

## Demonstration Site, DEAP, Improvement Strategy

<b>Evaluation of Demonstration Site, DEAP, Improvement Strategy Implementation</b>		
<b>Using the best, essential and required practices, DEAP will first identify and then implement social-emotional screenings, assessments, and evidence based curricula to promote and improve social-emotional competence for infants and toddlers with disabilities and their families.</b>		
<b>How will we know the activity happened according to the Plan? (performance indicator)</b>	<b>Measurement/Data Collection Methods</b>	<b>Timeline (projected initiation and completion dates)</b>
Apply adult learning activities to trainings.	Participant evaluations of engagement and observation guided by developed protocol.	June 1, 2016
Review and select training materials that have been developed: Social-emotional screeners, assessments and curricula	Identified social-emotional screening and assessments tools are selected and available for review by Quality Improvement Specialist and Part C Coordinator. Identified social-emotional curriculum is selected and available for review by Quality Improvement Specialist and Part C Coordinator.	September 2, 2016
Identify resources available and needed (screening tools, assessment tools, and curricula).	Resources selected and available for program staff, Quality Improvement Specialist, and Part C Coordinator.	January 1, 2017
Develop process/protocol for how and when screeners and assessments are completed.	Protocol developed and disseminated to program staff, Quality Improvement Specialist, and Part C Coordinator.	January 1, 2017
Assure training is accessible to all staff no matter their location.	Role and region of participants as reported on the Participant Attendance List.	June 1, 2017
Implement training (including sharing information, assessing skills and knowledge, providing opportunities for active participation).	Training agenda and materials and trainer report after the training. Pre and post-tests completed by participants.	June 1, 2017
Web-based modules, video vignettes when developed, use of technology for virtual face to face trainings.	Web-based modules are available via MSU Extended University.	June 1, 2017
Assure training is provided in a timely fashion.	Training agenda and materials and trainer report after the training (include evaluation of training by participants).	June 1, 2017

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Offer peer to peer support, for reflection and sharing knowledge using methods such as face to face meetings, phone calls, use of technology, etc.	Peer to peer support system developed and is documented for review by Quality Improvement Specialist and Part C Coordinator.	July 1, 2017
Observe in person, through scheduled observations, and feedback to ensure fidelity in implementing skills.	Fidelity checklists.	July 1, 2017
Incorporate fidelity into the staff member's annual performance reviews.	Annual performance reviews include fidelity checklists.	July 1, 2017
Evaluate training process and modify as needed.	Observation guided by protocol.	July 1, 2017
Develop internal infrastructure by developing a career ladder for Family Support Specialists in an effort to retain well-trained staff.	Documentation of career ladder available for review by program staff, Quality Improvement Specialist and Part C Coordinator.	June 1, 2017

Type of Outcome	Outcome Description	Evaluation Questions	How will we know the intended outcome was achieved? (performance indicator)	Measurement/Data collection methods	Timeline (projected initiation and completion dates)
<b>Short-term Outcomes</b>	FSS's have access to and participate in high quality training that is standardized for implementation across the state.	Have FSS's participated in trainings related to assessing and addressing children's social-emotional development?	80% of FSS's access and participate in high quality training.	Program's FSS training records.	June 1, 2017 – June 30, 2019
	FSS's acquire knowledge, skills, confidence in facilitating learning	Are FSS's demonstrating knowledge, skills, and competency in best	80% of FSS's demonstrate knowledge, skills, and competency.	Program's monitoring documentation: Supervisory Reports Family Reports	June 1, 2017 – June 30, 2019

