

OVERVIEW

Maine's Early Intervention (EI) system through data analysis by Child Development Services (CDS) staff, State Interagency Coordinating Council (SICC), parents, providers and other internal and external stakeholders, has identified our state's measurable result. The overall focus represents all infants and toddlers in Maine who have been identified in the Part C program, who have received EI services for at least six months, and who have exited the program. The desired outcome for Maine is to increase the number of infants and toddlers demonstrating improvement in the outcome of acquisition and use of knowledge and skills. The Part C SiMR, increasing the percentage of growth in acquisition and use of knowledge and skills, aligns with Maine's Part B SiMR, Indicator B17, which focuses on improved math proficiency for children with disabilities in grades 3-8.

The lead agency for Maine's Part C Program is the Maine Department of Education (MDOE). MDOE has identified CDS, a quasigovernmental agency organized as an intermediate educational unit, as the entity responsible for all aspects of the Part C EI Program. The October 1, 2014 child count data shows 889 infant and toddlers with IFSPs being served by CDS. Between July 1, 2013 and June 30, 2014, 1853 infants and toddlers had IFSPs.

The development of SSIP Phase I included a variety of conversations, activities, and meetings. The work began internally with the CDS State Leadership Team (CDS SLT), which is comprised of the State Director (Part C and Part B 619 Coordinator), Deputy Director, Quality Assurance Director, Early Intervention Technical Advisor (EITA), Early Childhood Special Education Technical Advisor, Finance Director, and Human Resources Director. CDS SLT also accessed several OSEP funded Technical Assistance (TA) providers throughout the process. In addition to attending regional and national TA meetings and conferences, representatives from Regional Resource Center Program (RRCP), The Center for IDEA Early Childhood Data Systems (DaSy Center) and IDEA Data Center (IDC) visited Maine on several occasions to help facilitate meetings and to assist in development of the SSIP. Many phone calls and webinars occurred wherein; data was reviewed and priorities and goals were developed. In September, Maine's Part C program also invited OSEP to do an onsite state visit. Danny Rice and Jennifer Simpson met with the CDS SLT, with representatives from the SICC and RRCP.

Stakeholders involved in all aspects of the SSIP Phase I processes included; the SICC, Part C staff, EI contracted providers, parents, Maine Parent Federation (MPF), a variety of Department of Health and Human Services (DHHS) agencies, physicians, The State Agency Interdepartmental Early Learning and Development (SAIEL) Team, CDS SLT and CDS Regional Site Leadership Team (CDS RSLT) comprised of the nine regional site directors and CDS SLT.

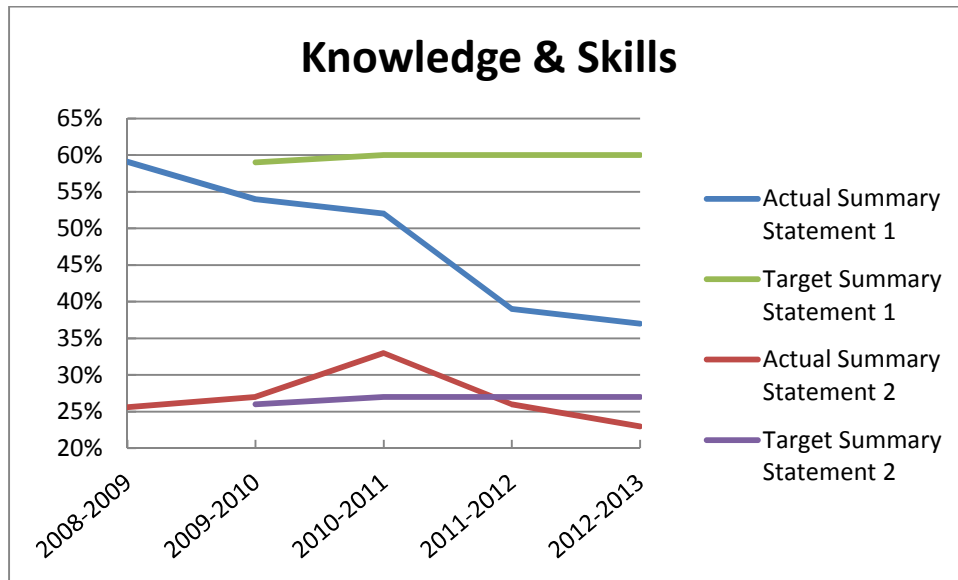
DATA ANALYSIS

1(a) How Key Data were Identified and Analyzed:

Prior to learning about the SSIP requirement, Maine was scheduled for an OSEP monitoring visit that was to focus more on results. In preparation for that visit, Maine Part C had begun completing the Critical Elements Analysis Guide (CrEAG) and had several conversations with our Part C State Contact. At that time the focus of outcomes was highlighted. To rejuvenate the focus identified early in FFY2011, a broad data analysis using state APR data, indicator analysis reports from national TA centers, anecdotal reports from the field, conversations at SICC meetings, and the SSIP requirements was conducted to determine where stakeholders and CDS felt the concentration should be.

Data sources explored were: Maine Part C and Part B APR/SPP, national including Child Outcomes Data, National Survey of Children with Special Health Care Needs (NS-CSHCN), the National Survey of Children’s Health (NSCN), SICC, and stakeholder survey.

