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

Updates related to membership of the SSIP State Leadership Team

Brenda DuHamel, Part C Coordinator	Discontinued effective 3/3/17
Jenn Kaufman, Part C Coordinator	New 3/6/17
Donna Novak, Part C Quality Improvement and TA Specialist	
Christine Robin Payne, Part C Data Manager	No Change
Leslie Bobrowski, CSPD Technical Assistance Specialist, Paul V. Sherlock Center on Disabilities at Rhode Island College	No Change
Casey Ferrara, Meeting Street Early Intervention Director/ICC Member	No Change
Patricia Maris, CSPD Technical Assistance Specialist Paul V. Sherlock Center on Disabilities at Rhode Island College	No Change
Deborah Masland, ICC Chair, RI Parent Information Network, Director of Peer Support-The Rhode Island Parent Information Network (RIPIN)	No Change
Karen McCurdy, University of RI, Chair of the Department of Human Development and Family Studies (HDF)	No Change

There has been change in our state leadership team. In November 2016, the Part C Coordinator accepted a new position in the lead agency after 10 years in Part C. She has been available for guidance during the interim until her replacement was hired. The new Part C Coordinator began 3/6/17. Jenn Kaufman is our new Part C Coordinator and brings her experience as the director of an EI program within a large social service agency with multiple programs for young children. She has supervised other home visiting programs (Early Head Start, First Connections and Healthy Families America) and will bring the perspective of these initiatives in our state as well as the Part C lead to the state leadership team.

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

We have developed a new implementation plan timeline for participants to meet fidelity requirements. The plan is described in section F 1.
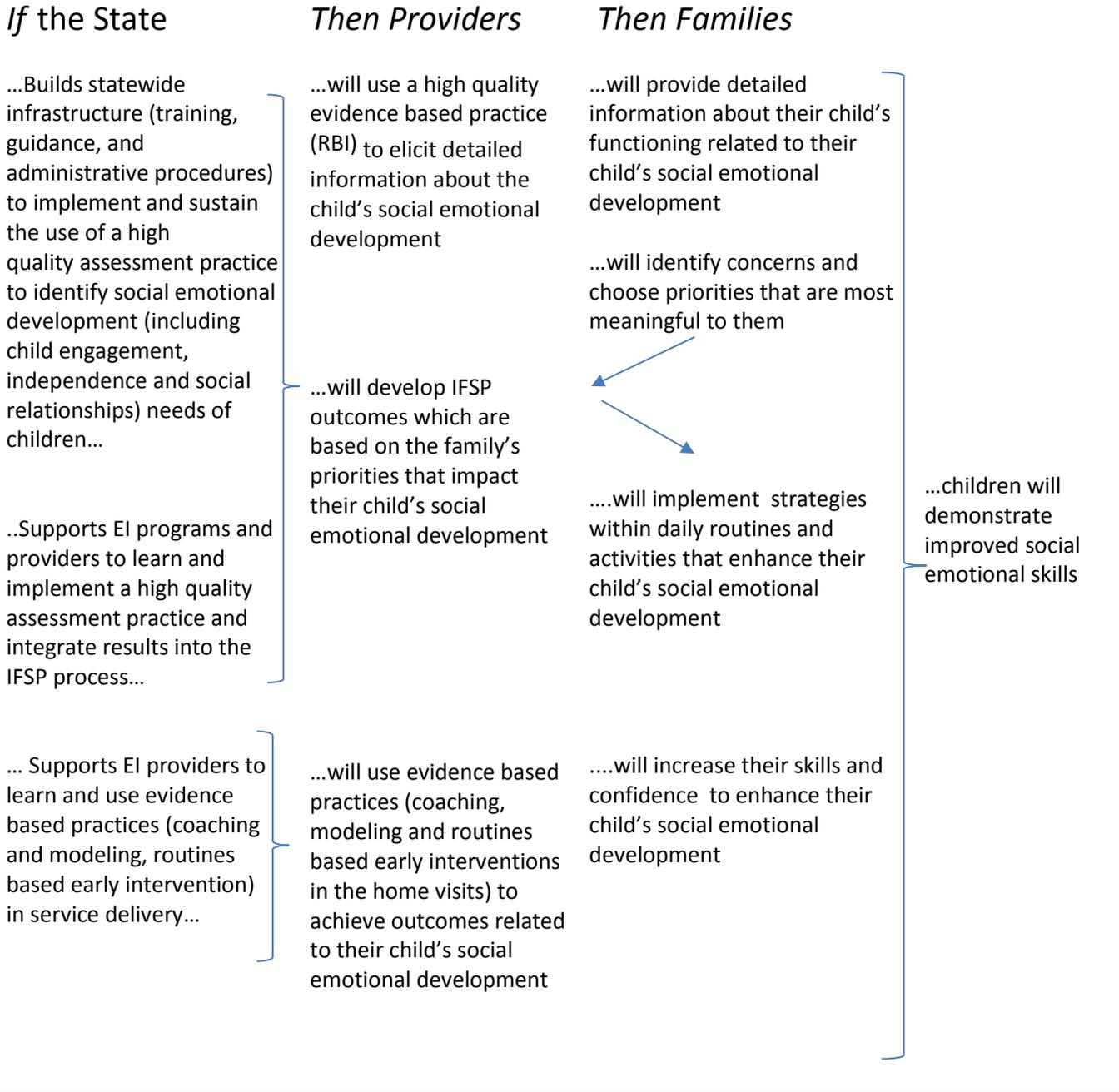
A. **Summary of Phase III**

