

**RHODE ISLAND STATE SYSTEMIC IMPROVEMENT PLAN  
(SSIP) PHASE III**

**Year 3**

**March 31, 2019**

# Rhode Island SSIP Phase III Year 3

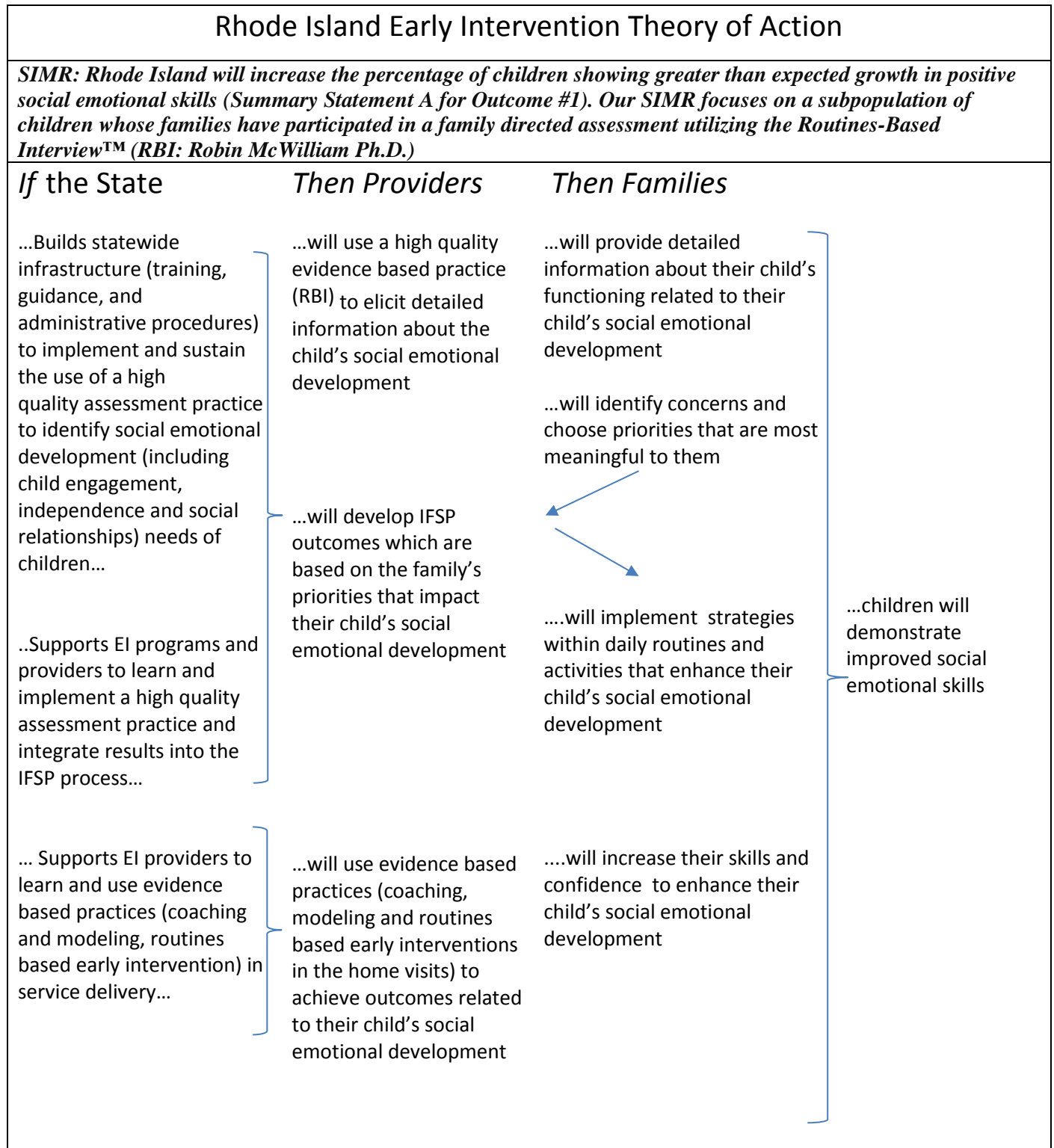
## A. Summary of Phase III

### Updates related to membership of the SSIP State Leadership Team

Jenn Kaufman, Part C Coordinator	No Change
Sara Lowell, Part C Early Intervention Coordinator	New member effective 8/2018
Christine Robin Payne, Part C Data Manager	No Change
Donna Novak, Quality Improvement and TA Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College	Change affiliation as Part C to Sherlock Center 1/1/2019
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, Professor Department of Human Development and Family Studies (HDF)	No Change

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

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



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

Improvement strategies employed during the year 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 completed many of our implementation strategies in Strand A in SSIP Phase III Year 2. The focus for SSIP Phase III Year 3 included strategies 1 and 4 in Strand A, as well as an update to strategies 3 and 4 that had been previously completed.

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 FFY16 Updated this year
3.	Training personnel in updated Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services and other statewide forms which support RBI implementation	Completed FFY16 Updated this year
4.	Incorporating Quality Indicators related to Routines Based Early Intervention into the general supervision system <ul style="list-style-type: none"> <li>• IFSP Outcomes: (family owned, functional, measurable and embedded into a routine)</li> <li>• Services Rendered Form (SRF): (reflect coaching, modeling, routines based early intervention)</li> </ul>	Employed this year
5.	Implementing an RBI communication plan	Completed FFY16

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 the implementation of the Routines Based Interview™ (Robin McWilliam, Ph.D.) as a statewide assessment practice*. FFY 17 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, *Support EI providers to learn and use evidence based practices (coaching and modeling, routines based early intervention) in service delivery* focuses on routines based interventions. This strand will expand as more staff reach RBI fidelity. This year’s focus has been to build a foundation in all three strategies.

