



Nebraska's Results Driven Accountability (RDA) Part C/EDN Stakeholder Meeting Minutes October 18, 2023

Agenda and PowerPoint for the day: <https://edn.ne.gov/cms/october-2023-rda-stakeholder-meeting>

Welcome & Introductions

Nebraska Department of Education, Office of Special Education Director, Amy Rhone, welcomed the group with thanks for attending. Next, EDN Part C Co-Leads, Amy Bunnell and Jessica Anthony, mapped out the day, shared the meeting's goals, and shared instructions for virtual attendees.

RDA and State Systemic Improvement Plan (SSIP) Overview

Sue Bainter and Janice Lee, RBEI State Coordinators, Lisa Knoche, Director, UNL – Nebraska Academy for Early Childhood Research; Project Director, Getting Ready Project

Janice Lee provided background information and reviewed the state systemic improvement plan evidence-based strategies. She shared the mission statement, "To promote the growth and development of infants and toddlers with disabilities, ages birth to three years, by helping **families** build upon activities they do every day to meet their own needs and support their children's needs."

The three routines-based early intervention strategies were shared. 1: RBI (Routines Based Interview) - RBI Boot Camps were discussed as a training strategy and an anecdote was shared about the value that families find in participating. 2: Functional IFSP outcomes were discussed and building capacity to meet the needs of families and their children. Examples of both child and family outcomes were shared. 3: Next, Sue Bainter shared the third strategy, Routines Based Home Visits, which is achieved by the Getting Ready Approach, a program developed by UNL and Dr. Lisa Knoche. Getting Ready is based upon relationships, and research is showing it is improving parenting behaviors known to support positive child outcomes.

A pyramid visual was shared detailing Nebraska's RBEI (Routines Based Early Intervention) infrastructure that demonstrates the professional supports in place. Sue shared a timeline with the process for professional development, and a TA (Technical Assistant) Map with the six regions and their corresponding coaches supporting those areas.

Dr. Lisa Knoche, University of Nebraska-Lincoln, provided an update about the OSEP-funded Coaching in Early Intervention (CEI) project which is making meaningful connections and building systems to support the work of the EDN. The CEI project brings together stakeholders in research, practice, and policy to enhance early intervention services and improve outcomes for young children with disabilities and their families. This stakeholder group serves as an advisory group for the CEI study, so feedback was requested regarding this work. Project objectives and details were shared, as was an overall project timeline. Dr. Knoche noted that in CEI there is an enhanced practice of "Coaching the Coach." A participant panel occurred with three individuals, Carissa Simonsen, SLP with ESU 2, Jenna Koperski-Bohn, Lead SC with ESU 2, and Sheila Brodersen, School Psychologist with Papillion-La Vista Community Schools, and a State Level RBI/GR Coach. Each shared about their experiences with the CEI project and how this work is benefitting children and families in their areas. It was noted that the practices and benefits of CEI and the Getting Ready Approach overlap and enhance each other.

Dr. Knoche finished by sharing some data regarding implementation and use of coaching practices by providers and service coordinators who have received CEI coaching. Some group questions were shared, and input gathered.

Questions: What was most compelling about information shared? What are the next steps for expanding this kind of “coaching of coaches” in PRTs? What would be initial steps to advance coaching within your PRT? What would you like more information about?

Group input, both from in-person and via zoom attendees:

Q: what is the coverage across the state regarding provider levels who have participated in coaching?

A: don't have specifics, however there is internal coaching. Number of PRTs involved with CEI is small. The activity of coaching is happening on a wider range.

Comments:

Micki B//PRT 10 – have had a couple attempts at GR HV training with varied success due to Covid and subsequent virtual environment. Having a couple coaches participate with the CEI process has been more successful with increased infrastructure being in place to go further. They are taking a more systematic approach and getting better buy-in by invited providers. Rural model with b-21 providers has presented some barriers. Dr. Knoche commented that this support structure is very important to figure out how to move forward.

