Maine Part C

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III, YEAR 3

4/1/2019

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

A. Summary of Phase III, Year 3

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 Maine'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***. In Phase III, Year 3, CDS continued to implement activities within the four broad improvement strategies identified in Phase I: Professional Development; Data Collection and Reporting; Early Intervention Outreach, and; System Support. Primarily, CDS' actions focused on further refining the work it had begun in previous SSIP phases. Those refinements are detailed below.

All SSIP documents including Theory of Action, Logic Model, SSIP Phase I, Phase II, Phase III, Year 1, and Phase III, Year 2 can be found at https://www.maine.gov/doe/cds/stateperformance .

Strands of Action	If CDS	then	then
Professional Development	… develops and implements a sustainable, comprehensive professional development plan for Maine's Early Childhood Care and Education	…infants, toddlers with disabilities and their families will receive high quality evidence-based services	…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.
Data Collection and Reporting	…enhances the capacity of the state-wide data system to collect and report comprehensive data on child indicator results	…necessary data will be available for monitoring, evaluation, and improvement planning on child outcomes	
EI Outreach	…increases public awareness and understanding of Maine's EI system	…an increased number of infants and toddlers will be referred and potentially identified at younger age	
System Support	…builds a sustainable EI workforce	…infants and toddlers will receive services from highly qualified professionals	

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 Routines-Based Early Intervention (RBEI)(McWilliam, 2010) as CDS' service delivery framework
- Challenges with correctly completing the Child Outcome Summary (COS) form
- Failure to identify eligible infants and toddlers at an earlier age
- The recruitment and retention of qualified staff

The above 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 with a high likelihood of improving 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 3, calendar year 2018, CDS has completed a variety of activities, continued working on improvement strategies outlined in the Phase III, Year 2, and implemented new activities and evaluation measures. Sections of this report provide 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 attached appendix.

Professional Development:

CDS continues to provide training to new CDS staff and contracted providers on all components of RBEI. CDS has worked closely with Dr. McWilliam, the purveyor of RBEI, to implement RBEI statewide since 2013. 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 and the implementation of practices by Early Intervention providers in their work with infants, toddlers and families. Trainings were also offered to community stakeholders.

In the spring of 2018 and for the 3rd consecutive year, CDS hosted Dr. McWilliam's Support-Based Home Visiting Institute, a weeklong training which attracts attendees from across the US and from overseas. These attendees shadow and are coached by CDS Early Intervention providers who have achieved fidelity in the implementation of RBEI.

Data Collection and Reporting:

CDS' current data system, CINC, incorporates the COS and ensures that both entry and exit COS's are completed for each infant and toddler who has received Part C early intervention services for at least six months. In addition, CINC provides, at the state and regional levels, real time data on federal indicators, referral sources, evaluations, eligibility, IFSPs, and services. The implementation of CINC and its subsequent refinements have allowed CDS to analyze multiple variables that may potentially impact the SiMR.

CDS also maintains two additional databases. The Training and Fidelity database contains, at the individual early intervention provider level, dates on which trainings were provided, dates on which fidelity checks were administered, and the score achieved on those fidelity checks. Data maintained in the Outreach database reflects the date of early intervention outreach activities and the name and type of entity which was the recipient of that outreach.

Early Intervention Outreach:

CDS continues to utilize developed brochures, referral cards, and PowerPoint presentations for the purposes of early intervention outreach to potential referral sources and other stakeholders. In addition, it has strengthened its collaboration and coordination with other agencies and entities to increase awareness of developmental screening, referring to CDS, and the Part C services which CDS provides. Regional screening and referral initiatives, in which the Developmental Systems Integration Committee supported collaboration between medical providers and regional Part C programs and which began as pilots in 2016, have continued with sustained positive results in the number of referrals and engagement of referred families. Also in 2018, 90 potential referral sources received outreach materials and/or presentations on screening, referral, eligibility, and RBEI. In the fall of 2018, CDS and a group of stakeholders completed the "Child Find Self-Assessment", a pilot project coordinated by the Center for Learning and Development at SRI Education and the Early Childhood Technical Assistance Center. This self-assessment was beneficial in identifying the strengths and areas of need in CDS' child find structure and supported a deeper understanding of potential ways in which to identify an increased number of infants and toddlers at a younger age. Issues that were identified through the self-assessment include increased outreach to New Mainers (immigrant populations), lack of universal screenings by medical providers, lack of an identified entity for coordinating developmental screenings, and physician referrals to clinic-based medical services rather than Part C services.

System Support:

With guidance from the State Part C Coordinator, Early Intervention Program Managers (EIPMs) continue to provide support and oversight of Early Intervention Teams at the regional site level. The EIPM Team meets on a monthly basis to discuss programmatic issues such as process, RBEI fidelity, caseloads, and to develop and revise guidance for the field. In addition, data gathered from the Open Position Tracking Form, Exit Survey, implementation of productivity expectations, and a salary study were beneficial in providing clarity to the Joint Standing Committee on Education and Cultural Affairs, when the State Part C Coordinator appeared before that Committee in the fall of 2017. As a result, CDS experienced increased support for additional funding from the Legislature and the Maine Department of Education. This additional funding is included in Governor Mills' proposed biennial budget for FY20 and FY21 and will primarily be used to provide adequate compensation to CDS staff and to expand system capacity.