1.	Providing professional development (PD) related to coaching, modeling, routines based interventions	Employed this year
2.	Providing PD for supervisors to support Routines Based Early Interventions	Employed this year
3	Develop and distribute useful resources	Employed this year

**3. Specific evidence-based practices implemented to date**

The Routines Based Interview (*McWilliam, 1992, 2005a*) is the primary evidenced based practice implemented as a statewide practice. RBI was selected by RI because it is an in-depth child and family assessment resulting 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 the evaluation plan developed in Phase II. *The Evaluation Logic Model* template (created by the IDEA Data Center) 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* (created by the IDEA Data Center) document developed in Phase II was also used. (these documents are provided in the attached appendices)

FFY17 data collection focused on two short term, two intermediate, and one long term outcome in Stand A; one short term and one intermediate outcome in Strand B; and, one short term outcome in Strand C (See Section C,1b).

The collection and review of data related to evaluation procedures throughout the SSIP allowed the team to address issues and inform decision making to enhance SSIP activities and further evaluation procedures. These procedures included:

- Monitoring the numbers of EI staff 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
- Supporting staff RBI fidelity by requiring 85% demonstration on the RBI Implementation Checklist and providing supplemental support as indicated
- Reviewing SSIP evaluation data collected in annual program self-assessments as part of general supervision. Records selected by the state for the review included 10% of all new enrollments January 1 to June 30

of the review period. Twenty-five percent of the self-assessments were verified by the state during focused monitoring.

- Comparing supervisor focused interview data (2016 & 2018)
- Reviewing staff survey results related to RBI
- Reviewing child outcomes data collected through RI’s Annual Performance Report.

Important evaluation activities to highlight this year include:

- ❖ **RI’s State Identified Measurable Result (SIMR)** Rhode Island’s SIMR is based on a subset of children whose family had a Routines Based Interview (RBI). The RI SIMR is measured by the percent of children showing greater than expected growth in Outcome 1: Positive Social-Emotional Skills. This is the first year that the number (n) in the RBI subset was sufficient enough to compare the progress of children in Outcome 1 whose family had an RBI to the progress of children whose family did not have an RBI. The results indicate that for Outcome 1, the children in the RBI group made greater progress than children in the non-RBI group by 9.24% as shown in table below. Important to note is that Outcome 1 showed greater growth than Outcomes 2 & 3 in Summary Statement 1. Also, in both Summary Statements and in all three outcomes, children in the RBI group showed greater progress than those in the non-RBI group indicating that RI has met the SIMR.

FFY 17 Child Outcomes Data			
Summary Statement 1: Of those children who entered the program below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they exit the program	With RBI 637 (n)	No RBI 684 (n)	Diff
Outcome 1 Positive Social Emotional Skills	55.62%	46.38%	+9.24%
Outcome 2 Acquiring and Using New Knowledge & Skills	59.47%	55.21%	+4.26%
Outcome 3 Take Action to Meet Needs	65.72%	61.43%	+4.29%
Summary Statement 2: The percent of children who were functioning within age expectations in each outcome by the time they exited the program			
Outcome 1: Positive Social Emotional Skills	54.63%	47.37%	+7.26%
Outcome 2: Acquiring and Using New Knowledge & Skills	45.53%	35.87%	+9.66%
Outcome 3: Take Action to Meet Needs	56.92%	46.62%	+10.30%

- ❖ **Supervisors’ readiness and ability to support Routines-Based Interviews 2016 and 2018:** RI’s supervisors are a critical component in the overall success of our SSIP. Supervisors must be confident in their ability to support staff in the RBI process. Under the supervision of Dr. Karen McCurdy, Ph.D., University of Rhode Island (URI), graduate students conducted telephone interviews with Early Intervention supervisors in 2016 and again in 2018. The goal was to answer an evaluation question related to an intermediate outcome in RI’s SSIP, *“Providers implement the RBI, prioritize concerns of the family and develop outcomes based on family concerns with fidelity.”* Specifically, the evaluation investigated the question, *“Do supervisors feel competent in supporting staff to implement the RBI?”* The interview asked supervisors to rate their comfort level on a scale of 1-3 in 8 RBI areas (see table). Additional questions focused on identifying any challenges, supports and potential training needs of their staff to support the implementation of the RBI. In 2016, responses indicated that supervisors did need greater support to assist staff in implementing the RBI. In 2018, overall results indicate that supervisors feel more effective in their ability to support their staff with the RBI. This **increase of perception in EI supervisors’ readiness and ability to support RBI** may be a result of continued focused training and support provided to the EI workforce as well as the fact that the supervisors involved in the survey now have more experience with the RBI process.

Perceptions of EI Supervisors readiness and ability to support Routines-Based Interviews: 2016 and 2018		
	2016 average	2018 average
Comfort with RBI area		
Putting Parent at Ease	2.8	2.7
Relevant Open Ended Questions	2.5	2.7
Asks about Feelings	2.4	2.6
Creating ECOMAP	2.5	2.6
Creating Detailed picture of Routines	2.3	2.9
Recapping of Interview	2.5	2.8
Supporting Family Goals	2.4	2.9
Writing Functional, Measurable Family Outcomes	2.6	2.7
Overall score	2.5	2.7

**Note: 1 = not very comfortable and 3 = very comfortable**

- ❖ **Quality IFSP Outcomes** The quality of IFSP outcomes is another key evaluation activity that has been monitored each year since the beginning of RI’s SSIP. Base line IFSP Outcome data was collected in FFY 13 during general supervision and annual focused monitoring to ensure that IFSP Outcomes are:
  - Family-owned

- Functional
- Measureable
- Embedded in a routine

These data have been collected annually and a statistically significant positive change in the quality of IFSP outcomes has been seen since the beginning of RI’s SSIP. FFY17 data shows that the quality of IFSP outcomes are between 96% and 98% compliant. These data show that RI has met an important milestone in the Theory of Action