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

Rhode Island Early Intervention Theory of Action

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

If the State	*Then Providers*	*Then Families*
…Builds statewide infrastructure (training, guidance, and administrative procedures) to implement and sustain the use of a high quality assessment practice to identify social emotional development (including child engagement, independence and social relationships) needs of children…

..Supports EI programs and providers to learn and implement a high quality assessment practice and integrate results into the IFSP process… | …will use a high quality evidence based practice (RBI) to elicit detailed information about the child's social emotional development

…will develop IFSP outcomes which are based on the family's priorities that impact their 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

….will implement strategies within daily routines and activities that enhance their child's social emotional development | …children will demonstrate improved social emotional skills |
| … Supports EI providers to learn and use evidence based practices (coaching and modeling, routines based early intervention) in service delivery… | …will use evidence based practices (coaching, modeling and routines based early interventions in the home visits) to achieve outcomes related to their child's social emotional development | ….will increase their skills and confidence to enhance their child's social emotional development | |

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

Improvement strategies employed during the year have focused on strands A and B of our Theory of Action. (Strand C activities will begin in September 2017). The activities this year were:

A. Build statewide infrastructure (training, guidance and administrative procedures) to implement and sustain the use of a high-quality assessment practices to identify social emotional development (including child engagement, independence and social relationships)

For strand A, the principle activities included the following:
  a. Following an Implementation Plan to incrementally scale up the Routines Based Interview (RBI) as a statewide practice
  b. 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
  c. Training personnel in updated Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services and other statewide forms which support RBI implementation
  d. Incorporating Quality Indicators related to Routines Based Early Intervention into the general supervision system
     i. •IFSP Outcomes: (family owned, functional, measurable and embedded into **a** routine)
     ii. •Services Rendered: (reflective coaching, modeling, parent participation)
  e. Implementing an RBI communication plan

B. Support EI Providers to learn, and implement a high-quality assessment practice and integrate the results into the IFSP process.

For strand B the principle activities included the following:

  a. Developing and providing RBI professional development (PD) and coaching
  b. Providing RBI PD for ancillary team members
  c. Providing PD regarding IFSP outcomes development
  d. Providing PD linking RBI to Child Outcomes Summary (COS) Process
  e. Providing PD for supervisors to support RBI
  f. Developing and distributing useful resources

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

Implementation of the Routines Based Interview (McWilliam) as a statewide practice has been the primary evidenced based practice that has been implemented. 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.

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

Our evaluation activities have closely followed our evaluation plan. We have used the Evaluation Logic Model template (created by the IDEA Data Center) we developed in Phase II, which is linked to our Theory of Action. This tool outlines our outputs along with direct, intermediate and long term outcomes for each improvement strategy. We also used the

Evaluation Worksheet 5: Evaluation Questions related to Outcomes (IDC) document we developed in Phase II. Please see attached documents. This year we have followed the evaluation questions related to the short-term outcomes for improvement strategies A and B. We have added a question to our original document "Is the percentage of children in the system whose family completed an RBI increasing?" We would expect this number to grow as individuals are trained in the RBI. Also, we have altered some data collection methods in the original document to simplify our plan. For example, some of our evaluation questions listed two methods of obtaining data: one was a supervisory review of trainee records, and the second was a review of records conducted as part of general supervision through annual provider self-assessments. We eliminated the additional supervisory review of trainee records as a method to obtain data. Embedding the evaluation of our SSIP into activities we already are doing is more efficient, and makes implementing the evaluation of our SSIP more accomplishable. Although we want supervisors to be involved in our evaluation plan, we want to focus on their valuable feedback in ways that do not create a burden for them. In addition, the supervisory role in the self-assessment would make the activity duplicative, with little added value.

We have collected data on all short term outcomes except one from Strand A: "Providers know the criteria to self-assess documentation of service delivery (Services Rendered Forms)." Data collected for this measure are accomplished through an annual review of the Services Rendered Forms from each provider, which has been started but is not complete yet. These data will be reviewed by August 31, 2017 and included in the next report.

Our evaluation procedures included collecting and reviewing our data. In cases where the data was not as we had expected, we made changes in our approaches to address what the data revealed. This has happened throughout the year.

Our procedures included monitoring the completion of updates to state documents, monitoring the numbers of those trained in the RBI and fidelity targets, monitoring the number of RBIs in the data system, reviewing and using pre- and post-knowledge based training evaluations of participants trained, implementing a fidelity checklist with criteria for mastery, and reviewing data collected in our annual program self-assessments as part of general supervision. We have also used focused interviews as one of our evaluation procedures. EI supervisors voluntarily participated in focused interviews conducted by the University of Rhode Island (URI) graduate students enrolled in a Family Policy and Program Evaluation course, under the supervision of Karen McCurdy, course instructor and SSIP State Leadership Team member. This process was used to evaluate a short-term outcome, "Providers gain knowledge about how to conduct an RBI, how to prioritize family concerns based on the RBI, and how to develop outcomes based on the priorities of the family." In order for this outcome to be successfully achieved, supervisors must be competent in their ability to support staff in the RBI process. The focused interviews provided us with information about the areas in which supervisors needed more support. We will use the students in the Family Policy and Program Evaluation course to conduct focused interviews on this outcome again and other outcomes throughout our SSIP. Graduate students from URI also are assisting with data collection to help the SSIP team assess the effectiveness of the RBI by comparing parent satisfaction with the IFSP of parents who had an RBI and parents who have not had an RBI. The study has started and we anticipate its completion by the next year's report.

