# Maine Part C Child Development Service

SSIP Phase II Logic Model March 31, 2016

## **List of Abbreviations**

CDS	Child Development Services
CO	Child Outcomes
COS	Child Outcome Summary
COSF	Child Outcome Summary Form
DaSy Center	The Center for IDEA Early Childhood Data Systems
DBVI	
	Department of Blind and Visually Impaired
DHHS	Department of Health and Human Services
DR IT	Data Collection and Reporting Implementation Team
DSI	Developmental Screening Initiative
EBP	Evidence Based Practice
ECTA	Early Childhood Technical Assistance Center
EI	Early Intervention
ELIT	Early Intervention Outreach Implementation Team
EIPM	Early Intervention Program Manager
EIS	Early Intervention System
EITA	Early Intervention Technical Advisor
IDC	IDEA Data Center
IEP	Individualized Education Plan
IEU	Intermediate Education Unit
IFSP	Individualized Family Service Plan
MACSP	Maine Association of Community Service Providers
MADSEC	Maine Administrators of Services for Children with Disabilities
MAIER	Maine Autism Institute for Education and Research
MDOE	Maine Department of Education
MECDHH	Maine Education Center for the Deaf and Hard of Hearing
MFHV	Maine Families Home Visiting
MOU	Memorandum of Understanding
MPF	Maine Parent Federation
MRTQ	Maine Roads to Quality
NCSI	National Center for Systemic Improvement
OSEP	Office of Special Education Programs
PD	Professional Development
PD IT	Professional Development Implementation Team
QA	Quality Assurance
QAD	Quality Assurance Director
RBEI	Routines Based Early Intervention
RSLT	Regional Site Leadership Team
SAIEL	State Agencies Interdepartmental Early Learning and Development
SICC	State Interagency Coordination Council
SIMR	State Identified Measureable Result
SLT	State Leadership Team
SPDG	State Personnel Development Grant
SS IT	System Support Implementation Team
SSIP	State Systemic Improvement Plan
TA	Technical Assistance
IA	I CUITILIAI ASSISTATICE

#### **Broad Improvement Strategy #1: Professional Development**

If CDS develops and implements a sustainable, comprehensive professional development plan for Maine's Early Childhood Care and Education then infants and toddlers with disabilities and their families will receive high quality evidence-based services then 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.

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outc	omes
		Initiation Date	Responsible	Needed	Short-Term	Long-Term
<ul> <li>CDS will develop and provide trainings for practitioners and contracted providers that will focus on the components of RBEI, including the family ecology, needs assessment, intervention planning, supportbased home visiting, and collaborative consultation to childcare</li> <li>CDS will provide annual trainings for new practitioners and contracted providers</li> <li>CDS will provide annual refresher trainings on RBEI to all Part C practitioners and contracted providers</li> </ul>	<ul> <li>Annual (new staff) and refresher (veteran staff) trainings were developed</li> <li>webinar</li> <li>in-person</li> <li>teleconference</li> <li>live/recorded</li> </ul> Dates/locations of trainings Format of trainings and participation New training: <ul> <li>Who participated: Number/ percentage of new staff, contracted providers, etc.</li> <li>Length of time between hiring and new training provided</li> </ul> Refresher: <ul> <li>Number/percentage of staff, contracted providers</li> </ul>	Currently occurring quarterly	EITA EIPM PD IT	Listing of dates of hire/ contract of El practitioners Understanding of webinar/ module development Administrative assistance Database to track training participation	Short-Term         Participants master and implement training content (pre/post-test, fidelity checks)         New staff receives timely training	Families will receive high quality evidence- based services (e.g., surveys, focus groups, part of exit process) Maine has detailed and accessible PD resources
CDS will require all CDS Part C	Standards for state	July 1, 2016	EITA	Access to other	High percentage of	All Routines-Based

