

Maine Part C SSIP Phase II

March 31, 2016

Introduction:

The lead agency for Maine’s Part C Program is the Maine Department of Education (MDOE). MDOE has identified Child Development Services (CDS), a quasigovernmental agency organized as an intermediate educational unit, as the entity responsible for all aspects of the Part C Early Intervention (EI) Program.

Maine’s Early Intervention (EI) system through data analysis by Child Development Services (CDS) staff, State Interagency Coordinating Council (SICC), parents, providers and other internal and external stakeholders, has identified our state’s measurable result.

Maine will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

Indicator 3 Target	FFY	2013 Baseline	2014	2015	2016	2017	2018
	Target B1 ≥	60.00%	60.00%	60.00%	60.00%	60.00%	61.00%
	Target B2 ≥	27.00%	27.00%	27.00%	27.00%	27.00%	28.00%

	Numerator	Denominator	FFY 2013	FFY 2014 Target	FFY 2014 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$	275.00	406.00	54.05%	60.00%	67.73%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$	160.00	450.00	33.33%	27.00%	35.56%

The focus represents all infants and toddlers in Maine who have been identified in the Part C program, who have received EI services for at least six months, and who have exited the program.

In Phase I, Maine identified four strands of SSIP improvement strategies. As outlined in the theory of action (<http://www.maine.gov/doe/specialed/support/spp/toa-c-2013.pdf>), these strands include professional development, data collection and reporting, early intervention outreach, and system support.

The development of SSIP Phase II included a variety of conversations, activities, and meetings. The work began internally with the CDS State Leadership Team (CDS SLT), which is comprised of the State Director (Part C and Part B 619 Coordinator), Deputy Director, Quality Assurance Director, Early Intervention Technical Advisor (EITA), Early

Childhood Special Education Technical Advisor, Finance Director, and Human Resources Director.

CDS SLT also accessed several OSEP funded Technical Assistance (TA) providers throughout the process including National Center for Systemic Improvement (NCSI), Early Childhood Technical Assistance Center (ECTA), and IDEA Data Center (IDC), The Center for IDEA Early Childhood Data Systems (DaSy Center). In addition to attending national TA meetings and conferences, representatives from NCSI and IDC visited Maine to help facilitate meetings and to assist in development of the SSIP Phase II.

A stakeholder meeting on February 12, 2016 was conducted to:

1. Update stakeholders on SSIP work to date and share information on planned improvement strategies,
2. Build common understanding of approach to SSIP evaluation and value of stakeholder input,
3. Consider possible SSIP evaluation measures (outputs, short-term, intermediate, and long-term outcomes), and
4. Discuss next steps for SSIP Phase II work and role of stakeholders.

Invited stakeholders included; SICC co-chairs, Part C Early Intervention Program Managers, EI/619 contracted providers and staff, Head Start, legislators, higher education, Maine Roads to Quality (MRTQ), parents, Maine Parent Federation (MPF), representatives from the Department of Health and Human Services (DHHS) and the Maine Department of Education (MDOE) including the commissioners of both departments, Maine Administrators of Services for Children with Disabilities (MADSEC), Maine Association of Community Service Providers (MACSP), physicians, State Agencies Interdepartmental Early Learning and Development Team's Developmental Systems Integration Project's Developmental Screening Initiative (DSI:SAIEL), CDS SLT and CDS Regional Site Leadership Team (CDS RSLT) comprised of the nine regional site directors and CDS SLT.

As a result of the stakeholder meeting and the technical assistance CDS received, a logic model

(http://www.maine.gov/doe/specialed/support/spp/me_partc_logic_33116_final.pdf) was created to identify specific strategies/ activities, timelines, person(s) responsible, resources, outputs, and short and long term outcomes related to the four strands of improvement strategies.

Component #1: Infrastructure Development

1 (a) Improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families include developing a standard of fidelity for the implementation of EBP, implementing new data system, embedding COSF into the data system, increasing developmental screening and maintaining a high quality EI workforce.

CDS will require Part C practitioners meet the new standards for attaining state approval in conducting Routines Based Early Intervention (RBEI). The intended result is that all practitioners will implement RBEI with fidelity thereby increasing families' ability to meet their infants or toddlers developmental needs.

CDS will implement a new statewide data system, with an embedded COSF, that will improve data quality and allow necessary analyses of child outcome data that is accurate and timely. It will allow staff to routinely correlate child outcome data with other program and demographic data to identify successes and to plan and -evaluate improvement efforts.

