Rhode Island Executive Office of Health and Human Services
Early Intervention
SSIP Phase II

Updates related to membership of the SSIP State Leadership Team

Brenda DuHamel, Part C Coordinator	No Change
Donna Novak, Part C Quality Improvement and TA Specialist	No Change
Christine Robin Payne, Part C Data Manager	No Change
Maureen Whelan, CSPD Director, Paul V. Sherlock Center on Disabilities at Rhode Island College	Retired Effective 12/7/2015
Leslie Bobrowski, CSPD Technical Assistance Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College	Title Change to CSPD Director Effective 12/8/2015
Patricia Maris, CSPD Technical Assistance Specialist Paul V. Sherlock Center on Disabilities at Rhode Island College	New member Effective 4/18/16
Deborah Masland, ICC Chair, RI Parent Information Network, Early Childhood Director-The Rhode Island Parent Information Network (RIPIN)	No Change
Karen McCurdy, University of RI, Chair of the Department of Human Development and Family Studies (HDF)	No Change
Alyssa Francis, Human Development and Family Studies (HDF)Graduate Assistant	Resigned Effective 5/1/2015
Our state leadership team has had changes due to the retirement of Maureen Whelan, CSPD Director. Leslie Bobrowski now has that position. This created an opening on the team that the new TA Specialist from the Paul V. Sherlock Center on Disabilities will take. Patricia Maris will be responsible for implementing improvement strategies in the plan and her role will be to provide input into the SSIP from that perspective.	

Updates to Primary Improvement Strategies and Theory of Action

Based on our data analysis and infrastructure analysis RI has modified our primary improvement strategies and Theory of Action. Primary improvement strategies have been changed as follows:

Phase I	**Phase II Updates**
Improvement Strategy 1 Providing professional development on high quality evaluation procedures for social emotional development.	**New Improvement Strategy 1.** Build statewide infrastructure (training, guidance, and administrative procedures) to implement and sustain the use of a high quality assessment practices to identify social emotional developmental needs of children (including child engagement, independence and social relationships)
Reason for the change: **Phase I Strategy 1**. Although this activity will still occur as part of RI professional development, the	

state leadership team felt that this activity was beyond the focus of our SIMR and should not be included as a primary improvement strategy. Our SIMR's focus is a subset of children whose families have had a Routines Based Interview (also referred to as the RBI, created by Robin McWilliam, Ph.D) as part of the IFSP process. Our leadership team in Phase I identified the RBI as an assessment practice which, when implemented statewide with fidelity, would improve RI's percentage of children with substantially increased rate of growth in social emotional development. Our professional development needs to be aligned with statewide implementation of the RBI; therefore, this strategy related to evaluation procedures was eliminated as a primary improvement strategy.

Phase II Improvement Strategy 1. This strategy now focuses on state infrastructure. In our Phase I SSIP, RI had identified infrastructure improvements as secondary activities rather than primary activities. During the process of developing a logic model it became clear to the state leadership team that infrastructure improvement activities were key in the success of our SIMR. Our team grew to understand the importance of a well thought out RBI Implementation Plan, alignment of our state policy, forms, and reimbursement structure to support the RBI, and effective communication about the RBI as a prominent strand of activities on their own. We have included those activities previously identified as secondary activities related to infrastructure, as well as additional activities in this strategy.

Phase I Improvement Strategies 2 and 3	**Phase II Improvement Strategy 2**
2.Provide professional development and site-based coaching and technical assistance regarding the Routines Based Interview 3. Provide enhanced site-based technical assistance and review of IFSP outcomes.	2. Support EI programs and providers to learn and implement a high quality assessment practice and integrate results into the IFSP process.

Reason for the change:

We have merged Improvement Strategies 2 and 3 into one strand rather than two because they are so closely related. A key component of the RBI is developing IFSP outcomes based on identified priorities of the parent through the RBI process. Separating IFSP outcomes from the RBI process created an unnecessary separate strand. We have also used more specific language in the new Strategy 2 to increase clarity.

