

Maine Part C
STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III

Submitted
April 3, 2017

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

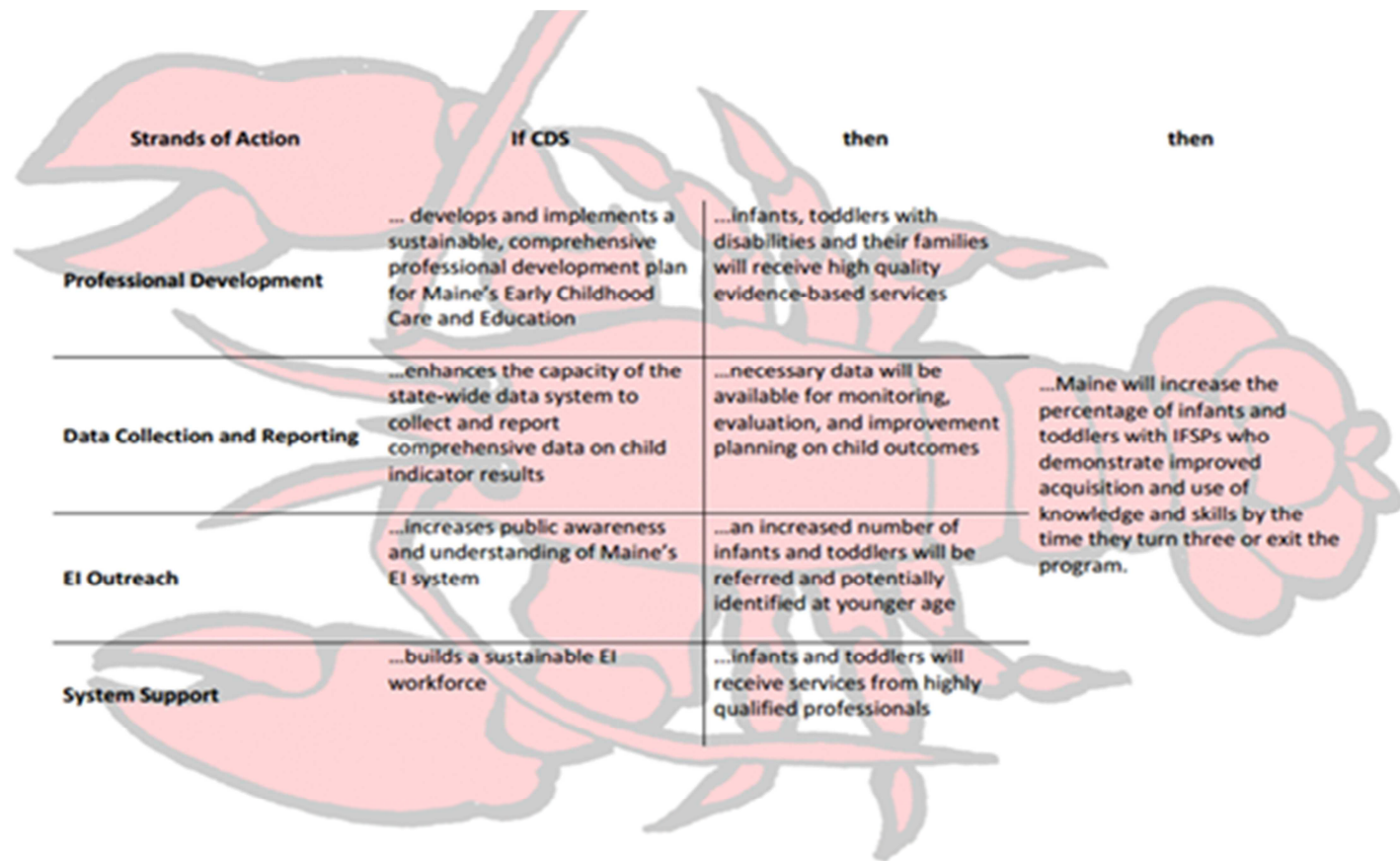
A. Summary of Phase III

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.*

All SSIP documents including theory of action, logic model, SSIP Phase I and II 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 the past year, improvement strategies were implemented in all four strands. Further sections of this report provide additional details about the implementation of these improvement strategies.

