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Section I: Theory of Action

Strands of Action	IF the Early Intervention (EI) Lead Agency	Then EI Providers Will	Then Parents Will	Then Parents Will	Then
<p>Professional Development & Technical Assistance to support implementation of evidenced based practices</p>	<p>... develops and implements a more formal needs assessment process to systematically identify ways to improve training</p> <p>... develops and Implements a Comprehensive Professional Development System (CPDS) utilizing EBPs as determined by the needs assessment</p>	<p>... have an understanding of the foundations of EI services</p> <p>... have an increased understanding of the value of EI services</p> <p>... better inform newly referred parents and existing parents about what EI services entails</p> <p>...use EBPs with fidelity when working with children and families to support children’s knowledge and skills</p>	<p>... understand the benefits of EI and accept services and respond to contact attempts</p>	<p>... Parents will use strategies to address their child’s need to acquiring knowledge and skills</p>	<p>... infants and toddlers with disabilities will be functioning within age expectations in acquiring knowledge and skills by the time they exit EI</p>
<p>Build community</p>	<p>... hold monthly meetings with community agency partner leaders to develop a plan with a calendar for joint provider meetings to discuss each</p>	<p>... understand partner agency services and referral process</p> <p>... discuss with families & provide a list of partner agencies whose services support knowledge and</p>	<p>... participate in partner agency programs whose services support knowledge and skills</p>	<p>... Parents will use strategies to address their child’s need to acquiring knowledge and skills</p>	

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<p>partnerships with other Initiatives Related to Early Childhood in AS</p>	<p>program’s services, how to access, to consult on shared clients</p> <p>...implements provider meeting plan</p> <p>...creates a list of partner agencies and brief description of services</p>	<p>skills at IFSP meetings</p>			<p>... infants and toddlers with disabilities will be functioning within age expectations in acquiring knowledge and skills by the time they exit EI</p>
<p>Fiscal-Training for Finance Personnel</p>	<p>... provides the Department of Health (DOH) Fiscal Staff, Director, and the American Samoa Government Fiscal Divisions (ASGFD) information on the flow of Part C funds...</p> <p>... then the DOH Fiscal Staff, Director, and the ASGFD will understand grant regulations, federally mandated program requirements, and flow of Part C funds...</p>	<p>...will have the resources they need to provide appropriate services and supports to parents in supporting their children’s acquisition of knowledge and skills</p>	<p>...receive appropriate amounts of service in a timely manner</p>	<p>...receive appropriate amounts of service in a timely manner</p>	<p>... infants and toddlers with disabilities will be functioning within age expectations in acquiring knowledge and skills by the time they exit EI</p>

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	... then checks for supplies and services will be cut in a timely manner, based on EDGAR payment timeframe				
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Section II: Status of State Identified Measurable Result (SiMR)

The American Samoa Early Intervention Program’s (ASEIP) State Identified Measurable Result (SiMR) as selected collectively by the ASEIP SSIP Leadership team and stakeholders is: ***Indicator 3 Child Outcome B) Acquiring and Using Knowledge and Skills Summary 2 (the percent of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program).***

Baseline Data 2013	Target 2014	Target 2015	Target 2016	Target 2017	Target 2018
89	87.02	87.3	87.04	87.05	87.06
	Actual Data:80	Actual Data: 93.75	Actual Data: 76	Actual Data: 93.75	Actual Data: 83.33

The ASEIP SiMR target was not met this year. A thorough explanation for not meeting the SiMR target includes

- ❑ **Small Number of Children Enrolled within American Samoa Early Intervention Program**
Due to small population size served within the ASEIP, the outcomes for one or two children continue to have a large impact on overall results.
- ❑ **Increased number of late referrals of children with more severe delays**

During this reporting year, the ASEIP utilized the Child Outcomes Summary (COS) to rate each child’s development during entry, and also when each child exited ASEIP services. The data collected during this reporting year represents children who received early intervention services for 6 months or more. Standardized tools, professional findings, as well as family input on their child’s progress or performance, were utilized to determine each child’s COS.

Within the data reported, the ASEIP experienced late referrals made between 24 to 33 months old, not allowing for sufficient time with ASEIP to provide early intervention services, to yield significant improvement to the level of age expectation. Although there were improvements in their performance outcome, they were not at age expectations when they exited Part C Program.

- ❑ **Major Personnel Changes**

The ASEIP underwent major staff turnover in the year 2019, with 40% of staff members including the Child Find Coordinator (CFC), Data Technician, Service Coordinator, Zika Service Coordinator and also former Part C Coordinator resigning within the year. The remaining staff capacity of the American Samoa Early Intervention Program is currently composed of a new Program Coordinator, Program Manager, Administrative Assistant (3 administrative staff), two staff members who serve as Service Coordinators (SC) and Primary Service Provider (PSP) , a State Systemic Improvement Plan (SSIP) Coordinator and four contracted allied health specialists. These specialists include a full-time Physical Therapist who resides in American Samoa and provides direct coaching for PSP(s) and SC(s), and a part-time Speech and Language Pathologist (SLP), an occupational Therapist (OT) and a School Psychologist who all reside in the United States and provide coaching and consultations via telehealth.

The Part C Program also transitioned into welcoming its new Program Coordinator who continues to provide supervision of staff members and specialists, participate in program development, maintaining

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clinical procedures, but also is responsible in completing and submitting grant applications and annual performance report to the Office of Special Education Programs (OSEP).

Although the Part C, Helping Hands program experienced challenges due to staff shortages, the remaining dedicated service providers continue to serve between 80 to 110 infants and toddlers with disabilities at any given time throughout the year.

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American Samoa Early Intervention Program

The American Samoa Early Intervention Program (ASEIP) has a unitary system (i.e., there is no local level of EI programs that is different from the territory level) that is administered by the American Samoa Department of Health (ASDOH). The ASEIP is based on the island of Tutuila, the largest and most populous island of the five main islands that make up American Samoa. The ASEIP serves between 80 to 110 infants and toddlers with disabilities at any given time throughout the year.

An ongoing supervision system by the ASEIP is utilized to ensure that not only the provision of early intervention services is within a timely manner, but also to assist in achieving improved results for infants and toddlers with disabilities and/or a developmental delay and their families.

The island wide data for Annual Performance Report (APR) indicators are collected in the Shared Integrated Links American Samoa (SILAS) Data System. SILAS is a custom data system developed under the CDC cooperative agreement to collect data, generate reports for OSEP requirements and conduct database maintenance activities. SILAS is a web-based data system, which is an upgrade of the previous database used by the ASEIP. Additional activities such as the 45 Day Timeline, Active IFSPs, Transition and exit queues etc. The existence of SILAS has helped staff manage their work and adhere to the program guidelines.

As previously mentioned, the ASEIP underwent major personnel changes during this reporting year. The current staff members include three administrative staff members, (the ASEIP new Program Coordinator, Program Manager), two Primary Service Providers, a State Systemic Improvement Plan (SSIP) Coordinator and four contracted allied health specialists. The four specialists include a full-time Physical Therapist who resides in American Samoa and provides direct coaching for PSPs and a part-time Speech and Language Pathologist (SLP), an Occupational Therapist (OT) and a Psychologist who all reside in the United States and provide coaching and consultations via telehealth.

There is an ongoing monthly technical assistance (TA) support for ASEIP SSIP activities via webinars and telephone conferences with the National Center for Systematic Improvement (NCSI), the Center for IDEA Early Childhood Data Systems (DaSy), the Early Childhood Technical Assistance (ECTA) Center, and the IDEA Data Center (IDC). The assistance is provided to support the ASEIP in understanding the components of the Phase III evaluation, analyzing of data collected, and strategies to improve SSIP activities, reporting requirements and submission.

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The American Samoa Early Intervention Program's (ASEIP) State Identified Measurable Result (SIMR) as selected collectively by the ASEIP SSIP Leadership team and stakeholders is: *Indicator 3 Child Outcome B) Acquiring and Using Knowledge and Skills Summary 2 (the percent of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program).*

Highlights from Phases I, II, and III

Stakeholders involved throughout Phases I, II, and III include the Parents of Children with Special Needs Network (PCSNN), community members, the Maternal and Child Health (MCH) Program, the Home Visiting Program, and the Executive Director of the Developmental Disabilities Planning Council, IDEA Part B, Head Start, the Department of Human and Social Services Child Care Division, and the hospital Pediatricians (Lyndon B. Johnson Tropical Medical Center).

In Phases I & II, the ASEIP stakeholders participated in the selection of its SIMR, analyzing its infrastructure, participating in root cause analysis, and was very involved in the development of its Theory of Action, and improvement strategies. At these meetings, stakeholders reported similar challenges and limitations with regards to the lack of professional development opportunities, lack of qualified personnel and professionals to perform the work, as well as great need to improve our fiscal processes that continue to indirectly affect the provision of services.

Stakeholders and the ASEIP together were able to identify 3 improvement strategies in the ASEIP Theory of Action model (Figure 1) to improve its State Identified Measurable Results (SIMR): [*Acquiring and Using Knowledge and Skills Summary 2 (the percent of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program)*]. The ASEIP improvement strategies include:

- Professional Development and Technical Assistance
- Building Community Partnerships
- Fiscal Training component for finance personnel.

Professional Development and Technical Assistance:

The Professional Development and Technical Assistance improvement strategy is a result of analysis in Phase I, which identified that there was limited educational and work experience of EI providers (and providers on island in general). This often resulted in limited support to parents in raising their awareness and understanding of the purpose and benefits of EI services in supporting their child's acquisition of knowledge and skills needs. Therefore, the focus of this improvement strategy is on the development of a Comprehensive Professional Development System (CPDS) consisting of evidence-based practices (EBPs). The CPDS will be informed by a formal needs assessment that will identify EI providers' level of understanding on the foundations and value of EI services, in addition to building EI provider capacity to better coach families of children with disabilities on acquisition of knowledge and skills. See Table A-1

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for more information on the Professional Development and Technical Assistance Improvement Plan.

Building Community Partnerships:

In the Building Community Partnerships component, the key is to strengthen collaboration between EI partner agencies such as the Home Visiting Program under the Department of Health (DOH), the Maternal and Child's Children with Special Healthcare Needs program also under the DOH, the Childcare Program under Department of Human and Social Services (DHSS), the Developmental Disabilities Planning Council (also under DHSS), IDEA Part B under the Department of Education (DOE), and Early Childhood Education also under the DOE. With this strengthened collaboration, resources can be leveraged to develop a professional development system across agencies. This professional development system would educate providers across agencies in understanding partner agency services as well as utilizing local and off island contracted professionals/specialists across agencies to build provider capacity in quality and effective service provision. These supports have the potential to eliminate silos, as previously identified in the Phase I infrastructure analysis, leading to duplicative and fragmented services that often overwhelmed parents to the point of declining services. See Table A-2 for more information on the Building Community Partnerships Improvement Plan.

