FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR) Optional Template

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)? (634/785 characters)
Utah's SiMR is:

"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 FFY2020, Utah Part C will increase child social relationships (Child Outcome A) by substantially increasing the rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS) and Battelle Developmental Inventory Second Edition, Normative Update (BDI 2-NU). Outcomes for children referred since 11/12/2018 are measured using the BDI-2 NU alone.

Has the SiMR changed since the last SSIP submission? No

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (1151/1600 characters)
Utah's SiMR statement has not changed, and is stated above. However, Baby Watch has modified the method of calculating child functioning in the Baby & Toddler Online Tracking System (BTOTS) to determine entry and exit raw scores and developmental quotients. Historically, the COS assessment was the only tool used to determine child exit scores for children. For FFY 2019, child functioning was calculated using both COS and BDI 2-NU. Baby Watch will discontinue using the COS when the final group of children who received COS entry scores in FFY 2018 age out of service during FFY 2021.

Baby Watch has continued to consult with the Interagency Coordinating Council (ICC) to gather input on the best way to transition from COS to BDI-2 NU child outcome measurements. In November 2019, Baby Watch discussed the development of FFY 2019 SPP/APR and SiMR targets with the ICC. In November 2020 and January 2021, the ICC reviewed and approved the FFY 2019 APR data and targets and discussed new SPP/APR data requirements, including child functioning measurement. On January 28, 2021 the ICC Chair and Vice-Chair signed the ICC Annual Report Certification Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2019.

Historical information about Utah's SiMR is available in the 2018, 2019, and 2020 SSIP Reports.

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).
The percentage meeting Utah's SiMR for FFY 2019 was 52.87% (221/418).

Baseline Data: A baseline target (65.00%) was set in 2013. FFY 2014 data (70.78%) exceeded the target by over five percentage points.

Has the SiMR target changed since the last SSIP submission? No

Was the State's FFY 2019 Target Met? No

Did slippage[1] occur? Yes

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[1] The definition of slippage: A worsening from the previous data AND a failure to meet the target. The worsening also needs to meet certain thresholds to be considered slippage:
    1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

If applicable, describe the reasons for slippage. (1385/1600 characters)
Indicator A1 is: Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. Baby Watch has discussed potential reasons for slippage both internally and with stakeholders:

- Between FFY 2018 and 2019, Indicator A1 outcome score category percentage changes led to an overall percentage decrease. Baby Watch analyzed the FFY 2018 and 2019 entry and exit data calculations for score computation errors and evaluated category changes. The proportion of children in Category A increased (0.59% to 3.11%), Category B decreased (24.97% to 24.75%), Category C decreased (15.57% to 11.60%), and Category D decreased (28.92% to 19.66%) between these years.
- As expected, 2019 data reflected the downward impact of the switch to the BDI-2 NU, a standardized evaluation tool, to calculate entry and exit raw scores and developmental quotients. This tool is more objective than COS, a subjective assessment tool, which results in less valid and accurate outcomes.
- COVID-19 required local EI programs to switch from in-home to virtual services. Many families suspended or discontinued services, or were lost to follow-up Mar-Dec 2020. As a result, more children left services during this timeframe without an exit score.
- There are inherent challenges in obtaining accurate child race and ethnicity information. Although this information is typically reported by families at time of referral, Baby Watch is currently developing additional methods of gathering this information prior to child exit.

Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? Yes

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR. (1474/1600 characters)
Baby Watch embedded various data collection methods reflective of Utah populations into monitoring and training. A majority of all families responding to Baby Watch's 2020 family surveys, including specifically those with Spanish as their primary language, agreed that their:

- Values and beliefs are respected (All n=190, 98.9%) (Spanish n=11, 90.9%)
- Efforts are helping their child (All n=1552, 96.3%) (Spanish n=89, 96.7%)
- Needs were considered (All n=1534, 95.2%) (Spanish n=94, 94.7%)
- Providers are easy to talk to (All n=1605, 95.9%) (Spanish n=95, 96.8%)

