



Department of
Education

Tennessee Early
Intervention System

State Systemic Improvement Plan (SSIP)

Phase II Report

April 1, 2016



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Overview

Description of State Program

The Lead Agency in Tennessee for Part C, Individuals with Disability Education Act (IDEA) is the Department of Education (DOE). Tennessee's Early Intervention System (TEIS) is administered by the Office of Early Learning within the Division of Special Populations and Student Support which houses the following work units:

- Tennessee's Early Intervention System
- Part B, 619 Special Education Preschool
- Early Head Start and Head Start
- Voluntary Pre-K
- School-based Support Services
- Conditions for Early Learning
 - Extended Learning
 - Coordinated School Health
 - Safe and Supportive Schools
 - School Nutrition

Early Intervention Service (EIS) programs are defined as the nine TEIS point of entry offices (POEs). Each TEIS POE has a district administrator who reports directly to the state's Part C coordinator who has oversight for the operation of TEIS POE offices. Personnel in these offices are state employees who are responsible for: 1) Part C eligibility determination, and 2) all service coordination activities including Individualized Family Service Plan (IFSP) development, oversight of service delivery, and transition.

During FFY 2014-15 there were 7,150 eligible infants and toddlers with IFSPs served through TEIS. In contrast, Tennessee's federal 618 Dec. 1, 2013 one day count of infants and toddlers with active IFSPs was 4,390.

TEIS has a network of Early Intervention Service (EIS) providers who deliver Part C early intervention services based on a child's Individualized Family Service Plan (IFSP). There are two groups of EIS providers:

- Early Intervention Resource Agencies (EIRAs)

These are service providers for what the state refers to as developmental therapy (DT). This service of special instruction and family training is primarily delivered in home and community settings by an early interventionist (EI). As of this report date, there are 34 EIRAs statewide.

Vendors

These are service providers for other Part C early intervention services such as speech therapy, physical therapy, occupational therapy, audiology, vision services, assistive technology, etc. These services are provided in home, clinic, and community settings. As of this report date, there are 179 vendors statewide.

In Tennessee the child's official educational record is housed in a real-time, web-based data system, Tennessee Early Intervention Data System (TEIDS). The data management system contains demographic and parent information; the child's Individualized Family Service Plan (IFSP), including evaluation and ongoing assessments, family assessment, goals, planned services, and the transition plan; contact logs documenting work activities by IFSP team members; service logs for IFSP delivered services; and an accounts payable section for reimbursement of delivered services where TEIS is payor.

Description of State Identified Measurable Result (SIMR)

Phase I and II work of the State Systemic Improvement Plan (SSIP) was completed under the Department of Education's (DOE) primary priority for student readiness and academic achievement along with data and infrastructure analyses. Phase I culminated in the selection of the following State Identified Measurable Result (SIMR) as the Lead Agency's area of focus for improving child-level results for infants and toddlers with disabilities. There were no changes to the SIMR (Figure 1) as a result of Phase II work.

The percent of infants and toddlers who demonstrate improved acquisition and use of knowledge and skills and who function within age expectation by the time they exit or turn age three will increase.

Early Childhood Outcome 3B, Summary Statement 2

Figure 1: State Identified Measureable Result (SIMR)

Phase I work identified the following four coherent improvement strategies listed below in Figure 2.

Improvement Strategies
Eligibility Procedures – Improve processes for screening, and evaluating potentially eligible infants/toddlers to ensure fewer children are found initially ineligible and are later re-referred and identified as eligible.
IFSP Team Function – Establish clear expectations for the role of the IFSP team and the contributions of its members in achieving child outcomes to ensure that local programs have well-functioning IFSP teams that are more coordinated in their implementation of early intervention services.

Improvement Strategies	
Family Centered Services	Evaluate program quality and increase early intervention provider competence and confidence to implement family centered early intervention, which includes services based on child and family needs, routines, and natural environments to ensure quality family centered early intervention statewide.
ECO Data	Implement measures to improve processes for accurate data collection and dissemination to increase providers' overall understanding of ECO data.

Figure 2: Improvement Strategies

These improvement strategies are visually depicted in the Theory of Action (Figure 3) as to how the four strategies will lead to improved child-level results for the state's SIMR.

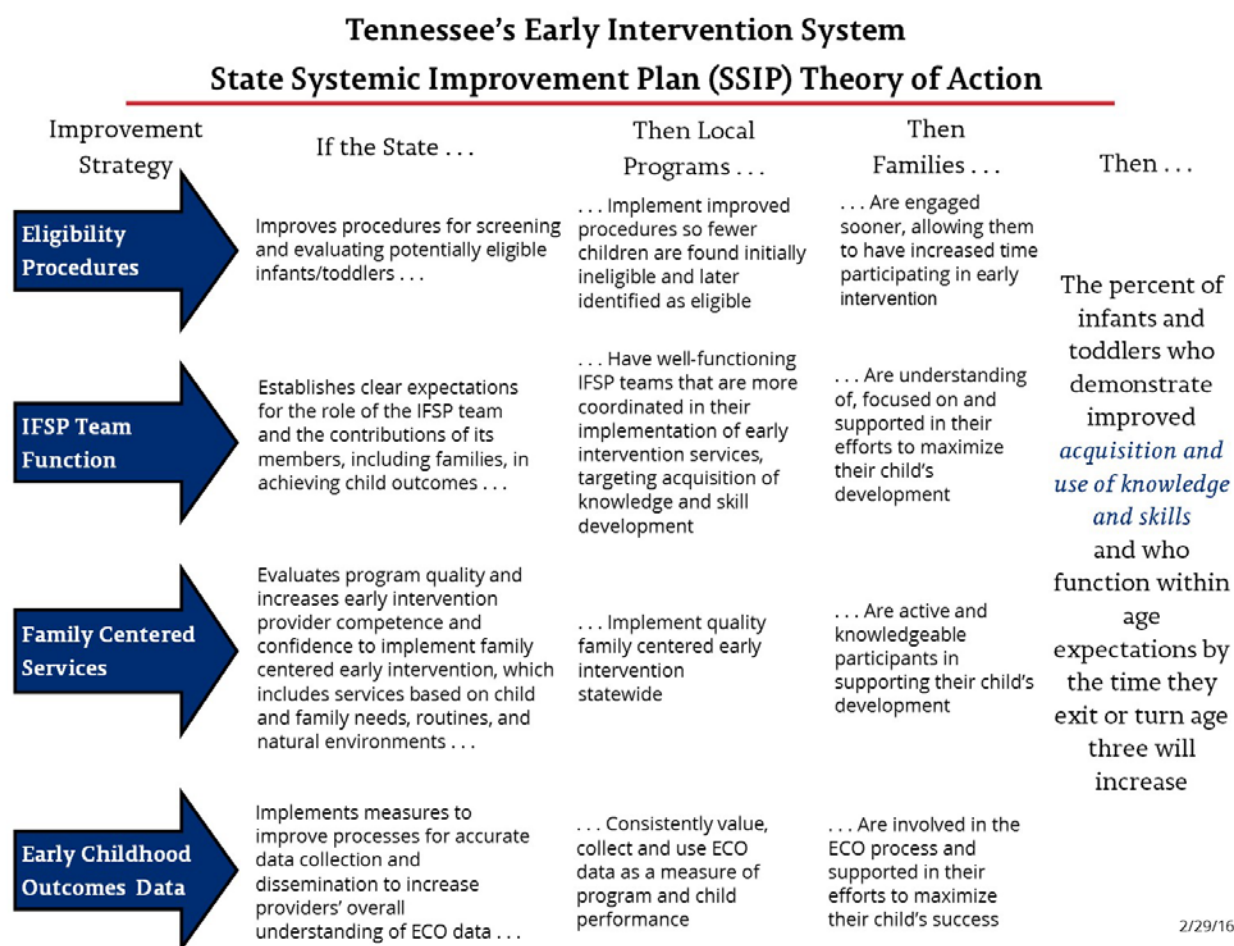


Figure 3: Theory of Action

Phase I Root Causes of Low Performance Connected to Phase II Implementation Plan Development

For phase II development, the Lead Agency sought to ensure that improvement activities selected to impact child-level results to achieve the SIMR were addressing root causes of low performance. Root causes identified in Phase I were reviewed and updated September 2015 based on current infrastructure and available data. Work by SSIP stakeholder teams further assisted the Lead Agency to ensure alignment. Refer below under the section for *Participant's Involved with SSIP Phase II: SSIP Stakeholder Teams* for details on work completed through those teams.

The description of root causes along with applicable updated data analysis supporting root causes and their linkage with improvement strategies is outlined below. Infrastructure changes addressing root causes of low performance are described in the next section under Component 1: Infrastructure Development.

Root cause: Child find/referral/screening

The number of children served for birth–one year and birth–three years (Annual Performance Report [APR] indicators 5 and 6) are low compared with national averages and Tennessee targets. There are children referred to TEIS who don't make it to either eligibility determination and/or initial IFSP development.

Figure 4 below shows the eligibility status of referrals received during 2014-15—eligible, ineligible, or not determined. The largest category, not determined, includes children who “passed” the screening as well as those referrals who declined an intake meeting where screening would occur.