Phase I Improvement Strategy 4	**New Phase II Improvement Strategy 3**
4. Provide professional development related to evidence based practices for when there are social emotional/relationship concerns.	3. Support EI providers to learn and use evidence based practices (coaching and modeling, routines based early intervention) in service delivery

Reason for the change:

We updated Phase I Strategy 4 to integrate the RBI and Routines Based Early Intervention (RBEI) into the delivery of services rather than shifting the focus to evidence based practices related to social emotional concerns. The RBEI uses adult teaching strategies including coaching (as defined by Dathan Rush and M'Lisa Shelden) as the structure to work with families to develop intervention strategies they will use with their child between home visits. The goal is to enhance parents' confidence, competence, and capacity in supporting the development of their child. By including this important strategy we tie the RBI into the RI service delivery model. Although the previous strategy was important, keeping our focus on comprehensively integrating the RBI into practice was identified by the state leadership team as more directly related to our SIMR.

Updated Theory of Action:
The changes in our improvement strategies have resulted in an updated Theory of Action. The state leadership team believes our refined improvement strategies are better aligned with our Theory of Action. The changes in our Theory of Action describing what the state wants to accomplish has resulted in a clearer Theory of Action. We have taken advantage of national technical assistance (through West Ed Learning Innovations). As a result of their guidance, we further identified the impacts of our actions on families. The improved Theory of Action presents an accurate graphic illustration showing how our improvement strategies will result in changes to achieve our SIMR.

Rhode Island Early Intervention Theory of Action (Updated)

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

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

Phase II Component # 1: Infrastructure Development

Component #1 Elements

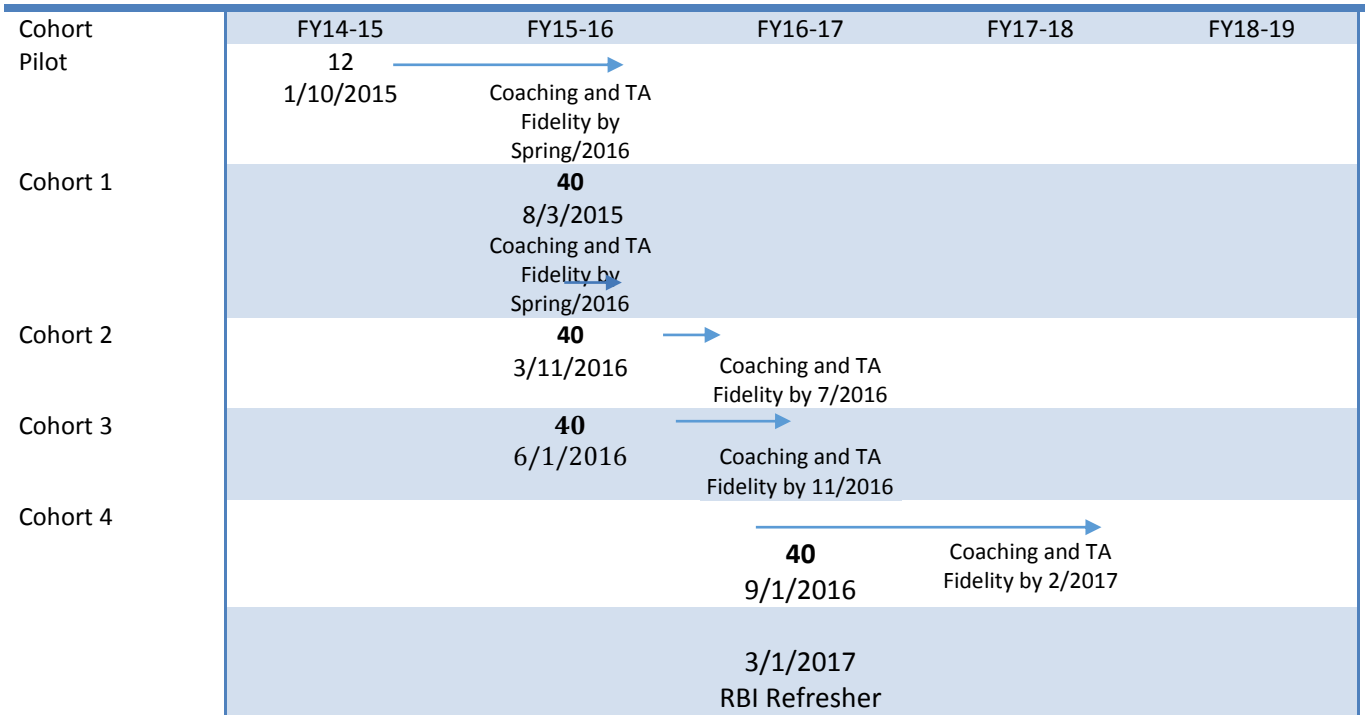
1*(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve the SIMR for infants and toddlers with disabilities and their families.*

