

**Maine Part C**  
**STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III, YEAR 2**

**4/2/2018**

The outline of this report follows the OSEP suggested Phase III report outline.

A. Summary of Phase III, Year 2

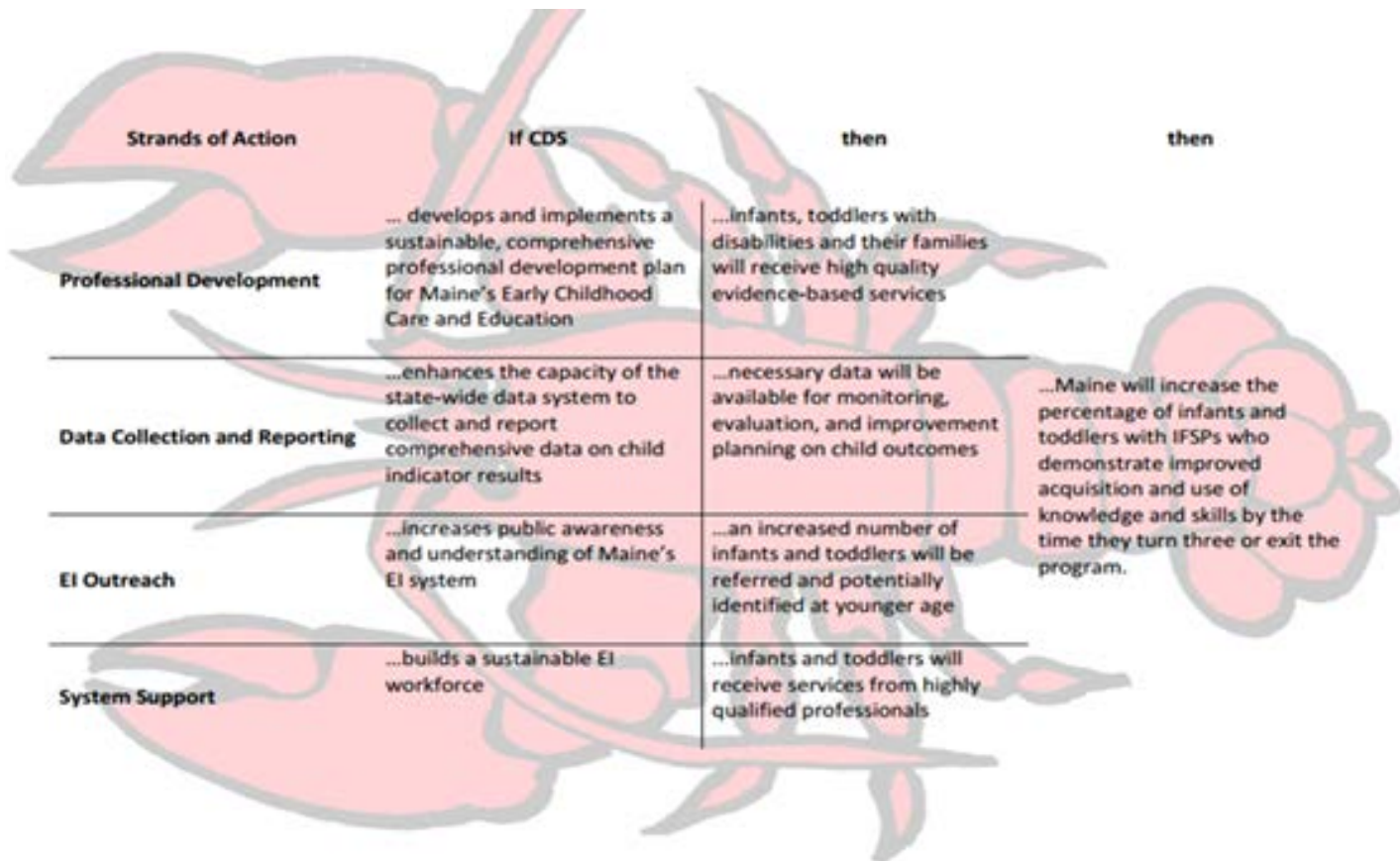
1. Theory of action or logic model for the SSIP, including the SIMR

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

The great accomplishment for Phase III, Year 2 would be the successful and full implementation of Child Information Network Connection (CINC). Not only are all staff and contracted providers utilizing CINC but reporting for the FY2016 APR was able to be completed by using data from the system for application indicators.

All SSIP documents including theory of action, logic model, SSIP Phase I, II and III (4/2017) can be found at <http://www.maine.gov/doe/specialed/support/spp/>.



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

As described in our Phase I report, the broad improvement strategies selected to address the SiMR were based on monitoring and staff/ stakeholder survey results, which indicated several themes which may

impact infants and toddlers' acquisition and use of knowledge and skills as well as CDS' ability to accurately record and report on that acquisition. These themes included:

- The perceived limitations of using RBEI as CDS' service delivery framework
- Challenges with correctly completing the COSF
- Failure to identify at an earlier age
- The recruitment and retention of qualified staff

These themes were supported by staff and stakeholder interviews, Part C file reviews, state performance relative to Part C SPP Indicators and data provided by CDS' Human Resources Director. CDS policies and procedures and previous SPP improvement activities that impact the service of infants and toddlers were also reviewed. Specific strategies that would improve results in outcome B were determined after collecting and analyzing the above data.

The areas of improvement that were determined to be the focus of the work to ensure infants and toddlers demonstrate improvement in acquisition and use of knowledge and skills were Professional Development, Data Collection and Reporting, Early Intervention Outreach and System Support.

Over the course of Phase III, Year 2 (data used represents the time period of July 1, 2016- June 30, 2017 unless otherwise noted) CDS has been able to complete a variety of activities, has continued working on improvement strategies outlined in the last Phase III, Year 1 and has implemented new activities and evaluation measures. See table below for a broad overview of Phase III, Year 2 updates. Further sections of this report provide additional details regarding the implementation and evaluation of these improvement strategies.

