

Appendix 08: Fiscal Strand Tracking and Reporting Implementation and Evaluation Data for State Systemic Improvement Plan (SSIP)

I. State: Arizona

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

III. SSIP Leadership Team Members, Role and Organization Represented

Name	Position/Role	Organization/Agency
Maureen Casey	Interim Assistant Director; Part C Coordinator	Arizona Department of Economic Security/Division of Child and Family Engagement (ADES/DCFE)
Mike Worley	Business Administrator	ADES/DCFE
Jenee Sisroy	Acting Program Administrator	Arizona Early Intervention Program (ADES/AzEIP)
Kathy Coloma	Accountability Lead	ADES/DCFE
Annie Converse	Continuous Quality Improvement Coordinator/Data Manager	ADES/AzEIP
Lisa Casteel	Fiscal Projects Coordinator	ADES/DCFE
Alicia Sharma	Continuous Quality Improvement Coordinator/Professional Development	ADES/AzEIP
Docia Rojel	Dedicated Trainer	ADES/AzEIP
Tina Johnson	DDD EIU Administrator	Division of Developmental Disabilities (ADES/DDD)
Tanya Goitia	DDD EIU Program Specialist	ADES/DDD
Teri Nichols	DDD EIU Program Specialist	ADES/DDD
Barbara Schrag	Director of Early Childhood Programs	Arizona Schools for the Deaf and Blind (ASDB)
Laura Hocknull	Supervisor/Hearing Impaired Specialist	ASDB

IV. State-Identified Measurable Result(s)

Arizona will increase the percent of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships (Summary Statement 1 of Outcome A).

V. Improvement Strategies (list all)

Improvement Strategy 1 (F1): ADES/AzEIP coordinates funding streams to leverage existing and new funding to pay for EI activities, and as a result, reallocates funds to support professional development, quality standards and accountability

VI. 1.SSIP Improvement Strategy and Evaluation Details

A. Improvement Strategy

F1: ADES/AzEIP coordinates funding streams to leverage existing and new funding to pay for EI activities, and as a result, reallocates funds to support professional development, quality standards and accountability

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	<input type="checkbox"/>	Accountability	<input type="checkbox"/>	Professional development	<input type="checkbox"/>
Data	<input type="checkbox"/>	Quality standards	<input type="checkbox"/>	Technical assistance	<input type="checkbox"/>
Finance	<input checked="" type="checkbox"/>				

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

D. Intended Outcomes

Type of Outcome	Outcome Description
Short-term	EIP practitioners collaborate with community partners to obtain existing documentation at referral and access all available resources
Short-term	EIP leaders enhance their capacity to recruit and retain EI professionals
Intermediate	Families receive necessary supports and services, in a timely manner to assist them to increase the quality of parent-child interactions to support their child to engage and participate in everyday activities (enhance their confidence and competence to support their child’s social emotional development)
Long-Term	SIMR: Increase the percent of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships (Summary Statement 1 of Outcome A).

E. Improvement Plan

Activities to Meet Outcomes	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*	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
	State	Local							
F1.1: Complete the fiscal ECTA framework	X		1. Convene team to complete Fiscal Self-Assessment		Fiscal Team	October 2015		Status: Completed October 2015 Evidence: DaSy ECTA Center System Framework Self-Assessment	Activity implemented as intended with no barriers encountered. No changes or adjustments were made to this activity or timelines.
	X		2. Prioritize Areas of Focus		Fiscal Team	November 2015		Status: Completed November 2015 Evidence: Focus of Fiscal Activities is increasing funding sources, SSIP activities based on this priority.	Activity implemented as intended with no barriers encountered. No changes or adjustments were made to this activity or timelines.
F1.2: Coordinate and utilize existing fiscal resources - three pronged approach* (* DDD Eligibility Tool; clarification in eligibility policy for Communication domain; Consent to Bill Insurance implementation)		X	1. Increase the percentage of families who consent to use insurance; require EIPs to submit consent forms to ADES/AzEIP.	LA staff to review submitted consent forms to ADES/AzEIP to analyze trends and provide TA	EIPs, Fiscal Team	Ongoing Plan, Do, Study, Act Cycle (PDSA), by October 2015		Status: Completed Evidence: LA staff held meetings with EIP State Leaders, TBEIS providers and the ICC to complete analysis and communication to Early Intervention Programs (EIPs), Percent of parents providing consent to use their public or private insurance	Activity implemented as intended with no barriers encountered. No changes or adjustments were made to this activity or timelines.

