Rhode Island State Systemic Improvement Plan
Phase III Year 4

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A. Summary of Phase III

1. Rhode Island Measurable Results (SIMR)

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).

2. Targets

Table 1: Summary Statement A, Outcome #1 Historical targets and actual data by FFY.

FFY	Target	Actual
2013	Baseline	67.90%
2014	67.90%	N/A
2015	68.50%	N/A
2016	69.70%	N/A
2017	71.20%	55.62%
2018	New Baseline	51.29%
2019	New Target 52%	

RI has established an FFY19 target based on a revised baseline using the current year (FFY18) SIMR data for children with an RBI™ who show greater than expected growth in positive social emotional skills. Due to establishing a new baseline, no target is set for FFY18. Justification for revising the baseline and setting a new target for FFY19 is as follows. The original targets and baseline for the SIMR were based on a data collection method which has since changed. In 2016 a new data collection method was instituted as part of a collaborative project with Part B 619 intended to align both child outcomes measurement systems. The new process has resulted in (a) an abrupt change in scores immediately following the change in process; (b) a substantial difference in scores; and (c) consistent difference (both size and direction) across all outcome measures. A reason for the change in data is believed to be that staff are rating more accurately in the new child outcomes measurement process. Qualitative data from a survey conducted in FFY17 of staff who complete child outcomes found that the majority of participants (31 out of 49) indicated that they were rating differently in the new process. The new child outcomes measurement includes the following components that have improved the quality of data:

- Professional development: Ten (10) comprehensive modules: These modules are adapted from the ECTA Child Outcomes modules and are required to be completed by all staff. The new modules provide a mechanism to ensure all staff have the same information about the child outcomes measurement process, thereby increasing the accuracy of the ratings.
- Integration of Child Outcomes and the IFSP: The new process includes the integration of the three child outcomes into the IFSP to guide outcome development and to

improve the quality of entry ratings. The child outcomes measurement process is no longer seen as an ancillary form without much purpose to the provider. Instead, it has been transformed into an important part of the IFSP process ensuring a comprehensive collection of functional information upon which to determine a rating, thereby increasing the accuracy of the ratings.

- Integration of Child Outcomes exit ratings into the transition process for Part B 619: The new child outcomes measurement process includes a collaborative rating completed by Part B 619 and Part C which is used as the Part C exit rating and the Part B 619 entry rating. This collaboration to determine ratings has elevated the importance of the process and ensures that there has been a comprehensive collection of functional information to determine the rating.
- Team Approach: The new process requires a team approach which includes the family ensuring a more comprehensive collection of functional information to determine a rating.

Because of the changes in the child outcomes measurement process, RI's SSIP team, with stakeholder involvement, has set a new target for FFY19 and revised the baseline for this indicator. There are no values in the Actual column for FFY 2014, 2015, and 2016 because there was not enough (n) children in the RBI™ group for meaningful analysis. (FFY14 (n) was 0; FFY15 (n) was 4; and FFY16 (n) was 72.)

For FFY19 target setting, the RI Executive Office of Health and Human Services (EOHHS) conducted presentations for the state's Interagency Coordinating Council (ICC) and the state's EI Director's group. The EI Director's group reviewed historical targets and data for Indicator 11 and in small groups suggested a new FFY19 target. A final FFY19 target and FFY18 baseline was approved by the ICC based on the suggested targets from EI Director's group.

3. **SSIP State Leadership Team:**
    - Jenn Kaufman, Part C Coordinator
    - Sara Lowell, Early Intervention Coordinator
    - Christine Robin Payne, Part C Data Manager
    - Donna Novak, Quality Improvement and TA Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College
    - Leslie Bobrowski, CSPD Technical Assistance Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College
    - Patricia Maris, CSPD Technical Assistance Specialist Paul V. Sherlock Center on Disabilities at Rhode Island College
    - Casey Ferrara, Meeting Street Early Intervention Director/ICC Member
    - Darlene Magaw, Community Care Alliance Early Intervention Director/ICC Vice-Chair
    - Deborah Masland, ICC Chair, RI Parent Information Network, Director of Peer Support-The Rhode Island Parent Information Network (RIPIN)
    - Karen McCurdy, University of RI, Professor Department of Human Development and Family Studies (HDF)

4. **Theory of Action:**

If the State:

- Builds statewide infrastructure (training, guidance, and administrative procedures) to implement and sustain the use of a high quality assessment practice to identify social emotional development (including child engagement, independence and social relationships) needs of children
- Supports EI programs and providers to learn and implement a high quality assessment practice and integrate results into the IFSP process
- Supports EI providers to learn and use evidence based practices (coaching and modeling, routines based early intervention) in service delivery

Then Providers will:

- Use a high quality evidence based practice (RBI™) to elicit detailed information about the child's social emotional development.
- Develop IFSP outcomes which are based on the family's priorities that impact their child's social emotional development
- Use evidence based practices (coaching, modeling and routines based early interventions in the home visits) to achieve outcomes related to their child's social emotional development

Then 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
- Implement strategies within daily routines and activities that enhance their child's social emotional development
- Increase their skills and confidence to enhance their child's social emotional development

Then Children will:

- Demonstrate improved social emotional skills

5. **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 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.

Table 2: Status of Strand A FFY18 Employed Strategies

Strategy Number	Strategy	Status
1.	Followed an Implementation Plan to incrementally scale up the RBI™ as a	Employed

Strategy Number	Strategy	Status
	statewide practice	FFY18
2.	Updated and distributed the RI EI Policies and Procedures documents, RI Claim Reimbursement Guidebook for EI Services, and other relevant statewide forms and guidance to support implementation of the RBI™ process Trained EI personnel on the updated RI EI Policies and Procedures documents, RI Claim Reimbursement Guidebook for EI Services, and other relevant statewide forms and guidance to support implementation of the RBI™ process	Completed FFY16 and updated FFY18
3.	Incorporated quality indicators related to RBI™ into the general supervision including: IFSP Outcomes quality review (family owned, functional, measurable and embedded into a routine), Services Rendered Form (SRF) documentation and quality review (documentation reflects coaching, modeling, and RBI™ practices)	Employed FFY18
4.	Implemented 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.* This strand contains strategies related to building the knowledge and skills of Early Intervention providers to conduct the Routines Based Interview™.

Table 3: Status of Strand B FFY18 Employed Strategies

Strategy Number	Strategy	Status
1.	Developed and provided RBI™ professional development (PD) and coaching to front line staff and supervisors	Employed FFY18
2.	Provided RBI™ PD for ancillary team members	Employed FFY18
3.	Provided IFSP outcomes development PD to front line staff and supervisors	Employed FFY18
4.	Provided PD to help front line staff and supervisors to better link data collected from the RBI™ to the development of the Child Outcomes Summary (COS)	Employed FFY18
5.	Provided program supervisors PD on how to support RBI™ with front line staff	Employed FFY18
6.	Developed and distributed useful resources to support RBI™ implementation and fidelity to program staff	Employed FFY18

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.

