Rhode Island Executive Office of Health and Human Services
Early Intervention
SSIP Phase III, Year 2

Updates related to membership of the SSIP State Leadership Team

Jenn Kaufman, Part C Coordinator	No Change
Donna Novak, Part C Quality Improvement and TA Specialist	No Change
Christine Robin Payne, Part C Data Manager	No Change
Leslie Bobrowski, CSPD Technical Assistance Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College	No Change
Casey Ferrara, Meeting Street Early Intervention Director/ICC Member	No Change
Patricia Maris, CSPD Technical Assistance Specialist Paul V. Sherlock Center on Disabilities at Rhode Island College	No Change
Deborah Masland, ICC Chair, RI Parent Information Network, Director of Peer Support-The Rhode Island Parent Information Network (RIPIN)	No Change
Karen McCurdy, University of RI, Chair of the Department of Human Development and Family Studies (HDF)	No Change

There are no updates to Primary Improvement Strategies and Theory of Action

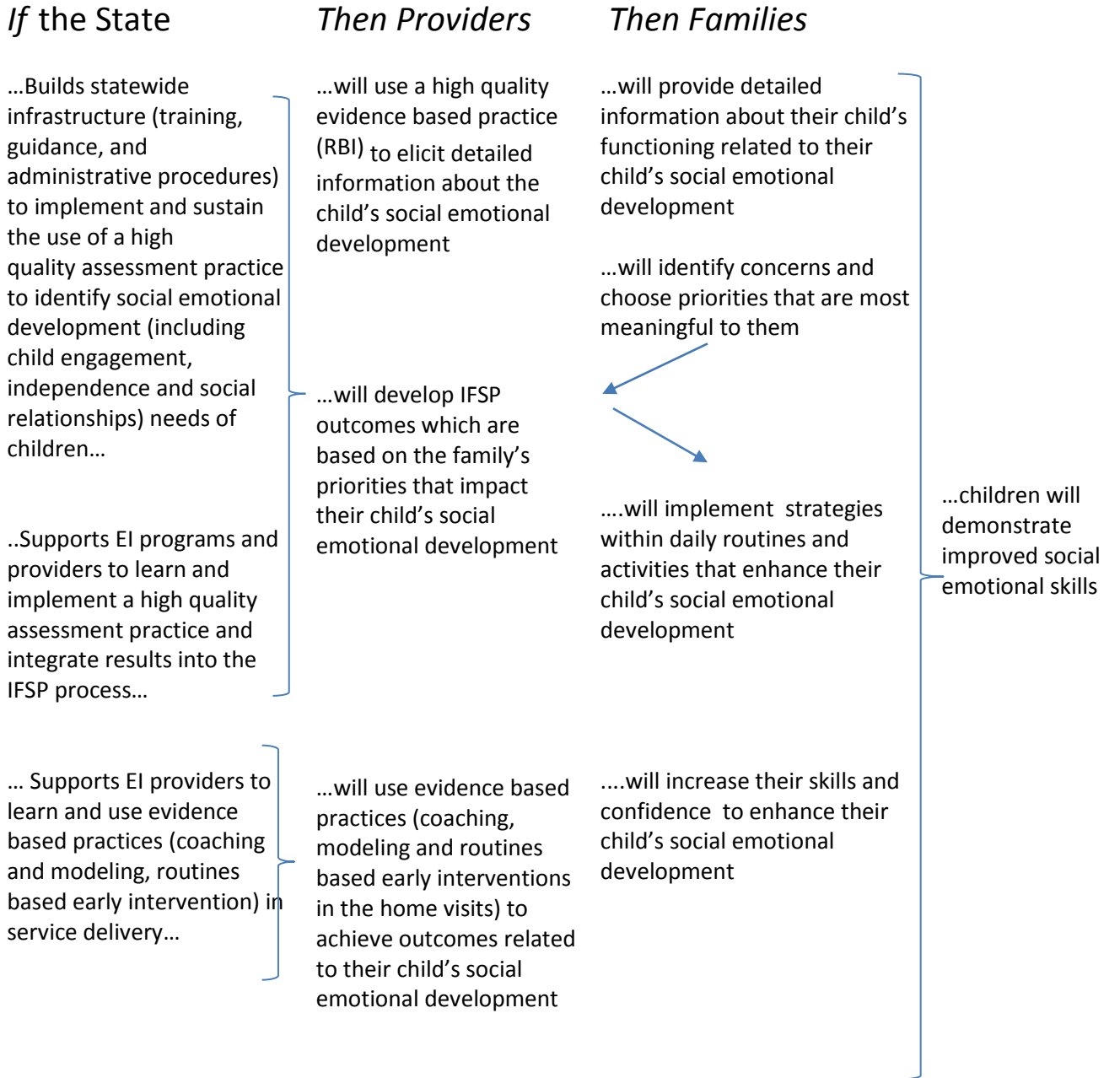We have developed an updated implementation plan timeline for Strand C. The plan is described in section F 1.

A. Summary of Phase IV

    1. Theory of action or logic model for the SSIP, including the SiMR

Rhode Island Early Intervention Theory of Action

SIMR: Rhode Island will increase the percentage of children showing greater than expected growth in positive social emotional skills (Summary Statement A for Outcome #1). Our SIMR focuses on a subpopulation of children whose families have participated in a family directed assessment utilizing the Routines-Based Interview (RBI: Robin McWilliam Ph.D.)

If the State	*Then Providers*	*Then Families*	
…Builds statewide infrastructure (training, guidance, and administrative procedures) to implement and sustain the use of a high quality assessment practice to identify social emotional development (including child engagement, independence and social relationships) needs of children…	…will use a high quality evidence based practice (RBI) to elicit detailed information about the child's social emotional development	…will provide detailed information about their child's functioning related to their child's social emotional development …will identify concerns and choose priorities that are most meaningful to them	
..Supports EI programs and providers to learn and implement a high quality assessment practice and integrate results into the IFSP process…	…will develop IFSP outcomes which are based on the family's priorities that impact their child's social emotional development	….will implement strategies within daily routines and activities that enhance their child's social emotional development	…children will demonstrate improved social emotional skills
… Supports EI providers to learn and use evidence based practices (coaching and modeling, routines based early intervention) in service delivery…	…will use evidence based practices (coaching, modeling and routines based early interventions in the home visits) to achieve outcomes related to their child's social emotional development	….will increase their skills and confidence to enhance their child's social emotional development	

2. *The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies*

Our improvement strategies are based on three strands. Strand A contains strategies related to Infrastructure *A. Build statewide infrastructure (training, guidance and administrative procedures) to implement and sustain the use of a high-quality assessment practice to identify social emotional development (including child engagement, independence and social relationships)* We have completed many of our implementation strategies in Strand A in our last report. This year our focus in Strand A was strategies 1,4 and 5

1.	Following an Implementation Plan to incrementally scale up the Routines Based Interview (RBI) as a statewide practice	Employed this year
2.	Updating and distributing RI Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services and other statewide forms to support implementation of the RBI process	Completed FFY15-16
3.	Training personnel in updated Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services and other statewide forms which support RBI implementation	Completed FFY15-16
4.	Incorporating Quality Indicators related to Routines Based Early Intervention into the general supervision system •IFSP Outcomes: (family owned, functional, measurable and embedded into **a** routine) •Services Rendered: (reflective coaching, modeling, parent participation)	Employed this year
5.	Implementing an RBI communication plan	Completed FFY16-17

Strand B *Support EI Providers to learn, and implement a high-quality assessment practice and integrate the results into the IFSP process* contains strategies related to implementing the Routines Based Interview ™ (Robin McWilliam, Ph.D.) as a statewide assessment practice. This year our work focused on strategies 1, 2, 3, 4,5 and 6.