Eligibility Status of Referrals Received During FY 2014-15

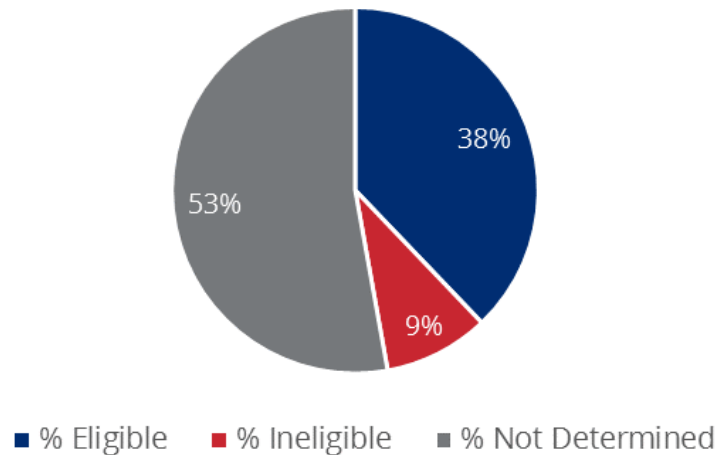


Figure 4: Eligibility Status of Referrals Received During FY 2014-15

Upon examination, it is believed that TEIS' process for moving referrals through screening and evaluation is influencing a group of children who may have been eligible, potentially impacting the SIMR. The improvement strategy for eligibility procedures was developed to address this root cause concern.

Root cause: Family factors

Family factors, particularly socioeconomic status (SES), were identified as a potential root cause of low performance as children from low SES households and communities have a greater likelihood of being in families with lower parental education levels, from single-parent homes, in foster homes, in households dealing with crisis, etc. Phase I data analysis confirmed a negative correlation between socioeconomic status (SES) and early childhood outcomes (ECO). A smaller percentage of children from low SES counties exited Tennessee's Part C services at the level of same-age peers compared to children from high SES counties, and compared to the state as a whole. This statement held true for each point of entry office (POE). Conversely, a larger percentage of children from high SES counties exited Part C services at the level of same-age peers when compared to children from low SES counties.

This analysis was completed using available county-level data on multiple indicators of well-being, including economic factors particularly impacting families with very young children. The 25% of counties with the lowest and 25% of counties with the highest SES scores were identified. As stated in Phase I, this correlation is at the county level—not the child level. The Lead Agency does not collect

income data from families receiving TEIS services making it impossible to track outcomes by socioeconomic status at an individual child level.

Additional data analysis relative to socioeconomic status was conducted during Phase II using the same county SES subgroups. As demonstrated by the following figures, this additional analysis supported the need for improvement activities designed to bolster services for families from these geographic areas. Specifically, in the improvement strategy strands for IFSP team function, family-centered services, and eligibility procedures.

Figure 5 below shows the average length of time a child receives early intervention is lower for low SES counties when compared to high and mid SES subgroups, with 32% of low SES counties reporting an average of 0-12 months of service compared to 17% and 19% of counties for the high and mid SES subgroups. This pattern is also seen in the 2013-14 data.

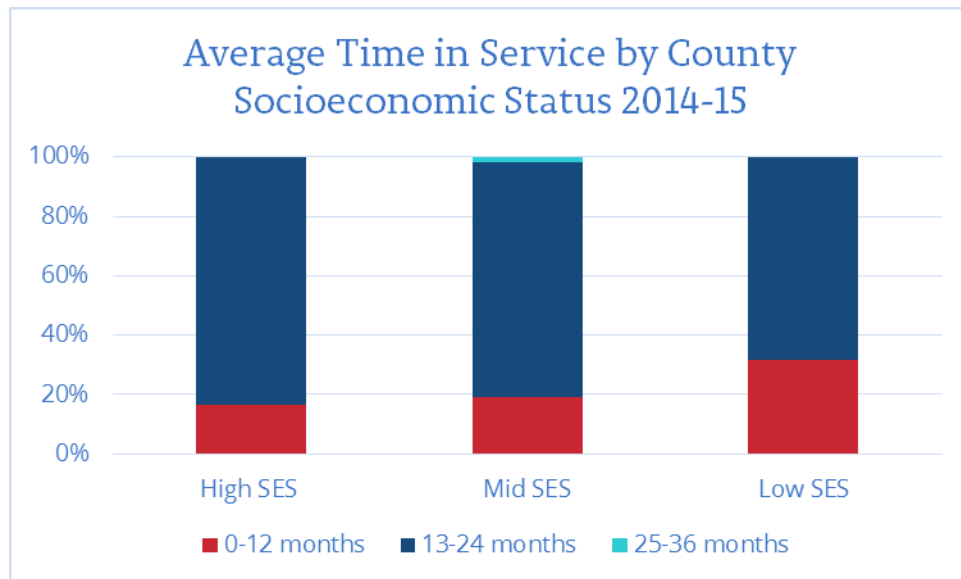


Figure 5: Average Time in Service by County Socioeconomic Status 2014-15

Figure 6 below shows differences in referral sources among socioeconomic subgroups. Referrals from the Department of Children's Services (DCS) are far more likely in the low SES group, while family/friend referrals are less likely. Further data analysis on referral sources for the eligibility procedures improvement strategy revealed referrals from family/friends were the most likely to result in children with individualized family service plans (IFSPs) while referrals from DCS were the least likely to result in IFSPs.

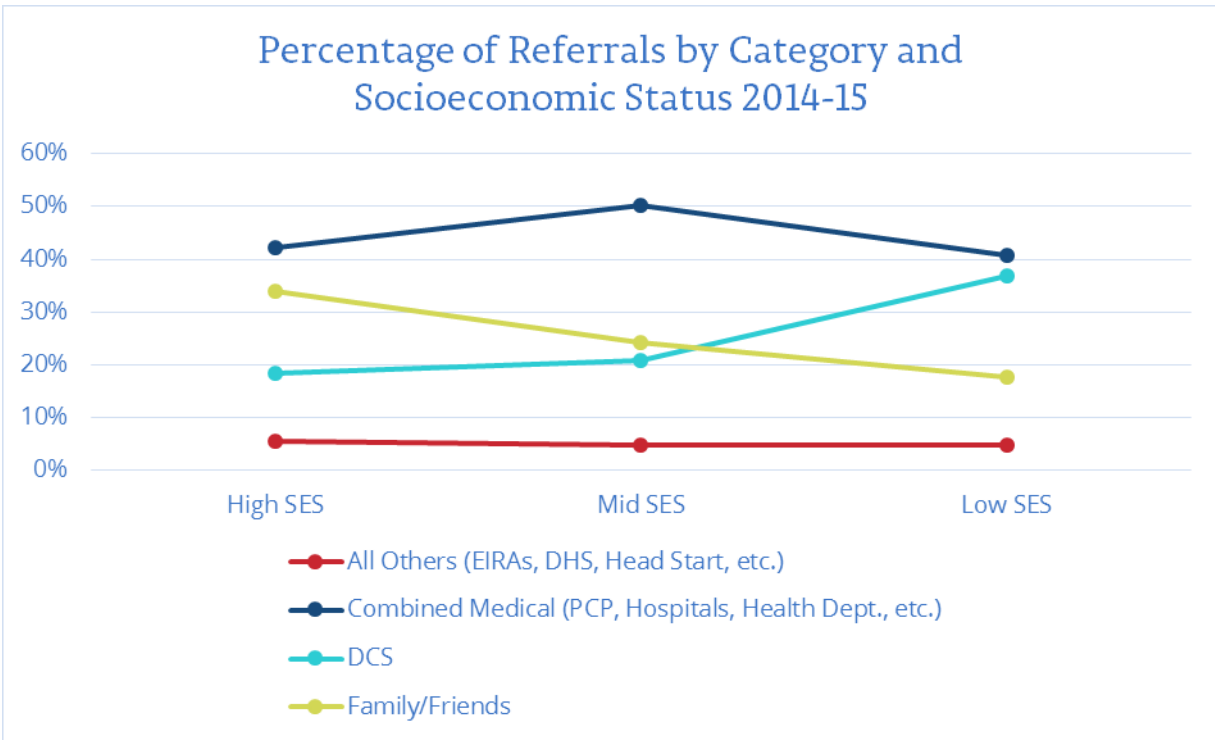


Figure 6: Percentage of Referrals by Category and Socioeconomic Status 2014-15

Figure 7 below shows that referrals from low SES counties were less likely to complete the eligibility determination process. This corresponds to the previous data regarding the referral sources. Steps within the eligibility procedures improvement strategy will address this issue through revising and streamlining the intake and eligibility processes as well as staff training to address possible procedural issues preventing families from reaching the point of eligibility determination and IFSP development and making the process as family-friendly as possible.