Fiscal Training for Finance Personnel:

The Fiscal Training improvement strategy was also identified in Phase I as a critical element on the impact of timely provision of EI services that would affect improvements to our SIMR. The focus is primarily in supporting the lead agency (DOH) and AS Government Fiscal Divisions (Department of Treasury, Budget, Procurement, and the Governor's Office Capital Improvement Projects Division) personnel in understanding the flow of Part C funds and Part C services as mandated by OSEP. The desired result would be timely payments to vendors providing services and the ASEIP having all the required resources to deliver quality and timely EI services. See Table A-3 for more information on the Fiscal Improvement Plan.

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1) The Improvement Strategies or Activities Employed during the Year.

❖ Professional Development (See Table A-1)

- Providers Needs Assessments were given to primary service providers in (2018) the past year, to help identify EI providers' level of understanding on the foundations and values of EI services. In addition to that, the providers' assessment aimed to help build PSPs capacity to better coach families of children with disabilities on acquisition of knowledge and skills. The needs assessment focused on seven areas which included the following: natural environment and community supports, foundations of early intervention, Infant/Toddler and Family Assessment and also Intervention planning and effective strategies. As a result of the Providers' Self-Assessment, the ASEIP were able to identify strengths of PSPs, but also detect areas in need of training.
- Results of providers' needs assessments helped the ASEIP develop a rotating monthly training schedule, which specialists (OT, SLP, PT) utilized to train and coach PSPs. In addition to that, specialists continued to provide PSPs not only with hands-on training, but also coaching and mentoring, utilizing evidence-based practices, such as the DEC Recommended checklists: *Natural Environmental Learning Opportunities, Family Centered Practices Checklist, Family Capacity Building Checklist, Adult-Child Interaction Checklist.*
- DEC Recommended Checklists were also utilized to assess and measure whether EI providers use evidence-based practices when working with families of infants and toddlers to support knowledge and skills. Although the DEC Recommended checklists are performance checklists to increase understanding and for self-evaluation of one's use of practices, it was suggested by the Technical Assistants and also Program Coordinator to utilize the DEC Recommended Checklists to help Specialists assess PSPs use of evidence-based practices within families' homes.

It is the aim of the ASEIP to continue to train Primary Service Providers with not only the values and foundations of early intervention, but to also utilize evidence-based practices within families' homes, so that parents are able to use various strategies shared to them, to address their child's need to acquiring knowledge and skills

- The ASEIP continue to utilize home visit forms, document reviews, phone checklists to ensure that families receive good quality services, within a timely manner.

❖ Building Community Partnerships (See Table A-2)

- Two meetings were conducted amongst ASEIP and its partnering agencies/ Aiga Workgroup (*Department of Human and Social Services, Early Childhood Education,*

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Maternal Child Health/Aiga Manuia, Helping Babies Hear) within the year 2019. Present in these meetings were stakeholders' key leaders from the Department of Human and Social Services, Early Childhood Education, Maternal Child Health Program, Maternal, Infant, Early Childhood Home Visiting Program (MIECHV), and the Helping Babies Hear Program. In these meetings, the ASEIP and its stakeholders were able to discuss possible cross trainings between agencies, and also planned the coordination of services for children and families by developing the following priorities:

- **Priority 1 of 4: Leadership and Collaboration-** responsible for planning for meetings and gaining executive leadership.
- **Priority 2 of 4: Recruit and Retain a Qualified Workforce** through: Shared Technical Assistance and Training Opportunities, Identifying Specific Needs Topics for Training, Share Focused Resources and also Aiga Workgroup Cross-Training.
- **Priority 3 of 4: Referrals of Families to Agencies:** by Maintaining Resource Directory and Conducting Surveys for Families, and also Identify Requirements for Participation in Programs.
- **Priority 4 of 4: Increasing Access for Special Needs Populations** by: Providing Outreach through Social Media and also during island wide events.

The ASEIP representative for the Aiga Workgroup was tasked to the "Recruiting and Retaining Qualified Workforce" priority. ASEIP were able to share training opportunities, help identify specific needs topics for training, and also share resources and cross training opportunities between agencies.

Although the Aiga Workgroup were unsuccessful in completing monthly meetings, the ASEIP continued to send out training invitations via email and phone calls, share webinars, events, websites, but also, resources to help the Aiga Workgroup better serve individuals with special needs.

- Additionally, the ASEIP succeeded in creating a list of partner agencies and a brief description of services, for families of infants and toddlers enrolled within the ASEIP.
- ECO Family Outcomes Surveys were distributed to newly referred and existing parents to measure the:
 - ..helpfulness of Early Intervention staff members towards families of children with special needs or developmental delays.
 - ..level of parents' understanding on the benefits of Early Intervention Services.
 - ..helpfulness of Early Intervention program in explaining and giving a list of partner agency services during IFSP Meeting.
- Cross Training on EI referral, eligibility processes and services were conducted for a total of 3 partner agencies (e.g. Maternal Child Health Program, Manu'a Ta'u Clinic, ASG Department of Treasury, Office of Planning and Budget, Office or Procurement)

Fiscal Training for Finance Personnel (See Table A-3)

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- On January 20th, 2020, the ASEIP were able to provide the American Samoa Government Fiscal Divisions (Department of Health Finance Team, Department of Treasury, Office of Planning and Budget, Office of Procurement, and the Governor's-CIP) (ASGFD) information on the flow of Part C funds. As a result of the ASEIP Fiscal Presentation, the American Samoa Fiscal Divisions and ASEIP were able to update flowchart and brief accordingly.

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Providers' Needs Assessment

- The results of the Providers' needs assessment conducted in 2018 allowed the ASEIP to identify PSPs strengths, moreover, areas in need of training. Data from the assessment reflected that 3 of 5 (60%) of staff members, needed training in Intervention Planning and Effective Strategies, 4 of 5 (80%) needed training in Foundations of Early Intervention and 2 of 5 (45%) of staff members requested to be further trained on typical & atypical development, specifically in identifying red flags for Autism. As a result, the ASEIP continued a rotating training schedule of qualified specialists (OT, SLP, PT, PsyD) to conduct training throughout the year, using Evidence Based Practices (DEC Recommended Checklists). Additionally, home visit forms and also one-on-one consultations helped Specialists and Program Manager, assess, coach and serve as mentors to PSPs.
- **Specialists Rotating Training Schedule.(See Table A-1, B-1, C-1)**

Based on PSP's scores on the DEC Recommended Checklists and also results of FFY 2018 providers' needs assessments, the ASEIP were able to select training topics for the year. Each training included pre and post-tests developed by Specialists, to measure the understanding of service providers, before and after each training.

- January 25th, 2019- Dialogic Reading Part 1 by SLP Patricia Rogers

Given that 47 of 51 (92%) infants and toddlers enrolled within ASEIP from July 1st, 2018 to January 1st, 2019 were receiving speech stimulation services, an emphasis was placed on coaching primary service providers on various fun and family centered activities, that could help families enhance their child's language development and to make it (expressive and receptive) entertaining and functional.

Speech and Language Pathologist Patricia Rogers, provided training on the importance of dialogic reading in developing a child's language processing and also learning of new words. Primary Service Providers were trained on dialogic reading techniques (PEER- prompt, evaluate, expand and repeat & CROWD- Completion, Recall, Open Ended, Who Questions, Distancing) that could be used to encourage deeper responses from a child and also give them opportunities to engage in conversations.

A total of 5 staff members (Two Primary Service Providers, a Zika Service Coordinator, Child Find Coordinator, and the SSIP Coordinator) were able to attend this training. Staff members were trained on the importance and usage of dialogic reading techniques. Scores of pre-tests showed that 2 of 5 (40%) of staff members received scores of 70% on their pretest, while 3 of 5 (60%) of staff members received scores of 80% as a result. However, scores for post-tests showed that all, 5 (100%) of staff members received scores of 100% after training was conducted.

It is the goal of ASEIP to continue to equip not only primary service providers, but most especially parents of children within ASEIP, with various strategies and activities that can help further their

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child's development throughout their child's daily routine and also within their natural environment. Dialogic reading does not require any fancy or pricey books; however, simple books can be created, and anything within a child's home that includes kid friendly words, are encouraged to be utilized for dialogic reading. The Speech and Language Pathologist set a homework for primary service providers to be prepared to read one storybook to the group, using at least 2 CROWD prompts, and at least 3 PEER forms, in future training. PSPs were also encouraged to report on efforts to model dialogic reading to families during home visits, and also efforts to substitute a published story book with an alternative (e.g. newspaper, cereal boxes, magazines etc).

The ASEIP were able to receive books donated from Specialists (OT, SLP) and are currently being used to expose and coach families to dialogic reading.

- February 11, 2019- Training on Sensory Processing and Behavior by OT Becki CoHill

Providers' Self-assessments also showed that PSPs needed further training towards the usage positioning and handling techniques for implementation in intervention across environments. Therefore, Occupational Therapist Becki CoHill conducted training on Sensory Processing and Behavior. A total of four staff members, (the Zika Service Coordinator, two primary service providers and the SSIP Coordinator) attended this training. Staff members were trained to understand the causes of behavior, sensory processing, sensory integration, and how every child is different. Additionally, primary service providers were trained on the importance and effectiveness of developmental play-based approach, and also understanding multiple approaches to learning.

Prior to the beginning of training, pre-tests were distributed to each staff member to test their knowledge on the training material. Results showed that, (3 of 4) 75% of staff members scored 60% and (1 of 4) 25% of staff members, received 70% during the pre-test. After training was completed, each staff member was required to take a post-test, to test their knowledge on the material they were trained on. Posttest scores reflected that, (4 of 4) 100% of staff members, earned 100 points, after receiving training. Sensory processing and behavior training aimed to equip primary service providers to be able to coach and support families in regulating their child's sensory system, and understanding their child's behavior, moreover, various daily routine activities that can help their child regulate sensory processing.

