Nebraska Phase III Year 2 Report

Indicator C11: State Systemic Improvement Plan – Nebraska – Phase III

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Baseline and Targets

Baseline Data – C3B Summary Statement 1 - Acquisition and Use of Knowledge and Skills:

FFY	2013
Data	40.2

Performance Data – C3B Summary Statement 1 - Acquisition and Use of Knowledge and Skills:

FFY	2014	2015	2016
Data	50.4	46.1	45.2

FFY 2014 – FFY 2018 Targets- C3B Summary Statement 1 - Acquisition and Use of Knowledge and Skills:

FFY	2014	2015	2016	2017	2018
Target	40.2	40.5	41	41.5	42.5

Section A: Summary of Phase III Year 2

This section provides a summary of Nebraska's: SSIP baseline and targets for Indicator C11, the SiMR and Theory of Action, three coherent improvement strategies, implementation progress to date, and brief overview of evaluation activities demonstrating a positive impact on federal child outcome data.

Nebraska has one SiMR and is using a unified set of 3 coherent strategies to improve child outcomes.

Nebraska's Part C SIMR:

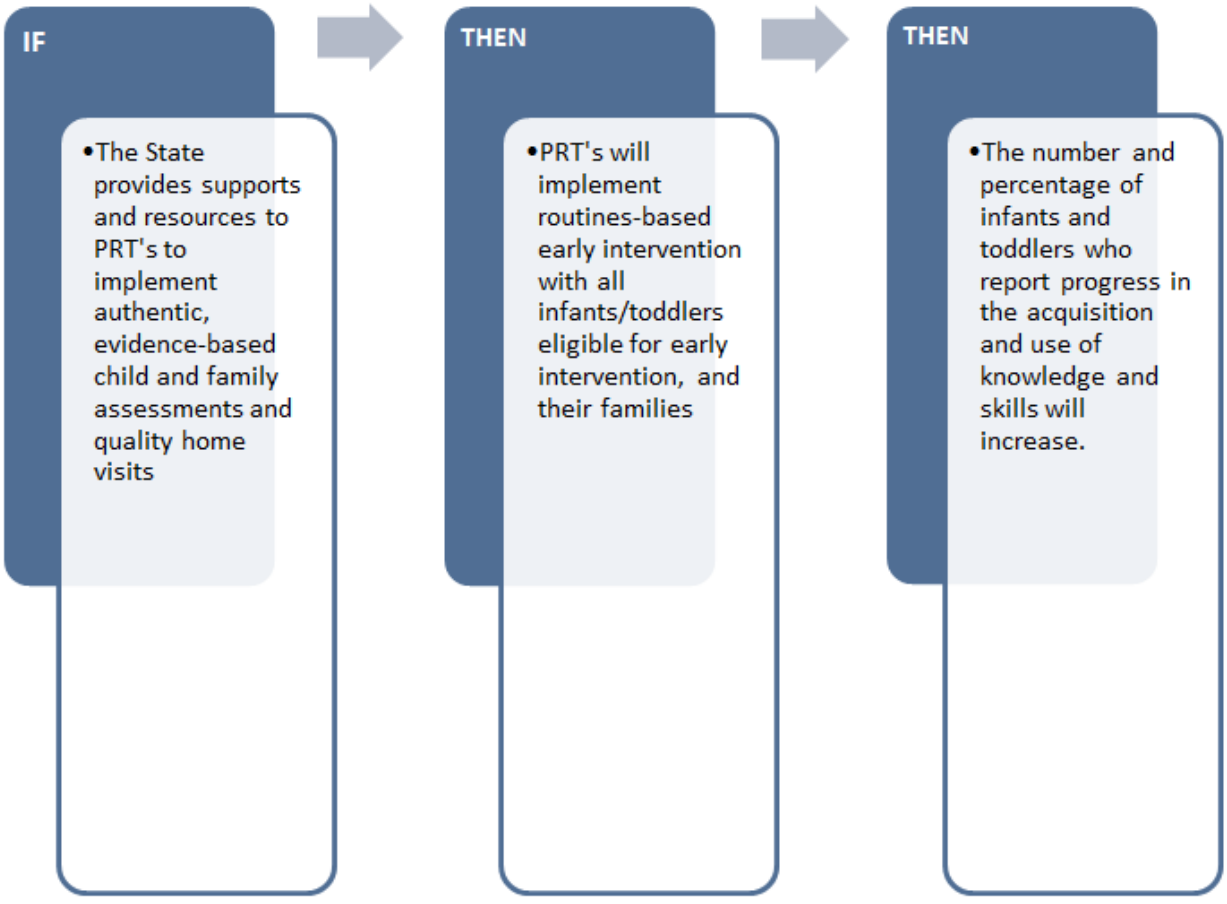
Increase the number and percentage of infants and toddlers who demonstrate progress in the acquisition and use of knowledge and skills (including early language/communication) – C3B, Summary Statement 1. Baseline, targets and performance data for C3B are outlined above. In addition, Nebraska identified Indicator C4B: Effectively Communicate Child's Needs as a benchmark. Benchmark baseline and performance to date are illustrated in Table A1 below.

Table A1: Benchmark - Indicator C4B – *Families effectively communicate their children's needs:*

Year	Target	Baseline	Performance
2013-14		80.9	
2014-15	81.00		83.8
2015-16	81.50		84.8
2016-17	82.00		84.6
2017-18	82.30		
2018-19	82.60		

The state's Theory of Action is illustrated in Figure A1 below.

