Maine Part C

STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III, YEAR 4

4/1/2020

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

A. Summary of Phase III, Year 3

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

In Maine, Child Development Services (CDS) has been designated as the lead agency responsible for the administration of Part C services as specified in the Individuals with Disabilities Education Act. CDS is a quasi-governmental agency, organized as an intermediate educational unit and under the supervision of the Maine Department of Education.

Maine's Part C system, through data analysis conducted by CDS staff and contracted providers, State Interagency Coordinating Council (SICC), parents, providers and other internal and external stakeholders, identified Maine's measurable result (SiMR) as ***Maine will increase the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills by the time they turn three or exit the program***. In Phase III, Year 4, CDS continued to implement activities within the four broad improvement strategies identified in Phase I: Professional Development; Data Collection and Reporting; Early Intervention Outreach, and; System Support. Primarily, CDS' actions focused on further refining the work it had begun in previous SSIP phases. Those refinements are detailed below.

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

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

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

As described in our Phase I report, the broad improvement strategies selected to address the SiMR were based on monitoring and staff/stakeholder survey results, which indicated several themes which may impact infants and toddlers' acquisition and use of knowledge and skills as well as CDS' ability to accurately record and report on that acquisition. These themes included:

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

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

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

Over the course of Phase III, Year 4, calendar year 2019, CDS has completed a variety of activities, continued working on improvement strategies outlined in the Phase III, Year 2, and implemented new activities and evaluation measures. Sections of this report provide details regarding the implementation and evaluation of these improvement strategies.

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

Professional Development:

CDS continues to provide training to new Part C Providers on all components of RBEI and has worked closely with Dr. McWilliam, the purveyor of RBEI, to implement RBEI statewide since 2013. This evidence-based model of early intervention consists of five components which are addressed by the two trainings. The first training focuses on family ecology, child and family needs assessment, and intervention planning. The second training focuses on support-based home visits and collaborative consultation to childcare. Fidelity checks are used to assess the efficacy of these trainings and the implementation of practices by Part C Providers in their work with infants, toddlers and families.

In the spring of 2019 and for the 4th consecutive year, CDS hosted Dr. McWilliam's Support-Based Home Visiting Institute in Portland, Maine This Institute attracts attendees from across the US and from overseas. These attendees shadow and are coached by CDS Part C Providers who have achieved fidelity in the implementation of RBEI.

Also, in the spring of 2019, Maine's Part C Coordinator acted as a coach at Dr. McWilliam's Routines-Based Interview (RBI) Institute at the University of Alabama. This role allowed the Part C Coordinator to maintain and further hone their knowledge regarding the administration of the child and family needs assessment to more effectively support effective professional development on its administration with fidelity.

Finally, in the fall of 2019, two Early Intervention Program Managers (EIPM) attended Dr. McWilliam's Collaborative Consultation to Child Care Institute at the University of Alabama. As EIPMs, these individuals take a very active role in the development and refinement of statewide trainings on RBEI and

other topics. Their participation in the Institute informed subsequent revisions of those trainings in order to provide clarification on some issues, while highlighting others.

Data Collection and Reporting:

CDS' data system, the Child Information Network Collection (CINC), incorporates the Child Outcome Summary (COS) and prevents the provider from proceeding with a child's record unless an entry COS is completed. It also prevents the closure of a child's record unless an exit COS is completed for each infant and toddler who has received Part C early intervention services for at least six months. In addition, CINC provides, at the state and regional levels, real time data on federal indicators, referral sources, evaluations, eligibility, IFSPs, and services. The implementation of CINC and its subsequent refinements continue to increase CDS' capacity to analyze multiple variables that may potentially impact the SiMR.

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

Early Intervention Outreach:

CDS utilizes developed brochures, referral cards, and PowerPoint presentations for the purposes of early intervention outreach to potential referral sources and other stakeholders. In addition, the agency continues to strengthen its collaboration and coordination with other agencies and entities to increase awareness of developmental screening, making referrals to CDS, and the Part C services which CDS provides. Regional screening and referral initiatives, in which the Developmental Systems Integration Committee supported collaboration between medical providers and regional Part C programs and which began as pilots in 2016, have continued with sustained positive results in the number of referrals and engagement of referred families. Also, in 2019, 128 potential referral sources received outreach materials and/or presentations on screening, referral, eligibility, and RBEI.

CDS' completion, in the fall of 2018, of the "Child Find Self-Assessment", a pilot project coordinated by the Center for Learning and Development at SRI Education and the Early Childhood Technical Assistance Center identified several priorities for Maine's outreach/Child Find activities. These priorities included increased outreach to New Mainers (immigrant populations), lack of universal screenings by medical providers, lack of an identified entity for coordinating developmental screenings, and physician referrals to clinic-based medical services rather than Part C services. CDS has continued to align its outreach with these priorities and has worked with the state's Developmental Systems Integration group and other relevant agencies and entities to increase Maine's developmental screening rate and the referrals of children to Maine's Part C Program when the screening indicates the need to do so.