- April 1st, 2019- Authentic Assessment by PT Joyce Ursolino
To further strengthen PSPs abilities and knowledge in assisting families to identify their concerns, priorities and their child's strengths, and collecting pertinent information about children referred and/or enrolled in the ASEIP, PT Joyce Ursolino led training on the purpose and importance of conducting an authentic assessment. A total of 5 staff members (two primary service providers, a Zika Service Coordinator, a Data Technician and SSIP Coordinator) attended this training. PT Joyce Ursolino thoroughly explained the difference between conventional assessment and an authentic assessment, moreover

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about the 2 core activities (objective observation and gathering information) and how each activity may help an assessment team recognize a child's strength in their natural environment or places and spaces he/she spends their time the most. Two short clips from previous home visits were played, and the Specialist gave attendees the opportunity to share with the group, the various assessments conducted throughout each clip, PSPs were also given opportunities to identify any examples of authentic assessment, shown within each video clip. Additionally, an in-depth discussion was geared towards who (parents, extended family members, family friends, childcare staff, early intervention specialists, service coordinators etc.) can be involved in an authentic assessment, and also, when an authentic assessment can be conducted.

Prior to the authentic assessment training, pre-tests developed by the Specialist which contained 5 questions, were distributed to training attendees, to obtain their knowledge and understanding on the aspects of an authentic assessment. Results showed that 60% (3 of 5) staff members received scores of 60%, while 20% (1 of 5) staff members received scores of 20%, and the other 20% (1 of 5) staff members received a score of 0% during pre-testing.

Posttest results showed that 2 of 5 (40%) staff members received scores of 100%, while 2 of 5 (40%) staff members received scores of 80%, and 1 of 5 (20%) staff members received a score of 60%. The staff member who did not receive a passing score during both pre and posttest, is not familiar with conducting assessments, yet mostly deals with documenting data, and conducting data entry within the office.

However, an improvement of understanding and knowledge about authentic assessment training was shown in primary service providers. It is the goal of the ASEIP to continue providing training in this area, not only to help primary service providers conduct authentic assessments, but also help parents and families, gain confidence in identifying their priorities, roles, and their child's strengths, most especially within their child's behavior within their natural environment.

- April 15th, 2019- Identifying Red Flags for Autism Training, by Psychologist Bradley Kaiser

Within FFY 2018, primary service providers reflected within their providers' self-assessment, a need of training in identifying red flags for the Autism Spectrum. Therefore, the ASEIP were able to request and receive training on Identifying Flags for Autism, by Psychologist, Bradley Kaiser.

A total of 4 ASEIP staff members, which included the Zika Service Coordinator, Data Technician, and Two Primary Service Providers, attended this training. Training covered not only the history of Autism, but also, a thorough explanation of the DSM 5: Autism Spectrum Disorder. To further help primary service providers identify red flags of autism, the Specialist not only provided training on the early signs of Autism in babies and toddlers, signs and symptoms of social difficulties, but also, common self-stimulatory behaviors seen in infants and toddlers on the spectrum.

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The ASEIP found that the various interventions (speech stimulation, self-help stimulation, and also physical stimulation) do not only apply to infants and toddlers on the spectrum, but also can apply to children who are experiencing developmental delays and even children who are performing age appropriate. PSPs were trained that every child is different, and it is important to observe and find the specific pattern of response, each child shows.

The pre and posttests included 5 questions geared towards Autism Spectrum Disorder. Staff members provided positive feedback on the Specialist's usage of videos to show examples of children on the Autism spectrum, but also his ability to thoroughly explain information presented on each slide. Results showed that 2 of 4 (50%) staff members received scores of 80%, while the other 2 of 4 (50%) of staff members scored 100% on their pre-tests. However, a great improvement showed that (all) 4 of 4 (100%) staff members who attended training, showed scores of 100% in taking their post-tests.

- May 20th, 2019- Dialogic Reading by SLP Patricia Rogers Part 2
- A 2nd part of Dialogic Reading was conducted by SLP Patricia Rogers. Due to staff turnover within the past months, only two staff members (PSPs) were able to attend this training. During training, PSPs were asked to:
 - Share if there has been an increase in the number of storybook activities they use during sessions at home.
 - Explain the importance of Dialogic Reading.

PSPs shared that within every home visit, they continue to model dialogic reading to families by utilizing materials (e.g. newspapers, cereal boxes, created books etc.) they have within their homes. One of the PSPs shared that the family would first share their child's interest, and then together create a book, focused solely on the child's interests. PSPs report that families enjoy dialogic reading as part of their child's daily routine, especially when other members (e.g. siblings) are involved. Pre-Tests reflected that both Primary Service Providers received 100% as results. They were able to obtain the same score (100%) throughout the post-test.

As mentioned within the last Dialogic Reading Training, the ASEIP aim to continue utilizing this strategy as a way to make communication fun and also part of families' and their child's daily routine.

- July 1st, 2019- Independence in Self Help by OT Becki CoHill
To incorporate strategies used in multiple disciplines, OT Becki CoHill trained PSPs on the importance of Independence self-help/self-care in promoting fine gross and motor skills, sensory experiences, language development and also social emotional development. PSPs were also trained to share with parents a few general strategies that can be used throughout a child's daily routine activities (e.g dressing, toilet training, grooming hygiene, bathing time, and various household activities) to help support parents, with various activities that can enhance their child's development.

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A total of two PSPs, Program Coordinator and SSIP Coordinator were able to attend this training. Tests were distributed amongst attendees, and results reflected that 1 of 4 (25%) staff members received a 90% score, 1 of 4 (25%) received a score of 80%, while 2 of 4 (50%) received scores of 70% as results of their pre-tests.

After training was conducted, posttests were distributed and results portrayed that 3 of 4 (75%) of staff members received scores of 100% and 1 of (25%) of staff members received scores of 80% as a result.

Self Help activities and strategies continue to help ASEIP provide support for infants and toddlers enrolled within the ASEIP, most especially for children who are near exiting ASEIP, and are preparing for classroom environment. It is our goal that the family are confident in conducting family centered activities that can help their child become more independent and ready for environments (e.g. Early Childhood Education).

- **Infant Family Educators/Service Coordinators receive ongoing one-on-one coaching, monthly supervision meetings and training. (See Table C-1)**

Specialists continue to conduct ongoing monthly one on one training and consultations with primary service providers. Provision of coaching and also hands on training on home visits when requested by primary service providers, are also conducted by each specialist. The ASEIP Program Manager also conducts ongoing monthly supervisions to ensure that good quality services and timelines are completed within a timely manner.

On August 16th-27th, 2019, Specialists (OT, SLP) were able to travel to American Samoa and provide face-to-face training on therapeutic interaction, environmental modifications, benefits of Self Independence and also Coaching for Primary Service Providers. Primary Service Providers were also able to introduce Specialists to families, and received coaching and hands on training together with the families, within their homes.

Additionally, Specialists were able to donate reading books, toys and most importantly offer fun activities/strategies to families of infants and toddlers who were enrolled within ASEIP. Parents and also staff members of ASEIP showed gratitude to the Specialists for the sacrifice and time they took to visit their families homes, and also provide so many fun activities and materials for them.

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○ **ECO Family Outcomes Surveys (See Table B-1)**

To measure whether EI providers were able to inform parents of infants and toddlers about what EI services entail, ECO family surveys were distributed to newly referred and existing parents, with the assistance of the Helping Babies Hear Program (EHDI). Surveys were distributed to a total of 18 newly referred (parents who had only been in the program for 6 months or less) and existing parents who had been in ASEIP for more than 6 months' time period. Surveys only included parents who were active from August to November, 2019. Results showed that 17 of 18 (94%) of newly referred and existing parents reported that ASEIP staff members inform families well about their Parental Rights and also providing them with what EI services entail. Additionally, the ASEIP set a target of 67% of staff members to discuss with at least 75% of their client families, components of EI services. Results showed that 100% of staff members, include within the progress notes on the SILAS database, that they discuss with at least 75% of their clients what EI services entail during home visits and also via telephone communication.

With the strong support of the Helping Babies Hear Program, surveys were also given out to newly referred and existing parents to find out whether parents understand the benefits of early intervention. Results collected showed that, 100% (13 of 13) parents surveyed, reported that they "Completely" understand the benefits of EI.

To measure how many parents of eligible children accept ASEIP services and also respond to contact attempts made by Child Find Coordinator (CFC), within the months of September 1st to December 31st, 2018, the SSIP Coordinator extracted data from the ASEIP SILAS Database system. A total of 13 were found eligible for ASEIP within the months of September to December. However, 85% (11 of 13) eligible children accepted services. The 15% (2 of 13) declined services due to family having no concerns about their child's development, after the professional evaluation was conducted.

In addition, the ASEIP aimed to find how many enrolled families have an exit reason other than "declined services" or "unsuccessful attempts". Results showed that 50% (4 of 8) enrolled families' exit reasons were: "Part B eligible (Child Age Out)" and "Completion of IFSP prior to 3 years old." SILAS reports that 2 of 8 (25%) of families denied services due to no concerns about their child's development. It was also reported that 2 of 8 (25%) of families exited ASEIP due to family moving off-island. With further training on how to utilize phone checklists and also providing more information about the importance of EI services to families, service providers and families will be able to better help the development of children within ASEIP. The ASEIP look forward into providing better trainings for staff members, in informing families of what EI services entail.

Section IV: Status of Infrastructure Improvement Strategies

❖ **Building Community Partnerships (Strand 2) (Tables A-2, B-2 and C-2)**

During this reporting period, the ASEIP were able to strengthen partnership collaboration through interagency referrals and shared training materials with its partnering agencies. The ASEIP were able to conduct the following training within this reporting year.

- ☐ January 02, 2019-Part C Referral and Eligibility Processes-
 - The American Samoa Early Intervention Program participated in the Department of Human and Social Services Outreach, and were able to present to 47 parents, on the Part C Helping Hands eligibility and referral processes.

- ☐ May 21st, 2019- Part C Referral and Eligibility Processes.
 - ASEIP conducted training for the Maternal and Child Health (MCH) Program on the Part C Helping Hands eligibility and referral processes. A total of 8 MCH staff members were present during this training.