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

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

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

Data were collected and analyzed on improvement strategies in each of the broad improvement strands: Professional Development; Data Collection and Reporting; Early Intervention Outreach, and System Support. In some cases, data analyses and tangible results reflected the impact of improvement strategies and the achievement of short and long-term outcomes.

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

https://www.maine.gov/doe/sites/maine.gov.doe/files/inlinefiles/Maine%202018%20SSIP%20Evaluation%20Matrix_final.pdf

and includes the evaluation questions, the SSIP activity, system level, data collection plan, schedule, and the evaluation of activity implementation.

Professional Development:

The content of initial trainings for new early intervention providers was further refined based on the results of training evaluations, ongoing fidelity checks, and discussions with stakeholders. The components of RBEI that were identified as areas of need include adherence to the Vanderbilt Home Visiting Script, use of the Outcome Routine Matrix, and Collaborative Consultation to Child Care. Targeted follow-up trainings, based on the data sets identified above, were provided to existing early intervention providers at the regional site level. These targeted follow-up trainings are based on the identified needs of the regional site and provided on an as needed basis.

Fidelity checks were conducted on two major components of RBEI: the child and family needs assessment (Routines-Based Interview (RBI)) and service delivery (Support-Based Home Visits). Both CDS staff and contracted providers received these fidelity checks which were primarily conducted by the regional EIPMs. To ensure that these fidelity checks continued to be conducted despite regional staff-shortages, CDS implemented a "buddy system" through which implementation fidelity was assessed by a peer who had achieved fidelity. As mentioned above, CDS tracks training and fidelity in its Training and Fidelity database.

Although a standardized statewide training has not yet been developed for accurately completing the COS, the EIPM team reviewed professional development materials available from the Early Childhood Technical Assistance Center and has reviewed selected resources with their regional teams.

Data Collection and Reporting:

CINC continues to provide a significant amount of child, regional program, and state-level data. In embedding the COS into the data system and including a fail-safe measure to prevent a user from moving forward with the child's record or closing a child's record without entering an entry COS and exit COS, respectively, it is impossible for a Maine infant or toddler, who has received Part C early intervention services for at least six months to *not* have both an entry and exit COS completed. This has resulted in the availability of a significantly larger amount of child outcome data which enables a more accurate determination of the impact of Part C services on child outcomes. Specifically, Maine's FFY13 SPP/APR Child Outcomes data reflected the progress of 336 infants and toddlers. For FFY17, Child Outcomes data reflected the progress of 726 infants and toddlers.

Early Intervention Outreach:

CDS has continued to conduct a significant amount of outreach, to potential referral sources and other stakeholders, using its developed public awareness materials and training. All regional programs use the same developed materials and presentations to conduct outreach to medical practices, childcares, Head Starts, WIC clinics, child welfare and other potential referral sources. In addition, public awareness materials have been distributed at community events (i.e. homeschool conference, community fairs) and at other community locations (i.e. children's museums, libraries). As a result, CDS experienced a significant increase in referrals in 2018 relative to previous years. All outreach activities are entered into a Outreach database which is housed on a shared drive that can be accessed by the CDS regional sites. The number of referrals by type of referral source at the regional site and state level is available through the CINC data system. In matching both sets of data, the impact of early intervention outreach on the numbers of referrals received from each type of referral source is readily available.

System Support:

Many strategies within this broad improvement strategy have been completed. EIPMs were installed at the regional sites in 2016 and have provided support to regional early intervention teams, outreach to potential referral sources, and coordination with local stakeholders. They have also monitored the established standardized productivity expectations of team members to ensure that caseloads/workloads are appropriate. An analysis of those regional sites which use a blended model (service coordinator and primary provider) indicated minimal fiscal/compliance/outcomes benefit to transitioning to statewide implementation. An analysis of exit surveys (completed by terminating employees) and the results of the Open Position Tracking Form provided a clear indication that salary and benefits were the primary drivers for leaving CDS employment or declining a position when offered. A subsequent salary study confirmed that CDS' salaries were significantly below the Maine average for positions requiring similar credentials. As mentioned above, the data gathered for this broad improvement strategy was integral to garnering the support of the Maine Department of Education, the Maine Legislature, and the Governor's Office in increasing the State's allocation to CDS. The resultant collective bargaining agreement, to be implemented July 1, 2019, includes significant raises to compensation, salary step advancements, a move to the State of Maine's health insurance, and a 150% increase in continuing education funds available to CDS staff.

