Sample SSIP Action Plan Template

This sample action plan template was designed by ECTA, IDC, DaSy, and NCSI to provide states with a suggested format and examples of potential content for their Phase II SSIP improvement and evaluation plan. **States are not required to use this sample template.** States should feel free to adapt it or use one that best meets their needs and communicates how they will implement and evaluate their SSIP in Phase III. This template is based on a logic model approach. It links activities and steps needed to implement the improvement strategies with intended outcomes and uses the activities and outcomes as the basis for the evaluation plan. As a result, it is anticipated that the template should be compatible with any logic model that a state might chose to develop.

To meet Phase II SSIP submission requirements, the state will also need to provide a narrative to OSEP addressing the elements in OSEP's Part B and Part C *State Systemic Improvement Plan (SSIP) Phase II: OSEP Guidance and Review Tool.* In particular, the SSIP Phase II narrative must address elements that go beyond the information reported in this template. Some specific content to address in the narrative that accompanies the Phase II SSIP improvement and evaluation plan might include:
1. the process the state used in developing the Phase II improvement plan, including *how* stakeholders were involved;
2. whether additional data were analyzed, the results and conclusions;
3. how the state connected its Theory of Action to its implementation and evaluation plans; and
4. if applicable, any activities/steps by the state to ready the system for implementation and evaluation in Phase III.

The content in this sample template is consistent with the requirements in *SPP/APR Indicator Measurement Table, Indicators 11 and 17 - State Systemic Improvement Plan* and the *State Systemic Improvement (SSIP) Phase II*, *OSEP Guidance and Review Tool*.

I. **State:** New Hampshire

II. **Part B:**   **Part C: X**

III. **State SSIP Planning Team Members, Role and Organization Represented**

SSIP Planning Team Member	Role	Organization
Kerry Wiley	Part C Coordinator	DHHS-BDS-FCESS
Kathy Gray	Part C Program Specialist	DHHS-BDS-FCESS
Darlene Ferguson	Part C Data Manager	DHHS-BDS
Core team members from each initiative team who have been key to the planning	Master Cadre of trainers/coaches	FCESS programs, NH area agencies, ECTA, OMHRA, and DaSy

IV. State-Identified Measurable Result(s)

The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase.

V. Broad Improvement Strategies (list all)

1. SEE Change – Establishing program-wide supports to implement DEC Recommended Practices on child and family engagement is expected to increase the capacity of providers to engage children and their families. The Comprehensive System of Professional Development (CSPD) framework created by this project is expected to enhance the capacity of NH FCESS system to implement and scale up recommended practices state wide.
2. Cultural Competence – Implementing program-wide supports to reduce provider bias and increase skills related to diversity and cultural competencies is expected to reduce differences in child outcomes for boys and for minority children.
3. Child Outcomes Summary – Improvements to training and supports around collection of and need for Child Outcomes data is expected to increase buy in, common understanding, and uniformity of practices related to Child Outcomes process, data, and data based decision making.

VI. SSIP Improvement Strategy and Evaluation Details

A. Improvement

1. SEE Change – Establishing program-wide supports to implement DEC Recommended Practices on child and family engagement is expected to increase the capacity of providers to engage children and their families. The CSPD framework created by this project is expected to enhance the capacity of NH FCESS system to implement and scale up recommended practices state wide.

B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy

Intensive TA initiative with the ECTA Center in partnership with 619/Early Childhood Special Education. Part C and Part B are engaged in State systemic Improvement planning that includes the DEC Recommended Practices.   Coaching is being explored across early childhood settings as a way to enhance CSPD systems. The SEE Change project incorporates coaching and evaluation of coaching practices and outcomes. Early childhood partners across the state of NH are committing to begin work towards bringing "Pyramid model" work to NH. Headstart has already begun implementation of the "Pyramid model" in their organization. Trainers are available to partner with for "Pyramid model" work.

C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance	Accountability	Professional development X
Data X	Quality standards X	Technical assistance X

2. Is this strategy intended to directly improve practices? Yes   X   No

D. Intended Outcomes – Note CUI no longer implementing, NHS current, LRCS, MC, MDS start 2018

Type of Outcome	Outcome Description
Short-term	In place 2017 a. SLT understands process of data-based decision making, including using the BoQs and other tools to measure change in practice and program implementation
	In place 2017 b. SEE Change Master Cadre (SCMC) members have the skills to train local program staff on SEE Change.
	In place 2017 c. SCMC coordinator and members have the skills to provide coaching to local program staff.
	d. Providers know how to implement evidence based practices (EBPs) sustainably and with fidelity
Intermediate	In place 2017 a. SLT uses data to make decisions.
	Leadership teams and master cadres in place for NHS as of 2017 b. State CSPD system infrastructure in place to implement and scale-up EBPs.
	In place 2017 NHS c. Providers implement EBPs with families
	In place 2017 NHS d. Families use of EBPs in natural environments and daily routines increases over time.
Long-term	IN place 2017 NHS a. Child engagement in natural environments and routines will increase.
	b. Children will meet IFSP goals.
	c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2.

E. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
1. State Leadership Team (SLT) actively supports program-wide implementation.		X		1a. Convene SLT meetings (at least quarterly)	• ECTA RP[2] Staff • SEE Change State Leadership Team • Program Leadership Teams • CSPD Budget/Line item for SEE Change	SEE Change Coordinator	In place	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and consistently well attended.
	X	X		1b. Identify resources to support SEE Change Master Cadre (SCMC) members.		SEE Change Coordinator and Part C Coordinator	In place	
		X		1c. Establish application process to reflect capacities for coaching and training and select SCMC members.		SLT	In place from RP2 initial project. Review needed before new members taken on as SCMC. Revision expected in 2017	
		X		1d. Select SCMC members		SLT	2 SCMC members in place	
		X		1e. Establish criteria for application and selection of implementation program sites.		SLT	In place from RP2 initial project. Review needed before new members taken on as SCMC. Revision expected in 2017	
		X		1f. Select implementation program sites.		SLT	2 implementation sites in place and working towards program wide implementation. Planning for R03 LRCS, R07 MC, and R05 MDS to	

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
							begin in FFY19	
		X		1g. Complete the State Benchmarks of Quality (BoQ) at least annually.		SLT	In place.	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and consistently well attended.
		X	X	1h. Collect and analyze data on practices and program-wide implementation, including program BoQs.		Local programs, SCMC, SLT, Coordinator	In place and transfer of responsibility to SEE Change Coordinator by June, 2016. Kathy Gray current SEE Coord. 2016-18	
		X		1i. Use data/analyses of state and local BoQs to update SSIP action plan		Part C Coordinator, SLT, local programs	Annually by Part C Coordinator with stakeholders In place	
2. SEE Change Master Cadre (SCMC) members are identified, supported, and available to serve local programs.		X		2a. SCMC Coordinator convenes SCMC members at least quarterly to problem-solve and build capacity.	• SCMC Coordinator • SCMC Members • CSPD Budget/Line item for SEE Change • List of active Master Cadre members • ECTA RP[2] Staff • SEE Change State Leadership Team • Program Leadership Teams • CSPD Budget/Line item for SEE Change • Part C Coordinator	SCMC Coordinator (Kathy Gray)	Quarterly meetings in place	
		X		2b. Train new SCMC members to conduct trainings for local program staff (including training content, adult learning, coaching, and facilitation).		SCMC and Coordinator	After 2017 revisions Training completed for R01 NHS Master Cadres to train/support R03 LRCS, R07 MC,	

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
							and R05 MDS FFY19	
	X		X	2c. SCMC members attend program leadership team meetings at least quarterly.		SCMC	Leadership meetings in place	
			X	2d. SCMC members meet with internal local program coaches at least quarterly to provide coaching (i.e., reflect on practices, using data, and developing a coaching plan).		SCMC (moving to a peer coaching model after training for peer coaching is planned and implemented)	2017 In place for R01 NHS	
		X	X	2e. Collect and analyze data on SCMC trainings and local program trainings and use to improve both types of trainings.		Coordinator	Transition from RP2 to Coordinator June 2016 In place for R01 NHS 3 additional programs FFY19	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part
			X	2f. Peer coaches—jointly with their SCMC member--develop coaching plans for work with practitioners.		SCMC	2017 after training on peer coaching In place for R01 NHS 3 additional programs FFY19	
3. Implementation / Demonstration sites actively engage in SEE Change.			X	3a. Identify and commit leadership team members, including identification of peer coach(es) and data coordinator, and create list; update with changes.	• Program Leadership Teams • SCMC Members • CSPD Budget/Line item for SEE Change • Annual data report	SCMC Coordinator	In place, will be revised at April, 2016 meetings to reflect recent changes. Coordinator will collect and keep on file. In place for R01	

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
							NHS, 3 additional programs R03 LRCS, R07 MC, and R05 MDS to start FFY19	B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and consistently well attended
		X		3b. SCMC train local program staff, including initial webinars specific to roles, local program orientation, and two practitioner trainings on implementation and action planning.		SCMC Coordinator	2017 after both current programs are implementing program wide with fidelity In place for NHS, 3 programs to be trained 2019	
			X	3c. The program leadership teams meet monthly and include SCMC member(s) at least quarterly.		Local leadership teams	In place	
			X	3d. Programs complete Local Program BoQ at least annually to guage progress on program-wide implementation.		Local leadership teams	In place (next expected January, 2017) Local and State BoQ at this time is combined will separate State and Local 2018 as R03, R05 and R07 engage.	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent
	X		X	3e. Generate (and continue to update) program action plan based on BoQ results for program wide implementation.		Local teams with SCMC	Action plan will be generated in April, 2016. Updates expected annually. In place for NHS 2017 Plans for 3 additional	

| Activities to Meet Outcomes | High Priority | System Level | | Steps to Implement Activities | Resources Needed | Who Is Responsible | Timeline (projected initiation & completion dates) | How Other LA/SEA Offices and Other Agencies Will Be Involved |
		State	Local					
							programs FFY19	Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and consistently well attended
			X	3f. Peer coaches provide coaching to local program staff at least monthly.		Peer coaches	2017. Will begin after peer coaching training. In place for NHS 2017 Plans for 3 additional programs FFY19	
	X		X	3.F Collect and review data on coaching and practice changes.		SCMC, coaches, local staff	In place for RP2 coaching model. Transition to peer coaching expected in 2017. In place for NHS 2017	