- Our improvement strategies related to infrastructure include:

A. Build Infrastructure to Implement the Routines Based Interview or RBI(McWilliam) as a statewide practice by:

1. **Developing an Implementation Plan to incrementally scale up the RBI as a statewide practice**:
   RI has developed an Implementation Plan to incrementally scale up the RBI as a statewide practice. Our Implementation plan has been shaped by information gained from a pilot initiative in January 2015 to begin RBI training with two EI programs and by feedback from participants in a "kick off" two-day conference in August 2015 by Robin McWilliam to EI leadership teams representing all EI programs. Funding for these events was provided through RI's Race to the Top Early Learning Challenge grant. Initially we had intended to roll out the RBI in cohorts of programs in the schedule described in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, page 16 in Phase I of our SSIP. However, once our "kick off" occurred, the level of enthusiasm expressed by those in attendance was so high it made sense to capture and build on that enthusiasm rather than to continue with our original plan. A new plan which allows cohorts of 40 participants at a time from a combination of programs was developed and the first cohort was formed with those in attendance at the kickoff. Our new Implementation plan is:

Updated Implementation Plan N=160



We have also made adjustments to our plan based on feedback from participants in the first cohort. Providers requested more opportunities for peer to peer support with others who are trained in RBI. Our plan has been modified to accommodate this feedback. Rather than wait until one cohort has been trained to fidelity before adding another cohort, we will train 3 cohorts close together. This will allow us to then work on fidelity in order to increase the numbers of trained staff within each program and to capitalize on peer to peer support. RI has created an intentional feedback loop with trainees and the three certified trainers. This information will be used to shape the training of additional cohorts. We will continue to do this over the course of the SSIP. We have trained 40 people to date and all are working towards fidelity.

2. **Updating and distributing RI Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services and other statewide forms to support implementation of the RBI process**
3. **Training personnel in updated Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services and other statewide forms which support RBI implementation**

These two improvements focus on alignment of state policies and procedures and related forms to support implementation of RBI and training providers in the new procedures and forms. Having clear policies, procedures and forms in alignment with the RBI ensures that providers know how the RBI fits into the existing IFSP process….when to do it, how to bill for it and where information from the RBI lands in the record. Our policies give strength to implementing the RBI and our procedures and forms provide a framework for successful implementation.

4. **Incorporate Quality Indicators related to Routines Based Early Intervention into the general supervision system**
   •IFSP Outcomes: (Family Owned, functional, measurable and embedded into a routine)
   •Services Rendered: (reflective coaching, modeling, parent participation)

   RI has a process already in place for the ongoing provision of technical assistance related to developing/reviewing IFSP outcomes and the review of Services Rendered. We will add a new review component as part of our monitoring system to ensure effective RBI documentation and clear links to IFSP outcomes, Child Outcomes Summary Forms (COSFs) as well as documentation of service delivery on Services Rendered Forms (SRFs). This will occur during our annual site-based record review visits as well as our annual review of Service Rendered Forms. Programs whose records demonstrate a lack of alignment with the RBI and IFSP outcomes and COSF's will be required to complete a Program Improvement Plan for RBI use, effective IFSP outcomes development, effective child outcomes, and documentation of service delivery. Technical Assistance is available to develop the plans and as a resource to carry out improvement strategies.
   We have developed rubrics for providers to use to review IFSP outcomes, and documentation of service delivery on SRFs as part of the self-assessment process.

5. **Develop an RBI communication plan**
   Communication about the Early Intervention service delivery model was indicated as a weakness in our infrastructure analysis. Therefore, communicating to staff and stakeholders about the RBI

is important. We will be developing materials for providers to give to parents explaining the RBI and the IFSP development process. Materials will help providers explain procedures to parents. We have begun distributing an RBI Monthly E-Newsletter: Distribution is 68 (December views=87, January =65, February =78; additional views attained through sharing of newsletter). We have also provided bi-monthly updates to our Interagency Coordinating Council (ICC) about RBI implementation.

(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.