All providers observed administering Family-Directed Assessments (FDAs) across six programs demonstrated:
- Active-listening skills, empathy, and rapport with families
- Respect for diversity in culture, language, beliefs, values, routines, activities, and traditions

BTOTS reports show:
- IFSPs of children referred with SE concerns who receive an SE assessment are more likely to have a SE IFSP outcome (n=107, 91.5%), than all IFSPs from all children (n=4896, 74.7%)
- Slightly more IFSPs from our SiMR population have an outcome with a SE component (n=1460, 75.2%), vs. IFSPs for White/non-Hispanic children (n=3435, 74.5%)
- A majority of children referred with a SE concern who received an SE assessment had at least one SE outcome on their IFSP (n=93, 90.3%)

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a. It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
b. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
a. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
b. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Online post-training survey results from Baby Watch's "Social-Emotional Development & Outcomes" course indicate that a majority of participants have increased understanding of:
- Infant mental health (n=32, 91%)
- Culturally sensitive practices (n=32, 88%)
- Trauma-informed practices (n=32, 84%)
- IFSP outcomes to target SE skills (n=32, 84%)
- Interventions to promote SE development (n=32, 94%)

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? No

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (2/3000 characters) NA

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? No

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (1653/3000 characters)

The COVID-19 pandemic has presented a variety of internal and external challenges to early intervention in Utah. However, local EI programs have maintained successful operations delivering services, collecting and entering data, and maintaining positive relationships with families. Baby Watch has maintained ongoing communication with local EI programs to ensure that quality data is reported, in spite of the logistic challenges presented by the pandemic.

Local EI programs have lost income because referrals, caseloads, and IFSPs have decreased; and some families have chosen not to participate in virtual visits. Between CY 2019 and CY 2020, referrals decreased 15.7%, contributing to 13.8% decrease in initial IFSPs. 28% of children served during CY 2020 were culturally diverse. These children were referred primarily by medical providers, child protective services, early intervention provider, or family/friends. 28% of children with outcome progress scores for FFY 2019 were culturally diverse. Socio-emotional recommended assessment also decreased overall.

Attrition may have contributed to low morale among some local EI program teams. Internal communication within local EI programs has also been a challenge, as many team members are now teleworking. Although these challenges continue, local EI programs continue to find creative solutions to adapt and successfully provide EI services.

Programs developed new tele-intervention policies and procedures, and trained their teams to provide virtual services. Some programs assumed the cost of the hardware and internet access needed for families to participate in virtual services. This resilience is evident in the FFY 2019 data (SiMR, Compliance Measures 1, 7, 8A, 8B, 8C, and Performance Measures 2, 3, 4, 5, 6) and CY 2020 (Child Count, Exiting Data, IFSP Data, Referral Data, SE Assessment, Program Performance, and Survey Assessment Data) illustrated in this report.

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Section B: Phase III Implementation, Analysis and Evaluation

Is the State's theory of action new or revised since the previous submission?
No, the theory of action has not been revised; it is available on page 7 of the 2020 SSIP Report.

If "Yes", please provide a description of the changes and updates to the theory of action (2/1600 characters) NA

Did the State implement any new (previously or newly identified) infrastructure improvement strategies during the reporting period? Yes

If "Yes", describe each new (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (1591/1600 characters)
ASSESSMENT
1. Virtual evaluation/assessment guidance re: BDI-2 NU/SE assessments
    a. Short: Services adapted for telework
    b. Intermediate: Limited interruption to evaluations and services

2. BDI-2 NU Quality Guide developed in partnership with USU faculty
    a. Short: Administered per Examiner's Manual
    b. Intermediate: Scored with fidelity

3. Child Outcome reports updated to include BDI-2 NU results
    a. Short: Child Progress data incorporates BDI-2 NU
    b. Intermediate: Programs aware of data trends

COMPLIANCE & QUALITY ASSURANCE (C&QA)
1. Coaching promotes application of culturally sensitive services
    a. Short: Providers able to form strong relationships with diverse families
    b. Intermediate: Families receive culturally sensitive IFSP services