1.	Developing and providing RBI professional development (PD) and coaching	Employed this year
2.	Providing RBI PD for ancillary team members	Employed this year
3.	Providing PD regarding IFSP outcomes development	Employed this year
4.	Providing PD linking RBI to Child Outcomes Summary (COS) Process	Employed this year
5.	Providing PD for supervisors to support RBI	Employed this year
6.	Developing and distributing useful resources	Employed this year

Strand C, *Supports EI providers to learn and use evidence based practices (coaching and*

modeling, routines based early intervention) in service delivery is our third strand and focuses on routines based interventions. This strand will begin more fully as more staff have reached fidelity in the RBI. We have implemented some foundational strategies as a first step.

a.	Providing professional development (PD) related to coaching, modeling, routines based interventions	Employed this year
b.	Providing PD for supervisors to support Routines Based Early Interventions	Employed this year

3. *The specific evidence-based practices that have been implemented to date*

The Routines Based Interview (McWilliam) has been the primary evidenced based practice that has been implemented as a statewide practice. RI has selected statewide implementation of the RBI because it is an evidenced based practice designed to provide an in-depth child and family assessment that results in functional child and family outcomes identified by the family.

4. *Brief overview of the year's evaluation activities, measures, and outcomes*

Evaluation activities, measures, and outcomes have closely followed our evaluation plan. The Evaluation Logic Model template (created by the IDEA Data Center) developed in Phase II, was used and is linked to our Theory of Action. This tool outlines outputs along with direct, intermediate and long-term outcomes for each improvement strategy. The Evaluation Worksheet 5: Evaluation Questions related to Outcomes (IDC) document developed in Phase II was also used. Please see attached documents.

Data has been collected on all short term and intermediate outcomes from Strand A.

For Strand B, data was not collected on one of the evaluation questions related to short term outcomes because it was already completed last year ("*Do supervisors feel competent in supporting staff to implement RBI?"*). Although this was not included for this reporting period, the intention is to complete it again during the next reporting period. Data was collected related to the other short-term outcome in Strand B as well as all intermediate outcome questions.

Evaluation procedures included collecting and reviewing data. In cases where the data was not as expected, changes were made in the approach to address what the data revealed.

Procedures included: monitoring the numbers of those trained in the RBI, monitoring fidelity targets, monitoring the number of RBIs in the data system, reviewing and using pre- and post-knowledge based training evaluations, implementing a fidelity checklist with criteria for mastery, and reviewing SSIP collected evaluation data in our annual program self-assessments as part of general supervision. In addition, two evaluation activities are reported this year for the first time. The first activity is a project that included a systematic review of required written documentation of early intervention visits. This document, *Early Intervention Services Rendered Form* is completed by EI family visiting staff, (such as educators, speech therapists, physical therapists, etc.) to document Early Intervention visits. The documents were reviewed and rated based on an established rubric. Specifically, the SRFs are expected to include:

- A description of how the parent/family actively participated in the visit
- How interventions were embedded in existing family routines and activities
- A jointly developed plan for how the family will implement interventions before the next visit.

Based on technical assistance provided to programs regarding criteria for compliance and

professional development provided that focused on participation based outcomes, improvement was expected. After an analysis of change using baseline data from SFY13-14 and SFY14-15 compared to SFY15-16 data from this year, significant improvement is noted.

The second evaluation activity is a project conducted by Karen McCurdy, Ph.D., University of Rhode Island (URI). Under the supervision of Dr. McCurdy, graduate students collected data which was randomly sampled from two groups 1.) families who had had an RBI and 2.) families who had not. Data were collected through 20-minute telephone interviews with families. The goal was to evaluate an intermediate outcome in RI's SSIP, "*Families have IFSP outcomes that reflect their priorities and meet the needs of their child and family.* The evaluation question was "*Do families report that the IFSP is based on what is important to them.*" The measures used included:

- *Satisfaction with Home Routines Index (SHORE) 2* (10 items): Parents rate satisfaction with 10 daily routines, e.g., waking up, playtime, bath, on a 5-point Likert scale (1=very dissatisfied to 5 = Very Satisfied).
- *Early Intervention Parenting Self-Efficacy Scale4*: This validated measure assesses parental beliefs about their competence and ability to promote their child's development. Parents rate each item on a 7 point Likert scale (1=strongly disagree to 7 = strongly agree). The measure has 2 subscales:
    - *Parental Competence* (4 items; $\alpha = .67$): e.g., If my child is having a problem, I would be able to think of some ways to help my child. Higher scores mean HIGHER competence.
    - *Parental Outcomes Expectations* (10 items, $\alpha = .67$): e.g., I feel I can work well with my child's early interventionist as part of my child's team. Higher scores mean LOWER outcome expectations.
- *Satisfaction with EI Services:* A project-created measure assessing 7 areas of parental satisfaction with services.
    - *Parental Inclusion in EI* (4 items; $\alpha = .66$): Parents use a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) to rate usefulness and inclusiveness of team approach.
    - *EI Understanding of Family* (3 items; $\alpha = .60$): Parents assess EI fit with parent goals, family routines, and primary concerns on a 3-point scale (1=Very well to 3 = Not at all).
- *Demographic questionnaire*. Child and household variables, e.g., child age, race/ethnicity, gender, severity of delay/disability, maternal education

Preliminary results indicate that parents who have had an RBI report significantly greater satisfaction with EI services when compared to the non- RBI group. This data supports our theory of action – that parents who have had an RBI feel that the IFSP is based on what's important to them.   Published studies have found similar satisfaction results for those families with an RBI and the fact some of the results have been replicated here corroborates RI is moving in the right direct direction.

5.Highlights of changes to implementation and improvement strategies

RI made a change to the implementation and improvement strategies related to fidelity requirements. The original method and timeline required a video submission of the staff conducting the RBI with technique and skills scoring 85% on the RBI Fidelity Checklist (McWilliam). Early data revealed that the number of participants trained to fidelity was not progressing according to timelines. Feedback from trainees indicated the video as a barrier to reaching RBI fidelity. In addition, we identified a need to expand RI's capacity to support and coach trainees on the RBI.