Steps RI has taken to further align and leverage funding with our improvement plans include:

Early Childhood Comprehensive Assessment:
We have been committed to the RI Early Childhood Comprehensive Assessment System initiative (through Race to the Top). This project uses national experts and current research to review state–level evaluation/assessment policies for Part C and for Part B (Section 619). Part B and C staff participate weekly as part of a core team which reports to a larger stakeholder group for feedback. Work accomplished so far includes alignment of Part B and Part C Child Outcomes policies into one fully aligned guidance document entitled *Rhode Island's Early Intervention and Early Childhood Special Education Comprehensive Assessment System*: *EI/ECSE Global Child Outcomes Measurement System.* Funds from Race to the Top will be used to develop and provide professional development around the contents of the document including the development of 5-6 state specific on-line learning modules on the global child outcomes. The process has resulted in a changed COSF, and additional documents to facilitate gathering information from families or other care givers. This project aligns with our current improvement plans regarding integrating information gathered from the RBI into the Child Outcomes Summary process.

Additional work by this team is the development of a guidance document aligning Part B and C Referral, Evaluation, and Eligibility policies. This work also includes the development of a compendium of approved evaluation tools. Funds from Race to the Top will be used to provide professional development on 1-2 specific evaluation tools from the compendium. Funding is also available to purchase a limited number of evaluation kits for individual EI programs**.** Professional development focusing on high quality evaluation practices is in alignment with our improvement plans. Both of these guidance documents focus on a common language for Part B and C which supports a coordinated approach for families as they transition between these two systems. We plan to continue this important work through 2016.

CAPTA Referrals:
Our RI ICC has a dedicated subcommittee focused on eliminating barriers for children referred to EI under the CAPTA mandate. The RI CSPD Director and RI Early Intervention Data Manager are involved members of this group. To date, this group has collaboratively updated the referral policy relative to developmental screening and Early Intervention for the RI Department of Children Youth and Families (DCYF). With the help of a trained facilitator, the group conducted a work flow analysis (using the Kaizen model). Tests of change have been performed, processes reviewed and recorded on a small scale in order to identify parts of the process in need of change

as well as those that are working well. The plan is to then bring this pilot to scale. This test of change was focused on ensuring parental consents had been completed to allow communication between the Department and EI and vice versa. Communication will help support family participation, reduce loss to follow up, and smooth transition planning. Pending some recent changes within the department, the group is poised to rewrite the interagency agreement between the DCYF and the Executive Office of Health and Human Services.

Reflective Supervision:

RI Early Intervention recognizes the critical role of reflective supervision. We have ensured its importance by making it a required, reimbursable component of our EI system. We have included it in state Early Intervention policies such as RI Principles and Practices. Part C is collaborating with Department of Health Home Visiting Programs on a project that will provide opportunities for reflective supervision for supervisors across all home visiting programs in the state. An important concept of reflective supervision is that those providing reflective supervision also need to be receiving support from practitioners who are highly qualified in providing reflective supervision. Reflective supervision gives providers the support they need to work with families living with challenges such as mental illness, poverty, unemployment, intellectual disabilities, trauma and neglect. Providers who can demonstrate reflective skills with families help families to then be more reflective. Families who are more reflective create opportunities for themselves to be in attunement with their infants and toddlers. Being in better attunement helps parents more effectively support their child's social emotional development. This initiative is in alignment with our SIMR.

Public Awareness Materials:

Part C is part of an initiative with the RI Department of Health. With funds leveraged through the Maternal and Child Health Block Grant, the RI Department of Health created an attractive information packet with a rack card for each Rhode Island Home Visiting Program, including Early Intervention. This folder can be shared with families, referral sources and anyone interested in RI's Home Visiting Programs. The EI rack card developed for the project provided another opportunity to describe the EI service delivery model (parent focused, services based on real life functioning in everyday routines) which was identified as a need in our Phase I infrastructure analysis.

Infant Mental Health Competencies:

RI Association for Infant Mental Health, Bradley Hospital, and Department of Children Youth and Families have purchased the Michigan Early Childhood Mental Health Competency Guidelines as a means to identify those professionals working in our state who are qualified to support infant mental health. Understanding our workforce will set the foundation for us to address gaps in the larger system and provide opportunities for professional development.

RI EOHHS Patient Centered Medical Home (PCMH) Kids:

This grant initiative operating out of the EOHHS Medicaid office focuses on providing better care coordination for children with high needs, including medical, behavioral health and/or social needs. Part C will use this pilot as a way to increase pediatricians' knowledge about the EI service delivery model. Support will be available to help physicians and others in the medical home describe Early Intervention to families who may need a referral.