2. IFSP Guide promotes culturally sensitive IFSP
    a. Short: Provider knowledge of EBPs in practice
    b. Intermediate: Providers support SE development, improve family life

PROFESSIONAL DEVELOPMENT (PD)
1. Updated Early Intervention Specialist (EIS) curriculum with new content on diverse populations
    a. Short: High-quality new hire training
    b. Intermediate: Ongoing content updates

FAMILY ENGAGEMENT & COLLABORATION (FE&C)
1. Shared new cultural diversity resources to build provider knowledge
    a. Short: Providers access cultural diversity resources
    b. Intermediate: Increased trust between providers and culturally diverse families

2. Hosted Professional Learning Communities (PLCs) about social justice issues
    a. Short: Increased provider awareness of relevant social justice issues
    b. Intermediate: Increased cultural sensitivity in interactions with Part C families

3. Updated MOA with DCFS to evaluate and serve at-risk children.
    a. Short: CAPTA referrals now include family/caseworker contact info
    b. Intermediate: At-risk children with SE delays identified early, receive timely services

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Provide a summary of each infrastructure improvement strategy that the State <u>continued</u> to implement in the reporting period, including the short-term or intermediate outcomes achieved (2248/3000 characters)

ASSESSMENT
1. Updated BTOTS with new database fields for improved documentation of assessment results, and provided guidance during Users Group meetings.
    a. Short: Grantee awareness of BTOTS updates, data trends and improvement areas
    b. Intermediate: Accurate data, grantee awareness of data trends, and increased compliance

2. Grantee contract amended to include Help Me Grow Utah (HMGU) referral requirements
    a. Short: Information sharing on HMGU referral processes and assessments used by HMGU
    b. Intermediate: Referral increase and improved tracking of children with SE concerns

3. Updated monitoring tool "IFSP Quality Assessment Rubric" used to monitor use of SE assessment tools
    a. Short: Emphasis is placed on SE Assessments for programs to reach Best Practice ratings
    b. Intermediate: More children will be assessed with recommended SE assessment tools

C&QA
1. Scaled up Family-Directed Assessment (FDA) observation tool
    a. Short: Monitoring tools include EBP/RPs for engaging families of diverse cultural backgrounds.
    b. Intermediate: Providers demonstrate knowledge and skills for serving diverse families

2. Quality Assurance Plan (QAP) Guide instructs how to perform a Root Cause Analysis and improve infrastructure for Continuous Quality Improvement (CQI) to impact outcomes for children and families
    a. Short: Programs establish a culture of accountability and CQI process to positively impact families
    b. Intermediate: QAPs include strategies to improve infrastructure to achieve results for all Utah families

PD
1. Expanded online training library with new courses on FDA and High-quality IFSPs
    a. Short: Increased provider confidence and capacity
    b. Intermediate: Culturally sensitive, trauma- informed service provisions

2. Developed role-specific training resource libraries in EIS 2.0 course
    a. Short: Providers have online access to high-quality info about their unique scope of practice
    b. Intermediate: New training on Evidence-Based Practices (EBPs) for each profession

3. Shared info about serving culturally diverse populations via Listserv and on Canvas platform
    a. Short: increased knowledge and cultural humility
    b. Intermediate: Application of culturally sensitive EBPs

FE&C
1. DEC Utah Chapter webinar series
    a. Short: Partnership and support for newly formed DEC Utah Chapter
    b. Intermediate: Service providers have more opportunities to earn hours for credential renewal

2. Trauma-informed webinar series by USU faculty Dr. Vonda Jump
    a. Short: Service providers have high-quality training to meet their needs
    b. Intermediate: Providers understand and implement high-quality practices

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (2970/3000 characters)

NEW STRATEGIES (see p. 4)

Assessment: Methods

1. Monitored virtual evaluation and SE assessment in BTOTS
2. Identified need for BDI-2 NU Tele-intervention guidance
3. Reviewed child outcome reports, virtual service analysis, grantee feedback

