FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR) Optional Template

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR). (Please limit your response to 785 characters).

Rhode Island (RI) will increase the percentage of children showing greater than expected growth in positive social emotional skills (Summary Statement 1 for Outcome A). RI's SIMR focuses on a subpopulation of children whose families have participated in a family directed assessment utilizing the Routines-Based Interview™ (RBI) (McWilliam, 1992, 2005a).

Has the SiMR changed since the last SSIP submission?

No

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space).

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Baseline Data: 51.29 FFY18

Has the SiMR target changed since the last SSIP submission? Choose an item

FFY 2018 Target: N/A **FFY 2019 Target**: 52.00

FFY 2018 Data: 51.29 **FFY 2019 Data:** 50.15

Was the State's FFY 2019 Target Met? No

Did slippage[1] occur? Yes

If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space).

RI's SIMR is based on a subset of children whose family had a RBI™. This year, the number of children discharged whose family had a RBI™ was 1224 and the number of children discharged whose family did not have a RBI was 202. The percent of children showing greater than expected growth in Outcome A: Positive Social-Emotional Skills was compared for each group, and the results of the RBI ™ group was 50.15% and the non RBI™ group was 48.30 %. Children in the RBI ™ group made greater progress than children in the non-RBI group as it has for the past two SSIP reports.

RI had slippage in FFY19 and an analysis of SIMR data has found that slippage can be directly attributed to the impact of the COVID-19 pandemic. In this analysis, data were separated into two groups: children whose family had a RBI™ that were discharged prior to the pandemic (7/1/19-3/15/20) and children whose family had a RBI ™ who were discharged during the pandemic (3/16/20-6/30/20). The % of children showing greater than expected growth in Outcome A: Positive Social-Emotional Skills was significantly different between the two groups. Specifically, the percent of children discharged prior to the pandemic that had greater than expected growth was 52.98% as compared to 42.59% for the children discharged during the pandemic. This significant difference in the pandemic group (10.39%) is believed to have impacted the overall data. When comparing FFY18 data (51.29%) to the FFY19 pre-pandemic group data (52.98%), the FFY19 pre pandemic data easily meets "No Slippage" criteria. The state has hypothesized that the changes EI providers and families experienced during the pandemic have had an impact. Factors include the shift to virtual visits, shorter and less frequent visits due to competing family priorities, and family stressors affecting family routines and carryover of interventions.

[1] The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:

1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
   a. It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
   b. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
   a. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
   b. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

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Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? Yes

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR.
(Please limit your response to 1600 characters without space).

Additional data demonstrating progress towards the SIMR includes an evaluation activity designed to answer an evaluation question "Are providers consistently using coaching, modeling, and routines based interventions?" The activity consisted of a systematic review of written documentation of early intervention visits. The RI Early Intervention Services Rendered Form (SRF) is completed by EI family visiting staff, (such as educators, speech therapists, physical therapists, etc.) to document EI visits. The documents were reviewed and rated by State T/A staff 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; and, 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 activities that focused on participation based outcomes and routines based home visiting, improvement was expected. Baseline data from FFY14 and data collected in FFY16 was compared to FFY19. Documentation of parent participation in the visit increased from 13% in FFY14, to 38% in FFY16, to 74% in FFY19; interventions in routines increased from 16% in FFY14, to 42% in FFY16, to 85% in FFY19; and, documentation of the plan for between visits increased from 16% in FFY14, to 43% in FFY16, to 83% in FFY19. These data show that a transformation has occurred, as the SRF documentation has moved away from child-focused observations unrelated to our service delivery model, and towards adult-focused interventions that involve coaching, modeling, and parent practice.The belief is that this is reflected not only in documentation, but also in practice, indicating progress toward the SIMR.

Did the State identify any data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? No

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space).

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Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? Yes

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (Please limit your response to 3000 characters without space).