"Reinventing" Medicaid:

This initiative is focused on changing the administration of several Medicaid programs (Home

Based Therapeutic Services (HBTS), Comprehensive Evaluation Diagnosis Assessment Referral Re-evaluation (CEDARR). A component of these changes was the production of FACT SHEETS on the various programs. Early Intervention was offered the opportunity to include a fact sheet alongside the other programs. The FACT SHEET reiterates the messaging in the EI rack card and other publications and provides another avenue to promote awareness of the EI service delivery model in response to a need identified in Phase I.

c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

Two members of the state leadership team, Donna Novak, Part C Project Specialist, and Leslie Bobrowski (CSPD Director) will be in charge of implementing infrastructure improvements. The primary resource needed to complete infrastructure improvements is the time needed for Part C staff and staff from our Professional Development component to make the administrative changes in the documents. The expected timeline for completion is 6/31/2016.
The intended outcomes of infrastructure improvements are the following:

Direct Outcomes

- Providers have knowledge of new procedures related to implementing the RBI (when to do it, how to document in the IFSP paper work and what codes to use for billing purposes).
- Providers know the criteria for IFSP outcomes and Services Rendered Forms

Intermediate Outcomes

- 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)
- IFSP outcomes and Services Rendered Forms meet quality indicators

Long Term Outcomes

- The RBI is implemented and administrative procedures are followed
- IFSP outcomes are high quality & meet standards
- Documentation of home visits reflect coaching, modeling and routines based interventions

d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Our infrastructure improvements are primarily administrative; the involvement of other offices in the Lead Agency or other state agencies is not applicable. However, the SSIP process and the focus on our SIMR has provided a framework to focus on work with other offices and agencies. When we hear of initiatives by other offices within the Lead Agency as well as other State agencies that could be relevant to our SIMR, we listen with this framework in mind. We will continue to do that throughout the SSIP.

Our stakeholders will be involved in infrastructure improvements in the following ways:

- A key stakeholder group are the individuals in the cohorts that have been trained in the RBI. This group has provided valuable feedback which we have used to shape our Implementation Plan (See 1 a). We will continue to get and use feedback from that group throughout the implementation process.
- The Directors and Supervisors are two stakeholder groups that will be used to provide feedback regarding policy changes supporting the RBI. We have an existing structure of monthly meetings with those groups that include Part C staff, and the CSPD Director. The ICC Chair attends the Directors' Association as well. We will review the anticipated

changes with those groups and ask for feedback. These stakeholders will in turn review them with their staff for additional feedback. This information is then brought back for further consideration. This method helps to ensure that all programs are aware of the proposed changes, the reasons for them, and optimizes efforts for an effective roll out.

- A "Paperwork" work group will be convened to review and advise us in making changes to the IFSP and other relevant forms. We have a history of using this type of workgroup when initiating changes. The group will consist of providers, selected by their programs, to review and make decisions about options and solicit feedback from staff in their programs regarding changes. This group then provides leadership to help implement the change within their own programs.
- Changes in policies will be posted on the EOHHS website and notices of public hearing are sent to stakeholder groups. Policies are made available for public comment and all comment will be considered.
- We will also report and solicit feedback to the ICC regarding the progress of our improvements.

Phase II Component #2: Support for EIS Program and Provider Implementation of Evidence-Based Practices (EBPs):

Component #2 Elements

2(a) Specify how the State will support EIS programs and providers in implementing the EBPs that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

Rhode Island will provide professional development focusing on two main areas of content. The first content area focuses on the RBI, including the EcoMap (how to conduct, how to help families prioritize their concerns generated by the RBI, and how to develop outcomes based on family concerns identified during the RBI). Professional development will be provided in an initial 7 hour training followed by two 4-hour follow-up sessions. This allows splitting the large group into 2 smaller groups in order to do more activities that allow real time coaching opportunities by the training team. We have added a timetable to provide structure for each participant to become "RI approved". The approval process requires the participant to submit a video of an RBI which is then assessed by a certified trainer utilizing the fidelity checklist. Participants must achieve 85% accuracy. Feedback from participants in the pilot cohort (August 2015) has shaped the training process. In addition to the stronger time table, we have designated two other coaches to work with trainees as they work toward approval. Other feedback from participants which has been incorporated includes lengthening the training sessions. Previously the sessions were shorter and participants did not feel it was enough time.