Professional Development:

CDS has developed two trainings which are offered on a quarterly basis to all new CDS staff and contracted providers. The content of these trainings covers all 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.

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 the State Agencies Interdepartmental Early Learning and Development Team's Developmental Systems Integration Project (DSI: SAIEL) to increase developmental screening, referrals to CDS and plan for the statewide implementation of the Help Me Grow central resource and referral system.

System Support:

CDS created eight Early Intervention Program Managers (EIPM) positions, which were filled in spring of 2016. These EIPM's provide support at the regional site level. 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

CDS continues to implement RBEI (McWilliam, 2010) statewide. Initial trainings on all components of RBEI were provided to all staff and contracted providers. These trainings have also been provided to new staff and contracted providers who were not present for the initial trainings. EIPM's conduct ongoing fidelity checklists and coaching at the site level and develop targeted professional development based on strengths and needs as identified by the fidelity checklists.

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

To ensure consistent improvement in all areas identified as priorities in the development of SSIP Phase I and II, at least one activity in each broad improvement strategy was identified to be evaluated. The activities were selected based on the implementation timeline and level of importance determined through work with stakeholders. Evaluation questions as outlined in the evaluation matrix were also 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/documents/me_partc_evaluationmatrix_033117_final.pdf) 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 and provided to all staff and contracted providers. A training database was created 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. A fidelity database was created to track fidelity at the individual, site and state level.

Data Collection and Reporting:

On July 1, 2016, CDS implemented CINC. This data system allows the timely entry of accurate data by staff and contracted providers. The COS has been embedded in the data system with validation measures to ensure the completion of both entry and exit COS's for all infants and toddlers who meet criteria.

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.

System Support:

CDS has created an "Open Position Tracking Form" which tracks information such as the position posting location, the number of qualified applicants and, if applicable, the reason given for declining an offered position. Analysis of the fiscal impact of adjusting staff salaries to reflect a fair market rate has also been completed. Also, an analysis of the number of Part C staff accessing the continuing education funds made available through the collective bargaining agreement has also been completed. Eight EIPM's have been hired to oversee programming at the regional site level. Finally, efficiency standards have been implemented to ensure that providers maintain a manageable workload.

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.

The timeline in initiating the four Implementation Teams described in SSIP Phase II will begin in the summer of 2017 due to the adjusted timelines. These teams continue to be critical to the SSIP work and ensure that broad stakeholder input on the process is received.

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 implemented a large number of the planned activities and strategies documented in the Phase II Logic Model (http://www.maine.gov/doe/specialed/support/spp/documents/me_partc_logic_033117_final.pdf). The Evaluation Matrix provides a description of activities and strategies that have been accomplished and/or adjusted. Steps toward achieving short term outcomes have been completed within each broad improvement strategy.

A major focus and accomplishment for CDS has been the development and implementation of CINC. During an on-site visit with representatives from OSEP in September 2014, it was identified that Maine needed to prioritize its efforts in ensuring change in its data quality. Based on OSEP and other stakeholders' recommendations, in spring 2015, CDS entered into a contract with a vendor to develop and implement a state wide early childhood intervention management system for Part C and Part B 619. The data system will collect and report comprehensive data and be available for monitoring, evaluation, and improvement planning which includes but is not limited to child outcomes. Between spring 2015 and go live on July 1, 2016, CDS State IEU Staff had scheduled meetings with the vendor at least 2 times per week with a weeklong discovery visit in September. State IEU Staff meet independently after each scheduled meeting with the vendor.

In April 2016, two regional sites were selected and trained to pilot the system and a CDS Software Training and Support Specialist was hired. Testing occur through May with the production site going live at the beginning of June.

The week of May 18 CDS provided train the trainer training to CDS Regional Site Directors, Early Intervention and Early Childhood Special Education Program Managers. In addition to the vendor, representatives of ECTA and IDC assisted in the training. ECTA and IDC participated in many of the weekly calls and provided onsite TA to the CDS State IEU and development of CINC on reporting and other requirements. Regional Site training on CINC occurred throughout the month of June. CDS State IEU staff visited each Regional Site to assist with the roll out and training. Training occurred for contracted providers through online recorded webinars. On July 1, 2016 CINC went live. Since July 1, CDS State IEU have continued to meet weekly with the vendor to problem solve and ensure things are working properly. The Support Specialist and Quality Assurance Director continue to provide TA to all CDS Staff and contracted providers on an ongoing basis.