Our evaluation data revealed positive data in relation to our improvement strategies. Some highlights include meeting our training targets for the number of individuals trained in the RBI, achieving our intended outputs in changes to state forms and policies, and data showing the quality of our IFSP Outcomes have improved.

5.Highlights of changes to implementation and improvement strategies

One change to our implementation and improvement strategies has been regarding our fidelity requirements. Originally, we had established timelines for staff to submit a video which met fidelity guidelines of 85% using the RBI Fidelity Checklist (McWilliam). This benchmark would result in the participant being "RI Approved". Data revealed early on that the number of participants trained to fidelity was not progressing according to timelines. Feedback with trainees indicated the video as a barrier. We have implemented a new time line for reaching fidelity. We have implemented strategies based on stakeholder feedback which are described in Section B question 2(b).

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress

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

We have met the targets of the intended timelines for our implementation plan regarding training individuals to do the RBI. To date 156 participants have been trained in the RBI.

We have updated nearly all procedural documents as planned. One document, the IFSP Guidebook, was intended to be updated, but is still under revision at this time. The timeline was extended due to a new IFSP process and form which was rolled out December 2016.

One area where timelines have not been met is that participants trained in the RBI have not met our fidelity targets. In order to ensure providers were implementing RBI with fidelity, the RBI planning team established a schedule for trainees which included submitting a video of themselves conducting an RBI with a family within the 3 months following training. We have worked with stakeholders to address barriers to our original plan, altered our fidelity requirements and have created a new plan.

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

Outputs achieved include:

An RBI Implementation Plan was developed and implemented

156 participants were trained in RBI in 4 cohorts of approximately 40 participants each

5 staff have been trained to fidelity

1 additional Site Based RBI Training was conducted with 35 participants

State Forms and documents revised or developed:

Updated RI Medicaid Reimbursement Manual for Early Intervention Services

Updated IFSP Policy, Child and Family Outcomes Policy including 2 public

hearings and public comment process

Updated IFSP, RI Provider Self-Assessment, and Intake Services Rendered Form

RBI Recording Form

RBI Communication Plan developed

6 Electronic RBI Newsletter (504 views)

3 Presentations to ICC (52 participants)

Presentations to Directors (12 participants) and Supervisors (12 participants)

RBI Resources

Routines Based Interview Power Point

Routines Based Interview Page on website with 11 RBI resources

2. *Stakeholder involvement in SSIP implementation*

   a. *How stakeholders have been informed of the ongoing implementation of the SSIP*
   The Directors and Supervisors are two key stakeholder groups that have been used to provide feedback regarding implementation of the RBI. We have an existing structure of monthly meetings with those groups that include Part C staff, and the Comprehensive System of Personnel Development (CSPD) Director, and the Interagency Coordinating Council (ICC) Chair attends the Directors' Association as well. We have reviewed our ongoing RBI roll out with those groups and asked for feedback regarding issues that have arisen. This method helps to ensure that all programs are aware of the progress of RBI implementation and has optimized efforts for an effective roll out. With both of these groups we have shared our implementation plans and updated the groups regularly on our progress. These groups have been key in obtaining feedback and engaging in problem solving regarding issues that have arisen, such as the low number of RBIs in the data system and low numbers of staff trained to fidelity. For example, as data indicated smaller than expected number of RBIs in the data base we found two issues to address. We worked with stakeholders (supervisors and directors) to be sure data entry protocols were in place to obtain the data, we made changes in the data system to create a tool to identify missing data, and we created a clearer timeline requirement for conducting RBIs on all families. A key issue our evaluation has revealed is that we have not met our intended targets for fidelity in conducting the RBI. With stakeholder involvement and technical assistance from WestEd, we have developed a plan which utilizes supervisors to work with staff to achieve fidelity (85% or higher on the RBI Fidelity Checklist). We have altered our requirement for a video submission of an RBI, which has been identified as a barrier, and instead will use video as a supervisory tool for the trainee and supervisor. Another stakeholder group has been the staff who have completed RBI training. Trainers used their feedback to improve training. For example, when pre- and posttest data related to training for the RBI indicated lower participant scores on certain questions, training was altered to be clearer in the knowledge area that the question was designed to assess. We have all used trainees for feedback regarding our fidelity process and in addition have sent them a separate eNewsletter to keep them informed during implementation. Topics ranged from "What trainees reported about using the RBI", "How to introduce the ecomap", "How the RBI is related to the SSIP", "Why we focus on routines", and "How to ensure RBI data is entered into Welligent."

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

As our fidelity issue began to unfold, our planning team used feedback from trainees and supervisors to find out why. Staff were very concerned about videotaping themselves and/or asking the family for their consent to do so. Programs had the means to video tape, but staff were resistant. Some programs also indicated difficulty in the means for videotaping and that using iPhone/cell phone was not sufficient in that power runs out due to the length of time needed for the RBI. In addition, the RBI and the use of video were both new procedures for these individuals. We initiated an incentive ($25 gift card to Dunkin Donuts) which netted 2 videos. Email reminders were sent and supervisors were used to encourage staff to submit videos.