In addition to the CSPD Director, 3 providers have had formal training in the RBI. These individuals provide leadership during the formal training sessions and provide on-site support and coaching for the participants. We are also providing funding for an additional program staff to participate in RBI training this summer (2016) and have one staff trained in RBEI, with another in process for the spring (2016). This is all in an effort to grow the statewide training team. We are choosing only to support supervisory level staff because their turn over is very low and they have the skills to train their own staff on what they have learned.

We are in the process of developing an RBI "refresher" course to further support those new to RBI, who have been doing it and now have new questions and want to improve their fidelity in conducting the RBI. Once all providers are trained the state intends to offer a yearly training in the RBI for new staff.

The second content area of PD focuses on Routines Based Early Intervention (RBEI) which will occur after all staff have been trained in the RBI. This component includes integrating the RBI into service delivery. It emphasizes coaching and modeling and reflective practice for families. Participants will participate in group training sessions and follow up sessions with trainers. Participants will use a fidelity checklist for self- assessment.

RI has selected statewide implementation of the RBI because it is an evidenced based practice designed to provide an in-depth child and family assessment that results in functional child and family outcomes chosen by family. We believe that it will address a "blind spot" in identifying social emotional needs which was suggested by our data analysis in Phase I and will provide needed information that providers currently do not obtain. It will address a need to improve IFSP

outcomes as indicated by data from RI SFY 13-14 and SFY 14-15 state monitoring process. By providing a structured approach in developing outcomes which are family owned, functional, measureable, and embedded in a routine, we expect the quality of IFSP outcomes to increase. We believe it will also help to improve the service delivery model as indicated from data from the states review of Services Rendered Forms in SFY 13-14 and SFY 14-15. This data showed improvement was needed regarding parent participation in the home visit, interventions based in family routines and planning with the parent regarding interventions they will use between visits.

Initially our implementation plan was based on training cohorts by program. In August 2015 leadership teams from all programs attended a kickoff event with Robin McWilliam. Feedback from those participants indicated that most did not want to wait until their program's training was scheduled. It made sense to capitalize on the enthusiasm from Robin's visit. Changing the plan resulted in a more flexible timetable for providers overall. The new plan is based on cohorts of 40 individuals from a mix of programs. Additional feedback from participants has indicated that peer to peer support is desired by participants. By training cohorts closer together, it will allow for more staff in each program to be in the training process which allows for peer to peer support. So we have altered the training schedule in order for this to happen.

The lead agency had considered providing RBI training in RI prior to the SSIP process. Our CSPD Director was a certified trainer. An additional three staff from 2 programs were also certified and feedback from all was extremely positive. We had been monitoring IFSP Outcomes and Services Rendered Forms as part of the states monitoring process and were considering professional development which could improve these two areas. We had made changes in our Reimbursement manual in January 2014 in preparation for the possibility of the RBI. Funding opportunities from Race to the Top for Professional Development related to assessment could be leveraged. The SSIP process allowed us to plan and prepare in a comprehensive way for total statewide implementation. Our largest provider was an enthusiastic supporter and was interested in participating as part of an initial pilot. The pilot was instrumental in redesigning the training format and communicating about the value of the RBI as a practice. Funding from Race to the Top to offset provider costs in order to attend training eliminated a barrier for participation by programs and was a key factor for EIS readiness.

For our first cohort, we asked programs to send individuals would they felt were leaders, those who were open to change in their organizations. We knew if we could generate enthusiastic about RBI, these staff would be able to generate a positive atmosphere around learning something new.

We are using a combination of capacity building strategies. We are training and supporting our supervisory staff so they are confident in supporting their staff. We are making use of video and checklists for self-assessment as well as assessment on the State level.

2(b) Identify steps and specific activities needed to implement the coherent improvement strategies including communication strategies; stakeholder involvement; how identified barriers will be addressed; who will implement activities and strategies; how the activities will be implemented with fidelity; the resources that will be used to implement them; and, timelines for completion.