- ☐ May 27th, 2019- PT Joyce Ursolino conducted Developmental Milestones Training for the MCH program. A total of 12 participants attended this training.
- ☐ November 19th-21st, 2019
In efforts to raise awareness of the different services and resources (e.g. telehealth) Part C, Helping Hands Early Intervention Program offers towards our sister island in Manu'a, and to discuss the development of a needs assessment for its residents and also staff members, the ASEIP traveled by plane to the neighboring island, and conducted an outreach November 19th- 21st, 2019. During the Manu'a Outreach, the following trainings were conducted:
 - ☐ November 21st, 2019- OT Becki Co Hill conducted an Ages and Stages Questionnaire Training for the Manu'a (neighboring island of AS) clinic, staff members. A total of 9 participants were present during this training.
 - ☐ November 21st, 2019- SLP Patricia Rogers trained 8 staff members of Manu'a clinic on the specific roles and responsibilities of a Speech and Language Pathologist, and how these roles are connected to Early Intervention. In addition, the Specialist went into detail about the early intervention roles and responsibilities. Most importantly, the SLP touched base on the Tele-Intervention Considerations.
 - ☐ November 21st, 2019- OT, Becki CoHill trained 9 staff members of Manu'a clinic in understanding the roles of occupational therapy, identifying areas of development that OT addresses and also participate in identifying routines that are meaningful for families.

The ASEIP aims to continue strengthening collaboration with its partnering agencies. It is important that ASEIP along with partner agencies are aware of services provided by each program, and to be able to better inform families of the services that can be available to them.

Section IV: Status of Infrastructure Improvement Strategies

When families are aware and educated of services that can be available to them, they can help support their child, and further enhance their development.

Do Child Find Coordinator, Service Providers make Referrals to Partner Agencies. (See Table B-2)

Within the months of November to December 2019, a total of 44% (4 of 9) of referrals were made to the ASEIP by partner agencies (e.g. LBJMC, EHD), and a total of 11% (1 of 9) of referrals were from parents who walked in or called the office to refer their child. All 9 referrals from partner agencies to the ASEIP, were within age range of birth to 3 years old. To further improve partner interagency referrals, the ASEIP set a target for 67% of Child Find Coordinators, Service Coordinators, and Infant Family Educators to make referrals to partner agencies. However, due to the ASEIP experiencing short staffing, the SSIP Coordinator was tasked to process interagency referrals. The SSIP Coordinator was able to process 3 interagency referrals to its partnering agencies, (e.g. SPED, ECE) utilizing the ASEIP Interagency form. It is important to the ASEIP that a relationship and respect amongst partnering agencies are in place, so that families of the community receive the necessary services they need.

- **List of Partner Agencies and services created and provided to families whose children were eligible for EI services. (See Table B-2)**

To better inform families of the support they can receive from partner agencies, the ASEIP program continue to provide a list of partner agencies in the IFSP packet for families during every initial, annual, and exit IFSP meeting. The ASEIP set a target for 86% of families to be given a list of partner agencies whose services support knowledge and skills. Results showed that, 100% (4 of 4) families who had initial IFSP meetings within the months of November and December, were given and briefed with a list of partner agencies and also services that they provide. Also, during IFSP meetings, Service Coordinators and Infant Family Educators continue to not only provide families information about the various services ASEIP offer, but also other partner agency services that may benefit and support their family knowledge and skills. The list and also brief explanation of partner agencies (*Part B, Early Childhood Education, Immunization Program, Maternal Child Health Program, LBJ Pediatrics, Helping Babies Hear etc.*) were provided within a brochure, created and updated by the ASEIP program in September 2019.

Section IV: Status of Infrastructure Improvement Strategies

3) Fiscal Improvement/Training (Strand 3) (Tables A-3, B-3 and C-3)

During this reporting year, the ASEIP were not only very successful in developing a flow of Part C funds, scheduling a meeting with the AS Government fiscal divisions (Department of Treasury, Office of Planning and Budget, the Office of Procurement, and the DOH Finance Team) and presenting this flow of Part C funds to these fiscal divisions. After the presentation, the Divisions alongside ASEIP, worked together to update the flow of Part C funds. In addition to that, the ASEIP trained the fiscal team, on early intervention services, its important timelines and how the flow of purchase orders and contract renewals can affect the provision of early intervention services. Feedback from participants that were present, indicated that they now have a better understanding of why ASEIP makes certain requests for equipment (e.g. MiFi(s), iPads, Swivl etc.). They also showed great appreciation towards services that are provided by the ASEIP.

Section V: Status of Evidence-Based Practices

- The ASEIP are implementing at least two specific practices to support the SiMR: Child Outcomes Acquiring and Using Knowledge and Skills, the percent of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program.

a) **DEC Recommended Checklists (See Table B-1& C-1)**

The DEC Recommended Checklists: *Natural Environment Learning Opportunities, Family Centered Practices, Family Capacity Building* to not only conduct assessments of primary service providers' use of evidence-based practices when working with children and families, but also, to identify training topics related to early intervention services and the value of evidence-based practices.

- Three allied specialists were tasked to observe primary service providers and also assess their use of evidence-based practices during home visits, by utilizing the DEC Recommended Checklists (*Natural Environment Learning Opportunities, Family Centered Practices, Family Capacity Building*). For each checklist, (Natural Learning Environment, Family Centered Practices and Family Capacity Building) ASEIP projected that 86% of primary service providers will receive a rating of "Most of the Time" on 5 of 6 items, 2 out of 3 times observed. Results of assessments are as follows:

Natural Environment Learning Opportunities

As previously explained, the ASEIP tasked 3 Specialists (OT, PT, SLP) to assess, primary service providers. Results of assessments for the Natural Environment Learning Opportunities showed that, 1 of 2 (50%) primary service providers received a rating of "Most of the Time" for at least 5 of 6 items, in 2 out of 3 times observed. Feedback from Specialists reflected that primary service providers showed great improvement in not only identifying families' needs, but also encouraging child behavior elaborations by using different instructional strategies.

Family Centered Practices Checklist:

Results of assessments for the Family Centered Practices Checklist showed that 1 of 2 (50%) primary service providers received a rating of "Most of the Time" for at least 5 of 6 items, 2 out of 3 times observed. Specialists commended the service providers' ability to show not only, patience and understanding, but also strength in developing plans that were responsive to family concerns and priorities. In addition, specialists reflected on each primary service providers' ability to emphasize the importance of being family centered, especially when providing family with complete and unbiased information, to help families make informed choices and decisions.

Section V: Status of Evidence-Based Practices

Family Capacity Building Checklist:

Results of the Family Capacity Building checklist showed that 0% of primary service providers received a rating of “Most of the Time” for 5 of 6 items, in at least 2 out of 3 times observed. However, 50% (1 of 2) primary service providers were able to receive a rating of “Most of the Time” for 5 of 6 items, 1 out of 3 times observed. Specialists’ feedback mirrored that primary service providers’ active listening and support for families is strong. However, some parents still showed difficulty in accepting the use and the benefits of daily activities as a tool for child learning. Although primary service providers seemed to slightly struggle in this area, positive feedback reflected that primary service providers have shown great improvement in providing supportive guidance, feedback and suggestions to parents throughout family activities. Also, primary service providers are learning to allow families to practice various strategies during primary service providers’ home visits.

The utilization of the DEC Recommended Checklists not only identified primary service providers’ usage of evidence-based practices during home visits, but also pointed out primary service providers strengths and also areas they need training towards. Although results of the DEC Recommended Checklists assessments were not met, the ASEIP continue to witness growth and improvement in the performance of primary service providers and their use of evidence-based practices when providing services within families’ homes. The ASEIP find it necessary to continue the usage of DEC Recommended checklists, to mainly help equip the knowledge of primary service providers about the values of evidence-based practices, so that they are able to help parents receive the support they need to enhance their child’s development. In addition to that, it is important to offer the best support so that children are performing age appropriate, or are close to reaching their milestones, by the time they exit early intervention services.

- b) **Primary Service Provider Coaching Model**-The ASEIP continue to use the Primary Service Provider (PSP) Coach Approach, where one team member receives coaching from qualified Specialists. The PSP applies coaching with parents and other primary caregivers to support and strengthen their confidence and competence in promoting child learning and development.

To support this practice, Specialists (OT, SLP, PT) continue to provide coaching, mentoring and ongoing training throughout the year to support and strengthen the knowledge of PSPs in providing evidence-based practices within families’ homes. Additionally, Specialists sometimes attend service deliveries, to provide the PSP with hands on training during service delivery. A rotating training schedule will be an ongoing effort to help support PSPs, so that they can offer

Section V: Status of Evidence-Based Practices

the best service for infants and toddlers served within the ASEIP. In addition to the rotating specialists' schedule, PSPs are offered hands-on experiences (e.g. conduct services with family, in conjunction with training). Additionally, Specialists utilize video clips of service provision in home of families as part of training. The Program Manager and Specialists together provide coaching and quarterly/ or as needed one-on-one mentoring.

Section VI: Stakeholder Engagement

During this reporting period, the ASEIP SSIP Coordinator met with stakeholders on October 17th, 2019. However, due to the Department of Health Lymphatic Filariasis mass drug administration and also measles outbreak, the ASEIP have kept in touch with stakeholders via email. The ASEIP not only share training materials, upcoming events but also the sharing of referrals via email. Although Stakeholders have not been directly involved with the SSIP implementation during this reporting period, the SSIP Coordinator continue to share via email various training opportunities, share focused resources to strengthen collaboration between agencies. One of ASEIP SSIP activities, under the Building Partnerships improvement strategy, is to ensure that each agency understand each other's services and eligibility process, and know when and how to refer parents to programs who can provide them with the help they need. The ASEIP have been successful in providing training for our partnering agencies. The initiation of cross training will not only strengthen collaboration between agencies, but also present more opportunities to involve stakeholders in the implementation of the SSIP.

Section VII: Plans for Next Year

Plans for Next Year SSIP PHASE III, YEAR V (Tables A-1, A-2, A-3, B-1, B-2, B-3, C-1, C-2, C-3)

Plans for the upcoming year are indicated within the tables above. The ASEIP will continue to conduct the following SSIP activities in the upcoming year to improve its SIMR:

- Continue to distribute Providers Needs Assessments for primary service providers to help identify ways to improve upcoming training.
- Continue to conduct Early Intervention Online Curriculum Training, utilizing cultural experiences faced within families' home with the consent of parents. This will ensure for staff members to better increase the understanding on Early Intervention Mission and Key Principles, Foundational Pillars and also Authentic Assessment in Early Intervention.
- Continue rotating schedule by three allied specialists (OT, SLP, PT) to coach Infant Family Educators and help increase service providers' competence, knowledge and confidence in providing evidence-based practices when providing services within homes of infants and toddlers enrolled in ASEIP.
- Continue Infant Family Educator/Service Coordinator one-on-one coaching/mentoring by specialists and monthly supervision meetings with Program Manager to ensure that quality services are provided within a timely manner.
- Continuous usage of home visit forms, document reviews, phone checklists to ensure that quality services were provided within a timely manner.
- ❖ **Building Community Partnerships**
- List of Partner Agencies and services to be created and provided to families whose children are found eligible for EI services.
- Continue to distribute ECO Family Outcomes Surveys to newly referred and existing parents to measure the:
 - ..helpfulness of Early Intervention staff members towards families of children with special needs or developmental delays.
 - ..level of parents' understanding on the benefits of Early Intervention Services.
 - ..helpfulness of Early Intervention program in explaining and giving a list of partner agency services during IFSP Meeting.
- Continue the utilization of database, Shared Integrated Link American Samoa (SILAS) to compare the number of referred children who were found eligible for EI services to the number who had an Initial IFSP.
- Monthly meetings with partner agencies/ Aiga Workgroup (*Department of Human and Social Services, Early Childhood Education, Maternal Child Health/Aiga Manuia, Helping Babies Hear*).
- Cross Training on EI referral, eligibility processes and services training to be continued for partnering agencies.