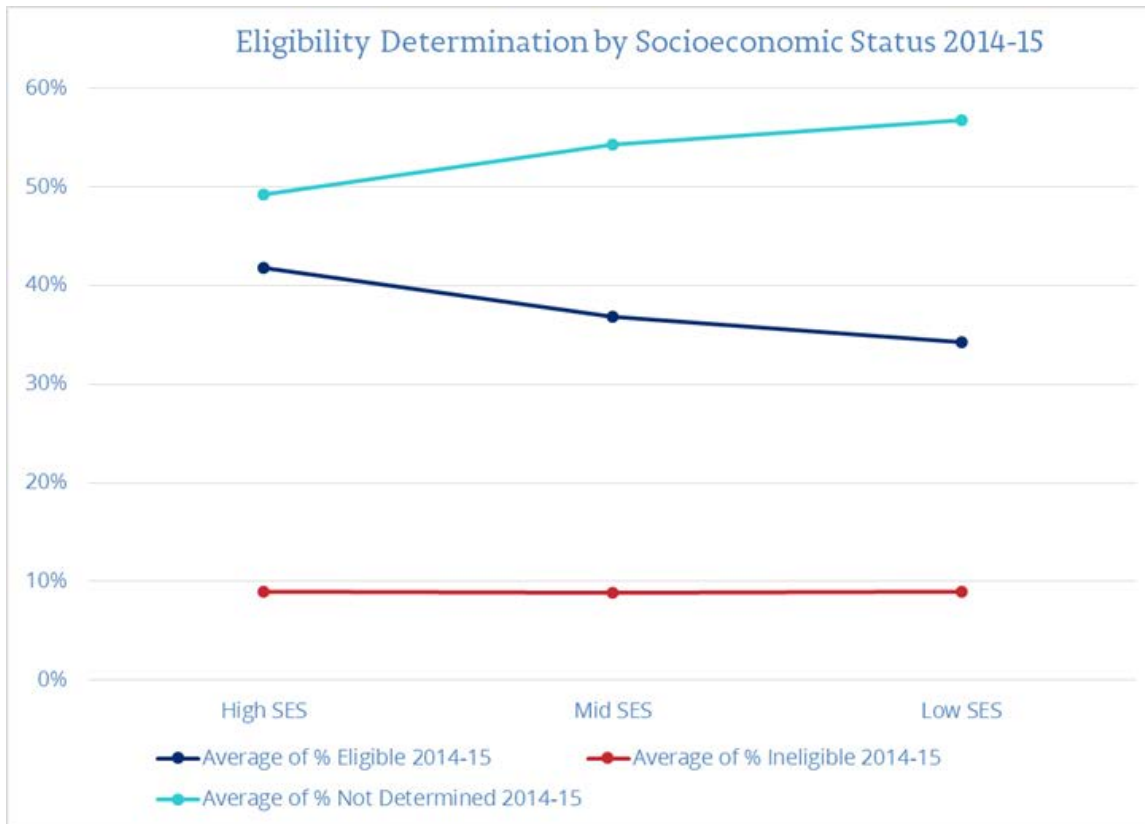


Figure 7: Eligibility Determination Status by Socioeconomic Status 2014-15

Root cause: Provider availability/service delivery

Phase I work identified: 1) some areas of the state where there was limited early intervention service provider availability, particularly for specialty services (e.g., vendors for speech, physical therapy, occupational therapy), and 2) a need for continuity and quality of early intervention service delivery. Activities within improvement strategies for family centered services and also in IFSP team function address these root causes.

Root cause: Early Childhood Outcomes (ECO) data

Phase I work identified a lack of understanding of early childhood outcomes across EIRA early interventionists and vendors and consistency in the ECO data collection process. The improvement strategy for ECO data was developed to address these root concerns.

Root cause: Service coordinator caseloads

This root cause of low performance was not originally identified as a stand-alone root cause in Phase I work. It had been identified as a aspect of the provider availability/service delivery root cause. Upon further review and analysis of monthly service coordinator caseload reports, it was revealed that service coordinator caseloads are consistently higher than recommended averages. The caseload

reports showed staff vacancies, new staff with reduced caseloads due to training, and extended staff absences make actual caseload numbers higher than calculated averages. Root causes of low performance were reviewed by the Lead Agency in September 2015 and updated to include service coordinator caseloads as a stand-alone root cause. Addressing this root cause is a component of infrastructure development and is also a consideration in the eligibility procedures and IFSP team function improvement strategies.

In Tennessee, service coordinator's caseloads are approved for 50-55 active children per full time equivalent position. This caseload number does not include new referrals for children who do not yet have an IFSP developed. Caseload reports for the month of July 2015 were reviewed. During the month there were 5,888 active children and 110 approved service coordinator positions making the average caseload 54 per full time equivalent position. During the same month there were five service coordinators on family medical leave (FMLA) and there were two vacancies, making the actual caseload average 57. TEIS point of entry (POE) offices also reported during the month of July 2015 there were seven service coordinators employed less than six months who were carrying reduced caseloads, increasing the caseloads for the more experienced service coordinators in the office. During 2015, 26 service coordinator positions were filled due to vacancies. These factors caused the July 2015 actual caseloads to range from a low of 40 (new staff) to a high of 73, not counting new referrals for children in the intake/eligibility determination phases prior to IFSP development. The month of July 2015 is representative of a typical month for the Lead Agency.

High caseloads make service coordinator responsibilities challenging to complete with fidelity (i.e., IFSP development, IFSP review meetings, monthly Targeted Case Management (TCM) visits, transition planning for exit from TEIS). This leads to a likely higher percentage of referrals closing prior to eligibility determination, less access and availability with families, and reduced ability to effectively coordinate services among IFSP team members.

In addition to the considerations above regarding the discrepancies between actual and average caseload sizes, the Lead Agency is experiencing annual increases in the number of referrals and the number of children served based on the Dec. 1 Child Count data (Figures 8 and 9 below). These increases are also contributing to the issue of high caseloads for service coordinators since there have been no corresponding increases in staff positions. The Figure 9 reveals that December is historically the Lead Agency's lowest month for referrals and is not representative of the average number of children served in a month.

Fiscal Year	Number of Referrals	Number of Children Served per Dec. 1 Child Count
2013-14	11,356	4,165
2014-15	12,545	4,483
2015-16	14,000+ projected	5,000+ projected

Figure 8: Number of Referrals and Children Service on December 1 by Fiscal Years

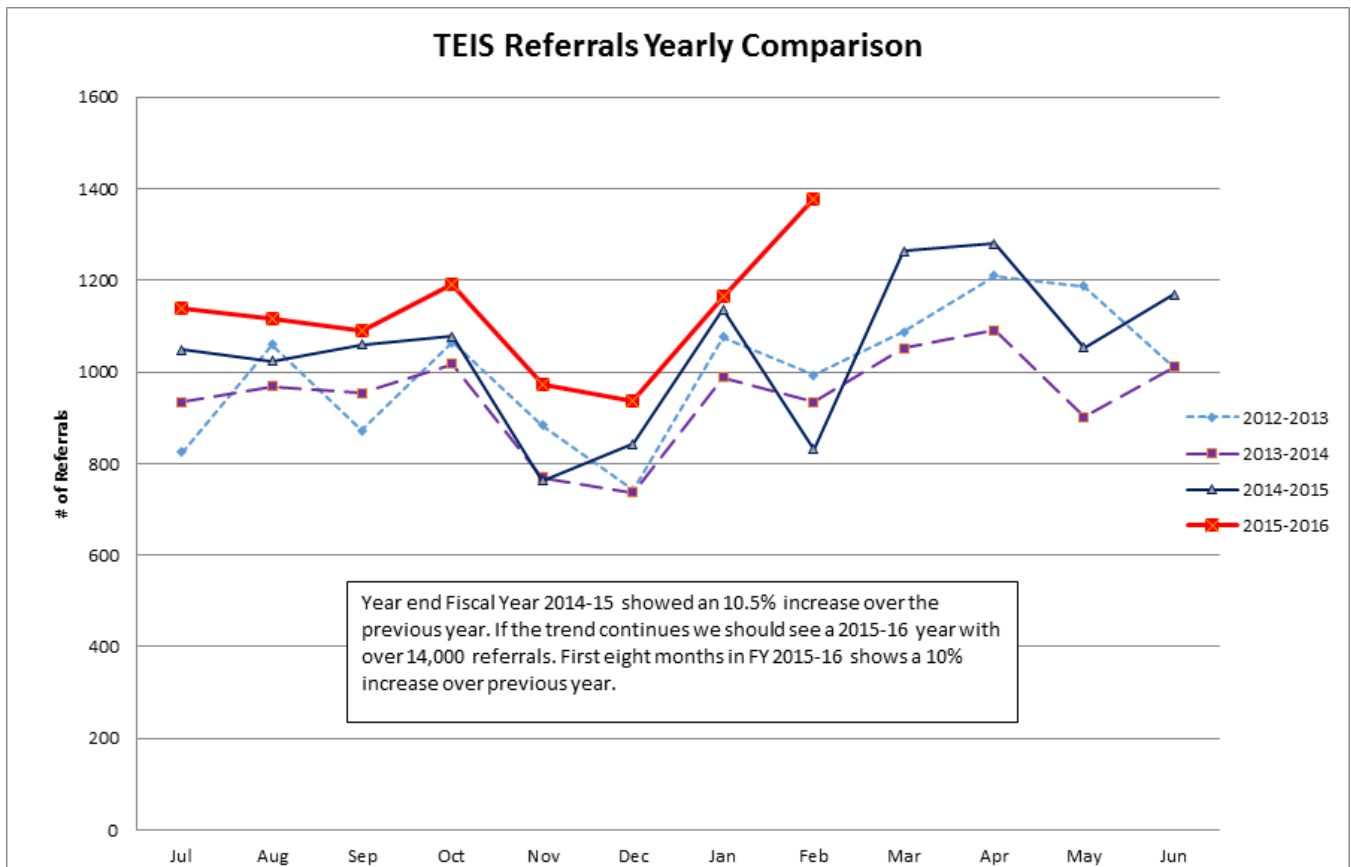


Figure 9: TEIS Referrals Yearly Comparison

Due to the valuable information about actual caseload numbers revealed in the monthly caseload reports, the increases in referrals and children served, and the concerns outlined in the root causes above for child find/referral/screening and family factors, the Lead Agency has made it a priority to increase staff, streamline tasks, and provide resources to support staff in the field.

