

Improving Early Intervention Services in Nebraska Through a Results-Driven Accountability Process

Executive Summary

Part C of IDEA (2004) requires that early intervention (EI) teams craft individualized and effective plans to meet the needs of infants and toddlers with disabilities and their families. Recommended practices from the Division of Early Childhood (DEC; 2014) reiterate the importance of promoting families' active participation in making decisions regarding their priorities and outcomes, as well as the supports and services needed for their children and themselves.

In Nebraska, the Co-Lead Agencies responsible for oversight of EI services are engaged in a multi-year Results-Driven Accountability (RDA) process to improve practices used in three areas of need: (a) child and family assessments, (b) development of functional IFSP outcomes that align with family-identified priorities, and (c) strengthening of home visitation practices to provide EI support within the context of family routines.

Seven planning region teams (PRTs) across the state are participating in a pilot of professional development and technical assistance (PD/TA) focusing on evidence-based strategies to address these areas of need. Five of the pilot site PRTs agreed to participate in an evaluation of their experiences implementing the first two strategies. This study evaluated Strategy 1—the use of Routines-Based Interviews (RBI; McWilliam, 2010) for assessment of child and family strengths, needs, and priorities, and Strategy 2—training to use RBI information to develop high-quality, functional IFSP outcomes. In addition, information about “business as usual” practices was gathered from three PRTs that had **not yet** received the systematic training in Strategy 1 or 2.

Eighty participants (parents, service providers, services coordinators, and supervisors) from the two groups of PRTs were interviewed and thirty de-identified IFSP documents were analyzed to answer the following questions:

1. How have systematic training and support in the two strategies informed IFSP development (e.g., types of IFSP outcomes, quality and functionality of IFSP outcomes) and EI service delivery (e.g. frequency/intensity of home visits, caregiver use of interventions between visits, professionals' job satisfaction, family satisfaction with services)?
2. How do current practices used in pilot PRT sites for child/family assessment, IFSP development, and EI service delivery compare to current practices used in non-pilot PRT sites?

Implications of Training and Technical Assistance in Effective Use of RBI for Assessment and IFSP Outcome Development

Selected Quantitative Findings from IFSPs ($n = 30$)

The IFSP Outcome Quality Checklist (Bainter & Hankey, 2015) was used to evaluate the number of child and family outcomes and the presence of eight quality indicators in the outcomes for de-identified IFSPs randomly selected from across the five pilot PRTs ($n = 19$) and three non-pilot PRTs ($n = 11$).

- Analysis using *Hedges' g* yielded independent t-tests comparing the two groups' number and quality of outcomes and effect sizes for these results
- Universal implementation of RBI for child/family assessment and training in writing high quality outcomes resulted in **more child and family outcomes** identified on IFSPs and **higher scores** for these three of eight IFSP quality indicators:
 - Emphasizes child participation in a routine
 - Includes observable behavior
 - Has criteria for completion that is reasonable and linked to the outcome

Selected Qualitative Findings from Pilot Site Participant Interviews (n= 53)

Table 1. Description of IFSP development and EI service delivery after Strategies 1 and 2 of PD/TA are implemented

Theme	Representative Quotes
1. What is gained from RBIs	<p>“We started to identify where the entire family was affected [by the child’s disability.]” (Parent)</p> <p>“Information that in the past we would get from families...over 6 to 8 to 10 months of developing a relationship...[is] out there in the beginning.” (Service Provider)</p>
2. Fundamental shift toward functional outcomes	<p>Parents articulated measuring success on IFSP outcomes using terms such as “number of steps walked,” “number of feedings taken from the feeding tube reduced,” “saying 50 words.” (Parents)</p>
3. What happens in a visit	<p>“Some families, I’ve got both parents down on the floor doing something with me to try it out. Others I am pulling teeth to get them to answer a question for me or to try it.” (Service Provider)</p> <p>“They usually just like to help him and we watch.” (Parent)</p> <p>Service providers should use “activity-based interventions, with bursts of service to provide more feedback [on a particular skill] in the moment.” (Supervisor)</p>
4. High EI workforce and consumer (family) satisfaction	<p>“I just love that every day is a new day and a new schedule...new interactions, new things to think about.” (Service Provider)</p> <p>“I’ve been so impressed and pleased with the level of growth that I’ve seen in our EI teams...There’s been a buy-in and a commitment to a different way of [doing] things.” (Supervisor)</p> <p>“My team was great from start to finish. They were able to explain things in a way that I would understand.” (Parent)</p>

Selected Qualitative Findings from Non-Pilot Site Participant Interviews (n= 27)