Based on the review of data, child outcomes were an area of concern. Child outcome targets were not met for any of the six measures during the FFY2012. Also, Summary Statements 1 and 2 in all outcomes areas were seen trending downward.



Family outcome data is positive and has improved over the past few years. More families agreed that EI has helped their family know their rights, communicate their child’s needs, and helped their child develop and learn. All family outcome targets have been met for FFY2012 and FFY2013. National Technical Assistance Centers (NTAC) including DaSy, IDC and RRCP provided a source of data and showed trend data on the SPP/APR Results Indicators including Part B 619 and Family Outcome trend data. All data gathered was reviewed and discussed by stakeholders.

1(b) How Data were Disaggregated:

Outcomes data was disaggregated only by region due to the limitations of our data system, as outcomes data is a separate database from our child data system (Case-e). Development of a new data system is in process and the anticipated implementation is April 2016. The new system will have the ability to disaggregate data in numerous ways to ensure continuity around the state. Survey data was disaggregated by responder to see if trends were noticeable between groups.

1(c) Data Quality:

The state has reviewed the quality of data and concerns noted. One concern is the decreasing N number. This may have been due to the previous data manager’s lack of understanding of OSEP indicators and the indicator measurement tables.

Currently, our outcomes data is collected via a Word document and then exported into an Access database. This process inevitably has human error, as well as not having the ability to make sure all infants and toddlers who have entered and exited the system are accounted for. The Child Outcomes

Summary Form (COSF) will be built into the new data system to ensure outcomes are measured for all infants and toddlers being served. The intent is that the new data system will be built to notify a service coordinator that outcome information is required for a child at entry and exit from Part C. The service coordinator will be unable to close a record if exit outcome information is not entered.

Also an area of concern for data quality is inconsistency in the completion and rating of the COSF by service coordinators. TA will be a main focus of future Professional Development (PD) to ensure consistency throughout the state.

1(d) Considering Compliance Data:

The relationship between compliance data for Indicator 1 (timely service), Indicator 7 (timelines), Indicator 8 (transition), and results data were analyzed to determine potential barriers to improvement. There is very little noncompliance for Indicator 1 and regional sites are correcting noncompliance in a timely manner. For Indicators 7 and 8, regional sites do have noncompliance and are correcting that in a timely manner. However, due to our inability to disaggregate outcome data we are not able to determine if these Indicators are a contributing factor in improving results.

1(e) Additional Data:

None

1(f) Stakeholder Involvement in Data Analysis:

The process used to identify and select stakeholders that were involved in the data analysis was a joint meeting on September 18-19, 2014 between the CDS SLT, SICC co-chairs, OSEP State Contact and RRCF to discuss who should be involved.

The types of internal and external stakeholders involved in data analysis were: the SICC, CDS staff, contracted providers, parents, parent information center, and other early childhood care and education agencies including Head Start and physicians.

Stakeholders were involved in selecting, identifying and analyzing our existing data to develop this SSIP by inviting all contracted providers, CDS staff, SICC and other interested parties to participate in a CDS Stakeholder State Systemic Improvement Plan Overview webinar on October 23, 2014 to learn about Phase I of the SSIP and to review and provide input on state-specific data. The webinar was recorded and archived for interested persons to view if unable to join live. Following the webinar (live and recorded) participants were invited to complete a survey comprised of questions that touched on areas of focus for the SiMR as well as infrastructure. In addition to asking which area of early childhood the participant was representing the survey also asked questions ranging from familiarity and knowledge of service model to family mobility in relation to child outcomes. 123 people registered for the webinar and 121 completed the survey. Surveys completed represented all geographical areas of the state. Participants were also able to provide open-ended comments which were then analyzed to determine themes and assist with development of improvement activities.

Following the webinar and survey, RRCF, DaSy, and IDC facilitated a joint stakeholder meeting on November 12, 2014 to review additional data and survey results. A more in-depth infrastructure analysis and a recommendation of the SiMR were the goals of the face-to-face meeting. These stakeholder activities and meetings brought together the discussions of data and infrastructure to ensure there was a shared understanding of the broader early care and education system and to identify those entities

actively involved with infants and toddlers and their families and how they intersect with regard to the recommended SiMR.

ANALYSIS OF STATE INFRASTRUCTURE TO SUPPORT IMPROVEMENT AND BUILD CAPACITY

2(a) How Infrastructure Capacity was Analyzed:

To analyze the capacity of Maine's infrastructure in relation to EI with a focus on outcomes, a review of initiatives, workgroups and/ or agencies with similar goals was completed. The CDS SLT reviewed work currently occurring at local and state levels where infants and toddlers are the focus. Through a survey CDS asked employees, providers, SICC members and other stakeholders if they felt there were any existing initiatives or programs in the state that are helping to improve outcomes for infants and toddlers with special needs and their families. The survey results were then part of an in-depth review with stakeholders at a meeting on November 12, 2014 that consisted of SICC, Part C Professional Development Implementation Team (PC-PDIT), CDS SLT and other interested stakeholders. All the information and data gathered were analyzed to determine whose mission and goals are aligned to improved outcomes for infants and toddlers.