Coordination with DSI:SAIEL to increase the number of community stakeholders completing developmental screenings for all infants and toddlers will continue. Referrals to CDS should increase based on the number of screenings that will occur throughout the state which may lead to an increased number of infants and toddlers found eligible for EI services.

CDS will develop and maintain a highly qualified workforce by identifying the most effective way in which to post available positions in order to maximize the number of qualified applicants and by providing increased support and supervision to new and existing EI practitioners. Measures such as targeted professional development and fidelity checks, as well as ongoing analyses of workload and productivity, will ensure that all EI practitioners are knowledgeable of evidence-based practices, implement those practices with fidelity, and maintain a workload that does not impede their ability to provide high quality services to infants, toddlers, and their families.

By making these improvements and continuing collaborations with partners, all practitioners, agencies and stakeholders, Maine CDS will have an infrastructure to ensure infants, toddlers and their families are able to show improved results.

1(b) To align and leverage current improvement plans and other early learning initiatives and programs in the state, Maine will collaborate with other agencies/organizations and capitalize on the mission and/or initiatives of those agencies/organizations. Developing and maintaining highly functional relationships with organizations such as Head Start, Maine Families Home Visiting (MFHV), MPF, DSI:SAIEL, Maine Autism Institute for Education and Research (MAIER), and Maine Education Center for the Deaf and Hard of Hearing (MECDHH) will allow for the pooling of resources, the avoidance of duplication of services and a concerted, coherent effort to meet the needs of Maine infants, toddlers, and families. CDS has developed Memorandum of Understanding (MOU) with DHHS, MFHV, MECDHH, the Division of the Blind and Visually Impaired (DBVI), Head Start and works closely with DSI: SAIEL in implementing the Developmental Screening Initiative. Current collaborations with the above agencies have led to improved, coordinated services for infants and toddlers with autism, for infants and toddlers who are deaf or hard of hearing and for infants and toddlers exposed to multiple socioeconomic risk factors. These collaborations have also resulted in a significant increase in the number of infants and toddlers receiving developmental screenings at the recommended periodicity.

1(c) The CDS State Leadership team will be **implementing the changes to the infrastructure** and ensuring that current work and initiatives continue. To help support

the work and ensure stakeholder involvement, four implementation teams, consisting of stakeholders, will be developed, by July 1, 2016, to manage the activities of each strand of the SSIP improvement strategies (all of which include activities related to improving aspects of the state's infrastructure). Each implementation team will consist of CDS SLT members, regional CDS leadership, EIPM's, EI practitioners, parents, designated stakeholders and a 619 representative.

As part of the large stakeholder meeting in February 2016, participants were asked, using Leading by Convening, to identify their level of commitment to ongoing participation in the four implementation teams. A survey of those stakeholders, including those who were unable to attend the stakeholder meeting, will be conducted in an effort to expand membership of and participation in those implementation teams. The work conducted by the four implementation teams is expected to result in an increase in the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

1(d) CDS will involve multiple offices, agencies, and divisions within MDOE and DHHS, as well as other stakeholders, in the improvement of its infrastructure. Collaboration with these stakeholders will occur through the implementation teams, SAIEL, committees such as the State Interagency Coordinating Council (SICC), workgroups and MOUs. SAIEL and SICC, for example, represent a cross-section of multiple agencies and organizations across the state. Engaging, with these groups, in robust conversations, needs assessments and problem-solving will provide opportunities to identify ways in which resources and initiatives can be marshalled to improving results for infants and toddlers and their families.

Component #2: Support for EIS Programs and Providers Implementation of Evidence-Based Practices

2(a) CDS will support EIS programs and providers in implementing evidence-based practices that will result in changes that will increase the quality and effectiveness of early intervention services. Two key strands of improvement strategies relate specifically to efforts to support the implementation of evidence-based practices. First, Maine CDS plans to develop a comprehensive professional development system to support practitioners' adoption and use of RBEI. In addition, Maine CDS will initiate an effective outreach mechanism that will increase community understanding and awareness of Maine's EI services and encourage the referrals of infants and toddlers, at an earlier age, to CDS. By increasing the number of EI practitioners implementing evidence-based practices, with fidelity, and identifying infants and toddlers at an earlier age, CDS will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

CDS has chosen to move to the full implementation of RBEI. RBEI is based on research that emphasizes the importance of strengthening informal supports, assessing family functioning, empowering families, integrating services, and taking a consultative approach rather than a direct, hands-on approach. The implementation of RBEI facilitates CDS' continued progress toward the delivery of evidence-based practices that align current best practices and the mission and key principles identified by the

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings (2008, March).