As a result of this feedback, the plan was changed to support supervisors to coach their staff on

the RBI as they moved toward fidelity. Supervisors are now required to demonstrate fidelity in implementing the RBI by either being accompanied by a Certified RBI trainer to the home visit, or via video submission. Recently, programs have been presented with a financial incentive to meet fidelity goals. This encourages supervisors who have met fidelity to mentor and observe their staff. Once a staff member demonstrates 85% on the Fidelity Checklist, the program can submit for the incentive. These strategies have been implemented based on stakeholder feedback as described in Section B question 2(b).

B. Progress in Implementing the SSIP

1. *Description of the State's SSIP implementation progress*

a. *Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed*

Timeline targets relative to training individuals to do the RBI have been met.

As of March 2018:
- 195 participants have been trained in the RBI
- Ongoing training is scheduled for new staff
- A refresher training is in production for staff who would like a refresher or who are having difficulty reaching fidelity.
- A strategy to provide training to ancillary staff was implemented. Training was provided to EI's Parent Consultants. These staff provide Peer to Peer support for families which will support EI staff in the process. Feedback on training was very positive.
- RBI Fidelity checklist training for supervisors was provided (9/ 2017), as a means to ensure all checklist users were using the same lens to view criteria
- All procedural documents have been updated as planned with the exception of the IFSP Guidebook, which is still under revision at this time. The timeline has been extended due to a new IFSP process and form which was rolled out December 2016. Sections in the Guidebook relating to the RBI have been completed but the overall format of the guidebook is under revision. Guidance related to IFSP changes and the RBI process have been issued in the meantime.
- Strategies related to Strand A, Strategy 5 *Develop a Communication Plan* are completed and targets met. The communication plan was intended to inform, build capacity, and keep interest for providers who were not yet trained. Because targets have been met, this is no longer an ongoing activity. However, the team is revisiting this communication as a means to share a wide range of information and updates.

RI's Training and Technical Assistance Center organized and funding the following initiatives to support capacity building for RBI and RBEI through the following activities:

- Three (3) EI supervisors attended the RBI Certification Institute in July 2017 to build supervisory capacity.
- One (1) EI supervisor attended Routines Based Early Intervention Certification Institute in May 2017 to build leadership capacity for Strand C, Routines Based Early Intervention.

- 34 EI staff attended "The Power of Play" by Cari Ebert, SLP, CCC. Participants were highly satisfied with this event (Sept 2017). Due to the positive feedback, a second training by Cari Ebert, "The ABC's of Early Intervention, will be hosted, as a kick off to formally begin Strand C- Routines Based Early Interventions. Incentives will be offered for attendance.
- Feedback from programs about utilizing supervisors to coach staff in the implementation of RBI, indicated that time spent on this activity would take supervisors away from other billable activities. Lost income and time was acknowledged as a barrier. To address this, an RBI incentive program was developed to offset these losses. The lead agency created an incentive based on the average time it would take to support a staff member to reach fidelity. The result was an incentive of $1200 per person who demonstrates RBI fidelity based on the checklist. Observers must have previously demonstrated fidelity. The incentive began July 1, 2017 and to date, 15 additional staff have reached fidelity. RI has established the goal of 65 staff demonstrating fidelity by June 30, 2018

b. *Intended outputs that have been accomplished as a result of the implementation activities*

Outputs achieved include:
- An RBI Implementation Plan was implemented
- 195 participants were trained in RBI to date
- 20 staff have been trained to fidelity to date
- 3 RBI Trainings for new staff were conducted with 39 participants
- RBI Training for Ancillary staff (Parent Consultants) was conducted with 12 participants
- RBI Fidelity Checklist training for supervisors was conducted (13 participants)
- RBEI Training was conducted (34 participants)
- National RBI Certification Trainings were provided (3 supervisors)
- National RBEI Certification Training was provided (1 supervisor)

2. *Stakeholder involvement in SSIP implementation*

a. *How stakeholders have been informed of the ongoing implementation of the SSIP*
Directors and Supervisors:
The Directors and Supervisors are two key stakeholder groups that have been used to provide ongoing feedback regarding implementation of the RBI. Both groups receive regular implementation and progress updates. We have an existing structure of monthly meetings with both groups that include Part C staff and the Comprehensive System of Personnel Development (CSPD) Director. The Interagency Coordinating Council (ICC) Chair is included in the Directors meeting and communications.
These groups have been key sources of obtaining feedback and engaging in problem solving regarding issues that have arisen. Feedback related to barriers in meeting fidelity goals resulted in changes such as eliminating requirements for a video submission of an RBI, and the development of an incentive program for programs to meet fidelity

RBI Trained Staff:

Another key stakeholder group is the staff who completed RBI training. Training and Technical Assistance Providers used a knowledge based, pre- post-test at each training workshop. Based

on this review, the trainers altered training content to provide clarity in the knowledge area that the pre-post was designed to assess.

Trainers noted that during this past year as compared to previous years, participants enter RBI training with much more knowledge about it. This is most likely due to experienced staff communicating to new staff about the RBI process. Based on this observation, trainers have altered the content and length of time of the session to meet this new trend.

Another way this stakeholder group has been utilized was to provide feedback regarding their ratings in the global child outcomes measurement process. To better understand changes in this year's child outcomes SFY16-17 data, we asked directors to distribute a survey to staff asking if staff were choosing summary statements differently for the three global child outcomes. The responses included feedback that some changes were due to:

- new format of the new IFSP,
- training in child outcomes, and the
- RBI impacting the quality of information on which the rating is based

    b. **How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP**.
Our planning team has used feedback from trainees and supervisors to resolve issues as they have occurred. Examples include:

- eliminating the submission of a video as a requirement for RBI fidelity,
- offering additional RBI refreshers for staff who feel they need it,
- conducting focused interview with supervisors to find out training needs related to RBI, working with supervisors to create a new fidelity process, and
- solving data entry issues related to the number of RBIs in the system.

This year, feedback from the parent focused interviews, conducted by the University of Rhode Island (URI) graduate students was a significant voice in reviewing on going implementation process and was directly related to RI's Theory of Action.

