Early Steps
Professional Development Model Demonstration Project:

Supporting Part C Providers to Implement Caregiver Coaching on Social-Emotional Practices

Florida Early Steps Site Director's Meeting

July 11, 2018

Meet the Team

- **Institutes of Higher Education**
  - University of Florida
    - Patricia Snyder, Brian Reichow, Cinda Clark, Jennifer Harrington
  - Florida State University
    - Juliann Woods, Mollie Romano, Katrina Cripe

- **Collaborating Model Demonstration Sites**
  - North Dade Early Steps (Ray Rodriguez, Alex Stoerger, ~30 providers/60 families)
  - North Central Early Steps (Sharon Hennessy, Chelsea Rojas, ~30 providers/60 families)
  - Northeastern Early Steps (April Leopold, Reesi Davis,~ 30 providers/60 families)

- **Early Steps State Office (ESSO) Personnel**
  - Kim Porter, Supervisor, Policy and Professional Development Unit
  - Renee Jenkins, Early Steps Administrator, IDEA Part C Coordinator
  - Marie Mathis, Policy and Professional Development Unit

Purposes of the ESPD Project

- Provide evidence-based professional development to administrators, lead implementation coaches, and providers at three model demonstration sites
  - Caregiver coaching practices (SOOPR)
  - Embedded intervention practices focused on social-emotional skills (5Q)

- Use implementation science framework and support implementation stages
  - Leadership team comprised of state and model demonstration site personnel and institutions of higher education

- Demonstrate and evaluate implementation with "early adopters" (model demonstration sites) and adjust implementation drivers as needed
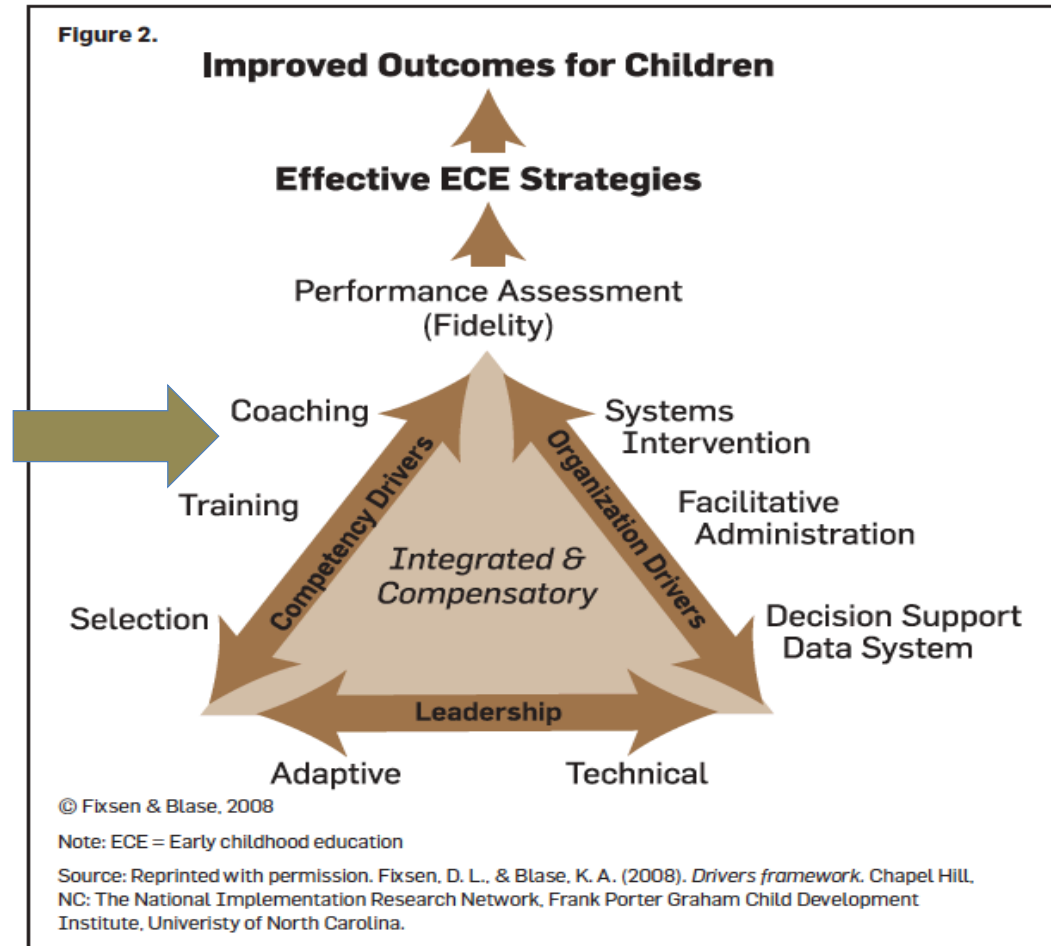
State Systemic Improvement Plan

- Multi-phase process required for all Part C programs
  - Phase I – Root cause analysis
  - Phase II – State-identified Measurable Result (SiMR) to improve social-emotional development and plan strategies
  - Phase III – Multi-year implementation phase