Assessment: Findings
1. Saw need for full implementation of virtual evals/assessments
2. Heard feedback at 2021 ICC meetings/SSIP workgroups
3. Observed that BTOTS improvements are functional

C&QA: Methods
1. Received positive feedback from providers participating in coaching sessions
2-3. Surveyed programs about the monitoring process

C&QA: Findings
1. Received feedback: coaching builds relationships, suggests current approach is working
2-3. Will survey programs at end of FY21 monitoring

PD: Methods
Tracked training completions, gathered feedback at SSIP workgroups

PD: Findings
Programs report training is meaningful for both new hires and long-term employees

FE&C: Methods
1. Asked for stakeholder feedback about usefulness of cultural resources
2. Conducted PLC participant survey
3. Verified that BTOTS reports assess children referred, evaluated, served under CAPTA

FE&C: Findings
 1. Positive informal provider feedback shows benefit:
     a. "That refugee piece should be required viewing for all new practitioners in EI."
     b. "The NAPTAC website looks to be a good resource for our staff and Native American families."
 2. Summer 2021 surveys, incorporate feedback, scale up Fall 2021
 3. Summer 2021 evaluate CAPTA referrals, service trends

CONTINUED STRATEGIES (see p. 5)

Assessment: Methods
 1. Reviewed BTOTS function to report accurate data to OSEP. User feedback. Analysis of measures to refine/simplify data
 2. Solicited feedback from grantees about HMGU training/referral process
 3. Analyzed audit/BTOTS data for improvements in SE assessment

Assessment: Findings
 1. BTOTS updates have improved data accuracy. User feedback positive to date
 2. Tentative completion Summer 2021
 3. Tentative completion Fall 2021

C&QA: Methods
 1. Surveyed FDA pilot participants and asked for workgroup feedback

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

    2. Embedded EBP/RPs in monitoring tools to serve families of all cultural backgrounds
    3. Analyzed T/TA progress reports re: program completion of improvement strategies

C&QA: Findings
    1. Findings found impactful to SiMR. EBP/RPs in monitoring tools, training positively impacts SiMR
    2. Fall 2021 analysis
    3. 83% of QAPs meet/exceed expectations. Progress shows a program culture of CQI

PD: Methods
    1. Tracked # providers who accept enrollment invites, reported totals to programs
    2. Tracked resource downloads; ongoing content updates based on program feedback
    3. Asked for feedback in SSIP workgroups and program presentations

PD: Findings
    1. # of enrollments/completions growing steadily; popular courses are High-Quality IFSPs and Family-Directed Assessments
    2. SLP Library resources downloaded more than resources for other roles
    3. Programs report that resources on cultural diversity issues are helpful

FE&C: Methods
    1-2. Sought out stakeholder feedback about training quality and usefulness

FE&C: Findings
1. Anecdotal feedback supports teaming with universities in training about serving diverse families
2. 80-130 providers participated in each of three trainings. Attendees found the training valuable in delivering trauma-informed services to diverse families: "This is the most helpful series I have attended for the work that I do. Thank you so much. I will do my best to support families better this way."

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (2942/3000 characters)

ASSESSMENT: Next Steps
1. Ongoing collaboration with stakeholders and national TA to address surveillance and data needs
2. Ongoing collaboration with stakeholders to optimize the HMGU referral system
3. Audit and BTOTS data analyzed for statewide and individual T/TA needed to SE assessment quality
4. Review of BDI-2 NU data for Child Progress as in-home evaluations resume

ASSESSMENT: CY21 Outcomes
1. Baby Watch will contribute to national discourse and be a leader in EI database design; BTOTS will contain components to meet revised APR requirements
2. Referrals sent/received successfully by Baby Watch/HMGU
3. Programs informed of statewide SE assessment trends and asked for feedback re: improvement plans
4. Baby Watch will learn about impacts of COVID and Child Progress info