Early Intervention has a focused goal, per Maine's State Personnel Development Grant (SPDG), to increase the percentages of infants and toddlers, age's birth to two, receiving timely, evidence-based early intervention services in their natural environments by qualified personnel. The PC-PDIT was reconfigured in July 2013 to include representation from each of the nine CDS regional sites in Maine. A main goal of increasing membership to include at least two representatives from each regional site was to ensure consistent communication and the ability for each regional site to have on-the-ground support to build capacity, knowledge, and understanding of the Part C program and to ensure service delivery was consistent throughout the state. With consistent messaging and a consistent service-delivery framework, improved results and outcomes for infants and toddlers will be highlighted. The EI TA represents CDS SLT in this group. In addition to the PC-PDIT, the SICC have begun conversations regarding outreach and education to stakeholders in Maine.

2(b) Description of State Systems:

Governance

The MDOE serves as the Lead Agency for Part C. CDS, a quasigovernmental agency organized as a intermediate educational unit, is responsible for implementing the requirements of IDEA Part C Early Intervention Program and Maine Unified Special Education Regulation (MUSER) for infants, toddlers and their families.

The CDS State Intermediate Educational Unit (CDS State IEU) was established to develop and adopt statewide policies for carrying out the provisions of State Statute (20-A MRSA 7204(2)) to meet Federal obligations under IDEA, Part C; to provide training and technical assistance; and to ensure fiscal compliance. The MDOE provides a significant portion of the financial support through annual appropriations. The nine CDS regional sites are responsible to implement all laws, regulations, and policies state wide under direct supervision of CDS SLT.

In addition to implementing the IDEA Part C program CDS is also responsible, with direct supervision of the MDOE Commissioner, for the implementation of the IDEA Part B 619 program.

Fiscal

The CDS fiscal structure mirrors the operational structure of a centralized administrative office and regional site offices. Each entity develops an annual budget which is reviewed and approved by CDS SLT. An annual consolidated budget is prepared and submitted to the Commissioner of Education for approval. CDS funding is largely State of Maine appropriated funds requiring a bi-annual budget submission and legislative approval. Federal Grant awards under IDEA Part C are submitted annually with draw-down of awarded funds occurring after allowed expenses have been incurred.

CDS is responsible for financial statements in accordance with generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

An independent fiscal and compliance audit occurs annually with audit reporting to State of Maine Legislature, MDOE Commissioner as well as single audit reporting to Office of Management and Budget.

Quality Standards

Ensuring that all infants and toddlers receive high quality evidence-based intervention has been an area of focus for several years. Several years ago, Dathan Rush and M'Lisa Sheldon provided training in Maine on the coaching model. Most recently, Dr. Robin McWilliam has been working with CDS SLT, regional providers and stakeholders on Routines-Based Early Intervention (RBEI). Dr. McWilliam has created a certification process for Maine providers to ensure they are able to meet the requirements of conducting RBEI techniques with ongoing fidelity checks. All aspects of the model provide areas for quality standards to be met across the state. Additionally, Maine's EITA has recently achieved the national certification from Dr. McWilliam through his strident training program at the Siskin Children's Institute, which gives further credence to Maine's commitment to delivering high quality supports and services to our infants and toddlers.

CDS, in a combined effort with the Maine Autism Institute for Education and Research (MAIER) at the University of Maine, is taking a major step forward in Maine's effort to serve children under the age of three with Autism. Maine is beginning the implementation the Early Start Denver Model (ESDM) with infants and toddlers who have autism and their families. ESDM employs a data based approach and empirically supported teaching practices that have been found effective from research in applied behavior analysis. ESDM brings together a behavioral, relationship-based, and developmental, play-based approach into an integrated whole that is completely individualized and yet standardized. This all takes place in the natural environment and is designed to empower parents/ caregivers to promote optimal development of their child. Both CDS staff and contracted providers have collaborated in order to build system capacity for the provision of ESDM. Four of the five ESDM providers with the MAIER are now officially certified as ESDM providers, with the fifth not far behind. Thirty families are receiving full ESDM services since our beginning January 1st 2015. Seventeen staff and contracted have been trained to deliver ESDM thus far.

Over the course of the last several years CDS has developed standard forms for all regional sites. All regional sites must use the forms and any change request must come through the state office. CDS State IEU is also developing system wide policies and procedures. The EI TA has also provided guidance documents to the field to ensure consistency and quality of services.

Supporting Maine's Infants and Toddlers: Guidelines for Learning and Development serves as a guide for state and local early care and education practitioners' efforts to improve early childhood professional

practice and programs. The Guidelines reflect current research on early learning and best practices in early education. The Guidelines are intended to affect greater collaboration and consistency across systems by aligning practice across all early childhood settings. The Guidelines are a resource for EI professionals on infant and toddler development and milestones. As toddlers are transitioning from EI to Early Childhood Special Education the newly revised *Maine's Early Learning and Development Standards* (MELDS) are also a resource. MELDS is designed to promote greater collaboration and consistency across systems by aligning and creating a continuum of practice from birth through third grade.