System Support:

With guidance from the State Part C Coordinator, EIPMs continue to provide support and oversight of Early Intervention Teams at the regional site level. The EIPM Team meets on a monthly basis to discuss programmatic issues such as process, RBEI fidelity, caseloads, and to develop and revise guidance and processes for the field. In addition, data that CDS has gathered over the course of the SSIP via the Open Position Tracking Form, Exit Survey, implementation of productivity expectations, and a salary study were fundamental in securing increased state appropriation for CDS. This increase in state appropriation allowed CDS to increase compensation to competitive levels, to transition to significantly more affordable health insurance, to increase per employee continuing education funding by 150% and to add additional Part C positions throughout the state.

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

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

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

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

With the assistance of the National Center for Systemic Improvement (NCSI), CDS adapted and utilized the Evaluation Matrix to plan and track measures of the Maine's SSIP. The Evaluation Matrix can be found at

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

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

Professional Development:

Although a significant number of new and existing Part C Providers received initial and 'refresher' trainings on the two major components of RBEI – the RBI and Support-Based Home Visits - the majority of trainings provided were focused on sub-components of RBEI. These included the family ecology assessment (Ecomap), collaborative consultation to childcare, the recap portion of the RBI, participation-based outcomes, on-going assessment (Measure of Engagement, Independence, and Social Relations (MEISR)), and supporting listening and spoken language, through RBEI, for families of Deaf children who choose a bilingual/bimodal communication option.

Fidelity checks continue to be conducted for Part C Providers and were completed by the regional EIPMs or qualified designees. CDS continues to maintain a structure in which sustainability of initial and ongoing trainings and fidelity checks can be maintained. This includes the establishment of a central repository which includes and initial trainings and subsequent focused trainings and resource documents which can be accessed by Part C Providers. Cross-training across staff and regional programs has also occurred to ensure that ongoing fidelity checks can be maintained regardless of the departure of individual staff. As mentioned above, CDS tracks training and fidelity in its *Training and Fidelity* database.

In addition, CDS coordinated statewide provided resources on the Child Outcomes Summary (COS) form to ensure fidelity in its administration and to further refine the quality of Maine's COS data. These trainings and resources were primarily based on products developed by OSEP-funded Technical Assistance Centers. As with RBEI, an infrastructure to support the sustainability of COS-related trainings and resources was created including statewide standardized trainings, resource documents, and cross-trainings across staff and Regional Sites.

Data Collection and Reporting:

CINC continues to provide a significant amount of child, regional program, and state-level data which enables effective data analysis to identify trends, the impact of improvement strategies, and areas in which additional supports may be necessary. The embedded safeguard that ensures the completion of an entry and exit COS for all children exiting Part C who have early intervention services for at least 6 months continues to provide data on a large number of children when compared to baseline. The number of children for whom outcome data was collected in FFY 17 and FFY 18 was more than twice the number of children for whom outcome data was collected in FFY13. This significantly increased *n*-size provides a

more representative data set and a more accurate understanding of the impact of SSIP activities on the SiMR.

Early Intervention Outreach:

CDS' Part C Program has seen the impact of its significant outreach efforts over the course of the SSIP. CDS conducted 128 outreach activities in 2019 which included contact with child cares, Head Start/Early Head Start agencies, physicians and hospitals, Maine Families Home Visiting, WIC, homeless and women's shelters, and providing information at conferences and health fairs in the state. At the state level, the Part C Coordinator has worked closely with the state Medicaid program, the Maine CDC, and other programs housed within the Maine Department of Health and Human Services. These efforts have resulted in a sizeable increase in the number of referrals that Maine's Part C Program receives annually. In 2019, CDS experienced a 19.6% increase in referrals compared to 2018 and a 26.5% increase compared to 2017. However, CDS' annual cumulative child count has only minimally increased in the same time period: The 2019 annual cumulative child count reflects only a 0.7% increase over 2018 and a 2.9% increase over 2017. The disproportionality between the increase in referrals and the increase in annual cumulative child count indicates that strategies to improve the appropriateness of referrals, to improve contact and engagement of families, and to ensure that the process for determining eligibility may need to be implemented. In addition to the increases in referrals and annual cumulative child count, the average age at referral to CDS Part C Program decreased from 16.5 months in 2018 to 16.4 months in 2019. Outreach activities are entered into the *Early Intervention Outreach* database which is housed on a shared drive that can be accessed by the CDS regional sites. The number of referrals, by type of referral source, at the regional site and state level is available through the CINC data system. In matching both sets of data, the impact of early intervention outreach on the numbers of referrals received from each type of referral source is readily available.

System Support:

In the early stages of the SSIP, EIPMs were hired at the regional program level to oversee service coordination and provision, provide site-specific technical assistance and professional development, and to monitor fidelity in the implementation of RBEI and other Part C activities. In addition, these EIPMs meet with the Part C Coordinator monthly to discuss successes and challenges, to review and revise procedures and protocols, to jointly identify and address professional development needs, and to ensure statewide consistency in the provision of Part C services. This regional support, in collaboration with the state Part C Coordinator, ensures that regional Part C Providers and the system, as a whole, is adequately supported.