5. Highlights of changes to implementation and improvement strategies

CDS has maintained the strategies and activities identified in the Phase II Logic Model. However, the timeline for standardized COS training and development of a data collection mechanism to monitor the use and effectiveness of 3-month follow-up phone calls (to families who initially declined services or whose infant or toddler was determined to be ineligible) has been extended into 2019 due to capacity issues.

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 the implementation of activities which were initiated in 2017 as well as some new activities initiated during this reporting year. Activities are described in Maine's Logic Model: https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/me_partc_logic_33116_final.pdf .

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 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:

New Part C Early Intervention providers have received training on all components of RBEI in a timely manner and existing providers have received targeted trainings based on training evaluations, the results

of fidelity checks, and stakeholder discussions. In addition, RBEI training modules have been revised based on the same data sets. An increasing number of providers have achieved fidelity of implementation and all have demonstrated improved fidelity scores. Although a standardized COS training has not been developed, a review of materials available through technical assistance centers has been reviewed with early intervention teams at the regional sites. As a result, a higher number of infants and toddlers and their families have received evidence-based services.

Data Collection and Reporting:

The CINC database "went live" on July 1, 2016 and has provided CDS with a large amount of high quality data which were previously unavailable. In addition to its requirement of both an entry and exit COS on all infants and toddlers who meet criteria, CINC readily provides data for the analysis, at both the regional and state level, of multiple programmatic variables that may potentially affect child outcomes. These variables include, but are not limited to, referral source, average age of referral, average age at which infants and toddlers are determined eligible, eligibility rates, criteria for eligibility determination, caseloads, etc. Due to the availability of real-time data for the purposes of ongoing analysis, trends at the state and regional site level are easily identified and acted upon. Also, regional sites that are statistical outliers on specific data points (i.e. a significantly elevated use of informed clinical opinion when determining eligibility) are able to receive timely intervention and guidance from the CDS state office.

At the regional site level, EIPMs monitor site performance by accessing CINC reports with regional site level data, including timeline from referral to eligibility determination, timely delivery of services, identification rates, and criteria used for eligibility determination. The content of these reports is shared with the regional Early Intervention Teams monthly to identify root causes and adjust processes and protocols as necessary.

Early Intervention Outreach:

CDS has widely distributed its public awareness materials to potential referral sources and has provided a significant number of trainings to stakeholders on CDS Part C services and RBEI. This has helped potential referral sources to understand when and how to make a referral and to communicate, to families and other, the RBEI model and the benefits of receiving services. In 2018, CDS distributed public awareness materials to 60 entities and, as a result, experienced an 18% increase in overall referrals statewide. In addition, the average age of children referred to Part C fell from 18.24 months to 16.5 months, although the average age of infant and toddlers being determined eligible for Part C services increased from 19.87 months to 21.68 month. The percentage of referred infants and toddlers determined to be eligible increased slightly from 71% to 72%.

As mentioned above, CDS had the opportunity to participate in a pilot Child-Find Self-Assessment. Different components of the assessment were completed with different stakeholder groups. The results of that self-assessment indicated some strengths in CDS' Child Find implementation, but also identified the need for continued outreach and activities such as community screenings and increased collaboration with other entities conducting developmental screenings.

In 2018, CDS made a concerted effort to reinvigorate the State Interagency Coordinating Council which has resulted in new, energized membership. Its focus has been on increasing the identification rate of infants, analyzing family outcomes beyond those required for federal reporting, and ensuring a robust, functional, and regularly-curated Central Directory.

CDS continues to collaborate with the Developmental Systems Integration Committee and Maine Quality Counts to increase the number of children receiving developmental screenings per the American Academy of Pediatrics' recommended periodicity. The three screening pilot programs, implemented in 2017 and which formalized collaboration between regional programs and regional medical providers, have resulted in a sustained level of referrals and increased engagement of referred families.

System Support:

Activities within this broad improvement strategy have resulted in short and long-term outcomes, some of which were mentioned above, that have the potential to significantly impact child outcomes. In addition to the implementation of EIPM positions at the regional sites and the support that they provide with regard to the quality of services and fidelity to the RBEI model, the data gathered through System Support activities proved to be tremendously beneficial in CDS "telling its story" to MDOE Leadership and the Joint Standing Committee on Education and Cultural Affairs. As a result, Governor Mills' Biennial State Budget, if approved as proposed, would provide CDS Part C an additional $1.8 million in State allocation. CDS Leadership was aware of a likely significant increase in funding, after more than seven years of flat State allocation, and was therefore able to conduct collective bargaining that resulted in competitive salaries, annual salary step advances, more affordable health insurance and an increase in professional development funds available to staff. Anecdotally, even prior to official ratification of the new contract, former staff members who had departed due to salary and benefits were contacting CDS about potential re-employment.