To support practitioners with RBEI, CDS will develop and provide trainings for practitioners and contracted providers that will focus on the components of RBEI, including the family ecology, needs assessment, intervention planning, support-based home visiting, and collaborative consultation to childcare to ensure families receive high quality evidence-based services. Initial trainings will occur for new practitioners upon hire as well as annual refresher trainings for all EI practitioners. Participants will be required to show mastery of content through pre/post-tests as well as through ongoing fidelity checks for all components of the model.

In addition, CDS will provide professional development opportunities to community stakeholders to increase understanding of the RBEI service delivery framework and EI in general. In addition to community partners and stakeholders, CDS will collaborate with the MPF to provide opportunities for families to gain knowledge of Maine's EI system including the RBEI service delivery framework. CDS will work with stakeholders to identify needs and provide tailored professional development opportunities to their organization(s). The effectiveness of these PD opportunities will be evaluated at the conclusion of each opportunity and at determined intervals thereafter to ensure that those opportunities have resulted in changes in EI practices.

CDS will develop and provide comprehensive training and written materials, which provide guidance on the completion of COSF, to Part C practitioners, contracted providers, and community stakeholders who may be involved in the COSF process. Annual training on the COSF will be provided to all Part C practitioners. CDS will coordinate with MPF to provide opportunities for families to learn about the child outcome requirements and how Maine collects and uses the information. Written materials will be developed that include talking points for practitioners to ensure a clear, consistent message is being communicated and to increase parent/ caregiver understanding of their participation in the process.

Finally, CDS will develop public awareness materials and presentations, targeting potential referral sources, which cover the referral process, regulations, eligibility criteria, RBEI, and transition to preschool services. CDS practitioners will contact community stakeholders and potential referral sources to coordinate opportunities to share and present developed materials. When referral sources, including families, have an increased awareness and understanding of the EI system, an increased number of referrals will be received by CDS, which may result in increased early identification of infants and toddlers.

2(b) CDS has identified the **steps and specific activities needed to implement the coherent improvement strategies** within the logic model

(http://www.maine.gov/doe/specialed/support/spp/me_partc_logic_33116_final.pdf).

While using the determined improvement strategies in Phase I to supplement the logic model the implementation teams will be responsible to monitor and implement the specific actions and outputs determined through Phase II.

Several barriers were identified in Phase I and will be addressed by the implementation teams.

The Data Collection and Reporting Implementation Team will address the inability to disaggregate outcome data to determine if other indicator percentages are a contributing factor in improving results as well as the challenges in correctly completing the COSF.

The Early Intervention Outreach Implementation Team will address the inconsistent membership and attendance of the SICC, the need to collaborate with MPF to ensure families and stakeholders receive current information on EI and outcome requirements, the failure to identify at an earlier age, the perceived limitations of RBEI, and the need for stakeholders to understand and clearly communicate the purpose of EI and SSIP.

The System Support Implementation Team will address the challenges in recruiting and retaining qualified staff.

Each implementation team will be expected to address the barriers identified in Phase I as they develop their work plans and implement the activities and evaluation measures. Another area of focus for the implementation teams will be to develop a communication plan to ensure all stakeholders can access information. CDS will post updates to our website for resources and communication tools used.

Maine developed four strands to focus improvement strategies. Each strand will be addressed by an implementation team, which will focus on the overarching goal of their respective strand.

Professional Development

If CDS develops and implements a sustainable, comprehensive professional development plan for Maine's Early Childhood Care and Education then infants and toddlers with disabilities and their families will receive high quality evidence-based services then Maine will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

Specific activities, resources, timelines, short term and long term outcomes are detailed in the logic model.

Data Collection and Reporting

If CDS enhances the capacity of the state-wide data system to collect and report comprehensive data on child indicator results then necessary data will be available for monitoring, evaluation, and improvement planning on child outcomes then Maine will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

Specific activities, resources, timelines, short term and long term outcomes are detailed in the logic model.

Early Intervention Outreach

If CDS increases public awareness and understanding of Maine's EI system then an increased number of infants and toddlers will be referred and potentially identified at a

younger age than Maine will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

Specific activities, resources, timelines, short term and long term outcomes are detailed in the logic model.

System Support

If CDS builds a sustainable EI workforce then infants and toddlers will receive services from highly qualified professionals then Maine will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

Specific activities, resources, timelines, short term and long term outcomes are detailed in the logic model.