F. Evaluation Plan

1. **Evaluation of Improvement Strategy Implementation**

Outputs	Evaluation Questions E.g., Was the training held? Held according to plan? Are practices changing?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Who is Responsible & Timeline (projected initiation and completion dates)
1a. SLT meets quarterly	Did the SLT meet at least quarterly?	SLT meeting records indicate the team meets at least quarterly.	Meeting notes with dates and attendees listed. In place 2017 R1 NHS Plans for 3 additional programs FFY19	SEE Change Coordinator

Outputs	Evaluation Questions E.g., Was the training held? Held according to plan? Are practices changing?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Who is Responsible & Timeline (projected initiation and completion dates)
1b. Resources to support SCMC members	Were adequate resources to support SCMC members identified?	• 100% of local program staff teams have at least one MC member working with them. • 100% of Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. • All SSIP initiatives have project budgets • Each initiative coordinator has tools, processes, and a plan to organize and report back data to SLTs, ICC, and broad public	• FCESS CSPD Budget tracking tool • Team budget documentation In place 2017 Budget and tracking tools	• Teams will collect data (local planning will decide this in April, 2016) (tools being used are in place from the RP2 initiative) • Master cadre will collect data from teams and share with coordinator (dependent on local planning in April, 2016) (tools in place from RP2 initiative-being collected by Myrna, transition to local MC and coordinator before June, 2016) • Coordinator will track, combine and report project wide data back to local teams, master cadre, and stakeholders

Outputs	Evaluation Questions E.g., Was the training held? Held according to plan? Are practices changing?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Who is Responsible & Timeline (projected initiation and completion dates)
				(process expected to be planned during local planning in April) (coordinator tools expected to be in place by August, 2016)
1c. SCMC application/selection process.	c1. Was SCMC application and selection process formalized?	C1. Formal application/selection process is in writing	C1. Document on file In place 2017	Coordinator (on file from SEE Change initial project)
1d. SCMC members selected	d1. Were SCMC members selected using the process?	D1. 90% of SCMC members were selected using the formal process.	D1. Documentation of the process implementation and decision for each SCMC member Achieved for NHS 2015 Plans for 3 additional programs FFY19	Coordinator (on file from SEE Change initial project)
1e. Implementation program sites application/selection process	E2 Was implementation program site application and selection process formalized?	E2. Formal site application/selection process is in writing	E2. Document on file Achieved for NHS 2015	Coordinator (on file from SEE Change initial project)
1f. Implementation program site(s) selected.	Were implementation program sites selected using the process?	100% of implementation sites were selected using the process.	Documentation of the process implementation and decision for each implementation site Achieved for NHS 2015 3 additional programs selected to begin FFY19	Coordinator (on file from initial SEE Change project.)
1g. Annual State Benchmarks of Quality (BoQs)	Were State BoQ reports completed annually?	Annual BoQ reports will be on file with the coordinator each year. once	BoQ documentation In place 2015-16 2017 Combined with local due	Coordinator (on file from initial SEE Change project.)

Outputs	Evaluation Questions E.g., Was the training held? Held according to plan? Are practices changing?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Who is Responsible & Timeline (projected initiation and completion dates)
report.			to small program engaged. 2018 will separate as new programs engage. Plans for to include 3 additional programs FFY19. State and local will be individualized.	(next BoQ due in Jan. or Feb. 2016)
1h. Local Program BoQs collected and reviewed.	Did local programs submit their BoQs? Did the state complete reviews of local BoQs?	• BoQ reports will be on file with the coordinator. • SLT notes will reflect review of local BoQs	• Reports • SLT meeting notes In place 2015-16 2017 Plans for 3 additional programs FFY19	Coordinator (on file from initial SEE Change project.) (next BoQ due in Jan. or Feb. 2016)
1g. Updated SEE Change Action plan.	When barriers or things that worked were identified, was SEE Change action plan updated?	State and 100% of local SEE Change action plans are modified annually to include lessons learned from barriers or facilitators.	• Action plan and SLT meeting notes In place 2017 Addressed as barriers arise changes are made to address barriers.	Coordinator (on file from initial SEE Change project.) (in process of transitioning from RP2 support to state support of SEE Change. Planning meetings scheduled for April, 2016)
2a. SCMC coordinator and members meet quarterly	Did SMCM coordinator and members meet quarterly?	SCMC coordinator and 90% of members meet 4 times per year.	• Calendar of Master Cadre calls held • Notes from calls • Attendance lists In place 2017 Plans for 3 additional programs FFY19	Coordinator will convene quarterly (Met in March, 2016, monthly calls scheduled through June, attendance being tracked by coordinator currently)
2b. SCMC members trained to train and coach local program staff.	Are SCMC members trained in coaching?	• Training description • Attendance of SCMC members	• Log of Master Cadre work on when they are engaging and with whom 2016 -17 and 2018 coaching	Coordinator (planning for coaching training with TA personnel