The state's analysis of its SIMR data shows significant differences when disaggregated by children discharged prior to the pandemic (7/1/19-3/15/20) and children discharged during the pandemic (3/16/20 – 6/30/20). The difference is due to the impact of COVID- 19. Specifically, the adaptations made to assessing and documenting a child's functional skills during this time made it difficult to ensure accurate ratings. Factors that may have contributed to this difficulty include: EI front-line staff were required to learn how to use the technology to deliver EI services via telehealth in a very short amount of time; a virtual platform is more dependent on parent report rather than the objective administration of elicited tasks and observation of functional skills; the valuable information that is gathered when in a family's home and observing all interactions and activity is less (you can only observe what the parent "shows" you on video); telehealth visits tend to be shorter or less frequent because families have competing priorities as well as zoom fatigue that occurs for both families and staff; layoffs and furloughs at the program level caused, at times, multiple changes in a family's EI team making it difficult to "get to know" a family in a short amount of time; lack of access to a child's record made it difficult to review all relevant information; family stressors (unemployment, teleworking, distance education for siblings, etc.) may have had an impact on family routines and carry over of interventions; and, finally, increased family stress has a direct impact on a child's social/emotional development.

The state supported providers by meeting frequently to share information, providing guidance and resources regarding use of the virtual platform and the effect of the pandemic on child and family functioning, resources for families, resources for funding and creating a venue for providers to share information and support each other. The state also issued guidance to providers to complete the child outcomes measurement process for children whose families were on hold to avoid lack of child ratings if families eventually left.

Section B: Phase III Implementation, Analysis and Evaluation

Is the State's theory of action new or revised since the previous submission? No

If "Yes", please provide a description of the changes and updates to the theory of action
(Please limit your response to 1600 characters without space).

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Did the State implement any <u>new</u> (previously or newly identified) infrastructure improvement strategies during the reporting period? No

If "Yes", describe each <u>new</u> (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Provide a summary of each infrastructure improvement strategy that the State <u>continued</u> to implement in the reporting period, including the short-term or intermediate outcomes achieved. (Please limit your response to 3000 characters without space).

Infrastructure improvement strategies employed during the year are as follows:
Strand 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). Strand A strategies relate to building the infrastructure to implement the Routines Based Interview™ as a statewide practice.
Strand A Strategy 1, Follow an Implementation Plan to incrementally scale up the RBI™ as a statewide practice. Strategy 4, Incorporate quality indicators related to RBI™ into the general supervision including: IFSP Outcomes quality review (family owned, functional, measurable and embedded into a routine), and Services Rendered Form (SRF) review (documentation reflects coaching, modeling, and RBI™ practices).
Strand B: Support EI Providers to learn and implement a high-quality assessment practice and integrate the results into the IFSP process. This strand contains strategies related to building the knowledge and skills of Early Intervention providers to conduct the Routines Based Interview™.
Strand B Strategy 1, Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors. Strategy 6. Develop and distribute useful resources related to the RBI™.
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/routines based home visiting. This strand contains strategies related to building the knowledge and skills of providers in an evidence based service delivery model.
Strand C Strategy 1, Provide PD related to coaching, modeling, and routines based intervention. Strategy 3, Develop and distribute useful resources related to coaching, modeling, and routines based intervention.

Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please limit your response to 3000 characters without space):

Strand A: Strategy 1, Follow an Implementation Plan to incrementally scale up the RBI™, is based on a short term outcome "Providers have knowledge of new procedures related to implementing the RBI™" and is evaluated by comparing data regarding new staff and their attendance at RBI training. The data show new staff are participating as intended and will be continued in FFY20 for new staff. Strategy 4, Incorporate quality indicators related to RBI™ into general supervision including the Services Rendered Form (SRF) review, was tied to the intermediate outcome, "Documentation of home visits reflect coaching, modeling, interventions in routines and an agreed upon plan with the family". Based on technical assistance provided to programs regarding criteria for compliance and professional development activities that focused on participation based outcomes and routines based home visiting, improvement was expected. Baseline data from FFY14 and data collected in FFY16 was compared to data collected in FFY19. These data show although significant and steady improvement has occurred, additional improvement is needed. This outcome has not been fully achieved and will be continued in FFY20.