CINC has resulted in more accurate and usable data which allows real time response to observed data trends. The system allows all team members associated with an infant/ toddler to access up-to-date information including evaluation reports, daily service logs and communications between team members. During the transition from C to B process, with parent consent, a Part B record is created to allow the Part B Case Manager/ Program Manager to complete the Part B requirements of the transition process. Having a well-functioning and easily accessible data system has provided all users with the opportunity to communicate necessary adjustments to the data system, and determine what training and technical assistance needs are needed in the field. The improvement in data quality will provide the State, CINC

users and stakeholders the opportunity to use data to inform program improvements and practice that will ultimately show an increased number of infants and toddlers showing improvements.

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:

CDS has developed RBEI two trainings which are offered on a quarterly basis to all new CDS staff and contracted providers. 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. Between July 2015 and June 2016 offered 11 in person trainings to 146 participants.

CDS has implemented 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). Results of these fidelity checks have been used to identify specific PD needs at the site level and ongoing revisions of the larger trainings have been made as well as more focused PD for specific components of RBEI. To date the percentage of staff and contracted providers who have met fidelity on FC1 is 74% and FC2 is 50%.

Since April 2015, PD focusing on RBEI and the EI Part C process has been provided to 167 individuals at 31 state and local agencies. In the future CDS will utilize pre- and post-PD evaluations to assess the efficacy of this PD.

Data Collection and Reporting:

CDS implemented a new statewide data system on July 1, 2016. Significant resources were devoted to the development of the data system in the two years prior to “go live”. Additionally, since implementation, significant resources have been devoted to assessing the effectiveness, efficiency and accuracy of the data system. Ongoing adjustments and updates have been made as part of a continuous improvement effort.

The COS was embedded in CINC at implementation. Initial analysis indicated that entry and exit COS's were not being completed for all infants and toddlers who met criteria. Based on this analysis, CINC was updated to require an entry and exit COS be completed before the system allowed staff to exit a child from Part C services.

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 August 2015, these public awareness materials have been distributed to 83 agencies/entities and at 7 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 will be matched with referral source data to determine effectiveness.

CDS actively curates its central directory and is working with DSI:SAIEL to implement the Help Me Grow Central Resource and Referral model in Maine. Four CDS regional sites, as part of PD activities, have completed community mapping to identify local resources for the purposes of sharing with families. CDS has not yet determined a protocol for sharing community resources or documenting that those resources have been provided.

CDS has collaborated with DSI:SAIEL and Maine Quality Counts to increase the number of children receiving developmental screenings per the AAP recommended periodicity. This collaboration has also resulted in three pilot projects across the state which focuses on 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.

System Support:

CDS has implemented “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. This information has not yet been analyzed.

With regard to 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.

In January 2016, CDS hired six EIPMs to oversee Part C programming at the regional sites. A seventh EIPM was hired in May 2016 and an eighth in December 2016.

An analysis was completed of staff accessing continuing education funds. This analysis indicated that only a small percentage of staff used the funds made available to them through the collective bargaining agreement. Over the last five years an average of 13% of staff used the PD funds annually. Regional sites have completed a needs assessment, driven by staff and contractor feedback, to determine PD needs and to develop or access resources to meet those needs.

Efficiency forms were developed and implemented statewide with accompanying guidance in winter 2016. An efficiency standard of 75% was established and includes services, evaluations, evaluation writing, IFSP and early intervention team meetings, trainings and travel time.