Included in its SSSIP Phase One, Year Three report was CDS' success in using data collected over the course of SSIP to clearly communicate to the Maine Department of Education and the Maine Legislature the significant adverse impact that substandard compensation, unsustainably costly health insurance, and the overall, long-term underfunding of CDS had on recruitment and retention and the maintenance of necessary system capacity. This data collected through exit surveys of terminating staff, open position tracking which identified the reasons that successful interviewees declined offered positions, a salary study of similar positions in the state, and a review of compensation arrangements that had occurred in the prior 10 years. Although the newly negotiated collective bargaining agreement was ratified in January of 2019, its implementation relied on the necessary funding being included in the Maine's biennial. Fortunately, the additional funding was appropriated and allowed CDS to significantly increase compensation, provide more affordable and higher quality health insurance, and triple the amount of funding available to CDS staff for continuing education. This remarkable improvement helped to stem the tide of departing employees, acted as a catalyst for former employees to return to CDS, and allowed for the creation of additional Part C positions to reduce workloads to a reasonable level.

5. Highlights of changes to implementation and improvement strategies

In general, CDS has maintained the strategies and activities identified in the Phase II Logic Model. Small adjustments to some strategies and activities were made and, over the course of implementation, additional activities were added or remove. Please see the attached updated Logic Model.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress

a. Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed

Over the course of the year, CDS has continued the implementation of activities which were initiated in 2017 and adding or removing activities as indicated above. Maine's original Logic Model can be found at: https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/me_partc_logic_33116_final.pdf . The updated Logic Model which reflects revisions is attached.

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

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

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

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

Professional Development:

CDS continues to provide initial trainings on all components of RBEI to new Part C Providers, bridging the gap between their start date and the dates of the full-scale trainings with pre-training activities such as shadowing, relevant readings, videos, and file reviews. Refresher trainings for existing providers are offered on an as-needed basis. However, EIPMs have found focused mini-trainings based on the results of ongoing fidelity checks and team discussions are more effective in addressing specific subcomponents that continue to present challenges. In addition, provider-specific feedback, provided by the fidelity assessor immediately following a fidelity check, has proven to be effective way to provide individualized support. It is anticipated that the increased retention resulting from the achieved outcomes related to System Support will allow for continued skill refinement of existing staff and provide the opportunity to give increased attention to other aspects of service coordination and service delivery.

Data Collection and Reporting:

CDS is now entering its fourth state fiscal year with the CINC database in place. As discussed earlier, the availability of data, most of which is real-time, and the embedding of the COS form have resulted in significant benefits. Specifically, the quality and quantity of data have provided opportunities to analyze and act on data in a way that was not possible prior to CINC. Refinements to CINC system, including strengthening data integrity, identifying efficiencies, and creating new 'canned' and ad hoc reports, are continually occurring. The challenge at this point is ensuring the necessary capacity at the state and regional level to access, analyze, and act on the large amount of data that is available through CINC.

Early Intervention Outreach:

Despite CDS' statewide increase in outreach to potential referral sources, Maine continues to lag behind most of the nation in its identification of children under age 1 and children birth to 3. In 2019, outreach efforts which targeted potential referral sources for infants were increased, including contact with birthing hospitals, the state team of pediatric nurse managers, and participation in statewide pediatric

informational sessions. While Maine's identification rate is partially due to its status as a Category C Part C eligibility state, there are other factors which suppress Maine's Part C identification rate. A review of available data indicates unacceptable engagement rates of infants, toddlers, and families referred to CDS in accordance with the Child Abuse Prevention and Treatment Act (CAPTA) due to inaccurate or incomplete referral information. Data also indicates an exceptionally low number of referrals from WIC and Maine Families Home Visiting – two programs which, by the nature of their work, should be referring significantly more infants and toddlers to CDS' Part C Program. Fortunately, there have been several developments at the state level which will facilitate the creation of a more robust, coordinated, and proactive Child Find effort across Maine. These include a recently passed bill which requires increased access to state Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds to support screening, a proposed bill which would implement the Help Me Grow model in the state, and the re-establishment of the Maine Children's Cabinet which is a state-level committee that consists of Department Commissioners and program directors, including the CDS State Director. Included in the Children's Cabinet Strategic Plan is an initiative to increase the number of children who receive developmental screenings at the periodicity recommended by the American Academy of Pediatrics.

System Support:

Although the activities originally included in this Improvement Strand have been achieved, additional strategies to address system support are still necessary. The departure of a significant number of members of the CDS State Leadership Team in the past four years, including CDS' State Director, Deputy Director, Finance Director, Quality Assurance Director, and most recently, 619 Coordinator has raised awareness of the need for a strengthening of the CDS leadership infrastructure to ensure sustainability. This need is compounded by the fact that many of the CDS regional site directors are nearing retirement age. Because of this, the focus for the coming year will be addressing CDS infrastructure and identifying ways in which to identify and support individuals who will lead CDS in the future.