2. Stakeholder involvement in SSIP implementation

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

CDS has made an effort to keep stakeholders informed of the implementation of activities and progress toward short and long-term outcomes which has resulted in the identification of opportunities for collaboration or the improvement of existing collaborations and has increased the number CDS Part C advocates and their understanding of the Part C system. This has occurred through formal and informal meetings with individuals and groups, through public reporting, and through CDS' Annual Report to the Legislature. CDS State Leadership and the EIPMs regularly meet with regional Early Intervention Teams to discuss professional development, data collection and reporting, early intervention outreach and to solicit feedback for the purposes of strengthening for system support. State Leadership and the EIPMs also meet with regional and State community partners to provide information on various improvement activities.

At the regional level, collaboration with community partners including Early Head Start, WIC, regional Health and Human Services teams, Maine Families, medical providers and others provide the opportunity to discuss data, status of different programmatic variables, and adjustments to practices and processes that potentially impact the SiMR.

At the State level, CDS State Leadership has provided information to MDOE, regional site leadership, SICC, DSI, Maine Children's Growth Council, MDOE's State Advisory Panel, Maine Association of Community Service Providers, Maine Developmental Disabilities Council, Maine Parent Federation, Maine Autism Society, among many others.

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 site level, EIPMs have been responsible for implementing activities appropriate to that setting. This includes providing the regional Early Intervention Teams with activity-related guidance and professional development, completing fidelity checks, and conducting feedback sessions after fidelity checks with individual providers. In all of these activities, EIPMs encourage providers to provide their perspectives, ideas, questions, and areas of confidence and challenge. In addition to this feedback, the results of fidelity checks are used to identify targeted training for the regional Early Intervention Teams.

EIPMs also bring this feedback and the results of fidelity checks to monthly EIPM meetings with the State Part C Coordinator. These conversations often identify the need for establishing clarity among EIPMs and across regional sites and revisions of developed trainings, Part C Process Document, and other processes and protocols.

Data Collection and Reporting:

CDS relies on its frontline providers, regional site leadership, and State office staff for feedback on the ease of use, functionality, and accuracy of its data system. This includes data entry as well as data extraction for the purposes of programmatic monitoring at the regional site and State levels, accounts payable and accounts billable, and federal reporting. Stakeholders have identified ways in which to limit human error, ensure that formulas embedded in CINC are accurate, and to use ad hoc queries to glean additional details and depth of understanding of successes, challenges and trends at multiple system levels. This feedback has often acted as a catalyst for CDS requesting changes, additions, and adjustments to CINC from its data system vendor.

At the regional site level, EIPMs regularly use data contained in CINC to monitor referral sources, child's age at referral and eligibility determination, the basis of eligibility, the effective and efficient use of resources, fidelity to RBEI, among many other variables. The analysis of these data is regularly shared with regional Early Intervention Teams, with the EIPM Team, and with CDS State Leadership.

Early Intervention Outreach:

As mentioned above, CDS had the opportunity to participate in a pilot Child Find Self-Assessment. A large and varied stakeholder group was assembled to provide feedback on several sections of the self-assessment and to help CDS to identify priorities with regard to child find. Current and historical data were shared with this group which provided insight into CDS' current referral numbers and sources and its identification of infants and toddlers compared to other states with similar eligibility criteria. The outcome of this work with stakeholders has helped to form a strategic plan for more effective Early Intervention outreach which is targeted at identified areas of need.

Feedback from Service Coordinators at the regional level has also helped to identify challenges with the quality of referrals received, especially those received under the Child Abuse and Prevention Act (CAPTA). This feedback supported collaboration with the Department of Health and Human Services (DHHS) and identified the need for communication, between CDS and DHHS, at the regional level.

System Support:

CDS solicited feedback from stakeholders regarding what was necessary for system support. Exit surveys, open position tracking forms, formal and informal discussions with staff and regional site leadership, and work with the Union representing the Collective Bargaining Unit helped CDS to clearly identify the variables that adversely impacted its ability to recruit and retain highly qualified staff. This feedback allowed CDS to clearly articulate to MDOE and the Maine Legislature, through concrete data, what was necessary to create and sustain a high-quality workforce.

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

Data sources for the monitoring and measurement of key measures include CINC, the Training and Fidelity database, the Early Intervention Outreach database, fidelity checklists, training attendance sheets and evaluations, Human Resource documents, the Open Position Tracking Form, and the CDS Exit Survey among others. Responsibility for the collection of data included the State Part C Coordinator, the CDS HR Director, CDS Data Manager, EIPMs, and Office Operations Managers. Additional detail on data collection procedures and timelines are included in the Evaluation Matrix.

c. Description of baseline data for key measures

Baseline data specific to key measures, when available and applicable, is included in the Evaluation Matrix.

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, additional databases, etc.) allow for data to be entered in a timely manner and accessed for review on an ongoing basis. At the state level, the Part C Coordinator reviewed and analyzed state and regional site level data and discussed the results of those analyses at monthly EIPM Team meetings. At the regional-site level, EIPMs reviewed and analyzed site-specific data for review with the regional Early Intervention Teams. These analyses of both state and regional site data allowed for the identification of sites that were positive or negative outliers and served as catalyst for the identification of root causes and the development of related guidance.