Quality of IFSP Outcomes: FFY13-FFY17						
A review of FFY 17 Annual Provider Self-assessment data of IFSP Outcomes (Family owned, functional, measureable, embedded in a routine)	% of Outcomes	FFY13	FFY14	FFY15	FFY16	FFY17
Family Owned		91.60%	90.53%	95.52%	91.79%	98.70%
Functional		81.23%	87.99%	92.69%	86.95%	98.05%
Measureable		67.13%	64.89%	83.96%	81.05%	96.10%
Embedded in a Routine		No data	67.32%	87.62%	81.47%	96.53%

❖ **The Number of IFSP Outcomes.** With the implementation of the RBI, studies indicate that the number of IFSP outcomes included in the initial IFSP should increase (McWilliam, Casey, & Sims, 2009). Data for this activity was collected during general supervision and annual focused monitoring beginning in 2014, asking EI providers to report the number of initial outcomes on the child's IFSP. In FFY17 results indicate a greater number of IFSP outcomes for families who had an RBI. URI conducted a thorough analysis of these data and found the change to be statistically significant. (See Section C,1(f)).

Number of IFSP Outcomes with RBI and without RBI					
Self-assessment data	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017-
Average Number of Outcomes without RBI	No data	1.65	2.07	2.88	3.52
Average Number of Outcomes with RBI	No data	-----	4.62	4.39	5.28

❖ **RBI Fidelity** RI has actively monitored the number of staff who achieve fidelity in implemented the RBI. RI struggled in FFY 15 and 16 to meet fidelity targets. In FFY 16 with technical assistance from West Ed, RI developed and implemented a new plan in FFY17 to move more staff toward fidelity. This updated plan first required EI program supervisors who had been trained in RBI, to become “RI Approved” by achieving a score of 85% or greater on the RBI Implementation



Checklist RI Early Intervention (Adapted from J. L. Rasmussen & R. A. McWilliam 2006, 2008, 2009& 2011). Secondly, the supervisors were then trained to utilize the RBI Implementation Checklist as a mechanism to support staff to RBI fidelity. Once these competencies were ensured, EI Program supervisors were charged to mentor their staff to support them to improve proficiency and reach RBI fidelity. In addition to using supervisors as part of the process, the RI Technical Assistance center offered an RBI refresher training to support trainees who felt they needed to review the RBI process again. To support the time supervisors needed to help staff to RBI fidelity, the Part C coordinator developed an incentive providing funding to EI programs as staff achieved RBI fidelity. FFY17 data shows growth in the numbers of staff trained to fidelity and provides evidence that these changes have been effective.

RBI Fidelity Data						
<b>A review of the number of participants trained to fidelity in accordance with the implementation plan</b>	The number of participants planned to be trained to fidelity:	FFY 15	FFY 16	FFY 17	FFY 18	Total
	127	1	9	26	11	47
					To date	To date
					*49 anticipated by June 30, 2019	*85 anticipated by June 30, 2019
<b>Note: 37 staff to date have reached fidelity since the incentive program An additional 38 staff have indicated they will achieve fidelity by June 30, 2019</b>						

The total number of participants anticipated to achieve fidelity is 127, which includes service coordinators, therapists, supervisors, and RBI trainers, and the number of participants planned to be trained who are actually responsible to administer the RBI is 107.

- ❖ **Staff Perceptions of RBI in IFSP Development** In January 2019, the RI Technical Assistance Center at Sherlock Center on Disabilities conducted a study surveying all staff trained in the RBI to address the long-term outcome in Strand A: *“Do providers feel that implementing the RBI results in IFSPs that are more appropriate and effective for the families.”* To ensure the success of RI’s SSIP, it is critical that staff feel the RBI is a valuable tool in their early intervention work. Survey results showed the majority of the participants felt the RBI results in an IFSP that is more appropriate and effective.

Staff Survey Value of RBI in IFSP Development 2019 N= 62				
Do you feel that when you do an RBI with a family it results in IFSP that is more appropriate and effective?	Yes	No	Not Sure	Not used RBI
Percent	66.1%	17.7 %	8.1%	8.1%
Number	41	11	5	5

## 5. Highlights of changes to implementation and improvement strategies

RI completed Strand A implementation strategy 2: *Updating and distribute RI Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services and other statewide forms to support implementation of the RBI in FFY 15-16.* The *RI Medicaid Reimbursement Guidebook for Early Intervention Services* was previously updated to include procedures related to the RBI. This year, in April 2018, RI updated the guidebook, allowing the RBI to be reimbursed as an assessment rather than part of IFSP development. The change increases the rate at which the RBI is reimbursed. The change was implemented based on stakeholder feedback as described in Section B question 2(b).

In addition to the Policies and Procedures and Claim Reimbursement Guidebook update, RI also embedded key components of the RBI into the RI Early Intervention Staff and Supervisor Competencies. The purpose of these competencies is to set uniform expectations for EI family visitors across all programs. These competencies are meant not as a job description, but rather a tool by which staff can be evaluated. In addition, these competencies serve as a basis for ensuring consistency with staff expectations across EI programs and as a foundation for professional development plans. As it relates to the RBI, the competencies now include that staff must meet 85% on the RBI Implementation Checklist to be considered proficient at conducting the RBI.

An additional training was developed to further support those EI staff who require more intense support to hone RBI interview skills, including understanding the RBI structure and use open-ended questioning to obtain the best functional information from families. The RBI 201 training moved more quickly through format and focused more on style and content. Live demonstrations are conducted to provide real time examples of how to conduct an RBI, as well as demonstrating and overcoming common implementation mistakes.

## 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**

Targets relative to training individuals for RBI have been met.

As of March 2019:

- 239 staff members have been trained in the RBI
- Training Activities:
  - RBI for new staff occurs on an ongoing basis
  - July 2017/April 2018: Five (5) EI supervisors attended the RBI Certification Institute as a means to build supervisory capacity and increased the number of RI certified trainers to 7.