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outc	omes
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practitioners meet the standard for state approval in conducting the Routines-Based Interview and providing Routines-Based Home Visits	<ul> <li>approval are developed for:</li> <li>Routines-Based Interview</li> <li>Routines-Based Home Visits</li> </ul>			states' EI Standards Knowledge of fidelity checks and checklists developed for components of RBEI Database to track initial and ongoing fidelity	<ul> <li>practitioners who meet standards for administration of:</li> <li>Routines-Based Interview</li> <li>Routines-Based Home Visits (measured through annual fidelity checks, utilizing fidelity checklists, etc.)</li> </ul>	Interviews will be conducted with families by Maine approved practitioners All Routines-Based Home Visits will be conducted with families by fully approved practitioners All families will be able to enhance the development of their children through achieving full implementation of the RBEI model
CDS will provide professional development opportunities to community stakeholders to increase understanding of the RBEI service delivery framework and the EI system Part C process in general - 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 - CDS will collaborate with stakeholders to identify and	PD opportunities were offered (when/where/what) Who participated in PD opportunities (groups represented) PD needs of stakeholders were identified Focus of the PD opportunities matches stakeholder need Requested PD was provided (who, where,	August 2015	EITA Deputy Director	Complete list of agencies, providers, stakeholders who have interest or provide services to infants, toddlers and their families Access to survey software	Stakeholder participants have a greater understanding of each PD topic; (evaluation of participants' learning and takeaways) Work and practice are informed by participants use of information (e.g., follow-up survey with participants to gauge change in practice and use of PD)	El is better understood by stakeholders in the state Broad-based public support is demonstrated by stakeholders for El Family engagement and understanding has increased (parent survey)

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outc	omes
		Initiation Date	Responsible	Needed	Short-Term	Long-Term
provide professional development tailored to the needs of their organization(s)	what, when)			Access to TA providers Administrative assistance		
<ul> <li>CDS will develop and provide coherent and complete training and written materials, which provides guidance on how and when to complete the COSF to Part C practitioners, contracted providers, and community stakeholders who may be involved in the COSF process</li> <li>CDS will provide annual refresher trainings on the COSF to all Part C practitioners</li> <li>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</li> <li>CDS will coordinate with Maine Parent Federation to provide opportunities for families to learn about outcomes and the process of determining progress</li> </ul>	Annual and refresher trainings were developed - webinar - in-person - teleconference - live/recorded Training for new staff: (dates, location, number/percentage of new staff, contracted providers, length of time between hiring and new training provided, training format) Refresher training for veteran staff: (dates, location, number/percentage of staff, contracted providers, training format)	September 2016	QA Director PD IT	Access to national resources Resources on typical child development TA support from ECTA Dedicated contact person at MPF Understanding of webinar/ module development	Participants master content and implement COS process appropriately (pre/post- test, fidelity checks) New staff receive timely training Stakeholder participants have a greater understanding of COS process; (evaluation of participants' learning and takeaways) Work and practice are informed by participants use of information (e.g., follow-up survey with participants to gauge change in practice and use of PD)	Maine has a standardized PD plan in place Family engagement and understanding are increased Data such as child outcome data is routinely correlated with other program and demographic data to identify success, plan and evaluate improvement efforts as a result of the new data system Outcome data is reviewed 3x per year for completeness, accuracy and program improvement

#### **Broad Improvement Strategy #2: Data Collection and Reporting**

If CDS enhances the capacity of the state-wide data system to collect and report comprehensive data on child indicator results then necessary data will be available for monitoring, evaluation, and improvement planning on child outcomes then 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.