Fiscal Training for Finance Personnel

- DOH Fiscal Team will meet with the ASEIP Program Coordinator to update flow of funds within DOH in the DOH Policies and Procedures.

Table A-1: Professional Development & Technical Assistance Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates) **Revised Dates in Table C-1	How Other LA/SEA Offices and Other Agencies Will Be Involved
<p>A. Develop and implement a formal needs assessment process to systematically identify ways to improve training. (What do providers need and want to know?)</p>	<p>1. Set goals and develop action plan for needs assessment</p>	<p>1. Existing list of PD topics and ranking data from providers from last year 2. Division of Early Childhood (DEC) Recommended Practices guide for Practitioners</p>	<p>Program Coordinator (PC), Program Manager (PM), Data Manager (DM)</p>	<p>January-April 2016</p>	<p>EI will update community partners group during monthly meeting on the status of each activity to provide feedback for any potential revisions to the plan (if necessary). Community group include: Home Visiting Program (DOH), the Maternal Child Health Children with Special Healthcare Needs (DOH), the Childcare Program (DHSS), Special Education (DOE), and the Early Childhood Education Program (DOE).</p>
<p>Develop and implement a formal needs assessment process to systematically identify ways to improve training. (What do providers need and want to know?)</p>	<p>2. Create questionnaires for EI providers/staff to rate the importance and their knowledge of Professional Development (PD) training topics related to EBPs</p>		<p>PC, PM, DM, Specialists (Physical Therapist (PT), Psychologist (Psy), Speech Language Pathologist (SLP)</p>	<p>April 2016</p>	
<p>Develop and implement a formal needs assessment process to systematically</p>	<p>3. Distribute the needs assessment to collect data</p>		<p>PC & PM</p>	<p>May 2016</p>	

identify ways to improve training. (What do providers need and want to know?)					
Develop and implement a formal needs assessment process to systematically identify ways to improve training. (What do providers need and want to know?)	4. Revise questionnaire as needed for annual distribution and data collection.		PC, PM, DM, Specialists (PT, Psy, and SLP)	January-May each year	
B. Develop and Implement a Comprehensive Professional Development System (CPDS) utilizing Evidence Based Practices (EBPs) as determined by needs assessment	1. Use data from needs assessment to inform the content of the training (which EBP to incorporate)	<p>a. PC and PM conducts training on EI foundations</p> <p>b. Qualified specialists (PT, Psy, SLP) conducts trainings using EBPs and serve as coaches/mentors</p> <p>c. Data from observations of EI staff during home visits and review documentation (DEC recommend ended practices checklists: <i>Natural Environmental Learning Opportunities, Family Centered Practices Checklist, Family Capacity Building Checklist, Adult-Child Interaction</i></p>	PC, PM, DM, Specialists (PT, Psy, and SLP)	May 31, 2016 to June 30, 2016	

		<p><i>Checklist; Home Visiting Progress Note Forms; Phone call service delivery form; Database Progress Note entries; On-Site Training Summary form; End of Course Evaluations)</i></p>			
	<p>2. PC & PM conducts trainings every other month for staff on the foundations of EI services utilizing EBPs (e.g., Universal EI Curriculum)</p>		<p>PC & PM</p>	<p><i>Begin EI foundations training 7/1/16 and end 8/29/16 (date we will evaluate indicator).</i></p>	
	<p>3. Specialists follow a rotating schedule to conduct monthly in person staff trainings utilizing EBPs (e.g., DEC Recommended Practices, Primary Service Provider, etc.).</p> <ul style="list-style-type: none"> • Provide practical and hands-on experiences (e.g., bringing in a child and family, in conjunction with lecture) 		<p>Specialists (PT, Psy, SLP)</p>	<p><i>Begin 6/1/17, indicator evaluated at end of each specialist training. (12/31/17-date indicator will be evaluated)</i></p> <p><i>Each specialist will follow a monthly rotating schedule (One Specialist training per month)</i></p>	

	<ul style="list-style-type: none"> • Utilize video clips of service provision in home/ community as part of training • Provide one on one coaching/ mentoring during service delivery as outlined on child's IFSP. • Incorporate reflection and provide performance feedback 				
	4. Develop checklists for home visit observations, document reviews, phone calls		PC, PM, DM, & Specialists	<i>Begin 5/1/17 (to be evaluated at 10/1/17)</i>	
	5. Train staff to use phone checklists for: <ul style="list-style-type: none"> • New referrals- on how to explain EI 		PC & PM	<i>Begin 6/1/17-end 9/30/17(date we will evaluate indicator), an every quarter thereafter</i>	
	6. Evaluate the impact of the trainings on provider/staff performance <ul style="list-style-type: none"> o PM conducts quarterly 		PM- Conducts performance evaluations for SCs & IFEs	<i>Begin 9/1/17 and quarterly thereafter on the 1st of the last month of each quarter</i>	

	<p>performance supervision s for Service Coordinato rs (SC)</p> <ul style="list-style-type: none"> ○ PM conducts quarterly performanc e supervision s for Infant Family Educators (IFE) ○ Program Coordinato r conducts quarterly performanc e supervision s for Child Find Coordinato r (CFC) 		<p>PC conducts performance evaluation for CFC</p>	<p><i>[Indicator will be evaluated 12/31/17 and bi-annually thereafter]</i></p> <p><i>Begin 9/1/17 and quarterly thereafter on the 1st (indicator evaluated 12/31/17 and bi-annually thereafter)</i></p>	
7.	8. Revise trainings based on performance evaluation		PC, PM, DM and Specialists	<i>Begin 1/30/18-End 2/28/18</i>	

Note: Table format is from the SSIP Improvement Plan Template designed by ECTA, IDC, DaSy, and NCSI.

Table A-2: Building Community Partnerships Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates) <i>**Revised Dates in Table C-2</i>	How Other LA/SEA Offices and Other Agencies Will Be Involved
A. Hold monthly meetings with community agency partner leaders	1. Discuss ways to share resources for training	Community Agency Partners	Program Coordinators	<i>Begin 1/19/16 and End 7/31/16</i>	Early Childhood community agency group consists of Program Coordinators from the Childcare program, Maternal Child Health Children with Special Healthcare Needs Program (CSHN), Home Visiting Program (HVP), Parents of Children with Special Needs Network

	2. Learning about each other's services & procedures		EI Child Find Coordinator conducts community training on EI services	<i>Begin 5/1/17 and End 7/1/17 (date we will evaluate indicator)</i>	The following individuals conduct community trainings. Childcare Training Coordinator, Recruiting division for HVP, CSHN Coordinator
	3. Coordination of services for children & families		SCs & IFEs for EI and Recruitment/Assessment staff for partner agencies	<i>Begin 6/1/17- End 8/31/17 (date we will evaluate indicator)</i>	Each agency referring person will handle all referrals to EI and other agencies.
B.	Develop a plan with calendar for joint provider meetings to discuss each program's services, how to access, to consult on shared clients	Community Partner Agency	Program Coordinators	<i>Begin 5/19/17 and End 7/31/17</i>	Program Coordinators will discuss resources available within their respective agencies (person to conduct training, other resources available for trainings, etc.)
	2. Distribute leadership facilitation across programs (set up a template agenda for each meeting)		Program Coordinators	<i>Begin 1/19/16-End 5/17/16</i>	Program Coordinators will follow a schedule of alternating meeting facilitators and meeting recorder as agreed.

C. Implement provider meeting plan	1. Schedule across agency trainings	EI Child Find Coordinator, CSHN Program Coordinator Case Managers, Recruitment/Assessment staff for HVP coordinates services, and Childcare Intake Division	EI Child Find Coordinator, CSHN Program Coordinator Recruitment/Assessment staff for HVP coordinates services, and Childcare Intake Division	<i>May 1st, 2017 to July 31, 2017</i>	Each agency will provide their contact person (subject matter expert) to conduct trainings on program services and referral process to their respective agencies.
	2. Conduct trainings as planned			<i>8/15/17 and End 10/31/17 (date we will evaluate indicator)</i>	
D. Create a list of partner agencies and brief description of services to be provided to families whose children are eligible for EI services		Community Partner agencies	EI Child Find Coordinator and Program Manager	<i>Begin 6/30/17, end 11/30/17 (date we will evaluate indicator)</i>	Assist EI Child Find Coordinator and Program Manager with brief description of services.

Note. Table format is from the SSIP Improvement Plan Template designed by ECTA, IDC, DaSy, and NCSI.