PD: Next Steps
1. Enhancements to CSPD training experience based on FY21 audit findings
2. Scale-up PLCs to support equitable and culturally responsive services
3. Identify new professional development opportunities through partnerships with local universities
4. Partner with DEC Utah Chapter to incorporate adult learning strategies such as mentoring/coaching

PD: CY21 Outcomes
1. PD will meet current needs to address low performance trend areas
2. Virtual PLCs held quarterly and address social justice issues
3. PD aligns with university coursework and embedded the latest research, RP/EBPs

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

4. PD includes coaching, mentoring, and reflective supervision

C&QA: Next Steps
1. Modify fidelity threshold scores based upon aggregate data collected during FY21 universal monitoring
2. Revisions to monitoring tools and accompanying instructional guides necessary to impact progress in meeting the SiMR and improving results for children and families
3. Continued alignment of monitoring methods with other early childhood and education programs specific to engagement practices for families form diverse cultural backgrounds
4. Individualized T/TA to support local EI programs in achieving QAP improvement objectives to improve results for children and families including progress in achieving our SiMR

C&QA: CY21 Outcomes
1-2. Reflect provider performance and incorporate necessary changes to rubrics and guides to achieve and sustain quality in delivering culturally sensitive IFSP services
3. Performance measurements align with statewide improvement efforts in the field of early childhood education designed to engage families across cultures
4. Evaluation of newly designed CQI process and the impact of infrastructure changes to program performance in self-monitoring activities FY22-23

FE&C: Next Steps
1. Scale-up PLC to support the application of equitable and culturally responsive service provisions
2. Identify new PD opportunities through partnerships with universities, social service, and early childhood organizations to improve services for families of diverse cultural backgrounds
3. Partner with DEC Utah Chapter to incorporate adult learning strategies such as mentoring/coaching
4. Ongoing collaboration with BTOTS developers and HMGU IT to optimize the electronic referral system

FE&C: CY21 Outcomes
1. Quarterly PLCs are held virtually and address common social justice issues
2. Training embeds current research, RP, EBPs about SE development and serving diverse families
3. PD opportunities include coaching, mentoring, and reflective supervision
4. Electronic referrals sent/received successfully by Baby Watch/HMGU

Did the State implement any new (previously or newly identified) evidence-based practices? Yes

If "Yes", describe the selection process for the new (previously or newly identified) evidence-based practices. (1140/1600 characters)
Baby Watch created an FDA observation tool that incorporated the Division of Early Childhood (DEC) Recommended Practices (RPs); components of the Standards of Quality for Family Strengthening and Support; the Parent, Family, and Community Engagement (PFCE) framework; Strengthening Families Five Protective Factors; and Relationship-Based Competencies (RBCs). The tool is used by Baby Watch C&M, as well as by local EI programs to monitor the use of EBPs in the administration of a family-directed assessment.

The SSIP Family Engagement & Collaboration workgroup advised the introduction of a virtual Professional Learning Community (PLC) entitled "Unpacking Diversity: A Brown Bag Series." Using video conferencing technology, the PLC series gives opportunities for providers to participate in rich discussions about relevant social justice issues. Recent PLC topics discussion include implicit bias and valuing cultural differences.

Baby Watch's credential training program, known as "Early Intervention Specialist 2.0" was redesigned in 2019/2020 with adult learning in mind; the course is a blend of online, individual study, and small group discussions that requires credential seekers to have meaningful conversations with their team mates and coaches about how the training topics translate into real-world situations.

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Provide a summary of the <u>continued</u> evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (1133/1600 characters):

Stakeholders informed the continuation of evidence-based practices embedded in Baby Watch monitoring tools and guidance documents. These EBPs are based upon the Seven Key Principles of EI, DEC RPs Family Strand, and the Foundational Pillars of EI. When applied, these EBPs support families in implementing strategies unique to their priorities and preferences to improve their child's social-emotional skills and behaviors during naturally occurring routines and activities. In turn, families are able to replicate these strategies more frequently providing increased opportunities to strengthen their child's SE development.