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	State	Local							
								increasing over reporting period.	
F1.2: Coordinate and utilize existing fiscal resources - three pronged approach* (* DDD Eligibility Tool; clarification in eligibility policy for Communication domain; Consent to Bill Insurance implementation)		X	2. Increase the percentage of children determined DDD eligible; require the use of DDD eligibility tool.	DDD eligibility tool	LA staff, Fiscal Team	Ongoing Plan, Do, Study, Act Cycle (PDSA), by October 2015		Status: Completed July 2015 Evidence: DDD eligibility tool, reporting metrics reflecting increase of children referred for DDD eligibility	Activity implemented as intended with no barriers encountered. No changes or adjustments were made to this activity or timelines.
	X		3. Conduct Root Cause Analysis of offline billing when child is determined DDD eligible.		Fiscal Team	September 2017	DDD staff, EIP State leaders, LA staff will all be involved to share information and find ways to decrease billing errors.	Status: In Progress Evidence:	New Activity
	X	X	4. Implement revised policies and procedures with AHCCCS to maximize EPSDT funding for all medically necessary EI services.	Review three-pronged tracker and provide provider feedback on missing data element requirements.	LA staff, AHCCCS	Ongoing PDSA cycle; Fiscal Review Complete by August 2016	AHCCCS	Status: Completed Evidence: AHCCCS agreed to increase the SLP rate.	Activity implemented as intended with no barriers encountered. No changes or adjustments were made to this activity or timelines.
	X		5. Review and analyze data to monitor fiscal impact of three-	Review three-pronged tracker and gather provider	LA staff, Fiscal Team, EIP leaders	Ongoing PDSA cycle		Status: Completed and ongoing analysis Evidence: Fiscal	Barriers: The three pronged tracker has a three month lag in data due to late billing and Third Party Liability (TPL) Insurance submissions.

Activities to Meet Outcomes	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*	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
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			pronged approach.	feedback on missing data element requirements.				Team analyzes data, hired fiscal analyst to support in continued fiscal initiatives.	<p>Actions to Address Barriers: The Fiscal Team uses multiple reports to verify data and uses the three pronged tracker for long term analysis.</p> <p>Description of Adjustments: The AzEIP Fiscal Team uses multiple approaches for data analysis and is working on building reports to continue the three pronged tracker approach in the new data system.</p> <p>Implications of Adjustments: Manual calculations are still a part of analysis due to the nature of the billing process and the lag in the three pronged approach report.</p>
F1.3: Adhere to AzEIP eligibility criteria		X	Review 10% of Evaluations; Provide TA in appropriate determination of eligibility; Provide TA to Community Partners for appropriate referrals and resources	Supply information when child referred but not eligible	LA staff, Fiscal Team	Evaluation checklist; ASQ and ASQ-SE Training; Resource Toolkit		<p>Status: Completed March 2015-May 2016</p> <p>Evidence: Evaluation Submittals, invoice tracking, TA during huddle calls and a change in Chapter 3 policy as a result of analysis. Teams determined many children eligible below the eligibility criteria of having a 50% delay in one area.</p>	Activity implemented as intended with no barriers encountered. No changes or adjustments were made to this activity or timelines.
F1.4: Identify Additional	X		1. Coordination with	Early Childhood	LA staff, FTF	Fiscal Year 2017		Status: In Progress	Progress: LA staff have been working with FTF