Patti D-H/PRT 23 - appreciated the study and data because she can share information with her district about the impacts. Parent, Sophie R. - is pleased to learn about ongoing coaching of coaches and ongoing training for RBI and family communication, as she hears from parents who have not always had positive RBI experiences.

Liliana V., SC with ESU 7 – regarding evaluations, a checklist tells where the child is, but beyond that, the RBI and coaching helps with growth.

Virtual comments: The data speaks loudly for the model. Having like providers be a part of the training might be useful so that providers can relate to the individual training support because of the shared profession. It would help with buy-in.

The panelist's perspectives are very helpful. Are there supervisors who are going through this, and if so, how are they balancing coaching vs. evaluated conversations?

Response from a group member was that it depends on structure of the team and team dynamics, team relationships and making it normative. It is important to learn to be comfortable giving feedback, having discussions around data, team, and growth. Doing this makes those conversations easier to have.

Jean A./PRT 10 – shared that she supervises and evaluates staff, as well as provides coaching to help them improve. While her role isn't formal coaching as is being discussed, her oversight is part of the evaluation process. The tenor of the conversation is to help them get better.

Virtual comment: PRT 3's RBEI leader, Ann K. works with her team of internal coaches, both formally and informally. Their team has goals to expand their coaching support and are interested in learning how CEI structures have been working.

Another virtual comment: Internal/external coaching have great value and help build relationships when working closely with your team. Having an outside, objective perspective with external coaching can help remind teams how they are improving family's lives.

Another virtual comment: PRT 1 is on board with coaching, however, there is increasing concern with how much time and resources are required to make it all happen.

The panel was, again, thanked for its input and sharing. Dr. Knoche can be reached at lknoche2@unl.edu.

The CEI website can be found at <https://cei.unl.edu/>.

RDA/SSIP Overview, cont'd

Janice Lee shared that PRTs (Planning Region Teams) implement RBEI strategies. A map listed their locations, including Cohorts 1 and 2. Methods for evaluating effectiveness were shared, noting that both quantity and quality of data is reviewed. Some trends from 2023 were shared including examples of positives and areas of desired improvement with the desire being that the measurement is both meaningful to and doable for the parent. Technical Assistance was focused on goal measurement. A virtual comment was shared acknowledging that training of new staff may affect scores. There are many initiatives to catch up on and not a lot of time. Additionally, there are multiple online modules available to provide new staff an overview of state initiatives.

Members of the PRT 4/Nebraska City presented about their RBEI process and how they have engaged families. Director of Student Services, Jason Hippen, introduced this team: Abby Lollmann, Occupational Therapist, Jenna Henrichs, Physical Therapist, Sarah Roberts, Speech Therapist, and Molly Cunningham, Services Coordinator at ESU 4.

Insights were shared about the Getting Ready training and experiences with this program. The importance of listening to the family was emphasized to help them address the goals they, themselves, have set, and the strengths that will be needed was noted. A question was asked about how doing the RBI has impacted the meeting length? A: has gone from about 45 minutes to an hour. Once the family learns some of the language/goals, things are more streamlined. A parent shared an emotional perspective about the RBI, saying that, while it can be time-consuming, many parents are simply grateful to be home from the hospital with their child, and willing do this work that will benefit their child and family. If additional meetings/time is needed, they want their children to grow and develop, and will give that time. Parents want to take an active role and the team is very important to help an overwhelmed parent focus and look to the future. Don't expect parents to take an active role right at first. While the parent is looked at to lead the discussion for goals, they may be unable to when coming home from a hospital situation.

Mark Smith commented that leveraging a child's strengths as part of the strategy is a key point. He recalled past parent meetings where deficits were discussed over what his own child could do. He encouraged the group to remember to emphasize what the child is doing well/appropriately, and how that strength can be used to move forward. Using strengths, especially when you have an MDT, moves things beyond just having a checklist.

Liliana V. asked about how the overall process and time requirements work when meeting with a non-English speaking family. A: Having a translator is present will add some time to a meeting, but it is still important to get information about strengths and receive input via the translator. A comment was shared that the translator really becomes a part of the team and, in some cases, may already know the family. Time should be invested with them so they can understand the terms. Family rapport is very important, and the family should be encouraged to share what they feel is important, and not worry about the meeting length.