- September 2017: RBI Implementation Checklist training for supervisors was provided as a means to ensure all checklist users were using the same lens to view criteria
- May 8 & 9, 2018: 101 EI staff attended “The ABC’s of Early Intervention” by Cari Ebert, SLP,CCC, as a statewide kick off to formally begin Strand C: Routines Based Early Interventions. This one-day seminar examined the ABCs of early intervention to empower providers with critical evidence regarding best practices when working with very young children and their families in the natural environment. To reinforce the concepts covered in the seminar, programs were asked to pick three (3) activities from a list of twelve (12) designed to:
  - Encourage staff to work together as a team to improve their knowledge and skills.
  - Promote an opportunity for discussion and reflection on the topics covered.
  - Generate ideas and create materials to reflect best practices in Early Intervention

Program incentives for attending the seminar were tied to completing the follow-up activities.

- July 2018: A refresher training (RBI 201) for those individuals who attended RBI training and continue to struggle with implementing the RBI with fidelity. Another session has been scheduled for March 2019.
- September 2018: Training was provided to 20 Early Intervention Parent Consultants who provide Peer to Peer support for families and can now support EI staff in the RBI process. This strategy to provide training to ancillary staff received positive feedback in Year II and has continued in FFY18.
- State Systemic Activities:
  - All procedural documents have been updated as planned with the exception of the IFSP Guidebook, which is still under revision but expected to be completed by June 2019. 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 processes has been issued in the meantime.
  - The *RI Claim Reimbursement Guidebook for EI Services*, although previously updated to include the RBI, was updated in April 2018 to allow reimbursement for RBI as an assessment practice rather than an activity related to IFSP development. This change allows a higher reimbursement for providers to administer the RBI. The change was

made based on stakeholder feedback and aligns the guidebook with the SSIP which identifies the RBI as an assessment practice.

- 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 strongly considering a slightly revised newsletter as a technical assistance resource about RBI to providers.
- 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 were acknowledged as barriers to staff achieving fidelity. To address this barrier, an RBI incentive program was developed to offset these losses. The lead agency created an incentive based on the average time it would take for a supervisor to support a staff member to reach fidelity. The result was an incentive of \$1200 per person (paid to the EI provider) who demonstrates 85% proficiently on the RBI Implementation Checklist. Staff could only be assessed by others who had received training on using the RBI Implementation Checklist and met fidelity themselves. The incentive began July 1, 2017 and to date, 37 additional staff have reached fidelity, bringing the total to 47 staff trained to fidelity. The RBI incentive program was continued in July 2018. RI has established the goal of 127 staff demonstrating fidelity by January 30, 2019 .

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

Outputs achieved include:

- The implementation of the RBI Implementation Plan
- Two hundred-thirty-nine (239) participants trained in RBI to date
- Three (3) additional publications related to RBI and Routines Based Home Visiting posted on web site bringing the total to 14
- *Routines Based Early Intervention* ( McWilliam, 2010) was provided to all sites to serve as a resource for RBI and to enhance work with childcare providers
- RBEI resource *Coaching the Caregiver in Early Intervention* (Cari Ebert MS, CCC-SLP) and *Early Intervention Every Day* (Merle J. Crawford and Barbara Weber, 2014) provided to all EI sites
- The *RI Claim Reimbursement Guidebook for EI Services* updated
- Forty-seven (47) staff trained to RBI fidelity
- Thirty-seven (37) staff trained through RBI Fidelity Incentive Program
- Three (3) RBI trainings for new staff conducted with 42 participants

- RBI Training for ancillary staff (Parent Consultants) conducted with 20 participants
- RBI Implementation Checklist training for supervisors conducted with 13 participants
- RBI 201 refresher training conducted with 12 Participants
- RBEI ABC's of Early Intervention Training was conducted with 101 participants
- National RBI Certification Trainings attended by 5 supervisors

## 2. Stakeholder involvement in SSIP implementation

### a. How stakeholders have been informed of the ongoing implementation of the SSIP

The Early Intervention Provider Directors and Supervisors are two key stakeholder groups that have been used to provide ongoing feedback regarding the implementation of the RBI. Both groups receive regular implementation and progress updates and have opportunities to provide feedback. 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.

#### **Staff:**

Other key stakeholder groups are new EI staff and the EI staff who have completed RBI training. New staff are informed of RI's SSIP through a course, *Introduction to Early Intervention* required for all new staff within six months of hire. The topic of RBI is a component of *Introduction to Early Intervention* providing a basic introduction to staff about RI's SSIP, the concept of RBI, and informing them of the expectation to attend RBI Training.

Staff who have been trained in RBI are informed about ongoing SSIP implementation via emails about trainings from the CSPD Director at Paul V. Sherlock Center on Disabilities at RI College.

#### **ICC**

The Interagency Coordinating Council (ICC) is another stakeholder group which meets bi-monthly. This group is informed of ongoing SSIP implementation through reports made by members of the SSIP Leadership team.

### b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP

RI recognizes that feedback from all stakeholders including directors, supervisors, staff and parents is valued and has been an integral part of RI's SSIP success.

The Directors and Supervisors have provided ongoing feedback regarding implementation of our SSIP. These groups have been key sources of feedback from the field, and have engaged in problem solving and planning throughout the process.

The RI planning team has used feedback from directors and supervisors to make adjustments to activity planning. These include:

- Solving data entry issues related to the number of RBIs in the system
- Working with supervisors to address barriers to meeting fidelity goals; for example, eliminating requirements for a video submission of an RBI
- Offering additional RBI refreshers for staff as needed
- Conducting focused interviews in 2016 and 2018 with supervisors to understand training and support needs related to RBI
- Developing an incentive program for staff to attain fidelity

Staff who have been trained in RBI are key to the success of RI's SSIP and opportunities for feedback routinely occur. For example, training and technical assistance providers use a knowledge based, pre- post-test at each training workshop. Based on a review of the results, the trainers have altered training content to provide clarity in the knowledge area that the pre-post was designed to assess.