C. Data on Implementation and Outcomes

    1. **How the State monitored and measured outputs to assess the effectiveness of the implementation plan**

    a. **How evaluation measures align with the theory of action**

The Evaluation Logic Model Template was used to direct evaluation activities and is directly aligned with our Theory of Action. We have also used *Worksheet 5 Evaluation Questions related to Outcomes* tool which is directly related to short term, intermediate and long-term outcomes.

    b. **Data sources for each key measure**

Strand A Short Term Outcome	Data Source
Providers have knowledge of new procedures related to implementing the RBI (when to do it, how to	• Focused Monitoring-Annual RI Provider Self -Assessment measured by the number of

document in the IFSP paper work and what codes to use for billing purposes.	compliant records (Completed after eligibility, prior to IFSP development; eco map in file; correct billing code)
Strand A Intermediate Outcome	• As measured by the number of RBIs in the data system
Providers consistently implement new administrative procedures related to RBI (when to do it; how to document it in the ISP; how to bill for it)	

Strand A Short Term Outcome	**Data Source**
Providers know the criteria to self-assess IFSP outcomes.	Focused Monitoring-Annual RI Provider Self -Assessment
Intermediate Outcome	• Measured by changes in the % of IFSP outcomes that are family owned, functional, measurable and embedded in a routine
Providers develop IFSP outcomes with families who have participated in the RBI that meet quality standards	• Measured by changes in the # of state corrections to the provider's self-assessment of IFSP outcomes that are family owned, functional, measurable and embedded in a routine

Strand A Short Term Outcome	**Data Source**
Providers know the criteria to self-assess documentation of service delivery (Services Rendered Forms)	• As measured by General Supervision Services Rendered Form (SRF) Review
Intermediate Outcome	
Provider documentation of home visits meet quality standards	
Strand A Short Term Outcome Providers and stakeholders are aware of implementation of the RBI in RI	• As measured by number of contacts (ICC, Directors, newsletters)

Strand B Short Term Outcome	**Data Source**

Providers gain knowledge about how to conduct an RBI, how to prioritize family concerns based on the RBI, and how to develop outcomes based on the priorities of the family	• As measured by a knowledge survey based on the test questions from the chapter *The Routines Based Interview* from the book *Routines Based Early Intervention; Supporting Young Children and Their Families* by Robin McWilliam
Intermediate Outcome	• As measured by focused interview with families conducted by URI graduate students regarding parent satisfaction with EI services
Families have IFSP outcomes that reflect their priorities and meet the needs of their child and family	

Outputs	
• Implementation plan to scale up RBI	• As measured by a complete training plan with timelines
• Numbers of staff trained in RBI	• As measured by training records of the numbers of participants trained in the RBI compared to implementation plan targets
• Number of training materials	• As measured by documents posted on the Sherlock Center on Disabilities at RI College, RI's EI Technical Assistance and Training website
• Number and types of communication	• As measured by actual contacts: via Newsletters and Presentations to community partners including the ICC
Other	
• Entry Ratings Outcome 1 Children whose families have had an RBI Children whose families have not had an RBI	• As measured by child outcomes data used for federally reporting Child Outcomes
• Progress Summary Statement 1 Children who have had an RBI Children who have not had an RBI	• Child Outcomes Measurement process; Data System
• The number of IFSP Outcomes Children whose family has had an RBI Children whose family has not had an RBI	• Annual Self-Assessment as part of General Supervision

c. **Description of baseline data for key measures**

Baseline data from SFY 13-14, and SFY14-15, SFY15-16 data regarding the percentage of IFSPs in which the Outcomes are compliant with being family owned, functional, measurable, and embedded in a routine was compared to this year's SFY16-17 data. The baseline data were collected during the annual provider Self-Assessment process as part of the General Supervision process. Each provider rated their own compliance on 2 initial outcomes of all records selected by the state for the review (10% of all new enrollment January 1 to June 30 of the review period) and were verified by focused monitoring.

Baseline data from SFY 14-15 and data from SFY 15-16 regarding the number of corrections to the provider's self-assessment made by the state during focused monitoring of outcomes that the provider assessed to be compliant with being family owned, functional, measurable, and embedded in a routine was compared to SFY16-17 data. The data were collected in the same way as above.

Baseline data from SFY 14-15 and SFY 15-16 data regarding the number of IFSP outcomes was compared to SFY16-17 The baseline data were collected in the same way as above.

Baseline data from SFY 13-14 and SFY 14-15 regarding documentation of home visits was not reported on last year because SFY15-16 data was not completed at writing of last year's report. The data this year includes SFY13-14 and SFY 14-15 compared to SFY15-16 data. The data includes the percentage of Services Rendered Forms that document the parent's participation in the visit, intervention occurring in routines and the plan for follow up between visits according to a rating rubric.

d. **Data collection procedures and associated timelines.**

Annual Program Monitoring

Data is collected from the annual program monitoring, self-assessment. This process is as follows:

- self-assessment forms are given to EI providers in late August,
- EI providers review records, randomly assigned by the lead agency and complete the self-assessment,
- the Lead Agency and Technical Assistance staff conduct on site verification of 25% of each program's records reviewed as part of the self-assessment (Sept/October and November)
- Data are collected, analyzed and reports are prepared in November/December

RBI Training

Data is collected on the number of training workshops, number of participants, number demonstrating fidelity as measured by the fidelity checklist (completed and submitted by supervisors) Data is collected and reviewed in an on-going process.

Pre- post testing of training workshop participants. Pre - post test scores are reviewed for trends and the results for individual questions are reviewed to inform areas for improvement to training content.

.

Services Rendered Forms (SRF)

A large sample of Services Rendered Forms (SRFs)were randomly requested form each program, by the lead agency (February 2016). The SRFs were copied by the programs and submitted to the lead agency (August 2016). Each SRF was reviewed using an established rubric developed and by two members of the state SSIP Leadership Team consisting of one (1) state Quality Assurance staff and one (1) technical assistance staff. Each reviewer did an individual review using the rubric and assigning a rating on a scale of 0-3. Rubric criteria include: the parent's participation in the visit, interventions based in routines and the follow up plan for between visits. Reviewers compared their independent ratings. When ratings were different, the SRF was reviewed again by both reviewers, who would then discuss the SRF and agree upon a rating. The review began November 2016 and finished in August 2017.

Focused Parental Interviews
With the parent's consent, Karen McCurdy, PhD at University of Rhode Island, was provided with child and family names, contact information and RBI status. This study used prepared questions taken from 5 previously validated tools. Random sampling of eligible families was chosen from two groups: families with an RBI (RBI = 28) compared to families without an RBI (No RBI =34). Participation criterion included: 1) intake occurred at least 6 months previously; 2) parents over 18; and 3) families spoke English. Limited resources were available for the study and bilingual interviewers were not available. If it is decided to conduct these interviews on a periodic basis, interpreters will be provided so we may include non-English speaking families.

Data was collected through 20 min. telephone interviews with parents. First interview was February of 2017; last interview was conducted in November 2017.

Routines Based Interview (RBI).

Data for RBIs in the system was reviewed ongoing and summarized annually

Child Outcomes Data

Data for Entry Ratings of Outcome 1 were collected in the data base. Entry Outcomes are collected for all new children in the IFSP process.

e. **[If applicable] Sampling procedures**

Please See Focused Parental Interviews (above) regarding how parents were selected for the interview. Please see Annual Program Monitoring (above) regarding how a percentage of records are selected for verification even though data are reported for all.

f. **[If appropriate] Planned data comparisons**

Data for children whose family had an RBI was compared with children whose family did not. The data were collected for as a part of our general supervision from provider self-assessment data. The number of initial IFSP outcomes was collected in SFY14-15 and SFY 15-16. SFY15-16 was the first year data on the number of outcomes for children who had an RBI was included.