Table 4: Status of Strand C FFY18 Employed Strategies

Strategy Number	Strategy	Status
1.	Provided professional development (PD) related to coaching, modeling, and RBI™ to front line staff and supervisors	Employed FFY18
2.	Provided program supervisors PD on how to support RBI™ with front line staff	Employed FFY18
3.	Developed and distributed useful resources to support RBI™ implementation and fidelity to program staff	Employed FFY18

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

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 practical framework that supports parents as the primary agent of change. This functional 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
- Routines Based Interview
- Development of Functional Outcomes
- Routines Based Home Visiting

7. 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. RI utilized the Evaluation Logic Model template (created by the IDEA Data Center) and linked this to RI's Theory of Action. This tool outlines specific outputs and direct, intermediate, and long-term outcomes for each improvement strategy. In addition, the Evaluation Worksheet 5: Evaluation Questions related to Outcomes document (created by the IDEA Data Center) developed in Phase II was also used to develop the evaluation plan.

To address issues and inform the enhancement of SSIP activities and procedures, the RI SSIP team collected, monitored and used a variety of data related to the evaluation of employed strategies and activities including:

- Monitoring the numbers of EI staff trained in RBI™
- Monitoring RBI™ fidelity targets
- Monitoring the number of completed RBIs™ recorded in the EI data system
- Reviewing and using pre- and post-knowledge-based evaluations from RBI™ related trainings
- Requiring 85% demonstration on the RBI™ Implementation Checklist as a requirement for RBI™ fidelity.
- Providing front line staff and supervisors with support to increase the number of staff trained to fidelity.
- Reviewing SSIP evaluation data from the general supervision annual program self-assessments. The state selects 10% newly enrolled records for the time period of January 1 to June 30 of the review period for programs to self-assess. The state then verifies 25% of these records during an on-site focused monitoring visit.
- Conducting statistical analysis comparing child outcomes data for children with and without an RBI™.
- Reviewing child outcomes data collected through RI's Annual Performance Report.
- Reviewing Services Rendered Forms for quality documentation of parent participation, interventions in routines, and an agreed upon plan between visits.
- Reviewing the FFY18 Annual Family Survey data for changes in parent perceptions of how EI has helped them help their child to learn. In addition, reviewing data for changes related to the parents working toward IFSP outcomes in everyday routines and data on how helpful EI has been in supporting parents to include their child in everyday routines.
- Conducting a qualitative analysis of parent comments from the 2012 Annual Family Survey (before implementation of the RBI™) and parent comments from the 2017 Annual Family Survey (after RBI™ was implemented).

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 A: Positive Social-Emotional Skills. This is the second year that the number (n) in the RBI™ subset was enough to compare the progress of children in Outcome A whose family had an RBI™ to the progress of children whose family did not have an RBI™. The results indicate that for Outcome A, the children in the RBI group made greater progress than children in the non-RBI group by 2.71%. It is important to note that in both Summary Statements and in all three outcomes, children in the RBI™ group showed greater progress than those in the non-RBI™ group. FFY18 data will be submitted for further analysis to determine its statistical significance. In FFY17, RI's SIMR data also showed that children in the RBI™ group made greater progress in both Summary Statements and in all three outcomes.

Table 5: FFY 2018 Child Outcomes Data - Summary Statement 1

Of those children who entered the program below age expectations in each outcome, the percent of children who substantially increased their rate of growth by the time they exited the program.

Outcome	With RBI™ (n = 1079)	No RBI™ (n = 384)	Difference
A. Positive Social Emotional Skills	51.29%	47.30%	+2.71%
B. Acquiring and Using New Knowledge and Skills	57.59%	51.56%	+6.03%
C. Take Action to Meet Needs	63.78%	61.11%	+2.67%

Table 6: FFY 2018 Child Outcomes Data - Summary Statement 2
The percent of children who were functioning within age expectations in each outcome by the time they exited the program

Outcome	With RBI™ (n = 1079)	No RBI™ (n = 384)	Difference
A. Positive Social Emotional Skills	49.12%	41.41%	+7.71%
B. Acquiring and Using New Knowledge and Skills	41.33%	34.38%	+6.95%
C. Take Action to Meet Needs	50.60%	41.67%	+8.93%

- **Statistical Analysis of FFY 17 Child Outcomes Data**. Dr. Karen McCurdy, Ph.D., University of Rhode Island (URI), conducted an analysis in February 2019 0f FFY17 child outcomes data. The analysis indicated that there were significant differences favoring those children whose parents had participated in an RBI™ across all three child outcomes, with consistently greater likelihood of children with an RBI™ to be rated as having reached age expectations as compared to those who did not participate in an RBI™. For Positive Social-Emotional skills, children whose parents participated in an RBI™ were significantly more likely to reach age expectations (31.4%), than those who did not participate in an RBI™ (26.2%). Children with an RBI™ were also less likely to be categorized as improved but remaining behind their peers (33.6%) as compared to children without an RBI™ (40.9%). This analysis provides preliminary evidence that the RBI™ is supporting improved outcomes for children.
- **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. Baseline IFSP Outcome data were collected in FFY 13 and collected each year thereafter as an activity of focused monitoring. Quality components reviewed included that IFSP outcomes were:
    - Family-owned
    - Functional
    - Measurable
    - Embedded in a routine

These data have been collected annually and there has been a significant positive change in the quality of IFSP outcomes since the beginning of RI's SSIP. FFY17 data showed that the quality of IFSP outcomes were between 96% and 98% compliant. The quality of IFSP outcomes in FFY18 has surpassed FFY17 to between 96.10% and 99.98 % compliant. These data show that RI has solidly met a significant step in RI's Theory of Action.

Table 7: Quality of IFSP Outcomes FFY 2013 - FFY 2018.

Outcome aspect	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Family-Owned	91.60%	90.53%	95.52%	91.79%	98.70%	99.45%
Functional	81.23%	87.99%	92.69%	86.95%	98.05%	99.98%
Measurable	67.13%	64.89%	83.96%	81.05%	96.10%	96.13%
Embedded in a Routine	No data	67.32%	87.62%	81.47%	96.53%	97.76%

- **The Number of IFSP Outcomes.** Data for this activity were collected and verified during RI's annual focused monitoring process beginning in 2014. EI providers were asked to report the number of initial outcomes on the child's IFSP. In FFY18 results indicate, as they have since the data have been collected, that there is a greater number of IFSP outcomes 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). The fact that RI data is aligned with other studies tells us that the RI's implementation of the RBI™ is progressing as it should. It is important to note that RI has seen an increase in the number of outcomes for both groups of children. This indicates a positive change in practice has occurred. More IFSP outcomes means that more parent concerns are being addressed and that there are more interventions in daily routines, and more opportunities for parents to enhance their child's development and ultimately this will improve outcomes and help us attain our SIMR.

Table 8. Number of IFSP Outcomes
Shows the average number of IFSP Outcomes per family since FFY14.