Another example of obtaining staff feedback is through training surveys. As a follow up activity, participants of the RBI 201 refresher training were asked to list "Things I like about the RBI" and "Things I find challenging." The presenters collected and reviewed these lists, and they were analyzed by RI's PD staff to help inform additional content for the next basic RBI training. A key content area, developing good interviewing skills, was identified as an area of challenge. The PD staff responded by attending a Motivational Interviewing conference, increasing their own knowledge base, and incorporated the concepts into the next RBI training.

Parents have a strong voice in RI's SSIP implementation. Phase III Year 2 parent feedback from a study conducted by the University of Rhode Island (URI) graduate students indicated that parents who have had an RBI report significantly greater satisfaction with EI services than parents who did not have an RBI. This was valuable information to learn and critical to our SSIP as these data supported RI's Theory of Action – that parents who have had an RBI feel that the IFSP is developed based on what's important to them.

### **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 RI's Theory of Action. The *Worksheet 5 Evaluation Questions related to Outcomes* tool was also used as it directly relates to RI's 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 document in the IFSP paper work and what codes to use for billing purposes).	<ul style="list-style-type: none"> <li>• Focused Monitoring-Annual RI Provider Self -Assessment measured by the number of compliant records (Completed after eligibility, prior to IFSP development; eco map in file; correct billing code)</li> <li>• As measured by the number of RBIs in the data system</li> </ul>
Strand A Intermediate Outcome	
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 <ul style="list-style-type: none"> <li>• Measured by changes in the % of IFSP outcomes that are family owned, functional, measurable and embedded in a routine</li> <li>• 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</li> </ul>
Intermediate Outcome	
Providers develop IFSP outcomes with families who have participated in the RBI that meet quality standards	

Strand A Long Term Outcome	Data Source
Providers value the RBI as part of their practice	<ul style="list-style-type: none"> <li>• As measured by survey instrument</li> </ul>

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	<ul style="list-style-type: none"> <li>As measured by a knowledge survey based on the test questions from the chapter <i>The Routines Based Interview</i> from the book <i>Routines Based Early Intervention; Supporting Young Children and Their Families</i> by Robin McWilliam</li> <li>As measured by the number of providers trained to fidelity using the RBI Implementation Checklist</li> <li>As measured by interviews (2016, 2018) conducted by URI with EI supervisors regarding their perceptions and training needs relative to supporting the full-scale implementation of Routines Based Interviewing (RBI) at their programs.</li> </ul>
Intermediate Outcome	
Providers implement the RBI, prioritized the concerns of the family and develop outcomes based of family concerns with fidelity	

Strand C Short Term Outcome	Data Source
Providers gain knowledge about coaching, modeling and routines based intervention in home visits to achieve outcomes	As measured by a knowledge and/or satisfaction survey

Outputs	
<ul style="list-style-type: none"> <li>Implementation plan to scale up RBI</li> </ul>	<ul style="list-style-type: none"> <li>As measured by a complete training plan with timelines</li> </ul>
<ul style="list-style-type: none"> <li>Numbers of staff trained in RBI</li> </ul>	<ul style="list-style-type: none"> <li>As measured by training records of the numbers of participants trained in the RBI compared to implementation plan targets</li> </ul>
<ul style="list-style-type: none"> <li>Number of training materials</li> </ul>	<ul style="list-style-type: none"> <li>As measured by documents posted on the Paul V. Sherlock Center on Disabilities at RI College, RI's EI Technical Assistance and Training website and materials distributed to providers</li> </ul>
Other	
<ul style="list-style-type: none"> <li>Progress Summary Statement 1 Children who have had an RBI Children who have not had an RBI</li> </ul>	<ul style="list-style-type: none"> <li>Child Outcomes Measurement process; Data System</li> </ul>
<ul style="list-style-type: none"> <li>The number of IFSP Outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Annual Self-Assessment as part of</li> </ul>



for children whose family had an RBI compared to children whose family has not had an RBI	General Supervision
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**c. Description of baseline data for key measures**

Baseline data from FFY 13 were collected during the annual provider self-assessment process as part of general supervision and focused monitoring. Each provider rated their own compliance regarding two (2) initial IFSP outcomes. IFSP Outcomes were assessed to include the following components based on specific criteria: family owned, functional, measurable, and embedded in a routine. Data from consecutive years are compared to baseline show improvement in the quality of IFSP outcomes.

Baseline data from FFY 14 regarding the number of IFSP outcomes were collected during the annual provider self-assessment process as part of general supervision and focused monitoring. Data from consecutive years are compared to baseline to show improvement in the overall number of IFSP outcomes.

Baseline data from FFY 17 were collected as part of the FFY17 APR for Indicator 3 -the percentage of infants and toddlers with IFSPs who demonstrate improved positive social emotional skills.

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

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

- Self-assessment forms are provided to EI providers in late August
- EI providers review records randomly assigned by the lead agency (10% of providers enrollment January to June) and complete the self- assessment
- 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 and RBEI Training**

Data are collected and reviewed in an ongoing process on the following: the number of training workshops, number of participants, and the number demonstrating fidelity as measured by the RBI Implementation Checklist (completed and submitted by supervisors).

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

**Perceptions of EI Supervisors readiness and ability to support Routines-Based Interviews 2016 and 2018**

Karen McCurdy, PhD at The University of Rhode Island was provided with names and contact information for supervisors at all EI Provider sites. Data were collected in

the Spring of 2016 through a 30-45 minute interview with 9 EI supervisors exploring the following topics: adequacy of the RBI training, supervisor perception on having adequate supports and skills required to implement and supervise staff on the RBI, and potential issues/barriers identified during the implementation process. A summary of the themes derived by the responses was prepared and reviewed with the RBI planning team. In spring of 2018, a follow-up interview was conducted with at least one supervisor from each site to assess if perceptions of the needs had changed and to identify any new training needs.