Participants Involved in Phase II Work

State Staff and Federal Technical Assistance

Phase II of SSIP development efforts were led the Part C monitoring coordinator (SSIP coordinator). Work was planned and completed by state SSIP leadership: TEIS executive director, Part C coordinator,

Part C monitoring coordinator, program monitor, quality improvement manager, and state data manager.

Phase II work utilized federal technical assistance (TA) expertise from two principle personnel from the Early Childhood Technical Assistance Center (ECTA), the Individuals with Disabilities Education Act (IDEA) Data Center (IDC) and Center for IDEA Early Childhood Data Systems (DaSy Center).

Ongoing work included regular conference calls between the SSIP coordinator and TA to plan SSIP work, prepare for upcoming meetings with state SSIP leadership, and to obtain feedback for the Phase II report. Individually, each TA professional provided two, two-day on-site visits with state SSIP leadership for a total of eight days between September–January.

In November 2015 the National Center for Systemic Improvement (NCSI) assigned a new state contact to Tennessee. The SSIP coordinator and State SSIP leadership utilized their NCSI contact during the later stages of Phase II development through feedback provided by phone during state work meetings, provision of resources, and reviewing draft Phase II report documents.

Staff from the state SSIP leadership attended the IDC Interactive Institute on High Quality Data and the SSIP (May 12–13) and the 2015 Office of Special Education Programs (OSEP) Leadership Conference (July 27–29). Staff also participated on relevant federal TA center webinars and OSEP monthly TA calls, utilizing guidance documents available.

The SSIP coordinator and/or state SSIP leadership had several calls with the federal Office of Special Education Program's (OSEP) state contact. As available, federal TA providers also participated on calls.

Stakeholder Involvement

SICC membership and visitors

The Lead Agency had involvement from a broad group of stakeholders for the development of the Phase II of the SSIP. The State Interagency Coordinating Council (SICC) was the primary stakeholder group for work. The SICC suspended its regular meeting format to provide input and guidance toward for Phase II development. Three quarterly meetings were held between July 2015 and January 2016. One conference call meeting was additionally scheduled with membership in March to review the final draft of Phase II report.

During SICC meetings, state SSIP leadership shared data and ongoing SSIP work efforts, soliciting feedback from membership and the typical 40–50 visitors present. Visitor representation consisted of

TEIS POE district administrators and leadership staff; EIRA administrators and early interventionists; vendors; and other TEIS state staff.

SSIP Stakeholder Teams

During the July 2015 SICC meeting, nominations were requested for the establishment of four SSIP stakeholder teams, one for each of the four coherent improvement strategies identified in Phase I work: 1) eligibility procedures, 2) Individualized family service plan (IFSP) team function, 3) family centered services, and 4) early childhood outcomes (ECO) data. The purpose of teams was to assist state SSIP leadership in the development of its improvement plan including the evaluation plan.

The state SSIP leadership appointed stakeholder teams from nominations received—nominations by the individual themselves or recommendations of others. Teams comprised of one state SSIP leadership staff as the team lead along with representation from TEIS POE leadership and staff, SICC membership, EIRAs, Vendors, and family advocacy. Each team was comprised of 8–10 members. Support to state SSIP stakeholder team leads was provided by federal TA providers from ECTA and DaSy Center on several SSIP stakeholder team calls.

SSIP stakeholder teams were established in August and state SSIP leadership team leads each held two working conference calls between September–December. The work of these teams involved:

- 1) Reviewing input collected from stakeholders during Phase I work to assist the Lead Agency in organizing activity recommendations.
- 2) Vetting improvement activities against root causes of low performance. If an activity did not address a root cause, it was eliminated from further consideration.
- 3) Ranking vetted improvement activity recommendations as to which activities had the greatest potential to achieve the SIMR.
- 4) Providing insight for potential barriers/challenges for activity implementation.
- 5) Providing input which the state SSIP leadership used in evaluation plan development for improvement activities (e.g., activity measures to consider, ways to collect activity progress information and/or data needed).

Component #1: Infrastructure Development

1(a) Specify improvements that will be made to the state infrastructure to better support EIS programs and providers to implement and scale up Evidence-Based Practices (EBPs) to improve results for infants and toddlers with disabilities and their families.

Infrastructure changes: High caseloads for TEIS Service Coordinators

As a part of Phase II work, the Lead Agency conducted preliminary analysis of roles and responsibilities within TEIS POE offices to assess infrastructure resources (i.e., available and needed) when considering SSIP improvements, October 2015. The impetus behind this review was based on the root cause of high service coordinator staff caseloads. TEIS central office leadership met to review current TEIS service coordinator positions. The foundation for this work compared current responsibility alignment to the federal statute for IDEA Part C to determine what responsibilities: 1) are required according to IDEA Part C, 2) can either be eliminated or shifted to another position, and/or 3) can be streamlined or be completed in a different way. This preliminary analysis was shared and further refined when meeting with TEIS district administrators and program coordinators in November. The TEIS executive director and Part C coordinator have continued work with TEIS POE leadership to look for ways to streamline service coordination processes (e.g., phone intakes, requested reviews, paperwork) to allow more time with families and IFSP team members.

The Part C coordinator in collaboration with the human resource director identified a number of potential positions within the Department of Education that were vacant and could potentially be reclassified for TEIS service coordinator positions. The TEIS executive director and Part C coordinator met in November with the assistant commissioner of the Division of Special Populations and Student Support to discuss staff needs and the potential for these positions to be reclassified to support increased service coordinator caseloads.

The assistant commissioner and deputy commissioner of the Department of Education approved vacant positions to be reclassified. The request for reclassification was submitted on March 1, 2016 to the DOE executive leadership team for review. When approved the reclassification of positions will be sent to department of human resources for final approval. It is anticipated that additional staff will be hired in FFY 2016-17.

The ability to hire additional service coordination staff is also contingent on a continuation of an interagency agreement with the Department of Children's Services (DCS) to access funds for Targeted

Case Management (TCM) which supports TEIS POE staff positions. The interagency agreement is currently in process and expected to be in place by July 1, 2016.

Another possible strategy to support service coordinators high caseloads is related to the use of technology to support the management of caseloads, thus improving coordination with family and other IFSP team members. This recommendation was made in Phase I work and revisited in Phase II by the SSIP stakeholder team working on the improvement strategy for IFSP team function.

In FFY 2015-16, TEIS included a line item in the department's budget to fund 150 cell phones for TEIS POE staff (i.e., service coordinators, developmental specialists, district administrators, program coordinators). The phones will be used to call families and IFSP team members, document travel, and complete dictation for meeting notes, etc. It is anticipated that the use of cell phones will be in place by July 2016.

TEIS central office leadership will explore the potential use of other tele-practice technologies for use with IFSP team members. At the current time, Tennessee cannot financially support the use of tele-practice as there is not a mechanism to bill private and/or public insurances. As technologies are added, TEIS leadership will develop guidance, protocols, and training for their usage.

Infrastructure changes: EIS provider availability

As TEIS continues on the same trajectory with referral patterns, the Lead Agency will explore other models for the delivery of IFSP services. See Figure 1 above entitled TEIS Yearly Referrals Comparison. This exploration will include research on consultative, coaching, primary service provider, and other effective service delivery models. Refer to the logic model for family centered service, *Attachment 1: Implementation and Evaluation Plan*.

TEIS leadership is exploring the potential for creating an additional funding pathway for the IFSP service of developmental therapy through Medicaid reimbursement (i.e., TennCare). The Lead Agency is interested in developing an interagency agreement with the Bureau of TennCare. Several contacts with the Bureau of TennCare have been identified including a policy analyst and the director of Early Periodic Screening Diagnosis and Treatment (EPSDT) outreach. The director of EPSDT now serves on the SICC. It is expected that a meeting to discuss possible funding options will be held by September 2016. Should this new funding pathway be secured for reimbursement for developmental therapy, then state/federal Part C funding currently used for service of developmental therapy would be available to expand other early intervention services (i.e., speech, physical therapy, occupational therapy) particularly in areas of the state that are underserved. Service provider availability was identified as a root cause in Phase I.

Infrastructure changes: EIS provider (EIRAs and Vendors) performance measures

In FFY 2014-15, the Lead Agency established performance measures along with a training and supervision plan in Early Intervention Resource Agency (EIRA) contracts for the service of developmental therapy. This initiative was implemented to align TEIS early intervention services with the department's priority for student achievement—thus ensuring consistency and alignment with family centered early intervention best practices. The quality improvement manager and staff lead efforts for this initiative. Performance measure are aligned with Division of Early Childhood (DEC) Recommended Practices.