- Multipronged approach to achieve SiMR
  - Governance – Early Steps State Office structure, State Plan
  - Accountability & Quality Improvement – Continuous Improvement Process, Child Outcomes Measurement System
  - Data – New data system
  - Finance – Infant and Toddler Coordinators' Association Fiscal Initiative
  - Personnel/Workforce - Revised IFSP, ESPD
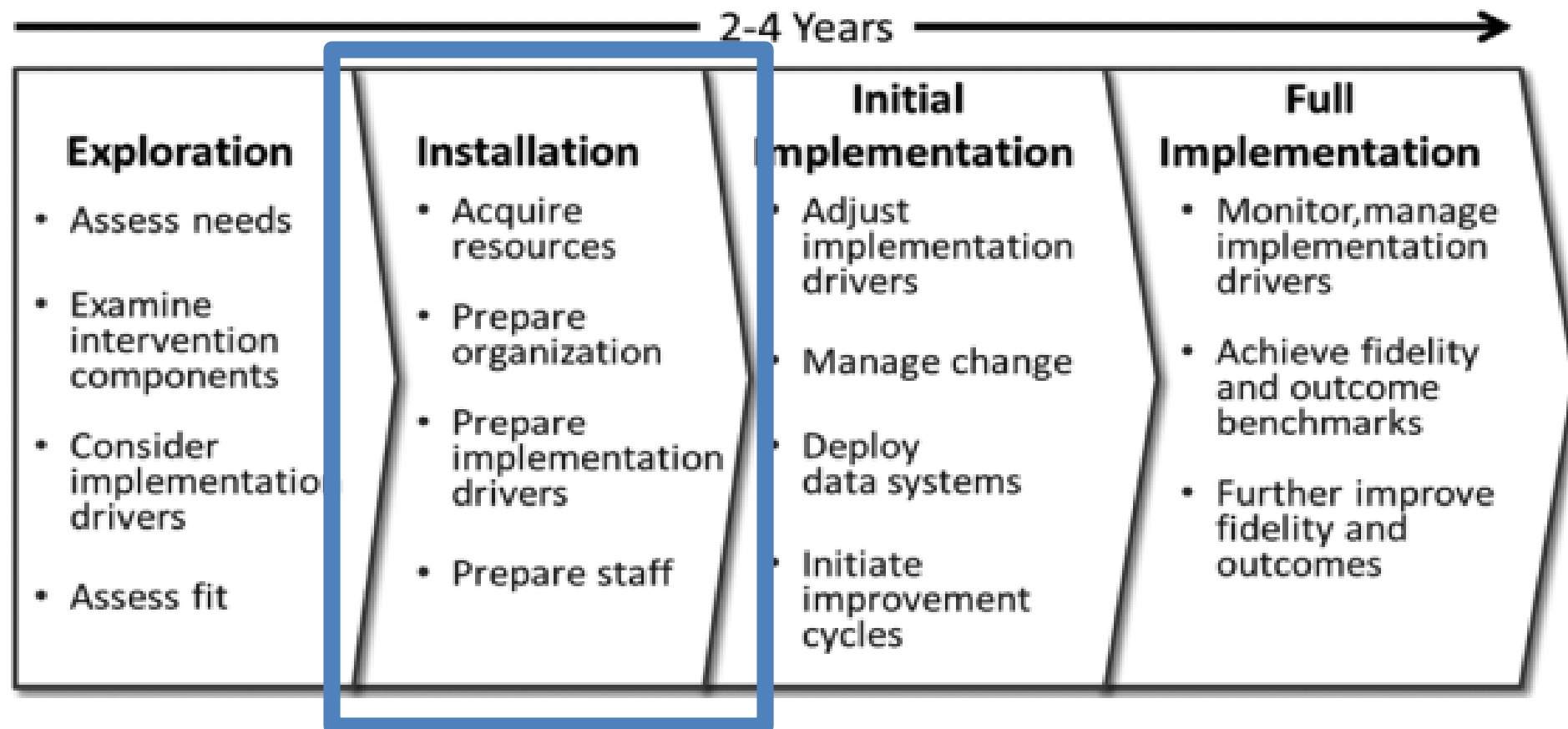
Active Implementation Framework

From: Metz, A., & Bartley, L. (2012). Active implementation frameworks for program success: How to use implementation science to improve outcomes for children. *Zero to Three, 32* (4) 11-18.

Professional Development as Competency "Driver"

Figure 2.

Improved Outcomes for Children

Effective ECE Strategies

Performance Assessment (Fidelity)

Coaching

Systems Intervention

Training

Facilitative Administration

Competency Drivers

Organization Drivers

Integrated & Compensatory

Selection

Decision Support Data System

Leadership

Adaptive

Technical

© Fixsen & Blase, 2008

Note: ECE = Early childhood education

Source: Reprinted with permission. Fixsen, D. L., & Blase, K. A. (2008). *Drivers framework*. Chapel Hill, NC: The National Implementation Research Network, Frank Porter Graham Child Development Institute, Univeristy of North Carolina.

Stages of Implementation

Implementation Stages

2-4 Years

Exploration	Installation	Initial Implementation	Full Implementation
• Assess needs	• Acquire resources	• Adjust implementation drivers	• Monitor, manage implementation drivers
• Examine intervention components	• Prepare organization	• Manage change	• Achieve fidelity and outcome benchmarks
• Consider implementation drivers	• Prepare implementation drivers	• Deploy data systems	• Further improve fidelity and outcomes
• Assess fit	• Prepare staff	• Initiate improvement cycles	

From: Bertram, R. M., Blasé, K. A., & Fixsen, D. L. (2015). Improving programs and outcomes: Implementation frameworks and organization change. *Research on Social Work Practice, 25*, 477-487.