Table A-3: Fiscal Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates) **Revised Dates in Table C-3	How Other LA/SEA Offices and Other Agencies Will Be Involved
A. Provide the Department of Health Fiscal Staff and Director information on flow of Part C funds.	B. Develop Flowchart for flow of Part C funds	<ol style="list-style-type: none"> 1. EI Program Coordinator 2. OSEP State and Fiscal Contact 3. Education Department General Administration Regulations (EDGAR) 4. Existing DOH fiscal flowcharts in administrative policies and procedures, reflecting where Part C is located in the flowcharts 	EI Program Coordinator and DOH Finance Manager	<i>Begin 11/1/17 and finalized 11/30/17</i>	DOH Fiscal Manager will review draft before forwarding to Director for his review and approval
	C. Develop brief on flow of Part C funds		EI Program Coordinator and DOH Finance Manager	<i>Begin 11/1/17 and finalized 11/30/17 (date this indicator will be evaluated)</i>	DOH Fiscal Manager will review draft before finalizing
	D. Develop an agenda for meeting		EI Program Coordinator and DOH Finance Manager	<i>December 7th, 2017</i>	DOH Fiscal Manager will review agenda and finalize
	E. Schedule the meeting (time, room, invites, etc.)		EI Program Coordinator and DOH	<i>December 7th, 2017</i>	DOH Fiscal will inform Director of date, time,

			Finance Manager		and location of meeting.
	F. Conduct briefing	<ol style="list-style-type: none"> 1. EI Program Coordinator 2. OSEP State and Fiscal Contact 3. Education Department General Administration Regulations (EDGAR) 4. Existing DOH fiscal flowcharts in administrative policies and procedures, reflecting where Part C is located in the flowcharts 	DOH Finance Manager with EI Program Coordinator	<i>January 15th to 25th, 2018</i>	
B. Provide the American Samoa Government Fiscal Divisions (Department of Treasury, Budget, Procurement, and the Governor's-CIP) (ASGFD) information on the flow of Part C funds.	A. Based on department presentation, update flowchart and/or brief accordingly	<ol style="list-style-type: none"> 1. EI Program Coordinator 2. OSEP State and Fiscal Contact 3. Education Department General Administration Regulations (EDGAR) 4. Existing DOH fiscal flowcharts in administrative policies and procedures, reflecting where Part C is located in the flowcharts 	DOH Finance Manager and EI Program Coordinator	<i>Begin January 22, 2018, finalized by February 10, 2018</i>	
	B. Develop an agenda for the meeting				
	C. Schedule the meeting				
	D. Conduct briefing		DOH Finance Manager and EI Program Coordinator	<i>Begin February 17th and end March 31, 2018</i>	

Note. Table format is from the SSIP Improvement Plan Template designed by ECTA, IDC, DaSy, and NCSI

Table B-1. Evaluation of Intended Outcomes for Professional Development & Technical Assistance

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Timeline (projected initiation and completion dates)	Status	Barriers to Implementation	Measurement/Data Collection Method
Short Term	EI staff will have an understanding of the foundations of EI services	Do EI staff understand the foundations of EI services?	86% of staff who attended the training will increase their level of understanding of the foundations of EI from pre- to post-survey by at least one rating point. 86% of staff who attended the training will respond “Almost” or “Completely” on their understanding of the foundations of EI.	UPDATE D DATES: July 31, 2020-September 27, 2020 ate [Previous Dates: July 31, 2018-September 27, 2018 (date we will evaluate indicator).]	UPDATE: EI Online Curriculum Training was conducted October 1 st and October 15 th , 2018. 90% (9 of 10) staff members who attended increase level of understanding from pre to posttest.	UPDATE: SSIP Coordinator conflict of Schedule with Annual Training in DC.	Pre and posttests from EI Online Curriculum Website was utilized to measure understanding of EI staff on level of understanding of the foundations of EI services before and after training..

<p>Short Term</p>	<p>EI staff will have an increased understanding of the value of EI services</p>	<p>Do EI staff understand the value of EI services?</p>	<p>86% of staff who attended the training will increase their level of understanding of the value of EI services from pre- to post-survey by at least one rating point. 86% of staff who attended the training will respond “Almost” or “Completely” on their level of understanding of the value of EI services.</p>	<p>UPDATE D DATES: Initiate July 31, 2020-September 27, 2020 [Previous Dates: <i>Begin 7/1/20 and End 9/30/20(date we will evaluate indicator).]</i></p>	<p>UPDATE: Results:90% (9 of 10) staff members who attended increase level of understanding from pre to posttest.</p>	<p>UPDATE: None</p>	<p>Pre and posttests from EI Online Curriculum Website was used to measure understanding of EI staff on level of understanding on the values of EI services before and after training.</p>
<p>Short Term</p>	<p>EI providers will be able to better inform newly referred parents and existing parents about what EI services entail</p>	<p>Do the Child Find Coordinator (CFC), Service Coordinators (SCs), and Infant Family Educators (IFE) inform newly referred and existing parents about what EI services entail?</p>	<p>1. 75% of families report “Very Helpful” on the ECO family survey question on this topic 2. 67% of CFC/SC/IFEs reported in the service notes discussing this</p>	<p>UPDATE D DATES: August 1, 2020-November 29, 2020 [Previous Dates: <i>Begin 7/1/19-End 11/30/19 (date we will evaluate indicator) -After initial IFSP and then annually and after exit.]</i></p>	<p>UPDATE: 94% (17 of 14) newly referred and existing parents surveyed from the months of August 1st, to November 30th, 2019 answered “Extremely Helpful” in survey question on this topic 100% of EI Staff</p>	<p>UPDATE: None</p>	<p>1. ECO family outcomes survey with additional questions on this (E.g. “How helpful has early intervention been in explaining EI what EI services entail around the time of your enrollment in the program? <i>Answers:</i> Extremely helpful, Very helpful, Somewhat helpful, A little helpful,</p>

			with at least 75% of their client families.	<p>August 1, 2020- November 30, 2020 [Previous Dates: <i>For CFC/SC Begin 08/01/19 - End 11/30/19 (date indicator will be evaluated) .]</i></p> <p><i>[Indicator to be evaluated quarterly thereafter]</i></p>	members reported in service notes that they discuss this with 100% of clients and families. August 1 st 2018- November 30 th , 2018		and Not at all helpful) 2.Home Visiting Progress Note forms, and database Progress Notes
Short term	Parents will understand the benefits of EI	Do parents understand the benefits of EI?	75% of families report that they “Almost” or “Completely” understand the benefits of EI	<p>UPDATE D DATES: September 1, 2020- December 31, 2020 [Previous Dates: <i>Begin 9/1/19- End 12/31/19 (date we will evaluate indicator) -After initial IFSP and then annually and after exit.]</i></p>	<p>UPDATE: 94% (17 of 18) newly referred and existing parents from the months of September 1, 2019- December 31st, 2019 report on survey that they “Completely” understand the benefits of EI</p>	<p>UPDATE: None</p>	ECO family outcomes survey, add a question on this – “What is your level of understanding of the benefits of EI?” <i>Answers:</i> “Completely”, “Almost”, “Somewhat”, “A little”, and “Not at all”

<p>Intermediate-</p>	<p>Parents of eligible children will accept services and respond to contact attempts.</p>	<p>1. How many parents of eligible children accept services? 2. How many enrolled parents responded to contact attempts?</p>	<p>a. 85% of parents of eligible children accept services. b.85% of enrolled families have an exit reason other than “declined services” or “unsuccessful contact attempts”</p>	<p>UPDATE D DATES: September 1, 2020-December 31, 2020 [Previous Dates: Begin 9/1/19 to 12/31/19 (when indicator will be evaluated)] [Will be measured quarterly thereafter]</p>	<p>UPDATE: 85% (11 of 13) parents of eligible children accept services. 100% (15 of 15) enrolled families’ exit reasons are: Part B eligible, Completion of IFSP prior to age 3, Monitoring</p>	<p>UPDATE:</p>	<p>Using current database (and SILAS web-based database, when deployed), compare the number of referred children/families who were found eligible to the number who had an initial IFSP. Look at exit reasons, would want to see fewer “declined services” and “unsuccessful contact attempts”</p>
<p>Intermediate</p>	<p>EI providers use EBPs with fidelity when working with children and families to support children’s knowledge and skills</p>	<p>Do EI providers use EBPs with fidelity when working with children and families to support children’s knowledge and skills?</p>	<p>DEC recommended practices checklists: <ul style="list-style-type: none"> For Natural Environmental Learning Opportunities: 86% of providers will receive a rating of “Most of the time” for 5 of the 6 items, 2 out of 3 times observed. For Family Capacity Building Checklist </p>	<p>UPDATE D DATES: August 1, 2019-September 1, 2019 [Previous Dates: Begin 08/01/19 and end 09/01/19(date we will evaluate this indicator)]</p>	<p>UPDATE: 1 of 2 service providers received a rating of “Most of the time” for 5 of the 6 items, 3 out of 4 times observed. 0 of 2 service providers received a rating of “Most of the time” for 5 of the 6 items, 3 out of 4 times observed.</p>	<p>UPDATE: Targets for checklists are too high for only two service providers. Suggested by Technical Assistants to adjust target of activity. Also, to remove some items that may not be incorporated in all activities.</p>	<p>DEC recommended practices checklists: Natural Environmental Learning Opportunities Family Centered Practices Checklist, Family Capacity</p>

			<p>: 86% of providers will receive a rating of "Most of the time" for 5 of the 6 items, 2 out of times observed .3</p> <ul style="list-style-type: none"> • For Family Centered Practices Checklist : 86% of providers will receive a rating of "Most of the time" for 5 of the 6 items, 2 out of 3 times observed . • For Adult-Child Interaction Checklist : 86% of families will rate receive a rating of "Most of the time" for 5 of the 6 items, 3 out of 4 times observed . 		1 of 2 service providers received a rating of "Most of the time" for 5 of the 6 items, 3 out of 4 times observed.		<p>Building Checklist,</p> <p>Adult-Child Interaction Checklist</p>
Intermediate	Parents will use strategies to	Do parents use strategies	1. DEC Recommended	UPDATE D DATES:	UPDATE:	UPDATE: Was placed on	DEC Recommended

	address their child's need to acquiring knowledge and skills	to address their child's need to acquiring knowledge and skills?	<p>Practices Checklist :</p> <ul style="list-style-type: none"> For Adult-Child Checklist: 85% of parents report a rating of "As often as I can" for 6 out of 7 items. <p>2. ECO Family Survey (2010)</p> <ul style="list-style-type: none"> 95% of parents report "Almost" for 3 out of 4 items in Section A. 	<p>Begin May 1, 2020-August 31, 2020 [Previous Dates: Begin 5/1/18-End 8/31/18 (date we will evaluate indicator, and quarterly thereafter) After initial IFSP and then annually and after exit]</p>	<p>DEC Recommended Practice Checklists were conducted .</p> <p>ECO Family Surveys were placed on hold until EI found someone from the outside to conduct surveys. Also, translation of surveys were still in progress at this time.</p>	<p>hold, and will be conducted in the upcoming year (2020) by Primary Service Providers.</p>	<p>ed Practices Checklist:</p> <ul style="list-style-type: none"> For Adult-Child Checklist : 85% of parents report a rating of "As often as I can" for 5 out of 6 items. <p>ECO Family Survey (2010) Section A</p>
Long term	Infants and toddlers with disabilities will be functioning within age expectations in acquiring knowledge and skills by the time they exit EI	What percentage of infants and toddlers were functioning within age expectations in acquiring knowledge and skills by the time they exited EI?	<ol style="list-style-type: none"> FFY 2015: 87.03% FFY 2016: 87.04% FFY 2017: 87.05% FFY 2018: 87.06% FFY 2019: 87.06% 	Annual reporting.	UPDATE: FFY 2015: 93.75% FFY 2016 76% FFY 2017 93.75 % FFY 2018: 83.33%	These activities have continued.	COS measurement

Note. Table format is from the SSIP Improvement Plan Template designed by ECTA, IDC, DaSy, and NCSI.