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

CDS has reviewed the implementation of improvement activities in all broad improvement strategies, specific improvement strategies and its progress toward intended outputs. Positive data trends and the achievement of evaluation measures can be seen across the four improvement strands and demonstrate the development of an infrastructure that is necessary for sustainability while maintaining the flexibility that ongoing data analysis may require.

b. Evidence of change to baseline data for key measures

Maine has developed a robust professional development system including initial, refresher, and targeted trainings to ensure provider understanding of RBEI and an assessment system to monitor the fidelity of

RBEI implementation. The number of providers receiving professional development in a timely manner and fidelity assessment has increased as has the number of providers achieving fidelity.

With the implementation and continued improvement of CINC, the CDS Part C Program has access to a significant amount of reliable data. This access provides the opportunity for ongoing analysis and data-driven decision making.

Developed public relations materials and trainings have been provided to an increasing number of potential referral sources and stakeholders. The number of referrals that the CDS Part C Program receives has increased significantly while the average age at referral has decreased.

The ratification of a new collective bargaining agreement reflects a culmination of changes to baseline data and achieves both short and long-term outcomes in the System Support broad improvement strategy.

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

Data from previous SSIP Phase III years indicated challenges in providing new providers timely access to large group trainings on RBEI. As a result, training protocol was developed for use at the regional program level which includes one-on-one training with the EIPM and mentoring from a qualified peer. Data also indicated the impracticality of full scale "refresher" trainings for all staff. Instead, targeted trainings were developed to address the RBEI components with which staff were struggling.

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

Data from SSIP Phase III, Year 3 indicate the need to further refine outreach efforts to identify a higher number of infants and toddlers at an earlier age. Also, given that many of the SSIP improvement activities have been implemented and have achieved both short and long-term outcomes. Child outcome results will be monitored closely to determine if a more significant impact occurs and is sustained.

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

Maine's data reflects a significant impact in all broad improvement strands. improvement activities have achieved the majority of short and long-term outcomes identified in Maine's Logic Model. Data included in the FFY17 SPP/APR reflected that Maine exceeded its Indicator 3, B1 and B2 targets with a slight increase in the percentage of infants and toddlers who were functioning within age expectations at exit and a slight decrease in the percentage of infants and toddlers who substantially increase their rate of growth at exit.

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 ongoing evaluation of key measures through state and federal reports, formal and informal meetings, and participation in the collection and analysis of data. At the State level, CDS leadership has met with MDOE leadership, the ICC, DSI, the Maine State Advisory Panel, and Children's Growth Council, among other entities. At the regional site level, EIPMs have worked with the regional Early Intervention Teams and local stakeholders to gather and analyze data for the purposes of evaluation.

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 and analysis of the majority of SSIP data. Ongoing discussions with stakeholders at the State and regional level have provided the opportunity to gather anecdotal information which provides additional clarity to the quantitative data. For example, early intervention provider identified that consistent fidelity in the provision of Support-Based Home Visits is not always possible due to dynamics in families' homes and, therefore, determination must be made as to if a fidelity check is appropriate for a specific visit. EIPMs also provided feedback on the impracticality of completing full-scale RBEI trainings within 30 days of hire/contract date when the number of individuals needing training is less than three or four.

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.

In some cases, failure to sustain focus on data collection efforts at the regional-site level has resulted in data sets with compromised accuracy. However, it was determined that the degree to which the accuracy of data was compromised was not significant enough to exclude its use (i.e. failure to record several entities which received outreach materials). In other cases, data sets were incomplete to the point of being unusable for the purposes of SSIP (i.e. the failure to consistently record the number of families that received 3-month follow-up phone calls and the percentage of those families who were then determined to be eligible for services).

b. Implications for assessing progress or results

Although anecdotally, 3-month follow-up phone calls are highly effective in re-engaging families and determining eligibility subsequent to initial referral, quantitative data are not available to support this assertion.

c. Plans for improving data quality

CDS is currently working with its data system vendor to include components which support the sustainability of the 3-month follow-up phone call. These CINC components include a field on the exit screen which indicates a family's desire for a follow-up, a reminder on the Service Coordinator's dashboard to provide a 3-month follow-up, and a query-able field which will readily provide data on the effectiveness of 3-month follow-ups.

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

Many changes have been made to Maine's infrastructure to support the sustainability of SSIP initiative. These include the creation of EIPM positions, the development of a robust professional development system and ongoing fidelity measures for RBEI, the creation of public relation materials and trainings that are provided to potential referral sources and stakeholders on an ongoing basis, the implementation of a statewide data system which provides readily accessible and reliable data for the purposes of reporting and program improvement, and the successful ratification of a fully-funded collective bargaining agreement. These key system components create a strong foundation for the provision of evidence-

based practices and a continual improvement approach. In addition, a mechanism for the provision of RBEI training to all new providers, a schedule for the administration of fidelity checks, and the use of trainings focused on identified areas of need have been established.