## **RBI**

Data for the number of RBIs were collected in the Welligent data system and was reviewed ongoing and summarized annually

## **Child Outcomes Measurement Data**

Data for Outcome 1: The percent of children with of IFSPs who have demonstrated improvement in positive social emotional skills were collected in the Welligent database for all children exiting who were enrolled for 6 months or longer.

e. [If applicable] Sampling procedures

f. [If appropriate] Planned data comparisons

Data for children whose family had an RBI were compared with children whose family did not. Providers were asked to report the number of initial outcomes on the child's IFSP. These data were collected as a part of our general supervision from provider self-assessment data. The number of initial IFSP outcomes was collected beginning in FFY14. FFY15 was the first year that data on the number of outcomes for children who had an RBI were included. Over the course of collecting this data, RI saw a gradual increase, with the greatest increase in FFY17, on the number of initial IFSP outcomes written for families who had an RBI. This finding is similar to studies that reported an increase in IFSP outcomes for families who had an RBI. (McWilliam, Casey, & Sims, 2009).

Results indicated:

- IFSP Outcomes for children/families with an RBI averaged 5.28
- IFSP Outcomes for children/families without RBI averaged 3.52

Using data on the number of outcomes reported at each Early Intervention site, Dr. McCurdy compared whether there had been any change in the number of IFSP outcomes reported by each site between the first six months of 2016-2017 and the first six months of 2017-2018 by conducting paired samples t-tests. On average, EI sites in Rhode Island reported 5.1 IFSP outcomes (SD = 1.6) in the 17-18 year as compared to 4.1 outcomes (SD = 1.5) in the previous year (16-17). This change is significant,  $t(df=8) = 3.6, p = .007$ .

g. 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; and, 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 have been entered accurately in 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 are 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 scheduled to verify data. The criteria for compliance are included on the self-assessment form issued to the provider and several additional state-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 by URI and the change in the number of outcomes has been determined to be significant in each year it was collected. The data regarding the change in the percentage of outcomes that were compliant with having the components of family owned, functional, and measurable and embedded in a routine were also determined to be statistically significant.

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. Their 2018 study looking at the change in supervisor competence is an excellent example of how data analysis procedures are used to determine progress toward intended improvements. The fact that there has been positive change in supervisor's perception of their competence is extremely important because RI's program supervisors are a critical link in the SSIP chain. If there was no difference this would mean strategies have been ineffective. If supervisors did not feel competent to support their staff, the RI team would need to step back, use the data to assess the issues, and develop new strategies for this group. FFY17 analysis regarding the improvement in IFSP outcomes is another important assessment of progress toward intended outcomes. Developing quality outcomes is an integral milestone in our Theory of Action. The fact that the quality of IFSP outcomes based on focused monitoring ranges from 96.10%-98.7 % and this improvement has been determined to be statistically significant is critically important to moving forward with RI's intended outcomes. The fact that outcomes have changed in the right direction indicates progress toward the 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 existing data and used it to achieve and complete intended improvements to its infrastructure, including the creation of an implementation plan, updating policies and procedures, incorporating SSIP evaluation activities as a part of general supervision, and developing a commutation plan.

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

Using data on the number of outcomes reported at each Early Intervention site during General Supervision, Dr. McCurdy compared whether there had been any change in the number of IFSP outcomes reported by each site between the first six months of FFY16 and the first six months of FFY17 by conducting paired samples t-tests. On average, EI sites in Rhode Island reported 5.1 IFSP outcomes (SD = 1.6) in the 17-18 year as compared to 4.1 outcomes (SD = 1.5) in the previous year (16-17). This change is significant,  $t(df=8) = 3.6, p = .007$ .

**RI has seen a measurable improvement in the quality of IFSP outcomes.** Analysis of the change in FFY17 shows significant change in comparison to last year, FFY16.

RI has seen measurable change in all four areas of outcomes compliance: family owned, functional, measurable, and embedded in a routine. A chi-square calculator was used to test whether the percentage of IFSP outcomes that were rated as being functional, measurable, family-owned, and embedded in a routine had changed between FFY 2016 and FFY17. (See table Section A 4). The results showed that a significantly higher percentage of IFSP outcomes received “yes” ratings on all four areas in 2017 as compared to 2016. The significance values for all comparisons were  $p < .001$ .

**RI has seen a measurable change in Perceptions of EI Supervisors readiness and ability to support Routines-Based Interviews.** Table 1(See Page 6) shows that, on average, supervisors in 2018 feel more effective in their ability to support RBI than they did in 2016 in all but one assessed area, with the biggest increase in creating a detailed picture of the daily routines (from 2.3 to 2.9). These results provide some support that training or greater experience with RBI has increased supervisor competence since 2016.

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

RI data has been used throughout the SSIP to support changes. Examples include:

- Data showed a lack of RBIs in the data system. The planning team worked with directors and supervisors to address barriers in meeting RBI goals by making changes such as: allowing additional time for RBI practice, providing clearer expectations for implementation with trainees, establishing a date when RBIs

needed to begin for those already trained, and changing IFSP paperwork to include a field for the date of the RBI.

- Data in FFY 16 indicated the number of staff trained to fidelity did not meet fidelity targets. The planning team worked with supervisors to address barriers in meeting fidelity goals by conducting focused interviews with supervisors to identify training needs related to RBI. Based on these interviews, the SSIP team made positive changes such as: eliminating requirements for a video submission of an RBI as a requirement for fidelity, offering additional RBI refreshers for staff as needed, implementing an incentive program for programs to meet fidelity, and redesigning the implementation plan for fidelity.

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 investigating barriers to 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. Data are also used to verify successes achieved. For example, data regarding IFSP outcomes supports that quality outcomes are being developed. Next steps include an independent review of IFSP outcomes by URI using the Goal Functionality Scale III (McWilliam 2009).

