



STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III YEAR 2



UTAH DEPARTMENT OF
HEALTH
Baby Watch Early Intervention
Birth to Three Development

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Summary of Phase III Year 2

Executive Summary

The second year of the Implementation and Evaluation phase of Utah’s State Systemic Improvement Plan (SSIP) began February 1, 2017 and ended January 31, 2018. Within this timeframe, the Baby Watch Early Intervention Program (BWEIP) experienced organizational changes that have impacted the progress of Utah’s SSIP work. In January 2017 Baby Watch moved to the Children with Special Health Care Needs (CSHCN) bureau, still within the Utah Department of Health, but under new leadership and management. Following this transition, Baby Watch did not hire a Program Manager/Part C Coordinator until May 2017.

Throughout the reporting year, the State of Utah Office of the Legislative Auditor General conducted a [Performance Audit of the Division of Family Health and Preparedness](#), of which Baby Watch is a part. The results of the audit were reported to the Utah Legislature in November 2017. Under new leadership, and based on audit recommendations, Baby Watch began to restructure in order to ensure that Utah continues to provide high-quality Part C services for all eligible children throughout the state, no matter what geographic region their family lives in. Although there have been barriers in carrying forward the SSIP work, Baby Watch has optimized limited program resources to have a positive impact on the State-Identified Measurable Result (SiMR).

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’s State-Identified Measurable Result (SiMR) states:

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).

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016
Target		65.00%	65.00%	65.00%
Data	65.00%	70.78%	67.11%	67.11%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

Evaluation Activities, Measures, and Outcomes

During this past reporting year, and as a result of program restructuring, Baby Watch continued to function without a Part C Data Manager with knowledge and expertise in statistics and data analysis. As a result, BWEIP does not yet have data on fidelity or results measures for the state’s current SSIP work. Rather, BWEIP has measured progress for the current reporting year, based on the successful completion of Improvement Strategies and Activities.

Notable Changes to Implementation and Improvement Strategies

Utah's SSIP work continues to address the previously identified Theory of Action and Logic Model for the SSIP Action Plan. In addition, there continues to be ongoing evaluation of the implementation for the state's Part C SSIP improvement activities.

Although BWEIP has completed various improvement activities, the program has also acknowledged the need to reevaluate previously identified timelines. Due to unpreventable obstacles in the infrastructure of BWEIP, and during evaluation of completed improvement activities for the current reporting year, Utah has made necessary and appropriate adjustments to project timelines. As a result, there is a delay to report on outcomes that were intended to be reported this year. However, newly identified timelines will allow for thorough evaluation and outcome reporting next year.

Stakeholder Involvement in the SSIP Evaluation

Throughout the current reporting year, stakeholders have continued to be involved in Utah's ongoing development and implementation of the SSIP. Stakeholders are informed about SSIP work and processes through webinars, as well as from state and nationally organized trainings. Stakeholder survey responses provide valuable feedback regarding decision making and implementation for the state's SSIP work.

Stakeholder work groups have been organized to participate in and support decision-making processes. Activities have resulted in identifying a variety of social-emotional screeners, assessments, and evaluations that are sensitive to infants and toddlers social-emotional development, are culturally appropriate, as well as focus on parent-child relationships. Work groups have continued to promote social-emotional outcomes for the development of infants and toddlers that also improve social-emotional relationships for children of culturally diverse backgrounds. In addition, community partners have collaborated with Baby Watch to participate in and increase child-find activities, as well as identify resources and create materials to support families who have children with special needs. Details of how stakeholders have been informed, contributed to, and are actively involved in the ongoing implementation of the SSIP are described throughout this report.

Technical Assistance

Baby Watch will continue to access technical assistance from Utah's Office of Special Education Programs (OSEP) state contact and from federal technical assistance centers. Staff participated at IDEA Infant & Toddler Coordinators Association (ITCA), OSEP leadership meetings, and the Division for Early Childhood (DEC) of the Council for Exceptional Children (CEC) 2017 conference. Staff will benefit from attending the Center for Early Childhood Data Systems (DaSy) Improving Data, Improving Outcomes (IDIO) conference in August 2018.

Utah is a member of the National Center for Systemic Improvement (NCSI) Part C Results-Based Accountability (RBA) Cross-State Learning Collaborative (CSLC) and Social-Emotional Outcomes CSLC. Baby Watch participated in the 2017 Fall CSLC convention and will attend the 2018 Spring Leads meeting and Fall CSLC convention.

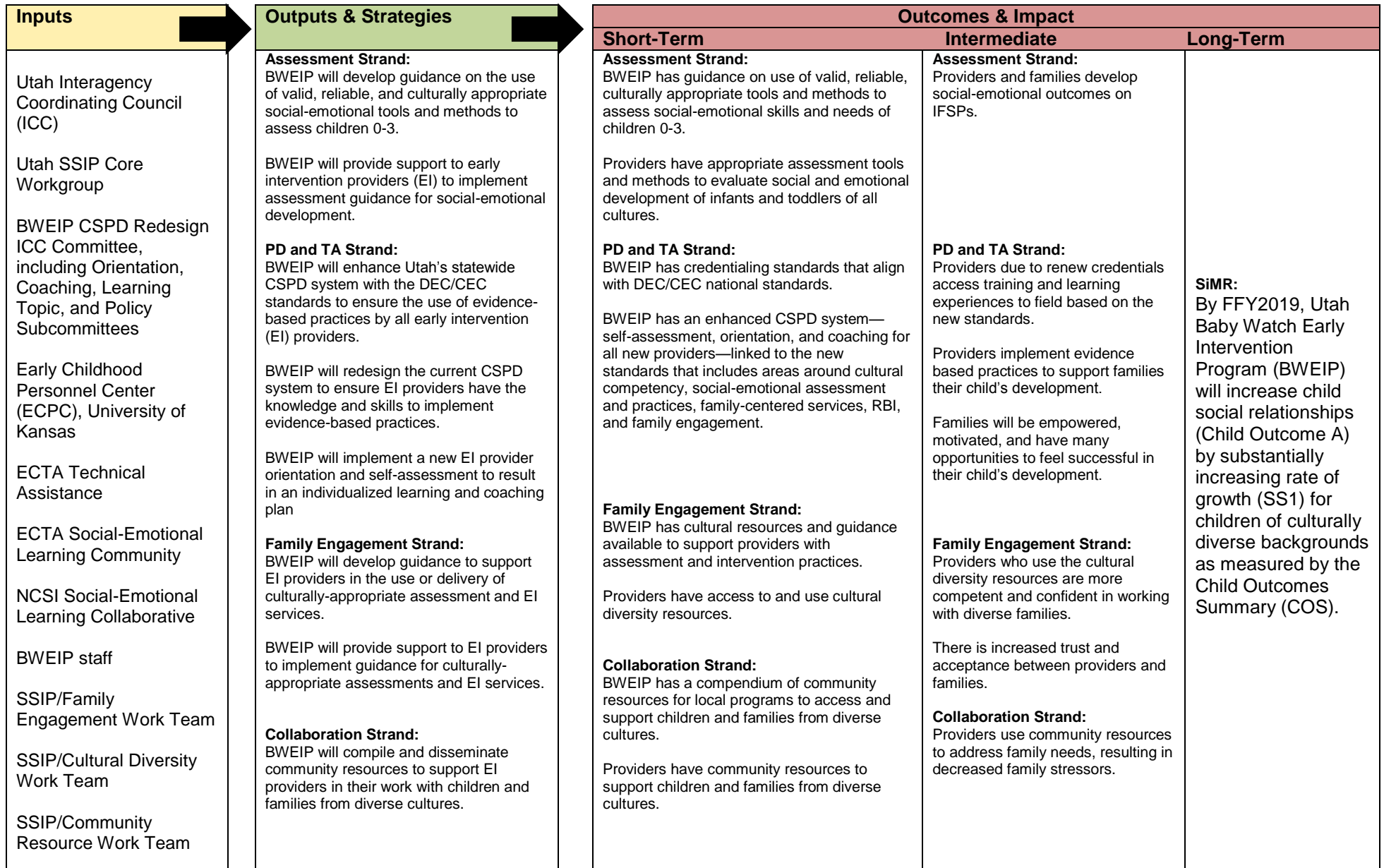
Utah also receives individualized support from NCSI, Early Childhood Technical Assistance (ECTA), DaSy, and the IDEA Data Center (IDC). Baby Watch employees participated in both the Evaluating Infrastructure Improvement and Evaluating Practice Change and Practice Fidelity workshop series. We anticipate needing the following support:

- Federal technical assistance revisions to the SSIP evaluation plan
- Feedback on next year's SSIP Phase III, Year 3 report and next steps

Theory of Action



Logic Model



Improvement Strategies and Principle Activities

At this time, the Baby Watch Early Intervention Program (BWEIP) is pleased to report on Improvement Strategies in each of the four strands of Utah's Logic Model and Theory of Action. Summarized below are activities that have been completed during the current reporting year that align with the improvement strategies identified in Utah's State Systemic Improvement Plan (SSIP). Additional details, as well as activities that the state will implement next year, are described throughout this report.

Assessment

1. The Baby & Toddler Online Tracking System (BTOTS) database now includes:
 - a. Several additional social-emotional assessments. These were identified by the SSIP Assessment Workgroup, and are both functional and sensitive to a young child's social-emotional development.
 - b. Additional family-directed assessments that result in more valuable information being entered in the Concerns, Priorities, and Resources (CPR) section of each IFSP.
 - c. Additional assessments that target parent-child relationships, as well as a new family assessment.
 - d. The Modified Checklist for Autism in Toddlers (M-CHAT-R/F). Baby Watch is now able to track the use of this checklist, and identify children with characteristics of Autism Spectrum Disorders (ASD) to increase early identification and early intervention.
 - e. A required field to track the progress in addressing social-emotional concerns; the BTOTS database was enhanced to require providers to enter the developmental domain that each IFSP outcome addresses.
 - f. Training for this database enhancement was provided to EI providers were trained on this new requirement during BTOTS User Group and Grantee meetings.
 - g. Ongoing development of BTOTS reports that track the social-emotional tools being used to develop IFSPs, as well as social-emotional IFSP outcomes.

Professional Development

1. All Utah EI providers, state staff, and partners were invited to participate in a virtual meeting about Relationship-Based Early Intervention.
 - a. Presented by the Social-Emotional Learning Collaborative
 - b. Explored components of relationship-based practices, including perspectives on parent-child, parent-practitioner, and practitioner-practitioner relationships
2. Baby Watch sponsored a social-emotional training day about how to integrate social-emotional concepts into early intervention practice.
 - a. Presented by Karen Moran Finello, Ph.D. from the WestEd Center for Prevention & Early Intervention
 - b. Topics included: Infant and Toddler Social-Emotional Development, Role of Relationships in Early Intervention, Developing Appropriate Intervention Outcomes and Strategies, Coping with Challenges in EI Service Delivery, and the Value of Collaboration
 - c. The nearly 300 attendees included state staff, representation from each of Utah's 15 EI programs and the Utah School for the Deaf and Blind (USDB), and other community partners
 - d. This training was video recorded and will be used for ongoing professional development
3. Baby Watch conducted a survey to obtain feedback about experiences with the Canvas CSPD online training for the Early Intervention Specialist credential.
 - a. The survey was sent to over 300 students, coaches, and other Canvas users; response rate was 35%
 - b. Survey responses will guide CSPD improvements in 2018

Family Engagement

1. Interagency Coordinating Council (ICC)
 - a. Requires that parent membership represent all geographic regions of Utah
 - b. Family Advocacy subcommittee promotes awareness of early intervention throughout the state
2. Utah Parent Center
 - a. An important community partner for the Baby Watch program
 - b. Plays a critical role in community outreach and child find in culturally diverse communities
 - c. Provides parents with information about additional community resources, including Baby Watch
3. CSHCN Family Advisory Council
 - a. Early intervention parent participation gives CSHCN and Baby Watch a more clear understanding of the family and patient perspective(s) on issues, needs, and services
 - b. Establishes a transparent more representative process, inclusive of all families across Utah
4. Compliance & Monitoring Online Parent Surveys
 - a. Target parents of currently enrolled, formerly enrolled, and not eligible children
 - b. New line of communication between families and Baby Watch

Collaboration

1. Baby Watch website redesign
 - a. User-friendly resource for families, EI programs, and other stakeholders
 - b. Over 100 documents, forms, and reference materials available 24/7
2. Help Me Grow Utah, a program of the United Way of Utah
 - a. Partners with all 15 EI programs to encourage advocacy and education
 - b. Universal point of contact for families across the state
 - c. Supports relationships with unique populations (polygamy, Hispanic, Pacific Islander, American Indian, etc.)
 - d. Answers family's questions about parenting and child development
3. Utah Association for Infant Mental Health (UAIMH)
 - a. Baby Watch has a seat on the UAIMH board
 - b. Offers in-service training for EI employees and early childhood professionals
 - c. Advocates for social-emotional wellbeing of Utah infants and toddlers
4. Baby Watch wants to ensure that Early Childhood Special Education (ECSE) students graduating from Utah universities are prepared to provide Part C early intervention services. BWEIP has developed a Memo of Understanding (MOU) with the University of Utah and Utah State University that allows for:
 - a. ECSE undergraduate students to earn the Early Intervention Special credential upon graduation, given completion of all required coursework and practicum hours
 - b. Coursework to be aligned with Early Intervention Specialist credential requirements
 - c. Student practicums to include observations and demonstrations of early intervention home visits and other services

B1. Assessment Strand

Data on Implementation and Outcomes

The Social-Emotional Assessment work group was created to identify and establish the use of valid, reliable, and culturally sensitive assessment tools to ensure an accurate assessment of social-emotional skills and needs of children birth to three. Furthermore, the work group was entrusted with the responsibility of identifying and educating EI programs about available assessment tools and methods. These guidance tools were intended to serve as a fidelity measurement and support the development of functional and measurable social-emotional Individual Family Service Plan (IFSP) outcomes.