Performance measures for EIRAs are as follows:

- Home visit activities are routine based
- IFSP goals are addressed during each home visit
- Family engagement occurs during home visits

The Lead Agency will use EIRA performance measures to implement a similar process with vendors (i.e., speech, physical therapy, occupational therapy) contracts beginning in FFY 2018-19. Refer to the logic model for family centered services, *Attachment 1: Implementation and Evaluation Plan*.

Infrastructure changes: Early Childhood Outcomes (ECO) Data Collection

Prior to FFY 2014-15, ECO data were collected by TEIS service coordinators using professional judgement along with discussions with families and the results of assessment information gathered from providers. Providers self-selected their own developmental assessment instruments prior to FFY 2014-15.

In FFY 2014-15, service coordinators were trained to use the Battelle Developmental Inventory, Second Edition (BDI-2) and the corresponding BDI-2 z-scores to anchor ECO discussion with families. The BDI-2 is the evaluation instrument used in Tennessee to determine a child's eligibility for services. BDI-2 is not required to be administered at exit, so there is not an instrument with which to anchor exit scores. For exit ratings, service coordinators determine ratings using professional judgement along with discussions with families and ongoing assessment information gathered from providers selecting their own developmental assessment instruments.

In October 2015, the Lead Agency began using the Assessment, Evaluation, and Programming System for Infants and Children (AEPS) to gather developmental assessment data every six-months, beginning six-months after the initial Individualized Family Service Plan (IFSP). AEPS assessment scores are cross-walked with ECO to produce child outcomes summary (COS) ratings. See Phase II report, section 1(b) for additional information on AEPS. For FFY 2015-16, TEIS will continue to use BDI-2 z-scores to anchor

entrance ECO data collection, and AEPS will be used to anchor ECO data collection at each subsequent six-month and annual IFSP meeting.

One of the improvement activities in the improvement strategy for ECO data is to implement AEPS at initial IFSP meetings beginning July 1, 2016. When this occurs, ECO data will be anchored to a single developmental assessment instrument for every collection point. This change will require TEIS to review and possibly establish new baselines for Annual Performance Report (APR) indicator 3 in FFY 2017-18. By FFY 2019-20, all children assessed prior to the AEPS at entrance will have exited early intervention. The Lead Agency believes connecting ECO COS ratings to a single developmental instrument will provide consistency and reduce subjectivity in the data.

Infrastructure changes: Data Reporting

April 15, 2015 the Lead Agency awarded the new contract for its data management system (i.e., Tennessee Early Intervention Data System [TEIDS]) to Yahasoft, Inc. One of the provisions of the new contract was several internal application changes that required alignment with new data collection processes that are needed to meet SSIP requirements.

During the FFY 2016-17, TEIS will identify and develop a new set of evaluation reports for child-level aggregate data based on user profiles and ECO results. By FFY 2017-18 the new data system modifications will be implemented for all state leadership, TEIS POEs, and EIRAs. Development and statewide training on these new reports will be completed in FFY 2018-19. After all modifications to the originally developed reports are completed, a development plan to replicate the process for vendor use will be implemented during FFY 2019-20.

TEIS is reviewing the addition of a new business intelligence (BI) application to provide seamless data access to all tables within the database and better reporting of data trends. The BI application is a front end application that allows agency users to view, sort, and analyze data using a set of business intelligence tools.

The BI application can help by delivering a single enterprise-class solution for data integration, data quality, data profiling, and data analysis reporting that will support critical programmatic processes and decisions. Refer to the logic model for early childhood outcomes data, *Attachment 1:*

Implementation and Evaluation Plan.

1(b) Identify the steps the state will take to further align and leverage current improvement plans and other early learning initiatives and programs in the state, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start, and others which impact infants and toddlers with disabilities and their families

State Initiatives and Plans

Department of Education (DOE) Strategic Plan

In October 2015 the Department of Education (DOE) developed a strategic plan for the department that included the Office of Early Learning (OEL). OEL was developed to increase collaboration and cooperation among DOE birth through five programs. An executive director of OEL was hired in August 2015 to lead this effort.

The following programs are included within the OEL:

- TEIS
- 619 Preschool
- Voluntary Pre-K
- School-based support services
- Head Start State Collaborative

Figure 10 below is taken from the department’s strategic plan in the priority area of early foundations and literacy—building skills in early grades to contribute to future success.


	PROJECT PLAN
Priority Area Priority Area Summary Strategy MAJOR ACTION STEPS	EARLY FOUNDATIONS AND LITERACY <i>Building skills in early grades to contribute to future success.</i> a. Increase department support and monitoring of programs that serve birth to age four students to ensure a solid foundation for learning. i. Evaluate program quality and increase early intervention provider confidence to implement family centered early intervention, which includes services based on child and family needs, routines, and natural environments (ages 0-3) ii. Create and administer enhanced program quality measurement process to evaluate Pre-K effectiveness (ages 3-5) iii. Plan and execute high-impact professional development for educators and school leaders to support Pre-K program effectiveness (ages 3-5)

Figure 10: Department of Education’s Strategic Plan, Priority Area of Early Foundations in Literacy

The four SSIP improvement strategies serve as TEIS’ contribution to the overall department strategic plan. The OEL holds regular “stocktake” meetings to review progress toward goals outlined on the strategic plan. Ongoing progress is reported to the commissioner of education.

Tennessee Young Child Wellness Council

The Tennessee Young Child Wellness Council (TNYCWC) was appointed by the governor as the Early Childhood Advisory Council (ECAC). The DOE Office of Early Learning executive director serves on the council's steering committee and several TEIS central office leadership participate. The TNYCWC is coordinated by the department of health and was developed to bring together entities who provide services to young children to develop a strategic plan (figure 11 below). The council has four focus areas with goals, which include working with families from low socioeconomic status (SES). The approach used by the council in developing the strategic focus areas was grounded in the Strengthening Families Protective Factors Framework, which provides a common language and approach for all participants in this work. The four focus areas are:

- Promote Optimal Early Brain Development
- Support Optimal Early Child Growth and Development
- Foster Safe and Nurturing Relationships
- Provide Safe and Nurturing Learning Environments

Meetings are held every other month and are well attended by representatives from a number of agencies and organizations who touch the lives of young children and families across the state, including the following:

- Tennessee Department of Health
- Tennessee Department of Education
- Tennessee Department of Human Services
- Tennessee Department of Children's Services
- Tennessee Council on Children and Youth
- Tennessee's Infant Mental Health initiative
- Tennessee's Adverse Childhood Experiences (ACES) initiative
- Governor's Children's Cabinet
- Kidcentraltn.com representatives (state operated central clearinghouse for resources for parents)
- Head Start
- Voices for Children advocacy group
- Disability rights advocacy groups
- Local organizations and service providers across the state

The TNYCWC meetings provide opportunity for connection, collaboration, resource sharing and networking to better serve young children and their families, including those served by TEIS.

Participation in this council will support the Lead Agency's SSIP implementation by providing resources

relative to working with families of low socioeconomic status, provide current information about the changing landscape of available resources across the state, and give the Lead Agency the opportunity to participate in new initiatives that would improve service delivery to the TEIS population.