2. Stakeholder involvement in SSIP implementation

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

Stakeholders continue to be informed of the implementation of the SSIP through formal and informal meetings with individuals and groups, public reporting, and CDS' Annual Report to the Legislature. Part C Providers at the regional level meet regularly with the regional EIPMs to discuss and support many of the SSIP activities that occur at the regional level and to increase their understanding of how those activities support progress toward the SiMR, other child outcomes, and the effectiveness of CDS' Part C services. CDS State Leadership's increased engagement and improved collaboration with MDOE have provided opportunities to convey information on the implementation of the SSIP and to identify ways in which MDOE might support the Part C Program's efforts. Also, CDS' outreach efforts to potential referral sources and stakeholders include updates on the SSIP activities that have been implemented and the current status of those initiatives. Finally, the Part C Coordinator's participation on several state-level committees, task forces, councils, etc. provide effective forums in which to discuss SSIP activities and achievements and to raise awareness at the efforts being made to address what may perceived as shortcomings of Maine's Part C Program.

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

Professional Development:

Regional Part C Providers, both employed and contracted, are full partners in the identification of professional development needs. While the results of fidelity assessments necessitate specific professional development activities, conversations that occur during the feedback session after a fidelity assessment, discussions that occur during Early Intervention team meetings, and issues identified or suggested by individual Part C team members also drive professional development. Professional

development needs are also identified through collaborations with the Part C Program's stakeholders. While professional development such as supporting listening and spoken language with Deaf infants and toddlers and their families through the RBEI model is directly connected to the service provision model, professional development which covers adverse childhood experiences, infant mental health, supporting substance-exposed infants, cultural competency, among others, increase the core competencies of team members and increases their effectiveness as providers.

Data Collection and Reporting:

As mentioned earlier, the CINC database is continually undergoing refinements and improvements, many of which upon data gaps and needs identified by stakeholders. At the regional level, EIPMs have recommended revisions to the *Training and Fidelity* and *Outreach* databases to increase ease of use and usability of data and have identified the potential of formalizing the analysis, at the regional and site level, of child progress as measured by the MEISR. Including the MEISR as an additional measure of progress toward child outcomes would be beneficial given the challenges that the accurate completion of the COS presents. External stakeholders' data requests such as developmental screening rates, identification rates by county, and regional gaps in the availability of necessary resources and services, and others have often resulted in analyzing available data from a different angle and gaining new insights.

Early Intervention Outreach:

At the regional level, EIPMs and early intervention teams have identified potential referral sources from which a limited number of referrals are received and focused outreach efforts on those entities. Adjustments to presentations and printed materials, when possible, are individualized to the referral source and address the barriers that may impact those entities making referrals to Maine's Part C Program. In addition, CDS engages regional and state level stakeholders to increase understanding of the factors, from the stakeholder perspective, that may limit the number of families that are referred to the Part C Program. Although CDS has seen a decrease in these barriers over the course of the SSIP, there still exists, among some potential referral sources, a lack of understanding of or faith in the RBEI model of service delivery or a recognition of the added value of Part C services in the natural environment relative to a traditional medical model.

As mentioned above, Maine's substandard identification rate of infants and toddlers has also attracted significant attention from stakeholders, including the Maine Children's Cabinet and the State Legislature. Increasing screening rates and subsequent referrals are included in the Children's Cabinet Strategic Plan and include a cross-departmental/cross-agency effort. In addition, a bill was successfully passed by the Legislature that called for an examination of screening efforts and the use of Medicaid EPSDT funds to support those efforts. A recently submitted Legislative bill proposed that Maine commit funds to implement the Help Me Grow model in the state. This could support screenings, referrals, the increased identification of children and at a younger age, and, in general serve as a coordinating force for the various agencies and entities across the state that intersect with this age group.

System Support:

A necessary component of successfully completing the System Support improvement activities identified in its SSIP Phase II Logic Model, CDS engaged its collective bargaining unit, staff who were terminating CDS employment, and potential new Part C Providers through collective bargaining, exit surveys, and the *Open Position Tracking Form* to identify the root causes of CDS' low rate of recruitment and retention. It also worked with the MDOE and the Legislature's Joint Standing Committee on Education and Cultural Affairs. Achieving competitive compensation and benefits, increased funding for continuing education, and additional Part C positions would not have been possible without CDS' full engagement of its stakeholders.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan

a. How evaluation measures align with the theory of action

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

b. Data sources for each key measure

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

c. Description of baseline data for key measures

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

d. Data collection procedures and associated timelines

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

e. [If applicable] Sampling procedures

n/a

f. [If appropriate] Planned data comparisons

n/a

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

The creation of data tools (data system, manual tracking forms, additional databases, etc.) allow for data to be entered in a timely manner and accessed for review on an ongoing basis. At the state level, the Part C Coordinator reviews and analyzes state and regional data and discusses the results of those analyses at monthly EIPM Team meetings. At the regional level, EIPMs review and analyze regional site-specific data and subsequently discuss the information with their respective regional Early Intervention Teams. These analyses of both state and regional site data allow for the identification of regional programs that were positive or negative outliers and serves as a catalyst for the development of related guidance based on root causes identified.