2. Stakeholder involvement in SSIP implementation

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

CDS has informed stakeholders in a variety of methods:

On February 12, 2016 a stakeholder meeting including; SICC co-chairs, Part C Early Intervention Program Managers, EI/619 contracted providers and staff, Head Start, legislators, higher education, Maine Roads to Quality (MRTQ), parents, Maine Parent Federation (MPF), representatives from the Department of Health and Human Services (DHHS) and the Maine Department of Education (MDOE) including the commissioners of both departments, Maine Administrators of Services for Children with Disabilities (MADSEC), Maine Associations of Community Service Providers (MACSP), physicians, State Agencies Interdepartmental Early Learning and Development Team’s Developmental Systems Integration Project’s Developmental Screening Initiative (DSI:SAIEL), CDS SLT and CDS Regional Site Leadership Team (CDS RSLT) comprised of the nine regional site directors and CDS SLT was conducted to:

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

The timeline in initiating the four Implementation Teams described in SSIP Phase II has been postponed to summer of 2017. The goal is to form one implementation team for each action/ improvement area with each team being composed of a broad range of stakeholders with an additional group being formed with representatives from each larger implementation team to ensure that all teams are aware of each other’s work. Their purpose will be to assist in implementing and informing the work of the SSIP with a diverse voice and input from various viewpoints. These teams will ensure that stakeholders are significantly involved in the ongoing implementation and evaluation of the four improvement strands. One of the first work takes will be to review the work that has occurred to date, assist in reviewing current baseline data and will make recommendations for further evaluation. The intention is that the implementation teams are comprised of many of the individuals, perspectives, groups and agencies that convened for a large stakeholder group in February 2016.

In the winter of 2016, a quarterly SSIP update newsletter was implemented and posted to the CDS website. 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 provider meetings were held between spring 2016 and time of reporting 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.

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

Professional Development:

In collaboration with the EIPM's, CDS developed and provided quarterly RBEI trainings. Evaluations completed by training participants were utilized to revise training materials. The participants included CDS staff, contracted providers from numerous agencies and students from local universities.

Data Collection and Reporting:

CDS 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.

Early Intervention Outreach:

Staff and contracted providers, at the regional site level, worked closely with a facilitator to identify potential referral sources and to develop an action plan, which involved all team members, in the distribution of public awareness materials. In collaboration with EIPM's, CDS also developed a presentation for use with outside agencies and entities. SICC and DSI: SAIEL also provided feedback on CDS' early intervention outreach efforts.

System Support:

CDS has accessed support from the State of Maine Bureau of Human Resources and the Attorney General's Office to review job classifications. CDS also contracted with a researcher to review the resumes of current staff and provide recommendations based on those reviews. Input from regional site leadership and the work of contracted providers informed decisions made with regard to productivity expectations for Part C practitioners.

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

Below are descriptions of baseline data for each broad improvement activity as referenced in the Evaluation Matrix.

Professional Development:

Initial training on the family ecology, child and family needs assessment and intervention components of RBEI were provided to all Part C staff and contracted providers in the summer of 2014. However, no formal mechanism to ensure the provision of refresher trainings or timely trainings to new staff and

contracted providers were implemented. The implementation of fidelity measures were utilized only after the initial training, but were not used on an ongoing basis to ensure continued fidelity to the model. Training on the support-based home visits and collaborative consultation were also provided to all staff and contracted providers in the summer of 2016.

Data Collection and Reporting:

Due to the recent implementation of CINC, data is currently being collected and analyzed to determine a baseline for the timely provision of CINC training to new staff and contracted providers.

Early Intervention Outreach:

Prior to the implementation of the outreach database, no formal analysis of outreach activities and their correlation to an increase in referrals or identified infants and toddlers had been completed. The use of this database and the ability of CINC to clearly identify referral sources will allow for a more comprehensive analysis and determination of baseline data.

System Support:

The implementation of productivity standards for Part C staff will allow for the gathering of baseline data for the purposes of determining appropriate caseloads, adequate staffing levels, and supervision and support of frontline Part C staff.

- 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 respective implementation teams will analyze the data ongoing to assist in monitoring the progress made on the key measures and intended outcomes. Each evaluation measure has been assigned to various CDS State and Regional Leadership members to ensure data is collected and available for analysis. The implementation teams will provide recommendations for adjustments as needed to ensure the intended improvements are achieved.

- 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

In FFY 15, Maine's SPP/APR indicated that the state had exceeded its target 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 is the implementation CINC. The system went live as planned on July 1, 2016.

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

Implementation of SSIP Phase III raised CDS' awareness to the lack of available data for the purposes of decision making and planning. The data gathered in this phase will establish baselines from which to measure future progress.