Outputs	Evaluation Questions E.g., Was the training held? Held according to plan? Are practices changing?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Who is Responsible & Timeline (projected initiation and completion dates)
		90% of SCMC members attend trainings on coaching.	logs Plans for 3 additional programs FFY19	for before September, 2016)
2c. SCMC members attend program leadership team meetings(s) at least quarterly.	Are SCMC members attending program leadership mtngs. Quarterly?	80% of SCMC members attend 4 program leadership meetings each year.	SCMC contact log with local programs. Notes of attending meetings with one program currently engaged	Katy to ask for contact log for SCMC. (moving forward coordinator will collect contact logs from SCMC members).
2d. SCMC member coach program peer coaches quarterly.	Did SCMC coach peer coaches quarterly?	90% of peer coaches have coaching meetings with SCMC at least 4 times a year.	SCMC contact log with the program internal coach. In place at NHS Meetings happening at program level staff meetings with only one program currently engaged. Plans for 3 additional programs FFY19	Coordinator will keep on file (responsibility will move from Myrna to coordinator by June, 2016).
2e. SCMC and local program training and coaching evaluation data.	Did SCMC and coaching evaluation get completed?	Training and coaching evaluations are on file.	Evaluation document In place for NHS Plans for 3 additional programs FFY19	Coordinator will keep on file. (responsibility will move from Myrna to coordinator by June, 2016).
3a. List of current program leadership teams and peer coaches.	Does each program have an identified leadership team?	90% of programs have an identified leadership team	List of current program leadership teams & coaches. In place for NHS Plans for 3 additional programs FFY19	Coordinator will keep on file. (responsibility will move from Myrna to coordinator by June, 2016).
3b. Local program staff trained in SEE Change.	Have local staff been trained in SEE Change?	All local program staff will be trained in SEE Change. 100% of local program staff attend 75% of SEE Change training(s)	Attendance list from Program Wide trainings; Meeting notes and sign-in sheets. Achieved NHS Plans for 3 additional programs	Coordinator (responsibility will move from Myrna to coordinator by June, 2016).

Outputs	Evaluation Questions E.g., Was the training held? Held according to plan? Are practices changing?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Who is Responsible & Timeline (projected initiation and completion dates)
			FFY19	
3c. Program leadership teams meet monthly & include SCMC quarterly	• Did the program leadership teams meet monthly? • Was SCMC included quarterly?	• Programs will meet monthly 100% of program leadership teams meet 12 times a year • SCMC will be included quarterly	• Calendar of meetings • Attendance and notes In place 2017 Plans for 3 additional programs FFY19	Coordinator will collect (responsibility for this will transfer from RP2 by June, 2016).
3f. Providers participate in coaching	• Did providers participate in coaching as planned? •	• 90% of providers participated in their coaching plans with 100% fidelity	• Annual Program BoQ report • Contact logs • Engagement scales • 3g. Data on coaching implementation and practice changes. • Program peer coach contact log with providers Data being collected 2017	Coordinator will collect (responsibility will move from Myrna to coordinator by June, 2016).
3e. Annually updated program action plan	Did each team develop an action plan annually?	Each team will have an action plan 100% of teams have a documented action plan.	Annually updated program Action Plan In place for NHS 2017	Coordinator, with SCMC, and local leadership teams. (April meetings set to develop action plans) (transition from RP2 to coordinator support will happen by June, 2016)

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2. **Evaluation of Intended Outcomes**

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	a. SLT understands process of data-based decision making, including using the BoQs and other tools to measure change in practice and program implementation	Does the SLT understand process of data-based decision making	75% of the SLT reports that they understand the process of data-based decision-making	• Survey or interview with SLT members NHS needs support 8/2017 Completed 2018. Plans for 3 additional programs FFY19	In place Meet with program 11/14/17 for discussion and training regarding data
	b. SEE Change Master Cadre (SCMC) members have the skills to train local program staff on SEE Change.		100% of SCMC members attend trainings on adult learning strategies, facilitation techniques, and SEE Change EBPs.	• Training calendar and description • Training attendance NHS needs support 8/2017 Completed 2018.	In place for current cohort
	c. SCMC coordinator and members have the skills to provide coaching to local program staff.		100% of SCMC attend coaching and adult learning strategies training	• Training calendar and description • Training attendance NHS needs support 8/2017 Completed 2018.	In planning for current cohort with national TA providers Completed
	d. Providers know how to implement evidence based practices (EBPs) sustainably and with fidelity		100% of providers attend EBP, SEE change, and data-based decision-making trainings	• Training calendar and description • Training attendance NHS needs support 8/2017 Completed 2018.	In place for current cohort
Intermediate	a. SLT uses data to make decisions.		State demonstrates progress on SLT BoQ	SLT BoQ In place 2017	In place