Self-assessment data	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Average Number of Outcomes without RBI	No data	1.65	2.07	2.88	3.52	3.94
Average Number of Outcomes with RBI	No data	No data	4.62	4.39	5.28	6.02

- **RBI Fidelity** RI has actively monitored the number of staff who achieve RBI™ implementation fidelity. RI struggled in FFY15 and FFY16 to meet fidelity targets and utilized national technical assistance to develop and implement a new fidelity plan for FFY17 to move more staff toward RBI™ fidelity. The first activity of the updated plan required RBI™ trained EI program supervisors to become "RI RBI™ Approved." This approval required achieving a score of 85% or greater on the RBI Implementation Checklist™. (Adapted from J. L. Rasmussen & R. A. McWilliam 2006, 2008, 2009 & 2011). Next, the supervisors were trained to utilize the RBI Implementation Checklist™ as a mechanism to support staff to RBI™ fidelity. Finally, EI Program supervisors were charged to mentor their staff to improve proficiency and reach RBI™ fidelity. An incentive was established to provide funding to programs to offset supervisors' time needed to help staff achieve RBI™ fidelity. As an additional support to help staff achieve RBI™ fidelity, the RI Technical Assistance Center continues to offer an RBI™ refresher training for those trainees who felt they needed to review the RBI™ process. FFY18 data shows growth in the numbers of staff who achieved RBI™ fidelity and provides evidence that the implementation of the updated plan have been effective. Fifty-six staff are anticipated to achieve fidelity in FFY19 as reported by programs on the RI EI January 2020 staffing report.

Table 9: RBI Fidelity Data
Shows the number of staff trained to fidelity in the RBI by FFY.

Year	Number of participants trained to fidelity	Total number of participants at fidelity
FFY 2015	1	1
FFY 2016	12	13
FFY 2017	27	40
FFY 2018	31	71
FFY 2019	6*	77

* Fifty-six additional staff are anticipated to achieve fidelity in FFY19

- **Qualitative Analysis of parent comments from the RI EI Annual Family Survey.** *Participant voices: Caregiver experiences with Early Intervention Services in Rhode Island* (McCurdy & Russo, 2019) is a qualitative analysis and comparison of parent comments from the FFY11 (before RBI™ implementation) and FFY16 (when RBI™ was fully implemented) RI EI Annual Family Surveys. The analysis was conducted as a way to answer the evaluation question: "Do families feel more confident and competent in their skills to enhance their child's development, based on a long term outcomes?" The study yielded valuable information to answer the evaluation question, address other aspects of RI's SSIP, and help to inform family engagement activities for the RI EI system. Since the formatted questions of the two surveys were not the same for both years, it was not possible to compare the comments of both surveys. In the FFY11 survey, the qualitative component consisted of a "comments section" included at the end of Section A (Family Outcomes) and at the end of Section B (Helpfulness of EI). The survey design in FFY16 was changed to include three specific open-ended questions: 1) Describe how your Individualized Family Service Plan (IFSP) Outcomes were developed; 2) What was the most important lesson learned while involved in EI?; and, 3) Are there ways EI could have been more helpful? Because of these differences, the analysis

looked at themes relevant to the evaluation question for each year. The study provided qualitative evidence that there were themes related to family competence and confidence. These data provide qualitative evidence that supports RI is well on the way to meeting an important step in its Theory of Action. Examples of themes from the 2016 survey are as follows:

- "A second thread, voiced by 76 parents, identified increased knowledge of their child's specific developmental need or more general child development knowledge as the most important lesson learned. This knowledge often evoked comments that indicate increased feelings of competence by the parent or family in assisting the child."(page 33)
- "Two subthemes emerged within this theme. First, a group of parents (57) identified specific and general strategies and goals to address areas of concern in the child's development. In many cases, this information helped parents feel more confident that they could support the child in achieving these goals."(page 35)

- "The third subtheme identified two common parental roles that were seen as critical tools to promote child growth: advocate and teacher. Learning to be an effective advocate for the child was noted by 21 parents, with comments reflecting growing parental confidence in their role as a co-equal partner in the EI process. Seven comments mentioned the importance of teaching the child, with some noting increased parental self-efficacy over time."(page37)

  Parent Quotes:

  - "We've come up with many techniques to deal with negative behavior & rewards with good behavior." –Parent (Specific strategies)

  - "I've learned to recognize when my daughter is not in the right positions (W sitting) she should be so she can better her balance as well as keep aligned. I now see things you would never think is not good for a child. I know I can ask her to 'sit right; fix your legs,' and she at 2 years old knows what I or her therapists mean by that. To many people they might not see what I am now seeing and know how important something that may seem small makes a big impact." –Parent (Specific strategies)

  - "On how to help my children make much progress." Parent (non-specific strategy)

  - "That this is my child and I need to make sure that I'm his voice and that if no one else will be his voice that I need to be strong and be it for him." –Parent (Advocate)

  - "We can make the difference in our child's development. EI offers strategies and guides but as a family is in our hands to help our son to use and benefit from them." –Parent (Teacher)

- "Bueno fue muchas arutedades y destrenzas y que puedo densenasle cada dia a mis hijas (Well, with lots of effort and skills that I gained while in EI I know can teach my daughter more each day.)" –Parent (Teacher)

- "The most important lesson for me was learning myself how to get (child's name) to interact and speak. The girls were teaching me how to teach him, and for that I am so grateful--I can now say that I taught my child how to do all of the things that he does now. Every session, I learned something new to do with him, or a different way to do something to get better results." –Parent (Teacher).

8. **Highlights of changes to implementation and improvement strategies**

RI delayed the start of Routines Based Home Visiting (RBHV) training and implementation from the spring 2019 to summer 2019. While planning with the state's certified RBHV trainers to develop the state RBHV training, the RI technical assistance team recognized that rather than have a state centralized training, a more focused, program-based training would best meet the needs of RI. After this decision, RBHV trainings were rolled out program by program so that all front-line staff could participate in this parent-centered, parent-directed, and coaching model. In the summer and fall of 2019, RI trained 191 staff in RBHV.

In FFY18, the RI Medicaid Reimbursement Guidebook for Early Intervention Services was updated to fully remove RBI™ from activities included in the flat rate for Multidisciplinary Evaluation to clarify RBI™ as a separate assessment.

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 February 2020, 311 staff members have been trained in the RBI™.

   Training Activities:

   - RBI™ training for new staff occurs on an ongoing basis
   - Refresher trainings (RBI™ 201) were provided in March and July 2019 for those individuals who have already attended an initial RBI™ training and require additional support to reach RBI™. Another RBI™ 201 session has been scheduled for February 2020.
   - Training was provided in September 2018 for 20 Early Intervention Parent Consultants who provide peer to peer support for families. As a result, the parent consultants are able to support EI staff and families through the RBI™ process. Due to positive feedback with this training in SSIP Year II, RI will continue the strategy of providing RBI™ training to ancillary staff in FFY19.

- Five RI EI supervisors completed the RBI™ Certification Institute in July 2017 and April 2018 as a means to build supervisory capacity and increased the number of RI certified trainers to 7.
- RBI Implementation Checklist training was held for supervisors in September 2017 as a means to ensure that supervisors used the same lens for criteria to compete the checklist for their staff looking to achieve RBI™ fidelity.

Targets relative to training individuals for RBHV have been met. As of February 2020, 191 individuals were trained in RBHV.

Training Activities

- RI supported 4 staff in national RBHV training to build a cadre of Certified Trainers in preparation of the role out of RBHV.
- Although RI delayed the start of Routines Based Home Visiting (RBHV) training and implementation from the spring 2019 to summer 2019, the state TA team along with the certified RBHV trainers developed a focused RBHV training that was rolled out program by program. This roll-out strategy was decided so that all front-line staff could participate in this parent-centered, parent-directed, and coaching model as a team. In the summer and fall of 2019, RI trained 191 staff in RBHV.