2. How the State has demonstrated progress and made modifications to the SSIP as necessary

a. How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR

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

b. Evidence of change to baseline data for key measures

The professional development content and structure that Maine's Part C Program has developed and refined over the course of the SSIP has resulted in all Part C Providers receiving the content and associated fidelity measures, with minor adjustments made to ensure the sustainability and timeliness of training and fidelity assessment given the pragmatics of the intermittent hiring of new staff and the capacity of EIPMs to assess fidelity on a regular basis. Provider implementation of the RBI (the first RBEI component to be implemented), with fidelity has increased significantly. RBI fidelity data and anecdotal information indicate that the RBI has been fully integrated as a fundamental component of Part C services and that Part C Providers are implementing the RBI, for the most part, with fidelity. Fidelity in the Support-Based Home Visit component of RBEI, which was the second to be implemented, has not been achieved at the same level as the RBI. Although all Part C Providers have received the relevant professional development and support, the full integration of Support-Based Home Visits, with fidelity, into Part C services continues to require support.

With the implementation and continued improvement of CINC, the CDS Part C Program has access to a significant amount of data and has a greater understanding of which data sets can be considered reliable as pulled from CINC and which require 'cleaning' to gain an accurate and actionable data set. This access and understanding provides the opportunity for ongoing analysis and data-driven decision making.

The outreach that has occurred through inter-departmental/inter-agency collaboration and through the dissemination of CDS-developed informational brochures and presentations has been effective in significantly increasing referrals to Manie's Part C Program, but have had only minimal impact on the identification rate of infants and toddlers and on the age at which children are referred.

CDS has been successful in achieving both the short and long-term outcomes identified in the System Support Broad Improvement Strategy. With EIPMs in place at the regional program level to provide necessary leadership and guidance and the implementation of a competitive compensation package, the foundation necessary for sustaining improvements made over the course of the SSIP and the ability to continue those and other improvements is firmly in place.

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

CDS' shift, due to impracticality, from all new Part C Providers receiving both full-scale RBEI trainings within 30 days of hire to a model of providing interim professional development activities prior to the full-scale trainings has supported a rapid onboarding with regard to understanding the core components of the model and the ability to appropriately participate in the model until a full-scale training is available. In addition, the focused trainings developed and based on multiple data sources have been effective in improving fidelity assessment scores and leading to a higher number of Part C Providers achieving fidelity.

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

A review of data collected in the past year has informed Maine's Part C Program's next steps for 2020. Specifically, the FFY18 SPP/APR indicated an increase in the percentage of children exiting Part C who demonstrated an increased rate of growth, but the percentage of children exiting Part C who were functioning within age expectations decreased. A deeper analysis of the fidelity of implementation of various components of RBEI and of referral data is necessary to determine specific factors that may have more impact on the acquisition and use of knowledge and skills. Given Maine's restrictive eligibility criteria, an analysis of the significance of developmental delays and disabilities of infants and toddlers receiving Part C services may provide some insight into the decreased percentage of infants and toddlers exiting Part C who were functioning within age expectations. There is also the potential that a more

accurate completion of the Child Outcome Summary is now reflecting the reality of Maine's more restrictive eligibility criteria and the impact that it has on the percentage of children exiting Part C who are functioning within age expectations. In addition, the continued substandard identification rate of infants and toddlers and the minimal impact that outreach efforts have had on lowering the age at referral require an examination of other options that may be more effective. Finally, given that regional Part C leadership is in place and competitive compensation has been achieved, considerations should be made for shifting System Support activities toward long-term sustainability of Maine's Part C Program infrastructure through cross-training and the development of potential future leaders.

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

Maine's data reflects the success of improvement activities, across Broad Improvement Strands, in achieving the majority of short and long-term outcomes identified in Maine's Logic Model. Data included in the FFY18 SPP/APR reflected that Maine exceeded its Indicator 3, B1 target and an improvement over FFY17. However, Maine's performance on Indicator 3, B2 fell short of its target and a decrease in the percentage of children exiting Part C with functioning within age expectations. As mentioned above, a further analysis of available data may help to identify the underlying cause of the decrease in B1 data.

3. Stakeholder involvement in the SSIP evaluation

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

Stakeholders have been informed of ongoing evaluation of key measures through state and federal reports, formal and informal meetings, and participation in the collection and analysis of data. At the State level, CDS leadership has met with MDOE leadership, the SICC, the Developmental Systems Integration Committee, and the Maine Children's Cabinet, the State Advisory Panel, and other entities. At the regional site level, EIPMs have worked with the regional Early Intervention Teams and community stakeholders to gather and analyze data for the purposes of evaluation.

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

Both state level and regional stakeholders have been involved in the collection and analysis of the majority of SSIP data. Ongoing discussions with stakeholders at the State and regional level have provided the opportunity to gather anecdotal information which provides additional clarity to the quantitative data. One example of stakeholder involvement in decision-making regarding the ongoing evaluation of the SSIP is feedback from regional Early Intervention teams on the inaccurate and/or incomplete information included in referrals made per CAPTA. The resulting exceptionally poor engagement rate for CAPTA referrals potentially prevents infants and toddlers who may need services from receiving them, skews the data on the identification rate of infants and toddlers referred to Part C, and requires an unsustainable administrative burden on Part C staff due to required attempts to engage. This feedback and subsequent meetings with Maine's Child Welfare agency have resulted in shifting of outreach activities being evaluated based on the number of referrals to the quality of those referrals and rate of engagement of infants, toddlers, and families who have been referred.