Figure A1

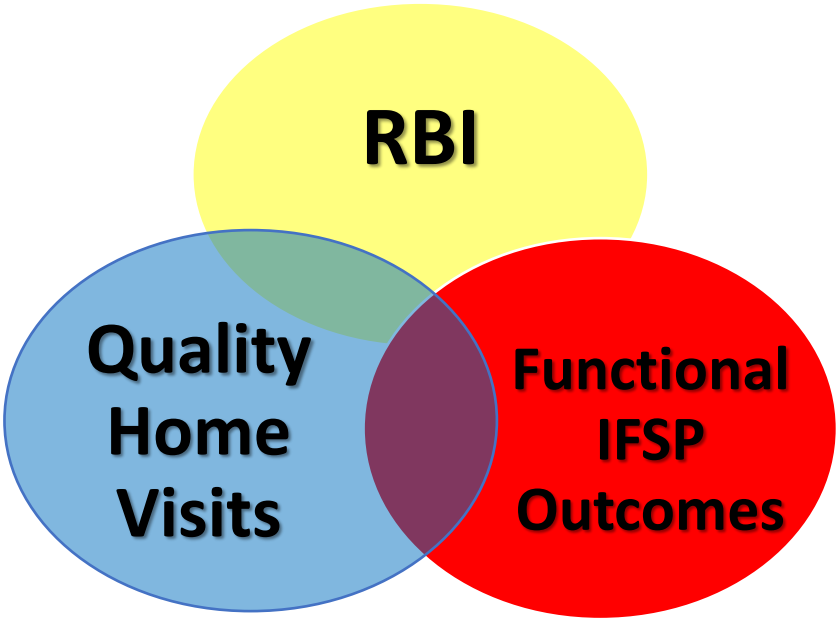


Nebraska's SSIP includes three coherent improvement strategies:

a. The Routines-Based Interview (RBI);
b. Functional child and family IFSP outcomes; and
c. Routines-based home visits.

The improvement strategies, as a unified set, are referred to as a "routines-based early intervention" (RBEI) approach. Nebraska expects to see a positive effect on the SiMR when EI teams (1) fully implement an evidence-based child and family assessment (RBI); (2) use the priorities identified during the RBI to develop functional child and family IFSP outcomes based on everyday routines; and (3) implement routines-based home visits focused on meeting the child and family IFSP outcomes. Figure A2 below illustrates the interconnectedness of the three strategies.

Figure A2: Three Coherent Improvement Strategies Venn Diagram



In Nebraska, the Planning Region Team (PRT) is responsible for the general oversight of local implementation of the RDA strategies. Beginning in 2015, each of the state's 29 Planning Region Teams (PRT's) were required to submit a Targeted Improvement Plan (TIP). The TIP was to address five key areas: data analysis, the region's focus for improvement, an infrastructure analysis, the design of a multi-year implementation plan, and an ongoing evaluation plan. All 29 PRTs identified the RBI, functional IFSP outcomes and/or routines-based early intervention home visits as their regional focus for improvement. In spring of 2018, the remaining PRT (25) who had not originally chosen one of the three state coherent improvement strategies revised their TIP to identify the RBI as their evidenced-based strategy within their targeted improvement plan.

Nebraska is utilizing a cohort approach to scale-up the three coherent improvement strategies through the state's Planning Region Team system. Cohort 1, comprised of PRTs 1, 22 and 27, began RBI and functional IFSP outcome training in January 2015. Cohort 2, comprised of PRTs 4, 18, 19, and 21, began RBI and functional IFSP outcome training a year later (January 2016). Cohort 1 received training on strategy 3-routines-based home visits in June 2017. Cohort 2 is scheduled to receive this training in June 2018.

SSIP Training Implementation Progress to Date

Table A2 below illustrates the SSIP training implemented to date and projected implementation timeline for each PRT.

Table A2: PRT implementation to date and projected implementation timelines

PRT	Strategy 1: RBI Training	Strategy 2: Functional IFSP Outcome Training	Strategy 3: Routines-Based Home Visit Training
Cohort 1			
1	2015	2015	NA*
22	2015	2015	2017
27	2015	2015	2017
Cohort 2			
4	2016	2017	2018
18	2016	2017	2018
19	2016	2017	2018
21	2016	2017	2018
Non-Cohort Regions			
2	2016	2018	TBD
3	2016	2018	TBD
5	2016	2018	TBD
6	2016	2018	TBD
7	2014	2016	2017
8	2017	2019	TBD
9	2016	2018	TBD
10	2016	2018	TBD
11	2016	2018	TBD
12	2016	2018	TBD
13/14	2016	2018	TBD
15	2016	2018	TBD
16	2015	2017	2017
17	2017	2019	TBD
20	2015	2017	NA*
23	2015	2017	2017
24	2017	2018	TBD
26	2015	2017	2017
28	2017	2019	TBD
29	2015	2018	TBD

*NA – not applicable – Region has chosen not to implement home visitation strategy

Principle Training Activities Implemented this Year

During 2017-18, the principle training activities were:

Cohort 1: Already at full RBI and functional outcome implementation, PRTs 1, 22 and 27completed their second annual RBI fidelity checks for providers and services coordinators (SCs) *actively involved* in child/family assessment. In addition, this cohort received feedback regarding training needs identified during the second annual IFSP outcome analysis to drive improvement. Finally, Cohort 1 regions received routines-based home visit training in June 2017. Providers and services coordinators in this cohort are currently working toward home visit approval status.

Cohort 2: At full implementation with the RBI, providers and SCs in PRTs 4, 18, 19 and 21 completed their first annual RBI fidelity checks for providers and services coordinators in the fall 2017. In addition, they received feedback from their first annual IFSP outcome analysis to drive improvement. This cohort is preparing for routines-based home visit training in June 2018.