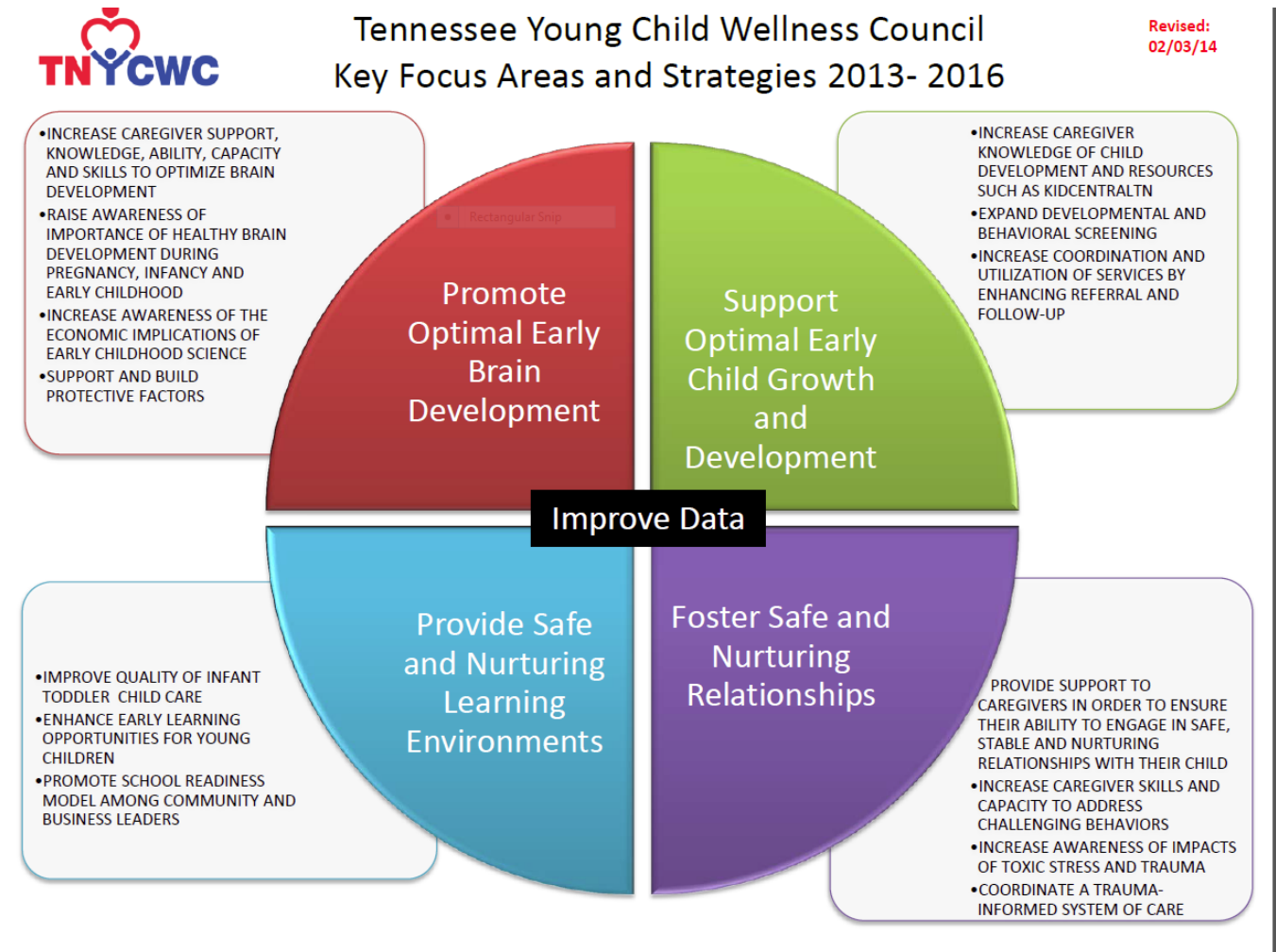


Figure 11: Tennessee Young Child Wellness Council Key Focus Areas and Strategies, 2013-2016

EIRA Performance Measures and AEPS

In FFY 2015-16 Early Intervention Resource Agency (EIRA) contracts included a scope of service item that required all early intervention (EI) staff to use the Assessment, Evaluation, and Programming System (AEPS) as a foundational curriculum. The AEPS is designed to obtain developmental information in regards to progress toward IFSP goals for six month and annual IFSP development. The AEPS is the only early childhood assessment/curriculum that is cross walked with the Tennessee-Early Learning Development Standards (TN-ELDS) and aligned with early childhood outcomes (ECO). The Lead Agency provided training to all EIRA staff, July–September 2016. EIRA staff began using the AEPS

as a foundational curriculum and developmental progress assessment Oct. 1, 2015. The Lead Agency provided make-up training to EIRA staff hired after October 1, 2015 between January-March, 2016.

Tennessee Early Intervention System (TEIS) Quality improvement team (QIT) staff are working with Brookes Publishing to develop an initial training for EIRA new hires after March 1, 2016. TEIS QIT staff discuss AEPS challenges and successes during monthly phone calls and quarterly site visits with EIRA directors.

FY 2016-19 EIRA contract application process includes a description of all eight topical areas of the Division of Early Childhood (DEC) Recommended Practices implementation and monitoring for all agencies submitting an application for consideration.

DEC Recommended Practices topical areas:

- Leadership
- Instruction
- Assessment
- Interaction
- Environment
- Teaming
- Family
- Transition

All 34 FFY 2015-16 EIRA contracted providers received a copy of the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education, 2014* at the quarterly EIRA provider meeting held on January 25, 2016.

The development and implementation of training/supervision plans built on a foundation of DEC Recommended Practices establishes consistency throughout the state for the provision of early intervention services. Early interventionists will be observed by supervisors using a checklist that reflects DEC Recommended Practices. Consistency in service delivery will lead to improved child-level progress.

TEIS Service Coordinator Performance Measures

In FFY 2016-17 QIT staff will develop performance measures for TEIS service coordination staff using selected DEC Recommended Practices. FFY 2017-18 service coordinator individual performance plans (IPPs) will contain behavioral action steps related to performance measures developed. Refer to the family centered services logic model for additional information and timelines, *Attachment 1: Implementation and Evaluation Plan*.

DEC Recommended Practices establishes consistency throughout the state for the provision of service coordination. All service coordinators will be attending and receiving individual training on the DEC Recommended Practices and how they impact child level progress through service coordination.

Service coordinators will be observed by supervisors using a checklist that reflects DEC Recommended Practices. Consistency in service delivery will lead to improved child-level progress.

Screening Tools and Referral Training (START) Training for Physicians

The Lead Agency has an ongoing partnership with the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) to train physicians and medical community personnel to increase early identification and referral of children with developmental delays or behavioral problems using standardized screening tools.

The medical community represents the primary referral source for TEIS. The START Program is an educational program to help pediatric care providers (including pediatricians, family physicians, physician assistants, nurse practitioners, nurses, and others) learn skills and strategies to implement routine developmental screening using standardized screening tools as part of routine health care procedures. One component of the training is specific to the TEIS referral process.

The eligibility procedures improvement strategy, *Attachment 1: Implementation and Evaluation Plan*, includes activities designed to improve communication and relationships with the medical community. Many children referred to TEIS from a medical provider, especially the primary care physician, have been screened by the referring physician and it may be a duplication of effort for TEIS to rescreen children. The eligibility procedures improvement strategy strand is evaluating the Lead Agency's screening process to identify if referrals from selected sources can be sent directly to evaluation and skip screening. When implemented, TEIS will inform START trainers of updates to the TEIS eligibility determination process to ensure the training is reflective of current practices. Additional activities are designed to improve communication with the referral source through the implementation of a form to share the child's eligibility status. The Lead Agency believes these efforts will help improve relationships with the medical community as the primary referral source for children and help to ensure children are identified as eligible and begin services as early as possible.

1(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

Lead Agency state SSIP leadership will be responsible for the implementation and oversight of both the SSIP implementation and evaluation plan. This includes the necessary changes to the state's infrastructure, resources needed, expected outcomes and timelines for completing improvement efforts. State SSIP leadership are located within the TEIS central office and are as follows:

- TEIS executive director,

- Part C coordinator,
- Part C monitoring coordinator and SSIP coordinator,
- Quality improvement manager,
- State data manager, and
- Program monitor.

The Lead Agency utilized a logic model format in the development of its implementation plan. One logic model was developed for each of the four improvement strategy stands: 1) eligibility procedures, 2) IFSP team function, 3) family centered services, and 4) early childhood outcomes data. The implementation plan is detailed within an Excel workbook with one tab for each improvement strategy and one tab listing logic model inputs across all strands. Refer to *Attachment 1: Implementation and Evaluation Plan*.

The four logic models identify resources, activities with steps including responsibilities, timelines, outputs, and short/long-term outcomes. Refer to Phase II report, section 2(b) for additional information regarding activities and timelines. Implementation activity timelines cover the next four years to the end of the SSIP reporting period (FFY 2018-19).

The Lead Agency will leverage the following principle resources for plan implementation:

- Fiscal
 - Continue funding stream through contract with the Department of Children's Services (DCS) for Targeted Case Management (TCM) which funds staff positions in TEIS POEs.
 - Secure available positions through the Department of Education for TEIS service coordinators.
 - Contract with Early Intervention Resource Agencies (EIRAs) for the administration of the Assessment, Evaluation, and Programming System for Infants and Young Children (AEPS) to collect ECO Child outcomes summary (COS) ratings after initial IFSPs and for six-month, and annual IFSP meetings.
- Professional Development and Technical Assistance
 - Train and support EIRAs related to contract performance measures.
- Data
 - Utilize Tennessee Early Intervention Data System (TEIDS) to access child-level data.
 - Implement infrastructure changes to enable the development of child-level ECO data profiles for TEIS POEs and EIRAs.
- Quality Standards
 - Continue to strengthen the alignment of service delivery practices for EIRAs with evidence-based practices using Division of Early Childhood (DEC) Recommended Practices for

establishing performance measures and for resource and training content development (e.g., guidance for IFSP roles).

1(d) Specify how the state will involve multiple offices within the State Lead Agency, as well as other state agencies and stakeholders in the improvement of its infrastructure.

The Department of Education (DOE) divisions under the direction of the commissioner developed a department strategic plan that has a priority area focused on early foundations and incorporates TEIS' SSIP into the plan. Progress on the DOE strategic plan is reviewed every three months at the commissioner level through what the department calls a "stocktake" meeting that includes updates related to TEIS' progress on its SSIP to ensure department resources are aligned to support infrastructure improvements.

TEIS district administrators and program coordinators are state employees responsible for implementing Part C and all regulations at each TEIS point of entry (POE) office. District administrators and program coordinators meet regularly with TEIS central office leadership to share information, updates, and issues regarding service delivery in each area of the state. These meetings support the Lead Agency's local implementation of improvements.

Input from stakeholders was obtained in Phase II work through SSIP stakeholder teams and through SICC meetings related to infrastructure improvements for plan implementation. Stakeholders will continue to be involved in providing feedback to the state SSIP leadership for plan implementation and for the development of specific improvement activity products (e.g., child-level ECO profiles, guidance on IFSP team roles). The primary avenue for stakeholder involvement will be through quarterly SICC meetings and focus groups such as the SSIP stakeholder teams as described in the previous section, Overview: Participants Involved in Phase II work.