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

Data analysis has not resulted in changes to implementation and improvement strategies, although the adjustment of timelines for some strategies was determined to be necessary. Once executed and after their analysis of evaluation data the implementation teams will advise any changes to the implementation of identified improvement activities.

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

The success of CINC in providing readily accessible child level data has highlighted CDS' need for comprehensive data systems which capture non-child specific information for the purpose of program planning.

- 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 stakeholder meetings. These include regional leadership meetings, SICC, DSI:SAIEL, and provider meetings. A quarterly SSIP Update newsletter has been implemented 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

The stakeholders listed above participated in the decision-making regarding the ongoing evaluation of the SSIP through the development and documentation of the key measures and data sources. The intent of the implementation teams is to make this process more structured. The implementation teams will review the work that has occurred to date, assist in reviewing current baseline data and will make recommendations for further evaluation.

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.

Through implementation and evaluation of the identified key measures limitations of data collection procedures have been identified. Areas of need are highlighted in the notes section of the Evaluation Matrix.

- b. Implications for assessing progress or results

Progress can be reported on outcomes data that directly align with the SiMR using data from CINC.

Due to the fact that baseline data was not available for all improvement strategies, progress on each strategy was unable to be assessed. The establishment of baseline data as identified in this SSIP phase will allow future assessment of progress.

- c. Plans for improving data quality

A major focus of CINC has been to ensure that reporting data is timely, valid and reliable.

Data management shortcomings on key measures were identified and processes, protocols and tools have been and are being developed to accurately capture comprehensive data on each improvement strategy. Stakeholders will be involved in the development and documentation of these processes.

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.

- 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.

Professional Development			
Short-Term Outcomes	Status	Long-Term Outcomes	Status
Participants master and implement training content (pre/post-test, fidelity checks) New staff receives timely training	Quarterly trainings have been provided quarterly to Part C staff and contracted providers. Pre/ post-tests for trainings have not yet been developed. Measures to assess fidelity to the implementation of RBEI have been implemented. Training for new staff and contracted providers has occurred but in some not timely.	Families will receive high quality evidence-based services (e.g., surveys, focus groups, part of exit process) Maine has detailed and accessible PD resources	Families outcomes data are consistently exceed determined targets as reported in the APR. 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. PD trainings related to RBEI have been developed. Modes of training will be expanded in the future.
High percentage of practitioners who meet standards for administration of: - Routines-Based Interview - Routines-Based Home Visits (measured through annual fidelity checks, utilizing fidelity	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.	All Routines-Based Interviews will be conducted with families by Maine approved practitioners All Routines-Based Home Visits will be conducted with families by fully approved practitioners	All Part C staff and contracted providers have been trained, not all staff and contracted providers have met fidelity criteria. Indicator 4C, FFY15, demonstrates that 99% of families believe that EI has helped their family help their

Professional Development			
Short-Term Outcomes	Status	Long-Term Outcomes	Status
checklists, etc.)		All families will be able to enhance the development of their children through achieving full implementation of the RBEI model	children develop and learn.
Stakeholder participants have a greater understanding of each PD topic; (evaluation of participants' learning and takeaways) 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)	PD has been offered to stakeholders. Evaluation of the PD opportunities has not occurred. Collaboration has with MPF has not yet occurred. PD opportunities have been offered to specific organizations based on their needs.	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 (parent survey)	PD has been provided to 167 individuals at 31 state and local agencies. Indicator 4, FFY15, demonstrates 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.
Participants master content and implement COS process appropriately (pre/post-test, fidelity checks) New staff receive timely training Stakeholder participants have a greater understanding of COS process; (evaluation of participants' learning and takeaways) 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)	Training 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.

Data Collection and Reporting			
Short-Term Outcomes	Status	Long-Term Outcomes	Status
Accurate and timely data are entered by staff (surveys of staff, data quality checks)	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.