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

CDS has developed and implemented effective trainings for all components of RBEI, as well ongoing fidelity checks for the implementation of those components. The baseline data which reflect the fidelity of the implementation of RBEI will serve as a measure to assess progress moving forward. All Early Intervention 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 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 broad improvement activities are highlighted in the following tables.

Professional Development			
Short-Term Outcomes	**2018 Status**	**Long-Term Outcomes**	**2018 Status**
New early intervention providers receive timely training	New early intervention providers receive RBEI training, on average, 23 days after hire/contract date.	Families will receive high quality evidence-based services	Families outcomes data are consistently exceeding determined targets as reported in the APR.
Participants master and implement RBEI training content with fidelity	82% of staff and 66% contracted providers have achieved Support-Based Home Visit fidelity. 96.1% of staff and 50% of contracted providers have achieved Routines-Based Interview fidelity.	Maine has detailed and accessible PD resources.	The significant majority of early intervention providers have achieved fidelity in RBEI components. Training modules on RBEI have been developed and revised as needed. They are utilized statewide and accessible to all staff on via a shared drive.
		All Routines-Based Interviews will be conducted with families by Maine approved practitioners.	Overall, 92.8% of early intervention providers have achieved Routines-Based Interview fidelity.
		All Support-Based Home Visits will be conducted with families by fully approved practitioners.	Overall, 78.5% of early intervention providers have achieved Support-Based Home Visit fidelity.

Professional Development			
Short-Term Outcomes	**2018 Status**	**Long-Term Outcomes**	**2018 Status**
		All families will be able to enhance the development of their children through achieving full implementation of the RBEI model	In Maine's FFY2017 SPP/APR, 96.43% of families reported that early intervention services have helped their family to help their children develop and learn.
Stakeholder participants have a greater understanding of RBEI. Work and practice are informed by participants use of information.	The majority of stakeholders who have received RBEI trainings are early intervention providers. However, a significant number of external stakeholders have received information through outreach activities. Anecdotally, referral sources are able to articulate, to families, the benefits of receiving services via the RBEI model.	EI is better understood by stakeholders in the state. Broad-based public support is demonstrated by stakeholders for EI. Family engagement and understanding has increased.	No formal survey has been conducted to determine stakeholder understanding or support of RBEI. In Maine's FFY2017 SPP/APR, 96.43% of families reported that early intervention services have helped their family to help their children develop and learn.
Participants master content and implement COS process appropriately. New staff receive timely training. Stakeholder participants have a greater understanding of COS process. Work and practice are informed by participants use of information.	Formal training for use statewide has not yet been developed.	Maine has a standardized PD plan in place Family engagement and understanding are increased. 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. Outcome data is reviewed 3x per year for completeness, accuracy and program improvement.	Not yet initiated. Child outcome data is available at the state and regional site level and is available for correlation with state and regional improvement efforts. Outcome data is complete. Accuracy is currently being addressed through regional site level PD activities.

Data Collection and Reporting			
Short-Term Outcomes	**2018 Status**	**Long-Term Outcomes**	**2018 Status**
Accurate and timely data are entered by staff.	Data system went live on July 1, 2016. Data quality checks have been completed ongoing.	High quality CO data are available. Data is accurate and timely. 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.	With the implementation of CINC, COS data is timely and complete. Formal correlation at the state and regional site level is not yet occurring.
COS data reflect child development. COS data includes input from the entire IFSP team.	IFSP team members consider all sources when determining COS scores. COS data reflects input from the IFSP team members.	COS data are analyzed and used for monitoring, evaluation and program improvement. COS data are valid and reliable measures of child progress in the EI system	COS data is not yet used for monitoring, evaluation, and program improvement. Standardized statewide PD trainings have not yet been developed and implemented.

Early Intervention Outreach			
Short-Term Outcomes	**2018 Status**	**Long-Term Outcomes**	**2018 Status**
CDS practitioners provide PR materials to all potential referral sources All babies born in Maine will be provided with a pamphlet on EI. Every medical home will have PR materials available in waiting areas and/or exam rooms.	Public awareness materials have been developed and have been disturbed to 143 agencies/entities. This outcome has not yet been achieved. The majority of medical homes have received public awareness materials and/or outreach presentations	Referral sources (hospitals, Head Start, etc.) are well informed about EI services and convey that information to eligible families Families receive timely and accurate information from various referral sources about EI services. More eligible children and families receive EI services.	Outreach has been conducted to a large number of potential referral sources. State-level collaboration with relevant public and private programs has also occurred. Although the number of referrals has significantly increased, the number of identified infants and toddlers has remained relatively flat.
Collaborative pilot screening initiative is expanded. Increase the number of children receiving	Resources have not been available to bring the screening initiative to a statewide scale. From FFY16 to FFY17, DSI reports a	All children receive a developmental screening	Per FFY17 data, less than 30% of children receive a developmental screening by age 3. There has been significant increase in