Table B-2. Evaluation of Intended Outcomes for Building Community Partnerships

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved ? (performance indicator)	Timeline (projected initiation and completion dates)	Status	Barriers to Implementation	Measurement/Data Collection Method
Short term	Increased collaboration & Resources Shared	<ol style="list-style-type: none"> 1. What percentage of EI monthly referrals are from partner agencies? 2. What percentage referrals from partner agencies are within Part C age population? 3. Do Child Find Coordinator (CFC), Service Coordinators (SC), and Infant Family Educators (IFE) make referrals to partner agencies? 	<ol style="list-style-type: none"> 1. 75% of referrals to EI are from partner agencies. 2. 85% of partner agencies referrals to EI are within the Part C age range. 3. 67% of CFC/SC/IFEs make referrals to partner agencies for at least one of their client 	<p>UPDATED DATES: November 30, 2020-December 31, 2020 <i>[Previous Dates: Begin 11/30/19 end 12/31/19 (date we will evaluate indicator) and quarterly thereafter on the 30th of the last month of each quarter.]</i> UPDATE: 44% (4 of 9) referrals to EI are from partner agencies (EHDI, LBJMC)</p>	<p>100% (4 of 4) referrals to EI are within Part C age range.</p>	<p>UPDATE: There is a need to strengthen collaboration and interagency referral process.</p> <p>SSIP Coordinator was mostly tasked to process interagency referrals</p>	<ol style="list-style-type: none"> 1. Child Find Monthly referral Log tracking referral source, web-based database (SILAS) when deployed 2. Child Find Monthly referral Log tracking referral source, current database, and web-based database (SILAS) when deployed <p>Interagency referral form, Home Visit Program Notes</p>

			families.				
Short term	El providers will understand partner agency services and referral process and referral processes	Do El providers understand of partner agency services and referral process and referral process?	86% of El providers who attended the training will report a “Good” or “High Level” of understanding of partner agency services and referral process.	UPDATED DATES: September 30, 2020-October 31, 2020 [Previous Dates: Begin 9/9/18 end 10/31/18 (date we will evaluate indicator) and quarterly thereafter on the 30th of the last month of each quarter.]	UPDATE: Not Yet Started Ongoing collaboration with partner agencies. Cross Training will take place in April 2020.	UPDATE: Unavailability of partner agencies to designate personnel to provide cross training for ASEIP.	Pre and post surveys around the training asking “What is your level of understanding of the value of El services?” I have a Limited, Basic, Good, High level of understanding
Short term	El providers discuss with families & provide a list of partner agencies whose services support knowledge and skills at IFSP meetings	Do Service Coordinators (SCs) and Infant Family Educators (IFE) provide families with a list of partner agencies whose services support knowledge and skills at IFSP meeting?	1. 75% of families report “Very helpful” on the ECO family survey that El was helpful in discussing partner agency services 2. 86% of families were given a list of partner agencies whose services support knowledge and	UPDATED DATES: November 30, 2020-December 31, 2020 After initial IFSPs, annually, and after exit. [Previous Dates: Begin 11/30/19, end 12/31/19, (date we will evaluate indicator) then quarterly after each performance evaluation for SCs and IFEs.]	UPDATE: 85% (11 of 13) reported in the survey that El was helpful in discussing partner agencies. 100% (8 of 8) of parents who were given an IFSP in November to December were given a list of partner agencies whose services support knowledge and skills	UPDATE:	1. ECO family outcomes survey, add a question on this – “Was El helpful in discussing partner agencies whose services support knowledge and skills at IFSP meeting <i>Answers:</i> Extremely helpful, Very helpful, Somewhat helpful, A little helpful,

			skills at IFSP meeting		at IFSP meeting.		and Not at all helpful. IFSP meeting checklist tracking all information (reports, forms, etc.) given to families at meeting.
Intermedia te	Families will participate in partner agencies' whose services support knowledge and skills	How many families receiving EI services participate in partner agencies whose services support knowledge and skills?	67% of families receiving EI services report they are participating in partner agencies' whose services support knowledge and skills	UPDATED DATES: November 30, 2020- December 31, 2020 After initial IFSPs, annually, and after exit. <i>[Previous Dates: Begin 11/30/19, end 12/31/19(date we will evaluate indicator)]</i>	UPDATE: 100% of families receiving EI services select partner agencies (DOH clinic, LBJMC) on consent to share and release and participate	UPDATE: None	Consent to Share and Release forms with list of partner agencies for families to select, Home Visit Program Notes, Service Delivery form
Intermedia te	Parents will use strategies to address their children's needs to acquire knowledge and skills	(see Strand 1)					
Long term	Infants and toddlers with disabilities will be functioning within age expectations in acquiring knowledge and skills by the time they exit EI	(see Strand 1)					

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Table B-3. Evaluation of Intended Outcomes for Fiscal Improvement

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)	Status	Barriers To Implementation
Short term	DOH Fiscal staff and Director understand grant regulations, federally mandated program requirements, and flow of funds			*Will measure these outcomes through Intermediate Outcomes achievement.		Not Yet Started	UPDATE: Was placed on hold due to unavailability of DOH Fiscal staff.
Short term	ASGFD understand grant regulations, federally mandated program requirements, and flow of funds					Not Yet Started	UPDATE: Was placed on hold due to unavailability of ASGFD. Will resume in April 2019
Intermediate	Checks for supplies and services will be cut in a timely manner, based on EDGAR payment timeframe	Do checks for supplies and services get cut in a timely manner, based on EDGAR payment timeframe? 80% of checks are cut within EDGAR payment timeframe.		Existing Excel Pending Fiscal Report May 7 th , 2018 and quarterly thereafter (on the 7 th of the last month of each quarter)		In Progress	UPDATE: Was placed on hold.
Intermediate	EI will have the resources they need to provide appropriate services and	This outcomes will be measured through timely services.				In Progress	UPDATE: Timely services have not been disrupted.

	supports to parents in supporting their children's acquisition of knowledge and skills			
Intermediate	Parents of eligible children will receive services in a timely manner	Do parents of eligible children receive services in a timely manner? 70% of eligible children receive 95% of IFSP planned services in timely manner. Existing database (and SILAS-web based database-when deployed) Begin 4/7/18, end 7/7/18 (and quarterly thereafter)	In Progress	UPDATE: Recruitment of newly hired staff members have been successful. Timely services have not been disrupted.
Long term	Infants and toddlers with disabilities will be functioning within age expectations in acquiring knowledge and skills by the time they exit EI	(Please see Strand 1)	In Progress	UPDATE: Collection of data for this activity has continued through activities of data collection for the ASEIP's APR.

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Table C-1. Evaluation of Implementation for Professional Development and Technical Assistance

Outputs	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Status	Barriers To Implementation	Timeline (projected initiation and completion dates)	Measurement/Data Collection Methods
• PD Needs assessment "system" Conducted every year	Question: Was PD needs assessment system developed on time?	Indicator 1:	UPDATE: None	<i>[Previous Dates: Begin April 2016, end</i>	Documentation saved in program shared (Internal

	<p>Indicator 1: PD needs assessment system was fully developed and ready for implementation by 4/30/16</p> <p>Question: Was PD needs assessment system implemented as planned for the first year?</p> <p>Indicator 2: 80% of providers received and completed the needs assessment by 5/31/16</p> <p>Question: Was PD needs assessment system implemented annually thereafter?</p> <p>Indicator: 80% of providers complete the needs assessment annually.</p>	<p>Completed (May 30, 2016)</p> <p>Indicator 2: June 2016 – 90% (9 of 10) of EI staff completed assessment.</p> <p>UPDATE: Newly Hired Staff member has completed Assessment</p> <p>UPDATE: 90% (9 of 10) staff members completed the needs assessment.</p> <p>UPDATE: PD needs assessments were completed by June 2018.</p>		<p>5/15/16 (date we will evaluate indicator)</p> <p>Indicator 2: UPDATED DATES: April 30, 2020, implementation evaluation date- June 30, 2020 (and quarterly thereafter) [Previous dates: Begin 6/30/19, end 7/31/19 (date we will evaluate indicator 2)]</p> <p>UPDATED DATES: June 30, 2019 (and as new staff hired), implementation evaluation date- December 31, 2019 (and annually on June 1st). [Previous dates: Begin 6/30/18, evaluate annually on June 1st.]</p>	<p>Public Documents); online questionnaire</p> <p>Tracking document of who received surveys, date they received it, and date they returned a fully completed survey. (Google document)</p> <p>Documentation and tracking process described above.</p>
<ul style="list-style-type: none"> • EI staff (including specialists) are trained in EI foundations 	<p>Question: Did EI staff attend EI foundation training?</p>	<p>Indicator: [Completed first round by July 18, 2016 - 50% (6 of 12) of EI</p>	<p>Staff members working on island were able to complete the EI Online</p>	<p>Indicator: UPDATED DATES: July 31, 2020; implementation evaluation date-</p>	<p>Training tracking document with provider names, dates of trainings offered and</p>

	Indicator: 80% of EI staff attended the EI foundation training	<i>staff/providers completed EI foundation training by July 2016.</i> UPDATE: 90% (9 of 10) staff members attended the EI foundation training.	<i>Curriculum Training.</i> UPDATE: EI Online Curriculum Training will resume July 2019, with inclusion of Specialists who reside off-island.	September 28,2020 (and bi-annually or as new EI staff hired) [Previous dates: <i>Begin 7/31/18 and end 9/28/18 (date we will evaluate indicator).</i>	whether they attended.
• Specialist trainings are conducted	Question: Did EI providers attend specialist trainings? Indicator: 80% of EI providers attended specialist trainings.	Indicator: UPDATE: Complete; UPDATE: From June 2019-August 2019 100% (2 of 2) Primary Service Providers attended monthly specialist training	Indicator: UPDATE: None.	Indicator: UPDATE: Specialist trainings began January 2019 and are ongoing. Met timeline initially set forth. [Previous Dates: <i>Begin 6/1/17 and end 12/31/17 (date we will evaluate this indicator)]</i> <i>Each specialist will follow a monthly rotating schedule (1 Specialist training per month)</i> UPDATE: Complete, on-going rotating schedule of trainings In-Progress	Training tracking document with provider names, dates of trainings offered and whether they attended.
• IFEs receive one-on-one coaching/mentoring	Question: Did IFEs receive one on one coaching/mentoring as planned?	UPDATE: Complete; On-going coaching/mentoring of IFEs- In Progress	One on one coaching/mentoring began and completed as planned. On-going coaching/mentoring continue.	UPDATE: On-going coaching/mentoring done monthly. [Previous dates: <i>Begin 6/30/20-after</i>	On-site Training Summary form, Service Delivery form, & Home Visiting Progress Note form