Component #2: Support for TEIS POEs and Providers Implementation of Evidence-Based Practices

2(a) Specify how the state will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

Support to Early intervention Resource Agencies (EIRAs) [EIS providers]

In FFY 2014-15, TEIS established performance measures along with a training and supervision plan to better ensure consistency and alignment for the IFSP service of developmental therapy with family centered early intervention best practices. These improvement activities are aligned with DOE priorities within the department's strategic plan. The QIT manager and team are leading efforts for this initiative.

EIRA performance measures are as follows:

- Home visit activities are routine based
- IFSP goals are addressed during each home visit
- Family engagement occurs during home visits

The FFY 2015-16 EIRA contract supervision plan requires all early interventionists (EI) be observed during a home visit by their supervisor quarterly. Supervisors are required to complete a home visit survey for each EI. The survey questions developed by TEIS QIT staff address DEC Recommended Practices. EI Supervisors are required to use the home visit survey as a performance tool to ensure that services provided meet best practice in the field of early intervention. The survey information is entered into a Survey Monkey link to be reviewed by QIT early childhood consultant (ECC) staff. ECCs use the information collected to inform areas of need within the agency to provide professional development activities to meet an agency's specific need.

FFY 2014-15 and FFY 2015-16 EIRA EI Training Plan requires all EI staff to participate in Professional Educational and Enrichment Resources (PEER) activities designed to increase the knowledge base of EIs in evidence-based developmentally appropriate practices. PEER topics selected by the QIT support the Department of Education's, *Tennessee Succeeds Strategic Plan Vision*, and Office of Early Learning's priority area for early foundations and literacy. FFY 2015-16 PEER activities specifically target the Division of Early Childhood (DEC) Recommended Practices and developmentally appropriate practices. FFY 2016-19 EIRA contract application process includes a description of all eight topical areas of the DEC Recommended Practices for implementation and monitoring for all agencies submitting an

application for consideration. TEIS purchased and distributed DEC recommended practice books for each of the 34 EIRAs.

Early Intervention Resource Agency (EIRA) directors are invited to quarterly EIRA provider meetings. Attendance at these meetings will be required as a component of the FFY 2016-19 EIRA contract. Meetings address supervision and training needs of EIRA staff as determined through EI home visit observations and QIT early childhood consultant (ECC) calls and agency visits. Meeting content is developed around DEC Recommended Practices.

The Lead Agency funds a conference as vehicle for supporting implementation of evidence-based practice in the field of early intervention. The fourth annual TEIS Building Best Practices Conference will be held May 10-11, 2016. EIRA contracts require all EI staff to attend the annual conference. A committee of current EIRA and TEIS representatives plan and organize the conference each year. Conference presenters are chosen based on their work within developmentally appropriate, evidenced based practices within the field of early intervention. Past presenters have included; Dr. Bonnie Kielty, M'Lisa Sheldon and Dathan Rush, Dr. Robin McWilliam, and Philippa Campbell. The May 10-11, 2016 conference will additionally include participation by TEIS POE service coordinators and developmental specialists.

Support to TEIS-Point of Entry Offices [EIS programs]

The Lead Agency leadership organizes quarterly meetings with TEIS POE district administrators and program coordinators to provide ongoing information about department initiatives and updates on changes in policy and/or procedures. The meetings also provide the TEIS POE district administrators and program coordinators with an opportunity to network and discuss common experiences and develop resolution to issues. The meetings are instrumental in aligning the work being done in the TEIS POE to TEIS central office leadership and to discuss issues and topics relevant to the state early intervention work for the purpose of improving services to children and families.

The Lead Agency leadership organizes monthly conference calls that are held with TEIS POE district administrators and program coordinators to provide ongoing information about department initiatives and updates on changes in policy or procedures. The calls also allow TEIS POE leadership with an opportunity to ask questions and discuss issues within the district.

Training is provided to TEIS point of entry offices through new hire training including TEIS Operations Manual, Routines-Based Interview/AEPS Family Report for IFSP development, Functional Goal development for IFSP, and early childhood outcomes (ECO) provided by QIT ECC staff. Supportive training is provided in the form of online "Debriefs", mini voice over Power Points, to be used by TEIS

POE Leadership to address service coordinator performance. QIT ECCs meet with TEIS POE Leadership once per month to review IFSP functional goal development by service coordinators. Trainings are developed to meet needs that are targeted through leadership discussion. ECCs provide training to staff on targeted needs once per quarter during TEIS–POE staff meetings.

2(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including the communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

The Lead Agency utilized a logic model format in the development of its implementation plan. One logic model was developed for each of the four improvement strategy stands: 1) eligibility procedures, 2) IFSP team function, 3) family centered services, and 4) early childhood outcome data. The implementation plan is detailed within an Excel workbook with one tab for each improvement strategy and one tab listing logic model inputs across all strands. Refer to *Attachment 1: Implementation and Evaluation Plan*.

The plan identifies seven activities across the four coherent improvement strategies to impact the state’s SIMR. Within the logic model these seven activities are further broken down into 1) inputs needed to implement; 2) specific steps with timelines; 3) expected outputs; and 4) short-term and long-term outcomes.

The Lead Agency will implement its SSIP implementation plan statewide as so many initiatives are already underway statewide (e.g., processing referrals for eligibility determination, using the AEPS for ECO COS rating collection, EIRA performance measures). For information about how the implementation plan aligns with Phase I work refer to the *SSIP Overview* sections for SIMR, Theory of Action, and Phase I Root Causes of Low Performance.

Seven activities selected for the implementation plan are listed in Figure 12 below:

Improvement Strategy Strand	Implementation Plan Activities
Eligibility Procedures	Modify screening process by implementing procedure to send selected referrals straight through to evaluation without conducting screening (i.e. referrals from the medical community).

Improvement Strategy Strand	Implementation Plan Activities
IFSP Team Function	Establish clear expectations and roles for IFSP team members.
	Increase family engagement with TEIS by strengthening early intervention providers' (TEIS service coordinators, developmental specialists, and early intervention service providers) skills in working with families from low socioeconomic status (SES) counties including families in crisis and diverse cultures.
Family Centered Services	Increase service provider availability by increasing funding for early intervention services. (e.g., legislature, Medicaid).
	Ensure that the provision of all services utilize evidence-based practices through the development and implementation of performance measures (i.e., selected DEC Recommended Practices).
Early Childhood Outcomes (ECO) Data	Implement the administration of the Assessment, Evaluation, and Programing System (AEPS) for Infants and Toddlers to collect ECO Child Outcome Summary (COS) ratings at initial, six-month, and annual Individualized Family Service Plan (IFSP) meetings; and provide ongoing ECO training on data and resources to TEIS POEs, EIRAs, Vendors and Families.
	Develop ECO data profiles for child-level progress reports.

Figure 12: Improvement Strategy Strand with Implementation Plan Activities

During the development of logic models there were repeated reviews by the state SSIP leadership and input during quarterly SICC meetings to eliminate duplication and gaps across logic models. As a result various activities and/or steps were moved or consolidated under the logic model strand where it best fit.

Through the course of development state SSIP leadership considered potential barriers needing to be addressed for activity implementation. SSIP stakeholder teams provided input for potential barriers during their meetings. For barriers identified, corresponding steps were developed within each logic model. For example, Tennessee Early intervention Data System (TEIDS) does not currently have a fluid reporting system to support the development and dissemination of ECO data profiles. The Lead Agency is pursuing a business intelligence (BI) application to support this activity.

When working to finalize the implementation plan (i.e., logic models), the state SSIP leadership scrutinized timelines across each improvement strand to ensure infrastructure capacity to implement activities and their steps. The state SSIP team identified what it calls “show-stoppers” (Figure 13 below). These are steps and timelines within activities that must be completed for full improvement plan implementation. Inability to complete a “show-stopper” step will require implementation plan review and adjustments.

SSIP Improvement Strategy Strand	Activity Step: “Show Stoppers”	Implementation Date
Eligibility Procedures IFSP Team Function Family Centered Services	Continuance of Targeted Case Management (TCM) contract between Department of Children’s Services (DCS) and Department of Education (DOE) by July 1, 2016	July 1, 2016
Early Childhood Outcomes Data (ECO)	EIRAs completing Assessment, Evaluation, and Programming System for Infants and Children (AEPS) for ECO child outcomes entrance ratings	Begin July 1, 2016
Early Childhood Outcomes Data (ECO)	Business Intelligence (BI) software in place compatible with Tennessee Early Intervention Data System (TEIDS) for the ability to develop child-level ECO profiles for TEIS POEs and Early Intervention Resource Agencies (EIRAs)	August 2016
Eligibility Procedures	The hiring of additional TEIS POE staff (i.e., service coordinators and developmental specialists) in order to implement process changes to increase the number of referrals bypassing screening and moving straight to eligibility evaluation and the presumed increase referrals resulting in IFSPs	December 2016
Family Centered Services	Additional funding for EIRA contracts for the IFSP service of developmental therapy due to long-range anticipation for increase of children served	October 2017
Eligibility Procedures IFSP Team Function Family Centered Services	Continuance of Targeted Case Management (TCM) contract between Department of Children’s Services (DCS) and Department of Education (DOE) by July 1, 2016	July 1, 2016

Figure 13: “Show-Stoppers”

Stakeholders were instrumental in the Lead Agency's selection the seven improvement plan activities for its implementation plan. Refer to *SSIP Overview*, under *Participants Involved in Phase II Work*. Ongoing communication with stakeholders in Phase III through the end of the six year plan (FFY 2018-19) will be through five primary vehicles:

1. Quarterly SICC meetings. Refer to *SSIP Overview* under *Participants involved in Phase II work* for information.
2. Quarterly TEIS POE district administrator and POE leadership meetings.
3. Quarterly EIRA meetings with TEIS central office and TEIS POE leadership.
4. Focus groups. Stakeholders will also be utilized for feedback for the development of documents as a step in plan activities (e.g., IFSP team roles, ECO data profiles).
5. TEIS monthly newsletter. The Quality improvement team oversees the development and dissemination of the monthly TEIS newsletter entitled, *TEIS Update*. This newsletter is sent to EIRAs, vendors, TEIS POEs, State Interagency Coordinating Council (SICC membership), the assistant commissioner of special populations and student support, Part B, 619 state staff, Tennessee's Part C federal OSEP contact, and others to provide state updates and information.