Type of Outcome	Description
Short-term	BWEIP 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)

As reported during Phase III Year 1, the progress in implementation and evaluation of the Assessment Strand was delayed due to administrative changes and staff vacancies in the Baby Watch Early Intervention Program (BWEIP) team. Although Baby Watch continues to experience staff shortages, the state SSIP team and Social-Emotional Assessment work group responded to address barriers and optimize limited resources by making revisions to the data evaluation plan, improvement plan activities, and projected timelines. Below is a brief overview of progress in evaluating, measuring, and achieving intended improvements.

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
1. 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	Data Manager BTOTS development team	Jan – Feb 2016 COMPLETED
2. What do 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). 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?	Other issues identified from the analysis	SSIP Coordinator Consulting Psychologist	March – May 2016 Not Met. Data Manager position remains vacant. 2018
3. What do we know about the characteristics of currently used assessments for measuring social-emotional development?	A. Review examiner’s 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)? B. BWEIP staff identifies assessments to be reviewed and uploaded in the BTOTS Assessment drop-down menu.	Assessment examiner’s manuals BTOTS database	SSIP Coordinator EI Staff BTOTS Development Team	Spring 2016 COMPLETED
4. Does the 2014 CSPD Needs Assessment contain any information that would inform the discussion of the adequacy of currently used assessment methods for the social-emotional domain?	A. Review the Needs Assessment to determine what information relates to this question. B. Identify assessment used and problematic aspects. C. Conduct a joint discussion with the CSPD Redesign Committee and choose the social-emotional assessments.	2014 CSPD Needs Assessment	SSIP Core Work Team SSIP Coordinator CSPD Redesign Committee	Work group discussion crosswalk w/ CSPD redesign June 2016 COMPLETED Determine w/ Core Work Team a limited and recommended SE assessment set by Fall 2016. Pilot w/ programs. 2018

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
5. Are there 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 social-emotional domain, including whether they are age-specific.</p> <p>B. Disseminate ECTA assessment resource list with the Social-Emotional Assessment work group for review and consideration.</p> <p>C. Identify social-emotional assessments and implement limited assessment selection.</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>	Winter 2016 COMPLETED
6. What will the process be for evaluating and selecting other possible assessments in the social-emotional domain?	<p>A. Determine criteria for selecting other assessment measures and methods:</p> <p>i. What criteria will be used to evaluate them?</p> <p>ii. Who will evaluate them?</p> <p>iii. Would multiple evaluations be appropriate?</p> <p>iv. How does this process work over time as other assessment measures and methods are identified as possibilities?</p> <p>v. How will the evaluation and selection of other assessment measures and methods be documented?</p> <p>vi. Who will review and analyze the data?</p>	<p>Literature review and expert opinions considered</p> <p>Participation by work team</p> <p>Assessment tools/data from other states</p>	<p>SSIP Core Work Team</p> <p>SSIP Coordinator</p> <p>BWEIP and EI Program Staff</p> <p>Consulting Psychologist</p>	Ongoing
7. Develop statewide policy and guidance around the use of appropriate assessment tools	A. Engage stakeholders in policy decisions and the development of guidance documents.	Assessment selection rationale, literature review of other EI assessment policy	<p>SSIP Core Work Team</p> <p>SSIP Coordinator</p> <p>EI Program Staff</p>	Summer 2016 —Winter 2017 2018

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
8. Develop TA to support local programs in implementing the new social-emotional assessment guidance and policy.	<ul style="list-style-type: none"> A. Pilot with select EI programs. B. Develop training materials, processes and procedures, and include resources specific to the child's age and culture. C. Provide training at all 15 early intervention programs. D. Evaluate and revise program training based on feedback. E. Integrate the training into the CPSD system. F. Monitor the numbers of children identified with social-emotional deficits and IFSP outcomes. 	Time to develop a training schedule, materials, and an evaluation resulting in revisions based on feedback.	<ul style="list-style-type: none"> Consulting Psychologist SSIP Core Work Team SSIP Coordinator EI Staff 	Pilot with selected EI programs, monitor number of children with identified SE deficits, IFSP outcomes, child SE outcomes in 2018.
9. What will the process be for implementing new BTOTS assessment methods?	<ul style="list-style-type: none"> A. Define limits or triggers in reference to referral criteria. 	BTOTS database	<ul style="list-style-type: none"> SSIP Coordinator BTOTS development team 	Winter 2017 2018
10. Develop a monitoring tool to be used during home visits to drive the selection of an appropriate social-emotional needs assessment for infants and toddlers.	<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 TA. E. Integrate the tool into the BWEIP Compliance & Monitoring system. 	Compliance & Monitoring tools	<ul style="list-style-type: none"> SSIP Core Work Team SSIP Coordinator Compliance & Monitoring Specialist 	Spring 2017 2018
11. Develop policies and BWEIP 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 BWEIP. 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> SSIP Core Work Team SSIP Coordinator BTOTS development team 	2018-2019

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
	D. Integrate into BWEIP Generalized Supervision System – routine, annual program monitoring process.	BTOTS Reports to assess progress as defined by the achievement of IFSP outcomes and Child Outcome Scores.		
		Parent/provider survey results to identify ongoing TA needs and evaluate the effectiveness of interventions.		

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 assessments used previously for initial social-emotional concerns.

Through ongoing development and implementation of infrastructure, barriers were identified that hindered Baby Watch’s evaluation in SFY2016 and SFY2017. These barriers are identified as follows:

- Limited sample size (5% of children referred with social-emotional concerns) for making inferences about the effectiveness of assessment instruments used in detecting social-emotional delays.
- Continued staff vacancies in data management and analysis which impacted Baby Watch’s ability to effectively and accurately measure and evaluate large quantities of data.

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 inter-relatedness of development in infants and the role a parent plays, as an attachment figure, in predicting a child’s later social and emotional outcome was discussed with stakeholders. As a result, the BWEIP, in collaboration with the state SSIP team and the Social-Emotional Assessment work group explored available and appropriate assessments specific to monitoring both the developmental progress of infants under the age of six months and the quality of the infant-parent attachment.

Assessment tools and methods such as the Hawaii Early Learning Profile (HELP) and Ages and Stages Questionnaire: Social-Emotional (ASQ-SE) are being used by several local, early intervention programs to assess development in infants younger than six months of age. In addition to these tools, the work group is exploring other available methods to screen, assess, and promote protective factors associated with resilience and healthy social-emotional development of young infants:

- Infant/Toddler Sensory Profile
- Receptive-Expressive Emergent Language Test-Third Edition (REEL-3)
- The Rossetti Infant-Toddler Language Scale
- Newborn Behavior Assessment Scale (NBAS)

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 the process will be for evaluating and selecting other possible assessments in the social-emotional domain.

Phase III Year 1 and Year 2 addressed the concerns and challenges identified in commonly administered social-emotional assessments statewide. In response to a request for additional guidance and training in the social-emotional domain, the Social-Emotional Assessment work group reconvened to conduct further research to identify various social-emotional screeners, assessments, and evaluation tools that would be appropriate to administer with children birth to three years, facilitate parent-child relationships, and ensure cultural sensitivity. In 2017, the stakeholder workgroup narrowed the research to 18 instruments and grouped them into the following categories:

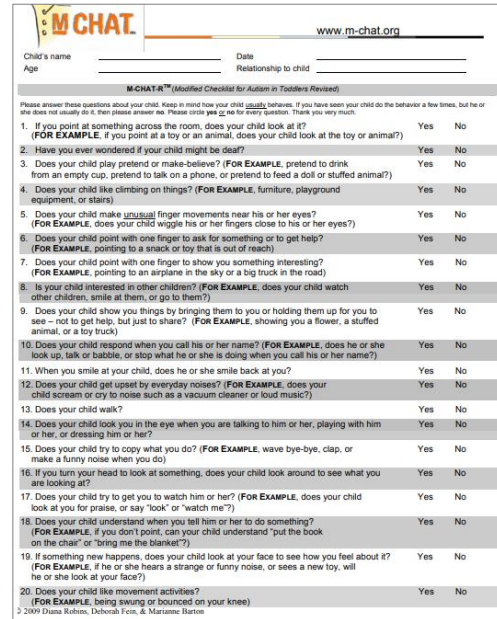
- Screeners
- Assessments
- Environmental or Parent-Child Interactions

Activity 7: Develop statewide policy and guidance around the use of appropriate assessment tools.

During 2017 the Social-Emotional Assessment work group (comprised of six early intervention providers representing urban and rural programs, members of Utah's Interagency Coordinating Council (ICC), and EI program staff) began preliminary discussions regarding policy development intended to govern the administration of social-emotional assessments for all children referred to EI. The policy and accompanying procedural manual is still in progress. However, enhancements have been made to Utah's [Baby & Toddler Online Tracking System \(BTOTS\)](#) database, including the addition of several functional, social-emotional assessment tools and family-directed assessment tools to support the identification of concerns involving social-emotional development, parent-child attachment, and natural environments.

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

The Modified Checklist for Autism in Toddlers-Revised, with Follow-up (M-CHAT-R/F) was added in 2017 to an assessment tool drop-down menu in the BTOTS database to encourage and support early identification of infants and toddlers who are at-risk for Autism Spectrum Disorder (ASD). Upon employment of a BWEIP Data Manager, a data query will be developed to examine the frequency of administration of the M-CHAT-R/F, and also identify the percentages of children with reported ASD red flags.



The image shows a screenshot of the M-CHAT-R/F assessment form. At the top, it says 'MCHAT' and 'www.m-chat.org'. Below that, there are fields for 'Child's name', 'Date', 'Age', and 'Relationship to child'. The main part of the form is a checklist of 20 questions, each with 'Yes' and 'No' columns. The questions cover various behaviors such as pointing, playing pretend, climbing, and social interactions. At the bottom, there is a copyright notice: '© 2009 Diana Robins, Deborah Form, & Marianne Barton'.

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

The Social-Emotional Assessment work group members reviewed Early Childhood Technical Assistance (ECTA) publications and other National Center for Systemic Improvement (NCSI) materials. As a result of this work, the work group identified the [Measure of Engagement, Independence, and Social Relationships \(MEISR\)](#) as an additional tool EI providers could use to develop a profile of child social-emotional skills. Enhancements to the BTOTS database included the addition of the MEISR, as identified by the SSIP Assessment work group, to support a child's social-emotional development. During a stakeholder meeting with ICC members, BTOTS users, and EI programs, the BWEIP Program Manager and SSIP Coordinator announced the deployment of these features, and encouraged implementation by local programs.

Activity 10: Develop a monitoring tool to be used during home visits to drive the selection of an appropriate social-emotional needs assessment for infants and toddlers.

The Social-Emotional Assessment and Comprehensive System of Personnel Development (CSPD) work groups identified additional materials to incorporate into the existing CSPD system that are specifically related to social-emotional development and relationship-based interventions. Discussions continue to identify the ongoing need for additional training pertaining to trauma, attachment, self-regulation, and Autism Spectrum Disorders (ASD).

In 2017 stakeholders requested an enhancement to the BTOTS database to identify, measure, and monitor progress in children's achievement of social-emotional IFSP outcomes. In 2018 a report was created to capture IFSP outcomes by developmental domain, as well as to identify the types and frequency of family assessments administered annually. This data will be used to monitor progress, make decisions regarding services and systems, and to identify ongoing training and technical assistance needs for local EI programs.

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



In 2017, BWEIP was informed by community partners that children referred with concerns in social-emotional development, as identified by the administration of the Ages & Stages Questionnaires Social-Emotional (ASQ-SE) screening tool, were being determined ineligible for early intervention services. In an effort to more effectively collaborate with stakeholders to improve outcomes for children and families of culturally diverse backgrounds, Utah's SSIP work group agreed to include an additional activity to the existing improvement plan:

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

Early identification and intervention for infants and toddlers presenting with delays or concerns in social-emotional competence is critical for improving developmental outcomes. During 2018, BWEIP will continue to work closely with early intervention providers and community partners to provide resources and ongoing education to help identify training needs for identifying delays and providing interventions for infants and toddlers in the area of social-emotional development.