Strand B: Strategy 1,"Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors," is tied to the short term outcome "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," and the intermediate outcome, "Providers implement the RBI, prioritize concerns of the family and develop outcomes based on family concerns with fidelity".

Data collected regarding staffing indicate new staff are participating in RBI™ as intended and will be continued in FFY20 for new staff. Data regarding RBI™ fidelity is collected by counting the numbers of staff achieving "RI Approved" status. Data indicates 6 staff achieved fidelity in FFY19 with 5 additional staff to date. This number is far lower than anticipated and indicates additional support to achieve fidelity should be continued.

Strand C: Strategy 1, "Providing PD related to coaching, modeling, routines based intervention" and Strategy 3, "Develop and distribute useful resources," are tied to the intermediate outcome "Providers implement coaching, modeling and routines-based interventions in home visits to achieve IFSP outcomes". Baseline data from the Services Rendered Form (SRF) review collected in FFY14 and data collected in FFY16 was compared to data collected in FFY19. These data indicate significant improvement has occurred but this outcome has not been fully achieved and this strategy should be continued. Data has also been collected from a survey of 87 front line staff in December 2020 regarding RBHV suggests staff need additional support in the developing and revisiting plans made with parents for the visit. This data supports that the outcome has not been fully achieved and the strategy should be continued.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space)**:**

Next steps for Strand A: Strand A strategies relate to building the infrastructure to implement the Routines Based Interview™ as a statewide practice. Next steps for Strategy 4, "Incorporate quality indicators related to RBI™ into general supervision" including: IFSP Outcomes quality review (family owned, functional, measurable and embedded into a routine), and Services Rendered Form (SRF) quality review (documentation reflects coaching, modeling, and RBI™ practices). Next steps are to complete the technical assistance cycle for all providers based on the FFY19 review, then the TA team will begin another cycle of review of the Services Rendered Form (SRF) (documentation reflects coaching, modeling, and RBHV practices) for all sites. The intermediate outcome, "Documentation of home visits reflect coaching, modeling, interventions in routines and an agreed upon plan with the family," is the anticipated outcome to be attained.

Next steps for Strand B: This strand contains strategies related to building the knowledge and skills of Early Intervention providers to conduct the Routines Based Interview™. Next steps for Strategy 1, "Develop and provide RBI™ professional development (PD) and coaching to front line staff and supervisors", is to develop and implement the virtual format for RBI™ trainings for new staff (by May 2021). If there is a need for a refresher for those individuals who have already attended an initial RBI™ training and need additional support, virtual training will be developed (by May 2021). Finally a plan to improve fidelity goals and finalize the fidelity process to maintain fidelity will be updated and implemented. Next steps for Strategy 6, Develop and distribute useful resources" include creating a webinar and rolling out guidance for a modified process for the ECO Map (by April 2021). These activities are tied to attaining the short term outcome, " 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", the intermediate outcome, " Providers implement the RBI, prioritize concerns of the family and develop outcomes based on family concerns with fidelity", and the long term outcome, "All providers routinely utilize the RBI™ with all families."

Strand C: This strand contains strategies related to building the knowledge and skills of providers in an evidence based service delivery model. Next steps for Strategy 1, "Provide PD related to coaching, modeling, routines based intervention" are to review components of RBHV with supervisors and directors (by March 2021); and conduct a review of paperwork and guidance to support staff in the RBHV process (by June 2021). The next step for Strategy 3, "Develop and distribute useful resources" is to continue the newsletter format for distribution of information on RBHV (by February 2021). Both of these strategies are tied to attaining the intermediate outcome, "Providers implement coaching, modeling and routines-based interventions in home visits to achieve IFSP outcomes."

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Did the State implement any <u>new</u> (previously or newly identified) evidence-based practices?