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	regarding children’s social-emotional development.	practices in working with children and their families on social-emotional outcomes?		Outcomes documentation Home visit documentation Fidelity checklists  Staff survey	
	Procedures and protocols for practices to improve children’s social-emotional development are institutionalized.	Are FSS’s following procedures and using identified protocols to improve social-emotional development for children?  Are FSS’s consistently implementing interventions and services to meet social-emotional outcomes?	80% of FSS’s follow procedures and protocols for social-emotional development assessments and practices.  80% of FSS’s implement interventions and services to meet social-emotional outcomes.	Self-assessment complete weekly until fidelity is achieved and then monthly.  Program’s monitoring documentation includes: Coaching logs; Supervisory reports; Fidelity checks.	June 1, 2017 – June 30, 2019
	Staff will develop specific skill areas that they wish to pursue.	Are FSS’s identifying specific skills to acquire to better aid them in their work?	80% of FSS’s identify skill sets to enhance and create professional development plans.	Staff survey.  Program’s supervisory structure documents professional development plans.	June 1, 2017 – June 30, 2019
<b>Intermediate Outcomes</b>	FSS’s demonstrate competency in: Screenings Assessments Communication with families	Are FSS’s implementing strategies for strengthening families’ skills and confidence to help	80% of FSS’s implement strategies to strengthen families’ social-emotional skills while working with their	IFSP reviews.  Home visit documentation.  Family surveys.	June 1, 2017 – June 30, 2019

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	(assessments, why social-emotional development is important, resources available, how to promote social-emotional development during the course of a child and family's daily routines)	<p>their child improve social-emotional outcomes?</p> <p>Are FSS's monitoring progress on social-emotional outcomes and modifying action steps and/or specified outcomes based on data?</p> <p>Are FSS's making referrals to specialists as appropriate?</p>	<p>child.</p> <p>80% of FSS's monitor progress on social-emotional outcomes and include modifications or altered outcomes.</p> <p>80% of IFSPs reviewed note appropriate referrals to specialists.</p>	<p>IFSP reviews.</p> <p>Home visit documentation.</p> <p>Supervisory observations.</p> <p>Family surveys.</p> <p>IFSP reviews.</p> <p>Home visit documentation.</p> <p>Family Surveys.</p>	
	Staff have the resources and tools to work effectively and efficiently (e.g., use of technology).	Are FSS's using resources, tools to work with greater efficiency and effect?	80% of FSS's identify resources, tools to work with greater efficiency and effect.	<p>Staff survey.</p> <p>Supervisor Observation.</p>	June 1, 2017 – June 30, 2019
	Assessments of children's social-emotional development are meaningful, useful, and valid.	Are FSS's effectively using assessments in identifying and prioritizing to develop social-emotional outcomes for IFSPs?	80% of FSS's use assessments to identify and prioritize social-emotional outcomes for IFSPs.	<p>IFSP reviews.</p> <p>Supervisory observations.</p> <p>Staff survey.</p>	June 1, 2017 – June 30, 2019
	Increased number of IFSPs with social-emotional outcomes.	Is there an increase in the number of social-emotional outcomes listed in IFSPs?	20% increase in FFY 2016 and each year thereafter.	<p>Random sample of program's IFSPs using the EI Module:</p> <p>Evidence of connection between assessment and outcomes/plans;</p>	July 1, 2017 – June 30, 2019

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				Evidence of increased number of IFSPs with social-emotional outcomes.	
	Improved staff retention.	Are FSS's maintaining employment at the provider agency?	1/3 FSS's hired remain with the program after one year of work.	Program's monitoring of staff retention.	June 1, 2017 – June 30, 2019
<b>Long-term Outcomes</b>	Families have improved capacity to advocate for and address children's social-emotional needs.	Are families better able to advocate for and address their child's social-emotional needs?	75% of families report they are better able to advocate for their children and address their social-emotional needs.	Family survey.  Family interviews.	July 1, 2017 – June 30, 2019
	Families have knowledge, skills and confidence to implement social-emotional strategies within their daily routines and understand why social-emotional development is important.	Have families gained skills and knowledge, therefore, strengthening their ability to help their children reach their social-emotional potential?	75% of families report they are able to help their children reach their social-emotional potential.	Family survey and randomized interviews with family members.	June 2019
	Families feel empowered to address child's needs.	Are families more engaged in early intervention services for their child?	75% of families report high levels of engagement in early intervention services for their child.	Family survey and randomized interviews with family members.	June 2019
	Children enrolled in Part C will demonstrate increased growth in	Have more infants and toddlers exiting early intervention services	78% of infants and toddlers exiting early intervention services demonstrate	Data reported for APR Indicator C3, which is collected at entry and exit using	June 2019

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	social-emotional development so that they are better equipped to participate in the next steps toward social and academic success following their exit from Part C.	demonstrated an increase in the rate of growth in positive social-emotional development?	increased growth in social-emotional development.	COSP.	
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