Data Collection and Reporting			
Short-Term Outcomes	Status	Long-Term Outcomes	Status
<p>COSF data reflect child development (regional leadership team(s) will 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>COSF data includes input from the IFSP teams.</p>	<p>CO data are analyzed and used for monitoring, evaluation and program 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>	

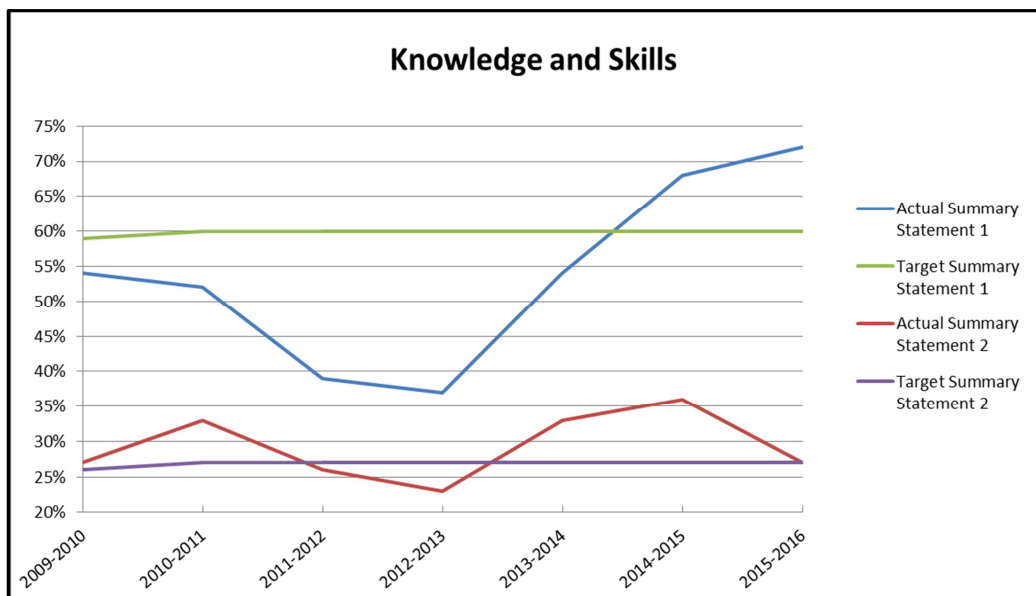
Early Intervention Outreach			
Short-Term Outcomes	Status	Long-Term Outcomes	Status
<p>CDS practitioners provide PR materials to all potential referral sources</p> <p>All babies born in Maine will be provided with a pamphlet on EI</p> <p>Every medical home will have PR materials available in waiting 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>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>

System Support			
Short-Term Outcomes	Status	Long-Term Outcomes	Status
<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>Staff meetings are documented monthly by EIPM,</p>	<p>Monthly staff meetings are documented by EIPM's.</p>	<p>EI practitioners are supported and have access to ongoing</p>	<p>Each site has an identified EIPM that is responsible</p>

System Support			
Short-Term Outcomes	Status	Long-Term Outcomes	Status
<p>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>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>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>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>

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 2015 in child outcomes data.



F.Plans for Next Year

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

No additional activities have been identified to be implemented next year. The only modification to activities has been proposed initiation dates which are reflected in the logic model.

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

The four Implementation Teams described in SSIP Phase II will begin their work in the summer of 2017 due to adjusted timelines. The implementation teams will assist in planning, implementing and developing an evaluation plan for the remainder of the plan. This will allow for broad stakeholder input and cross agency involvement to ensure improved outcomes for infants, toddlers and their families.

3. Anticipated barriers and steps to address those barriers

Professional Development:

The need for a tracking mechanism to collect contracted provider information including: members of an agency, start/end date, and new hires/termination. For CDS staff the need to be able to access relevant, centrally stored HR records including certification, location of employment, allocation, and job description. These tracking mechanism are needed to ensure staff and contracted provider training is timely.

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. 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.

Early Intervention Outreach:

No significant barriers are anticipated with regard to EI outreach. However, Maine has had difficulty maintain a robust and effective SICC, which may adversely affect outreach efforts. A recruitment and reorganization of the SICC may improve CDS' early intervention outreach.

System Support:

The availability of funding to provide salaries that align with fair market rates and an individual's education and experiences is a perennial challenge. Internally, CDS is closely examining its finances and determine if can be adequately addressed in future budgets.

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. The implementation teams will also be used to brainstorm strategies for addressing identified barriers.