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
	b. State CSPD system infrastructure in place to implement and scale-up EBPs.		State demonstrates progress on SLT BoQ 90% of programs demonstrate progress on the SLT BoQ	ECTA System Framework component on Personnel Progress on program Benchmarks of Quality (if some programs are meeting them and others aren't, this is a way to fine tune efforts to build the state infrastructure to support those programs needing more help). In CSPD budget 2017-18 Planned activity for 2017-18 CSPD budget planned for FFY19	In place – action planning in April with programs will include planning for supports
	c. Providers implement EBPs with families		75% of time providers document EBP use on Observation Scale tool	Observation scale forms Data being collected 2017 Plans for 3 additional programs FFY19	In place
	d. Families use of EBPs in natural environments and daily routines increases over time.		75% of families document the use of EBPs in natural environments and routines	Family Engagement log Data being collected 2017 2018 Data shows achievement	In place
Long term	a. Child engagement in natural environments and routines will increase.		75% of children will exhibit an increase on the child engagement scale	Child Engagement Scale Data being collected 2017 2018 Data shows achievement	In place
	b. Children will meet IFSP goals.		75% of children will meet IFSP goals related to knowledge and skills within planned timelines	IFSP Further discussion and exploration for best way to assess Stakeholder	In place-April 2016 planning will include discussion of how to incorporate IFSP monitoring into SEE

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
				discussions have begun	Change efforts
	c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2.		The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2".	Programs as compared to the state have reduced racial/ethnic and gender disparities in COS ratings. Measurement: Show more consistent patterns Program data shows improvement in COS with program engaged in SEE Change	Incorporating COS ratings and IFSP progress will be included in April 2016planning discussions

VII. SSIP Improvement Strategy and Evaluation Details

   A. Improvement Strategy

   COS

   B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy

   C. Improving Infrastructure and/or Practice

   1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance		Accountability		Professional development	X
Data	X	Quality standards		Technical assistance	X
Finance					

   2. Is this strategy intended to directly improve practices? Yes X   No _____

   D. Intended Outcomes

Type of Outcome	Outcome Description
Short term	a. SLT understands how to use data for decision making for infrastructure development and implementation of COS practices In place FFY16 and 17
	b. COSMC members have the skills to train local program staff on the COS process Training completed November 2016, ongoing support FFY16 from ECTA, ongoing support from coordinator FFY17
	c. COSMC members have the skills to provide coaching to local program staff. Added coaching training August 2017
	d. Program staff understand functional outcomes All programs trained between 9/2017 thru 5/2018
	e. Program staff understand why and how COS data is collected trainings conducted FFY17 Completed with trainings

Type of Outcome	Outcome Description
	f. Families understand functional outcomes use of new integrated IFSP and process begins FFY17 In process for all programs
	g. Families understand why and how COS data are collected New brochure and new IFSP and process begins FFY17 In place 2018
Intermediate	a. SLT uses data to make decisions. In place 2017, evident in notes for FFY16
	b. COSMC infrastructure and supports are in place. In place 2017, in place FFY16 and FFY17, planned for FFY18 In place FFY18 planned FFY19
	c. Providers team with each other and parents in COS rating, staff only FFY16, implementation inconsistent across teams (per Part C staff observations) – observation and follow up training needed FFY17, In place 2018
	d. Program staff use multiple sources of data in COS ratings In place 2018
	e. Families participate in the COS process In place 2018
	f. Program staff use understanding of child's functioning to select EBPs to support children's functioning In place 2018
	g. Providers implement EBPs with families. In place 2018
	h. Families use of EBPs in natural environments and daily routines increases over time. In place 2018
Long term	a. Child engagement in natural environments and routines will increase. In place 2018
	b. Children will meet IFSP goals. In place 2018
	c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2. In place 2018

E. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
1. State Leadership Team (SLT) actively supports improvement of program-wide implementation of COS process.	x	x		1a. System Planning Team meets monthly (Nat'l TAs & Coordinator)	• ECTA TA staff led by Lauren Barton • COS SLT • CSPD Budget/Line item for COS • COS MC Coordinator • COSMC Members • Part C Coordinator • ICC • FCESS Staff	Part C Coordinator and TA	In place	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. Support will be provided by Lauren Barton and Cornelia Taylor.
	X	X		1b. State Leadership Team (SLT) (Part C Coordinator & COSMC) meets monthly via webinar; quarterly face-to-face (F2F)		Part C Coordinator and TA	In place	
		x		1c. ID resources to support COSMC members		Part C Coord.	In place for train the trainer	
	X	X		1d. Train COSMC in COS curriculum and adult learning strategies		Part C Coordinator and TA	In place	
		X	X	1e. Collect/analyze data on practices & program-wide implementation related to the COS process		COS SLT with local staff	In planning Collected 2016 Analysis 2017	
		X		1f. Use stakeholder feedback & analyses to regularly update COS action plan		COS SLT	In planning ICC and Quarterly meeting activities in place	
2. COS Master Cadre (COSMC) actively supports program staff in collection and use		X		2a. Conduct initial trainings for all local program staff		COSMC	In planning to start in 2017 All program	