Abbreviated Logic Model for ESPD Project: Focus on Implementation
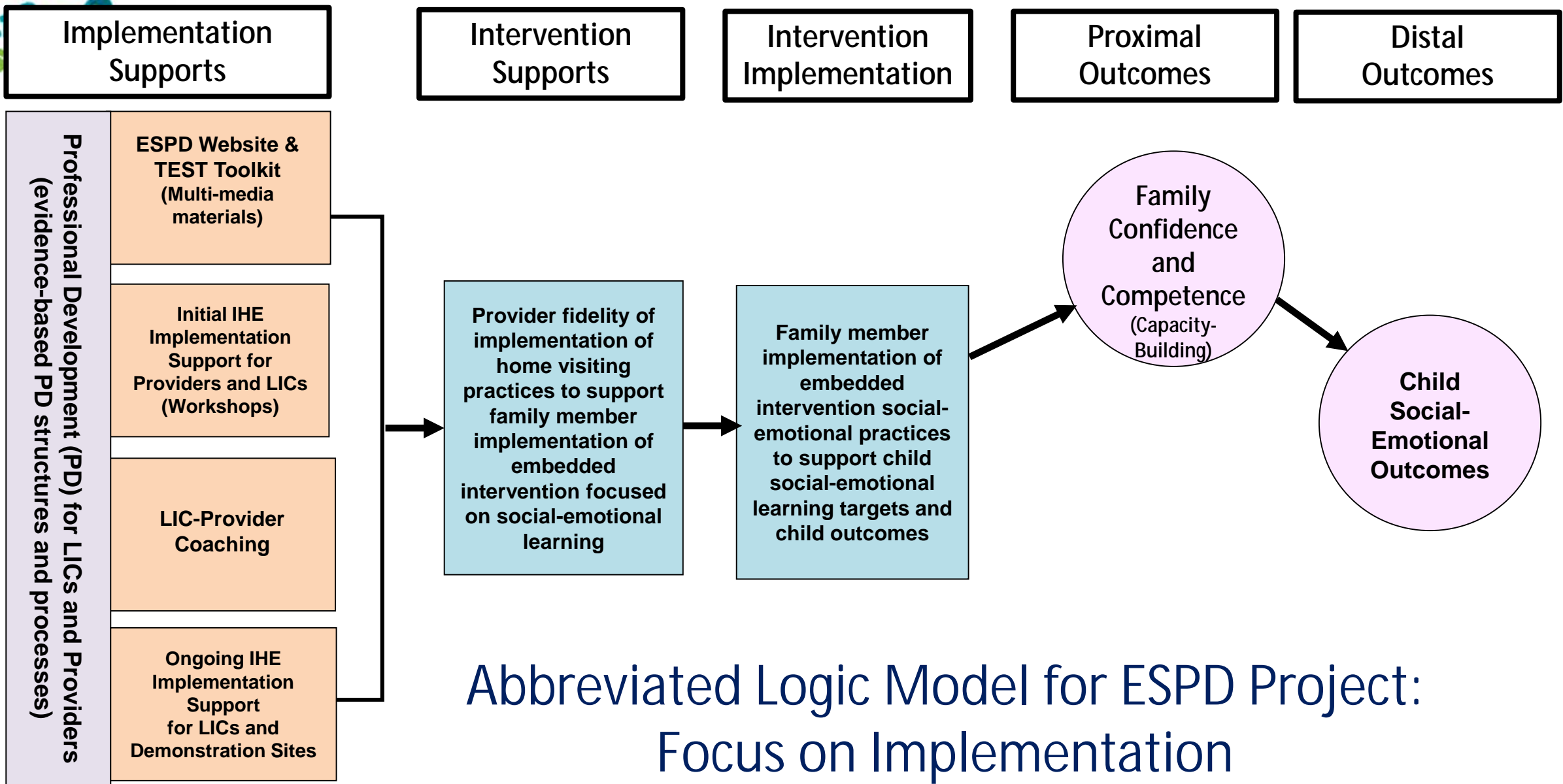
Research on Components of ESPD

EPIC
Embedded Practices and Intervention with Caregivers

R324A130121
Florida State University (J. Woods, PI),
University of Florida (P. Snyder, Co-PI),
University of Illinois-Chicago (C. Salisbury, Co-PI).

Embedded Instruction for Early Learning
Tools for Teachers

R324A070008, R324A150076
University of Florida (P. Snyder, PI, J. Algina, Co-PI, M. McLean, Co-PI, B. Reichow, Investigator)
Vanderbilt University (ML Hemmeter, Co-PI)

F G R B I
Family Guided Routines Based Intervention

H324C020091
Florida State University (J. Woods)

Pyramid Model

R324A07212, R324A120178
Vanderbilt University (ML Hemmeter, PI)
University of Florida (P. Snyder, Co-PI, J. Algina, Co-PI)
University of South Florida (L. Fox, Co-PI)

Institute of Education Sciences, National Center for Special Education Research

Embedded Practices and Intervention with Caregivers (EPIC*)

S-O-O-P-R
- Setting the Stage
- Observation
- Opportunities to Embed
- Problem Solving and Reflection
- Review

EPIC Embedded Practices and Intervention with Caregivers

5Q Visual Model   Date:

IFSP Outcome: _____

Why is it important?

What does my child need to learn?
Target:
☐ We did it!   ☐ Still working on it
Target:
☐ We did it!   ☐ Still working on it
Target:
☐ We did it!   ☐ Still working on it

How will we help?

When/Where/Who will my child participate with?

How will we know it is working?

EPIC is a collaborative project between Florida State University, University of Florida, and University of Illinois-Chicago