State System Activities:

- Except for the RI IFSP Guidebook, all procedural documents have been updated as planned. The RI IFSP Guidebook is still under revision but expected to be completed by June 2020. This timeline was originally extended in due to a new IFSP process and form rolled out to programs in December 2016. Since then, additional revisions to the RI IFSP are expected in 2020, and because they have not been finalized, this has caused a delay in the completion of the RI IFSP Guidebook. However, sections in the IFSP Guidebook related to the RBI™ have been completed and guidance materials related to the RBI™ process and the FFY16 IFSP changes have been issued in the meantime.
- The *RI Claim Reimbursement Guidebook for EI Services,* as completed as part of the initial SSIP, was updated in April 2018 to allow reimbursement for the RBI™ as an assessment practice rather than an activity related to IFSP development. In July 2019, the guidebook was updated again to remove the RBI™ and the completion of the ECO Map from the bundle of activities included in the flat rates for Intake and Multidisciplinary Evaluation. This change clarified that the RBI™ and the completion of the ECO Map are now considered separate billable assessment activities.
- Strategies related to Strand A, Strategy 5: *Develop a Communication Plan* are completed, and targets have been met. The communication plan was an activity to inform, build capacity, and keep interest for providers who were not yet trained in the RBI™. This activity is no longer needed because targets related to ensuring staff are trained in RBI™ have been met.
- EI programs provided feedback indicating concern that the utilization of supervisors to coach staff in the implementation of RBI™ would take supervisors away from billable activities. The barrier of lost revenue and time to programs was addressed and the lead

agency developed an RBI™ incentive program to offset these losses. The incentive was based on the average supervisor's time it would take support a staff member to achieve RBI™ fidelity. Programs were reimbursed $1200 per person for those staff members demonstrating 85% proficiency on the RBI Implementation Checklist™ as assessed by supervisors who have achieved fidelity and completed the RBI Implementation Checklist training. Since the beginning of the incentive on July 1, 2017, 64 additional staff have achieved RBI™ fidelity and brings the total of staff at fidelity to 77. The RBI incentive program was continued for FFY18 and FFY19.

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

Outputs achieved include:

- The implementation of the RBI™ Implementation Plan
- Three hundred eleven (311) participants trained in RBI™ to date
- One hundred ninety-one (191) participants trained in RBHV to date
- Seventy-seven (77) staff trained to RBI™ fidelity
- Sixty-four (64) staff trained through the RBI™ Fidelity Incentive Program
- Five (5) RBI™ trainings for new staff trained 72 participants in FFY18
- RBI Training for ancillary staff (Parent Consultants) trained 20 participants
- Two (2) RBI™ 201 refresher trainings. One trained 12 participants and 15 participants are scheduled for the upcoming training.
- The *RI Claim Reimbursement Guidebook for EI Services* updated
- Fourteen (14) publications related to RBI and Routines Based Home Visiting posted on the EI TA web site
- The *Routines Based Early Intervention* (McWilliam, 2010) manual was provided to all sites to serve as a resource for RBI™ implementation and to enhance work with childcare providers
- *Interactive Handouts for Coaching the Caregiver in Early Intervention* (Cari Ebert Seminars) and *Early Intervention Every Day* (Crawford & Weber, 2014) provided to all EI sites
- RBEI ABC's of Early Intervention Training conducted by Cari Ebert was provided to 101 participants
- National RBI Certification Trainings attended and completed by 5 supervisors
- National RBHV Certification Training attended and completed by 4 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 SSIP. Both groups receive regular implementation and progress updates and have opportunities to provide feedback. RI has 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, Technical Assistance providers and the Interagency Coordinating Council (ICC) Chair.

Other key stakeholder groups are new EI staff and EI staff who have completed RBI™ training. New staff are informed of RI's SSIP through the EI orientation course, *Introduction to Early Intervention,* which is required for all new staff within six months of hire. The course covers the topics

of RBI™ and RBHV and provides a basic introduction to staff about RI's SSIP, the concept of RBI™ and RBHV and informs the new EI staff of the expectation to attend an 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.

The Interagency Coordinating Council (ICC), which meets bi-monthly, is another stakeholder group that is informed of ongoing SSIP implementation through reports created and presented by members of the SSIP State Leadership team.

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

RI recognizes and values feedback from all stakeholders including directors, supervisors, staff and parents as an integral part of RI's SSIP success.

The Directors and Supervisors have been key sources of input and feedback from the field and have engaged in problem solving and planning activities throughout the SSIP process. The RI SSIP planning team has used this feedback to make adjustments to implementation activities including:

- Solving data entry issues related to the number of RBI™s in the system
- Working with supervisors to address barriers to meeting fidelity goals; for example, eliminating the requirement for a video submission of an RBI™
- Offering additional RBI™ refresher trainings
- Conducting focused interviews in 2016 and 2018 with supervisors to understand training and support needs related to the implementation of RBI™
- Developing an incentive program for staff to reach RBI™ fidelity
- Participating in workgroups to provide feedback regarding the IFSP form

Routine feedback from staff who have been trained in RBI™ or RBHV are key to the success of RI's SSIP. For example, currently we are developing a survey for the participants of the RBHV training to learn which RBHV components staff have implemented and identify any barriers to the components that have not yet been implemented. The results of this survey will drive TA activities for RBHV in FFY19.

Another example of SSIP stakeholder involvement, has been the opportunities for leadership development for supervisory staff in the RI Early Intervention system. One example is that supervisors were utilized to become trainers, help develop and conduct RBHV trainings, and assist in the rollout of RBHV at the program level. The commitment and passion of this RBHV training team has been an integral force in the success of RI's SSIP.

Front-line staff also have provided SSIP implementation feedback through a pilot activity involving two EI program sites this year. The pilot involved 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). Feedback from this pilot led to the suggestion that the Early Intervention Matrix tool could be adapted and used in RI's IFSP for outcome development. In addition, the 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 from the TA team on the

best way to use this form as part of EI's work with families. Once decided, the TA team will be able to move forward with the Early Intervention Matrix as a statewide tool while addressing any foreseen barriers to its implementation and use.

RI parents have a strong voice in the implementation of RI's SSIP. During Phase III Year 2, parent feedback was solicited through a study that found 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., 2017). This finding supports RI's Theory of Action in that parents who have had an RBI feel that the IFSP is developed based on what's important to them. The findings from this year's analysis of parent comments in RI's FFY11and FFY16 Annual Family Survey (McCurdy & Russo, 2019) has been presented to RI's ICC and stakeholders will have the opportunity to attend a meeting that will take a deeper look at the data. This deeper dive will inform next steps with family engagement strategies for the EI system.

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 and it is directly tied to RI's short term, intermediate, and long-term outcomes.