A comment was made about increased number of languages being used. It has been a barrier to help interpreters understand the process.

A suggestion from a state perspective was to create a brief overview of what the questions are and why they are being asked the way they are to help with interpreter understanding. Giving it to translators as a reference resource ahead of time so clarification can be sought ahead of a meeting would be very helpful.

The next topic of discussion centered around quality home visits. The Getting Ready (GR) Approach is based on relationship-building and helps build competencies with the parents. There is a GR training guide, and Mandy Herlein, Early Childhood Physical Therapist, and Mary Thornburn, Early Childhood Early Special Education Teacher from LPS/PRT 18, shared how they implement some of the GR strategies. They emphasized how key it is to make mutual decisions with the families about their goals. What happens between visits and setting expectations is very important for parents to understand, and will foster more buy-in. Asking a parent about successes is also very important and affirming.

Sue wrapped up the morning by sharing about some research that has occurred, that includes some qualitative studies. Some links were shared about some past studies that involve creating a Getting Ready FAQ for training/fidelity and quality home visits, and communication with families between home visits.

Child & Family Outcome Data and Program Updates

Jessica Anthony shared EDN Program updates and information about family outcome data. A postcard has been developed that will be shared with families regarding the annual family survey findings. Family Outcome Data for the last three years was detailed. Results of representation of response rates including demographics, race and ethnicity, and geography were shared with the stakeholders, as required by OSEP.

Part C Data Manager, Cole Johnson shared about the Child Outcome Data and detailed the six Child Outcomes and each respective summary statement. Nebraska has tended to trend downward over the last three years, and broad input was requested regarding this trend.

Q: Where does the target come from and what informs the yearly changes? A: Targets are established at the start of each six-year APR cycle. At that time, Nebraska worked with TS Gold analysts and national TA centers to project simulated data to create targets. Multiple stakeholder groups reviewed the simulated data and approved the targets. The methodology was to increase .5% each year, beginning in 20-21, to show improvement on data.

Q: Is it thought that the data collection system is going to provide the best data to guide us? A: Dr. Kerry Miller, UNMC contracted data analyst, responded saying there is confidence in the new targets, given the work that occurred to recompute the algorithm for true representation. A new statistician from TS Gold was brought in and consulted, and there is confidence that Nebraska's scores and outcomes should be stable.

Cole shared about a brief GOLD Stakeholder meeting held the previous evening and some input/outcomes. Key takeaways included the impact of Covid on some of the most recent exiters, who were born right at the beginning of the pandemic. National research is indicating there are impacts of the use of masks, daycares closing, and social impacts of children not being with each other. Finding will likely continue into the next couple of years and might explain some of the dramatic dips. Dr. Miller commented that children in Part B were also likely impacted by Covid.

Another takeaway referenced the GOLD entry/exit processes. The workgroup shared that while entering data into GOLD went well, some felt that the exiting process was not as smooth, possibly due to turnover in providers, families moving from one district to another, and provider availability to do the entry/exit documenting.

Additional input from stakeholders included a comment that teams have a more robust system for entrance because there are more processes; it isn't felt there is as much of a robust process with exit. It is also wondered whether the provider knows a child better at exit and, therefore, is more accurate? Do teams get more stuck in the exit process? Dr. Knoche wondered about state sample and how different it was from earlier years. Did the sample increase? A: yes, there was an increase of approximately 125 additional exiters than the year prior. If a child has an entry date and no exit, it can't be used. There is a need to be intentional about making sure they are entered and exited correctly and on time. There are continually increased numbers coming into GOLD, which is positive.

Another stakeholder commented that exit has more data to consider as they are scored, so she believes the exit is more accurate, and many children who don't have exit data have been in (the EDN) for less than six months.