Non-Cohort Regions: The non-cohort regions of the state began implementing their Targeted Improvement Plans (TIPs) in 2016. Active implementation of the TIPS continued throughout 2017 with a primary focus on RBI training and functional IFSP outcome training. Thirteen of the non-cohort regions were at full RBI implementation by the end of 2017. Four of these regions have begun IFSP outcome training. The state is providing guidance regarding data collection to the non-cohort regions engaged in IFSP outcome training. Similar to the data collection in cohort regions, the Co-Leads are recommending the collection of pre and post IFSP outcome training data in the non-cohort regions utilizing the IFSP Outcome Quality Checklist. Additionally, five of the non-cohort regions were early implementers of the RBI and functional IFSP outcomes and identified home visit training in their TIPs. Because space was available at the Cohort 1 home visit training in June 2017 these non-cohort regions were invited to attend. Four of the five committed to implementation of the home visit strategies. The internal coaches from these regions are currently engaged in the home visit approval process.

Infrastructure Improvement Strategies

During 2016-17 several changes were made to the state's infrastructure and the NDE Special Education Office Leadership. These changes stabilized during this past year with no further revisions identified. The NDE Special Education Office Leadership Team continues to consist of Director Milliken, Assistant Director Rhone, Fiscal Director Prochazka, and Amy Bunnell, Early Childhood Special Education (Birth to 5) Supervisor/Part C Co-Coordinator. This Leadership Team meets weekly to design and implement infrastructure changes necessary to align all activities Birth to 21. The Nebraska Department of Health and Human Services (DHHS) remains an Early Intervention/Part C Co-Lead partner with NDE.

Summary of Evidence-Based Practices and Evaluation Activities Implemented to Date

Strategy 1: Routines-Based Interview (RBI)

Twenty of 29 planning region teams in the state are at full RBI implementation. This is up from 13 regions last year. Full RBI implementation is defined as "all providers and SCs involved in the child/family assessment process are approved in the RBI". RBI approval is documented when providers/SCs achieve a score of 85% or better on the RBI Implementation Checklist.

For evaluation purposes, initial RBI implementation checklists for providers/SCs in Cohorts 1 & 2 are collected by the Co-Leads. In addition, RBI fidelity checks are required annually and the Co-Leads document completion of the fidelity check for each of the cohort providers/SCs. To date, all providers and SCs in Cohort 1 and Cohort 2 involved in the child/family assessment process are RBI approved. All but one provider in Cohorts 1 and 2 have demonstrated on-going fidelity to the RBI. The provider from Cohort 2

who has not yet met fidelity is engaged with an RBI coach and is working toward fidelity. Non-cohort PRTs are also required to document initial RBI approvals and annual fidelity checks for providers and services coordinators in their regions. This data is reported annually to the Co-Leads through the TIP process.

Strategy 2: Functional IFSP Outcomes

Baseline data for IFSP outcomes was collected and analyzed prior to RBI training in each of the cohort PRTs. Baseline data consists of an analysis of IFSPs developed the year prior to RBI training using the IFSP Outcome Quality Checklist. Once regions reached full RBI implementation, they receive additional functional IFSP outcome training. Post additional training, annual IFSP outcome reviews began in the cohort regions. Similar to baseline data collection, annual IFSP outcome reviews consist of an analysis of IFSPs developed during the year using the IFSP Outcome Quality Checklist.

In Fall 2017, the state conducted the second annual IFSP Outcome review for Cohort 1. Section E highlights the comparison of baseline to the second annual analysis of IFSP outcome results for Cohort 1. The state also conducted the first annual IFSP Outcome review for Cohort 2 during the fall 2017. See Section E for a comparison of baseline to first annual IFSP outcome results for Cohort 2 regions.

Strategy 3: Routines-Based Home Visits

Training for Nebraska's third coherent improvement strategy—Routines-based home visits—began during 2017. Cohort 1 regions and four non-cohort PRTs at full implementation of the RBI and Functional IFSP outcomes attended the training in June 2017. Providers and services coordinators from these regions are currently engaged in the home visit approval process. Cohort 2 regions are preparing for training in June 2018.

Highlights of Changes

Strategy 1- RBI-

1. Continued organization of RBI boot camps around the state. It was initially thought that RBI boot camps would be used to train large numbers of providers and services coordinators within regions. Once internal coaches and the majority of staff were RBI approved, new staff would be assigned an internal regional coach and would become RBI approved using the RBI Individual Training Component Checklist (Appendix O). This past year several regions indicated a preference for training to occur at a boot camp rather than individual staff members being assigned an internal coach. They cited the amount of practice with feedback in a short period of time at a boot camp as the reason for this preference. As a result, many of the regions began to collaborate with each other to conduct boot camps. This has been a good use of time, money and resources.
2. Completing annual RBI fidelity checks began in many of the non-cohort regions of the state this year. Some regions were concerned about the validity of the fidelity checks when completed by peer review. Several problem-solving strategies were identified including having internal coach fidelity checks completed by state level coaches.
3. We continue to learn from RBI boot camps held in non-cohort regions of the state. An adjustment that has been made in some regions has been moving from a two-day to a three-day RBI boot camp. Although costlier, these regions are reporting that the level of confidence of providers and services coordinators to conduct an RBI and develop functional outcomes directly related to priorities identified by families during the interview have increased significantly given the additional training time.