5Q
- Why?
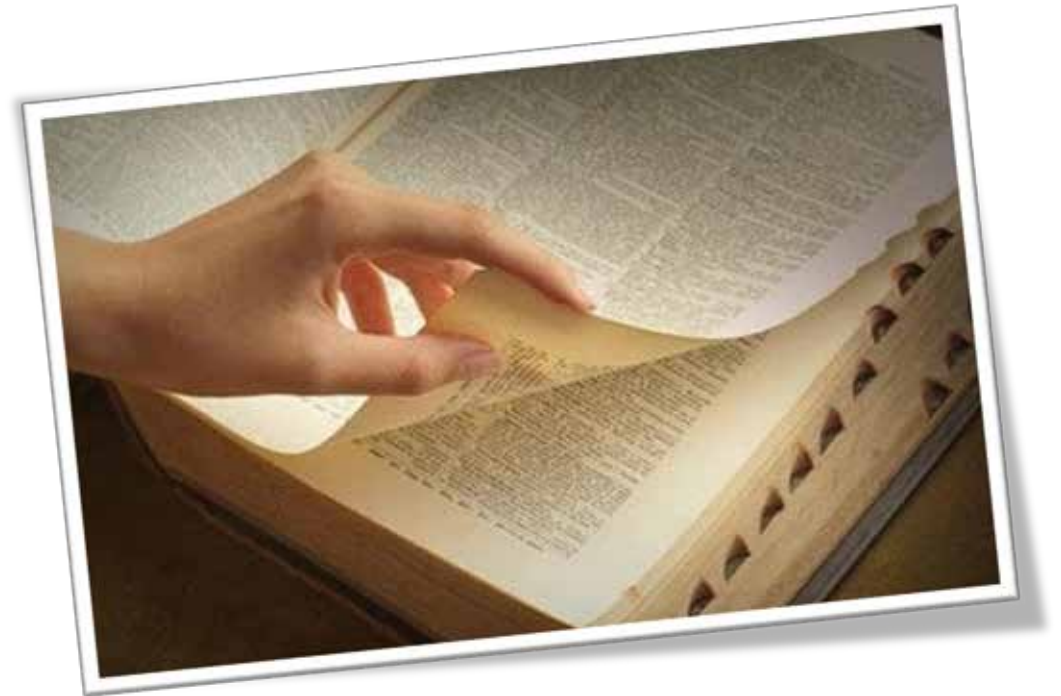- What?
- When?/Where?/Who?
- How?
- Is it working?
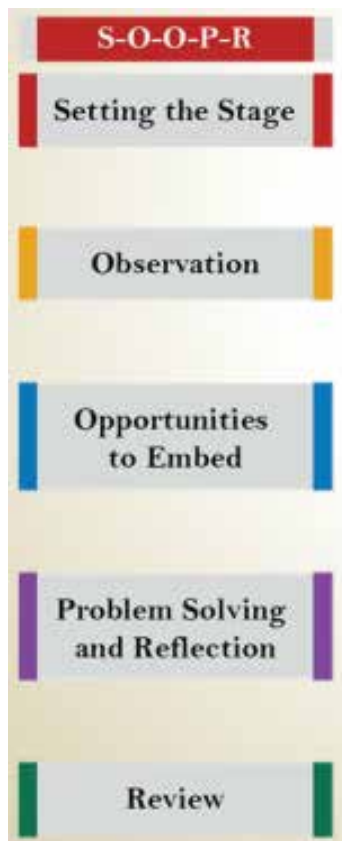
Defining our Terms…

Competency:

- A statement about what LICs or providers know and are able to do (i.e., their knowledge and skills).

Practice:

- Observable actions or behaviors that demonstrate competencies.

Implementation Fidelity Checklists and Implementation Manual:
Lead Implementation Coaches and Administrators

LIC Ongoing Coaching Session Fidelity Checklist

Provider Unique ID: _____ Date: _____

Lead Implementation Coach Unique ID: _____ Session Review #: _____

Did the provider:	Yes	No	Comments
Create the Context for the Session			
1. Open the session with a positive statement.			
2. Ask open-ended questions to elicit provider reflection, share comments on the home visit, and gather provider updates.			
3. Review the provider's practice area of focus for coaching that was identified in the previous session.			
4. Make a plan for which practice(s) will be a focus in the current session.			
5. Ask the provider to share general comments about the home visit.			
6. Ask the provider to identify her S-O-O-P-R coaching strategy priorities for the LIC coaching session.			
LIC Coaching Indicators			
7. Use general and specific coaching strategies that are matched to the provider.			
8. Provide specific, positive feedback on the provider's support of the caregiver implementation of the Home Visiting Checklist indicators, practices to support caregiver use of social-emotional practices, and the 5Q framework.			
9. Engage the provider in reflection on their implementation of the coaching practices related to the Home Visiting Checklist, Caregiver Social-Emotional Practices, and the 5Q Framework by asking at least two reflective questions.			
10. Engage the provider in problem solving on their implementation of the coaching practices related to the Home Visiting Checklist, Caregiver Social-Emotional Practices and the 5Q Framework.			
11. Use video or screenshots of home visit to support feedback, reflection, and problem solving.			
Planning for Next Steps			
12. Ask the provider to describe how they will know the caregiver is making progress.			
13. Engage the provider in a conversation on what future steps they might take.			
14. Ask the provider what area of need they want to focus on for the upcoming home visit, and document on the observation notes feedback form what the provider would like to work on.			
Closing the Session			
15. End the LIC Coaching session by providing an encouraging statement and thanking the provider for their participation in the project.			

Lead Implementation Coach Manual

Version 1.3

Intervention Fidelity Checklists and Manual: **Providers**

Home Visiting Checklist

Before the Session	Yes		No
Prepares for the session by reviewing past session notes, the family's 5Q plan, the child and family IFSP outcomes, and other relevant information			

Setting the Stage	Yes	Partial	Not Observed
1. Gathers updates on child and family - listens and encourages caregiver reflection			
2. Asks caregiver to update intervention implementation since last visit - listens, encourages caregiver reflection and sets up problem solving as needed			
3. Shares information related to social-emotional development and family interests - connects social-emotional learning targets to functional outcomes and IFSP priorities to increase caregiver knowledge and resources			
4. Clarifies session targets, strategies, and routines - jointly facilitates caregiver participation and decision making in the discussion of social-emotional practices			

Observation and Opportunities to Embed	Yes	Partial	Not Observed
5. Observes caregiver-child interaction in routines - provides feedback and builds on dyad strengths			
6. Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds intervention in routine - scaffolds and repeats to build competence and confidence (This indicator is repeated multiple times in 2 or more different routine categories)			
7. Provides general and specific feedback on caregiver and child behaviors and interactions - teaches and encourages caregiver to participate (This indicator is repeated multiple times throughout session using both general and specific feedback for child and caregiver)			

Problem Solving/Reflection and Review	Yes	Partial	Not Observed
8. Problem solves with the caregiver about appropriate intervention strategies to embed - coaches caregiver on evidence based interventions for identified targets and routines			
9. Problem solves when, where, and how to embed social-emotional targets and strategies in addition to other child and family IFSP outcomes - supports caregiver in the decision making			
10. Asks questions and makes comments to promote caregiver reflection and review of a routine or the session - identifies what works for the caregiver and child			
11. Helps caregiver to identify which social and emotional practices worked for the caregiver and child during the routine or session - engages caregiver in discussion of social-emotional practices			
12. Shares reflections on caregiver and child interaction and communication observed in routines throughout the session focusing on social-emotional practices - identifies practices with the caregiver that could promote positive social-emotional development			
13. Encourages the caregiver to describe what it will look like when the intervention is working - specifies measurable targets, strategies, and routines for the plan			
14. Engages caregiver to lead development of a "best plan of action" for embedding intervention in multiple routines and activities throughout the day - facilitates caregiver leadership and decision making in embedding social and emotional practices and other child and family IFSP outcomes			

After the Session	Yes		No
Documents the family's 5Q plan, relevant notes on child learning and family reflections, reflections on strengths of the session, adaptations, and plans for next.			