	Indicator: IFE one on one coaching/ mentoring conducted by 12/30/17.			<p><i>first Specialist training and on the 1st of every month until 12/31/20 (date when indicator will be evaluated)]- Met Indicator</i></p> <p><i>Each specialist will follow a monthly rotating schedule (1 Specialist training per month)-</i> UPDATE: Complete, on-going rotating schedule of trainings In-Progress</p>	
<ul style="list-style-type: none"> • Check lists for home visit observations, document reviews, phone calls developed and implemented 	<p>Question: Were checklists for home visit observations, document reviews, phone calls developed on time?</p> <p>Indicator: Checklists were developed and implemented by 6/30/17.</p>	UPDATE: In Progress	UPDATE: None	<p>UPDATED DATES: Developed by August 31, 2019; Implemented by September 30, 2018; Evaluated by October 31, 2019 <i>[Previous Dates: Begin 8/31/18 – Implemented by 9/30/18 (date indicator will be evaluated)]</i></p>	Documents saved on program's internal shared (Public documents) drive.
<ul style="list-style-type: none"> • EI staff trained on using phone checklists 	<p>Question: Did EI staff attend trained to use phone checklist?</p> <p>Indicator: 80% of EI staff trained to use phone checklist by 7/31/17.</p>	UPDATE: 100% (9 of 9) staff members were trained on how to use phone checklists	UPDATE: Phone Checklists Training was conducted December 2018.	<p>UPDATED DATES: Implemented by September 30, 2020; Evaluated by October 31, 2020 [Previous Dates: Begin 9/30/18-end 10/31/18 (date</p>	Training tracking document with staff names, dates of trainings offered and whether they attended.

				<i>indicator will be evaluated)) indicator will be evaluated))</i>	
<ul style="list-style-type: none"> Performance evaluations are conducted 	<p>Question: Did EI staff receive performance evaluations after attending EI foundations training?</p> <p>Indicator 1: 80% of EI staff received performance evaluations by 9/30/17.</p> <p>Question: Did EI providers receive performance evaluations after each Specialist training?</p> <p>Indicator 2: 80% of EI providers completed training evaluations after Specialist trainings were conducted.</p>	<p>UPDATE: Not Yet Started</p> <p>UPDATE: Not Yet Started</p>	<p>UPDATE: Although 90% of EI staff completed the EI foundations training, pre and post tests were given to staff members as performance evaluations.</p>	<p>UPDATED DATES: Begin September 30, 2020- October 31, 2020 [Previous Dates: Begin 09/30/18 and end 10/31/18]</p> <p>UPDATED DATES: Begin May 2020, every quarter thereafter. [Previous Dates: Begin 11/30/17-after first Specialist training and on the 1st of every month until 03/31/18 (date when indicator will be evaluated))</p>	<p>Indicator 1: Tracking document of who received performance evaluations, who completed and turned in evaluations</p> <p>Indicator 2: Pre and Post surveys, DEC Recommended Practices Checklists: Natural Environmental Learning Opportunities, Family Centered Practices Checklist, Family Capacity Building Checklist, Adult-Child Interaction Checklist</p>

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Table C-2. Evaluation of Implementation for Building Community Partnerships

Outputs	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Status	Barriers To Implementation	Timeline (projected initiation and completion dates)	Measurement/Data Collection Methods
Agency partner leaders meet monthly	<p>Question: Were meetings conducted each month?</p> <p>Indicator 1: Monthly meetings conducted each month.</p> <p>Question: Did partner leaders attend monthly meeting?</p> <p>Indicator 2: 80% of partner leaders attended monthly meetings.</p>	<p>UPDATE:</p> <p>Indicator 1: Complete</p> <p>Indicator 2: Meeting Occured October 2019</p>	<p>UPDATE:</p> <p>None</p>	<p>May 2017 to July 2017 (when we will evaluate indicator) Meetings to continue monthly thereafter.</p>	<p>Google Groups connecting all members of group, Google Docs for storing shared documents accessed by all partner leaders,</p> <p>Tracking document with names, agency, and dates of meetings.</p>
Provider trainings implemented according to plan	<p>Question: Was provider training plan developed on time?</p> <p>Indicator 1: Training plan developed and fully implemented by 7/31/17.</p> <p>Question: Did providers attend trainings?</p>	<p>UPDATE:</p> <p>Indicator 1: ASEIP were able to provide training for 18 staff members of partner agencies (MCH, Manu'a Ta'u Clinic) on Part C eligibility and referral services.</p>	<p>Invitations were sent out to other divisions, however, most were unavailable for training due to conflict of schedules.</p>	<p>UPDATED DATES:</p> <p>Indicator 1: September 30, 2018; Evaluate September 30, 2018</p> <p>[Previous Dates.] Begin 1/2/19, end 11/21/20 (date we will evaluate indicator)]</p>	<p>Google Groups connecting all members of group, Google Docs for storing shared documents accessed by all partner leaders and shared with providers.</p> <p>Training tracking document with provider names, agency, dates of</p>

	Indicator 2: 75% of providers attended trainings	Indicator 2: Cross training across other providers will continue with the assistance of stakeholders' workgroup		Indicator 2: October 1, 2020 –January 31, 2021; Evaluate January 31, 2021 [Previous Dates: Begin 10/31/19, end 1/31/20 (date we will evaluate indicator).]	trainings offered and whether they attended.
List of partner agencies and services provided created and provided to families whose children are eligible for EI services.	Question: Was a list of partner agencies and brief description of services created? Indicator 1: List of partner agencies created and provided during IFSP meetings by 11/30/17. Question: Do EI providers provide list of partner agencies to families of eligible children. Indicator 2: 86% of EI providers provide list of partner agencies to families of eligible children.	UPDATE: Indicator 1: List of Partner Agencies were created November 22nd, 2018. Indicator 2: List of partner agencies were provided to families during IFSP meetings starting Dec 12th, 2019.	A few partner agencies' responses were delayed when asked to provide information to be provided to families with ASEIP IFSP(s).	UPDATED DATES: Indicator 1: November 30, 2019; Evaluate November 30, 2019 [Previous Dates: Begin 11/30/18, end 11/30/18 (date we will evaluate indicator)] Indicator 2: December 31, 2020; Evaluate January 31, 2021 [Previous Dates: Begin 12/31/18, end 1/31/19 (date we will evaluate indicator)]	Document saved in EI internal shared drive IFSP meeting checklist tracking all information (reports, forms, etc.) given to families at meeting, Service Delivery form, & Home Visiting Progress Note form

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Table C-3. Evaluation of Implementation for Fiscal Improvement

Outputs	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Status	Barriers To Implementation	Timeline (projected initiation and completion dates)	Measurement/ Data Collection Methods
FOR AS DEPARTMENT OF HEALTH FINANCE DIVISION					
<p>A. DOH Flow chart developed</p>	<p>Question: Was Part C flow chart developed on time?</p> <p>Indicator 1: Part C flow chart was developed by 11/30/17.</p> <p>Question: Are EDGAR guidelines referenced on flowchart?</p> <p>Indicator 2: EDGAR guidelines are referenced on the flowchart.</p>	<p>UPDATE:</p> <p>Indicator 1: Part C flow chart was updated by November 27th, 2018</p> <p>Indicator 2: In Progress</p>	<p>UPDATE:</p> <p>Flow Chart was created November 27th, 2018.</p> <p>Indicator 1: Flow Chart has been created however, need to reference EDGAR guidelines.</p> <p>Indicator 2: Flow Chart has been created however, need to reference EDGAR guidelines.</p>	<p>UPDATE DATES:</p> <p>Indicator 1 & 2: May 01, 2020; Evaluate May 01, 2020</p> <p>[Previous Dates: Begin 11/1/19 and finalized 02/20/20]</p>	<p>Flowchart document saved on DOH Google Drive</p>
<p>B. DOH Briefing conducted</p>	<p>Question: Was brief developed and conducted as planned?</p> <p>Indicator 1: Brief was developed and conducted by January 30th, 2018.</p> <p>Question: Did DOH Finance staff attend briefing?</p> <p>Indicator 2: 80% of DOH Finance staff</p>	<p>UPDATE:</p> <p>Indicator 1: Fiscal Training was conducted 02/20/2020</p> <p>Indicator 2: Not Yet Started</p>	<p>UPDATE:</p> <p>Fiscal Training was conducted for AS Government Fiscal Team (Department of Treasury, Office of Procurement, Office of Planning and Budget)</p>	<p>UPDATE DATES:</p> <p>August 6th-17, 2020; Evaluate September 28th, 2020</p> <p>[Previous Dates: Training dates: February 20, 2020 (January 20th, 2020-date indicator will be evaluated)]</p>	<p>Document saved on DOH shared Google drive</p> <p>Training tracking document with DOH Finance staff names, dates of trainings offered and whether they attended. (stored on Google drive)</p>

	attended briefing.				
FOR AS GOVERNMENT FISCAL DEPARTMENT					
ASGFD briefing conducted	<p>Question: Did ASGFD Finance staff attend briefing?</p> <p>Indicator: 75% of ASGFD Finance staff attended briefing.</p>	<p>UPDATE:</p> <p>3 of 4 (75%) Department of Treasury, Office of Procurement and Department of Health Finance Manager attended the briefing/training.</p> <p>Indicator: Not Yet Started</p>	<p>UPDATE:</p> <p>Brief will be developed and conducted by April 30th, due to unavailability of DOH finance staff for training.</p>	<p>UPDATE DATES:</p> <p>May 17th-June 28th, 2019; Evaluate April 30, 2019 [Previous Dates: Begin February 20th, 2020 (April 7th, 2019-date we will evaluate indicator)]</p>	<p>Training tracking document with ASGFD Finance Staff, dates of trainings offered and whether they attended. (stored on Google drive)</p>

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