Strategy 2- Functional IFSP Outcomes-

1. As mentioned, Nebraska is utilizing a cohort approach to scale-up the improvement strategies through the state's Planning Region Team system. As a part of the scale-up plan for the second improvement strategy, the state completes an analysis of IFSPs annually from the cohort regions. The cohort regions report that the feedback from the annual analyses is very helpful in their

continuous improvement efforts. As the non-cohort regions begin training and implementation of functional IFSP outcomes, they are problem solving how to "build" a regional system for routinely analyzing their own IFSPs and providing feedback to regional providers and services coordinators. The state will continue to provide guidance to these regions through the support of the regional technical assistance providers.

Strategy 3- Routines-Based Home Visits-

1. The initial home visit training session in June 2017 was provided to Cohort 1 regions and offered to five non-cohort regions who were at full RBI and functional IFSP outcome implementation and who identified home visiting in their TIP. Following the training, the non-cohort regions were given an option to implement the home visit strategies. One of the regions chose not to implement the strategies.
2. Lessons learned from implementation of the first two improvement strategies have helped the Co-Leads make continuous improvement changes to HV training, i.e. use of introductory webinars, zoom calls, internal coaches, etc.

Nebraska is pleased with progress to date on the *implementation* of the SSIP. Projected timelines for the cohort regions have been implemented with no changes. The Co-Leads are on target to meet projected timelines for next year. The state expects:

(1) Continued growth in the numbers of providers and SCs trained in the RBI,
(2) Continued improvement in the quality of functional IFSP outcomes, and
(3) Routines-Based home visit training to progress in a timely manner consistent with the SSIP timeline.

Section B: Progress in Implementing the SSIP

This section illustrates the extent to which Nebraska has carried out planned training activities for Cohorts 1 and 2, the milestones met, and whether timelines have been followed. This section concludes with a summary of stakeholder involvement.

Table B1: *Planned Training Activities for Cohorts 1 & 2.*

COHORT 1 Strategy 1: RBI	
Date	**Training Activity**
July 2014	2-day **RBI** Boot Camp for Cohort 1 coaches
January-February 2015	(3) 2-day RBI Boot Camps in each of Cohort 1 regions (PRTs 1, 22 and 27)
March-July 2015	RBI Approval Process
August 2015- Full RBI Implementation	
Strategy 2: Functional IFSP Outcomes	
April 2014	Collect & Analyze baseline IFSP Outcome data
November 2015	(3) Functional IFSP Outcome Trainings in each of Cohort 1 regions
October 2016	Begin Annual IFSP Outcome Review
December 2016 Full Functional IFSP Outcome Implementation	
Strategy #3: Routines-Based Home Visit Training	
June 2017	Routines-Based Home Visit Training
June 2018 Expected Full Routines-Based Home Visit Implementation	

COHORT 2 Strategy 1: RBI	
Date	**Training Activity**
July 2015	2-day **RBI** Boot Camp for Cohort 2 coaches
January-February 2016	(6) 2-day RBI Boot Camps in each of Cohort 2 regions (PRTs 4, 18, 19 and 21)
March-November 2016	RBI Approval Process
December 2016 - Full RBI Implementation	
Strategy 2: Functional IFSP Outcomes	
April 2015	Collect & Analyze baseline IFSP Outcome data
November 2016-March 2017	(4) Functional IFSP Outcome Trainings in each of Cohort 2 regions
October 2017	Begin Annual IFSP Outcome Review
December 2017 Full Functional IFSP Outcome Implementation	
Strategy #3: Routines-Based Home Visit Training	
June 2018	Routines-Based Home Visit Training
June 2019 Expected Full Routines-Based Home Visit Implementation	

Nebraska has met all projected SSIP timelines. Cohort 1 (PRTs 1, 22 and 27) reached full RBI implementation, i.e. all providers and SCs engaged in the child/family assessment process were approved in the RBI by the fall of 2015. During 2016, Cohort 1 completed annual RBI fidelity reviews and focused on developing functional IFSP outcomes. In 2017, these regions completed their second annual fidelity reviews and received feedback on the second annual IFSP outcome review conducted by the state. In June 2017, they

received training on the third improvement strategy - Routines-Based home visits. Providers and services coordinators are currently engaged in the home visit approval process. As of February 2018, nearly half (47%) of the 38 providers/services coordinators who participated in the June 2017 training have become approved in the Getting Ready approach. We're very pleased with this progress.

In 2016, Cohort 2 participated in RBI boot camps and progressed through the RBI approval process. In December 2016, these regions reached full RBI implementation region-wide. During 2017, Cohort 2 completed their first annual RBI fidelity reviews. In addition, the state completed the first annual IFSP outcome review for Cohort 2 and provided feedback to leadership teams from these regions. Cohort 2 is expected to be ready for Routines-Based home visit training in June 2018.

Routines-Based Home Visit Training: The Nebraska Co-Leads have contracted with the University of Nebraska at Lincoln (UNL), the Center for Research on Children, Youth, Families and Schools to provide Routines-Based home visit training using the Getting Ready Approach (GR). Research demonstrates that the GR Approach strengthens relationships between professionals and families and helps providers build parent competencies for interacting with their children—skills necessary for Nebraska EI providers and services coordinators as identified in a study of home visit practices conducted in 2016. Research on GR Strategies can be found in Appendix A. A full report of the Nebraska study on home visiting can be found at: http://edn.ne.gov/cms/sites/default/files/pdf/Quality%20home%20visitation%20report%204.22.16.pdf

As indicated in Table B1, Cohort 1 received the Routines-Based home visit (HV) training in June 2017. Participants included both providers and services coordinators from these regions. The training focused on capacity building strategies for parents targeted toward building parent-professional relationships and parent child interaction during daily routines. This was a one-day training with break-out sessions, allowing for role-specific content to be delivered to groups of EI providers and services coordinators. In September 2017, providers and services coordinators from Cohort 1 began the home visit approval process.