Professional Development

The PC-PDIT is responsible to develop and implement a sustainable model of professional development for the EI system. With consultation from Dr. McWilliam, the PC-PDIT and CDS SLT have created a five component model for EI in the natural environment which provides the foundation and evidence-based practices used for training content and continued professional development for staff. The five components consist of understanding the family ecology, functional family-centered needs assessment, trans-disciplinary services, support-based home visits, and collaborative consultation to child care.

The PC-PDIT uses research-based strategies to foster fidelity of practice to increase job satisfaction, to increase willingness of staff to try new approaches, to improve transfer of training and sustainability of new practices, to enhance efficacy and fidelity, and to enrich collaboration through development of communities of practice through ongoing mentoring and coaching practices to ensure compliance and improved results for infants, toddlers and their families. The routines-based interview will provide better outcomes within the IFSP development which will lead to better outcomes for infants, toddlers, and their families.

All providers in Maine are required to acquire and maintain state level licensure or certification in their area of practice. A requirement of keeping credentials current is the participation in ongoing professional development. For example, a teacher or educational technician must participate in at least 45 hours of professional development every three to five years (depending on credentials and level) to renew certification.

Maine Roads to Quality is the Early Care and Education Career Development Center for Maine. Established in 1999, its purpose is to promote and support professionalism in the early care and education field. Maine Roads to Quality works with various partners across the state, including Maine's Higher Education System, to promote professional development opportunities throughout the state.

Data

The state-level centralized database (Case-e) which all regional sites access, provides the recording of child specific information relating to demographics, assessments, services, team meetings, Individual Family Service Plans (IFSPs), insurance information, and billing. Case-e continues to undergo improvements which support our ongoing oversight of the interrelationship of the fiscal, data, and monitoring systems and supports data gathering for the APR and other required reports. The current system provides some challenges on both the state and regional level in relation to input and extraction of data.

Outcomes data is not in Case-e. Currently COSFs are submitted to the state office from the regional sites electronically. Data fields are extracted from a Word document and imported into an Access table for data review and additional data entry. The Access table is then imported into another table that is used for reporting and is able to be linked to Case-e on the backend.

In the spring of 2013, the CDS State IEU, with the help of the Maine Office of Information Technology (OIT) evaluated the data system. The OIT designated project coordinator assisted the CDS State IEU in evaluating the needs of the CDS system in relation to data management. It was determined that CDS would post Request for Proposals (RFP) for a new child data system for Part C and Part B 619. Between the fall of 2013 and summer of 2014 an RFP was posted, submissions were evaluated, and an award was made. The contract for services was written through the remainder of the year, and in March of 2015 the contract was signed by both the program and vendor.

Technical Assistance

Maine participates in and requests technical assistance from the national TA centers on a variety of topics. CDS SLT members have ongoing communications with the RRCP, DaSy and IDC in addition to the Early Childhood Technical Assistance (ECTA) center. Members also participate in OSEP's monthly TA calls, have monthly phone conferences with Danny Rice (Maine's State Contact), and participate in other national TA opportunities as they become available. Information received from these TA opportunities is shared with local providers and regional sites when appropriate.

On a state level, CDS has employed an Early Intervention Technical Advisor who is responsible for providing TA to the regional sites, as well as contracted providers, and other stakeholders. He also works with other agencies to ensure collaboration and education on early intervention services in Maine.

Accountability/ Monitoring

CDS implements the General Supervision System for Part C and Part B 619 in Maine. Monitoring, findings, corrections, and implementation of IDEA and MUSER are the primary responsibilities for the Deputy Director and Quality Assurance Director of the (CDS State IEU. All regional sites are monitored, provided a letter of findings, required to submit corrective action plans, and are provided determinations annually.

On a monthly basis the regional site directors receive several reports from the CDS State IEU. The subjects of the reports cover all areas of management. The majority of these reports cover fiscal areas, caseloads, referral statistics and APR indicator/ reporting requirements. This information is often the subject of the monthly CDS RSLT meetings. All regional sites are now seeing, and able to question, other regional sites' data and strategies for meeting requirements and expectations.

CDS RSLT members sit on a variety of stakeholder groups and initiatives referenced. Most groups have work plans and types of measurement/ evaluation requirements.

On a quarterly basis the SPDG Goal Coordinator who facilitates the PC-PDIT must submit a report on progress towards indicated goals to SPDG Coordinator and the CDS State Director. The members of the PC-PDIT are required to ensure fidelity on different areas covered in their PD and learning. Once the members show fidelity, they are then able to train and provide guidance to the EI field in their areas.

The SICC has recently created a work plan and subcommittees that each have specific goals. Progress is discussed at each meeting. Federal Indicators are also addressed on numerous occasions throughout the year.

Systems

SAIEL is the interdepartmental sub-agency established by MDOE and DHHS commissioners to plan and implement Maine’s early childhood learning and development reforms; streamline decision-making; ensure inter-agency coordination; allocate resources to support progress toward goals; incorporate findings from the early learning projects statewide; and plan and advocate for long term sustainability.

SAIEL is made up of an advisory body and stakeholder group. A list of membership can be found at <http://maine.gov/earlylearning/saiel/stakeholders.html>.