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funding sources			FTF (Help me Grow) related to central referral system.	Comprehensive Systems Grant (ECCSG) workgroup, FTF, RSK	leadership, RSK			Evidence: Met with First Things First (FTF) to start analysis and explore funding for Help Me Grow program.	to explore a Help Me Grow program and is initiating contact with all state and community partners to explore funding and leverage support.
F1.4: Identify Additional funding sources (continued)	X		2. Explore feasibility of Title V funding (DHS).	AzEIP Service Providing Agency representatives	LA staff, ADHS staff	Fiscal Year 2017		Status: In Progress Evidence: Meeting with State leads to explore partnership	Progress: LA staff have initiated the process to explore Title V funding within the state and is working with partners to initiate the process.
F1.5: Legislative initiatives	X		1. Provide support to providers to work with legislators on rate increase.	AzEIP, DDD, FSA, ICC and other community support groups Advocacy by EIPs and stakeholders.	DES legislative liaison	January 2016- legislative session Rate increase survey completed from March to August 2015. Report completed and posted October 2015. Budget recommendations submitted Fall 2015 and Fall 2016.		Status: Completed Evidence: Rate increase survey results, Report posted to AzEIP website. Recommendations for the budget were submitted.	Activity implemented as intended with no barriers encountered. No changes or adjustments were made to this activity or timelines.
F1.5: Legislative initiatives (continued)	X		2. Write white paper to explore developing	ICC, parent groups, legislator to	LA staff; DES legislative liaison	Fiscal Year 2018		Status: In Progress Evidence: The Fiscal Team is exploring	Progress: There are other initiatives in Arizona exploring this as a part of a solution to ensure quality services are provided and

Activities to Meet Outcomes	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*	Status and Evidence	Implementation Notes: Barriers, Actions to Address Barriers, Description of Adjustments, Implications of Adjustments
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			legislation that requires private insurance to pay for EI services.	carry bill, DES legislative liaison				the feasibility of writing a white paper and joining with other similar initiatives.	funded through multiple funding sources. The Fiscal Team is exploring whether to join another initiative or continue to explore writing a white paper specifically for Early Intervention services.
F1.6: Finance	X		Develop Fiscal Review/Verification Process	Functional data system, Fiscal Team	Fiscal Team	Fiscal Year 2017		<p>Status: In progress</p> <p>Evidence: Automated invoicing process through I-TEAMS, added system enhancements to enable report enhancements.</p>	<p>Barriers: Staff fully taxed by invoice processing</p> <p>Actions to Address Barriers: Automated Invoice process</p> <p>Description of Adjustments: Invoice processing manually</p> <p>Adding functionality to I-TEAMS to eliminate items that needed to be reviewed manually by adding programming in the system that will eliminate those</p> <p>Line Item Reject capability within I-TEAMS (can reject disproved items without rejecting entire invoice)</p> <p>Processing PV through email instead of printing them out and sending them interoffice mail</p> <p>Creating nightly automated download of invoices that could be copied and processed instead of downloading each one individually</p> <p>Complete automation of Invoice process by I-TEAMS</p> <p>Implications of Adjustments: The shift in automation allowed for a staff member to amend job duties to begin post payment review processes and to develop</p>

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									internal audit activities.
F1.7: Develop the idea of value-based RFP contracting for PD-performance based on training.	X		LA staff to continually meet with TA centers, stakeholders and OP to develop contract solutions to meet needs.	Examples of value-based contracts for early intervention.	LA staff, including Contracts Manager and Professional Development Coordinator, Burns and Associates, ADES Office of Procurement	Fiscal Year 2017		Status: In Progress Evidence: Consulted with national TA support regarding other states contracting, reviewed examples of contracts, met with Office of Procurement (OP) regarding shift to value- based contracting.	Barriers: Contracts in place through January 2018 Actions to Address Barriers: Worked with TA centers team to identify examples of performance-based contracts used by other states. Considering Performance Based Contracts when new contracts are established in February 2018. Currently doing financial analysis of budget implications and feasibility of such contract changes. Description of Adjustments: No adjustments at this time. Implications of Adjustments: LA staff will work with DES's Office of Procurement to provide orientation to local programs on new contract requirements.

F. Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

Activity	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods, Analysis	Timeline (projected initiation and completion dates)	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator																						
<p>F1: ADES/AzEIP coordinates funding streams to leverage existing and new funding to pay for EI activities, and as a result, reallocates funds to support professional development, quality standards and accountability.</p>	<p>An increased percentage in funding was achieved through such leveraging existing and new funding sources.</p> <p>An increased percentage of funds were able to be reallocated to other components of the program.</p>	<p>Funding levels before and after coordination of funding streams.</p> <p>Documentation of new funding sources and the amount.</p> <p>Completion of Fiscal Component of the System will demonstrate improvements in this area.</p> <p>Documentation of reallocation of funds and to what part of the program.</p>		<p>Status: In Progress Data: Percent of eligible service costs offset by use of insurance was 23.41% in April 2016.</p> <p>Percent of parents providing consent to use their public or private insurance 66.8% in July 2015; In October 2016 84.9%</p> <p>Baseline Data October 2015:</p> <table border="1" data-bbox="1545 865 2018 1344"> <thead> <tr> <th colspan="2">Finance Quality Indicator Rating (out of 7)</th> </tr> </thead> <tbody> <tr><td>3</td><td><div style="width: 43%; background-color: yellow;"></div></td></tr> <tr><td>4</td><td><div style="width: 57%; background-color: yellow;"></div></td></tr> <tr><td>3</td><td><div style="width: 43%; background-color: yellow;"></div></td></tr> <tr><td>4</td><td><div style="width: 57%; background-color: yellow;"></div></td></tr> <tr><td>5</td><td><div style="width: 71%; background-color: yellow;"></div></td></tr> <tr><td>4</td><td><div style="width: 57%; background-color: yellow;"></div></td></tr> <tr><td>3</td><td><div style="width: 43%; background-color: yellow;"></div></td></tr> <tr><td>4</td><td><div style="width: 57%; background-color: yellow;"></div></td></tr> <tr><td>6</td><td><div style="width: 85%; background-color: green;"></div></td></tr> <tr><td>4</td><td><div style="width: 57%; background-color: yellow;"></div></td></tr> </tbody> </table>	Finance Quality Indicator Rating (out of 7)		3	<div style="width: 43%; background-color: yellow;"></div>	4	<div style="width: 57%; background-color: yellow;"></div>	3	<div style="width: 43%; background-color: yellow;"></div>	4	<div style="width: 57%; background-color: yellow;"></div>	5	<div style="width: 71%; background-color: yellow;"></div>	4	<div style="width: 57%; background-color: yellow;"></div>	3	<div style="width: 43%; background-color: yellow;"></div>	4	<div style="width: 57%; background-color: yellow;"></div>	6	<div style="width: 85%; background-color: green;"></div>	4	<div style="width: 57%; background-color: yellow;"></div>	<p>Data Quality Issues and Actions: The three pronged tracker report has some drawbacks due to the lag of information in the report. Due to the lag of submission of the full bill the data is not reliable until at least 3 months after the initial bill is submitted. Though there are reporting lags, the Fiscal Team has initiated efficiencies in other areas, such as the automation of invoice processing, to ensure the team has the capacity for continued analysis.</p> <p>Performance Status Related to Performance Indicator: There have been substantial increases in families consenting to use insurance and the funding offset from TPL invoicing. There are still some challenges in insurance payments being denied for EI services so the Fiscal Team is dedicating time for reaching out to insurance providers to educate them about our program and find ways to decrease the denials for coverage.</p> <p>Notes: Developed new code to connect I-TEAMS to ADES/DDD billing systems, this reduced the number of days to process invoices significantly.</p>
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<p>F1: ADES/AzEIP coordinates funding streams to leverage existing and new funding to pay for EI activities, and as a result, reallocates funds to support professional development, quality standards and accountability.</p>	<p>A decreased percentage of children found eligible based only on informed clinical opinion</p> <p>An increased percent of children that are accessing DDD</p> <p>Number and percent of children determined DDD eligible</p>	<p>Eligibility category data</p> <p>Metrics from Fiscal Scorecard will demonstrate improvements in the percent of children that are determined eligible for DDD and the funds from DDD that are used for early intervention services.</p> <p>Completion of Fiscal Component of the System will demonstrate improvements in this area.</p>	<p>(No initial timeline identified) Fiscal Year 2018</p>	<p>Status: In Progress</p> <p>Preliminary Data: Percent of AZEIP Eligible children that are determined DDD Eligible was 34.6% in July 2015; In October 2016 is 51.4% - a 16.8 % increase</p> <p>ICO Data collection in progress given system enhancements.</p> <p>DaSy/ECTA center System Framework Self-assessment baseline data included above.</p>	<p>Data Quality Issues and Actions: The Performance Status Related to Performance Indicator: There has been substantial (16.8%) increase in the funding by DDD of AzEIP eligible children. The Fiscal Team is working to streamline the recoup process and to improve the billing process through working with DDD partners to develop a unified process with the new data system. Team will continue to track the eligibility determination data, and in particular the ICO category.</p>
<p>F1: ADES/AzEIP coordinates funding streams to leverage existing and new funding to pay for EI activities, and as a result, reallocates funds to support professional development, quality standards and accountability.</p>	<p>An increased offset of funds by using TPL and AHCCCS (% of TPL and AHCCS funds used rather than AzEIP funds)</p> <p>% of cost for services offset by use of insurance (whether public or private insurance)</p>	<p>Data system report? TPL Invoices</p> <p>Average number of days from invoice submission to approval; Number and % of claims lines approved on initial submission;</p>	<p>(No initial timeline identified) Fiscal Year 2018</p>	<p>Status: In Progress</p> <p>Data: Percent of eligible service costs offset by use of insurance was 23.41% in April 2016.</p> <p>Percent of parents providing consent to use their public or private insurance 66.8% in July 2015; In October 2016 84.9%. An 18.1 % increase.</p> <p>In FFY 2015, the yearly average for AHCCCS TPL offset for therapy services was 28.7%. For FFY 2016—with bills still being submitted,</p>	<p>Data Quality Issues and Actions: AzEIP policy allows for up to 9 months to submit TPL invoices due to the length of time it may take to work through billing with insurance companies. This leads to a lag in the information available in TPL offsets. However, due to the automated invoicing, the Fiscal Team has more availability to follow up with EIP billing departments on an ongoing basis to prevent denials for TPL and address questions before they become issues. Performance Status Related to Performance Indicator: LA staff have noted an 18.1% of parents are providing consent to use their private or public insurance since last year. Nearly one quarter of the eligible services costs were offset in 2016. The fiscal team expects to continue to see increases due to efforts in preventing TPL denials.</p>