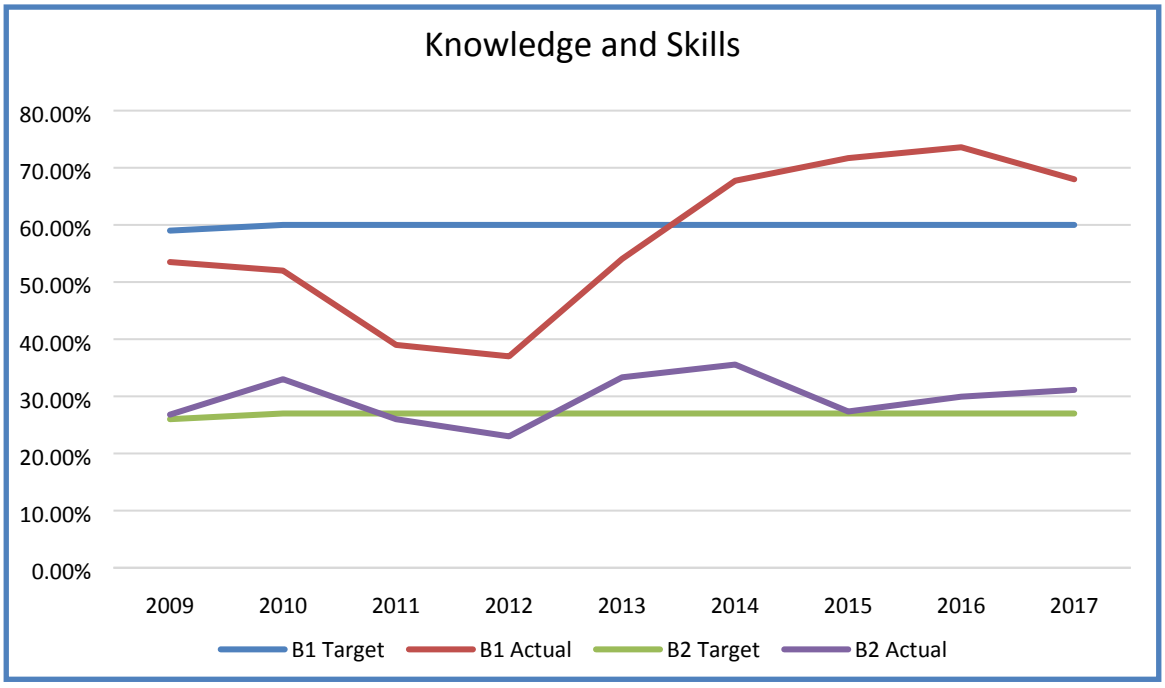
Early Intervention Outreach			
Short-Term Outcomes	**2018 Status**	**Long-Term Outcomes**	**2018 Status**
developmental screenings conducted by programs statewide.	3.4% increase in the number of children screened by age 1; a 3.59% increase in the number of children screened by age 2; and a 5.93% increase in the number of children screened by age 3.	Increase the number of referrals that lead to eligibility	referrals to CDS. However, there has not been an increase in the number of infants and toddlers determined eligible for Part C services.

System Support			
Short-Term Outcomes	**2018 Status**	**Long-Term Outcomes**	**2018 Status**
Qualified CDS applicants will increase.	Of the 771 applicants for 103 posted positions, only 28.5% were determined to be qualified applicants.	Highly qualified staff are recruited by CDS.	28.3 % 44 of the 80 applicants offered positions declined employment due to compensation.
Personnel records of staff will accurately reflect years of experience and credentials.	A process has been developed for determining the number of years of experience and credentials. However, CDS and MDOE has chosen to address the compensation issue in other ways.	A budget proposal including salary recommendations will be submitted to the MDOE Commissioner.	A budget proposal, including salary recommendations was submitted to the MDOE Commissioner. The necessary funding is included in Governor Mills' proposed biennial state budget.
Determine appropriate pay scale and cost of implementation.	A salary study was conducted and a competitive pay scale was developed. The cost of implementation was also developed.		
Staff meetings are documented monthly by EIPM, EI staff will have individual supervision meetings one time per month.	Monthly staff meetings are documented by EIPM's. Individual supervision is not yet consistently occurring.	EI practitioners are supported and have access to ongoing supervision.	Each site has an identified EIPM that is responsible for supervision of Part C Staff. As part of the fidelity check process staff is provided regular coaching opportunities by EIPMs.
Staff have opportunities annually to provide input regarding job satisfaction.	A staff feedback survey was piloted at two regional sites.	The system will increase the longevity of EI providers to ensure a highly experienced workforce	CDS has worked with MDOE to develop a funding formula which will provide adequate compensation, affordable health insurance, and annual raises.
A job description and salary scale for blended model position are consistently implemented	A job description and salary scale for blended positions was developed for collective bargaining.		
Productivity sheets are completed within data system implementation	Productivity is not capture within CINC.		Not yet developed.