Adapted from Embedded Practices and Intervention with Caregivers (EPIC) - http://epicintervention.com/

Home Visiting Practices

Early Intervention Provider Manual and Checklist

A closer look at a few examples of provider home visiting practices…

Home Visiting Checklist

Before the Session	Yes		No
Prepares for the session by reviewing past session notes, the family's 5Q plan, the child and family IFSP outcomes, and other relevant information			

Setting the Stage	Yes	Partial	Not Observed
1. Gathers updates on child and family – listens and encourages caregiver reflection			

3. Shares information related to **social-emotional development** and family interests - connects **social-emotional learning targets** to functional outcomes and IFSP priorities to increase caregiver knowledge and resources

Observation and Opportunities to Embed	Yes	Partial	Not Observed
5. Observes caregiver-child interaction in routines - provides feedback and builds on dyad strengths			
6. Uses coaching strategies, matched to caregiver and child behaviors as caregiver embeds			

7. Provides general and specific feedback on caregiver and child behaviors and interactions - teaches and encourages caregiver to participate *(This indicator is repeated multiple times throughout session using both general and specific feedback for child and caregiver)*

coaches caregiver on evidence based interventions for identified targets and routines

9. Problem solves when, where, and how to embed social-emotional targets and strategies

9. Problem solves when, where, and how to embed **social-emotional targets and strategies** in addition to other child and family IFSP outcomes - supports caregiver in the decision making

12. Shares reflections on caregiver and child interaction and communication observed in routines throughout the session focusing on social-emotional practices - identifies practices with the caregiver that could promote positive social-emotional development

13. Encourages the caregiver to describe what it will look like when the intervention is working - specifies measurable targets, strategies, and routines for the plan

14. Engages caregiver to lead development of a "best plan of action" for embedding intervention in multiple routines and activities throughout the day - facilitates caregiver leadership and decision making in embedding social and emotional practices and other child and family IFSP outcomes

After the Session	Yes		No
Documents the family's 5Q plan, relevant notes on child learning and family reflections, reflections on strengths of the session, adaptations, and plans for next.			

Adapted from
Embedded Practices and Intervention with Caregivers (EPIC) - http://
epicintervention.com/

ESPD Project: Activities to Date

Activities to Date

- Developed manualized workshops for providers and lead implementation coaches (LIC) using systematic stakeholder validation processes

- Developed implementation and intervention manuals for LICs and providers

- Identified and validated social-emotional teaching practices aligned with *Pyramid Model*

- Adapted and validated Home Visiting Checklist (FGRBI, Woods) for use in ESPD project

- Implemented workshops at 3 Demonstration Sites with first two cohorts

- Implemented LIC training and providing ongoing support to LICs

- Developed self-evaluation plan

- Submitted first annual interim evaluation report to ESSO

- Continuation of evaluation data collection using logic model framework

- Analyzed preliminary Cohort 1 evaluation data

- Conducted 3 Project TEST Toolkit feedback and validation meetings (1 at each site)

ESPD Project: Cohort 1 Data

ESPD Project: Cohort 1 Data Collected and Presented Today

|	Data	Frequency
Pre-Workshop	Online 5Q and SOOPR Quizzes (Pretest)	1x per participant
Post-Workshop	Online 5Q and SOOPR Quizzes (Posttest)	1x per participant
Demographics	Provider Demographics Form	1x per provider
	Caregiver/Child Demographics Form	1x per family
Caregiver/Family Self-Efficacy	Caregiver/Family Self-Efficacy Questionnaire	1x per family (post-coaching)
Social Validity	Provider Coaching Questionnaire	1x per provider
	Family/Caregiver Questionnaire	1x per caregiver

ESPD Project: Cohort 1 Data Collected and in Process of Analysis

Ongoing Coaching Sessions (Provider Data)	Provider Self-Assessment	3x per provider per cohort (post-workshop, mid-point of coaching, post-coaching)
	Provider Home Visiting Checklist	Minimum 1 checklist per provider per family each month
	Provider Home Visit Videos	Minimum of 1 video per provider per family each month
	5Q Visual Models	Minimum of 1 per provider per family each month and as models are completed
Ongoing Coaching Sessions (LIC Data)	LIC Home Visiting Fidelity Checklist	1 checklist per provider per family each month
	LIC Ongoing Coaching Session Fidelity Checklist	1 checklist per coaching session
	Provider-LIC Coaching Session Video	Minimum of 1 video per provider per family each month
Child Data	IFSP	Minimum of 2 per provider per family
	BDI	2x per child Most recent BDI Exit BDI
	AEPS or DPIYC	2x per child