Status updates and data can be found in tables within this document as well as within the evaluation matrix.

#### Professional Development:

CDS continues to provide training to new CDS staff and contracted providers on the components of Routines Based Early Intervention (RBEI) (McWilliam, 2010). CDS has worked closely with Dr. McWilliam since 2013 to implement RBEI statewide. This evidence based model of early intervention consists of five components which are addressed by the two trainings. The first training focuses on family ecology, child and family needs assessment, and intervention planning. The second training focuses on support-based home visits and collaborative consultation to childcare. Fidelity checks were used to assess the efficacy of these trainings as well as the implementation of practices in staff and contracted providers' work with infants, toddlers and families. Trainings were also offered to community stakeholders.

#### Data Collection and Reporting:

CDS implemented a new data system, the Child Information Network Connection (CINC) on July 1, 2016 which incorporated the Child Outcome Summary (COS) and ensured that both entry and exit COS's were completed for each infant and toddler who met criteria. Data for the FYY 2016 APR was the first set of data used from the new data system.

#### Early Intervention Outreach:

CDS has developed brochures and referral cards for the purposes of public awareness. These materials have been distributed to current and potential referral sources as well as other community stakeholders via mailings, presentation and community events. CDS has also worked closely with other State Agencies to increase developmental screening and referrals to CDS.

#### System Support:

CDS continues to maintain the EIPM's in each of the Regional Sites who provide support to the Early Intervention Staff and Program within their regions. CDS has also implemented an "Open Position Tracking Form" which collects information on effective position posting sites, qualified applicants and, if applicable, the reasons that applicants decline employment offers.

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

A key improvement strategy of this SSIP is professional development support for the implementation of RBEI (McWilliam, 2010) statewide and utilized fidelity checks to ensure that the model as implemented in the field fully aligns with the intent of RBEI. Targeted PD at the regional level occurs as needed on the strengths and needs that are identified by the fidelity checks

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

In 2016, CDS convened a meeting with a large and varied group of internal and external stakeholders including families for the purposes of providing information regarding Maine's SSIP and the creation of Implementation Teams. The initial intent was for the created Implementation Teams to take the lead in addressing the four identified strands of Maine's Theory of Action. However, changes in the leadership structure of CDS resulting in a significant decrease in the availability of human, and other, resources to coordinate and direct the work of the Implementation Teams. The previous CDS State Director/ Part C and 619 Coordinator left their position with CDS after which the state early intervention technical advisor assumed this roll as well as retained the EITA responsibilities. In addition to the State Director role the CDS Quality Assurance Director/ CINC Administrator and the CINC Support Specialist left employment which all duties were assumed by the CDS State Deputy Director.

In addition, implementation of the state's new CDS data system (see improvement strategy strand #2: data collection and reporting) required significant CDS staff time and resources became the focus of Phase III (Years 1 and 2) activities. CDS successfully launched full implementation of CINC on July 1, 2016 which requires use by all CDS Staff and Contracted providers for the purposes of referrals, evaluations, IFSP development, service delivery and related billing. The implementation required a significant amount of provider meetings, staff TA, and continued refinement to ensure CINC was operating as intended. Over the course of the year new procedures and processes were also made available through the system. Some of these include reformatting of evaluation reports and the preparation for auto population of CDS required forms. Due to the time required to focus on CINC implementation and the reduced size of state leadership the other SSIP improvement strategies will be prioritized in future years.

To ensure consistent improvement in all areas identified as priorities in the development of SSIP, at least one activity in each broad improvement strategy was identified to be evaluated for the first Phase III submission (April 2017). Additional areas have been evaluated over the course of Phase III, Year 2 for 3 of the 4 improvement activities. Additional evaluation questions can be found on the evaluation matrix. The activities were selected based on the implementation timeline and level of importance determined through work with stakeholders. Evaluation questions as outlined were developed with stakeholder involvement. The evaluations of these measures are being conducted internally.

With the assistance of the National Center for Systemic Improvement (NCSI), CDS adapted and utilized the Evaluation Matrix to plan and track measures of the Maine's SSIP. The Evaluation Matrix can be found at <http://www.maine.gov/doe/specialed/support/spp/index.html> and includes the evaluation questions, the SSIP activity, level of system, data collection plan, schedule, and the evaluation of activity implementation.

##### Professional Development:

Trainings on all components of RBEI were developed in FFY 2016 and provided to all staff and contracted providers. Subsequently, all new CDS employees and contracted providers have also received trainings on all components of RBEI. Initially "refresher" trainings were provided to all staff and contracted providers on an annual basis. However, it was determined that targeted trainings, at the site level, based on the results of fidelity checks would be a more efficient and effective way to deliver that professional development. CDS utilizes a training database to track the names of all individuals who received these trainings as well as the date(s) on which the training was provided. Fidelity checklists were utilized to ensure that all providers were implementing the RBEI model with fidelity per fidelity criteria established by the model's purveyor. Data regarding fidelity, at the individual, site, and state level, is also tracked via the training database.

Evaluation of fidelity for early intervention providers has been added during this phase.

##### Data Collection and Reporting:

As indicated, CINC went live on July 1, 2016. Since implementation many changes have been made to the system to ensure it is capturing and reporting data that is accurate and reliable. There continues to be adjustments to the system and reports as data is analyzed.

#### Early Intervention Outreach:

CDS has created an outreach database to track those agencies/entities that have received public awareness materials and/or presentations on CDS' early intervention services. This data will be matched with referral information to determine if EI outreach has been effective in increasing awareness of Part C services, the number of infants and toddlers referred for Part C services, and the average age at which infants and toddlers are initially referred.