Providers were asked to report the number of initial outcomes on the child's IFSP. In SFY16-17 results indicated, as they did last year, that there was a greater number of outcomes written for

families who had an RBI. Other validated studies also report an increase in the number of IFSP outcomes included in the initial IFSP (McWilliam, Casey, & Sims, in 2009).

Results indicated:
- IFSP Outcomes for children/families with an RBI averaged 4.39
- IFSP Outcomes for children/families without RBI averaged 2.88

Using data on the number of outcomes reported at each Early Intervention site for the following years (SFY 14-15, SFY15-16, SFY16-17), Karen McCurdy, Ph.D. conducted three paired samples t-tests to see if the mean number of outcomes at each site had changed over time. An average of 0.8 more outcomes were reported in 15-16, as compared to 14-15, (p=.040), 1.6 more outcomes reported in 16-17 as compared to 15-16 (p=.004), and 2.4 more outcomes in 16-17 as compared to 14-15 (p=.002). All the changes were determined significant.

Data has also been collected which compares entry ratings for Child Outcome 1 Positive Social Emotional Skills for children whose family had an RBI and for children whose family have not had an RBI. These data are collected from the data system as part of the global child outcomes measurement system and is required for new enrollment. The data can be disaggregated for children who have had an RBI. Looking at Entry Outcomes is important to help gauge progress towards the SIMR. Presently, there is not a large enough sample of children with an RBI to determine if progress is being made towards our SIMR. This data will emerge over time as RI begins to collect discharge data, which for some children may be three years. RI's SIMR will measure the progress of children whose family had an RBI.

The RBI was selected because we believe this semi structured interview will address a "blind spot" in identifying social emotional needs which was suggested by our data analysis in Phase I by providing rich information early in the IFSP process. As we wait for the exit ratings for children who have had an RBI, the lead agency has begun to analyze entry ratings. The Leadership Team hypothesized that staff will assign fewer age expected entry ratings in Outcome 1 for children whose parents participated in the RBI and also that the RBI will support better identification of functional and developmental needs leading to lower, albeit more accurate, ratings across all Outcome areas.

The results of the comparison to date show significantly less children rated at age expected.

- Children without an RBI 16.24% rated 7 as compared to children with an RBI 13.49%.)

We also expected to see more children whose parents participated in an RBI, rated 5 or 4 because the interview process helped the IFSP team, which includes the family, to more clearly identify areas of need. These 2 categories also show an increase.
- Children without an RBI 29.16 % rated 5 as compared to children with an RBI 30.69 %
- Children without an RBI 20.81% rated 4 as compared to children with an RBI 21.65 %

We are encouraged that the data is correlating to our expectations. To test the significance of this data, our colleagues at URI will be measuring any statistical significance of the change.

g. Data analyses which allow for assessment **How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements.**

Progress related to IFSP outcomes (the number of IFSP Outcomes; the number of changes to self-assessments by the state; the % of outcomes that are compliant with being family owned, functional, measurable and embedded in a routine) is measured through provider self-assessments as part of the general supervision process. Data management procedures regarding

the self-assessment process includes a review by the state's data manager of the completed provider self-assessment to check to see the data has been entered as it should be on the spreadsheet. The state, through a record review, verifies the accuracy of 25% of the records identified on the self-assessment to be sure the self-assessment is correct. At the record review, any data found non-compliant in the self-assessment is changed by the state. In the case where there are large numbers of changes indicating the provider misunderstood the criteria for compliance, the self-assessment would be re-conducted by the provider and another site visit to verify data would be scheduled. The criteria for compliance are included on the form issued to the provider and in addition the state has issued technical assistance documents (Steps *to Building an IFSP Child Outcome; IFSP Outcomes Family Owned, Functional, Measurable and Embedded in a Routine, Developing Better Child and Family Outcomes) to* help create and identify compliant IFSP outcomes. These data were submitted for statistical analysis through URI and the change was determined to be statistically significant last year. This year's data SFY 16-17 showed no improvement in all four categories in comparison to SFY15-16. The data has been submitted to URI for further analysis.

Progress related to the Child Outcome Summary Entry Outcomes is measured through the state's Child Outcomes Measurement system. Data management procedures include tools within the data system to track missing child outcomes, site based technical assistance (TA) around data patterns which appear questionable (i.e. exit ratings of age appropriate yet eligible for Part B) data, and clear policies and procedures regarding child outcomes data which include quality assurance plans regarding child outcomes. Ten new modules related the child outcomes measurement process have been released as part of an aligned system with Part B which provides statewide professional development for all staff to promote quality entry and exit ratings.

Data analyses which allow for assessment of progress toward intended improvements include the utilization of RI's higher education stakeholder-University of Rhode Island and the graduate students in the Program Policy and Program Evaluation course as independent reviewers of the data. This year's study looking at parent satisfaction of parents who have had an RBI and parents who have not is an excellent example of how data analysis procedures are used to determine progress toward intended improvements. The fact that there is a statistical difference in parent satisfaction if they had an RBI is extremely important. If there was no difference this would be a cause to rethink the theory of action as well as the strategies chosen for improvement. This was highly valuable information which shows we are making progress towards meeting our SIMR.

2. **How the State has demonstrated progress and made modifications to the SSIP as necessary**

a. **How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR**
   The state has reviewed data and used it as a way to achieve intended improvements to infrastructure. Infrastructure improvements included the creation of an implementation plan, updating policies and procedures and incorporating SSIP evaluation activities as a part of general supervision and developing a commutation plan. Intended infrastructure improvements have been completed.

b. **Evidence of change to baseline data for key measures**

   RI has seen a measurable improvement in the quality of IFSP outcomes. Although this year

shows no change in comparison to last year, SFY 16-17 is still significantly higher than SFY 13-14 and SFY 14-15.

RI has also seen positive change related to baseline data in the documentation of family visits. The following indicators were measured based rubric created several years ago: Parent participation in the visit, interventions occurring in a routine, and the follow up plan for between visits. Additional improvement in this measure is expected but the initial data shows improvement across all areas. For example,

- The baseline data for parent participation in the visit showed extremely low % of parent participation in the visit -only **15%** of Services Rendered Forms in SFY13-14 were rated 2 – i.e. "*Parent involved in some of the visit; Evidence parent was present and participating*." In SFY15-16 data show **31%** rated 2-double the amount.

- The baseline data for interventions within daily routines showed low % of interventions within routines- only **12%** of Services Rendered Forms in SFY13-14 were rated 2 –i.e. "*Some evidence of use of child's /family materials; the visit is based somewhat on the child or parents interest or outcomes*; *during a routine or could become a routine*. In SFY15-16, data show **26%** rated 2-double the amount.

- The baseline data for a follow-up plan for between visits showed extremely low % -only **18%** of Services Rendered Forms in SFY13-14 were rated 2 –i.e. "*Plan with an example; Fairly specific*". In SFY15-16, data show **30%** rated 2.

.

c. **How data support changes that have been made to implementation and improvement strategies**

In the Services Rendered Form review of the SFY 13-14 data revealed that written documentation did not reflect the Early Intervention service delivery model.