Progress Toward Achieving Intended Improvements

The Social-Emotional Assessment work group provided guidance on how to improve the data collection methods, measurements, and analysis. Their meaningful involvement, in an effort to move the work forward, resulted in revisiting improvement strategies, performance indicators, measurement or data collection methods, and timelines. The Analysis column has been added to the table below in order 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
Short-term: BWEIP develops guidance on the use of valid, reliable, culturally sensitive tools and methods for assessing social-emotional 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 social-emotional skills and needs of children birth to three?	100% of local, Part C programs report receiving guidance documentation for assessing social-emotional development. 80% of providers report understanding the expectations and process for assessing social-emotional development.	Dissemination processes indicate that 100% of local programs received the guidance [by verifying program representation at social-emotional training Sept. 2017] 80% of training survey respondents report an increased understanding of social-emotional development	2017 - Ongoing	Evaluate training survey response rates, responses, and data trends. Evaluate the frequency of social-emotional IFSP outcomes pre/post development, training, and distribution of guidance tools.
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	Do EI providers use the appropriate high-quality assessment tools and methods to evaluate social-emotional 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 measure use of pre-approved social-emotional assessment tools in developing IFSPs. Enhanced BTOTS reports will identify IFSP outcomes by domain as one method of measuring the prevalence of SE outcomes.	2017- Ongoing	Evaluate the frequency and type of social-emotional assessment tools used and social-emotional IFSP outcomes written pre/post development, training, and distribution of guidance tools.
Intermediate: EI providers and families develop functional social-emotional IFSP outcomes.	Do EI providers and families develop functional social-emotional outcomes on IFSPs?	80% of IFSPs include functional social-emotional outcomes as defined by the IFSP Quality Assessment (Appendix A) criteria	80% of IFSPs will meet the practice indicator for social-emotional assessments as identified on the IFSP Quality Assessment.	2018 - Ongoing	Establish a baseline using the 2018 IFSP outcomes identified by social-emotional developmental domain.

Determine and compare the frequency of IFSP social-emotional outcomes written in 2018 and 2019.

Establish a fidelity threshold and measure practice change and fidelity change overtime.

System-Level 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).**

Evaluation of Improvement Strategy Implementation

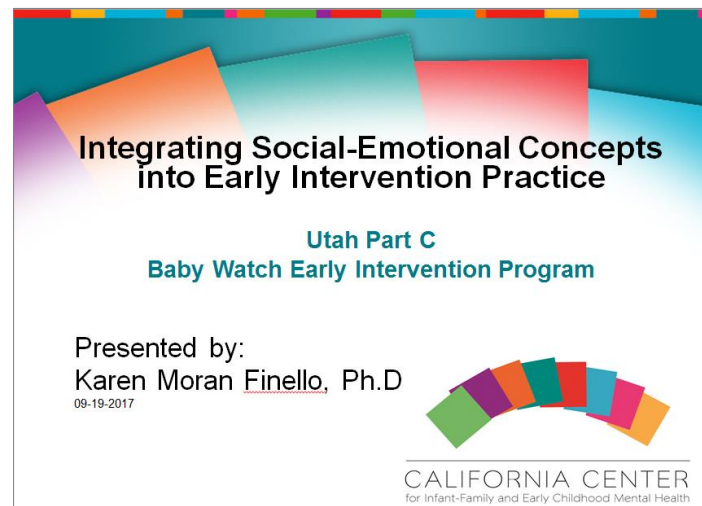
The Baby Watch SSIP Coordinator supported the Social-Emotional Assessment work group comprised of Utah State University representatives, EI providers, and parents in developing guidelines for functional, observable, and measurable outcomes to support foundational social-emotional skills. The work group focused on four elements of social-emotional relationships:

1. Attachment
2. Self-Regulation
3. Positive Relationships
4. Responsive Interactions

Furthermore, the work group was tasked with the responsibility of identifying ongoing professional development opportunities to further the initiative. In collaboration with the Baby Watch SSIP Coordinator, the [Collaborative for Academic, Social and Emotional Learning \(CASEL\)](#) Infant Mental Health/SEO Work Group presented a webinar on Relationship-Based Early Intervention, and communicated to all state and local EI providers, partners, and ICC members. Representatives from each of Utah's 15 early intervention programs participated. The session explored components of relationship-based practices including perspectives on parent-child, parent-practitioner, and practitioner-practitioner relationships. During the session, the skills needed for success in implementation were discussed.

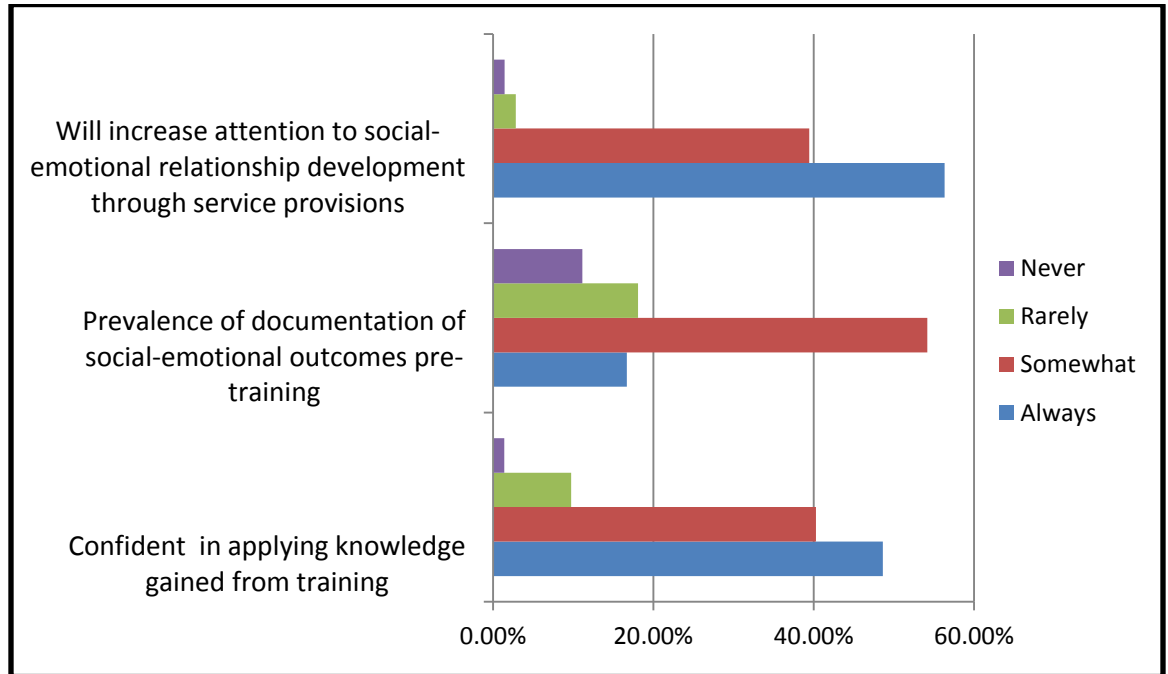
In September 2017, Baby Watch had the pleasure of welcoming Karen Moran Finello, Ph.D., from the WestEd Center for Prevention & Early Intervention, to speak at a day-long workshop about integrating social-emotional concepts into early intervention practice. Topics addressed included the following:

- Infant/toddler social-emotional development
- The role of relationships in early intervention
- Developing appropriate intervention goals and strategies
- Coping with challenges in service delivery
- The value of collaboration



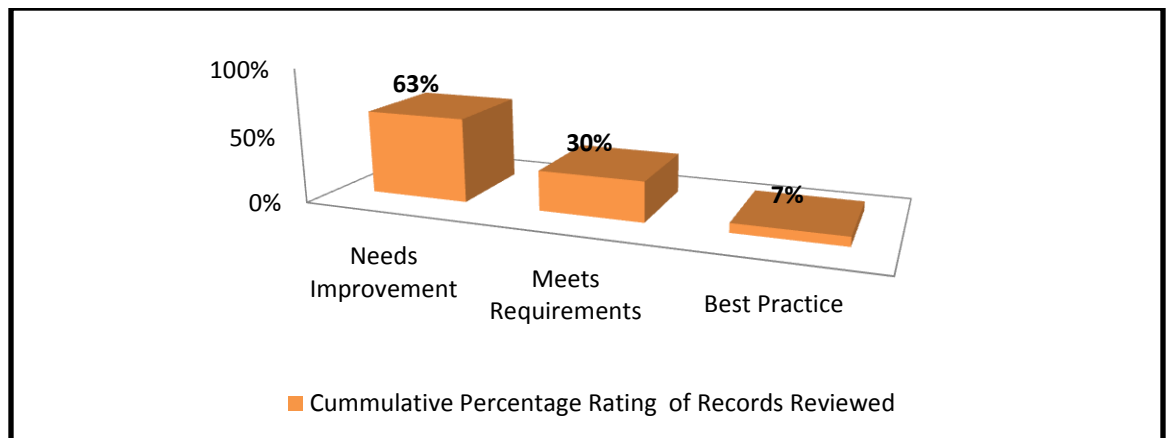
Approximately 300 representatives from the ICC, the Utah Schools for the Deaf and the Blind (USDB), and local EI programs were in attendance. Following the presentation, participants evaluated the training's impact in a brief SurveyMonkey survey. Survey results were communicated to stakeholders in an effort to inform progress in implementing activities and to determine next steps (See Table 1: Provider Self-Assessment of Social-Emotional Development Knowledge and Practices). As a result of the overwhelmingly positive feedback, the SSIP work group provided guidance on how to incorporate this training into Baby Watch's Comprehensive System of Personnel Development (CSPD). The decision was made to upload the video of Dr. Finello's presentation (in production) into the Canvas CSPD system for ongoing professional development.

Table 1: Provider Self-Assessment of Social-Emotional Development Knowledge and Practices



This year one local EI program was evaluated to determine the level of compliance in meeting or exceeding expectations in evaluation and assessment and IFSP development. A stratified random sample of IFSP records were selected with dates ranging from July 1 to December 31 2017. A total of 30 files (ten Initial, ten Six-Month Review, and ten Annual) were evaluated representing the work of 14 service coordinators. Of the 30 files selected, 15 were children 23 months of age or younger. These 15 records were additionally assessed for level of compliance in meeting transitions performance indicators identified in federal regulations and BWEIP policy. A cumulative score was generated to determine the percentage of records rated as Meets Requirements or Best Practice. As displayed in Table 2, only 37% of the selected records met these criteria.

Table 2: Cumulative Records Review Ratings by IFSP Type and Transitions



Baby Watch staff attended the Social and Emotional Outcomes Cross-State Learning Collaborative (CSLC) in October 2017, hosted by Monica Mathur-Kalluri and Debi Tucker from [WestEd National Center for Systemic Improvement \(NCSI\)](#). Systems Change activity workgroups were formed and the Baby Watch team expressed developing marketing materials for “What is Social-Emotional Development in Early Intervention?” and online training regarding, “Creating Social-Emotional Online Modules.”



While attending the collaborative, BWEIP participants reported that extensive work has already been completed and a vast amount of resources were gathered from representatives from other states.

In 2017, Baby Watch’s Generalized Supervision System was enhanced to include the development of a [Compliance & Monitoring Observation form \(Appendix B\)](#) that embeds performance indicators as identified by the CSPD committee and as outlined in EI eligibility Determination, IFSP Development, and Home Visit Observation/Demonstration forms. Additionally, an [IFSP Quality Assessment \(Appendix A\)](#) was created that includes indicators designed to evaluate best practice in the development of transdisciplinary, functional and measurable outcomes, as well as to determine, by provider and program, those who are conducting social-emotional assessments and developing corresponding IFSP outcomes jointly with parents.

In accordance with Baby Watch’s enhanced Generalized Supervision System, each local EI program participates in on-site and off-site monitoring activities. Data collected from stratified random sampling of child records for review, home visit observations, [parent surveys \(Appendix C\)](#), and [on-site administrator interviews \(Appendix D\)](#) will be disaggregated to uniquely identify and communicate program- and provider-level strengths and challenges. Anonymized statewide data will be communicated to all programs annually during ICC and grantee meetings. Data presentation will be designed to maximize involvement contributions, ensure a meaningful role in data analysis, inform progress, and drive ongoing efforts.

Data Quality Issues and Plans for Improvement

Utah’s limitations in producing both qualitative and quantitative data are directly related to ongoing staff vacancies, including a data manager, and administrative changes. To minimize the burden placed on existing staff in the BWEIP program and to balance competing priorities, the BWEIP simplified data collection and analysis and established plans for improving data quality in 2018. The following action will be taken in 2018 to address data quality concerns and limitations:

- Employ an epidemiologist tasked with the responsibility to support the lead agency and state SSIP work group in collecting and analyzing data.
- Conduct additional records review and on-site monitoring visits of local early intervention programs through October 2018. Establish baseline data from which to determine the prevalence of social-emotional evaluations and assessments and incorporation of assessment results into IFSP outcomes and service provisions.