The specific improvement strategies related to providing professional development include the following

B. Build the knowledge and skills of EI providers to conduct and implement the RBI by
   (1) Developing and providing RBI PD and coaching
   (2) Providing RBI PD for ancillary team members

(3) Providing PD regarding IFSP outcomes development
(4) Providing PD linking RBI to Child Outcomes Summary Process
(5) Providing PD for supervisors to support RBI
(6) Developing and distributing useful resources

C. Build knowledge and skills of EI Providers in an evidence based service delivery model by
(1) Providing PD related to coaching, modeling, routines based intervention
(2) Providing PD for supervisors to support RBI
(3) Developing and distributing useful resources

These activities will occur over the course of the SSIP. Professional Development focusing on implementing the Routines Based Interview will occur first. When all providers have been trained to fidelity, Professional Development focusing on Routines Based Early Intervention (RBEI) will begin. RBI Professional Development consists of two parts: 1) The first part is an initial 7-hour training followed by two 4-hour follow-up sessions and includes the delivery of content, live demonstration, use of fidelity checklists, and small group practice. 2) The second part consists of providing on-site feedback and coaching for approximately 4 months for participants to gain experience and reach fidelity (85% proficient by submitting a video or rated by a trainer in person) So far, 80 people have been begun the training process in two cohorts. None have yet to reach fidelity. We are anticipating an additional 80 to begin the training process by September 2016. We anticipate all 4 cohorts to reach fidelity in 2016 and 2017. We then will offer training for 1 cohort as needed each year to accommodate for staff turnover. We will begin professional development for RBEI in cohorts starting in January 2018. We expect the format to be 1-2 half day sessions which would include content, video, and the use of a fidelity checklist for self-assessment. The content will be further developed in 2016.

Communication strategies related to implementation of the Routines Based Interview include a monthly e- newsletter focusing on keeping everyone informed of the RBI; maintaining interest, and highlighting those individuals who have become "RI" Approved. Other strategies include an RBI section of resources on the Sherlock Center for Disabilities Web site, and utilizing the RI EI Facebook page for RBI news. We will continue to use the Directors Association meetings and Supervisors seminar as vehicles for communication.

A key group providing stakeholder involvement are the participants in the training. Utilizing feedback from this group to identify barriers and improvements to the training and implementation process will continue. Feedback occurs formally after each training session, and is intentionally sought in the small group follow up sessions, and during on-site visits and coaching by trainers. The Supervisors Seminar and Directors Association provide an avenue for involvement from these two important groups. These groups provide feedback on the process and help identify barriers to address. The ICC is another venue for informing and receiving feedback.

The state is committed to the success of the SIMR and will work at addressing barriers to its success. We have changed our intended implementation plan from training by program to one which includes selected staff from all programs. This has addressed a potential barrier regarding timing of training for programs. In the previous plan it was necessary for a program to commit its entire staff at once which might be overwhelming for a program if they had other initiatives or program issues they felt the needed to address. The new plan offers programs flexibility in when

to participate and in the numbers of staff who participate.

Another barrier that was identified in Phase I was the loss of income for programs due to sending people for training. In our plan providers will be reimbursed to offset the cost of allowing staff to participate.

A weakness which was identified regarding our infrastructure in Phase I was public awareness (including referral sources) of the early intervention service delivery model (parent as the learner, routines based). We have focused on describing the early intervention service delivery model in new messaging materials. This includes new EI materials with this messaging, an EI Fact Sheet in coordination with other Medicaid programs, and an EI rack card created in collaboration with the Department of Public Health. We have also developed a power point for use with community groups including physicians and will continue to look for new opportunities to promote the early intervention service delivery model.

Leslie Bobrowski, CSPD Director, will be in charge of implementing professional development activities. Leslie will collaborate with two other EI providers, who are certified trainers, to carry out the training and on site coaching. Resources to implement the activities include professional development as part of our Comprehensive System of Personnel Development and funds from Race to the Top. We expect all training to be completed prior to the end of our SSIP.

2(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the State Education Agency (SEA)) to support EIS providers in scaling up and sustaining the implementation of EBPs once they have been implemented with fidelity.

A key element in supporting and sustaining the use of the RBI and RBEI is the state's reimbursement policies for providers. Because the lead agency operates within the state Medicaid office, the lead agency is responsible to establish statewide EI reimbursement policies and rates for private and public insurers. The lead agency has created a reimbursement structure that allows reimbursement to providers to implement the RBI; and, in addition, billing policies support a routines based service delivery model in which the parent is the primary recipient of the service (coaching, modeling). This alignment supports implementation now and once fidelity has been reach.