83% of the Services Rendered Forms were rated a 0 or 1 for parent participation. *-i.e. None or minimal parent participation*.

85% of the Services Rendered Forms were rated a 0 or 1 for interventions occurring within routines, -i.e. "*Evidence that materials are brought and taken away. Evidence of EI as a "session" not tied to typical activities or activities that are not age appropriate. An activity loosely linked to outcomes; might be generalized to daily routine*".

64% of the Services Rendered Forms were rated a 0 or 1 for follow-up plan between visits- i.e. "*No plan or plan very general* "

After examining the SFY 13-14 data, infrastructure changes were made including modifying the Services Rendered Form to better reflect the EI service delivery model. Prompts were added such as: "*Describe interaction between provider and parent/caregiver and child*" and "*Include observations, modeling, coaching and discussion highlights.*"

An in-depth report was prepared for each provider based on the review of their sample and each provider was encouraged to develop and implement a quality assurance plan to improve the writing captured on the Services Rendered Forms. Technical assistance was provided to train on the new form. In SFY 2014-15, the review was conducted again, and despite efforts, the data was not substantially different. The data suggested a different approach was needed and in response individual site visits were conducted with management and supervisors of

each EI program to review the in-depth report and provide individual technical assistance at the program level. The SRF review was included as part of the annual General Supervision process and each program was required to complete a Program Improvement Plan related to SRF documentation.

Professional development was provided in the Routines Based Interview, as well as writing participation based outcomes that are family owned, functional, measurable and embedded in a routine. The data for SFY 15-16 was much improved, but not to expectations. In response to this slow improvement, a new strategy was developed based on these data. This year, individual meetings with management at all sites were conducted and a Program Improvement Plan was required, but improvements were expected within a shorter timeline. A plan was developed for improvement within 45-days that consisted of strategies that would result in the elimination of ratings of 0s or 1s. Evidenced was required by submitting a sample Services Rendered Forms that show no 0's or 1's. Follow-up sessions were conducted with the providers who had made smaller progress after 45 days to provide focused technical assistance based on samples submitted as part of their Program Improvement Plan. Data from follow up reviews of evidence submitted indicates that the data collected in the coming year will likely be significantly improved. In addition, professional development related to routines based interventions and coaching will be provided. By collecting this data, a transformation in the Services Rendered Forms from child-focused observations unrelated to our service delivery model, to adult-focused interventions that describe coaching, modeling and parent practice has occurred. The belief is that this is reflected not only in documentation, but in practice as well. Supporting data from this year's parent survey shows comments by parents which indicate this change is being implemented in practice. Parents are now using language within their comments that reflect the current service delivery model of coaching. Comments are trending from using language such as, "My provider has helped my child" to "My provider has helped me to…" These comments will be submitted to URI to study this change as it correlates to SSIP implementation strategies.

d. **How data are informing next steps in the SSIP implementation**

Data are being used to find barriers to the success of RI's SSIP. For example, the data regarding fidelity was used immediately to start the process of finding out what was in the way of achieving fidelity as planned. The data are being used to determine professional development needs of supervisors and trainees, as previously described and informing any changes needed within the plan to ensure goals are met.

e. **How data support planned modifications to intended outcomes (including the SIMR)— rationale or justification for the changes or how data support that the SSIP is on the right path.**

We feel the following data shows RI is on the right path:

We have successfully met our goals for training		
A review of the number of participants trained to do the RBI in accordance with the Implementation Plan	The number of participants planned: 160	Actual: 195 participants to date

Training in the RBI has been effective.

Participants in the RBI training gained knowledge regarding how to do the RBI, how to prioritize family concerns, and how to develop outcomes based on the family's priorities and concerns.

A review of the pre and post-tests of 39 individuals trained to conduct RBI since last report April 5, 2017 – 12 attendees June 7, 2017 – 17 attendees, October 10, 2017 – 10 attendees.	Overall 38 out of 39 attendees improved on their test scores	Considerable decrease in incorrect responses when comparing pre/post test data April 2017- Average 3.79 wrong pretest to 0.76 wrong post June -2017Average 3.71 wrong pretest to 1.86 wrong post October-2017Average 4.2 wrong pretest to 1.3 wrong post

Providers are developing more outcomes for children whose families have had an RBI consistent with expectations. This data has been analyzed as statistically significant

A review of SFY 2016-17 Annual Provider Self-assessment data regarding the number of IFSP Outcomes	Average number of IFSP Outcomes of families without/RBI	SFY 16-17 **2.88** IFSP outcomes on the initial IFSP
	Average number of IFSP outcomes with an RBI	SFY2016-17 **4.39** IFSP outcomes on the initial IFSP

The quality of IFSP outcomes has improved over baseline data.

A review of SFY 2015-16 Annual Provider Self-assessment data regarding IFSP Outcomes (Family owned, functional, measureable, embedded in a routine)	% of Outcomes	SFY 13-14	SFY 14-15	SFY 15-16	SFY 16-17
	Family Owned	91.60	90.53	95.52	91.79%
	Functional	81.23	87.99	92.69	86.95%
	Measureable	67.13	64.89	83.96	81.05%
	Embedded in a Routine	No data	67.32	87.62	81.47%

Entry Ratings on Child Outcome Summary Forms show a difference in ratings of children whose families had a RBI and from those who did not have an RBI.

Data shows lower entry ratings of 7 and higher ratings of 4 and 5 on Child Outcomes Summary Forms for children whose family had an RBI in Outcome 1 than children whose family have not had an RBI. This supports the hypotheses developed in Phase I- the RBI would help Providers better children's functioning in social emotional development.

2016-17 With RBI	2016-17 Without RBI	Summary

COSF Rating 1-7	Number of Children at each Rating	Percent Rated at each Rating	Number of Children at each Rating	Percent Rated at each Rating	Diff	
1	14	1.13%	29	1.35%	-0.22	Less 1
2	41	3.31%	70	3.27%	0.04	Less 2
3	91	7.35%	164	7.65%	-0.33	Less 3
4	268	21.65%	446	20.81%	**0.84**	**More 4**
5	380	30.69%	625	29.16%	**1.53**	**More 5**
6	277	22.37%	457	21.33%	1.04	More 6
7	167	13.49%	348	16.24%	**-2.75**	**Less 7**
Missing		0.00%	4	0.19%		
Total	1238		2143			

Documentation of Early Intervention visits has improved.

Documentation shows more parent participation, more routines based interventions and more planning for between early intervention visits.