- The enhancements made to Baby Watch’s Generalized Supervision System have been a substantial undertaking. To ensure timely focused-monitoring, targeted training and technical assistance, and the ongoing collection of quantitative and qualitative data, the BWEIP will explore hiring an additional Compliance & Monitoring specialist.

Plans for Next Year

The Social-Emotional Assessment work group will implement any outstanding or amended activities identified as occurring within the February 1, 2018 – January 31, 2019 timeline as referenced in previous tables.

Data analysis will be conducted on pre- and post-deployment of additional guidance documents. The state SSIP team will create an additional work group in 2018, comprised of members of the ICC and local Part C administration. The purpose of the work group will be to collaborate with the BWEIP to define and operationalize components of the compliance and monitoring system and to govern the design and development of processes and procedures. This will include guidance and exemplars to promote and sustain evidence-based practice. The Practice Work Group will be tasked, in partnership with the CSPD Social-Emotional Assessment work groups, with identifying, providing, or soliciting reputable presenters to provide trainings and technical assistance that will support progress toward achieving intended infrastructure and practice improvements.

SiMR as Child-Family Level Outcome

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

As addressed in this report, the resources necessary to support ongoing data collection and analysis that will effectively evaluate infrastructure improvements and practice implementation is deficient. However, regardless of these challenges, Baby Watch has and will continue to move this work forward in 2018 by participating in the following activities:

- Ongoing feedback and collaboration with the Baby & Toddler Online Tracking System (BTOTS) users group will ensure that database enhancements are useful and will contribute to meaningful analysis of data generated.
- Data queries will be developed to examine the methods and frequency of assessing social-emotional development, family needs, and administration of the M-CHAT-R/F.

Early Childhood Technical Assistance (ECTA) tools from the workshop series “Evaluating Infrastructure Improvements and Evaluating Practice Change/Fidelity” will be shared and discussed with stakeholders to identify tools that would be useful to the Assessment Strand data collection processes.

B2. Professional Development Strand

Data on Implementation and Outcomes

In 2017 the Baby Watch Early Intervention Program developed the [Utah Early Intervention Standards](#), which are based on the [CEC Initial Specialty Set: Early Child Special Education/Early Intervention](#). These standards were adopted by the CSPD committee and serve as the foundation of Utah’s revised web-based Comprehensive System of Personnel Development (CSPD) early intervention specialist credential training. A pilot version of the training was introduced to select providers in early 2016, and was rolled-out statewide in October 2016. Today Baby Watch’s CSPD program is a blend of online and hands-on training experiences, and is used by new direct service providers at all 15 of Utah’s early intervention programs.

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 due to renew credentials access training and learning experiences to field based on the new standards by participating in a self-assessment .
Intermediate	EI providers implement evidence-based practices to support families their child’s development.
Intermediate	Families will be empowered, motivated, and have many opportunities to feel successful in supporting their child’s development.
Long-term	State-identified Measurable Result (SiMR)

As reported during Phase III Year 1, the progress in implementation and evaluation of the Professional Development Strand was delayed due to administrative changes and staff vacancies. The CSPD committee responded to address these barriers and to optimize limited resources by prioritizing and streamlining Baby Watch’s existing professional development processes and tools. Below is a brief overview of progress in evaluating, measuring, and achieving intended improvements.

Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
1. Create Utah standards	<p>A. Reviewed 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. Adopted portions of the DEC/CEC standards</p> <p>C. Committee and Provider Consortium vetted and adopted the new standards</p> <p>D. New standards embedded into provider contracts</p> <p>E. Revised CSPD policy includes new standards</p>	<p>DEC/CEC standards</p> <p>Current Utah competencies/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 reviewed the new standards</p> <p>B. Created provider self-assessment tool based on the new standards</p>	<p>DEC/CEC standards</p> <p>Current Utah competencies/standards</p> <p>ECPC self-assessment 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 information</p> <p>C. Create online interactive training materials to include assessment that allows them to move on; mandatory experiential opportunities</p>	<p>Canvas Learning Management System (LMS)</p> <p>Current program new-hire training materials</p>	CSPD Committee	<p>July to Oct 2015</p> <p>COMPLETED</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. Reviewed existing EI coaching materials used by other states</p> <p>C. Secured 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>Existing EI coaching materials from other states</p> <p>National TA expert 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>

Activities to Meet Outcomes	Steps to Implement Activities	Resources	Owner(s)	Timeline
5. Train coaches and keep them updated	Initial training rollout has a 3-part audience:	Baby Watch coaching curriculum: classroom and online training delivery	CSPD Committee	Sept 2015 to Dec 2016
	A. Newly hired providers who are earning an Early Intervention credential for the first time. B. Veteran direct service providers, designated as Coaches, also earning an Early Intervention credential. C. Veteran direct service providers who earned a credential in former CSPD system			ONGOING
6. Develop and communicate instructions for how providers can access the system to update their credentials.	A. Develop instructions	Baby Watch coaching curriculum: BTOTS CSPD tracking features	CSPD Committee	Aug 2015 - ONGOING
	B. Announcements and invitation to training at Grantee and ICC meetings			

Activity 1: Create Utah Standards

This activity has been successfully completed.

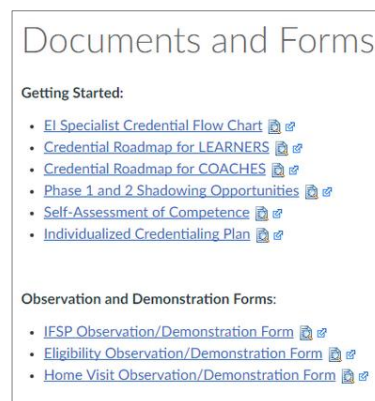
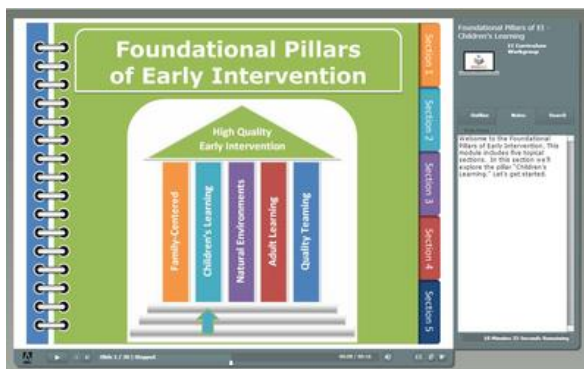
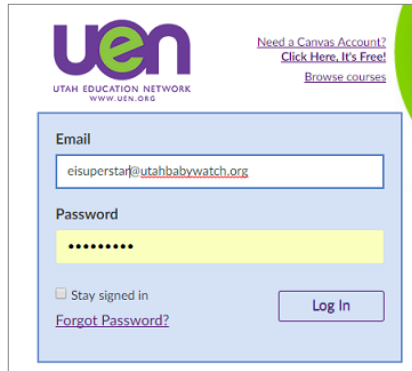
Activity 2: Create individual self-assessment as component of the new credentialing system

This activity has been successfully completed.

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

Although the Canvas CSPD orientation was successfully created the previous year, the Baby Watch team maintained the system throughout 2017, and made improvements including:

- Updating Google Slide presentations
- Updating YouTube and other videos
- Fixing and updating broken web links
- Writing new quiz questions
- Adding new PDF resource documents
- Updating CSPD credentialing forms and process documents



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

Baby Watch's existing coaching system plays an integral part of each new provider's training experience. Upon hire, each new provider is assigned a Coach who guides them through the credentialing process. Coaching activities include administrative and human resources support as well as face-to-face training about program-level issues.

Activity 5: Train coaches and provide ongoing updates

Baby Watch continues to provide ongoing professional development for new and veteran coaches. On March 29, 2017, Baby Watch hosted a training day for over 50 EI coaches from throughout the state. The training was facilitated by CSPD Coordinator Carma Mordecai and Crystal Emery, a Training and Development Specialist at Easter Seals-Goodwill Northern Rocky Mountain. Training topics included a review of the Early Intervention Specialist (EIS) credentialing process and requirements, coach responsibilities, and coaching as an adult learning strategy.

Activity 6: Develop and communicate instructions for how providers access the system to update their credentials

The Canvas CSPD online training system is designed to serve the needs of both initial and renewal learners. Renewal learners are required to complete the following five online topics in Phase 1:

1. DEC Recommended Practices
2. Seven Key Principles of Early Intervention
3. Child & Family Assessments
4. Writing Functional IFSP Outcomes
5. Routines-Based Intervention (RBI)

The CSPD committee felt strongly that renewal learners should focus on these topics centered on the fundamental principles of early intervention, and the importance of providing family-centered and social emotional relationship based practice. In addition to these five online topics, renewal learners are required to complete:

- 75 professional development hours (related to serving the birth to three population)
- Self-Assessment of Competence
- Individualized Credentialing Plan

Renewal learners can submit an application for credential renewal after their own Supervisor/Coach verifies completion of all requirements. The CSPD Coordinator reviews the application and awards the credential renewal, extending the provider's credential for five years. Credential expiration dates are recorded and tracked in the employee's profile in Baby & Toddler Online Tracking System (BTOTS).

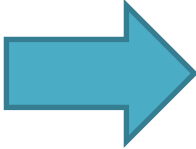
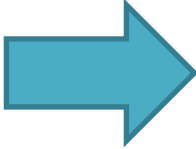

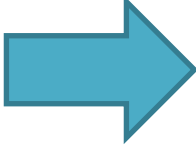
Progress towards Achieving Intended Improvements

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
1. BWEIP will have Utah standards that align with DEC/CEC national standards.	<p>Did BWEIP develop Utah standards that align with DEC/CEC national standards?</p> <p>Were the standards communicated to local programs?</p> <p>Do EI providers understand the expectations for use of the standards?</p>	<p>Canvas online training teaches new hires about the new Utah standards</p> <p>New standards are written into each program's annual contract</p>	<p>Numbers of new EI providers and coaches trained on the new standards</p> <p>User feedback from CSPD pilot sessions</p>	2016	<p>November 2017 CSPD Survey</p> <p>Results from learners who received their Initial EIS credential</p>
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.	<p>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?</p> <p>Was the orientation and guidance shared with local programs?</p> <p>Do providers know the expectations for the orientation?</p>	<p>A new online system for orientation based on standards exists and is accessed by EI providers</p>	<p>New web-based login to the platform to access the curriculum.</p> <p>Self-paced online training requires learners to move through the curriculum in order; mandatory hands-on learning & self-assessments determine additional training needs.</p>	2016	<p>November 2017 CSPD Survey</p> <p>Results from learners who received their Initial EIS credential</p>
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.	<p>Did BWEIP develop and establish a coaching component to the credentialing system to support providers in implementing EBPs to meet the standards?</p>	<p>A coaching component exists and is accessed by EI providers</p>	<p>Coaching piece exists in the platform</p> <p>Coaching forms</p> <p>Web site statistics on participation</p>	<p>March 2015 to May 2016 and ongoing</p>	<p>Canvas Coach participation</p> <p>Coaching resource downloads</p> <p>Attendance at live coach training</p>

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
4. BWEIP will enhance the existing CSPD system: establish an individualized credentialing plan for hands-on learning including resources component to the credentialing system to support providers in implementing evidence-based practices to meet the standards.	Did BWEIP develop and establish 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 form is available on Canvas platform Web site statistics on participation	March 2015 to May 2016 and ongoing	Analyze completed Individualized Credentialing plans submitted by credential candidates.
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.	Did BWEIP develop and establish individualized self-assessment linked to Utah standards based on national DEC/CEC standards? Were the self-assessments and guidance shared with providers due to renew credentials? Do EI providers understand expectations for use of the self-assessments for providers due to renew credentials?	EI providers renewing credentials participate in areas of training and learning experiences based on the standards as informed by their participation in a self-assessment.	Tracking of providers due to renew credentials self -assessment and professional development.	2016 to present	November 2017 CSPD Survey Results from learners who renewed their EIS credential
6. EI providers implement evidence-based practices to support families their child's development.	Are SE outcomes increasing on the IFSP?	Providers implement EBPs when working with families	Home visit monitoring tools for self-assessment	2017	On-site and home visit observations
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 successful in their child's development?	Families will report improved outcomes on the family survey, specific items (to be determined).	Family survey data	2018	2018 NCSEAM Family Survey results
8. 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).				

Evaluation of Improvement Strategy Implementation

Key results from the November 2017 Comprehensive System of Personnel Development (CSPD) user survey and the anticipated CSPD action are summarized below.