In addition, by implementing these EBPs, providers identify and mobilize family resources and supports to reduce stressors, establish trusting and respectful partnerships with families, and honor families by seeking to understand and sensitively respond to cultural, racial, ethnic, linguistic, and socioeconomic diversity.

Baby Watch CSPD continued its shift towards a provider-driven credentialing process, by enrolling over 95% of providers statewide in the Early Intervention Specialist 2.0 training over the course of 2020. By enrolling everyone ahead of time, veteran providers can work on credential renewal ahead of schedule without waiting for their current credential to expire.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (966/1600 characters)

Baby Watch assessed data in CY 2018 and CY 2020 to measure fidelity of grantee implementation of EBP embedded in monitoring tools. Note: due to scoring and performance measure changes within quality measures, data years should not be compared.

BTOTS child records for each grantee were selected for review using a stratified, random sample. 141 total child records across seven local EI programs were reviewed in 2020. The percentage of records meeting or exceeding fidelity for each assessment IFSP category are:

- Initial and Ongoing Eligibility: 88.4%, 3/7 programs had low performance findings
- Annual and Periodic Review: 77.9%, 4/7 programs had low performance findings
- Child- and Family-Centered Outcomes: 91.1%, 2/7 programs had low performance findings
- Transition to Part B or Community Services: 33.3%, 6/7 programs had low performance findings

The number of programs (out of 7 assessed in 2020) who failed to meet the 85% fidelity threshold in targeted EBPs as measured by C&M observation tools during remote audits.

- Administering a Family-Directed Assessment: 1
- Facilitating an IFSP Meeting: 4
- Delivering IFSP Services: 2

Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (1600/1600 characters):

In collaboration with stakeholders, Baby Watch developed written procedures to operationalize policy in developing child and family-centered IFSP outcomes and facilitating a family-directed assessment.

Baby Watch partnered with local universities to provide training about trauma-informed care, co-regulation, the impact of Adverse Childhood Experiences (ACEs) and hope and healing for young children and their families. Between 80-130 participants attended each training session.

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In collaboration with Early Childhood Utah and the SSIP workgroups, Baby Watch identified Relationship-Based Competencies (RBCs) to support family engagement. Stakeholders also identified learning opportunities offered by Zero to Three, Early Childhood Learning and Knowledge Center (ECLKC), Brazelton Touchpoints Center, DEC, National Center for Cultural Competence, Early Childhood National Center, and Virginia Early Intervention Professional Development (VEIPD). These resources are currently distributed to EI providers in Listserv emails and are also posted online in Canvas.

Baby Watch launched an online course called "Social-Emotional Development & IFSP Outcomes" accessible to all EI providers (77% provider participation). The course objectives include increasing understanding of:

1. Social-emotional development in infants and toddlers
2. The role of EI providers to promote social-emotional development
3. Writing high-quality IFSP outcomes with a social-emotional component

Baby Watch developed other professional development courses to support EBP for Family-Directed Assessments (74% provider participation) as well as developing High-Quality IFSPs (54% provider participation). These courses contain information on relationship-based practices, family-centered practices, social-emotional development and cultural understanding.

Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.
(2815/3000 characters)
Throughout 2020 Baby Watch facilitated SSIP workgroup meetings to engage stakeholders in key improvement efforts to impact the SiMR. Baby Watch used various communication methods, including video conferencing and email to report on progress and to facilitate ongoing conversations with stakeholders about social justice topics for discussion during PLCs and PD opportunities of interest to providers. Baby Watch participated in Utah's chapter of the parent support group We Are Brave Together and promoted this networking opportunity to the families of children with special needs during workgroups and through Listserv.

Baby Watch expanded SSIP workgroup membership to include parents, early childhood experts from local universities, and the Utah Association for the Education of Young Children (UAEYC). Baby Watch also strengthened collaborations with DCFS, United Way, and the Utah State Board of Education to introduce and embed the Strengthening Families Framework and Standards of Quality for Family Strengthening and Support into systems and practices.