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outc	omes
		Initiation Date	Responsible	Needed	Short-Term	Long-Term
CDS will implement a new statewide data system that will improve data quality and allow necessary analyses of child outcome data	Data system is developed and implemented (goes live July 1, 2016) Within 30 days of go-live, all staff receive training Within 30 days of hire all new staff receive training	July 2015	SLT	Contract with vendor to develop data system TA support from IDC	Accurate and timely data are entered by staff (surveys of staff, data quality checks)	High quality CO data are available Data is accurate and timely Staff use the data system to routinely correlate child outcome data with other program and demographic data to identify success, plan and evaluate improvement efforts
<ul> <li>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</li> <li>Practitioners will complete the COSF at the IFSP team meeting to ensure that the scoring reflects input from the entire team</li> <li>File reviews will be conducted to ensure that the</li> </ul>	COSF is successfully embedded in the new data system Practitioners complete the COSF at the IFSP team meeting State identifies a tool for file reviews	July 2016	QA Director	Access to new data system Information on embedding outcomes in IFSP/IEP documents	COSF data reflect child development (regional leadership team(s) will conduct monthly reviews of 15% of entry and exit COSF) COSF data includes input from the entire IFSP team (regional leadership team(s) will conduct monthly reviews of 15% of exit COSF)	CO data are analyzed and used for monitoring, evaluation and program improvement COSF data are valid and reliable measures of child progress in the EI system (State will conduct file reviews to ensure accuracy)

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outcomes	
		Initiation Date	Responsible	Needed	Short-Term	Long-Term
scoring of the COSF accurately reflects the child's development						

#### **Broad Improvement Strategy #3: Early Intervention Outreach**

If CDS increases public awareness and understanding of Maine's EI system then an increased number of infants and toddlers will be referred and potentially identified at a younger age then 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.

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outc	omes
_		Initiation Date	Responsible	Needed	Short-Term	Long-Term
<ul> <li>CDS will develop public awareness 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</li> <li>The CDS-developed PR materials and presentations will focus on the referral process, eligibility criteria, RBEI and transition</li> <li>CDS practitioners will contact state and site-level community stakeholders and potential referral sources to coordinate meetings at which to share PR materials and presentations</li> </ul>	Identify needed PR materials PR materials developed PR materials provided to referral sources (who, where, what, when)	Summer 2015	EITA QA Director/ Referral Coordinator	Access to national and other state developed materials Part C Process Guide Administrative support	CDS practitioners provide PR materials to all potential referral sources All babies born in Maine will be provided with a pamphlet on El Every medical home will have PR materials available in waiting areas and/or exam rooms	Referral sources (hospitals, Head Start, etc.) are well informed about EI services and convey that information to eligible families Families receive timely and accurate information from various referral sources about EI services More eligible children and families receive EI services
CDS will ensure that families who decline services, or whose children who are determined ineligible for Part C, or families that are difficult to contact, are provided current community	State and regional resources for families are identified and compiled El Central Directory is organized by region	October 2016	EITA EI IT	Maine's 2-1-1 Directory of state and local resources	Families who decline services, or whose children who are determined ineligible for Part C, or families that are difficult to contact	All families will have been provided resources

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outc	omes
_	_	Initiation Date	Responsible	Needed	Short-Term	Long-Term
resources	Informational pamphlet is developed				are provided with pamphlet and related resources (practitioners will document when informational pamphlet was provide to families in the child's record)	
CDS will collaborate with the State Agencies Interdepartmental Early Learning and Development Team's Developmental Systems Integration Project's Developmental Screening Initiative (DSI:SAIEL) to increase the number of community stakeholders completing developmental screenings	DSI:SAIEL work plan is updated to reflect the goal of increasing the number of community stakeholders completing developmental screenings Stakeholders who may be potential partners are identified	Ongoing	State Director EITA	Continued attendance at DSI:SAIEL meetings Access to the DSI:SAIEL work plan	Collaborative pilot screening initiative is expanded Increase the number of children receiving developmental screenings conducted by programs statewide	All children receive a developmental screening Increase the number of referrals that lead to eligibility

### Broad Improvement Strategy #4: System Support

If CDS builds a sustainable EI workforce then infants and toddlers will receive services from highly qualified professionals then 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.

