for the transition planning process with precision in 2019, due to the lack of pre- and post-training surveys assessing EBPs. In the future, pre- and post-knowledge checks will include both closed- and open-ended questions about evidence-based practice.

Plans for Next Year

In 2020, Baby Watch and the Compliance and Quality Assurance Work Group will:

- Encourage local EI programs to update QAPs to promote a program-level culture of learning and continuous quality improvement
- Continue to collaborate with stakeholders to provide individualized training and technical assistance leading up to the 2021 monitoring cycle
- Revise its Compliance & Monitoring process to incorporate stakeholder recommendations, when feasible.
- Target individual ECTA/DaSy Framework Self-Assessment subcomponents to scale-up and sustain continuous improvement in systems and practices

508 Accessibility

The Baby Watch team conducted a Microsoft Word Accessibility Check of this document on Friday, March 27, 2020. The results of this check are shown below.