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

Table 9: Strands A, B, and C Outcomes and Data Sources

Strand	Outcome Type	Outcome	Data Source
A	Short Term	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)	Focused Monitoring-Annual RI Provider Self-Assessment, measured by the number of compliant records (Completed after eligibility, prior to IFSP development; ECO map on file; RBI™ notes on file, correct billing code)
A	Short Term	Providers know the criteria to self-assess IFSP outcomes.	Annual RI Provider Self - Assessment, 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
A	Short Term	Providers know the criteria to self-assess documentation of service	As measured through general supervision review of Services

Strand	Outcome Type	Outcome	Data Source
		delivery	Rendered Forms
A	Short Term	Providers and stakeholders are aware of implementation of the RBI™ in RI	Obtained through records of contacts
A	Intermediate	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)	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; RBI notes in file, correct billing code)
A	Intermediate	Providers develop outcomes for families who have participated in an RBI™ that meet quality standards	Annual RI Provider Self - Assessment, measured by % provider's self-assessment of IFSP outcomes that are family owned, functional, measurable and embedded in a routine
A	Intermediate	Program documentation of home visits meet quality standards	As measured through general supervision review on Services Rendered Forms
A	Long Term	Providers value the RBI™ as part of their practice	Obtained through survey instrument
A	Long Term	The RBI™ is implemented and all administrative procedures are followed	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)
A	Long Term	IFSP Outcomes are high quality and meet standards	Annual RI Provider Self - Assessment, measured by % provider's self-assessment of IFSP outcomes that are family owned, functional, measurable and embedded in a routine

Strand	Outcome Type	Outcome	Data Source
A	Long Term	Documentation of home visits reflect coaching, modeling, interventions in routines, and an agreed upon plan with the family	As measured through general supervision review on Services Rendered Forms
B	Short Term	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.	Obtained through knowledge and satisfaction survey
B	Intermediate	Providers implement the RBI™, prioritize concerns of the family and develop outcomes based on family concerns **with fidelity**	Obtained through training records
B	Intermediate	Families have IFSP outcomes that reflect their priorities and meet the needs of their child and family.	Obtained through interview/survey
B	Long Term	Family routines are easier and more successful for the family	Obtained through annual Family Survey/or other survey
B	Long Term	All providers routinely utilize the RBI™ with all families	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)
C	Short Term	Providers gain knowledge about coaching, modeling, and routines based interventions in home visits.	Obtained through knowledge and satisfaction survey
C	Intermediate	Providers implement coaching, modeling, and routines based intervention in home visits to achieve outcomes	As measured through general supervision review on Services Rendered Forms
C	Intermediate	Families will implement strategies in daily routines and activities that enhance their child's development	As measured through general supervision review on Services Rendered Forms

Strand	Outcome Type	Outcome	Data Source
C	Long Term	Families increase their competence and confidence to enhance their child's development	Annual Family Survey or other survey
C	Long Term	Children demonstrate increased skills in all outcomes including developing improved social emotional skills	Child Outcomes data of children who have had an RBI™

c. Description of baseline data for key measures

Baseline data from FFY 13 regarding the quality of IFSP outcomes were collected during the annual provider self-assessment process as part of general supervision and focused monitoring. Each provider rated their own compliance regarding the first 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. The state verified the provider's ratings. If the state rating did not agree with the provider's rating, the rating was changed, and technical assistance was provided to the provider. Data from consecutive years are compared to baseline to show improvement in the quality of IFSP outcomes.

Baseline data from FFY 14 regarding the number of IFSP outcomes per family 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 per family.

Baseline data for the SIMR in FFY17 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. These data were disaggregated for children whose family had an RBI™ and those who did not.

d. Data collection procedures and associated timelines

Data are collected from the annual self-assessment and focus monitoring process as follows:

- Self-assessment forms and guidance are provided to EI providers in late August
- EI providers review records, using the self-assessment form and guidance, that are randomly assigned by the lead agency (10% of providers' enrollment January to June)
- Lead Agency and technical assistance staff conduct an on-site verification of 25% of each program's reviewed records in September and October
- Data are collected, analyzed and reports are prepared in November and provided to the EI programs in December

Data are also collected and reviewed as an ongoing process for the following: number of training workshops, number of participants, and the number of staff who have achieved fidelity as measured by the RBI™ Implementation Checklist that is completed and submitted by supervisors.

Pre-and post-testing of training participants normally occurs for each training sessions. Pre- and post-test scores are reviewed for trends and the results for individual questions are also reviewed to inform areas for training content improvements. This year, only two sessions of RBHV participants completed pre and post testing and a satisfaction survey was used for the other four sessions.

Data for the number of RBI™s are collected in the Welligent data system, reviewed ongoing, and summarized annually.

Data for the SIMR, (Outcome A: The percent of children with of IFSPs who have demonstrated improvement in positive social emotional skills), are collected in the Welligent database for all children enrolled for 6 months or longer and who have exited with and without an RBI™.

Data for the Qualitative Analysis of parent comments contained in the Annual Family Surveys FFY11 and FFY16 were collected by the researcher who first analyzed cross-sectional secondary data collected by the survey administrator, Rhode Island Parent Information Network.(cite the study here). Family information for distribution of the survey was extracted on March 31, 2012 for the FFY11 survey and March 31, 2017 the FFY16 survey. The FFY11 data represented parent responses three years prior to RBI™ implementation and the FFY 16 data represented parent responses two years post RBI™ implementation. The qualitative component of the FFY11 survey consisted of a "comments section" included at the end of Section A (Family Outcomes) and at the end of Section B (Helpfulness of EI). In FFY16, the qualitative component was changed to include three specific open-ended questions: 1) Describe how your Individualized Family Service Plan (IFSP) Outcomes were developed; 2) What was the most important lesson learned while involved in EI?; and, 3) Are there ways EI could have been more helpful? In FFY11, 15% (n = 101) participants responded to the first open-ended item about FOS outcomes and 27% (n = 184) participants responded to the second open-ended item about EI effectiveness. In FFY16, response rates were much higher for the three open-ended questions, ranging from 52% (n = 405) of parents commenting about ways EI could be more helpful, to 65% (n =512) in response to important lessons learned. A general inductive approach with the constant comparative method was used to create codes and code trees for the data analysis.

e. [If applicable] Sampling procedures N/A

f. **Planned data comparisons**

Number of IFSP Outcomes: Beginning in FFY 14 during the annual self-assessment process, providers began reporting the number of initial IFSP outcomes for children. In FFY15, the providers were required to report on the number of IFSP outcomes for those families who participated in an RBI™ and compare this number to families who did not. Since FFY15, RI has seen a steady increase on the number of initial IFSP outcomes written for families who had an RBI™ which is similar findings in studies that reported an increase in IFSP outcomes for families who had an RBI™. (McWilliam, Casey, & Sims, 2009).

SIMR: This year the University of Rhode Island (URI) conducted a statistical analysis of FFY17 APR Indicator 3 data comparing progress in all summary statements and all outcome areas for those

children whose families participated in an RBI™ and those who did not. The sample included those children who were in EI for at least 6 months and discharged within the timeframe. The analysis found that the group of children whose families participated in an RBI™ made significantly more progress in both summary statements and in all outcomes than the group of children whose families did not participate in an RBI™.