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.

Some data quality issues identified in previous SSIP reports continue to occur. These include the failure to sustain focus on data collection efforts at the regional-site level, resulting in incomplete data sets for outreach activities and the impact of 3-month follow-up calls for families who were initially determined to be ineligible or for those who were initially determined to be eligible, but declined services. In addition, limitations in the CINC database, such as documenting only the initial referral source, result in a limited ability to connect specific outreach activities to referrals from specific referral sources if those referrals were subsequent to an initial Part C referral.

b. Implications for assessing progress or results

Compromised data on outreach activities and referrals made by referrals sources makes it difficult to correlate those activities with increased referrals from a particular referral source. Similarly, the effectiveness of the 3-month follow-up phone call, while promising, can only be evaluated based on anecdotal information.

c. Plans for improving data quality

Ad hoc queries within CINC may allow the running of reports which include those families who were initially ineligible or declined services and who were subsequently reopened due to a 3-month follow-up phone call.

Although CINC does not document referrals subsequent to the initial referral, most referrals to Maine's Part C Program are made electronically through the CDS website. CDS is in the process of converting the online referral from a text box format to one which uses Qualtrix, including drop-down options and a repository for data included in referrals. In implementing Qualtrix for its online referrals, CDS will create another data collection tool which will provide the opportunity to make available data that is currently unavailable through CINC.

D. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

a. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up

Many changes have been made to Maine's infrastructure to support the sustainability of SSIP initiatives. These include the maintenance of regional EIPM positions, the development of a robust and flexible professional development system for RBEI and its ongoing fidelity measures, concerted outreach efforts which have increased the quantity of referrals and, in some situation, created effective partnerships with stakeholders, the implementation of a statewide datasystem which provides real-time, reliable data, and Maine's success in securing competitive compensation for Part C Providers. The activities conducted during the SSIP have helped to create a strong foundation which will benefit Maine's early childhood system, as a whole, moving forward.

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

Maine's professional development system, which ensures consistency across sites and providers, provides flexibility to accommodate various staffing scenarios, and is responsive to identified strengths and challenges if the implementation of RBEI with fidelity has been effective in ensuring that evidence-based practices are being implemented in Maine's Part C Program's provision of services to infants,

toddlers, and their families. Although additional variables are also likely a factor, the improvement in Indicator 3, B1 data can be attributed, at least in part, to the statewide implementation of RBEI with fidelity. The decline in Maine's performance on Indicator 3, B2, as discussed above, requires further analysis.

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

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

Professional Development			
Short-Term Outcomes	**2019 Status**	**Long-Term Outcomes**	**2019 Status**
New early intervention providers receive timely training.	All new Part C Providers receive immediate, interim onboarding RBEI training and then participate in the next scheduled full-scale RBEI trainings.	**Families will receive high quality evidence-based services**	Only a small percentage of Part C Providers have not achieved fidelity in the implementation of RBEI.
Participants master and implement RBEI training content with fidelity.	97% of Part C Providers have achieved fidelity in the implementation of the RBI. 95% of Part C Providers have achieved fidelity in the implementation of Support-Based Home Visits	**Maine has detailed and accessible PD resources.**	PD resources and trainings have been developed, implemented, and revised based on subsequent data sets. All regional programs receive the same PD to ensure statewide consistency of services.
		All Routines-Based Interviews will be conducted with families by Maine approved practitioners.	97% of Part C Providers have achieved fidelity in the implementation of the RBI.
		All Support-Based Home Visits will be conducted with families by fully approved practitioners.	95% of Part C Providers have achieved fidelity in the implementation of Support-Based Home Visits.
		All families will be able to enhance the development of their children through achieving full implementation of the RBEI model	In Maine's FFY18 SPP/APR, 92% of families reported that early intervention services have helped them to help their child to develop and learn.
Stakeholder participants have a greater understanding of RBEI.	The majority of stakeholders who have received RBEI trainings are early	**EI is better understood by stakeholders in the state.**	No formal survey has been conducted to determine

Professional Development			
Short-Term Outcomes	**2019 Status**	**Long-Term Outcomes**	**2019 Status**
	intervention providers. However, a significant number of external stake-holders have received information through outreach activities.	**Broad-based public support is demonstrated by stakeholders for EI.**	stakeholder understanding or support of RBEI.
Work and practice are informed by participants use of information.	Anecdotally, stake-holders have a deeper under-standing of Part C and RBEI. Families who are referred to Maine's Part C program seem to have an increased understanding upon referral.	**Family engagement and understanding has increased.**	In Maine's FFY18 SPP/APR, 92% of families reported that early intervention services have helped them to help their child to develop and learn.
New staff receive timely training.	The state EIPM team has identified and adapted COS resources developed by OSEP-funded national technical assistance centers. COS training is provided during onboarding of new staff and at regional PD opportunities.	**Maine has a standardized PD plan in place**	COS training offered during onboarding and PD opportunities throughout the year.
		Family engagement and understanding are increased.	Maine continues to find fully integrating families into the COS process challenging.
Participants master content and implement COS process appropriately.	Upon initial review, COS data seems to be more reflective of the progress children make.	**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.**	Child outcome data is available at the state and regional site level and is available for correlation with state and regional improvement efforts.
Stakeholder participants have a greater understanding of COS process.	The COS form itself continues to present challenges. Maine has begun preliminary		
Work and practice are informed by participants use of information.	discussions about using another tool to assess progress toward child outcomes, such as the MEISR.	**Outcome data is reviewed 3x per year for completeness, accuracy and program improvement.**	Outcome data is complete. Ongoing analysis of COS data is used to identify regional programs that may be statistical outliers and to identify data anomalies.