SRF Review	2013-2014	2014-2015	2015-2016
Parent Participation			
% of SRFs rated 0	51%	51%	35%
% of SRFs rated 1	32%	33%	25%
% of SRFs rated 2	15%	12%	31%
% of SRFs rated 3	2%	4%	9%
Interventions within Daily Routines			
% of SRFs rated 0	47%	51%	37%
% of SRFs rated 1	38%	32%	19%
% of SRFs rated 2	12%	14%	26%
% of SRFs rated 3	3%	3%	18%
Plan for Between Visits			
% of SRFs rated 0 for Plan Between Visits	20%	33%	28%
% of SRFs rated 1 for Plan Between Visits	54%	51%	27%
% of SRFs rated 2 for Plan Between Visits	18%	15%	30%
% of SRFs rated 3 for Plan Between Visits	7%	2%	15%

Rating: Below is a general explanation of rating (Specific criteria not included)
0- No documentation
1-Minimum documentation-Evidence is there but poor quality
2-Fair documentation-Does not meet all criteria for #3 but more than minimal
*3-Good documentation-Useable as a training example*

Administrative guidance related to implementation of RBI has been effective. (This year the focus was on the RBI date in the system)

Focused Monitoring Data Check	Compliant	Total	
Number of records	219	247	88.66%

The number of RBIs in the data system has increased				
RBIs in the Data System	2013-2014	2014-2015	2015-2016	2016-2017
	No Data	13	74	1220

Parents who have had an RBI in our program report greater satisfaction with Early Intervention services
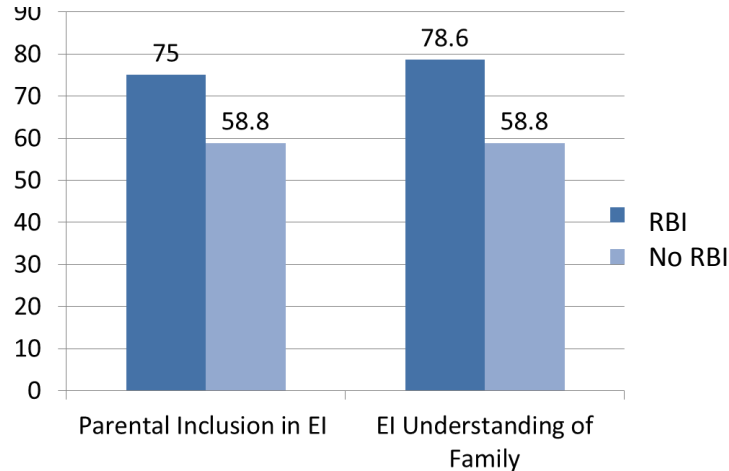
Preliminary findings from a study of the parents in our program who had an RBI and parents who had not indicate that:

"RBI is posited to empower parents early in the EI process, increasing feelings of satisfaction with EI, parental self-efficacy in promoting child development, and satisfaction with home routines. The study's preliminary results showed:

1) Parents who received an RBI report significantly *greater satisfaction with EI Services* when compared to the no RBI group. Thus, RBI appears to foster a more positive and responsive relationship between the EI team and parent.

2) Although scores on all other measures favored RBI families over non-RBI families, *no significant group differences emerged on parental self-efficacy measures or satisfaction with home routines*. Another study reported similar findings on self-efficacy yet found positive changes in child functioning due to RBI." [1]

An improved plan for reaching fidelity has been developed.

A new plan for reaching fidelity in implementation of the RBI has been developed, which includes utilizing supervisor support, and includes an incentive program for providers to reach fidelity.

---

[1] Routines-Based Interviewing in Early Intervention-Preliminary Findings Zero to Three Poster Presentation December 2017
Karen McCurdy, Ph.D., with Sarah Aldrich, Sarah Coulston, Irene McIvor Mason, & Alyssa Riberio
Human Development & Family Studies, University of Rhode Island

A review of the number of participants trained to fidelity in accordance with the implementation plan	The number of participants planned to be trained to fidelity:160	Actual:5 participants trained to fidelity SFY 16-17* **15** additional participants trained to fidelity since July 2017. Another 65 additional participants anticipated by June 2018

3. **Stakeholder Involvement in evaluation of the SSIP**

a. **How stakeholders have been informed of the ongoing evaluation of the SSIP**
Data has been presented regarding the implementation of the RBI statewide to stakeholders including: the Interagency Coordinating Council, the Directors Association, the monthly Supervisors group and RBI training workshops.

The Director's Association is actively involved in the implementation and participated in discussions and continuously provides feedback regarding the data. Sharing SSIP collected data has included: the improvement in child outcomes, more outcomes for children with an RBI, improvement in SRF documentation, and the data that parent satisfaction is greater for children with an RBI. These data reflect the work being done by their staff and many share the data within their programs.

b. **How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP.**
Opportunities have been intentionally created to use feedback from stakeholders as part of our ongoing evaluation of the SSIP. One example of this is supervisors. Supervisors are key stakeholders in that it is that group which will support RBI implementation in their own programs. What they know and feel competent about will drive a successful implementation. As part of our SSIP evaluation we created opportunities to find out where they feel their skills are and what they need to support their staff. In SFY16-16 through a survey EI supervisors indicated they did not feel competent in supporting staff in implementing the RBI. Although the results was unexpected, knowing this data resulted in making adaptations to the content of PD for supervisors. New training was developed to focus on supporting supervisors on how to use the fidelity checklist. This in turn, helped supervisors to observe and support their own staff in becoming RI approved to administer the RBI. Videos of an RBI were observed and supervisors used the RBI checklist to determine if the staff member in the video met the criteria on the checklist (score of 85% on checklist). After completing their own approved video doing an RBI and attending this training, supervisors will now be able to observe and use the checklist with their own staff to become RI approved. In addition, three (3) supervisors were sent to the RBI Certification Institute hosted at the University of Alabama by Robin McWilliam, to become certified RBI trainers. RI plans to send additional people in the upcoming year. This will grow our capacity to ensure ongoing staff support from those trained in fidelity.

Trainees are another group intentionally included as a part of ongoing SSIP evaluation. Staff were recently surveyed to see if they felt they that their ratings relating to Child Outcomes Summary process had changed, and if so, why. Changes in the data have been noted, but there was a need to investigate if staff would indicate that the RBI, professional development regarding the new integrated IFSP, or the new child outcomes process had influenced their ratings to be more accurate. Other possible reasons for the change in rating could be due to

staff reporting that they felt they experienced difficulties with the new process, felt rushed, did not have not enough training, or new processes had caused them to be less accurate. These responses will be used to determine staff development needs. The results indicated that many staff said that they were rating differently and reported reasons as follows: the new IFSP which has integrated the COS process, professional development that was provided, the RBI process itself, TA tools developed to support these processes, and the use of a team process. There were no responses indicating that they were rating differently due to problems with the new process, time constraints, or a barrier that would need to be addressed.

Another stakeholder group used to provide feedback for RI's SSIP evaluation is families. Family participation in the interviews for the study conducted by URI was extremely important in determining progress.