Following the one-day training, there was a second day of training for coaches. Each region identified one to three coaches, depending on the size of the region. The coaches attended Day 1 HV training and Day 2 coach training. The role of the coaches is to support new staff in their regions and facilitate fidelity checks beginning in 2018. Eight state-level coaches also attended both days of training in June 2017, to build implementation support for Cohort 2. During 2017-18, all coaches participated in the home visit approval process and are receiving ongoing technical assistance to develop their coaching skills.

Because there was additional space available at the HV training in June, four non-cohort regions at full implementation of the RBI and Functional IFSP outcomes also participated in the training and are implementing the GR strategies. The internal coaches from the non-cohort regions also attended the Day 2 coach training. They began the home visit approval process in January 2018. Once approved, the internal coaches from these regions will collaborate with the state's regional TA providers to support HV approval and implementation within their regions.

Stakeholder Involvement and Supports for Principle Training Activities

Nebraska established a Results Driven Accountability (RDA) stakeholder committee in January 2014 to assist in the planning and implementation of the SSIP. This year the Stakeholders made the following recommendations regarding implementation of the improvement strategies:

1. Continue providing guidance to non-cohort regions to follow same implementation steps as cohort regions to include establishment of leadership teams, implementation of three strategies, training activities, fidelity practices/requirements and data collection processes.
2. Establish new baseline and targets for child outcome summary statement 2 data using average of two lowest scores.
3. Continue focus on the identification and implementation of quality EI strategies and practices to improve outcomes for children and families.

Tables B2, B3 and B4 below illustrate activities implemented in 2016 and continued 2017-18 in response to stakeholder recommendations, as well as additional activities necessary to support Nebraska's principle training actions. Table B2 outlines activities implemented to support the work of the state's RBEI TA providers with non-cohort regions. Table B3 identifies activities primarily designed to support statewide implementation of the improvement strategies. Activities illustrated in Table B4 support the state leadership team. Table B5 illustrates the training timeline for implementation of the state's three improvement strategies.

Table B2: Activities to Support Work of RBEI TA Providers

Needs	Activities	Output
Training & Support for 5 RBEI TA Trainers	(1) Biannual full day F2F training and quarterly 2-hour Zoom CCs (2) Upload training documents, checklists, "roadmaps" to Box.com, (3) Full support from Nebraska's two RBEI Coordinators.	RBEI TA providers have supports necessary to scale up RBI/functional IFSP outcome training in non-cohort regions
Tighten up "fidelity" when completing an RBI Checklist and Using the Quality Outcome Checklist	Develop "Scoring Rules" for RBI Implementation Checklist and Quality IFSP Outcomes Checklist	Increased intra and inter-judge reliability when completing RBI approval process and scoring IFSP outcome quality

Table B3: Activities to support PRTs

Needs	Activities	Output
Develop strong PRT Leadership Teams	Support non-cohort efforts to develop leadership teams by: (1) conducting biannual Zoom calls with regions to share successes/barriers with leadership teams, (2) disseminating information about roles & responsibilities of leadership teams, (3) meeting individually with regions as needed to spur development of leadership teams, (4) developing templates for tracking regional training progress, (5) having state level infrastructure necessary to respond to regional inquiries/needs within 48 hours.	All PRTs in the state have knowledgeable and capable leadership teams to support the implementation of evidence-based practices.
Develop additional training necessary to support principle training activities and inform non-cohorts of expectations.	Developed/Updated: (1) RBI Scoring Reliability Workshop to support strategy 1, (2) additional Functional IFSP Outcome training to support strategy 2, (3) RBI Refresher Workshop to support regions having difficulty maintaining momentum implementing change in EI practices, (4) On-line IFSP and EI Orientation websites, and (5) routines-based home visit training in process.	Improved consistency & fidelity of strategy 1(RBI) and strategy 2 (Functional IFSP outcomes). Implementation of strategy 3 training with Cohort 1 June 2017 and Cohort 2 June 2018.
Inform stakeholders of RDA Activities and Progress toward the SSIP	(1) Quarterly updates to ECICC/SEAC on implementation and impact of SSIP, (2) Update special education directors statewide on monthly Special Education Conference Calls, (3) annual EDN conference presentations, (4) development of "RDA" section on the EDN website with frequent updates, (5) presentations at state conferences i.e. NE School Board Association, NE Small Schools Association, NE Young Child Institute, Special Education Administrators, (6) disseminated SSIP infographic to stakeholders (Appendix P)	Progress toward RDA SSIP, resources and updates are available to the field as quickly as possible.
Develop training descriptions & a recommended training timeline. Routinely incorporate into contacts with non-cohort regions.	Developed training descriptions and timeline to inform non-cohort PRTs regarding training opportunities necessary for the implementation of the state's three improvement strategies. Training timeline is in Figure B5 below. Training descriptions located in Appendix B.	Scale up of improvement strategies statewide.