Data Collection and Reporting			
Short-Term Outcomes	**2019 Status**	**Long-Term Outcomes**	**2019 Status**

Data Collection and Reporting			
Accurate and timely data are entered by staff.	The CINC data system was implemented July 1, 2016 and included safeguards which ensured that all infants and toddlers receive an entry and exit COS when appropriate.	**Data is accurate and timely.** **High quality COS data are available.** **Staff use the data system to routinely correlate child outcome data with other program and demographic data to identify success, plan and evaluate improvement efforts.**	With the implementation of CINC, COS data is timely and complete. Training provided during onboarding of new Providers and through PD activities are expected to increase the quality of COS data. Formal correlation at the state and regional site level is not yet occurring. The limited information available COS data, inhibits the detailed analysis required to determine correlation/causation.
COS data reflect child development. **COS data includes input from the entire IFSP team.**	IFSP team members consider all sources when determining COS scores and understand that progress is not specific to one developmental domain. COS data reflects input from the IFSP team members.	**COS data are analyzed and used for monitoring, evaluation and program improvement.** **COS data are valid and reliable measures of child progress in the EI system**	COS data is not being used for monitoring, evaluation, and program improvement. Maine has begun discussion around identifying a tool which will provide a higher level of actionable detail regarding child progress.

Early Intervention Outreach			
Short-Term Outcomes	**2019 Status**	**Long-Term Outcomes**	**2019 Status**
CDS practitioners provide PR materials to all potential referral sources **All babies born in Maine will be provided with a pamphlet on EI.** **Every medical home will have PR materials available in waiting areas and/or exam rooms.**	In SSIP Phase III, CDS has provided outreach to 271 potential referral sources and stake-holders. This outcome has not yet been achieved. The majority of medical homes have received public awareness materials and/or outreach presentations.	**Referral sources (hospitals, Head Start, etc.) are well informed about EI services and convey that information to eligible families** **Families receive timely and accurate information from various referral sources about EI services.**	Outreach has been successful in increasing the understanding of Maine's Part C Program. Families who are referred, particularly by medical providers, seem to have a greater understanding of services upon referral. Although some potential referral sources remain outliers, most provide timely and accurate

		More eligible children and families receive EI services.	information and facilitate referrals to Maine's Part C Program.
Collaborative pilot screening initiative is expanded. **Increase the number of children receiving developmental screenings conducted by programs statewide.**	Resources have not been available to bring the screening initiative to a statewide scale. In collaboration with other agencies and entities in the state, the screening rate of children continues to increase. Recent legislative action and cross-department initiatives are anticipated to impact Maine's screening and referral rate.	**All children receive a developmental screening** **Increase the number of referrals that lead to eligibility**	Although developmental screening rates have increased, Maine continues to fall short of providing screenings to all children. Maine's Part C identification rate has remained relatively stagnant, despite a significant increase in referrals. The inaccurate and incomplete referral information for CAPTA referrals has a significant impact.

System Support			
Short-Term Outcomes	**2019 Status**	**Long-Term Outcomes**	**2019 Status**
Qualified CDS applicants will increase. **Personnel records of staff will accurately reflect years of experience and credentials.**	In 2018, an average of 15% of CDS' 385 Part C and Part B/619 budgeted positions were vacant. In 2019, after the implementation of competitive compensation and additional budgeted positions, an average of 13% of CDS' 420 budgeted positions were vacant. This vacancy is reflective of the severe shortage of qualified special education personnel, birth to 20, statewide. A process has been developed for determining the number of years of experience and credentials. However, CDS and MDOE has chosen to address the compensation issue in other ways. Competitive pay scales were	**Highly qualified staff are recruited by CDS.** **A budget proposal including salary recommendations will be submitted to the MDOE Commissioner.**	CDS' current vacant position rate of 13% is primarily due to a statewide shortage of qualified providers. Competitive compensation packages were implemented for state fiscal year 2019.