Planned Analysis of Provider Home Visiting Practices Implementation
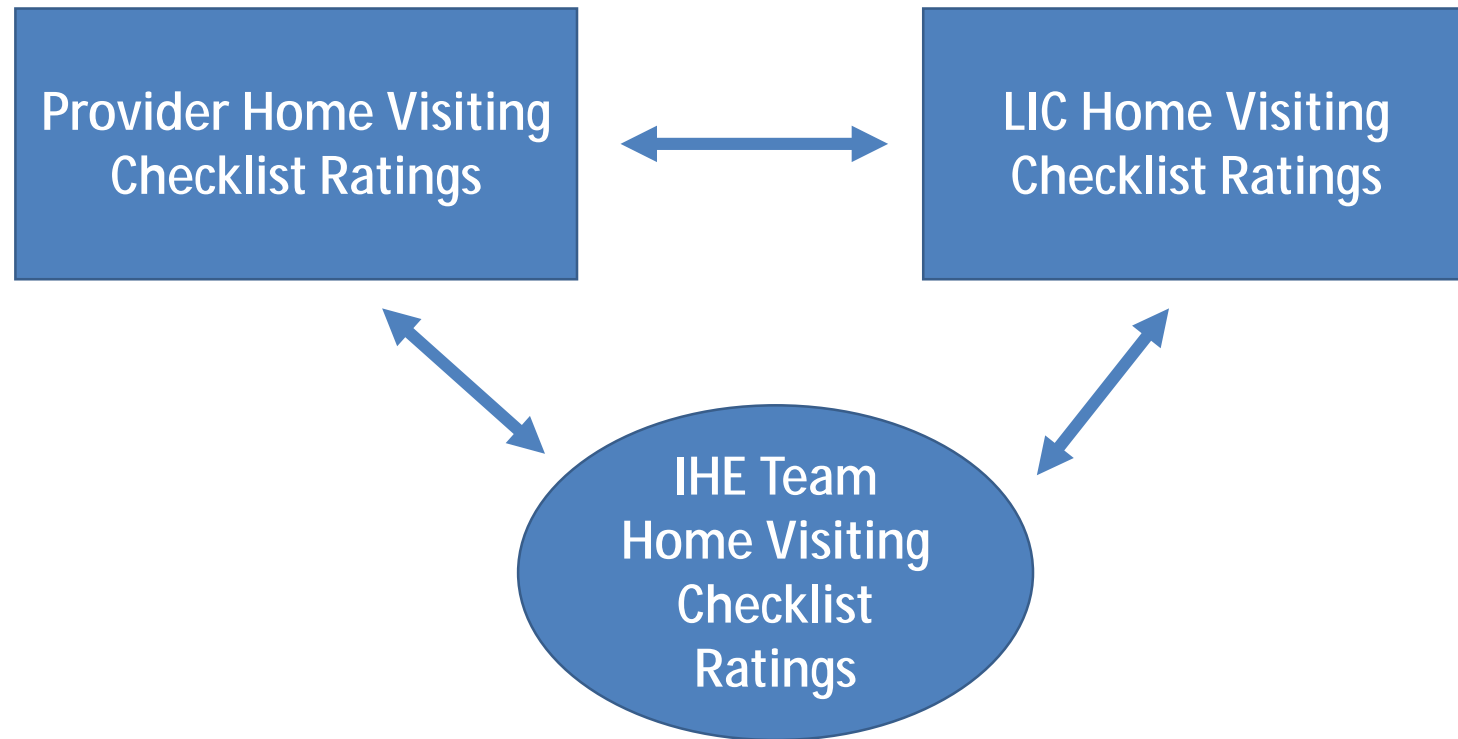
Who were the providers who participated in Cohort 1?

Table 1

Cohort 1 Provider Characteristics Across Sites as a Percentage (N=27)

Ethnicity of provider	
Hispanic	33.3
White, not Hispanic	55.6
Other	7.4
Role in Early Steps	
ITDS	51.9
Speech-language pathologist	14.8
Occupational therapist	14.8
Physical therapist	3.7
Primary employer	
Early Steps agency	59.3
External agency	18.5
Individual contract	11.1

Note. Across sites, 31 providers participated in Cohort 1 and 27 completed participation.

Who were the families who participated in Cohort 1?

Table 2

Family and Child Characteristics Across Sites as a Percentage (n=44)

Ethnicity of family	
Asian/Pacific Islander	4.5
Black, not Hispanic	2.3
Hispanic	50
White, not Hispanic	50
Language(s) spoken in home	
English	81.8
Spanish	45.5
Geographic region	
Urban	36.4
Suburban	40.9
Rural	15.9
Small town	6.8
Child gender	
Male	75
Female	25

Note. Across sites, 60 families participated in Cohort 1 and 41 completed participation. For several items, families were asked to choose one or more responses, so percentages may not equal 100.

Who are the Demonstration Site LICs?

Table 3

LIC Characteristics Across Sites as a Number (N=3)

Ethnicity of provider	
Hispanic	1
White, not Hispanic	2
Professional discipline	
ITDS	1
Occupational therapist	1
Licensed mental health counseling	1

Implementation Support Outcomes for Cohort 1: Provider Workshops

- 43 participants attended Cohort 1 provider workshops across sites
  - 31 participants were Early Steps providers

- 86% increased or maintained their knowledge about implementing **5Q home visiting practices**

- 80% increased or maintained their knowledge about implementing **SOOPR coaching practices**

- 100% of providers across sites reported that the workshop enhanced their competence and confidence in coaching caregivers to implement embedded intervention and social-emotional teaching practices.

Implementation Support Outcomes for Cohort 1: LIC Workshop

- 100% of LICs demonstrated knowledge and application related to coaching providers to implement SOOPR and 5Q home visiting practices following the LIC workshop

- 100% of LICs reported that the LIC workshop was effective for enhancing their competence and confidence in coaching providers to implement home visiting practices.

Implementation Supports Outcomes for Cohort 1: Provider Social Validity

Table 4

Mean, Standard Deviation (SD), and Range for Items from the Provider Social Validity Questionnaire (N=24)

Item	Mean (SD)	Range
1. My LIC identifies things I am doing well each time we meet.	5.96 (.20)	5-6
2. My LIC identifies things I still need support with each time we meet.	5.92 (.28)	5-6
3. Coaching sessions are frequent enough to support my implementation of the SOOPR, 5Q, and social-emotional home visiting practices.	5.33 (.82)	3-6
4. I will continue implementing the SOOPR, 5Q, and social-emotional home visiting practices.	5.54 (.66)	4-6
5. Receiving verbal feedback about my implementation of the SOOPR, 5Q, and social-emotional home visiting practices is helpful.	5.88 (.34)	5-6
6. My LIC values my perspectives about my implementation of SOOPR, 5Q, and social-emotional home visiting practices.	5.92 (.28)	5-6
7. I have developed a good working relationship with my LIC.	5.96 (.20)	5-6

Note. Providers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Implementation Supports Outcomes for Cohort 1: Provider Social Validity, cont.