Evaluation measures have been added to ensure families are receiving information or requested follow-up if their child was not found eligible or if they decline services.

#### System Support:

CDS continues to use the "Open Position Tracking Form" which tracks information such as the position posting location, the number of qualified candidates and, if applicable, the reason given for declining an offered position for each site. Programmatic oversight continues to occur through the EIPMs at each regional site. They are supported by the EITA (currently the State Director) to ensure evaluation, timelines and requirements are being met.

Evaluation measures on the tracking of open positions and qualified applicants have been added under System Support.

### 5. Highlights of changes to implementation and improvement strategies

CDS has maintained the strategies and activities identified in the Phase II Logic Model. However, adjustments to the timeline for the implementation of some strategies and activities have been made in collaboration with stakeholders. Adjustments have been made due to the time involved in the development and implementation of the data system, staffing and dedication to ongoing projects occurring at the state.

#### 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

Over the course of the year, CDS has continued implementing activities started prior to July 1, 2017 as well as implemented a few new activities during this reporting year. Activities are described in the logic model located at <http://www.maine.gov/doe/specialed/support/spp/index.html>.

The Evaluation Matrix provides a description of activities and strategies that have been accomplished, adjusted and implemented. Steps toward achieving short term outcomes have been completed within each broad improvement strategy.

The table in Section E.1.c provides updates on the short and long term outcomes identified as priority in Phase I and II.

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

The Evaluation Matrix provides detailed information on the accomplishments made as a result of the implementation activities.

#### Professional Development:

Based on areas of need as identified by ongoing fidelity checks, the two RBEI trainings have been revised in order to increase the training efficacy. . The first training focuses on family ecology, child and family needs assessment, and intervention planning. The second training focuses on support-based home visits and collaborative consultation to childcares.

CDS continues to utilize two fidelity checks for use with CDS staff and contracted providers. The first fidelity check (FC1) covers family ecology, child and family needs assessment, and intervention planning. The second fidelity check (FC2) covers support-based home visits. In order to meet fidelity on either checklist, the provider must achieve a score of 85% (as identified by Dr. McWilliam). As referenced in the evaluation matrix, the data for FC1 and FC2 indicate an increase in early intervention providers achieving fidelity from the last report.

Since July 1, 2017, PD focusing on RBEI and the EI Part C process has been provided to 346 individuals at 53 state and local agencies.

In the Spring of 2017, CDS hosted the Support-Based Home Visit Institute which was conducted by Dr. Robin McWilliam. Utilizing CDS Part C staff as mentors/models, Institute attendees shadowed and were coached by CDS staff on the provision of Support-Based Home Visits with fidelity.

#### Data Collection and Reporting:

A majority of the data required to complete the FFY2016 APR/SPP as well as other required federal and state reports has come from CINC. CINC was implemented on July 1, 2016 across the system. The CDS Quality Assurance Director continues to spend a great deal of time ensuring the data is accurate and reliable. Ongoing adjustments and updates have been made to the systems as part of a continuous improvement effort.

The COS is embedded into CINC with validations to ensure all infants and toddlers exiting and have had services for at least six months have an entry and exit COS. Due to these requirements and validations CDS reported on 1944 infants and toddlers in FFY2016.

The implementation and review of the data system continued to require a great of resources throughout the year. Policies, procedures and guidance have been and continue to be adjusted to match the needs of the system and processes. Ensuring reports were accurate was a major focus of the year. CDS accessed National TA partners throughout the year to ensure all questions were answered and reports were appropriate. Monitoring of data has become a priority now that data is available in the system. Processes and systems continue to need adjusting. Several updates/ changes to the system have already been completed.

It is important to note that there has been a significant change in staff from last reporting. The CINC Administrator/ Quality Assurance Director and the CINC Support both left their positions with CDS.

#### Early Intervention Outreach:

Public awareness materials, including brochures, referral cards, a short informational video, and a Power Point presentation intended for statewide use were created. Since July 1, 2017, these public awareness materials have been distributed to 85 agencies/entities and at 5 large scale events (i.e. the Maine Chapter of the American Academy of Pediatrics Annual Conference). All outreach activity has been entered into an outreach database and analysis of outreach and referral source data indicates that during the first 6 months of FFY16 1429 referrals were made to the system. Using the same time period for FFY17 we show an increase of 9%.

CDS actively curates its central directory and, although funding for the proposed implementation of the Help Me Grow Central Resource was not forthcoming, CDS' through its participation in DSI:SAIEL continues to explore other options for creating a robust referral and resource system.

CDS continues to collaborate with DSI:SAIEL and Maine Quality Counts to increase the number of children receiving developmental screenings per the AAP recommended periodicity. The initial three pilot projects continue to positively impact the completion of developmental screening, the sharing of screening results between the medical home and other agencies, and the referral of infants and toddler to CDS Early Intervention. Most notably, the pilot project in the Greater Portland area has resulted in strong collaboration between that regional site and local medical providers as well as a significant increase in referrals from those providers.

#### System Support:

CDS continues to utilize the "Open Position Tracking" forms which track the position title, where the position has been posted, the number of qualified candidates and, if applicable, the reason that the candidate declined an employment offer. The tracking of open positions was initiated in January 2017 and

an analysis of that data indicates that of the 15 approved positions, 83 applications were received, 21 offers of employment were made, 9 accepted and 12 declined the offers. Data also indicated that most job applicants become aware of our openings on indeed.com versus the other areas where we advertise. It was also very clear in the analysis of data that the primary reason a candidate does not accept a position with us is due to low salary scales.