| Activities to Meet Outcomes | High Priority | System Level | | Steps to Implement Activities | Resources Needed | Who Is Responsible | Timeline (projected initiation & completion dates) | How Other LA/SEA Offices and Other Agencies Will Be Involved |
		State	Local					
of COS data							trainings completed 2018	
		X		2b. Collect and analyze, program self-assessment data		SLT	In planning to start in 2017 First orientation and training 8/2017 All program trainings completed 2018	
			X	2c. Local programs develop and revise COS action plans with support from COSMC		Local staff	After initial training In place for all program 2018	Local team will have support from COSMC, ICC, SLT
			X	2d. Use action plans & self-assessment data to provide coaching follow-up support to all local program staff, including examining COS ratings and fidelity of the process together with program director and staff		Local staff	After initial training and action planning In place	

F. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

Outputs	Evaluation Questions Was the training held? Held according to plan?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
1a. Monthly system planning team meetings	Did it happen? Who was there?	75% of meetings will happen according to plan	Agenda, notes, attendance	In place In place 2017
1b. Monthly SLT meetings; quarterly F2F.	Did it happen? Who was there?	75% of meetings will happen according to plan	Agenda, notes, attendance	In place In place 2017
1c. Resources to support COSMC members.	Sustainable resources identified?	Sustainable resources are identified and articulated in writing.	State action plan updated annually	In planning In place 2017
1d. COSMC is trained in COS curriculum and adult learning strategies.	Are all trainers trained in curriculum? Are all trainers trained in adult learning?	100% of COSMC members attend trainings in COS curriculum and adult learning strategies.	State action plan updated annually	In planning In place 2017
1e. Analyses of practices & program-wide COS process implementation, including review of COS ratings.	Has analysis been conducted?	Analysis has been conducted.	Articulation in writing of analysis.	Data to be collected during April, May, and June monitoring visits in 2016. Collected as planned.
1f. COS program action plan updated as needed.	Is action plan updated as needed?	Action plan updated at least annually	Action plan updates in writing	Action plan being crafted with TA and SLT, includes input from ICC and other local and state staff. In place for all programs
2a. Program staff receive initial training	Did program staff receive initial training?	100% of local program staff attended initial COS training.	Attendance	2017-2019 Completed 2018
2b. Program self-assessment data reports	Did program self-assess?	Each program will have self-assessment data on COS practices before and after initial training.	Before and after assessments	2017-2019 Have ready for annual action plan time do post assessment prior to annual plan update Completed 2018 -19
2c. Local program COS action plans	Does each program have action plan?	Each program will have an action plan.	Action plan document	2017-2019 By 2 or 6 month follow up Completed 2018
2d. Coaching follow up support for all program staff	Is coaching available to all?	Assignment of coach for each program in writing	List with SLT	2017-19 In place for all programs

2. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	a. SLT understands how to use data for decision making for infrastructure development and implementation of COS practices		SLT member report that they understand how t use data for decision making for infrastructure development and implementation of COS practices.	Interview	2017 In place COS Competency Check conducted with MC members early 2017 Maintained FFY18
	b. COSMC members have the skills to train local program staff on the COS process		100% of COSMC will have skills needed to train local staff on the COS process.	COSMC pre/post assessment	2017 In place COS Competency Check conducted with MC members early 2017 Maintained FFY18
	c. COSMC members have the skills to provide coaching to local program staff.		100% of COSMC will have skills needed to coach local staff on the COS process.	Pre/post regarding coaching training books	2016-17 Emerging-members would like supports around coaching
	d. Program staff understand functional outcomes		75% of program staff demonstrate understanding of functional outcomes.	Staff pre/post assessment	2017 Emerging 2017 In place for all programs 2018
	e. Program staff understand why and how COS data is collected		75% of program staff demonstrate understanding of why COS is collected.	Staff pre/post assessment	2017 Emerging 2017 In place for all programs 2018
	f. Families understand functional outcomes		75% of families demonstrate a basic understanding of functional outcomes.	Family survey	2018-19 Emerging for all programs 2018

	g. Families understand why and how COS data are collected		75% of families demonstrate understanding of why COS data are collected.	Family survey	2018-19 Emerging for all programs 2018
Intermediate	a. SLT uses data to make decisions.		SLT bases decisions on data	Agenda, notes, attendance	In place Maintained 2017 - 18
	b. COSMC infrastructure and supports are in place.		• 4 qualified trainers are in place to train and coach programs. • One coordinator is in place for this initiative. • Funding is set aside specifically for this initiative in the CSPD budget of Part C NH.	SSIP	In place Maintained 2017 -18
	c. Providers team with each other and parents in COS rating		90% COS forms will show documentation of teaming.	COS rating form	2018-future Monitor at state level data sample
	d. Program staff use multiple sources of data in COS ratings		90% COS forms will show documentation of multiple sources.	COS rating form	2018-future Monitor at state level data sample
	e. Families participate in the COS process		90% COS forms will show documentation of family participation	COS rating form	2018-future Monitor at state level data sample
	f. Program staff use understanding of child's functioning to select EBPs to support children's functioning		70% IFSPs will show evidence of functioning, and EBP use.	IFSP Pull samples with state and coach	2018-future Meet with cadre to discuss in place
	g. Providers implement EBPs with families.		Providers implement EBPs 50% of the time or children meet IFSP goals 70% of the time.	IFSP, and visit summaries	2018-future Monitor at state level data sample
	h. Families use of EBPs in natural environments and daily routines increases over time.		75% of families show increase of EBPs in natural environment and daily routine	IFSP, visit summary, parent report	2018-future Monitor at state level data sample