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, Analysis	Timeline (projected initiation and completion dates)	Status and Data	Evaluation Notes: Data Quality Issues and Actions, Performance Status Related to Performance Indicator
Short term	EIP practitioners collaborate with community partners to obtain existing documentation at referral and access all available resources	Did practitioners increase collaboration with community partners to access all supplemental documentation for new referrals?	An increase in appropriate referrals from/to community partners	Referral sources data Possibly sample records to look at kids referred to see whether they were appropriate referrals or not	12/2016	<p>Status: In Progress</p> <p>Data:</p> <p>Baseline January 2016: Total referrals: 1300 Percent Eligibility=Yes: 38% Percent Eligibility=No: 25% Percent Closed before Eligibility Determined: 37%</p> <p>Preliminary Jan. 2017: Total referrals: 1368 Percent Eligibility=Yes: 23% Percent Eligibility=No: 15% Percent Closed before Eligibility Determined: 62%</p>	<p>Data Quality Issues and Actions: In order to capture some of the timeframe in which implementation activities were completed the Fiscal Team used a baseline of January 2016 and completed a follow up measure for January 2017. There was a policy change in July 2016 regarding reviewing eligibility for children determined eligible without a 50% delay (Informed Clinical Opinion-ICO) and also efforts to encourage EIPs and referral sources to direct families to more appropriate resources when they did not suspect a significant delay.</p> <p>Performance Status Related to Performance Indicator: Over the course of the measuring period there has been a decrease in children evaluated and determined not eligible. Additionally there seems to be a trend of more children that exit before eligibility is determined leading LA staff to believe it is possibly a reflection of a better screening process.</p>