Regarding salary structure, preliminary data has been gathered to assess the fiscal impact of 1) placing CDS staff on salary schedule steps that are commensurate with their education and experience, 2) increasing compensation of CDS staff to fair market rate, and 3) budgeting for annual step increases. However, the fiscal impact of fully addressing salary structure issues is untenable given current CDS budgetary constraints. CDS currently employs eight Early Intervention Program Managers who provide oversight and support at the regional level. These positions provide technical assistance to site level Part C teams, identify site level PD needs and coordinate the provision of PD to address those needs, and complete ongoing fidelity checks on the component of RBEI.

Based on the previous analysis of the number of Part C staff accessing continuing education funds (13%), state and site level initiatives were implemented to identify PD needs, as identified by fidelity checks, state performance regarding Part C Indicators, and staff surveys. These PD opportunities were provided by CDS staff, local and state agencies and were often coordinated between regional sites.

In addition to state and site level PD opportunities, CDS, in conjunction with the University of Maine, hosted the inaugural New England Early Intervention Conference in June 2017. This conference was attended by the majority of CDS Part C staff as well as other early childhood personnel from both Maine and neighboring states.

## 2. Stakeholder involvement in SSIP implementation

### a. How stakeholders have been informed of the ongoing implementation of the SSIP

To keep CDS Stakeholders informed on the work occurring as part of the SSIP and the CDS system, it continues to post newsletters seasonally. In addition, CDS has met with the State Interagency Coordinating Council (SICC) and regional site leadership (directors and EIPM's) on a regular basis and has discussed the SPP/APR, including Indicator 11. Multiple meetings were held to provide technical assistance and discuss the ongoing implementation of CINC. CDS has also utilized the announcement feature of CINC to keep authorized users informed. CDS State Leadership Members participate in a variety of committees/ taskforces/ workgroups, such as Children's Growth Council, MFP, Child Care Advisory, Health Advisory Task Force, Newborn Hearing Board, DHHS Child with Special Health Care needs, DSI: SAIEL, etc.

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

#### Professional Development:

At the regional level EIPMs utilize feedback sessions after a fidelity check is conducted. These sessions include a review of the fidelity checklists and conversations regarding the strengths, challenges and needed supports needed to implement RBEI. This feedback is used to drive individual, regional and state level professional development. implementing RBEI

#### Data Collection and Reporting:

Both CDS and stakeholders recognize the necessity of the data system to continually adapt. Data system development and implementation included stakeholders in initial discovery and testing of CINC prior to its "go live" date. Demonstrations of the data system were provided to the SICC, other state agencies, OSEP, contracted providers and other stakeholders including families. Since CINC implementation stakeholders have taken advantage of the opportunity to provide feedback via provider meetings, CINC trainings and the CINC help desk. Regional site leadership has also provided feedback at monthly meetings. Many adaptations to the system have been made based this feedback. Report templates have been significantly changed to assist with readable and entry of information. Due to auditors' feedback reports and system processes have been adjusted to ensure site and state leadership are reviewing reports timely. Financial reports have been adjusted to provide the finance team greater detail of services paid. Clarification has been provided on submission of mileage, status of remittance, and low incidence scenarios (ie family ASL, telepractice support). The most recent change log provided from the vender has

almost reached 1000 changes since implementation. Changes range from minor screen changes to major fixes with regard to data reports or large scale programming needs.

Early Intervention Outreach:

Previous Early Intervention Outreach assisted in building relationships at the local and state level with potential referral sources and a variety of stakeholders. These relationships as well as the preferred method of outreach of allowing for open conversation in which stakeholders can comment, ask questions and advise. Stakeholder feedback indicated the need for continue clarification on the RBEI model and the need for improved communication/ coordination between CDS, referral sources and other individuals and entities involved in the lives of the infants, toddlers and families served.

System Support:

CDS has engaged has engaged in ongoing conversation with the MDOE as well as the Maine State Employee Association which represent CDS staff to identify potential remedies with regard to salaries and benefits, increased continue education funding, improving CDSs ability to recruit and retain qualified staff and optimizing existing resources. Feedback has been gathered by the web based exit survey, open position tracking form, staff satisfaction survey, MSEA and ongoing communication with staff and contract providers. Adjustments have been identified within the system to increase efficiencies and have worked closely with MDOE to identify the potential of accessing increased funding.

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

CDS in collaboration with stakeholders developed evaluation measures based on the four strands of action as identified in SSIP Phase I Theory of Action. The evaluations of the activities referenced in the Evaluation Matrix are being conducted internally. They also directly align with the strategies and activities as identified in SSIP Phase II Logic Model. Those activities that were evaluated in SSIP Phase III are presumed to have both a direct and indirect impact on Maine’s SiMR.

- b. Data sources for each key measure

Multiple data sources (training documentation, meeting minutes, HR documents, attendance, etc) were used for each key measure and are described in the Evaluation Matrix.

- c. Description of baseline data for key measures

Data is reviewed an analyzed on several other activities but the evaluation questions listed below were identified to be the evaluation questions/ measures that would be tracked overtime, in addition to the SIMR.

Phase III, Year 2 Updates	Baseline	Current	Notes/ Comments (Phase III, Year 2)
<b>Professional Development</b>			
What percentage of new staff/ contracted providers received RBEI Training #1 within 30 days of hire/ contract	Data: 37.5% Date: 9/21/2016	Data: 0% Date: 3/1/2018	During the timeframe used to gather baseline data there was a larger number of individuals we required training which made providing a number of trainings more economically feasible. Subsequent trainings for new staff and contracted providers were not feasible due to a significantly smaller number of individuals to be trained.
What percentage of new staff/ contracted providers received RBEI Training #2	Data: 88.5% Date: 9/21/2016	Data: 0% Date: 3/1/2018	