Long term	(same as for SEE Change, see evaluation plan in that section)		(same as for SEE Change, see evaluation plan in that section)	(same as for SEE Change, see evaluation plan in that section)	(same as for SEE Change, see evaluation plan in that section) COS and FOS data collected at state level will be analyzed with ICC and stakeholders.

VIII.   **SSIP Improvement Strategy and Evaluation Details**

A. **Improvement Strategy (identify one)**

   Diversity & Cultural Competence

B. **Key State Improvement Plans or Initiatives That Align With This Improvement Strategy**

C. **Improving Infrastructure and/or Practice**

   1. **Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.**

Governance	Accountability	Professional development X
Data	Quality standards	Technical assistance
Finance		

   2. **Is this strategy intended to directly improve practices? Yes X___   No _____**

D. **Intended Outcomes**

Type of Outcome	Outcome Description
Short term	a. SLT understands how to use data for decision making for infrastructure development related to cultural competence In place FFY16
	b. CC Facilitators members have the skills to train local program staff on cultural competence Achieved FFY16
	c. CC Facilitators have the skills to provide coaching to local program staff. Achieved FFY16.
	d. Local program staff have increased awareness of diversity and culture. 11 of 15 programs FFY16 Additional 4 programs FFY17
Intermediate	a. SLT uses data to make decisions. Achieved FFY16.
	b. CC Facilitators infrastructure and supports are in place. In place FFY16.
	c. Providers team with each other and parents in COS rating In place 2018

	e. Families participate in the COS process In place 2018
	f. Local program staff use knowledge / awareness of families' cultures in writing IFSP goals In place 2018
	g. Local program staff use knowledge / awareness of families' cultures in implementing EBPs. In place 2018
Long term	a. Child engagement in natural environments and routines will increase. In place 2018
	b. Children will meet IFSP goals. In place 2018
	c. The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase, specifically among boys for SS1 and SS2, and racial/ethnic minorities for SS2.

E. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
1. The State Leadership Team (SLT) provides on-going support to Cultural Competence Facilitators (CC Facilitators) members to coach and train on cultural competence		X		1a. State Leadership Team (SLT) (CC Coordinator & Facilitators) meets monthly via webinar; quarterly face-to-face (F2F) Trainer Circles	• OMHRA staff led by Amy Parece Grogan • Part C Coordinator (Kerry Wiley) • CSPD Budget/Line item for CC • CC Coordinator (Kathy Gray) • CC Facilitators • FCESS quarterly staff meetings • Bi-monthly ICC meetings • Quarterly Trainer's Circle	CC Coordinator	In place	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and consistently well attended
		X		1c. ID resources to support CC Facilitators		CC Coordinator and Part C Coordinator	In place	
		X		1d. Train CC Facilitators in cultural competence and adult learning strategies		TA , CC Coordinator, and Part C Coordinator	2016 In place 2017	
		X		1e. Use stakeholder feedback & analyses to regularly update CC action plan		CC Coordinator	2016-future In place 2017 - 18	
2. CC Facilitators facilitate Diversity and Cultural Competence trainings for all local program staff.		X		2a. Identify facilitation teams (3 teams of 2 CC Facilitators) and programs for training.		SLT	2016 In place 2017	
		X		2b. Prioritize/set order of training for programs		SLT	2016-17 Completed 2017	
		X		2c. Each facilitation team trains one local		SLT	2016-17 achieved all	

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				program within the first year.			local programs have participated in CC training as of 9/2017	
		x	x	2d. Collect and analyze, program self-assessment data		SLT	2016-future In place 2017 - 18	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
								consistently well attended
			X	2e. Local programs develop and revise CC action plans to include reflective practice with support from CC Facilitators		CC Facilitators	2016-future emerging 2017 2017 ongoing annually	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and consistently well attended. SLT for this initiative.