Table B4: Activities to support State Leadership Team

Needs	Activities	Output
Expand state Infrastructure as needed including addition of Purveyor of Home Visits	(1) Expand purveyor group to include expert on evidence-based home visit practices (Dr. Lisa Knoche, University of Nebraska Lincoln) (2) annual retreat with purveyors to develop action plan, (Dr. Robin McWilliam – University of Alabama, Dr. Lisa Knoche, Dr. Miriam Kuhn – University of Nebraska Omaha, Dr. Kerry Miller and Dr. Barb Jackson – University of Nebraska Medical Center, Dr. Haidee Bernstein – Westat/DaSy/IDC) (3) expand state RBEI trainer cadre	Purveyor group includes experts to assist in all aspects of RDA i.e. evidence-based improvement strategies, training, implementation fidelity and evaluation, training cadre expanded as needed
Implement Continuous Improvement Model	(1) Increase frequency of Part C leadership team meetings to include monthly 1-day meetings and weekly 1-hour conference calls, (2) consistently evaluate training efforts and adjust as needed, (3) 48-hour response rate to all inquiries, (4) develop resources to support statewide adherence to Part C regulations, (5) continuously assess need for additional evaluation activities	Developed/updated: (1) EI process document delineating regulatory and non-regulatory EI processes, (2) On-going assessment document, (3) RBI FAQs 101, 102 and 103, (4) on-going meetings with a newly formulated evaluation team comprised of partners from UNL, University of Nebraska-Omaha (UNO), and University of Nebraska Medical Center-Monroe Meyer Institute (UNMC-MMI) to discuss need for additional evaluation studies

Figure B5: PRT Recommended Training Timeline

	First…	Next…	Then…..	After BC (ideally while provider & SC's are in approval process, but anytime is fine) offer…	Once RBI is fully implemented across the region, offer…	Before collecting RBI Fidelity Checklists. Need help? Offer…	When RBI is fully implemented & IFSP outcomes are of high quality, offer…
Team Self-Assessment	—						
Rule 52/ 480 NAC 3 Training		—					
Identify 2-4 RBI coaches and hold an RBI Boot Camp(s)			—				
*RBI Scoring Reliability Workshop				—			
*IFSP Outcome TA					—		
*RBI Refresher Training						—	
PRT –wide Home Visit Training (coming after 2017)							—

Section C: Data on Implementation and Outcomes

Measuring the Effectiveness of the Improvement Strategies

Table C1 below illustrates the evaluation measures in place for the three improvement strategies with a brief description of the data sources for each measure, baseline data collected, data collection timeline and procedures, and the measures used to assess progress. We believe these evaluation measures demonstrate the implementation of the three key components discussed in our Theory of Action.

Table C1: Cohort Region Evaluation Measures for Three Improvement Strategies

Improvement Strategy	Data Sources	Baseline Data	Data Collection Timeline and Procedures	Measures used to Assess Progress
RBI	(1) Initial RBI Implementation Checklists, completed by approved RBI coaches, documenting 85% accuracy or better for each EI provider/SC collected by Co-Leads. (2) Annual documentation of on-going fidelity for each EI provider/SC involved in child/family assessment collected by Co-Leads.	At initial stage of RDA implementation, no EI providers/SCs in cohort regions were trained to state required approval level.	(1) Initial RBI implementation checklists are submitted to Co-Leads upon approval of each provider/SC. (2) Once per year, following initial approval, cohorts collect RBI implementation checklists to demonstrate provider/SC fidelity. Cohort 1 in fall of 2016 and 2017, Cohort 2 in fall of 2017. (3) Co-leads contact leadership teams from cohort regions requesting documentation of annual fidelity checks for each provider/SC.	RBI Implementation Checklists documenting 85% accuracy or better used annually; completed by RBI approved providers or coaches.

Table C1: Cohort Region Evaluation Measures for Three Improvement Strategies (continued)

Improvement Strategy	Data Sources	Baseline Data	Data Collection Timeline and Procedures	Measures used to Assess Progress
Functional IFSP Outcomes	Analysis of 10-20% of IFSPs from cohort regions using IFSP Outcome Quality Checklist.	20% of IFSPs written **prior** to RBI training were collected from Cohort 1 in fall of 2014, and 20% of IFSPs written **prior** to RBI training were collected from Cohort 2 in fall of 2015. The IFSP Quality Outcome Checklist was used for analysis of baseline data.	(1) For Cohort 1- Annual Functional IFSP Outcome review began Fall, 2016 and continued into 2017. (2) For Cohort 2, Annual Functional IFSP Outcome review began Fall 2017.	Annual analysis of 10-20% of IFSPs from Cohort 1 and 2 using IFSP Quality Outcome Checklist.
Quality Home Visits	Home visit implementation checklists completed by approved home visit coaches.	No one in cohort regions trained to approval level prior to Routines-Based home visit training.	Data collection began for Cohort 1 post home visit training June 2017.	Home Visit Implementation Checklist documenting state-determined approval level used annually; completed by Home Visit approved providers or coaches.