within 30 days of hire/ contract?			Timeline for training will be adjusted to within 90 days or hire/ contract.
<del>What percentage of veteran staff received annual refresher training?</del> What number of sites received targeted PD based on ongoing fidelity checks?	Data: 72% (old question) Date: 9/21/2016	Data: 100% Date: 3/1/2018	Data collection reflects that all members of the regional level early intervention teams were in receipt of these refresher trainings. The evaluation question was changed to gather information by site verses individual provider.
What percentage of early intervention providers (staff and contracted) received fidelity checks for the content of training #1?	Data: 96.25% Date: 3/1/2018 15 individuals		
What percentage of early intervention providers met fidelity?	Data: 74% Date: 2/28/2017	Data: 87% Date: 3/1/2018	
What percentage of early intervention providers (staff and contracted) received fidelity checks for the content of training #2?	Data: 81.95% Date: 3/1/2018 65 individuals		
What percentage of early intervention providers met fidelity?	Data: 50% Date: 2/28/2017	Data: 67% Date: 3/1/2018	
<b>Early Intervention Outreach</b>			
Number of family w/ approval received a follow up phone call 3 months after declining services or being determined ineligible.	TBD		
Number/ percent of families who exited part c with referrals to other agencies?	<b>TBD</b>		

d. Data collection procedures and associated timelines

Data collection procedures used range from meeting minutes to federal reporting. Specific procedures and the collection timelines can be found in the Evaluation Matrix.

e. [If applicable] Sampling procedures

n/a

f. [If appropriate] Planned data comparisons

n/a

g. How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

The creation of data tools (data system, manual tracking forms, etc) allow for data to be entered timely and reviewed ongoing. This allows for data to be reviewed and analyzed to identify trends and develop responses to those trends.

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

Maine's FFY 2016 SPP/APR continues to show that it exceeds the targets for Indicator 3b. Although the performance reported on that SPP/APR cannot be directly attributed the SSIP improvement strategies, analysis of SSIP key data as related to intended improvements will help to ensure that those gains are maintained and possibly improved upon.

The greatest improvement to infrastructure to date continues to be the implementation of CINC and its system wide impact with regard to the availability of real time data and its use in decision making at the regional and state level. In addition to the data system, the ongoing training on RBEI, the use of fidelity checks and the implementation of RBEI continue to positively impact our work with infants, toddlers and families.

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

Notes of changes can be reference in the table above in C.1.c.

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

Based on stakeholder feedback and data gathered through this SSIP process adjustments have been made to the implementation and/ or improvement strategies and to the evaluation questions. A modification of timeline has been made under Professional Development in the amount of time from hire/ initial contract to taking the first set of trainings due to the small number of individuals that are brought into the EI system monthly. Within a 30 day time period there are not enough individuals to training. The timeline has increased to 90 days. Also under professional development an adjustment has been made in the capturing of data from individuals to sites who have received refresher trainings and the content of those refresher trainings.

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

CDS has identified the challenges in providing initial RBEI training within the 30 days of hire/contract date. Instead, peer coaching is being used to ensure that newly early intervention providers begin to develop an understanding of RBEI prior to receiving the full trainings. However, the content of that peer coaching as well as the format in which it is provided requires a clear outline/protocol to support consistent and effective delivery.

Also, the data gathered regarding System Support clearly identifies the impact that inadequate compensation has on CDS' ability to recruit and retain qualified providers. Although not surprising, this data will serve as support to CDS' anticipated request for increased funding

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

The significant improvement in Maine's SiMR as evidenced in the most recent reporting year is encouraging. However, Maine recognizes that the specific improvement strategies as outlined in SSIP Phase I and II remain necessary to improve outcomes for infants, toddlers and their families.

3. Stakeholder involvement in the SSIP evaluation

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

Stakeholders have been informed of the ongoing evaluation of key measures through a variety of mechanisms including state and regional leadership meetings, regional early intervention provider meetings, SICC, DSI:SAIEL, and provider meetings. A seasonal SSIP Update newsletter is posted to the CDS website to provide easily accessible information on all SSIP components to a wide range of stakeholders.

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

Both state level and regional stakeholders have been involved in the collection of SSIP data. In doing so, they are afforded the opportunity to review and analyze the data at their respective levels. Ongoing discussions with stakeholders regarding the effectiveness of implemented strategies as implemented the data help to determine criteria for success or lack thereof of individual strategies.

**D. Data Quality Issues**

- 1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR due to quality of the evaluation data
  - a. Concern or limitations related to the quality or quantity of the data used to report progress or results.

The use of some data collection formats (i.e. training database, open position tracking form, exit survey) are reliant on individuals at the regional level entering timely, complete, and accurate information. This creates an inherent weakness in that a lapse in vigilance on the part of individuals may result in incomplete data such as failing to identify training participants, failing to gather information for employment applicants, and failing to have a terminating employee complete an exit survey. As with any data system the potential for human error is a factor to be considered when analyzing data sets.

- b. Implications for assessing progress or results

Although the concerns identified often underestimate CDS' efforts in implementing strategies, incomplete data sets compromise data quality and may inaccurately indicate trends. Recognition of the potential for human error must be considered during data analysis.

- c. Plans for improving data quality

Efforts will be taken to minimize humans error in data collection and recording of data. Strategies such as the examination of work flow, work load, creation of clear protocols, procedures and data system validations may effectively address this issue.

**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

A major infrastructure change that supports the SSIP and SIMR is the development and implementation of CINC. CINC has been developed to provide easier access to reporting data. In addition to CINC other infrastructure changes that have occurred are the hiring of EIPM's, consistent training for all Part C staff and contractors, implementation of fidelity checks, embedding of COS in CINC, public awareness materials, databases to track training, outreach and fidelity.

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

CDS has implemented fidelity checks for all components of RBEI. The baseline data which reflects the fidelity of the implementation of RBEI will serve as a measure to assess progress moving forward. All Part C staff and contracted providers have received RBEI training, fidelity checks and coaching based on the results of ongoing fidelity checks. Baseline data show a significant number of Part C staff and contract providers have achieved fidelity on all components of RBEI and that the percentage of Part C staff and contracted providers achieving fidelity has increased in the past year.