Item	Mean (SD)	Range
8. Completing self-assessments of my knowledge and confidence in implementing the SOOPR, 5Q, and social-emotional home visiting practices helped me identify practices I wanted to prioritize for coaching.	5.12 (1.1)	2-6
9. The EPIC website is a useful resource to support my ongoing coaching of caregivers.	4.71 (.86)	3-6
10. I am comfortable talking with my LIC about concerns or issues related to implementing the home visiting practices.	5.92 (.28)	5-6
11. The resources my LIC shares with me support my implementation of SOOPR, 5Q, and social-emotional home visiting practices.	5.54 (.59)	4-6
12. Having a coach observe my implementation of SOOPR, 5Q, and social-emotional home visiting practices through video is helpful.	5.83 (.38)	5-6
13. My LIC spent sufficient time getting to know me.	5.96 (.48)	5-6

Note. Providers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Implementation Supports Outcomes for Cohort 1: Provider Social Validity, cont.

Item	Mean (SD)	Range
14. The time between each coaching session is adequate for me to practice implementing the practices I talked about with my LIC during our coaching session.	5.67 (.48)	5-6
15. I need more coaching to fully implement the SOOPR, 5Q, and social-emotional home visiting practices.	3.46 (1.3)	1-6
16. The EPIC website is an informative resource to support my ongoing coaching of caregivers.	4.83 (.76)	4-6
17. Sometimes it is stressful to record my home visits knowing my LIC will observe them.	4.13 (1.3)	2-6
18. My LIC helps me identify things I am doing well with respect to implementation of SOOPR, 5Q, and social-emotional home visiting practices.	5.92 (.28)	5-6
19. My LIC helps me identify things I still need support on with respect to implementation of SOOPR, 5Q, and social-emotional home visiting practices.	5.92 (.28)	5-6

Note. Providers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Family/Caregiver Outcomes for Cohort 1: Caregiver Social Validity

Table 5

Mean, Standard Deviation (SD), and Range for Items from the Family/Caregiver Social Validity Questionnaire (N=38)

Item	Mean (SD)	Range
1. My Early Steps provider identifies things I am doing well during each home visit.	5.89 (.31)	5-6
2. My Early Steps provider identifies things I need to work on during each home visit.	5.92 (.27)	5-6
3. Home visits are frequent enough to support my use of social-emotional teaching strategies in my child's everyday routines and activities.	5.82 (.46)	4-6
4. The feedback I receive from my Early Steps provider supports my use of social-emotional teaching strategies with my child.	5.95 (.23)	5-6
5. I will continue using social-emotional teaching strategies with my child beyond my family's participation in Early Steps.	5.89 (.31)	5-6
6. My Early Steps provider understands my family's unique preferences related to using social-emotional teaching strategies.	5.87 (.34)	5-6

Note. Caregivers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Family/Caregiver Outcomes for Cohort 1: Caregiver Social Validity, continued

Item	Mean (SD)	Range
7. Receiving feedback from my Early Steps provider about my use of social-emotional teaching strategies with my child is helpful.	5.89 (.31)	5-6
8. The process of working with my Early Steps provider to develop a Visual Model supports my use of the social-emotional teaching strategies with my child when my provider is not there.	5.63 (.79)	2-6
9. My Early Steps provider values my perspectives about which of my child's and family's routines are most important for using social-emotional teaching strategies with my child.	5.87 (.34)	5-6
10. Having a written Visual Model supports my use of social-emotional teaching strategies.	5.5 (.98)	2-6
11. I have developed a good relationship with my Early Steps provider.	5.89 (.31)	5-6

Note. Caregivers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Family/Caregiver Outcomes for Cohort 1: Caregiver Social Validity, continued

Item	Mean (SD)	Range
12. I am comfortable talking with my Early Steps provider about concerns or issues with using the social-emotional teaching strategies.	5.89 (.31)	5-6
13. Having an Early Steps provider observe me when I use social-emotional teaching strategies with my child is helpful.	5.84 (.37)	5-6
14. My Early Steps provider spent sufficient time getting to know me.	5.84 (.37)	5-6
15. The time between each home visit is enough for me to address my child's social-emotional skills included on my Visual Model.	5.84 (.37)	5-6
16. I need more support from my Early Steps provider to successfully implement social-emotional teaching strategies with my child.	3.76 (1.8)	1-6

Note. Caregivers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Family/Caregiver Outcomes for Cohort 1: Caregiver Self-Efficacy

Table 6

Mean, Standard Deviation (SD), and Range for Items from the Family Self-Efficacy Questionnaire (N=35)

Item	Mean (SD)	Range
1. When my child shows improvement, it is because I am able to make a difference in my child's development.	5.45 (.72)	4-6
2. Children make the most progress if their Early Steps providers work with them rather than if their parents or caregivers work with them.	2.74 (1.4)	1-6
3. Over the past several months, I can see the progress I have made in how I help my child develop and learn.	5.62 (.64)	4-6
4. If my child does better than expected, it would probably be because I know how to help my child learn new things.	5.03 (.99)	3-6
5. I can explain why it is important to teach my child throughout the day.	5.68 (.53)	4-6

Note. Caregivers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Family/Caregiver Outcomes for Cohort 1: Caregiver Self-Efficacy, continued