2(c) Specify how the state will involve multiple offices within the Lead Agency (and other state agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

The assistant commissioner for the Division of Special Populations and Student Support is committed to improving child-level results in supporting the provision of services to TEIS children and families through: 1) keeping TEIS POE offices fully staffed, 2) increasing staffing capacity through state position re-classification, 3) supporting the addition of technology through cell phones, 4) improving quality through performance measures, 5) building relationships with early intervention providers, and 6) participating in annual site visits to POE offices and EIRAs.

The Department of Education developed a strategic plan for the department in October 2015 that included the Office of Early Learning in the priority area of foundations and literacy. The following programs are included in the Office of Early Learning (OEL):

- Tennessee Early Intervention System (TEIS)
- 619 Preschool
- Voluntary Pre-K
- School-based support services
- Head Start State Collaborative

Progress on the DOE strategic plan is reviewed every three months at the commissioner level through a stocktake meeting and includes updates related to TEIS' progress on its SSIP to ensure department resources are aligned to support the implementation and scaling up of evidence-based practices.

Funding for TEIS POE state employee staff is provided through interdepartmental funds by an interagency agreement between the Department of Education and Department of Children's Services. The agreement is due to be renewed by July 1, 2016 for five years. TEIS leadership is working with DCS contract staff to complete the interagency agreement. TEIS district office state employees make monthly Targeted Case Management (TCM) visits that allows DCS to bill Medicaid for the visit, which generates the funds to support TEIS POE staff in the field.

As TEIS referrals have increased and improvements to eligibility procedures are implemented, additional eligible children will need services. Additional funding will be needed to support increased capacity for provision of early intervention services and to sustain implementation plan improvements. TEIS leadership will prepare information for the legislature to request funds if needed.

Component #3: Evaluation

3(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

The Lead Agency's evaluation plan for each improvement strategy was developed in conjunction with the logic model for each improvement strategy strand. The components of the evaluation plan include: 1) evaluation question, located at the top of the logic model strand; 2) evaluation design addressing evaluation implementation dates, who will be involved with evaluation steps, and how we will know the activity has been implemented; and 3) data collection method including who will be responsible to collect data/information for evaluation steps and the frequency of data collection. Information relative to the dissemination of information for specific components of the evaluation plan is found in either the evaluation design or the data collection method, depending on where it best fit for each activity. Refer to *Attachment 1: Implementation and Evaluation Plan* for details by logic model strand.

The evaluation plan was developed for each measurable within the logic model (i.e. outputs, and short-term and long-term outcomes), and contain both evaluations of progress toward implementation and measurements of fidelity. For example, the family-centered services strand has an activity to ensure that provision of all services utilize evidence-based practices through the development and implementation of performance measures. There is a step in the plan to develop performance measures for service coordinators to meet competency in selected DEC Recommended Practices. An evaluation of progress toward implementing this goal is a step in the evaluation plan to ensure 100% of service coordinators attend training on the performance measures. A measure of fidelity of the same step is that an observation tool used by supervisors will demonstrate 95% compliance by service coordinators with performances.

Overall progress toward the state identified measureable result (SIMR) will be measured at the state level annually using indicator 3, early childhood outcomes. Specifically, outcome B (knowledge and skills) and summary statement two will be measured against targets established during phase I of SSIP development. See Figure 15 in section 3(c) below for SIMR baseline and targets.

The evaluation plan will be managed internally within the Lead Agency with oversight by the state SSIP leadership (i.e., TEIS executive director, Part C coordinator, part c monitoring coordinator [i.e., SSIP coordinator], quality improvement team manager, state data manager, and program monitor). Regular

meetings will be held to review progress toward goals, and adjustments to the plan will be made as warranted. The state SSIP leadership team has begun work to develop a comprehensive project management process for the overarching improvement strategies to manage key timeframes and milestones in the implementation and evaluation plan.

For information about how the implementation plan, including the evaluation plan, aligns with Phase I work refer to the *SSIP Overview* sections for SIMR, Theory of Action, and Phase I root causes of low performance.

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

Input by stakeholders aided the Lead Agency to develop and refine its evaluation plan. Information was collected during SSIP stakeholder team meetings and used to refine short-term and long-term outcomes. Stakeholders attending the quarterly State Interagency Coordinating Council (SICC) meeting in January 2016 provided further input as logic models were reviewed for both the implementation and evaluation components. Refer to *SSIP Overview* for information about typical attendees at SICC meetings.

As formative evaluation data are collected and summarized, findings will be shared with stakeholders periodically to review the data on what has been implemented to date and potential need for modifications to the plan. When summative evaluation data are collected and summarized, reports will be disseminated by stakeholders in their local areas.

The primary avenues for continued stakeholder involvement will be through quarterly SICC meetings, regular meetings between TEIS leadership at state and local levels, as well as focus groups such as the SSIP stakeholder teams. The TEIS newsletter and annual conference provide additional opportunities for dissemination of information and stakeholder feedback.

3(c) Specify the methods that the state will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR.

The methods the Lead Agency will use to collect and analyze data to evaluate its plan implementation are detailed within the four improvement stand logic models. The overarching evaluation question for each improvement strategy strand is provided in Figure 14 below.

Improvement Strategy	Evaluation Plan Question
Eligibility Procedures	How will TEIS ensure children are identified as eligible and begin services as early as possible?
IFSP Team Function	How will TEIS ensure that IFSP team members function collaboratively to develop an IFSP as the primary mechanism to improve child-level progress?
Family-Centered Services	How will TEIS ensure that all providers utilize evidenced based practices for the provision of early intervention services for eligible children and families?
Early Childhood Outcomes (ECO) Data	How will TEIS ensure IFSP team members have Early childhood outcomes (ECO) data to use for continuous program planning resulting in child-level progress?

Figure 14: Improvement Strategy with Evaluation Plan Question

The Lead Agency will continue to utilize fiscal census data for its ECO measurement for annual performance report (APR) indicator 3 to determine overall progress made toward achieving the SIMR (ECO outcome 3B, summary statement two). SIMR baseline data and targets are provided in Figure 15 below. As a number of initiatives are already underway statewide (e.g., infrastructure realignment work for staff, implementation of AEPS for ECO COS ratings, EIRA performance measures), the Lead Agency made the decision to implement its SSIP plan statewide.

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
TN Target		44.7%	45.2%	45.2%	45.2%	45.2%	45.2%	45.5%	46.0%	46.5%	47.0%
TN Actual	44.2%	34.4%	36.2%	42.1%	35.5%	39.8%	29.6%				
Ntl. Avg.	54.0%	53.0%	51.0%	51.0%	50.0%	51.0%					

Figure 15: SIMR Baseline Data and Targets, (ECO Outcome 3B, Summary Statement 2)

3(d) Specify how that state will use the evaluation data to examine the effectiveness of the implementation; assess the state's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

State SSIP leadership will meet regularly (at least quarterly) to review progress toward plan implementation. These meetings will also review available activity step completion and evaluation data. As outlined in the evaluation plan, information about the use of family-centered practices, use of ECO

data, and the long-term outcome that families are more engaged will be collected regularly to ensure that the outcomes required to achieve the SIMR are being achieved. Regular analysis of the impact of the modification of the screening process will occur through both data analysis and dialogue with TEIS POEs. If the desired results are not being achieved, the information will be used to inform mid-course corrections and improve the effectiveness of the training and infrastructure support for implementation of the practices.

Phase II Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP.

The Lead Agency values federal technical assistance support and resources provided for Phase II work and anticipates a continued relationship during Phase III. Initial areas identified for requested support in Phase III are:

- Project plan management resources to support the Lead Agency's development of a system and process for tracking information such as activity implementation completed, evaluation measures completed, barriers that were encountered and how they were addressed, plan modifications warranted, etc. Resources in the early months of Phase III would be most helpful as this tracking system and process would also lay the foundation for successful Phase III reporting.
- Guidance for Phase III requirements in the early months of Phase III for the Lead Agency to plan its work approach to ensure federal reporting requirements are met.
- Support and/or resources for data collection design development and analysis assistance based on SSIP Implementation and Evaluation Plan.
- Support and/or resources for the Lead Agency to pursue Medicaid (TennCare) reimbursement for the IFSP service of developmental therapy.

Attachment 1: Implementation and Evaluation Plan

(See Excel workbook attached to Phase II report)