Baby Watch continued partnering with representatives from various early childhood organizations and supporting statewide initiatives. These collaborative partnerships inform Baby Watch improvement efforts to systems and practices that align with Early Childhood Utah's strategic plan to strengthen families.

Baby Watch invited experienced service providers throughout Utah to collaborate to develop the BDI-2 NU Tele-intervention Guide. The workgroup reviewed the BDI-2 NU Examiner's Manual and other state's data to develop guidance to support the use of the BDI-2 NU for virtual evaluation purposes, including entry and exit scores for Child Outcome reporting.

In March 2020, stakeholders suggested that revisions be made to the Baby Watch Compliance & Monitoring Manual. This manual established feedback loops to ensure open communication between Baby Watch and stakeholders regarding compliance processes and procedures.

Throughout the year Baby Watch used the BTOTS User Group (BUG) meetings to train providers on system updates and collaborate with local EI programs on database issues.

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Baby Watch reviewed and analyzed post-training online survey results to identify ways that its T/TA could be improved and clarified. Course content was amended based upon learner feedback to improve Baby Watch's optional online courses.

In August 2020, after choosing infant mental health as a priority for the year and based on input of several guest speakers and discussion among the Council, the ICC voted to make recommendations to Baby Watch including:

1. Every EI program will have access to mental health professionals to support the provision of EI services
2. Baby Watch will support programs by providing training in the area of infant mental health, including, providing financial support, to pursue the UAIMH endorsement system
3. Baby Watch will provide continuing training to EI providers in serving families with mental health needs, and in infant mental health. Baby Watch and stakeholders from local EI programs are continuing to work together to develop training and resources in the area of social-emotional development, as well as partner with UAIMH to bring infant mental health competencies and an endorsement system to Utah

Were there any concerns expressed by stakeholders during engagement activities? Yes

If "Yes", describe how the State addressed the concerns expressed by stakeholders.
(1106/1600 characters)

In 2019:

- Program managers were surveyed on Baby Watch's T/TA and Quality Assurance Plan (QAP) processes. Based on their feedback, the frequency of T/TA calls was reduced from monthly to quarterly. Program managers also reported challenges in developing QAPs. As a result, Baby Watch developed a detailed guidance manual and QAP template
- Stakeholders expressed concerns about the degree to which RBPs were embedded across quality indicators in the FDA monitoring tool. As a result, the tool was modified to eliminate redundancies and retain RBPs determined most valuable to impact progress toward the SiMR
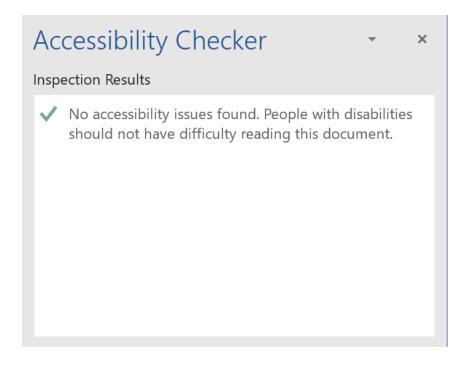
In 2020:

- SSIP workgroups were given draft materials for new online courses. Small changes were made based upon feedback including: segmenting the training for easier accessibility, further describing Concerns, Priorities and Resources, and including more information on Family IFSP Outcomes
- Stakeholders expressed concern on the lower response rate for Spanish-speaking families in online vs. paper-based surveys. In response, Baby Watch emphasized the importance of entering current and accurate parent email addresses. Programs were also reminded to provide a program-specific link to families who didn't receive the survey email or were unable to access the survey via the emailed link

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (2/3000 characters): NA

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

508 Accessibility

The Baby Watch team conducted a Microsoft Word Accessibility Check of this document on Friday March 26, 2021. The results of this check are shown below.

Accessibility Checker

Inspection Results

✔ No accessibility issues found. People with disabilities should not have difficulty reading this document.

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.