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 percent of outcomes that are compliant with being family owned, functional, measurable and embedded in a routine) was measured through provider self-assessments as part of the general supervision process. Data management procedures for this process includes an accuracy review of the self-assessment data submitted by the provider conducted by the state's data manager. Through the general supervision process, the state verifies the accuracy of 25% of the records identified on the self-assessment for each provider. At the on-site verification visit, any data discrepancies are corrected on the self-assessment spreadsheet. If many discrepancies are found, usually due to a misunderstanding of the compliance criteria by the provider, TA is given to the provider and the self-assessment process is re-conducted including another on-site verification visit. Criteria for IFSP outcome compliance are included on the self-assessment form and on several other state-issued technical assistance guidance 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). These data management procedures ensure consistency in our SSIP data collection and have helped to ensure that these data are reliable indicators for determining SSIP progress.

Developing quality IFSP outcomes is an integral milestone in RI's Theory of Action as FFY18 data shows compliance ranging from 96.13% to 99.98 %. This is an increase from FFY17 in all quality components and is a solid reflection of efforts to assist programs to improve IFSP outcome quality. Efforts included: continuous TA for providers over the course of SSIP activities, time and commitment by RI EI supervisors to review and support the staff who write IFSP outcomes, and the efforts of front line staff who keep the quality indicators in mind while developing IFSP outcomes with families. This positive change in the quality of IFSP outcomes indicates that SSIP activities have influenced a change in overall practice as intended.

This year's independent analysis of family comments from the RI EI Annual Family Survey is another example of how RI utilized data analysis to determine progress toward intended improvements (McCurdy & Russo, 2019). In addition to themes of parent competence and confidence (see section A6), the study also found themes related to IFSP outcomes development. One of the questions in RI's evaluation plan is: "Do families report that the IFSP is based on what's important to them?" This question is based on the Intermediate Outcome: "Families have IFSP outcomes that reflect their priorities and meet the needs of their child and family." The study found themes related to this question and Intermediate Outcome and can be attributed to SSIP activities involving the provision of technical assistance and provides evidence of IFSP outcome quality improvements as intended. The following is an excerpt from the analysis to support IFSP outcome quality improvement:

Child strengths/needs and family priorities The majority of participant comments (83) revealed that children's strengths and needs drove IFSP goal development. In line with the focus of the RBI process, an additional 77 comments highlighted that the priorities and concerns of the families drove goal development. Many of the comments in this group also demonstrate strong collaboration between EI staff and families, as well as a clear focus on working within the daily routines of the family." (McCurdy & Russo, 2019)

"After meeting with our case worker, we were able to pinpoint our child's and our family needs when it came to her growth and development and based on that information we came up with a plan and with everyone's help we succeed more than I could have thought possible." -

"(EI staff) took all of (child's name) and our family's wants and needs into consideration, and every session we developed new goals based on what (child's name) was striving in, and what he needed more assistance with. This worked amazing and my son has made amazing strides in the past 9 months since our first meeting."

"I expressed my concerns and my team, and I came up with outcomes together."

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 key data related to the SSIP and used it to achieve intended improvements to its infrastructure including: creating an implementation plan, updating policies and procedures, incorporating SSIP evaluation activities as a part of general supervision, and developing a communication plan.

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

Number of IFSP Outcomes: Using data on the number of outcomes reported from each EI provider during the annual self-assessment and focused monitoring process, McCurdy (2018) compared whether there had been any change in the number of IFSP outcomes per family between the first six months of FFY16 and the first six months of FFY17. This was achieved by conducting paired samples t-tests and results indicated that on average, EI providers reported 5.1 IFSP outcomes (SD = 1.6) in the FFY17 as compared to 4.1 outcomes (SD = 1.5) in the previous year (FFY16). This change was determined to show significance as follows: $t\ (df=8) = 3.6$, $p = .007$. Data also shows an increase in the number of IFSP outcomes per family from FFY17 to FFY 18 and seems to be the overall trend since the beginning of SSIP implementation. RI did not request additional statistical analysis of the FFY18 IFSP outcomes data.

IFSP Outcome Quality: RI has seen a measurable improvement in the quality of IFSP outcomes as a trend since the beginning of SSIP implementation. Analysis of this change in FFY17 as compared to FFY16 (McCurdy 2018) showed significant change in all four IFSP outcome compliance indicators: 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. 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 $p < .001$. There has also been an increase in the quality of IFSP outcomes from FFY17 to FFY18. RI did not request additional statistical analysis of the FFY18 IFSP outcomes data.

SIMR: The RBI™ was first implemented as a pilot in FFY15 and in FFY16 it was required for all new enrollments. Baseline data was collected for the first time until FFY 17 because this was the first year that a sufficient number of children whose family participated in an RBI™ was available for a meaningful analysis The FFY17 APR: Indicator 3 data (the percentage of infants and toddlers with IFSPs who demonstrate improved positive social emotional skills) was used for this analysis and the data were disaggregated for children whose family participated in an RBI™ and those who did not.

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 to its implementation and improvement strategies. One example of this was based on a FFY16 review of RBI™ data in the Welligent system which showed that very few RBI's™ had been completed. The SSIP planning team worked with the EI directors and supervisors to address barriers and create a plan to work toward meeting SSIP goals related to the RBI™. Changes to implementation and improvement strategies included: allowing staff 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™.

Another example is based on a review of FFY16 data related to the number of staff reaching RBI™ fidelity. This review showed that the number of staff at fidelity was significantly under the expected target. Focused interviews were conducted with supervisors to identify barriers and training needs for this target. With the information gathered from these interviews, the SSIP planning team worked with EI directors and supervisors to create a plan to work toward meeting RBI™ fidelity goals that included: eliminating requirements for a video submission of an RBI™ as a requirement for fidelity, offering additional RBI refresher trainings for staff, implementing an monetary incentive program for programs in FFY17 to support staff achieving fidelity, and redesigning the implementation plan for fidelity.

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

One way that RI's SSIP data informs the next steps in its implementation strategies is by identifying and removing barriers that inhibit meeting targets. For example, SSIP data related to staff achieving RBI™ fidelity was used to investigating barriers and develop a plan to improve these targets. One way barriers were identified was through a phone interview survey of supervisors conducted in FFY16 and FFY17 that looked at their perceptions and readiness to support RBI™ implementation and fidelity. (McCurdy, et.al.,2018). During these interviews, supervisors were asked to rate, on a scale of 1-3, their comfort level in 8 areas related to RBI™ implementation and supporting fidelity of their supervisees. In addition, questions were asked that focused on training needs, challenges, and supports needed for them or for their staff. In FFY16, supervisors reported that they needed more support to assist staff in implementing the RBI™ and achieving RBI™ fidelity. As a result, the state TA center created a plan for additional supports and trainings for supervisors. In FFY17,

supervisors reported they felt more effective in their ability to support staff with RBI™ implementation and fidelity. These findings are an indication that the support and trainings had an impact on the supervisor's ability and competence to support their staff.