Table 2. Description of “business as usual” practices for IFSP development and EI service delivery

Theme	Representative Quotes
1. Evaluation and assessment practices	<p>“I would say as much as we can, we try to get [families] to be...an actual joint effort...a partner in that process because the better we partner together, then, the more meaningful the information is.” (Supervisor)</p> <p>“We rely on [parents] heavily, because they know their child. We’re strangers and ...sometimes little ones aren’t the most cooperative with ...people they don’t know.” (Service Provider)</p>
2. Development of IFSP outcomes	<p>“The wording is kind of confusing...but they would break it down [for] me.” (Parent)</p> <p>Parents articulated measuring success on IFSP outcomes using terms such as “walking,” “crawling,” “drinking on her own,” “climbing stairs.” (Parents)</p>
3. What happens in a visit	<p>“They also make...me get down on the floor and work with them. So they actually show me how to help her.” (Parent)</p> <p>“They fill out their paperwork and talk with me further...’OK, here’s what you should focus on...before the next time I come. Let’s try to make this happen.” (Parent)</p>
4. High EI workforce and consumer (family) satisfaction	<p>“It’s...the satisfaction of working with a family, seeing the growth in the children. Seeing the growth in the family. Seeing the family participation. (Services Coordinator)</p> <p>“I honestly have no complaints of the program or the people in the program. I wouldn’t change it for anything...If it wasn’t for their program, I think I would be a very frustrated mother.” (Parent)</p>

Summary

Interviews were conducted with service providers, services coordinators, and supervisors who work in five PRTs participating in the pilot initiatives provided by the Co-Lead Agencies and in three PRTs that are non-pilot sites. Parents from across these PRTs were interviewed as well. The PRTs provided access to a random sample of de-identified IFSPs. A synthesis of the quantitative and qualitative data yielded several key findings when pilot site EI practices were compared with “business-as-usual” practices in the non-pilot sites:

- Systematic use of RBI with fidelity and training in functional IFSP outcome writing yielded, on average, more and higher quality outcomes in pilot site IFSPs when compared to non-pilot site IFSPs
- Across all PRTs, participants using RBI reported improved family engagement in home visits
- EI service delivery practices were more similar than different across pilot and non-pilot sites as evidenced by these findings:
 - Upon referral to EI, families are valued as partners in the evaluation and assessment process
 - Families are not typically included in the IFSP decision-making process step regarding who will deliver EI services to their child and family
 - Common activities of service providers during home visits include obtaining updates from families, modeling strategies, giving suggestions and feedback, and completing documentation of the visit
 - Some key coaching behaviors were not mentioned (e.g., reflection, practice, goal-setting)
 - With the exceptions of meal times and play times, families are rarely coached to practice a strategy with their child in the context of a family routine
 - Data collection regarding family implementation of strategies “between home visits” was not mentioned
- Higher quality IFSPs are not sufficient in and of themselves to ensure use of routines-based interventions during home visits

Recommendations

- The efficacy of the PD/TA efforts for the first two RDA strategies is supported by the results of this study. The Co-Lead Agencies are encouraged to proceed with plans for widespread, systematic dissemination of this training and technical assistance across all Nebraska PRTs.
- An essential goal of EI is to build families’ competence and confidence in advocating for their children. More transparency and inclusion of families in the IFSP team decision-making process regarding selection of a primary service provider and establishment of length/frequency of home visits is warranted. Professionals may be able to set the stage for parent engagement for such decisions by providing more information to families about various team members’ areas of expertise, how team members collaborate and coach each other across developmental domains, what options for service delivery might complement the family’s desired outcomes, and what other families with similar priorities have done. This may, admittedly, require even more time for outreach and communication with families during what professionals experience as an already tight timeline.
- Consider providing professional development to service providers for emphasizing discussion and practice of interventions during home visits within the routines that have been identified in children’s and families’ written IFSP outcomes. Coaching families within these routines would re-focus teams on parent priorities and tighten connections for the adult learners between a strategy that is proposed and the effective, on-going use of the strategy.
- Service providers trained in the first two RDA strategies are quite comfortable collaborating with families to develop high-quality, functional IFSP goals. It is less apparent that they conduct ongoing progress monitoring, that is, collect data regarding child/family progress toward achieving IFSP outcomes. Next steps may include professional development to increase frequent and on-going progress monitoring. In particular, providers would benefit from a set of strategies for engaging family members in observing their children and documenting progress.

The full report may be found at: <http://edn.ne.gov/cms/results-driven-accountability>

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