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**

The following data shows RI's SSIP is on the right path:

- **We have successfully met our goals for RBI training.** Data show 242 participants trained to date.
- **Training in the RBI has been effective.** A review of the pre- and post-tests of the 42 individuals trained to conduct RBI since the last report, show that overall 41 out of 42 attendees improved on their test scores.
- **Training in ABC's of Early Intervention has been effective.** A review of the pre and post-tests of the 101 individuals trained as an introduction to RBEI showed that 95% (96 out of 101) of responses met learning objectives. 5% (5 out of 101) of the responses reported they were partially met. 0% felt that the learning objectives were not met.
- **Providers are developing more outcomes for children whose families have had an RBI consistent with expectations.** In FFY17, the average number of IFSP outcomes on the initial IFSP was 3.52 for families of children with no RBI compared 5.28 IFSP for children whose family had an RBI. Analyses of these data have shown a statistically significant positive change each year.
- **The quality of IFSP outcomes has significantly improved over baseline data.** Provider compliance with quality indicators are at 96-98%.

- **RI data supports that we have met our SIMR.** The percentage of IFSPs showing improved positive social emotional skills is greater for children whose family has had an RBI ((55.62%) than those who did not have an RBI (46.38%), reflecting a +9.24% difference for those families that had an RBI.
- **Supervisors in 2018 feel more effective in their ability to support the RBI.** Our data provide some support that training or greater experience with RBI has increased supervisor competence since 2016.
- **The number of staff trained to fidelity has increased to 47 with 38 additional staff who have indicated they will achieve fidelity by June 30, 2019.** The data show that the new plan for reaching fidelity in implementation of the RBI, which includes utilizing supervisor support and an incentive program for providers to reach fidelity, has been effective.
- **Staff values the RBI as part of IFSP development.** The data show the majority of staff surveyed feels that the RBI results in more appropriate and effective IFSPs.

### 3. Stakeholder involvement in the SSIP evaluation

- a. **How stakeholders have been informed of the ongoing evaluation of the SSIP**  
Data have been presented regarding the implementation of the RBI to stakeholders statewide EI 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 SSIP data. Sharing SSIP data helps to reflect the work of their staff and many directors 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 the supervisor's group because they support RBI implementation within their respective programs. Their knowledge and competency of the RBI process will help drive a successful implementation. As part of the SSIP evaluation, opportunities were created to investigate supervisor's perceptions of their own RBI skill set and what tools and supports they might need to train and support their staff to fidelity. In FFY15, the results of interviews with EI supervisors indicated this group needed more support to help their staff to implement the RBI to fidelity. Although the results were not what the planning team had hoped, these data resulted in adaptations to the content of RBI related PD for supervisors. New training was developed that focused on supporting supervisors on how to use RBI Implementation Checklist. This in turn, helped supervisors learn how to observe, provide effective feedback, and support their own staff in becoming RI approved to administer the RBI. Videos of an RBI were used as a training tool to help supervisors practice using the RBI Implementation Checklist. After completing their own approved video conducting an RBI and attending this training,

supervisors now observe and use the checklist with their own staff to become RI approved. To learn that in 2018 supervisors feel more competent validates that the changes made in our PD for supervisors has had positive results. In addition, the interviews in 2018 resulted in new areas of focus on in the upcoming year.

Staff who have been trained in the RBI are another group intentionally included as a part of the ongoing SSIP evaluation. Staff were recently surveyed to see if they felt that the RBI has resulted in more effective IFSPs. The results indicated that 66.1% felt that the RBI did result in more effective IFSPs. The fact that the majority of the respondents see the value in the RBI is important to know, but even more importantly as a next step, it may benefit RI's SSIP process to find out why 17.7 % did not.

#### **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**

Child and family variables, other than whether or not an RBI was conducted, may be associated with differences in the SIMR measure between the two groups. Demographic variables such as: length of time in the program, discharge to Part B, age at referral, and eligibility status need to be examined.

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

The child outcomes data related to our SIMR needs to be further analyzed to determine the extent to which RBI may be associated with increased progress in SIMR outcomes.

###### **c. Plans for improving data quality**

Data related to our SIMR will be analyzed further by URI taking into account the variables listed above.

#### **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 statewide implementation of the RBI.

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

Although not all those trained in RBI are trained to fidelity, data, such as the improvements in IFSP Outcomes that are family owned, functional, measurable and embedded in a routine, show positive evidence of a desired effect. Also, the results of the Phase III Year 2 URI study showed a positive difference in parent satisfaction between families who have had an RBI and those who have not, is similar to another published study (McWilliam and colleagues 2009). This 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 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.

Two intermediate outcomes in Strand A and B are met

- Providers develop IFSP outcomes with families who have participated in RBI that meet quality standards
- Families have IFSP outcomes that reflect their priorities and meet the needs of their child and family.

Two long term outcomes in Strand A are met

- Providers value the RBI as part of their practice
- IFSP outcomes are high quality and meet standards

Our data indicate important steps towards meeting our SIMR have been achieved. Next steps are to focus on the intermediate outcomes and long-term outcomes of Strand A and B and the short term, intermediate and long-term outcomes of Strand C.

- Providers consistently implement new administrative procedures related to RBI (when to do it; how to document it in the IFSP; how to bill for it)
- Provider documentation of home visits meet quality standards
- Documentation of home visits reflect coaching, modeling, interventions in routines and an agreed upon plan with the family.



- Providers implement the RBI, prioritize concerns of the family and develop outcomes based on family concerns with fidelity
- Providers gain knowledge about coaching, modeling and routines-based intervention in home visits to achieve outcomes
- Providers implement coaching, modeling and routines-based interventions in home visits to achieve outcomes
- Families will implement strategies in daily routines and activities that enhance their child's development
- Families increase their competence and confidence to enhance their child's development

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

Measurable improvement in RI's SIMR in relation to targets is reported for the first time this year. RI's SIMR is based on a subset of children whose family had an RBI versus those who have not. This is the first year there has been a sufficient number (n) of children in the RBI group to conduct a meaningful analysis. RI's SIMR is as follows:

*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.).*

FFY 17 Child Outcomes Measurement data identifies 637 children whose family had an RBI, who have been enrolled over 6 months, and have been discharged. In addition, the data identifies 684 children whose family did not have an RBI, who have been enrolled over 6 months, and have been discharged. The data show a significant increase in progress for Summary Statement 1: Outcome 1 for children whose family had an RBI (55.62 %) as compared to the children in the non RBI group (46.38%).