We began to realize that trainees needed more support in implementing RBI. Feedback indicated that RBI felt like a huge undertaking and adding the video component was a barrier and we realized that it was a deterrent to fidelity. We developed a plan for 2 of our certified EI trainers to mentor and observe RBI's to do fidelity checks in person, thus eliminating the videotaping. Mentors then reached out to follow up with trainees, offering their support. This approach fell short when the volume of trainees superseded the mentor's abilities to keep up with the trainees, while attending to their daily activities. We have been working with supervisors to effectively use them in creating a new fidelity process.

Our directors and supervisors have been involved in an ongoing way to help us understand the low numbers of RBIs reported in the data system. Initially we believed the low numbers of RBIs had to do with data entry of the RBI into the data system. The data system had a field for RBI but we did not have a state form which collected the data. The IFSP form was in revision and was the best place to collect the data. We had asked directors to cross-check their system data with the staff who had been trained in RBI. This generated more RBIs in the data system but still not the number we would expect. When programs verified their RBI data, it also became clear that staff trained in the RBI were not actually conducting RBIs. Staff were practicing on families that were already enrolled and gaining skills but they were not implementing RBI with newly enrolled families. Although we wanted to be sensitive to staff practice needs, we also realized we needed to be firmer about how much practice was reasonable. We instituted a cutoff date when the RBI would be required for all new enrollment (except those not trained). We recently met with directors for feedback, asking if all staff trained were conducting RBIs, and their feedback was "yes." This was helpful in that although we have an increase in RBIs, it appears low so we are planning a missing data request to program data entry staff to check specific IDs without an RBI in the data field. We have also created a tool in the data base for programs to track missing RBIs on an ongoing basis for quality data. A workgroup with representation from EI programs gave feedback on the format for the new IFSP and settled on the IFSP cover page as the place for the RBI field. The new IFSP form was released in August, 2016 with full roll out by December, 2016.

Another way we have used stakeholders (supervisors) in ongoing implementation of our SSIP is through the use of a focused interview survey. We realize that in order for staff to

implement the RBI, supervisors are key and must feel competent in supporting staff in its use. One of our short-term evaluation questions is "Do supervisors feel competent in supporting staff to implement the RBI". We also have this question as an intermediate outcome as well because our intent is to repeat the survey during the SSIP process in order to know in an ongoing way how to tailor our professional development to meet their needs. The focused interview was conducted by the University of Rhode Island (URI) graduate students enrolled in Family Policy and Program Evaluation course.

The results indicated supervisors need additional support regarding RBI. We have used information from the survey to adapt the monthly supervisors meeting to meet supervisor needs.

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

Our evaluation measures are directly tied to our theory of action. We used the Evaluation Logic Model Template to direct our evaluation activities which is directly aligned with our Theory of Action. We have also used Worksheet 5 Evaluation Questions related to Outcomes tool which is directly related to our short term, intermediate and long term outcomes.

b. Data sources for each key measures

Short Term Outcomes	Data Source
Providers have knowledge of new procedures related to implementing the RBI (when to do it, how to document in the IFSP paper work and what codes to use for billing purposes)	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) • As measured by the number of RBIs in the data system
Providers know the criteria to self-assess IFSP outcomes	Focused Monitoring-Annual RI Provider Self -Assessment • Measured by changes in the % of IFSP outcomes that are family owned, functional, measurable and embedded in a routine • 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

Providers and stakeholders are aware of implementation of the RBI in RI	As measured by the number of contacts made by records of enewsletters sent; numbers of participants at presentations to the ICC, Directors and Supervisors
Providers gain knowledge about how to conduct an RBI, how to prioritize family concerns based on the RBI, and how to develop outcomes based on the priorities of the family.	• As measured by a knowledge survey based on the test questions from the chapter *The Routines Based Interview* from the book *Routines Based Early Intervention: Supporting Young Children and Their Families* by Robin McWilliam • As measured by focused interviews conducted by URI graduate students for supervisors regarding their competency to support staff in implementing the RBI
Outputs	
Implementation plan to scale up RBI	As measured by a complete training plan with timelines
Updated RI Policies and Procedures, RI Claim Reimbursement Guidebook for EI Services IFSP Guidebook and other relevant statewide forms	As measured by completed documents
Numbers of staff trained in RBI	As measured by training records of the numbers of participants trained in the RBI compared to implementation plan targets
Number of training materials	As measured by documents posted on the Sherlock Center in Disabilities website
Number and types of communication	As measured by Actual contacts: via Newsletter, and Presentations
Other	
Entry Ratings Outcome 1 Children whose families have had an RBI Children whose families have not had an RBI	As measured by child outcomes data used for federally reporting Child Outcomes in our data system

	Progress Summary Statement 1 Children whose families have had an RBI Children whose families have not had an RBI	Child Outcomes Measurement System; Data System
	The number of IFSP Outcomes Children whose families have had an RBI Children whose families have not had an RBI	Annual Self-Assessment as part of General Supervision

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

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

We have baseline data from SFY 14-15 regarding the number of corrections made to the provider's self-assessment of outcomes that the provider assessed to be compliant with being family owned, functional, measurable, and embedded in a routine. The data were collected in the same way as above. We have compared this year's SFY15-16 data to that and have seen a decrease in the number of state corrections to the provider's self-assessment of the outcome's compliance in all 4 categories.

We have baseline data from SFY 14-15 regarding the number of IFSP outcomes. The baseline data were collected in the same way as above. We have compared SFY15-16 data to that data and have seen an increase in the number of outcomes for children whose family have had an RBI verses children whose family did not have an RBI.

For other measures the data was collected for the first time this year.