The sub-agency’s work plan focuses on:

- Governance: There is a need for consistent coordination across departments to allow efficiency and transparency in policy development and implementation.
- High Quality Accountable Programs: There is a need for clear and consistent progressive standards of quality required across programs to ensure equitable opportunities for children.
- Promoting Early Learning and Development Outcomes: There is a need for consistent research informed child outcomes linked to an appropriate continuum based assessment framework.
- Great Early Childhood Workforce: There is a need for a cross systems state network for professional development that is based on research and evidence-based practice that provides fidelity of consistent, quality training and technical assistance.
- State Longitudinal Data Systems: There is a need for coordinated data collection and analysis to inform policy and practice.

The Maine Developmental Systems Integration (DSI) Project, a sub-committee of the SAIEL, focuses on systems integration to assure the health and developmental needs of infants and young children are identified early, with a primary focus being on assuring that all children are screened according to the periodicity recommended by the American Academy of Pediatrics. The DSI utilizes the work from the Birth to Five-Watch Me Thrive initiative as one of its primary resources. Maine Quality Counts for Kids is working on the DSI Project with several statewide partners and SAIEL.

For infants and toddlers to show improvement in all areas of the outcomes, it is important for ongoing conversations and systems work to occur. Segregating one facet or area makes sustainability and long range growth difficult. Outcomes and developmental growth of infants, toddlers, and children is an area of focus in Maine. SAIEL brings together all systems invested in young children.

2(c) Systems Strengths and Areas for Improvement:

The SICC now meets regularly and has a mission and a focus with work also occurring in two subcommittees. A challenge for the group is keeping all required seats filled and attendance at meetings. The members who routinely attend have energy and passion to fulfill their role to assist and advise Part C, but without the full of membership it makes some work and conversations limited.

Maine Part C currently uses a data system that has proven to have some challenges and limitations. The CDS State IEU has completed the RFP process for development of a new data system. Having a new system that communicates with and is part of the cross system longitudinal data system will assist in communication among a variety of providers and stakeholders as well as provide up-to-date data with ease.

In October of 2010, MDOE and DHHS Commissioners signed into effect an Interagency Agreement between the two departments. The agreement speaks to infants and toddlers under the age of three that are in the jurisdiction of CDS. Interagency coordination, parent involvement, service

delivery, professional development, non-duplication, child find and referrals, fiscal, and monitoring are just pieces of what were identified as actions both agencies would facilitate and participate in. This collaboration is very important for CDS as many infants and toddlers who could potentially be eligible for services are first discovered by the many agencies DHHS oversees. Over the next year, this agreement will be reviewed and updated to ensure it is accurate and to strengthen some areas of collaboration, especially around the DHHS programs making timely referrals to CDS.

The Director of the MPF, the Parent Information Center, has participated in the SSIP activities. Through this work an area of improvement that was identified is to ensure that CDS and MPF work closely to communicate messages to families and stakeholders on EI and outcomes.

It will be very important that all stakeholders and relevant initiatives stay apprised of the SSIP to ensure the goal of increased positive outcomes for infants and toddlers with disabilities, focused on acquisition and use of knowledge and skills, is embedded and remains in the forefront. With limited capacity at the state level, it will be imperative that many key stakeholders are able to explain and communicate the mission and activities for success to be realized.

2(d) State Level Improvement Plans and Initiatives:

Several initiatives, agencies, and work plans were reviewed during the SSIP process to determine their alignment with goals that address outcomes for infants and toddlers. These include (but are not limited to) SAIEL, DSI, Maine Children's Growth Council and its subcommittees, SICCC, PC-PDIT, Center for Disease Control and Prevention including Children with Special Health Needs, Maine Quality Counts, Department of Labor, ME CHIP, Office of MaineCare Services, Office of Child and Family Services, CDS Staff, Maine American Academy of Pediatrics Chapter, MDOE-PreK, Early/Head Start, Maine Families Home Visiting, Maine Children's Alliance, Developmental Disabilities Council, Muskie School of Public Service, University of Southern Maine Providers (MeSLHA, MEOTA, MEPTA), Maine Administrators of Services for Children with Disabilities, Maine Autism Institute for Education and Research, Maine Association for Community Service Providers, Child Care Advisory Council, and Maine Roads to Quality.

Through the analysis it was determined that SAIEL, PC-PDIT T and SICCC, in conjunction with the CDS State IEU, will be the areas of focus for continued work and collaboration. These identified groups provide the largest cross-agency collaboration and involvement focusing on quality outcomes for infants, toddlers, children, and families. CDS RSLT members sit on a variety of these other groups and have direct involvement in discussions and workgroup planning. They will have a role in ensuring the SSIP activities and needs are communicated.

The SICCC consists of 13 people: four commissioners, one legislator, three members of public or private providers of early intervention services, one member involved in personnel preparation, one member from a Head Start or Early Head Start agency or program in the state, and three parents. Parents must include minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 years or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one parent member must be a parent of an infant or toddler with a disability or a child with a disability aged six years or younger.

2(e) Representatives Involved: The stakeholders identified through the infrastructure analysis are dedicated to ensuring all children in Maine, including infants and toddlers, receive quality early care and education demonstrating improved outcomes.