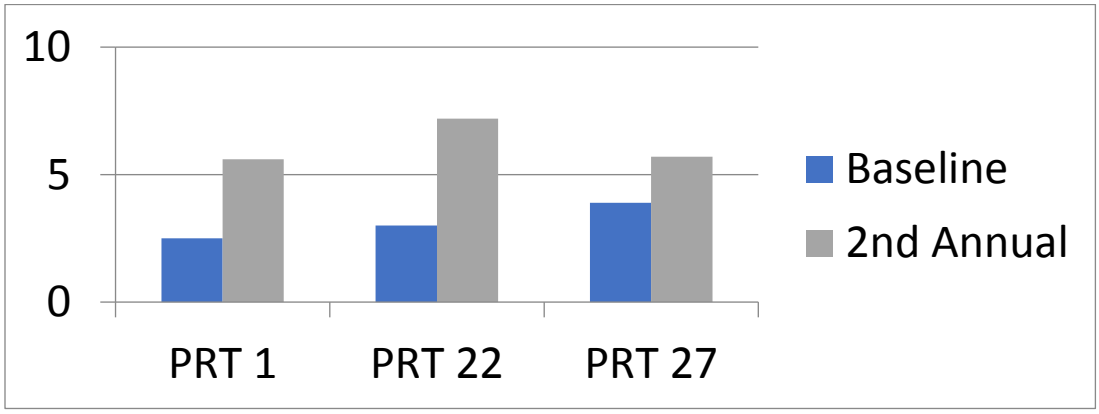
Strategy #1: RBI

As illustrated in Table C1, second annual fidelity checks for Cohort 1 were completed in the fall of 2017. First annual fidelity checks for Cohort 2 were completed in the fall of 2017. The fidelity checks were completed by approved RBI providers/SCs in the region using the RBI implementation checklist. All Cohort 1 providers and services coordinators completing fidelity checks in 2016-17 and 2017-18 achieved a score of 85% or better on the RBI Implementation Checklist, demonstrating fidelity to the RBI process. All but one of the providers and services coordinators in Cohort 2 achieved fidelity on the first annual fidelity check. The provider who did not achieve fidelity has been assigned an internal coach and continues to work toward achieving 85% or better on the RBI implementation checklist. RBI Implementation checklists documenting fidelity are tracked by the PRT and documented for Co-Leads on an Excel spreadsheet.

Strategy #2: Functional IFSP Outcomes

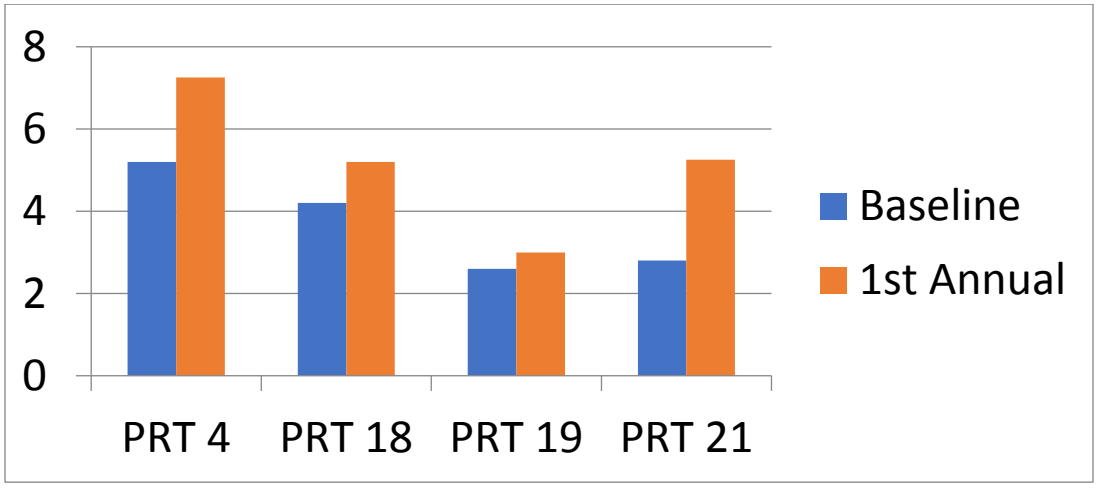
The annual IFSP outcome review for Cohort 1 began in 2016; the second annual review was in 2017. Annual IFSP outcome review for Cohort 2 began in 2017. Using the IFSP Quality Outcome Checklist (Appendix B) as the quality indicator, the Co-Leads are looking for an increase in mean number of outcomes on IFSPs from baseline and an increase in quality scores for both child and family outcomes from baseline. Results of the 2017 analysis of mean number of outcomes on IFSPs compared to baseline data are provided for Cohort 1 in Graph C1 below and for Cohort 2 in Graph C2 below.

Graph C1: Cohort 1 Mean # of Outcomes on IFSPs Baseline to 2nd Annual Review



As indicated in Graph C1 all regions in Cohort 1 demonstrated significant improvement in mean number of IFSP outcomes present on IFSPs from baseline.

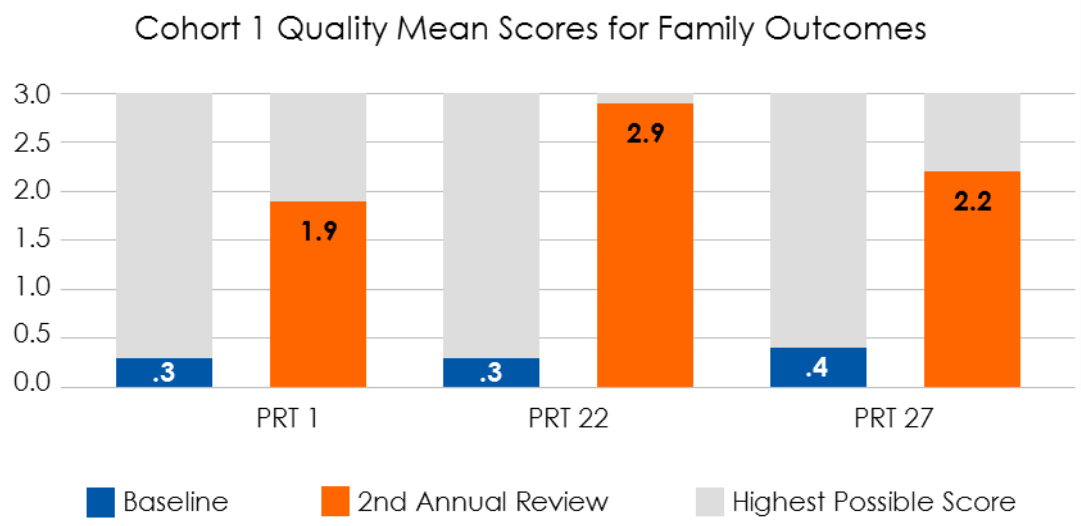
Graph C2: Cohort 2 Mean # of Outcomes on IFSPs Baseline to 1st Annual Review