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

Status of short- term and long-term outcomes identified in Phases I and II for each all broad improvement activities are highlighted in the following tables.

<b>Professional Development</b>	
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Short-Term Outcomes	Status	Long-Term Outcomes	Status FFY2015 (Phase III, Year 1)	Status FFY2016 (Phase III, Year 2)
<p>Participants master and implement training content (pre/post-test, fidelity checks)</p> <p>New staff receives timely training</p>	<p>Quarterly trainings have been provided quarterly to Part C staff and contracted providers. Pre/ post-tests for trainings have not yet been developed.</p> <p>Measures to assess fidelity to the implementation of RBEI have been implemented.</p> <p>Training for new staff and contracted providers has occurred but in some not timely.</p>	<p>Families will receive high quality evidence-based services (e.g., surveys, focus groups, part of exit process)</p> <p>Maine has detailed and accessible PD resources</p>	<p>Families outcomes data are consistently exceed determined targets as reported in the APR.</p> <p>74% of staff and contracted providers have achieved fidelity with regard to family ecology, child and family needs assessment and intervention planning. 50% have achieved fidelity on support based home visiting.</p> <p>PD trainings related to RBEI have been developed. Modes of training will be expanded in the future.</p>	<p>New staff and contracted providers receive timely peer coaching on RBEI until the number of new hires/ contractors reach a level necessary to conduct the full training.</p> <p>Rather than pre and post tests CDS relies on the ongoing fidelity checks to determine mastery.</p> <p>Families and child outcomes data are consistently exceed determined targets as reported in the APR.</p> <p>Data can be found in table above.</p>
<p>High percentage of practitioners who meet standards for administration of:</p> <ul style="list-style-type: none"> <li>- Routines-Based Interview</li> <li>- Routines-Based Home Visits (measured through annual fidelity checks, utilizing fidelity checklists, etc.)</li> </ul>	<p>74% of staff and contracted providers have achieved fidelity with regard to family ecology, child and family needs assessment and intervention planning. 50% have achieved fidelity on support based home visiting.</p>	<p>All Routines-Based Interviews will be conducted with families by Maine approved practitioners</p> <p>All Routines-Based Home Visits will be conducted with families by fully approved practitioners</p> <p>All families will be able to enhance the development of their children through achieving full implementation of the RBEI model</p>	<p>All Part C staff and contracted providers have been trained, not all staff and contracted providers have met fidelity criteria.</p> <p>Indicator 4C, FFY15, demonstrates that 99% of families believe that EI has helped their family help their children develop and learn.</p>	<p>Indicator 4C, FFY2016 demonstrates that 96.55% of families believe that EI has helped their family help their child develop and learn.</p> <p>We are continuing to coach, train and monitor staff who have not yet met fidelity. Depending on the level of need staff/ contracted providers may receive a higher level of supervision and coaching.</p>
<p>Stakeholder participants have a greater understanding of each PD topic; (evaluation of participants' learning and takeaways)</p> <p>Work and practice are informed by participants use of information (e.g., follow-up survey with participants to gauge</p>	<p>PD has been offered to stakeholders. Evaluation of the PD opportunities has not occurred.</p> <p>Collaboration has with MPF has not yet occurred.</p> <p>PD opportunities</p>	<p>EI is better understood by stakeholders in the state</p> <p>Broad-based public support is demonstrated by stakeholders for EI</p> <p>Family engagement and understanding has increased (parent survey)</p>	<p>PD has been provided to 167 individuals at 31 state and local agencies.</p> <p>Indicator 4, FFY15, demonstrates that over 95% of families know their rights, effectively community their</p>	<p>PD has been provided to 346 individuals and 53 state and local agencies.</p> <p>Collaboration has begun with MPF. Formal communication and/ or trainings have not yet been initiated with families.</p>

<b>Professional Development</b>				
<b>Short-Term Outcomes</b>	<b>Status</b>	<b>Long-Term Outcomes</b>	<b>Status FFY2015 (Phase III, Year 1)</b>	<b>Status FFY2016 (Phase III, Year 2)</b>
change in practice and use of PD)	have been offered to specific organizations based on their needs.		child's needs and believe that EI has helped their family help their children develop and learn.	Indicator 4, FFY2016, continues to demonstrated that over 95% of families know their rights, effectively community their child's needs and believe that EI has helped their family help their children develop and learn.
<p>Participants master content and implement COS process appropriately (pre/post-test, fidelity checks)</p> <p>New staff receive timely training</p> <p>Stakeholder participants have a greater understanding of COS process; (evaluation of participants' learning and takeaways)</p> <p>Work and practice are informed by participants use of information (e.g., follow-up survey with participants to gauge change in practice and use of PD)</p>	Training has not yet been developed.	<p>Maine has a standardized PD plan in place</p> <p>Family engagement and understanding are increased</p> <p>Data such as child outcome data is routinely correlated with other program and demographic data to identify success, plan and evaluate improvement efforts as a result of the new data system</p> <p>Outcome data is reviewed 3x per year for completeness, accuracy and program improvement</p>	Not yet initiated.	Not yet initiated.

Timely training, increased fidelity, stakeholder understanding and continued completion of child outcomes has positively impacted the continued increase 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.