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

Data collection procedures for all items are based on an annual self-assessment. Self-assessment forms are given to the provider in late August. All providers are scheduled for a focused monitoring site visit in either September, October or November to verify the provider's self-assessment by a record review of 25% of the self-assessment data. Data are collected, analyzed and reports prepared in November/December.

Data collection for training staff on conducting an RBI was collected after training according to our implementation plan. Numbers were updated as they were collected. Fidelity was measured according to the implementation plan. Data were reviewed in an on-going process.

Data for pre- and post-testing of training participants was collected before and after training. The pre-and posttest scores on individual questions was reviewed to see how training could be improved. A data analysis with recommendations was also completed by graduate students in the Program Policy and Program Evaluation course at University of Rhode Island. They reviewed three cohorts' pre- and posttests.

Data for the focused interview question was collected in the Spring of 2016 in 30-45 minute interviews with 9 supervisors focusing on topics such as how adequate the RBI training was, whether the supervisor felt they had the supports and skills needed to implement and supervise staff on the RBI, and what issues/barriers have arisen during the implementation process. A summary of the themes derived from the responses was prepared and reviewed with the RBI planning team.

Data collected for outputs related to state policy documents and forms was collected like a "to do" list completing the documents as planned.

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

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

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

No sampling was used

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

This year we compared data for children whose family had an RBI with those children whose family did not have an RBI. The data were collected as a part of our general supervision from provider self-assessment data as a part of our general supervision. We began including the number of IFSP outcomes in SFY14-15 but this is the first year we have collected data on the number of outcomes for children who have had an RBI. Providers were asked to report the number of initial outcomes on the IFSP. This year we could identify which children had an RBI in the RBI date field. The results indicated more outcomes were written for families who had an RBI. Validated studies focusing on RBI, show there is an increase in the number of IFSP outcomes in the initial IFSP. The results of the self-assessments indicated more IFSP outcomes were completed for those children who have had an RBI (4.62 average number of IFSP outcomes for those children whose family had an RBI and 2.5 average number of IFSP outcomes for children whose family did not have an RBI). This finding is preliminary, and has limitations because of the small number of children who have had an RBI in the review. We have submitted a request to URI to test the statistical significance of the increase.

We have also collected data to compare entry ratings for Child Outcome 1- Positive Social Emotional skills for children whose families had an RBI vs children whose families have not had an RBI. This data is collected from the data system as part of the global child outcomes measurement system and is required for new enrollment. This year we can disaggregate the data for children who have had an RBI. This is important as a gauge to see if we are on the right track. We will not have a large enough number of children whose families have had an RBI to determine if we are making progress towards our SIMR for a substantial amount of time, because progress depends on discharge data, which for some children may be three years from now. Our SIMR will measure the

progress of children whose family had an RBI. We have selected the RBI because we believe 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. One way we can look for changes in the meantime is entry ratings. We would expect to see fewer children whose family had an RBI rated age appropriate at entry in Outcome 1 because the RBI should better identify needs, and we would expect to see lower entry ratings for Outcome 1 overall as well. The results of the comparison show lower ratings in all 7 categories for children whose family has had an RBI. This finding is preliminary and has limitations because of the small number of children whose families have had an RBI in the review. However the fact that all 7 categories are lower is very encouraging. We have submitted a request to URI to test the statistical significance of the increase.

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; the % of outcomes that are compliant with being family owned, functional, measurable and embedded in a routine) is measured through provider self-assessments as part out general supervision process. Our data management procedures regarding the self-assessment process includes a review by our data manager of the completed provider self-assessment to check to see that the data has been entered correctly on the spreadsheet. The state, through a record review, verifies the accuracy of 25% of the records identified on the self-assessment to be sure the self-assessment is correct. At the record review, any data found non-compliant in the self-assessment is changed by the state. In the case where there are large numbers of changes indicating the provider misunderstood the criteria for compliance, the self-assessment would be re-conducted by the provider and another site visit to verify data would be scheduled. The criteria for compliance is included on the form issued to the provider and in addition, the state has issued technical assistance documents such as Steps to Building an IFSP Child Outcome; IFSP Outcomes Family Owned, Functional, Measurable and Embedded in a Routine, and Developing Better Child and Family Outcomes to help create and identify compliant IFSP outcomes. This data has been submitted for statistical analysis to URI and the change has been determined to be statistically significant.

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

Data analyses which allow for assessment of progress toward intended improvements include utilizing our higher education stakeholder-University of Rhode Island and the graduate students in the Program Policy and Program Evaluation course as independent

reviewers of the data.

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

   a. **How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR**
   The state has reviewed data and shared it with stakeholders as a way to achieve intended improvements. For example, data was collected regarding pre- and posttests of participants trained for RBI. That information was not only collected but it was used by the RBI training team to improve the content of the professional development offered. The data was also reviewed by URI graduate students for independent analysis. They found that although the data showed a significant positive difference between group scores on the pretest and scores on the posttest, they pointed to limitations of the data because the data was not connected to individuals. They suggested connecting the data to individuals (like a user name they can remember that no one else would understand) and this would result in better data regarding the effectiveness of the training. Another limitation was that there is no comparison group so we have no way of knowing if scores improved just because of taking the test twice, or because the training was effective. Trainers have incorporated this information for future trainings so we can have better data.

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

   One indicator that has shown a change in baseline data is the change in the improvement in the quality of our IFSP outcomes.