2(f) Stakeholder Involvement in Infrastructure Analysis:

Stakeholders were involved in all aspects of the SSIP. As described above, CDS used the technology of a webinar and survey to gain input from a wide variety of stakeholders throughout the state on data, SiMR and infrastructure. More in depth analysis occurred with the SICC, PC-PDIT and RSLT.

STATE-IDENTIFIED MEASURABLE RESULTS (SiMR)

3(a) SiMR Statement:

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.

3(b) Data and Infrastructure Analysis Substantiating the SiMR:

Please refer to the Data and Infrastructure Analysis section of this Indicator for details on how the SiMR is aligned with other initiatives occurring in Maine focusing on young children including infants and toddlers. Due to the large focus on early childhood in Maine, as referenced in other areas, there is excitement and initiatives to ensure positive outcomes for Maine's youngest population. The connection with SAIEL will provide input on how the state's systems can be accessed fully for support and capacity building. In addition to SAIEL, the PC-PDIT and SICC provide capacity and support for satisfying the requirements and needs identified in the SSIP.

Maine's SiMR is aligned to SPP/APR Indicator 3, outcome B and focuses on all infants and toddlers throughout the state. Maine's Part C eligibility category is "C". For infants and toddlers in Maine to be determined eligible for Part C services, they must have; a delay of at least 2.0 or more standard deviations below the mean in at least one of the five areas of development; or a delay of at least 1.5 standard deviations below the mean in at least two of the five areas of development, or have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. Due to the narrow eligibility it is less likely for toddlers to exit Part C at age expectations. Therefore, the SiMR was chosen to address infants and toddlers who show an improvement.

3(c) SiMR as Child-Family-Level Outcome:

Improving the percentage of growth in acquisition and use of knowledge and skills aligns with the Part B SiMR (Indicator B17) focusing on improved math proficiency for children with disabilities in grades 3-8 and the newly adopted *Maine Early Learning and Development Standards* that connect children birth through eight.

A major focus of many early childhood care, education initiatives, and communities in Maine is school readiness. The knowledge and skills acquired in the early childhood years, such as those related to communication, pre-literacy and pre-numeracy, provide the foundation for success in preschool and kindergarten.

3(d) Stakeholder Involvement in Selecting SiMR:

All contracted providers, CDS staff, the SICC and other interested parties were invited to participate in a CDS Stakeholder State Systemic Improvement Plan Overview webinar on October 23, 2014 to learn about Phase I of the SSIP and to review and provide input on state specific data. The participants were invited to complete a survey comprised of questions that touched on potential areas of focus for the SiMR as well as infrastructure.

Following the webinar and survey RRCP, DaSy and IDC facilitated a joint stakeholder meeting on November 12, 2014 to review additional data and survey results. During the meeting the participants were separated into five small working groups to discuss:

1. What stood out to the group about the data in terms of an area in most need of improvement?
2. What were the state’s greatest strengths and challenges when it comes to its infrastructure based on individual experiences and
3. Based on the child and family outcomes data presented, what would they recommend to the state as a SiMR?

The CDS SLT with technical assistance from DaSY, IDC and RRCP accepted the recommendations from all groups to focus on acquisition and use of knowledge of skills.

3(e) Baseline Data and Targets:

Since the SiMR is aligned with Indicator 3 outcome B, the baseline data and targets used will be the same.

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

On January 15, 2015 the State Interagency Coordinating Council (SICC) convened to review indicator baselines, discuss target trends, and identify targets for Indicator 3 from FFY2013 through FFY2018. The SICC is made up of members appointed by the governor of the state, for the purpose of advising and assisting the Lead Agency in the implementation of the Part C program, including the development of the SPP. Target data was presented to the SICC by describing trends and results of regression analyses and exponential smoothing. SICC members discussed potential root causes of performance that did not meet the targets in the previous SPP. Stakeholders made recommendations of results targets given current and potential improvement activities. The SICC's recommendations for targets were considered for the development of the State Performance Plan.

SELECTION OF COHERENT IMPROVEMENT STRATEGIES

4(a) How Improvement Strategies were Selected:

Improvement strategies that were selected 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 include:

- 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 are 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 impact improved results in outcome B were determined after collecting and analyzing the above data.

Improvement strategies that will be used to strengthen the systems infrastructure to ensure infants and toddlers demonstrate improvement in acquisition and use of knowledge and skills focus on four main areas:

- Professional development
- Data collection and reporting
- Early intervention outreach
- System support

Proposed Improvement Strategies:

Professional Development

In 2011-2012, CDS worked closely with Dathan Rush and M'Lisa Shelden in order to implement, statewide, the primary service provider/coaching service delivery framework as outlined in The Early Childhood Coaching Handbook (Shelden & Rush, 2011). Sustained and accessible professional development for new staff, ongoing fidelity checks for existing staff and education for stakeholders around the model were difficult to implement. The result has been a drift among those staff members who had received the initial training, diluted and inconsistent training of new staff, and uncertainty and confidence in the model from some outside stakeholders.

CDS is working closely with Dr. McWilliam to implement RBEI, which, rather than replacing the Rush and Shelden service delivery framework, builds on that framework. Proposed improvement strategies in the area of professional development focus on the implementation, with fidelity, of RBEI.