Short term	EIP leaders enhance their capacity to recruit and retain EI professionals	<p>Did recruitment of EI professionals increase?</p> <p>Did the retention of EI professionals increase?</p>	<p>Increased rate of new EI professionals</p> <p>Decreased turnover in EI professionals</p>	<p>Number of new EI professionals before and after enhanced capacity</p> <p>Turnover rates — # of staff who leave EI</p> <p>Use Team Lead distribution to calculate capacity.</p>	July 2017-ongoing annually	<p>Status: In Progress</p> <p>Baseline Data:</p> <p>Baseline Team Lead* Distribution July 2015: DSI: 41% SLP: 31% OT: 11% PT: 13%</p> <p>Team Lead* Distribution July 2016: DSI: 40% SLP: 29% OT: 12% PT: 15%</p> <p>Current (January 2017 Team Lead Distribution): DSI: 39% SLP: 27% OT: 12% PT: 18%</p> <p>October 2016: SLP rate increase through AHCCCS.</p> <p>*Other disciplines may be identified as team lead but are less than 2% of the total represented.</p>	<p>Data Quality Issues and Actions: Turnover rates are currently being tracked by local programs and by LA staff through team lead distribution, a method of identifying services provided and a reflection on team capacity concerns. Due to reporting enhancements this process became more streamlined in January 2016 allowing LA staff to analyze with EIPs and develop measures for improvement as needed. Team Lead services distribution is not an ideal method of gauging provider turnover or capacity but this with the reports submitted LA staff are able to identify trends and specific regions that may struggle with recruitment. Additionally, recruitment and retention has been impacted due to low rates of reimbursement for SLP services through AHCCCS. This led to difficulty in recruiting SLPs in certain areas of the state with high rates of AHCCCS enrollment.</p> <p>Performance Status Related to Performance Indicator: Baseline data was reviewed and LA staff and EIPs will examine changes again in July 2017 after the next monitoring cycle. During the site visits this past year programs were able to examine baseline data how their teams and recruitment or retention were impacting the teams and were supported through countermeasures in exploring ways to alleviate turnover.</p>
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<p>Interm ediate</p>	<p>Families receive necessary supports and services, in a timely manner to assist them to increase the quality of parent-child interactions to support their child to engage and participate in everyday activities (enhance their confidence and competence to support their child’s social emotional development</p>	<p>What % of families (in the SSIP regions) receive initial and new services in a timely manner? What % of families in the SSIP regional report increase in the quality of their p-c interactions to support their child’s participation in everyday activities? What % of families report enhanced confidence & competence to support their child’s S/E development?</p>	<p>An increased % of families receive initial and new services in a timely manner? An increased % of families report EI services have helped my family make changes in family routines that will benefit my child with special needs. An increased % of families report EI Services have helped my family do things with and for my child that are good for my child’s development?</p>	<p>Based on report from ITEAMS Family survey Questions 9 and 17</p>		<p>Status: In Progress Baseline Data: APR Indicator 1 (Timely Services) Data: 84.96% Compliance Statewide. This is an increase of 10% over FFY 2014. Family Survey Data: EI services have helped my family make changes in family routines that will benefit my child with special needs. (Q9): 93.81% EI services have helped my family do things with and for my child that are good for my child’s development. (Q17): 93.41%</p>	<p>Data Quality Issues and Actions: Additionally, the current family survey data and Indicator 1 data is from the APR and the team is unable to break it down to SSIP regions at this time. Family Survey reporting increased significantly with the pilot approach to survey delivery however, there are still limitations due to the low response rate. Performance Status Related to Performance Indicator: Current measures are reflective of baseline data. Due to the increased response to surveys last year in April 2016, LA staff expects to see a continued increase in response as Family Survey activities are scaled up to statewide implementation.</p>
<p>Long term</p>	<p>SiMR: Increase the percent of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships (Summary Statement 1 of Outcome A).</p>	<p>Are more children exiting early intervention making greater than expected improvements in social relationships?</p>	<p>An increased % of children who exit early intervention, in identified regions, with greater than expected improvements in their social relationships (Summary Statement 1 of Outcome A).</p>	<p>Child outcome indicator data - Summary Statement 1 of Outcome A</p>	<p>February 2018</p>	<p>Status: In Progress SiMR Data: FFY 2015 APR data: Target: 72.01% Actual: 72.48%</p>	<p>Data Quality Issues and Actions: LA staff has focused many improvement activities upon increasing timely data entry as well as improving the quality of the COS ratings. There have been significant improvements in these measures leading to an adjustment of targets for all Child Outcomes measures. Performance Status Related to Performance Indicator: There have been increases in the SiMR throughout the implementation of the SSIP. Many infrastructure activities were implemented and LA staff expects to see continued improvements throughout Phase III implementation.</p>

							<p>Notes: LA staff was able to adjust the targets for Child Outcomes due to the significant increase in reporting and in data quality. The new baseline year is measured in FFY 2014.</p>
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