RI has not made measurable improvement in comparison to targets. When targets were set in FFY 13 a completely different Child Outcomes Measurement System was used and targets were based on an analysis of the child outcomes data at that time. A new Child Outcomes Measurement System (described in detail below) began November 2016 in a collaborative process with Part B 619 Early Childhood Special Education. The new process has resulted in overall lower documented progress in all Summary Statements. If the data were a good reflection of child progress, it would mean the state has had a significant increase in the numbers of significantly delayed children and there would be a corresponding increase in the numbers of children eligible for Part B 619 Preschool Special Education. This is not the case. Part B 619 Preschool Special Education eligibility has remained the same.

The lower progress ratings are believed to be due to staff rating differently in this new process. Qualitative data from a survey conducted in January 2018 of staff who complete child outcomes, found that 49 out of the 80 participants indicated that they were rating differently in the new process. The new process may have

given providers a different (and more realistic) lens than what was used in the old process. Changes in the new process that may be contributing to an improvement in the accuracy of ratings include the following:

- Professional development: Ten (10) RI comprehensive modules based on the ECTA Child Outcomes and on-site trainings have provided as a mechanism to ensure all staff have the same information about the new child outcomes rating process.
- Integration of Child Outcomes into the IFSP for entry ratings allows for a comprehensive collection and analysis of information upon which to determine a rating.
- Integration of Child Outcomes into the transition process for Part B including a collaborative rating completed by Part B 619 and Part C which is used as the Part C exit rating and the Part B entry rating. This ensures that there has been a comprehensive collection and analysis of information to determine the rating.
- A Team Approach includes the family and ensures a more comprehensive collection and analysis of information to determine a rating.

It should be noted that when the data is disaggregated for the RBI group and non-RBI group, the RBI group made more progress in all three outcomes in both summary statements. However, this change in the Child Outcomes Measurement process has significantly affected our data and targets based on the old process are no longer applicable.

## F. Plans for Next Year

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

RI's plan over the next year is to concentrate on RBI fidelity and completing activities in Strand C: Professional development and coaching around Routines Based Early Intervention. Specific activities include:

Activity	Expected Timeline and Projected Participation	Description
<b>RBI Training During Introduction to Early Intervention</b>	Spring 2019 ≈25 Fall 2019 ≈25 Spring 2020 ≈25 Fall 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, next steps for RBI training and the importance of understanding child and family functioning
<b>Agency Based RBI technical</b>	Spring 2019 – Spring 2020 ≈2 visits	TA staff will conduct site specific support to programs during staff meetings. We

<b>assistance support</b>	Spring 2020 – Spring 2021 ≈2 visits	will conduct on site trainings upon request
<b>Group RBI Training</b>	Spring 2019 ≈ 30 Fall 2019 ≈ 30 Spring 2020 ≈ 30	This training will be conducted at the Sherlock Center and offered to all EI new staff or as a refresher.
<b>Increase # of Certified RBI Trainers</b>	Summer 2019 = 3 new trainers	Three EI providers will attend the RBI Certification Institute hosted by Robin McWilliam.. The addition of 3 new trainers will 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.
<b>Increase # of Providers conducting RBI with Fidelity</b>	January-June 2019 ≈ 38 July 2019- January 2020 ≈ 42	Supervisors will be observing their own staff using the RBI Implementation Checklist to assess their staff as they work toward "RI Approved" status.
<b>RBI (201) Refresher</b>	Spring 2019 ≈ 15 Fall 2019 ≈ 15	This training has been created for those individuals who have attended RBI training and continue to struggle with implementing the RBI with fidelity.
<b>Strand C RBEI Training</b>	Spring and Fall 2019 ≈ TA to individual centers	This training will use information learned, and outcomes developed from the RBI to support families in the implementation of strategies based on individualized strengths, needs, resources and priorities. We currently have 2 certified RBEI trainers who will conduct site based trainings for those individuals who have completed RBI training.

**2. Planned evaluation activities including data collection, measures, and expected outcomes**

The plan is to follow the *SSIP Evaluation Worksheet* in the upcoming year (provided in the attached appendices).

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

Although the numbers of staff trained to fidelity have increased, the planning team had expected these numbers to be a little higher. The team is considering implementing additional steps within the next three months to support full implementation such as: establishing a clear time line to achieve fidelity in the RBI training process (i.e. within

6 months of RBI training fidelity is required), and establishing a date in the future when only persons with fidelity will be able to conduct the RBI.

Another consideration is to create a plan for maintaining RBI fidelity in the EI workforce once fidelity has been achieved and preventing lower fidelity scores that are likely due to “drift” (diminished fidelity). RI has (10)EI staff who achieved fidelity in FFY 15 and FFY16 and wants to develop a plan to maintain that fidelity for those individuals as well as for those who achieve fidelity in the future. One strategy that is being implemented is to expand the number of certified trainers statewide so there can be at least one (1) at each EI provider site. In Phase III Year 3 five (5) additional EI staff attended RBI training by Robin McWilliam and the plan is to train an additional three (3). This would ensure someone at each site is in a leadership role to monitor fidelity and maintain it. In addition, additional support around the use of the RBI Implementation Checklist and the possibility of developing a Community of Practice group around RBI fidelity is being explored. A full plan to maintain fidelity will be developed by July 2019.

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

The State utilized technical assistance in the preparation of this SSIP and to develop a new implementation plan for achieving fidelity targets. RI will most likely require technical assistance regarding changing our SIMR targets and would like to have an opportunity to use technical assistance to discuss progress/solutions if other difficulties arise.