Survey Results	CSPD Action Items
<p>COACH SUPPORT</p> <p>84%: did not receive one-on-one support from a Coach the first time they logged in to the Canvas CSPD training.</p> <p>54%: spoke with their Coach about less than half of the Canvas topics</p> 	<ul style="list-style-type: none"> • Revisit Coaching curriculum, provide more specific task-level details about how coaches can support new employees • Conduct on-site interviews and training with the primary coach/coaches at each program
<p>TRAINING TIME</p> <p>Nearly half (49% and 46%) of respondents reported being unable to complete:</p> <ul style="list-style-type: none"> • Phase 1 within 2 weeks of their start date • Phase 2 within 4 weeks of their start date 	<ul style="list-style-type: none"> • Content updates to Canvas Phases 1 and 2 • Revisit the length of the training curriculum • Conduct on-site visits to verify and ensure that new employees are not being asked to carry a caseload in the first 4 weeks of employment
<p>DOCUMENTS & RESOURCES</p> <p>37%: did not use the PDF handouts for each topic slide presentation</p> <p>54%: never used the Phase 3 resource documents</p> <p>67%: want a new employee manual containing the most important resources</p> 	<ul style="list-style-type: none"> • Clearer user instructions and credential completion requirements • Hard copy Baby Watch manual for new employees • Phase 3 resources moved to the Baby Watch website > Education tab
<p>TECHNICAL DIFFICULTIES</p> <p>55%: experienced broken web links in the training</p> 	<ul style="list-style-type: none"> • Technical improvements and design modifications to reduce the number of broken links • Post videos and content within Canvas LMS, instead of relying on links to outside websites

Data Quality Issues and Plans for Improvement

Utah's limitations in producing both qualitative and quantitative data are directly related to ongoing staff vacancies, including a data manager, and administrative changes. To minimize the burden placed on existing staff in the BWEIP program and to balance competing priorities, the BWEIP simplified data collection and analysis and established plans for improving data quality in 2018. The following action will be taken in 2018 to address data quality concerns and limitations:

- Baby Watch plans to employ an epidemiologist tasked with the responsibility to support the lead agency and state SSIP work group in collecting and analyzing data.
- Baby Watch will explore the existing gradebook and data tracking features of the Canvas Learning Management System (LMS) in order to gather more detailed data about how learners interact with the online CSPD curriculum and comprehend important EI concepts.
- Baby Watch is in the process of converting the NCSEAM Family Survey to an online SurveyMonkey format. This will reduce the margin of error associated with the paper survey process. Online reporting features will expedite Baby Watch's ability to analyze data, create graphs and charts, and export data for further research.

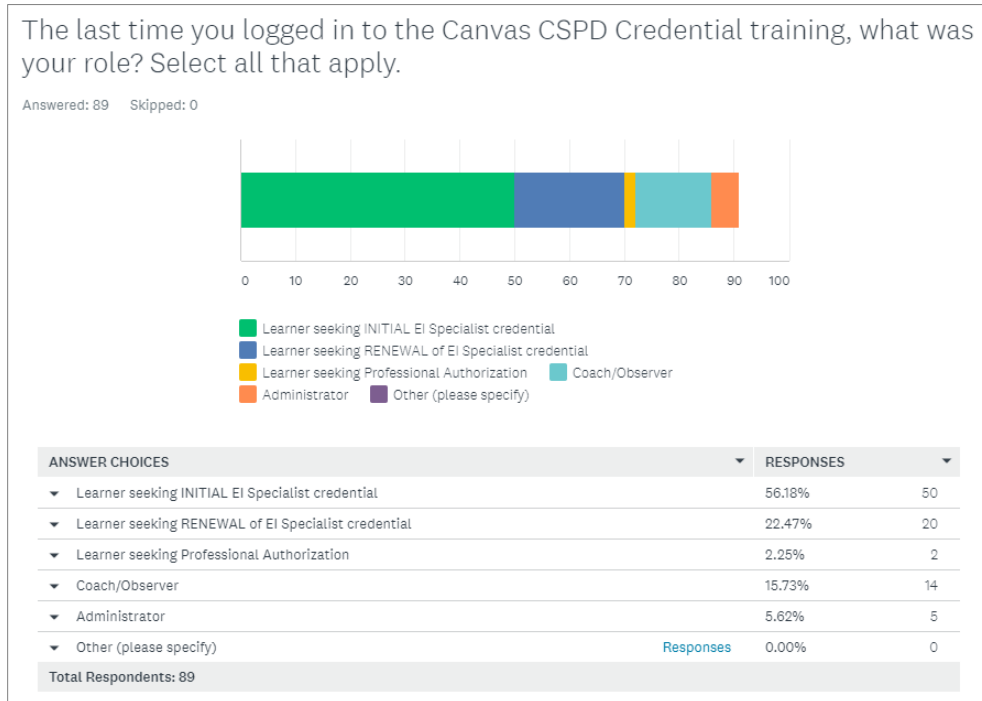
Plans for Next Year

The Canvas CSPD Credential training celebrated its one-year anniversary on October 1, 2017. In the first year after the training rollout, the online system was used by EI professionals throughout Utah including:

- Over 70 providers who completed their **initial** Early Intervention Specialist credential
- Over 60 providers who **renewed** their Early Intervention Specialist credential
- Many more providers in the process of completing their credential
- Coaches, supervisors, administrators, and other EI team members

In order to gather feedback directly from users, Baby Watch sent out a detailed questionnaire to all Canvas CSPD users in November 2017. Users were provided a link to a SurveyMonkey website. The 10-minute online survey contained 33 questions, organized as follows:

- 5 introductory questions about the user's program and role
- 5 questions for initial credential seekers
- 3 questions for renewal credential seekers
- 14 questions about the online training design and features
- 4 questions about user's experience with technical difficulties
- 2 open-ended questions about the strengths/weaknesses of the training



The survey was available online for one month from November 5 to December 4, 2017. Baby Watch received 105 responses total, which exceeded the program’s original goal of 100 responses. The survey data from stakeholders was used make decisions on ways to improve the online training in 2018.

B3. Family Engagement Strand

Data on Implementation and Outcomes

The Family Engagement work group was created to identify and develop cultural resources and guidance that would result in an increased level of confidence and competence, as reported by EI providers, in administering culturally-sensitive assessments and intervention practices. Furthermore, the work group was entrusted with the responsibility of identifying or creating 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.
Long-term	State-identified Measurable Result (SiMR)

The progress of the Family Engagement Strand experienced challenges in FFY17 as a result of the impromptu retirement of two key members of the Baby Watch team: SSIP Coordinator and CSPD Coordinator, in addition to the continued vacancy of a Data Manager.

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 Core Work Team SSIP Family Engagement and Outreach Work Team Cultural Advisors	Fall 2016 Winter 2017 and ongoing
	B. Look widely at available resources that the BWEIP might be able to tap into.		SSIP Coordinator	
	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 core Work Team SSIP Coordinator BWEIP Staff	Winter 2017 and ongoing
	B. Incorporate into the CSPD training platform.			
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 items Interviews with Part C program administration and direct service providers	SSIP Core Work Team SSIP Coordinator Family Engagement and Outreach Work Teams	Winter 2017 ongoing
	B. Develop guidance documents, processes and procedures for implementing culturally appropriate practices with fidelity.	Self-assessment data from providers post deployment of culturally appropriate resources, training, and guidance tools	Cultural Advisors	
	C. Incorporate evaluation of culturally appropriate practices into existing generalized supervision system assessment tools.	Guidance tools, processes and procedures		

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

The Interagency Coordinating Council (ICC) for Children and Families with Special Needs is a critical source of information and guidance on the most effective way to serve all Utah families. As an advisory board, the ICC meets quarterly to discuss a wide range of important issues. In order for the ICC to include a diverse group of voices, the council bylaws require the following:

- Parent members from throughout Utah (North, Central, and South regions)
- EI provider members from throughout Utah (both urban and rural areas)
- State agency representatives including the Utah State Board of Education (USBE), Utah Foster Care, the Division of Services for People with Disabilities (DSPD), Early Head Start (EHS), Child Care Licensing, and Medicaid

ICC documents, meeting, and membership information are available in the ICC tab of the [Baby Watch website](#).

<i>EI Programs</i>	<i>Program Resources</i>	<i>Reporting</i>	<i>Education</i>	<i>ICC</i>	<i>Team</i>
Documents		Meeting Information		Apply for Membership	
<ul style="list-style-type: none"> • ICC Fact Sheet • ICC Federal Regulations • ICC Bylaws • 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 2. Look for Interagency Coordinating Council For Infants And Toddlers With Special Needs 3. Or search using the keyword "Interagency" 4. Click Create a New Account to set up an account and submit your application 	

The ICC Family Advocacy subcommittee plays a large role in promoting awareness of early intervention services throughout the state, and conducting outreach to parents of children with special needs. This subcommittee consists of representatives from the [Utah Parent Center \(UPC\)](#) and the [Legislative Coalition for People with Disabilities](#).



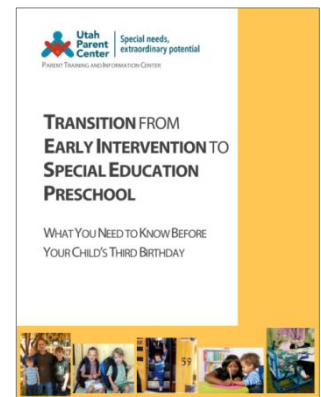
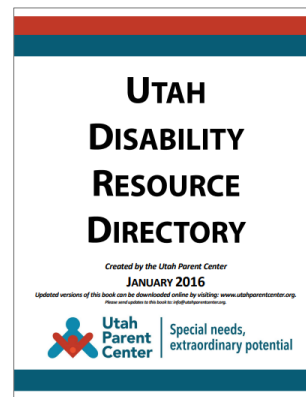
The Utah Parent Center (UPC) is an award-winning training and information center founded in 1983 by parents of children with disabilities. The UPC uses a parent-to-parent model to help thousands of Utah parents each year. The UPC is Utah’s voice in the [Community of Practice in Cultural and Linguistic Competence in Developmental Disabilities](#) (part of Georgetown University’s National Center for Cultural Competence). Together with representatives from nine other states, the Utah Parent Center is involved in advancing and sustaining cultural and linguistic competence in services for children with developmental disabilities. This effort includes formulating a definition of Cultural and Linguistic Competence that Utah can work toward.

Activity 2: Disseminate the resources and guidance.

The Baby Watch program updated many of its print resources in 2017, to coincide with the launch of its new website. For the first time family education documents were available both in print and online in English and Spanish, including:

- Parent Rights, Responsibilities, & Resources in Early Intervention handbook
- Family Fee Determination form
- Sliding Fee Scale

Baby Watch and the Utah Parent Center (UPC) rely heavily on one another to identify and engage families with infants and toddlers with special health care needs. Utah Parent Center has developed a vast collection of online resources to educate families. The [Utah Disability Resource Directory](#) and the [Early Intervention Transition Parent Handbook](#) are just two of the many UPC resources that Baby Watch programs routinely provide to families. These resources have also been integrated into Baby Watch’s CSPD curriculum, because they are a valuable teaching tool for new employees as well.



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

Baby Watch has an ongoing need for feedback from Utah families, especially those served by the 15 early intervention programs throughout the state. But until recently, families had few opportunities to share their experiences and ideas with the Baby Watch team. Baby Watch sought to remedy this disconnect in 2017 by:

- Including EI parents on the Children with Special Health Care Needs (CSHCN) Family Advisory Council
- Asking for CSHCN Family Advisory Council input on parent surveys
- Using council feedback to shape parent survey questions

In fall of 2017, Baby Watch requested that the CSHCN Family Advisory Council review and offer feedback about the questions that should be asked in the [Compliance & Monitoring parent surveys \(Appendix C\)](#). Council members were given the first draft of the survey, and asked to provide informal feedback. Their insights were instrumental in guiding the Baby Watch Compliance & Monitoring team’s parent survey project.

Progress towards Achieving Intended Improvements

Beginning in 2014, the Family Engagement work group identified community resources and partnerships that could provide supplemental support to children and families served in Utah early intervention programs.