Professional Development Improvement Strategies:

1. CDS will provide quarterly trainings for new staff and contracted providers that will focus on the components of RBEI, including the family ecology, needs assessment, intervention planning, support-based home visiting, and collaborative consultation to childcare.
2. CDS will require all CDS Part C staff meet the standard for state approval in conducting the Routines-Based Interview and providing Routines-Based Home Visits.
3. CDS will provide annual refresher trainings on RBEI to all Part C staff and contracted providers.
4. CDS will conduct annual fidelity checks, utilizing fidelity checklists, with all Part C staff to ensure that all components of RBEI are being implemented appropriately.
5. CDS will, in coordination with Dr. Deborah Rooks-Ellis (SPDG Goal Coordinator) and the PC-PDIT, develop training modules, for use at the regional site level, that specifically address increasing infants and toddlers' engagement and independence in daily routines.
6. CDS will provide professional development opportunities to community stakeholders (i.e. Maine Education Center for the Deaf and Hard of Hearing, Division for the Blind and Visually Impaired, DHHS, health-care providers, child care providers, Early Head Start) to increase understanding of the RBEI service delivery framework and the EI system Part C process in general.
7. CDS will collaborate with MPF to provide opportunities for families to increase their understanding of Maine's EI system and the RBEI service delivery framework.
8. CDS will collaborate with community stakeholders to identify additional professional development opportunities outside of the CDS system.

Data Collection and Reporting

Part C staff has identified significant challenges regarding how to accurately complete the COSF. All regional sites and staff had received initial and subsequent trainings on child outcomes, from completing the form to the ratings decision tree. Overtime, priorities moved from outcomes to ensuring compliance targets were being met. The change in focus affected time and attention available to focus on the work

of child outcomes. Maine was identified as one of the leaders in implementing child outcomes and served as a framework state with the Early Childhood Outcomes (ECO) center

In addition to the challenges in accurately completing the COSF, the process by which the COSF is submitted to the CDS State IEU is cumbersome and inefficient. Due to the limitations in the data system it is extremely difficult to cross-reference infants and toddlers who should have an entry and exit COSF to the infants and toddlers who have had COSFs submitted by the regional site.

Data Collection and Reporting Improvement Strategies:

1. CDS will develop a coherent and complete training module, which provides guidance on how and when to complete the COSF to Part C staff, contracted providers, and community stakeholders who may be involved in the COSF process.
2. CDS will provide annual refresher trainings on the COSF to all Part C staff.
3. CDS Part C staff will complete the COSF at the IFSP team meeting to ensure that the scoring reflects input from the entire team.
4. CDS will develop written materials and provider talking points which provide, in family-friendly language, an explanation of the COSF purpose and process to increase parent/caregiver understanding of and participation in the process.
5. CDS will coordinate with Maine Parent Federation to provide opportunities for families to learn about outcomes and the process of determining progress.
6. CDS will conduct reviews of Part C files to ensure that the scoring of the COSF accurately reflects the child's development.
7. CDS will embed the COSF in the new data system, which will ensure that both entrance and exit COSFs are completed and received by the state office and significantly reduce the chances of human error.

Early Intervention Outreach

As documented in recent APR's, CDS has failed to meet targets for Part C SPP Indicators 5 and 6 for the past several years. The result has been that the number of infants and toddlers identified at an early age has been significantly depressed, thereby decreasing the length of time that they are receiving service prior to exiting Part C. For FFY2013 the average referral age in Part C was 20 months. Outreach to potential referral sources has been inconsistent across the state as has the quality and content of that outreach.

Early Intervention Outreach Improvement Strategies:

1. CDS will develop Public Relations (PR) materials and presentations that target potential referral sources such as hospitals, medical practices, childcares, DHHS, Women Infants and Children, Maine Families Home Visiting, Head Start and Early Head Start.
2. The CDS-developed PR materials and presentations will focus on the referral process, eligibility criteria, RBEI and transition.
3. CDS staff will contact state and site-level community stakeholders and potential referral sources to coordinate meetings at which to share PR materials and presentations.
4. CDS will collaborate with the State Agencies Interdepartmental Early Learning and Development Team's Developmental Systems Integration Project's (DSI:SAIEL) Developmental Screening Initiative to increase the number of community stakeholders completing developmental screenings.

5. CDS will develop a process to ensure families who decline services, or families that are difficult to contact, in the initial stages of referrals receive follow up and are provided current community resources they may provide support to their infant, toddler or family.

System Support

CDS experiences significant difficulties in recruiting and retaining qualified Part C staff. Strategies such as exploring the efficacy of posting open positions in a variety of locations (i.e. web sites, print publications) and contacting state institutes of higher education have had mixed results. With regard to Part C staff retention, salaries are depressed relative to those at public schools and hospitals, inconsistent salary raises, and reported staff stress have resulted in the exit of a number of qualified Part C staff.