D. **Data Quality Issues**

1. **Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR due to quality of the evaluation data**

   a. **Concern or limitations related to the quality or quantity of the data used to report progress or results**

   The URI analysis of parent satisfaction between families who have had an RBI and families who have not, has indicated the following limitations: "Small sample size (RBI = 28) vs. (No RBI =34) reduced power to find significant differences" and "Relies solely on parental self-reports to assess family outcomes".

   b. **Implications for assessing progress or results**

   Within the URI analysis of this data, adding more interviews to increase the N=50, may provide more significance in the data. However, it is thought that enough information is available to answer the evaluation question "Do families report that the IFSP is based on what is important to them."

   c. **Plans for improving data quality**

   Some data that have been collected is in the process of assessing statistical significance. These data include, improvement in IFSP Outcomes that are family owned, functional, measurable and embedded in a routine; and differences in entry ratings in Outcome 1 for children whose family had an RBI.

E. **Progress Toward Achieving Intended Improvements**

1. **Assessment of progress toward achieving intended improvements**

   a. **Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up**

   Infrastructure changes included updating state policies and state forms to support the Routines Based Interview as a statewide practice, training staff in new administrative procedures and developing n implementation plan and the development of a communication plan. These changes are in place and give strength to implementing the RBI.

   b. **Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects**

Currently 20 staff have reached fidelity in conducting the RBI. Please refer to section A5 and B2(b)for a full discussion of what has been done to measure fidelity. Even though there are not as many participants designated as "RI approved" in conducting the RBI as compared to what was planned, data such as the improvements in IFSP Outcomes that are family owned, functional, measurable and embedded in a routine shows positive evidence of a desired effect. Also the results of the URI study regarding the difference in parent satisfaction between families who have had an RBI and those who have not is similar to other published studies which also indicates that the RBI is having the desired effect.

c. **Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR**

All short term outcomes in Strand A and B have been met.
- Providers have knowledge of new procedures related to implementing the RBI (when to do it, how to document in the IFSP paper work and what codes to use for billing purposes
- Providers and stakeholders are aware of implementation of the RBI in RI
- Providers know the criteria to self-assess IFSP outcomes Providers and stakeholders are aware of implementation of the RBI in RI
- Providers know the criteria to self-assess documentation of service delivery (Services Rendered Forms)
- Providers gain knowledge about how to conduct an RBI, how to prioritize family concerns based on the RBI, and how to develop outcomes based on the priorities of the family.

Our data indicate important steps towards meeting our SIMR have been achieved.

Next steps are to focus on the intermediate outcomes of Strand A and B and the short term outcome of Strand C.
- Providers consistently implement new administrative procedures related to RBI (when to do it; how to document it in the ISP; how to bill for it)
- Providers develop IFSP outcomes with families who have participated in the RBI that meet quality standards
- Provider documentation of home visits meet quality standards
- Providers implement the RBI, prioritize concerns of the family and develop outcomes based on family concerns with fidelity
- Families have IFSP outcomes that reflect their priorities and meet the needs of their child and family.
- Providers gain knowledge about coaching, modeling and routines based intervention in home visits to achieve outcomes

d. **Measurable improvements in the SIMR in relation to targets**

Measurable improvement in RI's SIMR in relation to targets cannot be reported because there is very limited data to date. The SIMR is based on a subset of children whose family had an RBI and show improvement in accuracy for their Child Outcomes Measurement data. There have been 81 children whose family had an RBI who have been enrolled over 6 months and have discharged and 1154 children whose family did not have an RBI who have been enrolled over 6 months and have discharged. Although the data show a difference in Summary Statement 1 for children whose family had an RBI i.e. 62.75 % of the RBI group made significant progress as compared to

57.04% of the children in the no RBI group. The sample size is to small to draw a valid conclusion

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline.

RI's plan is to concentrate on fidelity over the next year and a timeline with new targets is included. Preliminary PD in Strand C-Professional development and coaching around Routines Based Early Intervention began in September 2017 and a formal kick off is planned in May of 2018 with Cari Ebert, SLP, CCC sharing her expertise on coaching the caregiver in interventions based in daily routines. Our own TA staff and 1-2 supervisory staff are planning to attend National Routines Based Early Intervention training in July 2018. It expected that strand C will be a two (2) year process. Specific activities include:

Specific activities are:

Activity	Expected Timeline and Projected Participation	Description
RBI Training During Introduction to Early Intervention	Spring 2018 ≈25 Fall 2018 ≈25 Spring 2019 ≈25 Fall 2019 ≈25 Spring 2020 ≈25	An abbreviated segment on RBI is conducted during Introduction to Early Intervention for all new staff. The intent of including this is to generate basic awareness and understanding of RBI and the importance of understanding child and family functioning
Agency Based RBI technical assistance support	Spring 2018 – Spring 2019 ≈2 visits Spring 2019 – Spring 2020 ≈2 visits	TA staff will conduct site specific support to programs during staff meetings. We will conduct on site trainings upon request
Group RBI Training	Spring 2018 ≈ 30 Fall 2018 ≈ 30 Spring 2019 ≈ 30	This training will be conducted at the Sherlock Center and offered to all EI new staff or as a refresher.
Increase # of Certified RBI Trainers	Summer 2018 = 3 new trainers	Three EI providers will attend the RBI Certification Institute hosted by Robin McWilliam. The addition of 3 new trainers will significantly increase our capacity to support RBI and identify those using it with fidelity. These trainers will first be responsible to coach their own staff to fidelity and then move onto conducting training to support other programs.
Increase # of Providers conducting RBI with Fidelity	January-June 2018 ≈ 65 July 2018- June 2019 ≈ 80	Supervisors will be observing their own staff using the fidelity checklist to assess their staff as they work toward "RI Approved" status.
Strand C	Spring 2018 ≈ 200 TA to individual centers	This effort will begin with a statewide kickoff event "The ABC's of Early

RBEI Training		Intervention". This session will focus on interventions within daily routines and coaching the caregiver. Programs will be encouraged to use follow up materials, conversations and reflection in order to support the integration of this new knowledge into practice

2. **Planned evaluation activities including data collection, measures, and expected outcomes**
The plan is to follow our *SSIP Evaluation Worksheet* in the upcoming year (see Attached). The focus will be on Intermediate Outcomes of Strand A and B. The short term outcome for Strand C will be evaluated.

3. **Anticipated barriers and steps to address those barriers**

We anticipate a barrier to be the numerous changes EI Providers have experienced over the. year. The State recently modified its Child Outcomes Measurement System in collaboration with Part B. This new process aligns the child outcomes measurement process statewide birth to five. This change involved new state forms, new IFSP and a new transition process that includes a collaborative exit rating for Part C and entry rating for Part B. These changes at the same time as RBI implementation have been a lot to absorb for programs. Steps to address these barriers will be to offer program specific support and TA, provide TA to the supervisors group so they feel competent to support program staff, and continue to solicit feedback from directors and supervisors regarding TA needs and the pace of professional development activities.

.

4. **The State describes any needs for additional support and/or technical assistance.**

Our technical assistance needs are not clear now. The State has utilized technical assistance in the preparation of this SSIP. Technical assistance regarding developing a new implementation plan for achieving fidelity targets had been requested in the past. We may need technical assistance as our SSIP progresses and would like to have an opportunity to use technical assistance to discuss progress/solutions if difficulties arise.