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
1. BWEIP has family engagement and cultural resources and guidance available to support providers with assessment and intervention practices.	<p>Did BWEIP develop family engagement and cultural resources and guidance available to support providers and families?</p> <p>Were resources shared with programs?</p> <p>Do EI providers understand expectations for use of the resources and guidance?</p>	Family engagement and cultural resources and guidance exist	Family engagement and cultural resources and guidance dissemination: online, at community events, and through Utah Parent Center.	Winter 2017 to Summer 2017 and ongoing	Evaluate referral trends by race/ethnicity.
2. EI providers access and use family engagement and cultural diversity resources and guidance to support assessment and intervention practices.	Are EI providers accessing and using the family engagement and cultural diversity resources and guidance?	<p>Provider website access</p> <p>Canvas CSPD Phase 3 resource downloads</p>	<p>Baby Watch website analytics</p> <p>Parent survey response rates and responses</p>	Fall 2017 ongoing	Evaluate referrals from Help Me Grow and Utah Parent Center
3. EI providers who use the cultural diversity resources are more competent and confident in working with diverse families.	Are social-emotional outcomes increasing on the IFSP?	<p>Provider website access</p> <p>Canvas CSPD Phase 3 resource downloads</p>	<p>Baby Watch website and Canvas LMS analytics</p> <p>Parent survey response rates and responses</p>	Fall 2017 ongoing	CSPD user surveys regarding cultural diversity content & resources
4. There is increased trust and acceptance between providers and families.	Are families empowered and motivated and have opportunities to be successful in their child's development?	Families report increased trust and acceptance.	Compliance & Monitoring parent survey responses pre/post	Winter 2018	Analyze NCSEAM parent survey responses pre/post

Evaluation of Improvement Strategy Implementation

Baby Watch plans to make data-driven, strategic improvements to the Family Engagement Strand in 2018 by:

- Evaluating referral trends by race/ ethnicity, both statewide and at the program level
- Evaluating referrals from Help Me Grow and Utah Parent Center, and identifying opportunities to improve referral processes and partnerships
- Conducting Comprehensive System of Personnel Development (CSPD) user surveys regarding the current family engagement and cultural diversity Canvas content and resources
- Comparing NCSEAM parent survey responses before/after the family engagement and cultural diversity resources were created

Data Quality Issues and Plans for Improvement

Utah's limitations in producing both qualitative and quantitative data are directly related to ongoing staff vacancies, including a data manager, and administrative changes. To minimize the burden placed on existing staff in the BWEIP program and to balance competing priorities, the BWEIP simplified data collection and analysis and established plans for improving data quality in 2018. The following action will be taken in 2018 to address data quality concerns and limitations:

- Baby Watch plans to employ an epidemiologist tasked with the responsibility to support the lead agency and state SSIP work group in collecting and analyzing data.
- Baby Watch will gather feedback directly from parents and families as part of the Compliance & Monitoring EI program-level supervision process. Parents from each EI program receive email invitations to participate in an online survey about their experiences during their child's time in early intervention. Their feedback is reported to programs in association with Compliance & Monitoring on-site visits.

Plans for Next Year

As stated in the Fall 2017 CSPD SurveyMonkey responses, early intervention providers expressed the need for additional resources in order to serve diverse families, including:

- Additional Spanish-language family education materials
- Additional training on the unique cultural groups served by specific programs (refugees, homeless families, American Indian tribes, polygamist families, etc.)

Baby Watch and the Family Engagement work group intend to respond to these needs through enhancements to the Canvas CSPD online training, and through live professional development opportunities, both on-site and statewide.

B4. Collaboration Strand

Data on Implementation and Outcomes

The purpose of the Collaboration strand is to identify and develop resources and guidance that would result in an increased awareness of and access to community resources for all Utah families. The short-, intermediate- and long-term goals of the Collaboration strand are described below.

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 progress of the 2017 Collaboration strand was limited, due to the small size of the Baby Watch leadership team. Current Baby Watch employees and work group members, however, showed creativity in their ability to develop access to community resources simultaneously with addressing more urgent program needs.

The Collaboration work group has prioritized and clarified their goals for 2018, and has identified exciting new community partnerships where future investment will be made.

Improvement Plan

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

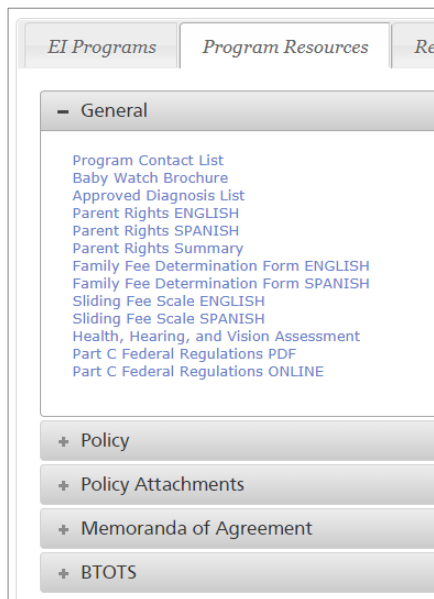
Activity 1: Create compilation of community resources available to all providers.

Throughout 2017 the Baby Watch team relocated the program website to be part of the existing [Bureau of Children with Special Health Care Needs](#) website. The new Baby Watch website is a community resource for all 15 Utah early intervention programs, and plays a critical role in Baby Watch’s child find, referral, and community outreach processes. The website redesign had three primary goals:

- **Simplicity:** Documents and resources are easy to find.
- **Accuracy:** Content is up-to-date and aligned with current policy.
- **Accessibility:** Critical information is available to families in both English and Spanish.

Baby Watch Website

The homepage contains a program summary, contact information, and an interactive list of Utah’s 15 local early intervention programs.



The website went live in July 2017, and contains over 100 resource documents designed to meet the needs of the public, programs, and stakeholders. The site is divided into six tabs:

1. **EI Programs:** Program Service Area and Contact Information
2. **Program Resources:** Forms, Parent Rights handbooks, fee information, and policy documents
3. **Reporting:** Application for Federal Funds, SPP/APR, SSIP reports, and State Determination documents
4. **Education:** The future home of Baby Watch CSPD materials
5. **ICC:** ICC bylaws, meeting minutes, and membership application
6. **Team:** Baby Watch employee roles

Activity 2: Disseminate a list of community resources.

[Help Me Grow Utah](#)

Help Me Grow Utah is free parent information line linking families to community resources. Help Me Grow supports prenatal parents and families, offering services in both English and Spanish such as:

- Personal Care Coordination
- Free Child Development and Perinatal screenings
- Answers to pregnancy, parenting and child development questions

Baby Watch contracts with Help Me Grow Utah to provide referrals for children 33 months and younger, based on ASQ/ASQ:SE scores or parent/physician concerns.

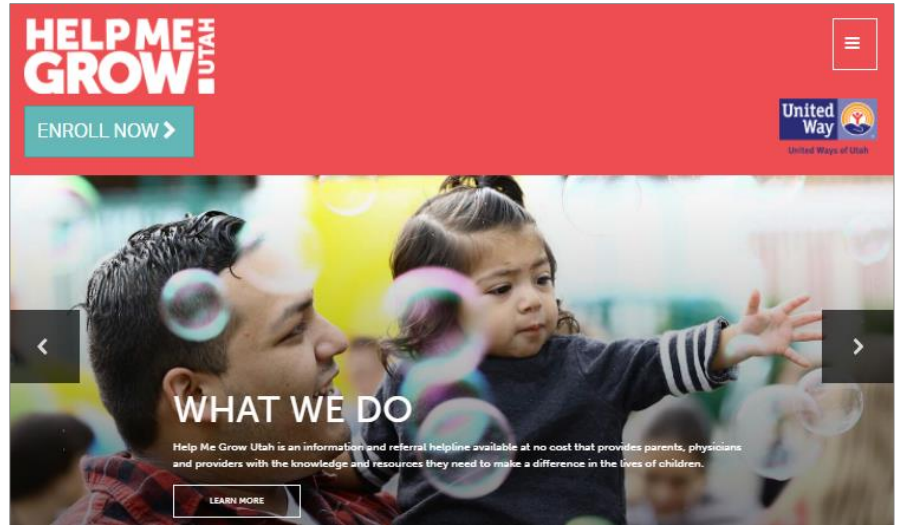
The Help Me Grow team spoke with Baby Watch programs at the August 2017 grantee meeting about their referral and tracking services.

[United Way 2-1-1](#)

United Way 2-1-1 provides a single point of entry through which all Utahans’ can gain access to thousands of community and government agencies. 2-1-1 services can be especially helpful in finding support for Utah’s at-risk populations.

Baby Watch encourages each local EI program to educate families about 2-1-1 at the eligibility evaluation, and to provide [2-1-1 community resource lists](#) so that families know where to go for:

- Health and dental care
- Food resources
- Housing resources
- Employment/job training



Baby Watch Contract WITH HELP ME GROW

Automatic referral for each child, 33 months and younger, when:

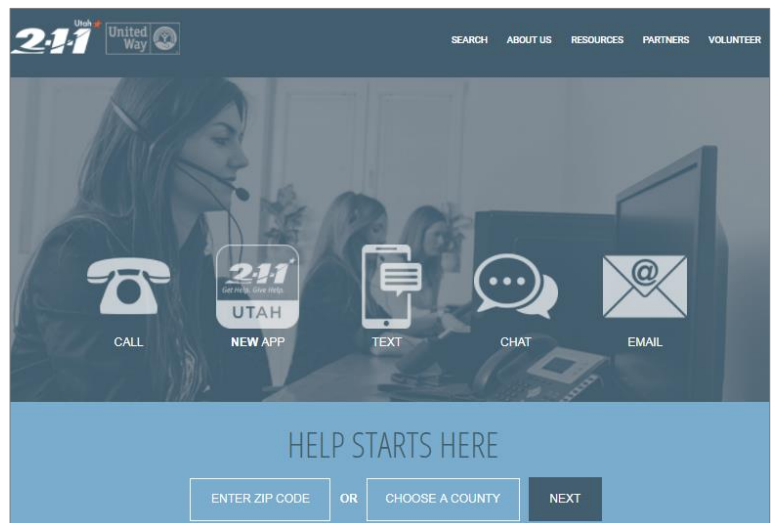
- ASQ (general development) is below the cutoff (black) in two or more areas of development
- ASQ:SE (social-emotional development) is above the cutoff (black)

Possible referral for each child, 33 months and younger, when:

- Parent and/or physician has a concern and would like an evaluation
- Other concerns arise during conversations with the parent

Tracking the children referred to HMG for on-going developmental monitoring

- Mutually combating the message that a child’s development is okay if s/he doesn’t qualify for early intervention services



[Utah Association for Infant Mental Health \(UAIMH\)](#)

UAIMH is a leading provider of education and advocacy for mental health services on behalf of Utah's infants and toddlers.



Baby Watch holds a seat on the UAIMH board of directors, and has consulted with UAIMH and other stakeholders on developing Utah's Infant Mental Health Endorsement program, based on the [Michigan Association for Infant Mental Health](#) model.

In January 2018, the Baby Watch team attended UAIMH's annual conference: Baby Steps, Trauma and Resilience and Infancy. Presentation materials from the conference will be incorporated into the Canvas CSPD training in the upcoming year.

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

The current Canvas CSPD online training contains a topic dedicated to Cultural Sensitivity. This topic is the primary way that new employees receive technical assistance from the state Baby Watch team on how to interact with children and families from diverse cultural backgrounds. The topic is required for all employees working towards earning their initial Early Intervention Specialist credential.

Progress towards Achieving Intended Improvements

Beginning in 2014, the Collaboration work group identified community resources and partnerships that could provide supplemental support to children and families served in Utah early intervention programs.

Outcome	Evaluation Question(s)	How will we know? (Performance Indicator)	Measurement / Data Collection Method	Timeline	Analysis Description
1: 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 providers understand how to use the resources?	Guide to culturally diverse community resources exists	Baby Watch website analytics Help Me Grow Utah and Utah 2-1-1 referrals	Winter 2017 and Ongoing	Evaluate current user trends in Canvas CSPD resource use/downloads
2: 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 Compliance & Monitoring home visit observations Family Surveys	Baby Watch website analytics Family Survey response rates and responses	Winter 2017 and Ongoing	Conduct provider surveys regarding community resources
3: 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?	Parent and family report regarding use of community resources	Family Survey response rates and responses	Winter 2017 and Ongoing	Analyze NCSEAM parent survey responses pre/post

Evaluation of Improvement Strategy Implementation

Baby Watch plans to make data-driven, strategic improvements to the Collaboration Strand in 2018 by:

- Evaluate current user trends in Canvas CSPD resource use and downloads, to identify areas where additional community resources may be needed
- Conducting provider surveys regarding their current use of existing community collaboration resources
- Comparing NCSEAM parent survey responses before/after the community resources were created

Data Quality Issues and Plans for Improvement

Utah's limitations in producing both qualitative and quantitative data are directly related to ongoing staff vacancies, including a data manager, and administrative changes. To minimize the burden placed on existing staff in the BWEIP program and to balance competing priorities, the BWEIP simplified data collection and analysis and established plans for improving data quality in 2018. The following action will be taken in 2018 to address data quality concerns and limitations:

- Baby Watch plans to employ an epidemiologist tasked with the responsibility to support the lead agency and state SSIP work group in collecting and analyzing data.
- Baby Watch will collaborate on data sharing projects with other programs in the Children with Special Health Care Needs (CSHCN) bureau, including the Utah Birth Defect Network (UBDN) and the Early Hearing Detection & Intervention (EHDI) programs. Baby Watch is working together with the UBDN and EDHI programs to help ensure that eligible children receive timely referrals to early intervention.
- Baby Watch is partnering with Help Me Grow (HMG) Utah to analyze trends in referrals between the two programs. Both programs are committed to establishing a system for tracking referrals from HMG to BWEIP and also from BWEIP to HMG, in order to provide all families with timely and appropriate services.