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

   The data revealed an issue with fidelity and the numbers of RBIs in the data system immediately. We began to make changes as a response as indicated in question 2.(b)

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

   Data are being used to find barriers to the success of our SSIP. For example, the data regarding fidelity was used immediately to start the process of finding out what was in the way of achieving fidelity as we had planned. The data are being used to determine professional development needs of supervisors and trainees, as previously described.

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

   We feel the following data shows we are on the right path:

   We have successfully met our goals for training.

A review of the number of participants trained to do the RBI in accordance with the Implementation Plan	The number of participants planned: 160	Actual: 156 participants

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

A review of the pre- and posttests of individuals trained to conduct RBI	51 EI Providers completed pretest 47 EI Providers completed post test	Significant positive difference between group scores on the pretest and scores on the post test

We have met our goals updating policy documents and forms.

A review of state procedural documents updated to include RBI (when to do it, how to document in the IFSP paper work and what codes to use for billing purposes).	Planned: • Reimbursement Manual • Child and Family Outcomes Policy • IFSP Guidebook (In process) • IFSP • IFSP Flow Chart • Data System field • RI Provider Annual Assessment	Actual: All procedural documents, forms and the data system has been updated according to the plan

Administrative procedures are being followed correctly

A review of the RI Provider Annual Self-assessment for RBI procedural accuracy	Focused monitoring of 9 child records 25% of sample	9/9 records were found procedurally accurate SFY 15-16

We are communicating about the RBI to providers and stakeholders

Track contacts made about RBI	A review of the number of contacts made through enewsletter, and ICC presentations	504 views enewsletter 3 presentations ICC 52 participants 2 Presentations Directors Supervisors 24 participants

Providers are developing more outcomes for children whose families have had an RBI consistent with expectations.

A review of SFY 2015-16 Annual Provider Self-assessment data regarding the number of IFSP Outcomes	Average number of IFSP Outcomes of families without/RBI	SFY 15-16 **2.50** IFSP outcomes on the initial IFSP
	Average number of IFSP outcomes with an RBI	SFY2015-16 **4.62** IFSP outcomes on the initial IFSP

The quality of IFSP outcomes has significantly ($p < .05$) improved and the differences are significant in all four components of outcomes improved.

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

Providers have improved in their ability to assess IFSP outcomes

A review of SFY 2015-16 Annual Provider Self-assessment regarding changes to the provider assessment of IFSP Outcomes (Family owned, functional, measureable, embedded in a routine)	Number of changes to provider outcomes assessment	SFY 13-14	SFY 14-15	SFY 15-16
	Family Owned	No Data	8	**3**
	Functional	No Data	14	**10**
	Measureable	No Data	27	**19**
	Embedded in a Routine	No Data	12	**7**

Our data shows lower entry ratings on Child Outcomes Summary Forms for children whose family had an RBI in Outcome 1 than children whose family have not had an RBI. This supports our hypotheses that providers need a high quality assessment practice that identifies children's functioning in social emotional development*

	2015-16 With RBI		2015-16 Without RBI		Summary	
COSF Rating 1-7	**Number of Children at each Rating**	**Percent Rated at each Rating**	**Number of Children at each Rating**	**Percent Rated at each Rating**	**Diff**	
1	1	0.89%	31	1.44%	-0.55%	**Less 1's**
2	7	6.25%	122	5.75%	0.50%	**More 2's**
3	13	11.61%	178	8.31%	3.30%	**More 3's**
4	23	20.54%	451	20.43%	0.11%	**More 4's**
5	32	28.59%	566	26.36%	2.23%	**More 5's**
6	19	16.26%	447	21.60%	-5.34%	**Less 6's**
7	16	14.29%	359	16.12%	-1.83%	**Less 7's**
Missing	1	.89%	5	0.23%	0.66%	
Total	112		2159			

This data has limitations due to the size of N for children who have had an RBI. It is interesting in that every rating supports our hypotheses that a quality assessment practice will help providers identify social emotional needs early in the IFSP process. It is out intent to ask the University of Rhode Island to further analyze this data to determine its statistical significance.

The data reported below have been used to make modifications to our intended implementation plan. Based on the shortcomings of meeting our targets, and feedback gathered from supervisors and trainees, the following modifications have been made.

1. We have developed a new plan for reaching fidelity in implementation of the RBI, which includes providing supervisor support and eliminating the video submission

as a requirement to achieve fidelity, but includes using video as a tool in supervision regarding fidelity. (see below)

A review of the number of participants trained to fidelity in accordance with the implementation plan	The number of participants planned to be trained to fidelity:160	Actual:5 participants trained to fidelity

2.We needed to create a firmer timeline for utilizing the RBI for all new enrollees and to create a tool for providers to check their missing RBI data. (see below)

A review of the number of RBIs in the data system	Based on the numbers of participants trained we would have expected hundreds of RBIs	Actual: SFY 15-16 74

3. **Stakeholder involvement in the SSIP evaluation**

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

We have presented our data regarding implementing RBI statewide to stakeholders such as the Interagency Coordinating Council and the Directors Association and the monthly Supervisors group.

The Director's Association is actively involved in the implementation and participated in discussion and made suggestions based on the data. For example, in discussion of very early data which looked at Outcome 1 entry ratings of those children whose family had an RBI compared to children whose family did not, the data shows lower entry ratings of children with an RBI, further disaggregation of the data was suggested to see if there were more numbers of children at entry with single established condition which could account for the lower ratings. We had not disaggregated the data in that way and will do so and report back to that group. Sharing SSIP data we collect from the annual self-assessment with this group showed improvement in child outcomes, evidence that providers are reviewing child outcomes with the same lens as the state, and more outcomes for children with an RBI. This data reflects the hard work of their staff and many share the data within their programs.