System Support			
Short-Term Outcomes	**2018 Status**	**Long-Term Outcomes**	**2018 Status**
EI practitioners have a manageable workload (staff surveys, analyses of caseloads)	A spreadsheet has been developed. Efficiency standards were implemented and will be used to analyze manageable caseloads.	A sustainable and effective support plan for credentialing is in place All new service coordinators hired will meet the qualifications for the blended model position EI practitioners will meet productivity standards Staffing will be equitable throughout the state	Due to a shortage of special education personnel, hiring staff which meet the qualification of the blended position is not possible. Given the increase in compensation, productivity standards will be more strictly enforced. The annual budget process which considers regional child count and the geographic size of catchment areas has supported identification of adequate staffing levels. Productivity expectations which include travel time have also helped in this identification.

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.



	FFY	2008 (baseline)	2009	2010	2011	2012	2013	2014	2015	2016	2017
B1	Target ≥		59.00%	60.00%	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%	67.99%
B2	Target ≥		26.00%	27.00%	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%	31.13%

F. Plans for Next Year

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

In collaboration with its technical assistance providers, Maine will develop effective COS trainings which include a coaching component, fidelity measures, and ongoing refresher/targeted trainings based on data collected.

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

Maine will continue to collect data on several improvement activities across broad improvement strategies. With regard to Professional Development, data will continue to be collected on the timely provision of trainings and provider fidelity in the implementation of RBEI, As fidelity rates increase, progress on the SiMR and other child outcomes will be closely monitored.

With regard to Data Collection and Reporting, Maine will continue to request feedback from stakeholders on the usage of CINC, the accuracy and functionality of the data it provides. Also, safeguards to minimize human error in data input and data interpretation will be implemented as those opportunities arise. COS trainings will be developed and provided to ensure that scores entered into the data system are an

accurate reflection of the child's level of functioning at Part C entry and exit. The availability of easily accessible, real time, reliable data will allow Maine to respond to identified trends in a timely manner. These analyses and adjustments to processes, protocols, and programs will support improved child outcomes.

Early Intervention Outreach will continue to be tracked as will its impact on the number, quality, and age at which infants and toddlers are referred. Ensuring that potential referral sources and stakeholders have a clear understanding of Maine's Part C services and how to refer infants and toddlers will result in a higher number of identified children, referred at a younger age, and therefore benefitting from Part C services for a longer period of time. This is expected to have a significant positive impact on child outcomes.

With the majority of the long-term outcomes accomplished in the System Support broad improvement strategy, Maine will continue to monitor productivity and caseload to ensure that workloads of providers are manageable. Also, with the major issues of compensation and insurance adequately addressed through the new collective bargaining agreement and increased State Part C allocation, Maine will, on an ongoing basis, survey providers to identify and address factors that may affect morale, job satisfaction and other variables that may inhibit the recruitment and retention of highly qualified staff.

3. Anticipated barriers and steps to address those barriers

Several barriers to sustainability and continuous improvement of the Part C system exist and therefore have the potential to adversely affect child outcomes:

- In the past several years, the State of Maine has experienced a significant shortage of special education personnel, most significantly special education teachers and speech-language pathologists. Although the recent increase in compensation allows the Part C program to be competitive when recruiting and retaining qualified personnel, the statewide shortage simply does not allow the birth through 20 system to fill all necessary positions. CDS is currently working with MDOE and the University of Maine System and other higher education institutions to increase undergraduate and graduate program capacities. CDS and MDOE have also discussed the possibility of high school students accessing college level courses to reduce the burden of college tuition and to garner interest in the field of education at an earlier age.
- As with many states, Maine's Part C providers have found the use of the COS form to be challenging, citing perceived subjectivity and lack of clarity on terms included in the supporting COS documents (i.e. "immediate foundational skills"). Maine's Part C Program will work with technical assistance providers and EIPMs to gather or develop effective resources and training to ensure that all Part C providers have a clear understanding of and confidence in completing the COS.
- Although the majority of Maine doctors understand RBEI and the value of a primary provider/coaching model, several medical practices continue to have reservations and view the model as inadequate. Oftentimes, these practices refer for clinic-based medical services rather than Part C services. Maine's Part C Program will continue to provide outreach to these medical practices and other stakeholders, including research supporting the model. In addition, outreach will encourage these practices to refer to the Part C Program *in addition to referring for clinic-based medical services*, so that families can avail themselves of the benefits of both models.
- Maine continues to struggle with identifying an appropriate percentage of infants, birth to one. It is currently determining the root cause of the low identification rate. Concerns have been raised about the reliability of the evaluation tool with this age group, the inappropriate use of informed clinical opinion when determining eligibility, and average age of referral. Maine's Part C Program will increase its outreach to birthing hospitals and continue its work with WIC to increase screenings in that setting and resultant referrals.

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

As mentioned above, Maine will access technical assistance regarding COS trainings. Also, Maine will seek support from its technical assistance providers in developing an action plan based on the results the recently completed Child Find Self-Assessment.