Plans for Next Year

According to the Fall 2017 CSPD SurveyMonkey survey, early intervention providers expressed the need for additional resources in order to serve diverse families, including:

- Additional Spanish-language family education materials
- Easier access to foreign-language interpreters for home visits
- Materials for families who speak foreign languages other than Spanish
- Additional training on the unique cultural groups served by specific programs (refugees, homeless families, American Indian tribes, polygamist families, etc.)

Baby Watch and the Collaboration work group intend to respond to these needs through enhancements to the Canvas CSPD online training, and through live professional development opportunities, both on-site and statewide.


Appendix A: IFSP Quality Assessment



IFSP Quality Assessment

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) QUALITY ASSESSMENT		
Program:	Category: Urban / Rural / Frontier	File#/Total
Child ID:	Review Date:	Reviewer:
IFSP Date: <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Annual	Service Coordinator:	Service Provider(s):

COMMENTS	
1. Initial & Ongoing Eligibility Determination	
2. Annual & Six-Month IFSP Review	
3. Child Strengths & Current Developmental Abilities	
4. Child & Family-Centered Outcomes	
5. Intervention Strategies & Activities	
6. Determining Services & Supports	
7. Transitions to Part B or Community	




IFSP Quality Assessment

1. INITIAL AND ONGOING ELIGIBILITY DETERMINATION			
Quality Indicator	Needs Improvement	Meets Requirements	Best Practice
<p>A multidisciplinary evaluation by appropriate and qualified personnel was administered in the child's natural environment, and eligibility was determined in accordance with Baby Watch Early Intervention Program (BWEIP) eligibility policy.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Eligibility was determined by only one qualified professional <input type="checkbox"/> Eligibility was determined by employees who do not have a current Early Intervention Specialist credential <input type="checkbox"/> Eligibility was determined by unqualified employees (do not have education or professional licensure required to conduct the assessment in the areas of concern identified by parents or referral source) <input type="checkbox"/> Evaluations and assessments were not conducted in the family's preferred language <input type="checkbox"/> Evaluations and assessments were not conducted in the child's natural environment 	<ul style="list-style-type: none"> <input type="checkbox"/> Eligibility was determined by a multidisciplinary team <input type="checkbox"/> All members of the evaluation team have a current Early Intervention Specialist credential or are working toward their credential <input type="checkbox"/> At least one member of the evaluation team has education and professional licensure in the area(s) of concern identified by parents or referral source <input type="checkbox"/> For non-English speaking families: a qualified interpreter or bilingual service provider was present for entire evaluation <input type="checkbox"/> Documentation justifies early discharge from services prior to the Annual review <input type="checkbox"/> Eligibility was determined by standard score, qualifying medical diagnosis, or Informed Clinical Opinion (ICO) with accompanying documentation <input type="checkbox"/> Eligibility, by standard score, is determined in accordance with BWEIP eligibility policy: <ul style="list-style-type: none"> <input type="checkbox"/> INITIAL: Mod delay in any dev domain; SS ≤ 1.5 SD below mean/7th PCTL <input type="checkbox"/> ANNUAL: Mild delay in any dev domain; SS ≤ 1 SD below mean/16th PCTL 	<ul style="list-style-type: none"> <input type="checkbox"/> The evaluation team explained the Informed Clinical Opinion (ICO) decision for eligibility to parents and family, including providing information about the child's functional abilities <input type="checkbox"/> The evaluation team used an additional assessment tool for infants under 6 months of age.

2. ANNUAL & SIX-MONTH IFSP REVIEW			
Quality Indicator	Needs Improvement	Meets Requirements	Best Practice
Family response to strategies and progress toward achieving outcomes is documented and necessary changes are made to the Individualized Family Service Plan (IFSP).	<input type="checkbox"/> Changes in the IFSP are not justified by progress and/or <input type="checkbox"/> Changes appear unnecessary based on progress	<input type="checkbox"/> All IFSP outcomes have been reviewed and rated <input type="checkbox"/> For non-English speaking families: a qualified interpreter or bilingual service provider was present for entire IFSP meeting	<input type="checkbox"/> At IFSP Review, a new assessment was conducted and a new Present Level of Development (PLD) written that reflects current developmental status in all developmental domains <input type="checkbox"/> Additional outcomes were created based on assessment results and parent's changed priorities or concerns <input type="checkbox"/> IFSP includes a Social-Emotional and/or relationship-based outcome


3. CHILD STRENGTHS & CURRENT DEVELOPMENTAL ABILITIES			
Quality Indicator	Needs Improvement	Meets Requirements	Best Practice
The Present Level of Development (PLD) provides a summary of each developmental domain including health, hearing, and vision. The narrative identifies child strengths as well as emerging skills.	PLD is described only in terms of one or more of the following: <input type="checkbox"/> Test scores <input type="checkbox"/> Skill deficits <input type="checkbox"/> Not all developmental domains	<input type="checkbox"/> PLD includes a comprehensive summary of each developmental domain <input type="checkbox"/> PLD describes identified strengths and emergent skills/needs	<input type="checkbox"/> PLD incorporates parent report, child observation, child's functional abilities, and standardized testing and assessment results <input type="checkbox"/> PLD includes statements regarding child interests, motivations, and likes/dislikes <input type="checkbox"/> Social-Emotional Assessment was conducted

4. CHILD & FAMILY-CENTERED OUTCOMES			
Quality Indicator	Needs Improvement	Meets Requirements	Best Practice
In collaboration with the family, functional outcomes target everyday routines and activities and are written in clear and measurable terms.	<input type="checkbox"/> IFSP contains no information on family concerns, priorities, or resources <input type="checkbox"/> In the absence of a family assessment, there is no record of parents declining a family assessment <input type="checkbox"/> IFSP outcomes are: <ul style="list-style-type: none"> o Deficit-based o Based on test scores only o Not functional o Not measurable o Discipline-specific o Vague, lack specifics, or include jargon o Unrelated to family assessment results, concerns, priorities, or resources o Not developmentally appropriate or realistically achievable o Grammatically incorrect or contain spelling errors o Written using passive action words (e.g., receive, improve, maintain) o Not recorded in BTOTS 	<input type="checkbox"/> IFSP outcomes are: <ul style="list-style-type: none"> o Related to child outcomes and family concerns, priorities, resources, strengths, interests, and routines o Functional o Measurable o Transdisciplinary o Written within the context of meaningful routines or activities o Written in family-friendly terminology <input type="checkbox"/> A family outcome meets the following criteria: <ul style="list-style-type: none"> o Includes a time frame, date, or family satisfaction measurement o Can be observed and reported (i.e., an event, an acquired skill) <input type="checkbox"/> Records indicate that the family declined a family assessment	<input type="checkbox"/> IFSP outcomes: <ul style="list-style-type: none"> o Are identified by developmental domain o Are specific and functional; necessary for successful functioning in routines or to meet the family's needs o Are clear and will be obvious when they are met (i.e., measurable criteria and conditions) o Include relationship-based outcomes o Include a Social-Emotional outcome o Include family outcomes <input type="checkbox"/> IFSP outcomes answer 2 of the following 3 questions: <ol style="list-style-type: none"> 1. What would the family like to see happen? 2. Where, when, and with what people should it occur? 3. What situation or routine will the outcome change for the better?




IFSP Quality Assessment

5. INTERVENTION STRATEGIES & ACTIVITIES			
Quality Indicator	Needs Improvement	Meets Requirements	Best Practice
Early intervention strategies and activities support the child and family's everyday routines, and enhance parent competence and confidence.	<ul style="list-style-type: none"> <input type="checkbox"/> Outcomes do not include strategies or activities <input type="checkbox"/> Strategies or activities: <ul style="list-style-type: none"> <input type="checkbox"/> Reflect only what the provider will do with the child <input type="checkbox"/> Are written using jargon <input type="checkbox"/> Are so generic that they could appear on any child's IFSP <input type="checkbox"/> Are not connected to the outcomes <input type="checkbox"/> Are unrelated to the child's functional skills and/or routine-based learning 	Strategies and activities: <ul style="list-style-type: none"> <input type="checkbox"/> Reflect provider support in implementing strategies in home and community settings <input type="checkbox"/> Are written in clear and concise terms <input type="checkbox"/> Are individualized to address the child and family's specific needs and concerns <input type="checkbox"/> Are clearly related to the outcome 	Strategies and activities: <ul style="list-style-type: none"> <input type="checkbox"/> Involve family, the EI providers, and other community partners working together <input type="checkbox"/> Include terms such as: coach, consult, model, teach, and problem solve <input type="checkbox"/> Promote the parent/child relationship and family engagement that leads to acquiring new knowledge and skills <input type="checkbox"/> Incorporate natural environments and routines-based learning <input type="checkbox"/> Identify when, how, and with whom the outcome will occur



IFSP Quality Assessment


6. DETERMINING SERVICES & SUPPORTS			
Quality Indicator	Needs Improvement	Meets Requirements	Best Practice
The early intervention team, including the parent(s), collaborates to determine the appropriate frequency, intensity, provider, and setting of services.	<ul style="list-style-type: none"> <input type="checkbox"/> Frequency of services, other than service coordination, is described as being X times per year <input type="checkbox"/> Center-based services do not include an acceptable written justification statement that reflects: <ul style="list-style-type: none"> <input type="checkbox"/> Why outcomes cannot be achieved in natural settings <input type="checkbox"/> Why time frame for integrating into a natural environment is absent or unacceptable <input type="checkbox"/> Provider or parent prefers center-based services <input type="checkbox"/> Why center-based services are offered at the center 	<ul style="list-style-type: none"> <input type="checkbox"/> Frequency, intensity, and method for each service are documented, and fit into the family's daily routines given ALL of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Child's developmental status <input type="checkbox"/> Family concerns, priorities, and resources <input type="checkbox"/> IFSP outcomes <input type="checkbox"/> A written justification of center-based services describes why the setting is necessary to achieve the outcome, and includes a plan to transition services to natural settings 	<ul style="list-style-type: none"> <input type="checkbox"/> Services include building family capacity through multidisciplinary consulting (or environments where concerns are being addressed by a single provider) and family coaching. <input type="checkbox"/> Frequency, intensity, and method of services are customized to the unique child and family circumstances. <input type="checkbox"/> Services clearly reflect: <ul style="list-style-type: none"> <input type="checkbox"/> Provider(s) that can best address the identified child outcomes <input type="checkbox"/> Disciplines that require face-to-face interactions with the child and family <input type="checkbox"/> The frequency and duration of visits build family capacity <input type="checkbox"/> A relationship-based component



IFSP Quality Assessment

7. TRANSITIONS TO PART B OR COMMUNITY			
Quality Indicator	Needs Improvement	Meets Requirements	Best Practice
IFSP documents that the family was adequately informed and understood the options available to them prior to leaving early intervention. Documentation shows how the service team followed the required transition process and timeline.	IFSP lacks any narrative indicating that: <ul style="list-style-type: none"> <input type="checkbox"/> The family was educated about the transition process at the initial IFSP meeting <input type="checkbox"/> A referral notification discussion took place at the time of the child's second birthday (Annual IFSP/IFSP Review) <input type="checkbox"/> A formal transition plan was developed to prepare the child and family for success after early intervention 	<ul style="list-style-type: none"> <input type="checkbox"/> Service record indicates that families who declined referral notification to Part B, or parents with a child determined ineligible for Part B services, were supported through the development of a Community Transition Plan <input type="checkbox"/> The IFSP Transition Plan includes (§303.344(h)): <ul style="list-style-type: none"> <input type="checkbox"/> Steps for the toddler with a disability and his or her family to exit from the Part C program; and <input type="checkbox"/> Any transition services that the IFSP Team identifies as needed by that toddler and his or her family. 	<ul style="list-style-type: none"> <input type="checkbox"/> Transition plan includes outcomes and/or activities to prepare the child and family for success after early intervention <input type="checkbox"/> Service record indicates that service provider(s) arranged for site visits and/or accompanied families to explore transition options <input type="checkbox"/> Service record indicates that the child's direct service provider(s) participated in the transition conference