<b>Data Collection and Reporting</b>				
<b>Short-Term Outcomes</b>	<b>Status</b>	<b>Long-Term Outcomes</b>	<b>Status FFY2015 (Phase III, Year 1)</b>	<b>Status FFY2016 (Phase III, Year 2)</b>
Accurate and timely data are entered by staff (surveys of staff, data quality checks)	<p>Data system went live on July 1, 2016.</p> <p>Data quality checks have been completed ongoing.</p>	<p>High quality CO data are available</p> <p>Data is accurate and timely</p> <p>Staff use the data system to routinely correlate child outcome data with other program and demographic data to identify success, plan and evaluate improvement efforts.</p>	With the implementation of CINC, COS data is timely.	<p>Continue to use data system.</p> <p>Data checks are completed as able.</p> <p>Validations have been developed in the system to ensure enter and exit COS are completed.</p>
COSF data reflect child development (regional leadership team(s) will	COSF data includes input from the IFSP teams.	CO data are analyzed and used for monitoring, evaluation and program		Reviews and monitoring occur when able.

Data Collection and Reporting				
Short-Term Outcomes	Status	Long-Term Outcomes	Status FFY2015 (Phase III, Year 1)	Status FFY2016 (Phase III, Year 2)
<p>conduct monthly reviews of 15% of entry and exit COSF)</p> <p>COSF data includes input from the entire IFSP team (regional leadership team(s) will conduct monthly reviews of 15% of exit COSF)</p>		<p>improvement</p> <p>COSF data are valid and reliable measures of child progress in the EI system (State will conduct file reviews to ensure accuracy)</p>		

Implementation of CINC has provided comprehensive data necessary monitoring, evaluation and improvement planning to ensure *infants and toddlers with IFSPs demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program.*

Early Intervention Outreach				
Short-Term Outcomes	Status	Long-Term Outcomes	Status FFY2015 (Phase III, Year 1)	Status FFY2016 (Phase III, Year 2)
<p>CDS practitioners provide PR materials to all potential referral sources</p> <p>All babies born in Maine will be provided with a pamphlet on EI</p> <p>Every medical home will have PR materials available in waiting areas and/or exam rooms</p>	<p>Public awareness materials have been developed and have been distributed to 83 agencies/ entities and have been available at 7 large scale events.</p>	<p>Referral sources (hospitals, Head Start, etc.) are well informed about EI services and convey that information to eligible families</p> <p>Families receive timely and accurate information from various referral sources about EI services</p> <p>More eligible children and families receive EI services</p>	<p>Child Count has increased almost 3% between 2015-2016.</p>	<p>Public awareness materials are edits as needed.</p> <p>The birthrate in Maine has decreased as well the child count as of 10/1/2017.</p> <p>Outreach was conducted to 31 medical practices and hospitals to raise awareness.</p>
<p>Collaborative pilot screening initiative is expanded</p> <p>Increase the number of children receiving developmental screenings conducted by programs statewide</p>	<p>DSI: SAIEL's pilot initiative has been expanded beyond the three initial sites to the Greater Portland area.</p> <p>FFY2015 the number of children screened by their primary care physician by their first birthday increased by 2.5%.</p>	<p>All children receive a developmental screening</p> <p>Increase the number of referrals that lead to eligibility</p>	<p>DSI: SAIEL is currently gathering this information.</p> <p>There has been an increase in referrals. Data has not been analyzed to determine if the referrals are due to the DSI:SAIEL screening initiative.</p>	<p>The pilot project in Cumberland County between February 2017 and July 17 saw developmental screening rates by physicians increase from 5% to 45%. Contacts with those families referred within this pilot to CDS increased from 60% to 100%. The average time from referral to parent contact decreased from 20 days to less than 5.</p>

Early Intervention Outreach efforts has increased the number of infants and toddlers referred to the Part C system which has been reflected in the continued increase of 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.