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

We intentionally create opportunities to use feedback from stakeholders as part of our ongoing evaluation of the SSIP. One example of this is our focused interviews with supervisors. Supervisors are key stakeholders in that it is that group which will support RBI implementation in their own programs. What they know and feel competent about will drive a successful implementation. We have created an opportunity as part of our SSIP evaluation to find out where they feel their skills are and what they need to support their staff. To evaluate this, we asked the University of Rhode Island (URI) to assist. Graduate program students enrolled in the Family Policy and Program Evaluation graduate course surveyed EI supervisors using a focused interview conducted by phone. The results of the survey indicated supervisors did not feel competent in supporting staff in implementing the RBI. Although the results are not what we had hoped, we welcomed to know this data and have increased PD for supervisors. Information gleaned in this survey prompted the training team to review the RBI process, view video and collaboratively complete the RBI checklist with the supervisors group. These individuals

had attended RBI training in August 2015 but the results of the survey indicated they needed more information / review of information to gain confidence in supporting their staff.

In addition, we are sending 3 supervisors to RBI training to the We have added a focus on RBI to the supervisors' seminar which meets monthly. For example, the University of Alabama to become certified RBI trainers. This will provide intensive RBI training and will help build the state's capacity to support their staff and each other.

Staff who have been trained in RBI are another group we have intentionally included as a part of our ongoing SSIP evaluation. We are in the process now of asking their feedback through an online survey instrument. The survey relates to a long-term outcome but it is important to have information now which will help to identify training needs. The outcome is "Providers feel that implementing the RBI results in IFSPs that are more appropriate and effective for families ". We plan to ask "Do you feel that implementing the RBI results in IFSPs that are more appropriate and effective for families?" along with other questions which point to training needs. We will use this information in planning future trainings.

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**

We have low numbers of RBI's in the data system. We believe this to be a data collection issue. It has impacted our data in that we are not able to tell who has had an RBI. We believe this issue is resolved (as previously described). The data depending on RBI comparison is the number of IFSP outcomes for non-RBI and RBI children, and the entry ratings of non-RBI and RBI.

In the URI analysis of pretest and posttests of three cohorts of individuals trained to do the RBI, they have recommended that creating a link between the pretest and posttest would give more confidence to the data because it would show changes by each individual. They have also suggested using a comparison group to see if any gain was due to taking the test twice. We will have participants link their pretests and posttests going forward and are exploring how we might do a comparison group for future trainings. In addition, we did not get pretest and posttest data from every group trained. The 1st pretest posttest of 27 was completed on line and the format could not be included in the URI analysis. In addition, a pretest posttest was not completed for the group of 40 staff who attended our kick-off training by Robin McWillam, and for a group of 35 trained at their own program. These were initial trainings in the beginning and evaluation data collection had not been implemented yet.

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

Although the data appears to be positive, because the N is low it may not be significant statistically. We may need to wait until more RBIs are completed in the system to have

more confidence in the findings.

c. **Plans for improving data quality**

We have added a report in the system to help providers track their own missing RBI's. This will improve data quality.

We are in the process of assessing whether some data we have collected is statistically significant. Data includes: Increase in the number of IFSP Outcomes of children whose family had an RBI; Decrease in the number of state changes in providers self-assessments of IFSP outcomes; and Lower entry ratings of children whose family had an RBI.

E. **Progress Toward Achieving Intended Improvements**

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

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

Our infrastructure changes included updating state policies and state forms to support the Routines Based Interview as a statewide practice. These changes are in place and give strength to implementing the RBI. Our procedures and forms have provided a framework for successful implementation. Another infrastructure change was incorporating quality indicators related to Routines Based Early Intervention into the general supervision system i.e. •IFSP Outcomes: (Family Owned, functional, measurable and embedded into a routine) •Services Rendered: (reflective coaching, modeling, parent participation). Embedding our evaluation activities within our existing annual monitoring structure has made our evaluation plan manageable and the provision of technical assistance based on the results of monitoring directly relates to our SIMR. Another infrastructure improvement was the development of an RBI Communication Plan. Keeping stakeholders informed of our SSIP supports a successful implementation.

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

As previously discussed we have developed a new timetable for reaching fidelity targets. Even though we do not have as many participants designated as "RI approved" in conducting the RBI as we had planned, the improvements in IFSP Outcomes that are family owned, functional, measurable and embedded in a routine is positive evidence of a desired effect. The University of Rhode Island had determined the change in all components of outcomes (family owned, functional, measurable, and embedded in a routine) to be statistically significant ($p < .05$). The improvements in our IFSP outcomes is significant evidence that we are on the right track. This year three out of nine providers were over 90% compliant in all four components of outcomes!! IFSP outcomes that meet quality indicators directly relate to our SiMR. Developing outcomes that meet quality indicators is a major step in our theory of action and without this step we will not be successful. The fact that our data shows improvement is exactly what we want. We have provided ample technical assistance around outcomes development and developed a rubric to help providers assess their own outcomes. We have also provided site specific feedback on outcomes submitted for review as part of agency Program Improvement Plans.