2(c) To support EISs in scaling up and sustaining the implementation of EBP the **State will** provide individuals within MDOE and other state agencies professional development opportunities and resources to increase awareness and understanding of EIS and to facilitate continued cross-agency collaboration via committees, subcommittees and workgroups. This increased awareness and understanding and continued collaboration will allow for ongoing exploration and analysis of scale and sustainability and for systemic responsiveness to barriers as they arise. In addition, as described in 3(b), parents and representatives from multiple private and public entities will serve on each of the implementation teams, further strengthening the scaling up and sustainability of EBPs.

Component #3: Evaluation

3(a) To align the evaluation to the theory of action and other components of the SSIP, CDS has developed a logic model that reorganizes and highlights activities documented in Phase I and Phase II and includes **short-term and long-term objectives which** will be measured to evaluate the effects of the implementation of the SSIP. As activities are completed and short- and long-term objectives are achieved, Maine will demonstrate an increase in the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.

An objective of the stakeholder meeting that occurred on February 12, 2016, was that the group would generate possible SSIP evaluation questions which suggested possible evaluation measures (outputs, short-term, intermediate and long-term outcomes). Through discussion and workgroup sessions, recommendations and ideas for evaluation questions were gathered. The implementation teams will use the information from the representative strands of action to formulate and finalize evaluative questions.

Currently, CDS intends to complete the evaluation portion of the SSIP internally. Data being collected through the current State Personnel Development Grant (SPDG) will be accessed and analyzed as some of the SPDG initiatives represent ongoing activities within the professional development strand of the SSIP. Maine recently submitted a new SPDG application which, if awarded, would allow for Professional Development and

Early Intervention Outreach portions of the SSIP evaluation to be transitioned to an external evaluator.

3(b) Stakeholders will be **included** in the **evaluation** of the SSIP through the implementation teams activities and ongoing workgroup meetings. The same individuals recruited to participate in the stakeholder meeting in February 2016 will be asked to join an implementation team to move the work of the SSIP forward into implementation. Invited stakeholders included; SICC co-chairs, EI PMs, EI/619 contracted providers and staff, Head Start, legislators, higher education, MRTQ, parents, MPF, representatives from DHHS and MDOE including the commissioners of both departments, MADSEC, MACSP, physicians, DSI:SAIEL, CDS SLT and CDS RSLT which is comprised of the nine regional site directors and CDS SLT.

Maine CDS will communicate with stakeholders regularly in order to provide updates on the work of the implementation teams and the progress of specific improvement strategies to ensure there is progress towards the SIMR. Updates will be provided through emails, user messages on the new data system, at stakeholder meetings and through the SICC.

3(c) CDS will utilize several methods to **collect and analyze data to evaluate implementation and outcomes** of the SSIP and the progress toward achieving intended improvements in the SIMR. As noted in the logic model, some methods include pre- and post- tests, fidelity checks, standards, evaluations of learning, periodic check-ins, surveys, data checks, monitoring activities and file reviews. Implementation teams, with guidance from SLT, will establish the criteria for successful implementation and how each activity will be measured.

3(d) CDS will **use the evaluation data to examine the effectiveness of the implementation** and to complete an **assessment of the progress toward achieving intended improvements**. The data will be collected and reviewed at intervals appropriate to the specific activities and reviewed by CDS SLT, RSLT, EIPM's, and the implementation teams which consist of a wide range of stakeholders, including families and representatives from multiple statewide organizations and agencies. Data trends that indicate an absence of, or minimal, progress toward achieving intended improvements will undergo an in-depth, root cause analysis. The reviewers will then identify adjustments to existing activities or propose new activities with the intent of positively impacting the trajectory of progress. Additional evaluation procedures will also be developed and implemented. Stakeholders will be convened at least one time per year to review data provided by the implementation teams and to provide input on revisions to improvement activities, evaluation and work plans.

Technical assistance and support:

To support the development and implementation of the SSIP, CDS needs the support of a strong network of stakeholders that understands and can embrace the efforts being made by the State to ensure infants, toddlers and their families have access to an EI system using evidence based practices. Also needed are the financial resources to maintain a highly qualified EI workforce.

CDS will access technical assistance on measuring accurate family outcomes and staff engagement and completing the work of the DaSy Self-Assessment in addition to SSIP support. In addition, CDS will continue to access the technical assistance provided by NCSI, IDC, DaSy, and ECTA.