System Support Improvement Strategies:

1. CDS will identify the most effective location(s) for posting open positions in order to increase the pool of potential Part C staff.
2. CDS will collaborate with state institutes of higher education to make contact with upcoming graduates, via job fairs and class presentations, for the purposes of recruitment.
3. CDS will standardize productivity expectations for Part C staff which accommodate direct service time as well as mileage to ensure that regional sites are adequately staffed and that caseloads are manageable.
4. CDS will study the current salary structure for Part C staff to identify possible ways in which to provide compensation which takes into account education and experience. CDS will transition to a blended model, in which the primary service provider is also the service coordinator, in order to increase efficiency and effectiveness.
5. CDS will investigate developing Part C team leader positions that would allow for direct, ongoing supervision of Part C staff at the regional site level.
6. CDS will assess the possibility of providing greater access to/ increasing funding available to Part C staff for the purposes of professional development and continuing education.

4(b) How Improvement Strategies are Sound, Logical and Aligned:

CDS SLT and stakeholders believe that the improvement strategies selected are sound, logical and aligned with each other and with the SiMR. It is felt that the above strategies have both direct and indirect impact on infants' and toddlers' acquisition and use of knowledge and skills.

In focusing improvement strategies on the areas of professional development, data collection and reporting early intervention outreach and system support, CDS increases it's potential to increase numbers of infants, toddlers, and their families accessing Early Intervention with highly qualified Part C staff and providers. Providing high-quality services to infants and toddlers beginning at an earlier age and the ability to collect and report high-quality data on child outcomes. Taken all together, the implementation of improvement strategies is highly likely to have a positive impact on infants and toddlers acquisition and use of knowledge and skills.

Existing state initiatives, including the implementation of RBEI, ESDM, DSI:SAIEL's Developmental Screening Project, and the development of a new CDS data system, support the above strategies and will also have a positive impact on infants and toddlers acquisition and use of knowledge and skills.

4(c) Strategies that Address Root Causes and Build Capacity:

The proposed improvement strategies are derived from root causes, identified by the stakeholder and staff survey, that have direct and indirect impact on the achievement of the SiMR. The implementation of the proposed improvement strategies are highly likely to have a positive impact on all infants, toddlers and their families and have the ancillary benefit of positively affecting future reporting on other summary statements. The effect of the improvement strategies is the creation of a sustained professional development system, improved data collection and reporting, increase of EI outreach, and strong system support.

4(d) Strategies Based on Data and Infrastructure Analysis:

Please refer to the Data and Infrastructure Analysis sections above.

The coherent improvement strategies are grouped to address four areas that have been identified as root causes for CDS' challenges in achieving improved outcomes for infants, toddlers and their families. While increased and improved training around RBEI has a direct impact on providers' work with infants, toddlers and their families, it is clear from data analysis that issues regarding data, child find, and human resources have also had an indirect impact.

4(e) Stakeholder Involvement in Selecting Improvement Strategies:

All proposed improvement strategies were based on stakeholder feedback, gathered via face-to-face meetings and surveys. Consensus among those stakeholders identified Professional Development, Data Collection and Reporting, Early Intervention Outreach, and System Support as root causes. Based on this consensus, improvement strategies were identified which were felt to have a direct, positive impact on those root causes and, therefore would have a direct positive impact on the SiMR.

THEORY OF ACTION

5(a) Graphic Illustration:

See attached document

5(b) How Improvement Strategies will Lead to Improved Results:

To ensure the EI system in Maine has the capacity to support the selected SiMR, four main themes were identified through stakeholder input, and analysis of data and root causes.

CDS recognizes PD is an important component in the provision of high quality evidence-based services. If a sustainable and comprehensive PD plan, which encompasses the Early Care and Education Community is developed and then infants, toddlers and their families will receive high quality evidence-based services. The plan will include initial and ongoing training for staff and providers, with periodic fidelity checks, as part of the full implementation of RBEI. It will also include collaboration with parent centers and other training agencies to ensure families and early care providers have opportunities to gain knowledge on outcomes.

Collecting and reporting high quality data to use for monitoring, evaluation and improvement planning will ensure services are providing the desired outcomes for infants, toddlers and their families. Continued training on outcome requirements, providing continued support on the completion of the COSF and embedding the COSF discussion in the IFSP process will ensure information is being collected as intended. CDS is anticipating the new state wide child management data system will have the outcomes requirements and components included. Having the required form in the data system will make entering and accessing outcome data less complicated and more efficient.

By providing communication and information to current and potential referral sources, interested stakeholders and other agencies within the EI system, CDS anticipates an increased number of infants and toddlers will be referred and potentially screened. Having an increase of referrals could lead to an increased number of infants and toddlers being identified who access early intervention services.

Recruitment and retention of Part C staff and providers has been an ongoing struggle in Maine. A concerted effort focused developing system support will lead to a sustainable workforce that will provide infants, toddlers and their families the opportunity to receive consistent, high quality early intervention services throughout the state.

For an increased number of infants and toddlers with IFSP's to demonstrate improved acquisition and use of knowledge and skills, the focus will be on professional development, data collection and reporting, outreach and system support.

5(c) Stakeholder Involvement in Developing the Theory of Action:

The information used in developing all areas of the SSIP including the theory of action was obtained through face-to-face meetings, surveys, data review, infrastructure and roots cause analysis. The SICC and the PC-PDIT provided information that was used in development of the theory of action.