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

We have met the following short term outcomes in Strand A and B.
- Providers have knowledge of new procedures related to implementing the RBI (when to do it, how to document in the IFSP paper work and what codes to use for billing purposes)

- Providers and stakeholders are aware of implementation of the RBI in RI

- Providers know the criteria to self-assess IFSP outcomes

- Providers gain knowledge about how to conduct an RBI, how to prioritize family concerns based on the RBI, and how to develop outcomes based on the priorities of the family.

Our data indicate we have achieved these important steps towards meeting our SIMR (see data tables C. 2. (e)

We have one more short term outcome that we are in the process of evaluating:

- Providers know the criteria to self-assess documentation of service delivery (Services Rendered Forms)

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

Target (All children) 2016 Outcome 1(Positive Social Emotional Skills) 68.20%

Actual (All Children) 2016 Outcome 1 (Positive Social Emotional Skills) 2016 67.22%

Target (Subset of children whose family had an RBI) 2016 Outcome 1(Positive Social Emotional Skills) 69.70%

Actual (Subset of children whose family had an RBI) 2016 Outcome 1(Positive Social Emotional Skills) 0%

We cannot report measurable improvement in our SIMR in relation to targets because there is very limited data to date. Our SIMR is based on a subset of children whose family had an RBI. Improvement is based on Child Outcomes data. There have only been 2 children whose family had an RBI who have been enrolled over 6 months and have discharged. It was not expected that an increase would occur because the reporting period was the year before improvement strategies were fully implemented

F. **Plans for Next Year**

1. **Additional activities to be implemented next year including a timeline.**

We plan to concentrate on fidelity next year and have attached a timeline with new targets. We expect to begin Strand C professional development and coaching around Routines Based Early Intervention in September 2017 and expect this to be a 2-year process beginning with supervisors and those who have met fidelity first.

Activity	Expected Timeline and Projected Participation	Description
RBI Training During Introduction to Early Intervention	Spring 2017 ≈15 Fall 2017 ≈25 Spring 2018 ≈25 Fall 2018 ≈25 Spring 2019 ≈25 Fall 2019 ≈25 Spring 2020 ≈25	An abbreviated segment on RBI is conducted during Introduction to Early Intervention for all new staff. The intent of including this is to generate basic awareness and understanding of RBI and the importance of understanding child and family functioning
Agency Based RBI technical assistance support	Spring 2017 – Spring 2018 ≈2 visits Spring 2018 – Spring 2019 ≈2 visits Spring 2019 – Spring 2020 ≈2 visits	TA staff will conduct site specific TA to programs at staff meetings. We will conduct on site trainings upon request
Group RBI Training	April 2017 ≈30 participants June 2017 ≈30 Fall 2017 ≈ 30 Spring 2018 ≈ 30 Fall 2018 ≈ 30 Spring 2019 ≈ 30	This training will be conducted at a central location and offered to all EI new staff or as a refresher.
Increase # of Certified RBI Trainers	Summer 2017 = 3 new trainers	Three EI providers will attend RBI training conducted by Robin McWilliam, Ph.D to receive certification. The addition of 3 new trainers will significantly increase our capacity to use RBI and identify those staff using it with fidelity. These trainers will first be responsible to assess and work with their staff to ensure fidelity and then move onto supporting other programs.
Increase # of Providers conducting RBI with Fidelity	Fall 2017 ≈ 60 staff Spring 2018 ≈ 60 Fall 2018 ≈ 60	The 3 new certified trainers will work with their own staff to coach and assess fidelity. All staff conducing RBI (service coordinators, educators and possibly some therapists) in three sites (Looking Upwards, Family Service and Children's Friend) will be at 85% on the RBI Checklist

Strand C **RBEI Training**	Fall 2017 ≈ 30 Spring 2018 ≈ 30 Winter 2018 ≈ 30 Spring 2019≈ 30 Winter2019≈ 30	This training will use information learned, and outcomes developed from the RBI to support families in the implementation of strategies based on individualized strengths, needs, resources and priorities. We currently have 2 certified RBEI trainers working with state TA to develop a 3-hour training for those individuals who have met 85% on RBI Checklist.

2. **Planned evaluation activities including data collection, measures, and expected outcomes.**
   We plan to follow our SSIP Evaluation Worksheet in the upcoming year (see Attached). We will be focusing on a short term outcome in process at the time of this report "Providers know the criteria to self-assess documentation of service delivery (Services Rendered Forms)" and Intermediate Outcomes of Strand A and B. We will begin evaluating short term outcomes for Strand C.

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

   One barrier is the amount of change to processes and paperwork EI Providers have experienced. The State recently changed its Child Outcomes Measurement System. The change was done in collaboration with Part B and aligns the child outcomes process statewide birth to five. This change involved new state forms and a new process between Part C and B at transition which includes a collaborative exit rating for Part C and entry rating for Part B. Because of the change in forms, integrating them and the child outcomes process into the IFSP would reduce EI paperwork. A workgroup convened to provide feedback and a new IFSP was released in August 2016 with full implementation by December 2016. These changes at the same time as RBI implementation have resulted in a significant amount of change for programs. Steps to address the barriers will be to offer program specific support and TA, provide TA to the supervisors group so they feel competent to support program staff, make no changes in the upcoming year, and continue to solicit feedback from directors and supervisors regarding TA needs and the pace of professional development activities.

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

   We are unsure of our technical assistance needs at this time. The State has utilized technical assistance in the preparation of this SSIP. We also have requested technical assistance regarding developing a new implementation plan for achieving fidelity targets. We may need technical assistance as our SSIP progresses and would like to have an opportunity to use technical assistance to discuss progress/solutions if difficulties arise.