Item	Mean (SD)	Range
6. I can explain the connection between the teaching strategy I use with my child and the skill I want him or her to learn.	5.29 (.98)	3-6
7. I am good at identifying the skills that are important for my child to learn so that he or she can participate in our family's routines and activities.	5.29 (.87)	3-6
8. I can identify what my child needs to do next to learn more.	5.05 (.87)	3-6
9. I can describe strategies to help my child learn new things so he or she can participate in our family's routines and activities.	5.29 (.93)	3-6
10. I know how to arrange/set up a routine or activity to help my child learn.	5.50 (.65)	4-6
11. I can identify who can be a partner in my child's learning.	5.58 (.55)	4-6
12. I can identify the routines or activities that are the best fit for teaching my child new skills.	5.32 (.78)	4-6

Note. Caregivers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

Family/Caregiver Outcomes for Cohort 1: Caregiver Self-Efficacy, continued

Item	Mean (SD)	Range
13. I can identify different times or places in a routine or activity where my child can take a turn or practice using a skill.	5.54 (.65)	4-6
14. I can identify ways to know if my child is learning or able to use a new skill.	5.35 (.75)	4-6
15. If my teaching strategy is not working, I can problem solve ways to better teach my child.	4.97 (1.03)	3-6
16. I know if I am using the teaching strategies my Early Steps provider and I have discussed during everyday routines.	5.61 (.50)	5-6
17. I believe my ideas are just as important as the Early Steps provider's ideas when we brainstorm together.	5.45 (.65)	4-6

Note. Caregivers rated their agreement with each item on a scale of 6=strongly agree and 1=strongly disagree.

What Providers are Saying…

- I'm helping the family problem solve solutions. Now the mom is basically doing my job; the mom is running the session; she is coming to me and telling me what her child is doing and how he is doing.

- It's so easy to go in with your own plan. It's really useful to hear what the family wants to do. Because what I'm thinking about is that I can't get this kid to sit and do an activity with me. But what Mom is thinking is that she can't get this kid to sit down to eat dinner.

- I was talking to other providers who say, "I don't know how to get past play." I said that's what I used to say too. Now I'm in people's bathrooms; places that I didn't know I wanted to go. But they are inviting me in. What the family wants is driving what we do rather than what I think.

What LICs are Saying…

- I had such a positive coaching session with one of my providers yesterday. She told me that this whole project has really changed (for the better) the way that she approaches intervention with all of her families! She said that whereas she used to view her caseload as "my kids that I had to fix," she now sees the whole family as who she will be working with.

- Providers' confidence about their abilities has increased because I point it out --they are otherwise really hard on themselves and miss what they are doing well. Non-evaluative relationships are important.

- It's been nice to build rapport with external providers who aren't as connected to Early Steps even though they are Early Steps providers. Providers are reporting that they feel more connected to Early Steps and a part of the program.

What Site Directors are Saying…

- Service coordinators have breathed a sigh of relief to be assured of quality going into home visits.

- Community providers have been feeling great about it—we're doing something all together that is the same. We have a set of practices.

- We have moved away from just "natural environment" without knowing what that meant.

- Providers now know what to do.

- Team building among providers is happening so much more. Before this project, providers were barely talking to each other before team meetings; Now those in the cohort are all anchored to a set of practices that are not discipline specific.

ESPD Project: Cohort 2

Who is Participating in Cohort 2?

Across sites

- **24 providers**
  - 17 Infant Toddler Developmental Specialists
  - 3 Physical Therapists
  - 3 Physical Therapy Assistants
  - 1 Speech-language Pathologist

- **39 families**

- **3 LICs and site directors**

Cohort 2 Data Collection: Workshop Data

	Evaluation Data	Frequency
Pre-Workshop	Baseline Video	1x per provider per family
	Online 5Q and SOOPR Quizzes (Pretest)	1x per provider and LIC
Post-Workshop	Online 5Q and SOOPR Quizzes (Posttest)	1x per provider and LIC
	Provider Self-Assessment	3x per provider per cohort (1x post-workshop, 1x mid-point of coaching, 1x post-coaching)
	Family/Caregiver Self-Efficacy Scale	2x per family (1x post-workshop and 1x post-coaching)

Cohort 2 Data Collection: Ongoing Home Visits and Coaching Sessions

	Evaluation Data	Frequency
Ongoing Home Visits and Coaching Sessions	Provider Home Visiting Checklist 5Q Visual Model	1 HV checklist and 1 Visual Model for *every* home visit with each participating family
	Provider Home Visit Videos	Minimum of 1 video per provider per family each month (for coaching)
	LIC Home Visiting Fidelity Checklist	1 checklist per coaching session (i.e., 1 checklist per provider per family each month)
	LIC Ongoing Coaching Session Fidelity Checklist	1 checklist per coaching session (i.e., 1 checklist per provider per family each month)
	Provider-LIC Coaching Session Video	1 video per coaching session (i.e., 1 video per provider per family each month)

Cohort 2 Data Collection: Child Data, Demographics, Social Validity

	Evaluation Data	Frequency
Child Data	IFSP	Minimum of 2 per provider per family
	BDI	2x per child
	COS-TC-Positive Social-Emotional Skills	2x per child (before and end of coaching)
	AEPS or DPIYC	2x per child
Demographics	Provider Demographics Form	1x per provider
	Caregiver/Child Demographics Form	1x per family
Social Validity	Provider Social Validity Form	1x per provider
	LIC Social Validity Form	1x per LIC
	Caregiver Social Validity	1x per caregiver
	Recorded Caregiver Testimony	1x per provider per family

Child Outcomes: Cohort 2 Child Outcomes Summary Process

- Providers at each site were trained to complete the Child [Social-Emotional] Outcomes (COS) Summary process with support from an IHE team member

- COS process results in a "snapshot" rating of a child's social-emotional functioning across regular routines, activities, and situations relative to same-age peers

- At a minimum, the provider and family/caregiver determine the rating

- Multiple sources of formal and informal information are used

- COS ratings will be collected for children in Cohorts 2 and 3 at the beginning and end of provider coaching

ESPD Project Next Steps

Plan for Statewide Scale-up

- Developing a phased-in scale-up plan

- Plan to onboard 2-4 additional sites at a time

- Maintaining demonstration sites

- Increased involvement in professional development from Early Steps State Office personnel