A question was shared about mobility, saying that, often in Part C, the staff who enters a child may not be the one who is exiting them due to mobility and changes of providers in districts. Improving the system for transferring GOLD would be helpful, since, by the time a GOLD account gets tracked down and moved over, sometimes that entry data isn't available, and then the team is doing it from a different point because the child had already received services when that entry wasn't there. It is felt there is more variability in Part C data, also due to parent reporting. Is hard to compare to Part B because a lot of children are in classroom-based programs in Part B, and seen daily, and staff can gather authentic observations every day. Communication when a child is transferred is key.

Are providers getting enough PD and TA assistance, to have the necessary skills to enter the data? If not, what can be done at the state level to address this?

A stakeholder shared that it can be a challenge for providers who have a case load from birth-21, and may have only one birth-three child, saying it may be challenging to know all the intricacies regarding data entry/exit. Support is needed for both parents and caregivers and provide time to staff so children are prepared to be in school. Ultimately, children need to be making progress and why aren't they?

Next, the group addressed frequency and intensity of Early Intervention services. The Co-leads advised that monitoring results reflect that the majority of IFSP's reveal minimal service provision. Is this enough to reflect progress in the Child

Outcome data? Discussion was had about frequency of home visits and services. Parent input included a desire to have more frequent provider visits, saying they would be welcome if that would help meet goals.

Q: In the field what gaps and barriers are there to providing services more frequently?

A: In metro area some kids are going to some ABA sites for their full day, so it is challenging to deliver services to a child and family when they are outside of their district. Adjustments can be made but the family schedule must be considered. Virtual parent question: is it possible that IFSPs look the same, however can be adjusted to better meet the family's needs. Answer was that the number of visits listed in the IFSP must legally be met; can add more if mutually agreed on.

Amy Bunnell reminded the group what the regulations say, which is that when the IFSP team is meeting, it is that team's responsibility to determine the frequency and intensity of services that the team believes this part child and family needs to meet the desired outcome in the next six months. The team proposes the services, frequency, and intensity, necessary to make expected developmental gains. The family can either agree to the proposal or can request something different.

A comment was made about geography and time sometimes being a barrier; they would like to explore using a combination of in-person and virtual services in meeting. An additional comment was made about frequency, saying that families need time between visits to practice strategies.

A discussion was held regarding methods for checking accuracy of data. Teams can cross-check the student information system with the EDN services coordinator's CONNECT data system. An additional comment was made that recent graduates are missing the wealth of knowledge from the field, and efforts must be made to retain these important workers in the field.

OSEP Determination

Amy Bunnell talked about the annual federal determination that occurs following submission of the state's Annual Performance Report (APR), and the process to which this happens. Nebraska received a "Meets Requirements", and a [link](#) was provided to view the report. This [state level data](#) is provided to each Planning Region Team.

Differentiated Monitoring and Support DMS 2.0

The Federal Office of Special Education Programs (OSEP) will be monitoring Nebraska throughout three phases that will consist of some document sharing, and both in-person and virtual focus group meetings with stakeholders. Questions will be provided to participants ahead of time, and the state will not be a part of the process to ensure honest, open feedback. More information will come.

Program Updates, Wrap-Up & Next Steps

Jessica Anthony shared that the EDN/Child Find resources and materials have been refreshed and translated into multiple additional languages.

Some additional parent rights resources have also been developed regarding effective communication, dispute resolution options, and online learning. These can be found on the ["Parent Rights"](#) tab of the EDN website and are translated into multiple languages. Thanks was given to Mark Smith and Connie Shockley for assisting with those resources. Information about parent rights needs to be prominent and available, and this has been a subsequent goal for the EDN Co-leads. Connie Shockley shared a reason that a family may not make a complaint is worry about retaliation. There is a need to more openly address it with the family to normalize and encourage them to use the process that has been created.

To finalize the meeting, Amy Bunnell shared that the 2024 Nebraska Young Child Institute will be June 25th and 26th in Kearney and will be required as professional development for Services Coordinators. Clinical and developmental psychologist, Dr. Joy Osofsky will be a keynote, and Steve Pemberton, a youth advocate and inspirational author/speaker, will be the closing plenary. The group was encouraged to share and promote this event with their teams. Jessica noted there will be a conference session about transition.

The meeting adjourned at 3:00 p.m. CT.