Appendix B: Compliance & Monitoring Observation

 UTAH DEPARTMENT OF HEALTH Baby Watch Early Intervention Birth to Three Development			Compliance & Monitoring Observation
ELIGIBILITY			
Provider:	Program:	Date:	
Child Name: (First name, last initial)	Referred by:	Location: <input type="checkbox"/> Home <input type="checkbox"/> Program Office	
Service Team: <input type="checkbox"/> Svc Coordinator: <input type="checkbox"/> PT/OT/SLP: <input type="checkbox"/> Interpreter: <input type="checkbox"/> Dev Specialist: <input type="checkbox"/> RN/Social Work: <input type="checkbox"/> Other:			
BEFORE Eligibility Evaluation			
1. Family received prior written notice BEFORE the evaluation took place.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. Family received all paperwork/forms in their preferred language.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Family gave signed consent BEFORE the evaluation began.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
DURING Eligibility Evaluation			
1. The team included professionals from appropriate disciplines to address the stated concern.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. The team explained testing process and asked the family about their concerns.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. The team used a standardized multidisciplinary evaluation tool.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4. The team conducted the evaluation in the family's preferred language.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. The team interviewed the family to collect a case history on the child.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. The team gathered info from a variety of sources (previous assessments from parents, doctors, etc.) to understand the child's unique strengths and needs.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7. The team evaluated the child's abilities in ALL developmental domains.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. The team involved the family in the evaluation process.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9. The team began developing a positive relationship with the family by asking questions and facilitating conversations.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10. The team documented the visit in BTOTS.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AFTER Eligibility Determination			
1. The team reviewed the evaluation results with the family.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
2. The team clearly explained to the family why the child eligible/ineligible for services.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. IF the child was found eligible, the team:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<ul style="list-style-type: none"> • Used a routine-based assessment to identify the family's concerns, priorities, resources. • Scheduled an IFSP meeting. 			
Notes:			



Compliance & Monitoring Observation

IFSP MEETING

Provider:	Program:	Date:
Child ID:	Child Name: (First, last initial)	Location: <input type="checkbox"/> Home <input type="checkbox"/> Program Office
Service Team: <input type="checkbox"/> Svc Coordinator: <input type="checkbox"/> PT/OT/SLP: <input type="checkbox"/> Interpreter: <input type="checkbox"/> Dev Specialist: <input type="checkbox"/> RN/Social Work: <input type="checkbox"/> Other:		
BEFORE IFSP Meeting		
1. Parents received prior written notice BEFORE the IFSP meeting took place.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Parents received all paperwork/forms in their preferred language.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DURING IFSP Meeting		
1. The IFSP team included professionals from appropriate disciplines to address the stated concern.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. The team explained the IFSP process and the family was able to ask questions.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. The IFSP meeting was held face-to-face at a convenient time/place for the family.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. The team conducted the IFSP meeting in the family's preferred language, and showed cultural competence.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. The team used reflective listening to develop relationships with the family.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. The team offered expertise/info that was not overwhelming for the family.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. The team listened to the family's input.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. The family appeared to feel comfortable during the IFSP meeting.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. The team wrote IFSP outcomes that reflected the family's priorities.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. The team reviewed Parent Rights BEFORE asking the family to sign the IFSP.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The final IFSP included: <input type="checkbox"/> Service initiation and duration dates <input type="checkbox"/> Other service info, as appropriate <input type="checkbox"/> Child's current level of functioning in ALL domains <input type="checkbox"/> Preschool/community transition info, as appropriate <input type="checkbox"/> Family concerns, priorities, resources <input type="checkbox"/> Family fee payment arrangements <input type="checkbox"/> Measurable, jargon-free, routines-based, functional family outcomes <input type="checkbox"/> Names and signatures of all attendees <input type="checkbox"/> Service types, minutes, frequency, intensity, and location customized per IFSP outcomes <input type="checkbox"/> Service Coordinator contact info		
Notes:		



Compliance & Monitoring Observation

HOME VISIT

Provider:	Program:	Date:
Child ID:	Child Name: (First, last initial)	Location: <input type="checkbox"/> Home <input type="checkbox"/> Other
Service Team: <input type="checkbox"/> Svc Coordinator: <input type="checkbox"/> Dev Specialist:	<input type="checkbox"/> PT/OT/SLP: <input type="checkbox"/> RN/Social Work:	<input type="checkbox"/> Interpreter: <input type="checkbox"/> Other:

BEGINNING of Home Visit

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Provider greeted the family, and clearly stated the purpose of the visit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Provider asked open-ended questions re: effectiveness of current routines/activities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Provider asked the parent if they had new issues, challenges, concerns to discuss. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Provider/parent discussed what went well, what to continue, what to change. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

DURING Home Visit


- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Provider followed the parent's and child's lead, and encouraged family involvement. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Provider was able to naturally join in family activities and routines. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Provider created developmentally appropriate learning opportunities for the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Provider used adult learning principles to share information with parents/family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Provider demonstrated child-centered activities, described what they were doing, and showed the parent how to join in and follow the child's lead. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Provider suggested appropriate adaptations to toys/materials/home environment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Provider/family practiced embedding new strategies/activities into daily routines. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. Provider gave the parent ongoing feedback during parent-child interactions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Provider observed and discussed the parent-child interactions with the parent. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 10. Provider used reflective listening to make suggestions for new activities/outcomes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 11. Provider made recommendations to include child in family and community life. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 12. Provider and parent discussed the family's concerns, priorities and resources. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

END of Home Visit

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Provider discussed the current visit and what will happen between visits. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Provider discussed the steps/actions to be taken before the next visit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Provider explained future involvement of other team members (co-visits, etc.). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Provider gave the family the chance to ask questions and discuss priorities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Provider and family developed a plan for the next visit. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Provider confirmed the date and time of the next visit with the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Provider documented the visit in BTOTS. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Notes:

Appendix C: Parent Surveys



UTAH DEPARTMENT OF
HEALTH
Baby Watch Early Intervention
Birth to Three Development

Parent Phone Survey

PARENT NAME	PHONE NUMBER	PROGRAM
DATE	TIME	ATTEMPT
<p>Hello, may I please speak with [PARENT NAME]? Hello Mr./Ms. [LAST NAME]. My name is Tanayia, and I am calling from the Baby Watch Early Intervention Program. Baby Watch is the state agency responsible for early intervention in Utah.</p> <p>I am calling to learn about your experience with [PROGRAM], your early intervention provider. Your feedback will be used to improve services for other Utah families. The survey will take 10 minutes, and all of your answers are confidential.</p>		
	Yes	No
May I proceed with the survey?		
If not, is there a better time that I can contact you?		
I will begin with a few general questions.		
1. How did you first hear about the Baby Watch Early Intervention Program?		
2. Were you informed by [PROGRAM] staff that their program was part of the Baby Watch Early Intervention statewide system?		
3. Is your child currently enrolled and receiving services from [PROGRAM] ?	PAGE 4	NEXT QUESTION
4. Did your child not qualify for services? Or is your child no longer receiving services?		
a. Did not qualify/was not eligible	PAGE 2	
b. No longer receiving services	NEXT QUESTION	
5. About how old was your child when they left early intervention?	Age:	
	THEN PAGE 3	

Page 2: Did not qualify/was not eligible

Now I will read several statements about the service providers from [PROGRAM] that came to your home to evaluate your child's eligibility for early intervention. After each statement, please say Yes if you agree or No if you disagree.

	Yes	No
1. The service providers scheduled the evaluation at a convenient time for my family.		
2. The service providers came to our home to evaluate my child.		
3. More than one service provider evaluated my child.		
4. The service providers explained the testing methods and used testing materials that were in good condition.		
5. The service providers recommended that my child be tested in all areas of development, including those areas we had concerns about.		
6. The service providers asked about my child's medical history.		
7. The service providers checked my child's hearing and vision.		
8. The service providers gave our family the chance to ask questions and to express concerns (if any), and they listened to what we had to say.		
9. The service providers gave us information about other resources, supports, and/or services in the community.		
10. The service providers treated my family with dignity and respect throughout the evaluation process.		
11. The service providers who evaluated my child were professional, reliable, and skilled.		
12. The [PROGRAM] sent me a letter explaining why my child was found not eligible for services, and explained my rights in case I didn't agree with their decision.		
13. I would recommend [PROGRAM] to a friend or colleague.		
14. What changes would you recommend that [PROGRAM] make to their eligibility evaluation process?		
15. We've reached the end of our survey. Is there any other information you'd like to share about your experience with [PROGRAM]?		
<p>Thank you for answering all of our questions. Your feedback plays an important part in helping us provide quality early intervention services in Utah. If you have any questions or comments please contact the Baby Watch Early Intervention Program at (801) 584-8206, or visit utahbabywatch.org. Again, thank you for taking the time to share your experience with us.</p>		

Page 3: No longer receiving services

Now I will read several statements about the service providers from [PROGRAM] that came to your home to work with your family. After each statement, please say Yes if you agree or No if you disagree.

	Yes	No
1. The service providers promptly arranged for services for my child.		
2. The service providers helped my family leave early intervention, and start preschool or other community programs.		
3. The service providers genuinely cared about my family.		
4. During our time in early intervention, the service providers worked with my family to create an Individualized Family Service Plan, or IFSP, that reflected our concerns, priorities, and resources.		
5. The service providers discussed the strategies and activities on the Individualized Family Service Plan, or IFSP, with my family.		
6. The service providers listened to and respected the needs of my family throughout our time together.		
7. The service providers were professional, reliable, and skilled.		
8. The service providers explained that our Individualized Family Service Plan, or IFSP, was based on our family's everyday activities and routines.		
9. My family benefitted from [PROGRAM].		
10. I would recommend [PROGRAM] to a friend or colleague.		
11. What was the best part of your experience with [PROGRAM]?		
12. What changes would you recommend that [PROGRAM] make to the services they provide to families?		
13. We've reached the end of our survey. Is there any other information you'd like to share about your experience with [PROGRAM]?		
<p>Thank you for answering all of our questions. Your feedback plays an important part in helping us provide quality early intervention services in Utah. If you have any questions or comments please contact the Baby Watch Early Intervention Program at (801) 584-8206, or visit utahbabywatch.org. Again, thank you for taking the time to share your experience with us.</p>		


Page 4: Currently enrolled/receiving services

Now I will to read several statements about the service providers from [PROGRAM] that come to your home to work with your family. After each statement, please say Yes if you agree or No if you disagree.

	Yes	No
1. The service providers schedule visits at convenient times for my family.		
2. The service providers come to the home to work with my family.		
3. The service providers treat me like a valuable member of my child's early intervention team.		
4. The service providers encourage me to work with my child during visits.		
5. The service providers genuinely care about my family, and want to learn about our strengths and challenges.		
6. The service providers work with us to create an Individualized Family Service Plan (or IFSP) that reflects our family's concerns, priorities, and resources.		
7. The service providers show us how everyday activities support our child's learning and development.		
8. The service providers give us information about our child's disability and/or medical diagnosis.		
9. The service providers give us information about other available services, community agencies, and programs.		
10. The service providers give us information about services our child might receive in the future.		
11. The service providers give us information that is useful and easy to understand.		
12. The service providers are professional, knowledgeable, and willing to speak with us about how services are going.		
13. The service providers help us feel more confident that we can meet our child's needs, including our child's social-emotional development.		
14. We are satisfied with the length of our home visits, and with how often the visits are.		
15. We are satisfied with our child's progress since beginning services with [PROGRAM].		
16. We know who to call if we have questions or concerns about [PROGRAM] services.		
17. We know how to access our child's [PROGRAM] records using the online Parent Portal.		
18. We would rather get our child's visit notes on the Parent Portal, instead of a paper at the end of each visit.		
19. What changes would you recommend that [PROGRAM] make to the services they provide to families?		
20. We've reached the end of our survey. Is there any other information you'd like to share about your experience with [PROGRAM]?		

Thank you for answering all of our questions. Your feedback plays an important part in helping us provide quality early intervention services in Utah. If you have any questions or comments please contact the Baby Watch Early Intervention Program at (801) 584-8206, or visit utahbabywatch.org. Again, thank you for taking the time to share your experience with us.

Appendix D: On-Site Administrator Interview



UTAH DEPARTMENT OF
HEALTH
Baby Watch Early Intervention
Birth to Three Development

On-site Administrator Interview

ADMINISTRATOR	JOB TITLE	PROGRAM	DATE
1. Describe how your program monitors and ensures that supports and services are individualized to meet each child's and family's needs in terms of service type, frequency, intensity, and duration.			
2. Describe any informal or formal complaints received within the last year at the local level and method of resolution, and/or steps made toward resolution.			
3. How do you ensure that your program is adequately staffed to accommodate family schedules and language diversity needs?			
4. Describe how you support employee participation in the Baby Watch Comprehensive System of Personnel Development (CSPD) which includes training and coaching.			
5. What mechanisms are in place to ensure that the provision of services incorporates evidence-based practices that reflect the mission and seven key principles of early intervention?			
6. What mechanisms are in place to identify and implement evidence-based practices regarding social-emotional development and routines-based interventions?			
7. Describe the public awareness and child-find activities that you do on a routine basis.			
8. Describe the materials you provide families explaining their role and participation in EI services, as well as their parent rights and procedural safeguards. Are these materials available to providers and families?			
9. What learning opportunities are provided annually for ongoing professional development? <ul style="list-style-type: none"> a. What indicators are used to target training and technical assistance? b. How do you develop and implement data-driven performance improvement plans to address continuous program and provider improvement? c. How do you ensure that providers receive training on how to help families know their rights, effectively communicate their children's needs, and help their children develop and learn? 			
10. If you do not have a record of any complaints, how are you ensuring that families understand their rights to access dispute resolution? Does the data demonstrate that parents understand their rights related to resolving disputes under IDEA?			