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
			X	2f. Use action plans & self-assessment data to provide coaching follow-up support to all local program staff, including examining COS ratings and disparities by gender and race/ethnicity with program director and staff		CC Facilitators	2016-future emerging 2017 2017 ongoing annually	Interagency Coordinating Council (ICC) engages in data analysis, infrastructure analysis, and evaluation to provide informed advice to NH FCESS. Part B, Headstart, Medicaid, child care, home visiting, homeless ed., legislator, families, Parent Information Center, higher ed., local early childhood Part B and Part C providers, pediatrician are all represented on our ICC. ICC meetings are bimonthly and consistently well attended

F. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

Outputs	Evaluation Questions Was the training held? Held according to plan?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
1a. Monthly SLT meetings; quarterly F2F trainers circle.		75% of CC Facilitators attend 75% of monthly meetings and trainers circles.	Attendance records maintained by CC coordinator	In place Maintained 2017 , ongoing
1b. Resources to support SLT and CC Facilitators		Resources identified in writing	SSIP	In place
1c. CC Facilitators are trained in cultural competence & adult learning strategies.		100% of CC Facilitators attend trainings in CC and Adult learning strategies.	Attendance and training descriptions.	In place for 2016 trainers. Maintained 2017 through Trainer's Circle, ongoing
1d. Analyses of disparities in COS ratings by gender and race/ethnicity		Analysis completed	Analysis in writing	Initial completed, next anticipated after first round of trainings. Initial 2018, ongoing
1e. Cultural Competence action plan updated as needed.		Action plan updated annually	SSIP and action plan	In place for 2016 Program action plans updated annually 2017 – future ongoing
2a. Facilitation teams.		Facilitation teams chosen form first trainings.	List maintained by CC Coordinator	In place for 2016 Maintained 2017 - 18
2b. Program training order		Order will be in writing	SLT notes and decision	In planning 9/2017 - Completed
2c. Program staff are trained on cultural competence.		100% of program staff attend CC training	Attendance record	In planning for 2016-17 All local programs completed D&CC training 9/2017
2d. Program self-assessment reports		Programs will self-assess to determine follow up needs at least annually.	Collect pre – post data regarding diversity and cultural awareness and changes to practice.	In planning for 2016-17 in place 2017 Initial self-assessment completed immediately following initial training
2e. Local program CC action plans		Programs will self-assess to determine follow up needs at least annually.	Collect pre – post data regarding diversity and cultural awareness and changes to practice.	In planning for 2016-17 emerging 2017 CC Facilitator shared

Outputs	Evaluation Questions Was the training held? Held according to plan?	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
				initial self-assessment data with local program to assist in developing initial action plan Achieved ongoing
2f. Coaching follow up support for all program staff		75% of programs will self-assess with coaching support from CC Facilitator, to determine follow up needs at least annually.	Collect pre – post data regarding diversity and cultural awareness and changes to practice.	In planning for 2016-17 coaching happening as planned 2017. Annual self-assessment begin 11/2017. CC Facilitator will share data with program to assist with identifying future follow-up needs Achieved

2. Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	a. SLT understands how to use data for decision making for infrastructure development related to cultural competence		SLT member report that they understand how to use data for decision making for infrastructure development and implementation of COS practices.	Interview	In place Local self-assessment data is discussed with SLT to assist in identifying future needs in system and local programs
	b. CC Facilitatorshave the skills to train local program staff on cultural competence		100% of CC Facilitators will have the skills to train local program staff on CC	Pre/post assessment of CC Facilitators	In place
	c. CC Facilitators		100% of CC Facilitators	Pre/post assessment	In place

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
	have the skills to provide coaching to local program staff.		will have the skills to coach local program staff on CC	of CCMC	
	d. Local program staff have increased awareness of diversity and culture.		75% of local program staff demonstrate an increased awareness of diversity and culture	Evaluation survey/assessments	In planning for 2016 data collected as planned. 2017 Self-assessment data collected immediately following initial training.
Intermediate	a. SLT uses data to make decisions.		SLT bases 50% of decisions on collected data	Agenda, notes, attendance	In planning for 2016 In place 2017 Identified local staff needing training, assisting local programs in developing and/or updating action plan, and identifying local programs needing further discussion regarding cultural competence.
	b. CC Facilitators infrastructure and supports are in place.		Infrastructure articulated	SSIP	In place Maintained 2017 - 18
	c. Providers team with each other and parents in COS rating		For 75% of children with initial IFSPs, team members from multiple disciplines are articulated in Child Outcome Surveys	Monitoring Review of charts	May 2017-2018 Further discussion and analysis needed to determine best way to review charts In place 2018

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
	e. Families participate in the COS process		For 75% of children with initial IFSPs, family names are articulated in Child Outcome Surveys as team members	Monitoring Review of charts	May 2017-2018 In place 2018
	f. Local program staff use knowledge / awareness of families' cultures in writing IFSP goals		75% of providers record consideration of family beliefs/values in development of IFSP outcomes	Monitoring Review of charts; analysis by white/non-white	May 2017-2018 In place 2018
	g. Local program staff use knowledge / awareness of families' cultures in implementing EBPs.		Assessments and IFSPs incorporate family/child beliefs and values in determining age appropriate functioning	Monitoring Review of charts	May 2017-2018 In place 2018 Stakeholders recommend using FOS to reflect effectiveness of D&CC from families response
	h. Families use of EBPs in natural environments and daily routines increases over time.		75% of families show increase of EBPs in natural environment and daily routine	IFSP, visit summary, parent report	May 2017-2018 In place 2018
Long term	(same as for SEE Change, see evaluation plan in that section)				