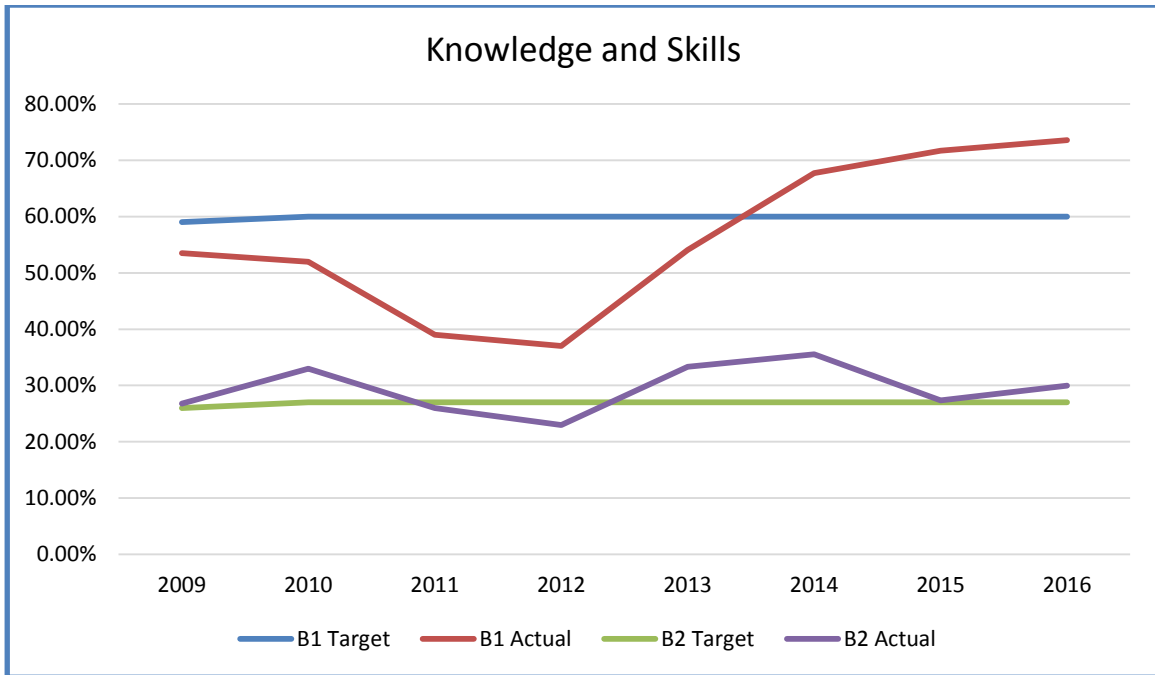
<b>System Support</b>				
<b>Short-Term Outcomes</b>	<b>Status</b>	<b>Long-Term Outcomes</b>	<b>Status FFY2015 (Phase III, Year 1)</b>	<b>Status FFY2016 (Phase III, Year 2)</b>
<p>Qualified CDS applicants will increase</p> <p>Personnel records of staff will accurately reflect years of experience and credentials</p> <p>Determine appropriate pay scale and cost of implementation</p>	<p>An open position tracking form has been implemented to gather information on the number of applications, who is qualified and reason for decline job offer.</p> <p>Initial analysis of appropriate salary steps and fair market rate were conducted including the fiscal impact.</p>	<p>Highly qualified staff are recruited by CDS</p> <p>A budget proposal including salary recommendations will be submitted to the MDOE Commissioner</p>		<p>Continue to utilize open tracking form.</p> <p>Initial work on appropriate salaries and budget proposals have not been finalized.</p>
<p>Staff meetings are documented monthly by EIPM, EI staff will have individual supervision meetings one time per month</p> <p>Staff have opportunities annually to provide input regarding job satisfaction</p> <p>PD is documented within performance evaluations</p> <p>A job description and salary scale for blended model position are consistently implemented</p> <p>Productivity sheets are completed within data system implementation</p> <p>EI practitioners have a manageable workload (staff surveys, analyses of caseloads)</p>	<p>Monthly staff meetings are documented by EIPM's. Individual supervision is not yet consistently occurring.</p> <p>A staff feedback survey was piloted at two regional sites.</p> <p>Productivity is not capture within CINC. A spreadsheet has been developed.</p> <p>Efficiency standards were implemented and will be used to analyze manageable caseloads.</p>	<p>EI practitioners are supported and have access to ongoing supervision</p> <p>The system will increase the longevity of EI practitioners to ensure a highly experienced workforce</p> <p>A sustainable and effective support plan for credentialing is in place</p> <p>All new service coordinators hired will meet the qualifications for the blended model position</p> <p>EI practitioners will meet productivity standards</p> <p>Staffing will be equitable throughout the state</p>	<p>Each site has an identified EIPM that is responsible for supervision of Part C Staff.</p> <p>As part of the fidelity check process staff is provided regular coaching opportunities by EIPMs.</p> <p>An analysis of the staff feedback survey responses identified ways to increase job satisfaction.</p>	<p>Site level staff meetings are documented by the EIPM and EI providers receive individual supervision via fidelity check feedback sessions.</p> <p>Guidance has been given to supervisors to include fidelity data and the use of PD funds in annual performance evaluations.</p>

These efforts are building a sustainable and qualified workforce will untimely support the increase 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.

The analysis of this data allows CDS to maximize its existing resources

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

The following chart highlights the progress Maine has made in increasing 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. Maine has met and exceeded the targets for FFY 2016 in child outcomes data.



Reported APR Data

	FFY	2008 (baseline)	2009	2010	2011	2012	2013	2014	2015	2016
B1	Target ≥		59.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%
	Data	59.10%	53.50%	52.00%	39.00%	37.00%	54.05%	67.73%	71.69%	73.59%
B2	Target ≥		26.00%	27.00%	27.00%	27.00%	27.00%	27.00%	27.00%	27.00%
	Data	25.60%	26.80%	33.00%	26.00%	23.00%	33.33%	35.56%	27.35%	29.94%

F.Plans for Next Year

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

In addition to the current activities, the intent is to begin regional technical assistance on the COS components and process in the summer of 2018.

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

Evaluations activities, including data collections, measures and expected outcomes are referenced in the Evaluation Matrix. Professional Development. New evaluation questions have been added to the Professional Development, Early Intervention and System Support strands.

3. Anticipated barriers and steps to address those barriers

Professional Development:

It is anticipated that Part C and the CDS System will continue to have turnover of individuals employed or contracted by the Part C System. Continued work in monitoring staff development and adjusting of tracking mechanisms to collect data reflected in the activities and key measures will continue. Capitalizing on the knowledge base of veteran staff and their ability to provide peer coaching can be used to provide support to those new staff and contracted providers awaiting full trainings on the components of RBEI.

Data Collection and Reporting:



The continued modifications/adaptions to the data system have caused strain on available resources such as staff time, reporting features, and ensuring data integrity. A reduction in resources has limited time required to monitor and analyze data regularly. Also, identified is the need to track training for agency administrators and new CDS staff. As the data system and report features become stable, data quality will improve and staff time entering and analyzing data will be reduced. The reorganization of State Leadership and of the Quality Assurance team has impacted the amount of available resources to efficiently provide support the users of CINC.

Early Intervention Outreach:

The reinvigoration of the SICC is anticipated to positively impact stakeholder involvement as it relates to early intervention outreach. A membership campaign is currently being conducted that will result in new nominations being submitted to the Governor for nominations to sit on the council. The reorganization of the SICC is intended to assist in stakeholder involvement early intervention outreach.

System Support:

As with many states, Maine is confronted with a fiscal reality that inhibits its ability to address barriers such as salaries, benefits and funds available for continuing education. Through this SSIP data has been gathered which clearly identifies the impact that the identified barriers has on CDS' ability to recruit and retain qualified staff. This data will be used to support conversations with MDOE and State Legislature.

As of the writing SSIP Phase III (Year 2) a bill is before Maine's Joint Standing Committee on Educational and Cultural Affairs which proposes a significant change in the structure of Part C and Part B 619.

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

TA centers and OSEP will be accessed to assist with activities, strategies, and anticipated barriers as identified in the SSIP.