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:

- Targets related to training individuals for RBI™ have been met. As of February 2020, 311 staff members have been trained in the RBI™. Training for RBI™ has been incorporated into the EI system infrastructure. RBI™ training for new staff is routinely offered twice a year, as well as a refresher for staff who are trained but want more support. Providers have incorporated RBI™ into their orientations for new staff. RBI™ trainers report that new staff attending RBI™ training are already highly knowledgeable about RBI™, the statewide process, and have a level of confidence that staff trained earlier in our SSIP did not have.
- Targets related to training individuals for RBHV have been met. As of February 2020, 191 individuals were trained in RBHV.
- The number of staff trained to fidelity has increased to 77. The data show that the plan for reaching fidelity in implementation of the RBI™ has been effective. Fidelity has been incorporated into the EI system infrastructure. The system for reimbursing agencies for expenses related to bringing staff to fidelity has become institutionalized as reimbursement was initially made available as an incentive payment but is now an approved use for the standard administrative support funding made available to EI provider agencies. Even in the face of staff turnover, the state now has a mechanism to continue training new/additional staff to fidelity.
- The number of IFSP outcomes has increased for those children whose family participated in an RBI™ as intended. In FFY18, the average number of IFSP outcomes on the initial IFSP for families who participated in an RBI™ was 6.02 as compared to 3.9 for families who did not. Additionally, the number of IFSP outcomes has continuously increased since FFY14 and this finding is similar those in a study that reported an increase in IFSP outcomes for families who had an RBI™ (McWilliam, Casey, & Sims, 2009). The increased number of outcomes indicates that more opportunities are being identified throughout the day for families to practice strategies that enhance their child's development, thereby increasing the potential for children to make progress.
- The quality of IFSP outcomes has significantly improved since FFY13 baseline data as intended. Provider compliance with quality indicators in FFY18 now ranges from 96.13% to 99.98 %. This improvement in quality has occurred alongside the increased number of outcomes listed above and together these are a particularly powerful testament as to how skilled providers have become with developing outcomes for families. An increase in the number of outcomes would be of limited value unless the outcomes were of high quality too. Practice has clearly changed regarding the development of IFSPs outcomes. IFSP outcomes meet high quality standards and show evidence that they are being developed with families. This change in practice has impacted interventions as it increases the opportunities for families to embed strategies within their daily routines.

- SIMR data shows that the percentage of IFSPs showing improved positive social emotional skills is +2.91% greater for children whose family participated in an RBI™ (50.21%) than those who did not (47.30%).
- Supervisors report feeling more effective and confident in their ability to support the RBI™ in FFY17 as compared to FFY16 (McCurdy, et.al., 2018.) This finding was a result of a phone interview survey of supervisors that looked at their perceptions and readiness to support RBI™ implementation and fidelity with staff. This inquiry answered an evaluation question related to the intermediate outcome: Providers implement the RBI™, prioritize concerns of the family and develop outcomes based on family concerns with fidelity. The state recognizes that supervisors are a critical link to the success of the SSIP. Supervisors now report feeling more confident and effective with the implementation and the use of the RBI which influences their ability to help their staff reach fidelity.
- Staff report they value the RBI™ as part of IFSP development. Specifically, FFY17 survey data show most staff (41 out of 62) felt that the RBI™ results in more appropriate and effective IFSPs**.**
- A qualitative analysis of parent comments from the RI FFY11 and FFY16 Annual Family Survey (McCurdy & Russo, 2019) showed themes in FFY16 indicating that the development of IFSP outcomes was based on family concerns and priorities, and themes related to parents feeling competent and confident in helping their child. This evidence supports that families are being impacted in ways that will help the state obtain its SIMR. These themes are the roadmap to improve children's progress showing that RI is clearly on the right path.
- Families who participated in an RBI™ reported significantly greater satisfaction with EI services than families who did not. (McCurdy, et. al., 2017).

Stakeholder involvement in the SSIP evaluation

a. How stakeholders have been informed of the ongoing evaluation of the SSIP

Data have been presented to stakeholders regarding the implementation of all SSIP activities related to RBI implementation and fidelity through the EI monthly supervisor meetings, RBI training workshops, and other communications provided directly to EI providers. In addition, the EI Director's Association and RI's ICC are actively involved and participate in ongoing discussions regarding SSIP data and plan implementation.

How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

RI's SSIP planning team has been intentional in creating numerous opportunities for stakeholders to provide feedback on SSIP activities. One example of this is using the supervisor's monthly meetings as an opportunity for feedback. This group supports RBI™ activities within their respective EI programs and their knowledge and competency of the RBI™ process help drive successful implementation. Specifically, as an SSIP evaluation activity, supervisors were given the opportunity in FFY16 to provide their perceptions of their own RBI™ skill set and identify tools and supports that would help to train and support their staff to fidelity(McCurdy, et. al., 2018.) Although not what the SSIP team expected, the supervisors reported that they did indeed need more support to help

train their staff to RBI™ fidelity, and as a result, adaptations were made to the content of RBI™ trainings and other related PD. In addition, a new training was developed on the use of the RBI™ Implementation Checklist to help supervisors learn how to observe, provide effective feedback, and support their staff to achieve state-approved RBI™ fidelity. In a follow up interview in FFY17 (McCurdy, et. al., 2018.), supervisors reported feeling competent to support their staff to achieve RBI fidelity showing that the adaptations to RBI™ trainings and related PD had positive results.

Another example includes those staff who have been trained in RBHV as a stakeholder group that was provided an opportunity to be involved in SSIP decision making. The SSIP team is planning to survey staff regarding recent FFY19 RBHV trainings to learn what components staff are implementing in their practice and to identify barriers for those components that are not yet implemented. The results from this survey will inform the SSIP planning team about additional trainings and PD opportunities needed, ways to continue support to EI supervisors, and identify the development of additional resources.

D. Data Quality Issues

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

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

   The previous targets and baseline for the SIMR were based on a child outcomes measurement process that has changed. This has resulted in an abrupt downward trend in Outcome A (and all outcomes and Summary Statements). (See Section A, 2.) RI has revised the baseline and set a new target for FFY19, however the downward trend may still occur in FFY19. The success of our SSIP may not be reflected only by this measure.

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

   The child outcomes data may still be trending downward in FFY19. Although RI has seen preliminary data supporting our SIMR, improvement based on child outcomes data may be not seen in FFY19. RI can utilize other data to assess its progress such as: the quality of IFSP outcomes, the number of IFSP outcomes, and the quality of documentation of RBHV.

   c. **Plans for improving data quality**

   Although RI's child outcomes data is trending downward, the SSIP Leadership team's review of these data indicates that it is stabilizing. The new child outcomes measurement process has resulted in a richer collection of functional information and has led to more accurate ratings. Significant improvement in the quality of the data has been positive; however, the percentages in the two Summary Statements are lower than before the implementation of the new process.

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**

Initial planned 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, developing n implementation plan, and the development of a communication plan. These changes are in place and gave strength to statewide implementation of the RBI™. Additional infrastructure changes to support achievement of the SIMR include: the development of a fidelity incentive program that provides $1200.00 to programs for each staff person who achieves RBI™ fidelity which has been incorporated into yearly funding for providers; and changes in the RI Early Intervention Medicaid Claims Reimbursement Guidebook allowing the RBI™ to be reimbursed at a higher rate and allowing the ECO Map to be reimbursed as a separate billable activity.

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, other RI SSIP data support evidence of desired effects such as the marked improvements in the quality IFSP Outcomes (family owned, functional, measurable and embedded in a routine).

Another piece of evidence that shows desired effects are the increase in the number of initial IFSP outcomes since the implementation of the RBI™ which is similar to results found in a study that reported an increase in IFSP outcomes for families who participated in an RBI™. (McWilliam, Casey, & Sims, 2009).