Because of our small state structure, the main component of the lead agency involved in supporting providers throughout implementation of the RBI and routines based interventions will be our CSPD component. The CSPD Director is a member of the state leadership team and will report on the progress of specific activities to that group to ensure timelines are met. This has already occurred with the pilot cohort. Based on that group, it was determined that timelines needed to be provided to participants in order to ensure timely completion of the training process.

Phase II Component #3: Evaluation
Component #3 Elements
2(a)Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families. Attached are 2 documents. The first is the *RI SSIP Evaluation Tool*, an evaluation logic model, based on a template developed by the IDEA Data Center (IDC). This document shows inputs, outputs (strategies and activities), and short and long term outcomes. The evaluation logic model was used to create the second document, *RI SSIP Worksheet 5 Evaluation Questions Related to Outcomes*. This document is our evaluation plan and shows the link to the theory of action. It lists questions related to each strand of improvement strategies. The methods of collection, those responsible and timelines for reviewing data collected are also included. Technical assistance was provided by West Ed Learning Innovations at 3 separate times in the Phase II planning process. The evaluation plan will be handled internally, with assistance from the University of Rhode Island graduate students in tabulating the results.
3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders. The state leadership team will be responsible for the evaluation. Evaluation questions were developed with input from the group, edited/refined by a sub group, and brought back for review of the full team. Each evaluation activity has a member of the leadership team responsible for it and a timeline for completion. Individuals will report quarterly to the state leadership team for data review. Stakeholders from our EI supervisors group are invited to participate in the evaluation process. We see this group as vital to the sustainability of improvement activities. Supervisors must be confident in supporting staff to learn the RBI and routines based early intervention practices. We will develop a baseline via a survey question related to how confident they feel to support staff in the RBI and RBEI. Reponses will help shape professional development activities. We have provided training for them related to RBI at the RBI kickoff event and in the Supervisors Seminar. We are planning for PD for supervisors related to the criteria for assessing IFSP Outcomes and documentation of home visits recorded on Services Rendered Forms. Supervisors will be tasked with assessing the IFSP outcomes and SRFs of trainees prior to and, again, after RBI training. This data will be used to measure improvement. By involving supervisors in the evaluation process they will gain skills to support long term quality assurance regarding these practices. Supervisors will also participate in the evaluation process by providing data (obtained through record review) regarding how well the trainees follow administrative procedures related to the RBI (when to do it, how to document and how to bill for it).These data will be used to determine if clarification/edits of procedural documents is needed. We are also planning to use members of the state leadership team to provide an additional independent review of the quality of IFSP outcomes. We plan to share information from evaluation activities with Directors and Supervisors. We plan to use those groups to assist the state leadership team in developing new evaluation questions and

to address any mid-course corrections which are needed. We also will continue to inform the ICC regarding the progress of our evaluation.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

The methods the state will use to evaluate are specified in the *RI SSIP Worksheet 5 Evaluation Questions Related to Outcomes* document. The evaluation measures infrastructure changes identified in Phase I and further elaborated upon in Phase II. Proficiency in conducting the RBI and RBEI will be based on 85% proficiency on a fidelity checklist. The state has baseline data for IFSP outcomes and SRF documentation of home visits. Success will be gauged on incremental improvement from baseline data. We will compare the progress of children who families participated in an RBI (Summary Statement A Outcome 1) to the progress of children whose families have not had an RBI. We are anticipating greater progress by those children whose families had an RBI.

3(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation, assess the State's progress toward achieving intended improvements, and make modifications to the SSIP as necessary.

The evaluation data will be reviewed quarterly by the state leadership team. The state leadership team will use evaluation data to inform a course of action. For example, feedback from training participants will be used to improve content or format of professional development. Numbers of participants trained will be compared to the intended targets in the roll out plan. Deviations from the plan will result in adjustments to accommodate unexpected factors. Unexpected evaluation results may result in the state leadership team making modifications to our evaluation plan, utilizing additional evaluation questions, or making a decision that additional methods are necessary.

3(d) Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs' and providers' implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

We are unsure of our Technical assistance needs at this point in the process. We received technical assistance in the editing of our theory of action; developing of our logic model, reviewing and developing our evaluation plan and reviewing our SSIP. We may need technical assistance as our SSIP progresses and would like to have an opportunity to use technical assistance to problem solve, review and discuss progress/solutions if difficulties that arise.