System Support			
Determine appropriate pay scale and cost of implementation.	developed based on the completed salary study.		
Staff meetings are documented monthly by EIPM, EI staff will have individual supervision meetings one time per month.	Monthly staff meetings are documented by EIPM's. Individual supervision meetings with regional Part C Providers are conducted regularly.	**EI practitioners are supported and have access to ongoing supervision.**	Each site has an identified EIPM that is responsible for supervision of Part C Staff. As part of the fidelity check process staff is provided regular coaching opportunities by EIPMs.
Staff have opportunities annually to provide input regarding job satisfaction.	Although staff satisfaction surveys have been completed in the past and issues with which they were dissatisfied were clearly communicated during collective bargaining, a formal solicitation staff's job satisfaction was not completed in 2019.	**The system will increase the longevity of EI providers to ensure a highly experienced workforce**	The implementation of competitive compensation packages is expected to improve recruitment and retention.
		A sustainable and effective support plan for credentialing is in place	Not yet developed.
A job description and salary scale for blended model position are consistently implemented	A job description and salary scale for blended positions was developed for collective bargaining.	**All new service coordinators hired will meet the qualifications for the blended model position**	Due to a shortage of special education personnel, hiring staff which meet the qualification of the blended position is not possible.
Productivity sheets are completed within data system implementation	Productivity is not captured within CINC. A spreadsheet has been developed.		
		EI practitioners will meet productivity standards	Given the increase in compensation, productivity standards will be more strictly enforced.
EI practitioners have a manageable workload (staff surveys, analyses of caseloads)	Productivity standards and generally accepted caseloads were established. The addition of additional positions and the implementation of competitive compensation packages ensured that those standards and caseloads could be observed.	**Staffing will be equitable throughout the state**	Regional budgets and the placement of newly budgeted positions were determined based on caseload and productivity expectations to ensure equity of staffing.

c. Measurable improvements in the SIMR in relation to targets

The following table highlights the progress Maine has made on the percentage of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills or functioning within age expectations with regard to acquisition and use of knowledge and skills by the time they turn three or exit the program.

	Baseline	FFY	2013	2014	2015	2016	2017	2018
B1	2008	Target>=	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%
B1	59.10%	Data	54.05%	67.73%	71.69%	73.59%	67.00%	71.12%
B2	2008	Target>=	27.00%	27.00%	27.00%	27.00%	27.00%	27.00%
B2	25.60%	Data>=	33.33%	35.56%	27.35%	29.94%	31.13%	27.11%

E. Plans for Next Year

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

In 2020, Maine's Part C Program, for Professional Development, will provide training on evidence-based practices specific to autism spectrum disorder and identify ways in which those practices can be embedded into the existing RBEI structure. For Data Collection and Reporting, Maine will explore alternative assessments for determining progress toward child outcomes. For Early Intervention Outreach, Maine will address the quality of referrals, particularly those made per CAPTA, to increase engagement and identification of infants and toddlers. Finally, Maine will further address System Support through identifying and supporting potential future Part C leaders.

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

Maine will continue to collect data on several improvement activities across broad improvement strategies. With regard to Professional Development, as recruitment and retention of qualified personnel increases and RBEI is implemented statewide with fidelity, Maine intends to assess any differences between sites with regard to child outcomes and RBEI's effectiveness with special populations such as New Mainers (Maine's growing immigrant population) and young children diagnosed with autism spectrum disorder.

With regard to Data Collection and Reporting, Maine will pilot the assessment of progress toward child outcomes with tools other than the COS. It will analyze the data gathered from the identified tool and determine its accuracy for reporting and the level of detail available for making programmatic decisions.

The evaluations of Maine's Early Intervention Outreach efforts will shift to the engagement rates at the state and regional level and by referral source. This data will allow Maine to further focus its outreach efforts, to increase the number of identified infants and toddlers, and to decrease the average age at referral.

In shifting the majority of its System Support activities to creating system sustainability through the identification and support of future Part C leaders, Maine will base its evaluation of those activities on the number of potential future leaders engage in those activities. It will also examine the current structure of CDS to identify ways in which sustainability could be supported through a restructuring of multiple variables.

3. Anticipated barriers and steps to address those barriers

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

- Maine continues to experience a significant shortage of birth to 20 special education personnel, most significantly special education teachers and speech-language pathologists. State level initiatives are in place to address this challenge. Maine may also explore an expansion of its definition of 'qualified personnel' to include individuals with educational backgrounds other than

education or related services. The use of paraprofessionals is another option which Maine intends to explore.

- Maine's experience with the COS is similar to that of many other states. Its accurate completion can be challenging and the data gleaned from the tool has limited usability with regard to program improvement. An alternative assessment tool may provide increased ease of use, improved accuracy, and detailed, actionable data regarding child progress.
- Maine continues to struggle with identifying an appropriate percentage of infants and toddlers. Activities completed during this SSIP have increased the number of referrals, but have only minimally affected Maine's identification rate. As discussed above, it has become clear that the content of referrals is adversely impacting engagement and identification. Improving the quality of that content will be reliant on cooperation and collaboration with potential referral sources and the latitude within existing bureaucracies to adequately affect referral content.

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

Maine will continue to access technical assistance from the OSEP-funded technical assistance centers. The Infant and Toddler Coordinators' Association is currently convening an Autism Task Force, the work of which will impact the integration of evidence-based practices into the existing Part C model. Assistance will also be requested to determine what assessment tools, other than the COS, are being used in other states. Finally, Maine intends to take advantage of an leadership-resources that the national technical assistance centers may have available.