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outo	omes
		Initiation Date	Responsible	Needed	Short-Term	Long-Term
<ul> <li>CDS will effectively recruit new practitioners by:</li> <li>Identifying the most effective location(s) for posting open positions in order to increase the pool of potential Part C practitioners</li> <li>Collaborating with state institutes of higher education to make contact with upcoming graduates, via job fairs and class presentations, for the purposes of recruitment</li> <li>Studying the current salary structure for IEU employed Part C practitioners to identify possible ways in which to provide compensation which takes into account education and experience.</li> </ul>	Effective location(s) for posting open positions will be used (where posted, how many applied, how many qualified, how many interviewed, any offers) Institutes of higher education make contact with upcoming graduates, via job fairs and class presentations, for the purposes of recruitment (identify and track where, who, and number of applications) A study of recommended salary structure, based on education and experience of Part C practitioners employed by IEU was commissioned	December 2015	HR Director SS IT	List of available place to post job openings Contact persons from each university/ college who manage career fairs Current salary structure and scales for all CDS employed El practitioners Access to national and state data on salaries of comparable El practitioners	Qualified CDS applicants will increase Personnel records of staff will accurately reflect years of experience and credentials Determine appropriate pay scale and cost of implementation	Highly qualified staff are recruited by CDS A budget proposal including salary recommendations will be submitted to the MDOE Commissioner
CDS will maintain a highly	Part C EI program	November 2015	HR Director	Current	Staff meetings are	El practitioners are

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outc	omes
		Initiation Date	Responsible	Needed	Short-Term	Long-Term
qualified EI workforce by:	manager (EIPM) positions		Finance	resources	documented monthly by	supported and have
<ul> <li>Investigating the</li> </ul>	are established that allow		Director	dedicated in	EIPM, EI staff will have	access to ongoing
development of Part C	for direct, ongoing		EITA	regional and	individual supervision	supervision
program manager positions	supervision of Part C			state budget	meetings one time per	
that would allow for direct,	practitioners at the			for PD and	month	The system will
ongoing supervision of Part	regional site level			continuing		increase the longevity
C practitioners at the	(number of positions			education	Staff have opportunities	of EI practitioners to
regional site level	created)				annually to provide	ensure a highly
<ul> <li>Assessing the possibility of</li> </ul>				Actual money	input regarding job	experienced workforce
providing greater access	Possibilities are			spent on PD	satisfaction	
to/increasing funding	documented re: greater			and		A sustainable and
available to Part C	access to/increasing			continuing	PD is documented	effective support plan
practitioners for the	funding available to Part			education for	within performance	for credentialing is in
purposes of professional	C practitioners for the			CDS	evaluations	place
development and continuing	purposes of professional			employed El		
education	development and			practitioners	A job description and	All new service
<ul> <li>Transitioning to a blended</li> </ul>	continuing education				salary scale for blended	coordinators hired will
model, in which the primary	(analyze frequency of use			Administrative	model position are	meet the qualifications
service provider is also the	for PD funds)			support	consistently	for the blended model
service coordinator, in order					implemented	position
to increase efficiency and	A primary service model			Access to		
effectiveness	is enacted			national and	Productivity sheets are	EI practitioners will
- Standardizing productivity				other state	completed within data	meet productivity
expectations for Part C	Standardized workload			resources on	system implementation	standards
practitioners which	and productivity			who provides		
accommodate direct service	expectations for Part C			El services	El practitioners have a	Staffing will be
time as well as mileage to	practitioners are			using a	manageable workload	equitable throughout
ensure that regional sites	developed and			blended	(staff surveys, analyses	the state
are adequately staffed and	implemented			model	of caseloads)	
that caseloads are						
manageable	Service coordinator			Access to		
	credentials are developed			national and		
				other state		
				data and		
				requirements		
				on El		

Strategies/Activities	Outputs	Proposed	Person(s)	Resources	Outcomes	
		Initiation Date	Responsible	Needed	Short-Term	Long-Term
				productivity		
				and/ or		
				caseload		
				requirements		