No

If "Yes", describe the selection process for the <u>new</u> (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space):

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Provide a summary of the continued evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):

The Routines Based Interview™ (McWilliam,1992, 2005a) is the primary evidence-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. RBI™ has been fully implemented in Rhode Island. In combination with the RBI™, RI has implemented Routines Based Home Visiting (RBHV), which offers a framework that supports parents as the primary agent of change. This approach lends itself toward practices designed to maximize children's engagement in everyday routines and support progress in their development and learning. The family-centered approach requires professionals to engage families as a leading partner in the EI relationship, provide families with opportunities for meaningful decision making, and ensure family goals are addressed. Professional development regarding RBHV has been provided statewide to all staff and full implementation of RBHV as a statewide practice is in process. Routines Based Early Intervention (RBEI) combines the RBI™ and RBHV into a comprehensive assessment and intervention framework that respects the experiences, ideas and goals of the family. Components of RBEI include: EcoMap, RBI™, Development of Functional Outcomes, and RBHV. It is expected that by implementing the evidence-based practices, families will provide detailed information about their child's functioning related to their child's social emotional development, identify concerns and choose priorities that are most meaningful to them, and implement strategies within daily routines and activities that enhance their child's social emotional development. This will increase their skills and confidence to enhance their child's social emotional development, and as a result, children will improve social emotional skills.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space)*:*

The state monitors and evaluates RBI™ fidelity by requiring staff to demonstrate 85% on the RBI™ Implementation Checklist. In FY19, 6 staff reached fidelity.This number is significantly less than expected. Provider economic issues, staff turnover and new priorities due to the pandemic have impacted their ability to meet fidelity goals this year.

Practice change regarding the RBI is monitored by evaluating the quality of IFSP outcomes. Data are collected during the annual provider self-assessment process as part of general supervision based on the following criteria: family owned, functional, measurable, and embedded in a routine. Data from consecutive years are compared to baseline. Data were not collected in FFY19 because FFY18 compliance data ranged between 96% and 99.98%. These data represent significant improvement from baseline which was between 67% and 91.6%. Practice has clearly changed regarding the development of IFSP outcomes.

Data related to practice change regarding RBHV is collected through general supervision by a systematic review of Services Rendered Form (SRF) documentation using criteria in three primary areas: documentation of the parent's participation in the visit, documentation of the intervention(s) occurring in a natural routine/family activity, and documentation of the plan for between visits. SRFs were collected from all EI sites. The data show significant improvement as described on Page 3 in the "Optional: describe any additional data collected by the State to assess progress toward the SiMR" section.

Data collected to assess practice change included monitoring staff survey results to the following question:" Do you feel the RBI results in more appropriate and effective IFSPs"? Respondents saying "Yes" have increased from 66.1% in FY17, to 74.7% in FY19. Knowing that staff value this practice is key to its use.

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Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

The components included the following professional development activities: 3 RBI™ trainings which consisted of two half day sessions, 4 hours each, offered in September 2019, November 2019 and March 2020 for 44 new staff; RBI™ 201 in July 2019, a refresher training for those individuals who have already attended an initial RBI™ training but required additional support to reach RBI™ fidelity; and, Routines Based Home Visiting training was provided in the summer and fall of 2019 for 191 staff in all 9 sites. In addition, in August and November 2020, 32 staff participated in a six-session webinar series offered by the Brazelton Touchpoints Center regarding family engagement in virtual home visiting. Reimbursement to EI Programs was provided to offset losses due to staff attendance.
Individual site based technical assistance was provided to 7 programs as part of the Services Rendered Form (SRF) review. Feedback meetings focused on how to improve documentation of coaching, modeling and parent practice in specific SRFs. Guidance documents, state ratings and comments for all SRFs reviewed were provided and a follow-up plan was developed for each site.
Resources developed included: adapting the Measure of Engagement Independence and Social Relationships (MEISR™) to integrate the RBI™, links for staff directing them to countless on-line resources to assist with coaching, and other topics (routines, social emotional development, family engagement etc.), and a newsletter format for on-line resources was developed and released in January 2021.

Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts. (Please limit your response to 3000 characters without space):

The Early Intervention directors and supervisors are stakeholder groups that have been used to provide ongoing feedback regarding key improvement areas. The ongoing feedback and input from both groups is used to identify and resolve barriers. RIhas an existing structure of monthly meetings with both groups that include EI program directors and supervisors, Part C state staff, the Comprehensive System of Personnel Development (CSPD) Director, state technical assistance providers, and the Interagency Coordinating Council (ICC) Chair.

Supervisors also are directly involved in implementation activities such as: becoming PD trainers, helping to develop and conduct RBI™ and RBHV trainings, and assisting in the rollout of RBI™ and RBHV at the program level.

Staff who have participated in trainings are another stakeholder group who are also routinely asked to provide feedback through evaluations of trainings, surveys, participation in workgroups regarding new forms, and piloting new processes. In FFY19, a survey was developed for the participants of RBHV training to learn which RBHV components staff have implemented and to identify any barriers to the components that have not yet been implemented. The results of this survey will drive TA activities for RBHV in FFY20. Currently, staff at two sites are piloting the implementation of the use of the Early Intervention Matrix(based on Robin McWilliam's work and adapted by the National Individualizing Preschool Inclusion Project). Staff involved in the pilot will be surveyed about the use of the form including value, ease, and barriers to its use. This feedback will help inform a final decision by the TA team on the best way to use this form as part of EI's work with families.

Parents are a stakeholder group providing feedback for the SSIP. During Phase III Year 2, parents participated in focused interviews in an evaluation activity. The study found that parents who participated in an RBI™ reported significantly greater satisfaction with EI services than parents who did not participate in an RBI™ (McCurdy, et. al., Routines-Based Interviewing in Early Intervention, 2017). Another way parents have been involved is through a qualitative analysis of their comments in FFY18 of RI's FFY11 and FFY16 Annual Family Survey (McCurdy & Russo, Participant voices: Caregiver experiences with Early Intervention services in Rhode Island, 2019).The analysis found themes supporting that family priorities were the basis of IFSP outcomes, as we hoped, and it also helped to inform family engagement activities for the RI EI system. A follow-up analysis of FFY18 Annual Family Survey (McCurdy, et. al., Understanding Family Perceptions of Early Intervention Services in Rhode Island, 2020) was completed in FFY19.

The Interagency Coordinating Council (ICC), which meets bi-monthly, is another stakeholder group that receives regular SSIP updates and is provided regular opportunities to engage in improvement activities. In FFY19, a subgroup of ICC stakeholders met to take a deeper look at the FFY18 analysis of parent comments described above. Questions generated from the ICC were addressed in a follow-up analysis completed in FFY19.

Were there any concerns expressed by stakeholders during engagement activities?

Yes

If "Yes", describe how the State addressed the concerns expressed by stakeholders.
(Please limit your response to 1600 characters without space)*:*

The RI SSIP planning team has used feedback from stakeholders throughout the SSIP to make adjustments to address concerns. Examples include: data during initial implementation of the RBI™ showed a lack of RBIs™ in the data system. The planning team worked with directors and supervisors to address concerns in meeting RBI™ goals by making changes such as allowing additional time for RBI™ practice and providing clearer expectations when RBIs™ needed to begin for those already trained.
As RI's implementation progressed, data indicated the number of staff trained to fidelity did not meet targets. The planning team worked with supervisors to address their concerns regarding fidelity goals by making changes such as eliminating requirements for a video submission of an RBI™ as a requirement for fidelity, offering additional RBI™ refreshers for staff who feel they need it, and redesigning the implementation plan for fidelity. Feedback from directors 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 resulting in lost income. To address this, the state developed an RBI™ incentive program to offset these losses. FY17 and FY18 fidelity numbers were steadily increasing until FY19.
Feedback from providers which impact provider ability to meet fidelity targets include staff turnover and financial concerns that have been amplified by the pandemic. The state has addressed this by collecting financial data/information from programs in a uniform way, establishing a finance workgroup, and taking steps within the state structure to address reimbursement rate concerns. The State also increased Part C funding to providers to include reimbursement for staff recruitment/retainment, funding to support professional development participation, and funds for virtual technology.

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space):

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