In addition, the results of the FFY16 study (McCurdy, et. al., 2017) that showed a positive difference in parent satisfaction between families who participated in an RBI™ and those who did not is aligned with other studies that show the same results (McWilliam, et. al., 2009). This is evidence that the RBI™ is being implemented the same way and is having the same results.

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, B and C have been met:

- Providers have knowledge of new procedures related to the implementation of the RBI™ including: when to conduct the RBI™, how to document the information from the RBI™ 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.
- Providers gain knowledge about coaching, modeling, and routines-based interventions in home visits

Three intermediate outcomes in Strand A and B have been 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.
- 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)

Three long term outcomes in Strand A have been met:

- Providers value the RBI™ as part of their practice
- IFSP outcomes are high quality and meet standards
- The RBI™ is implemented and all administrative procedures are followed

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, B and C:

- Provider documentation of home visits meets quality standards
- Documentation of home visits reflects 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 implement coaching, modeling and routines-based interventions in home visits to achieve IFSP 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
- Children demonstrate increased skills in all outcomes including improved social and emotional skills
- Family routines are easier and more successful for the family
- All providers routinely utilized the RBI™ with all families

d. Measurable improvements in the SIMR in relation to targets

RI's SIMR is based on a subset of children whose family had an RBI™ versus those who have not. 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 (McWilliam, 2009.).

FFY	Target	Actual
2013	Baseline	67.90%
2014	67.90%	N/A
2015	68.50%	N/A
2016	69.70%	N/A
2017	71.20%	55.62%
2018	New Baseline	51.29%

FFY	Target	Actual
2019	New Target 52%	

Although RI's FFY18 SIMR data shows that children whose family has had an RBI™ made greater progress than those who have not, RI has not met SIMR targets.The original targets were based on a child outcomes data collection method that changed in 2016. The new data collection method was part of a collaborative project with Part B 619 intended to align both child outcomes measurement systems. The new process has resulted in (a) an abrupt change in scores immediately following the change in process; (b) a substantial difference in scores; and (c) consistent difference (both size and direction) across all outcome measures. Because of the changes in the child outcomes measurement process, RI's SSIP team with stakeholder involvement has set a new target for FFY19 and revised the baseline for this indicator. (See A 2.)

RI's overall child outcomes data are stabilizing, although FFY18 still has a downward trend in Outcome A from FFY17 to FFY18. RI will re-examine the target in FFY 19 to determine whether or not the target/baseline set this year is still reasonable.

Table 10: The progress of children with and without an RBI™ by FFY.

FFY Year	Total Number of Children	Total Number of Children With an RBI	Outcome A Percent of Children with an RBI Who Made Substantial Progress	Number of Children Without an RBI	Outcome A Percent of Children Who Made Substantial Progress Without an RBI	Difference
FFY18	1463	1079	50.21%	384	47.30%	2.91%
FFY17	1321	637	55.62%	684	46.38%	9.24%

F. Plans for Next Year

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

The TA team has been conducting RBI™ trainings to staff for the past 5 years. Timing is primarily based on provider need and TA availability. In 2019, the TA team created a standardized power point with speakers' notes and materials to make the training consistent and easier to implement. This standardization also allows for other RBI™ Certified Trainers to step in and present the materials, role plays, and group activities. In 2019, the TA team decided to split the one day / 6-hour training into 2 shorter days. Based on feedback, the TA team recognized that staff were overwhelmed by the amount of information delivered in one day. Two, 3-hour trainings were implemented as the structure of the training in November of 2019 and feedback indicates positive results.

The TA team also offers a RBI™ 201 training designed for those staff who have completed an initial RBI™ training, but continue to need additional supports to achieve fidelity.

Another activity for the upcoming year is to include content from RBHV training into the traditional RBI™ training. To ensure that participants maximize their learning for both RBI™ and RBHV, the TA

team plans to split the content across multiple training methods (face to face, computer based, newsletters, written materials, etc.)

2020 Implementation Plan

RBI™: 6 times / yr.

RBI™ 201: 2 times / yr.

RBHV will be redesigned to combine some of the RBHV concepts into the RBI™ training. For example, use of the matrix is a natural extension of outcomes development covered in RBI™ and can be included as a topic in this training as well as in RBI™ 201.

Adult learning concepts embedded into RBHV could become its own training that includes: coaching, adult learning (i.e. 4 Question Rule), parent directed intervention, strategies in natural environments, and how present these ideas to parents. This training lends itself to on-line modules, communities of practice groups and supervisor-led in-services at the provider level.

Activity	Expected Timeline and Projected Participation	Description
RBI™ Training During Introduction to Early Intervention	March 24, March 25, 2020 ≈25 April 28, April,19, 2020 ≈25 Fall 2020 ≈25 Spring 2021 ≈25 Fall 2021 ≈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
Agency Based RBI™/RBHV technical assistance support	Spring 2020 – Spring 2021 ≈2 visits	TA staff will conduct site specific support to programs during staff meetings and conduct on site trainings upon request
Group RBI Training	March 3, March 4, 2020 ≈ 30 Fall 2020 ≈ 30 Spring 2021 ≈ 30 Fall 2021 ≈ 30	This training will be conducted at the Sherlock Center and offered to all EI new staff or as a refresher course.
Increase # of Providers conducting RBI™ with Fidelity	January-June 2020 ≈ 38 July 2020- January 2021 ≈ 40	Supervisors observe their own staff using the RBI™ Implementation Checklist to assess their staff as they work toward achieving RBI™ fidelity and "RI Approved" status.
RBI™ (201) Refresher	February 25, February 26 2020 ≈ 15 Fall 2020 ≈ 15	This training has been created for those individuals who have attended RBI™ training and continue to struggle with implementing the RBI™ with fidelity.
RBHV Implementation	Spring/Fall 2020 Fall 2020/Spring 2021	TA staff will conduct a survey of all staff related to implementation of RBHV components. The results of the survey will be used to determine additional PD, supervisory support, and resources. In addition, TA staff will conduct a survey of two programs piloting use of the Early Intervention Matrix.

Activity	Expected Timeline and Projected Participation	Description
		The results of survey will be used to determine implementation of the matrix as part of the IFSP. The survey will identify barriers to address as part of a system wide rollout.

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

   The plan is to follow the *SSIP Evaluation Worksheet* in the upcoming year. RI's SSIP team will focus on the intermediate outcomes and long-term outcomes of Strand A, B and C as identified in Section E 1c using the corresponding evaluation measures listed in section C.1b.

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

   In FFY18, Early Intervention programs experienced significant staff turnover. Feedback from providers indicates turnover was due to expansion of state pre-K slots and new early childhood positions available through grant funding. This turnover has influenced the daily operations of the EI programs, loss of revenue, and an increase in costs associated with onboarding new staff. These effects have resulted in less than expected targets for fidelity and the state SSIP team has developed a short-term plan to increase provider funding to help address these losses.

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

   Rhode Island utilized national technical assistance in the preparation of this SSIP and to revise its SIMR baseline and targets for FY19. Rhode Island welcomes the opportunity to continue national technical assistance to discuss progress/solutions if other difficulties arise.

References

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