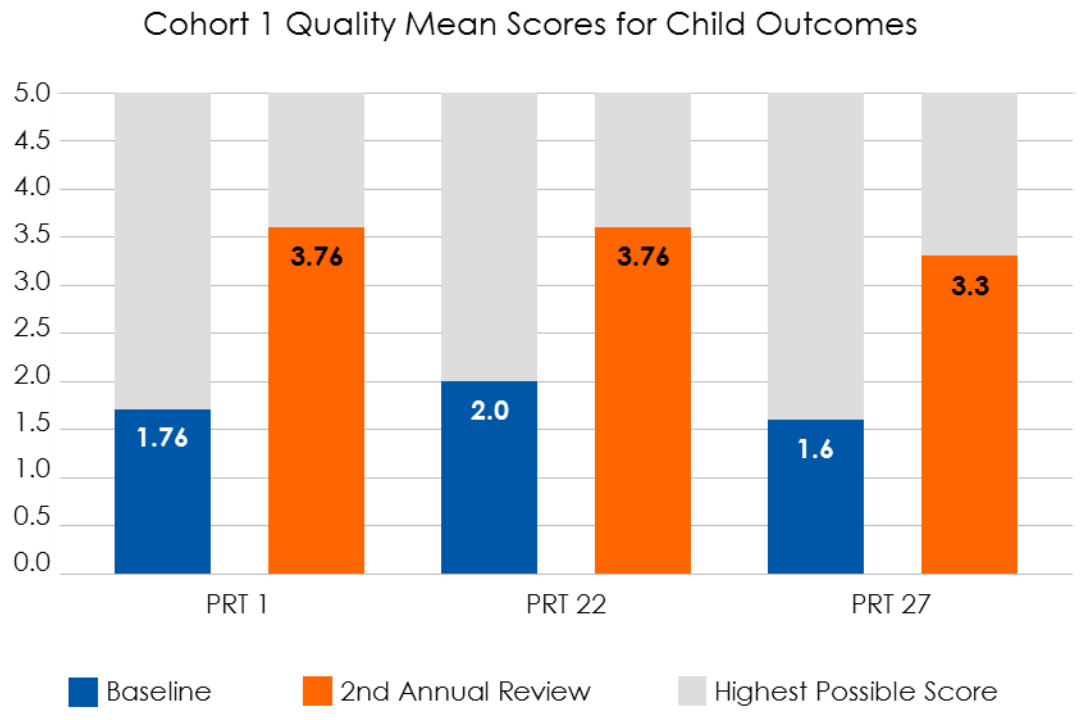
As indicated in Graph C2 all regions in Cohort 2 demonstrated improvement in mean number of IFSP outcomes present on IFSPs from baseline.

Results of IFSP outcome quality analyses for Cohort 1 are provided in Graphs C3 and C4 below and for Cohort 2 in Graphs C5 and C6 below. The child outcomes are scored out of a possible 5 points and the family outcomes are scored out of a possible 3 points.

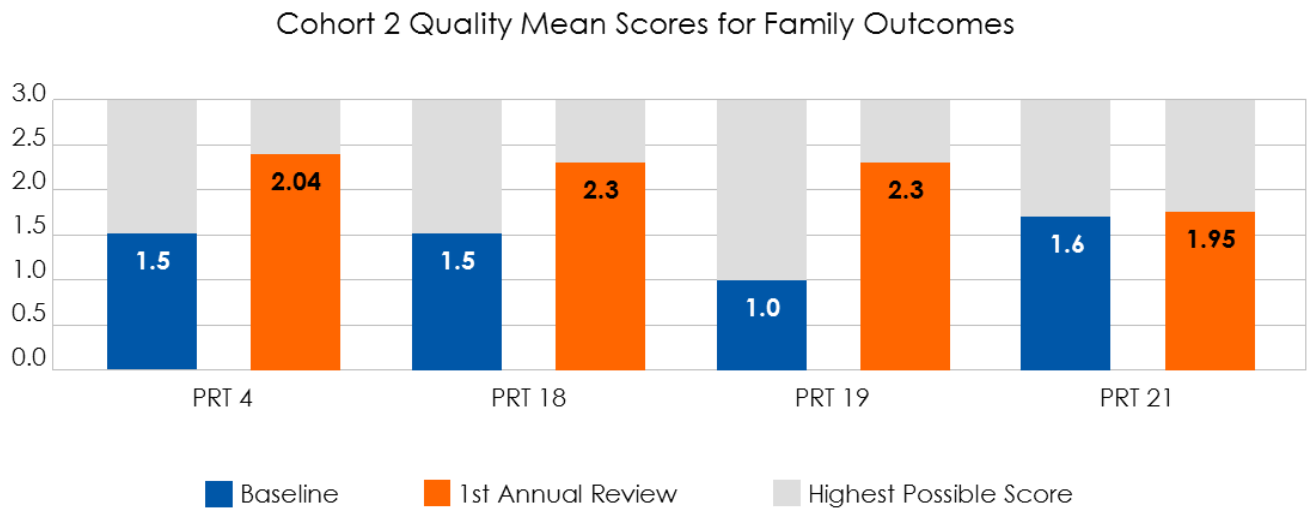
Graph C3: Cohort 1 Quality Mean Scores for Family Outcomes



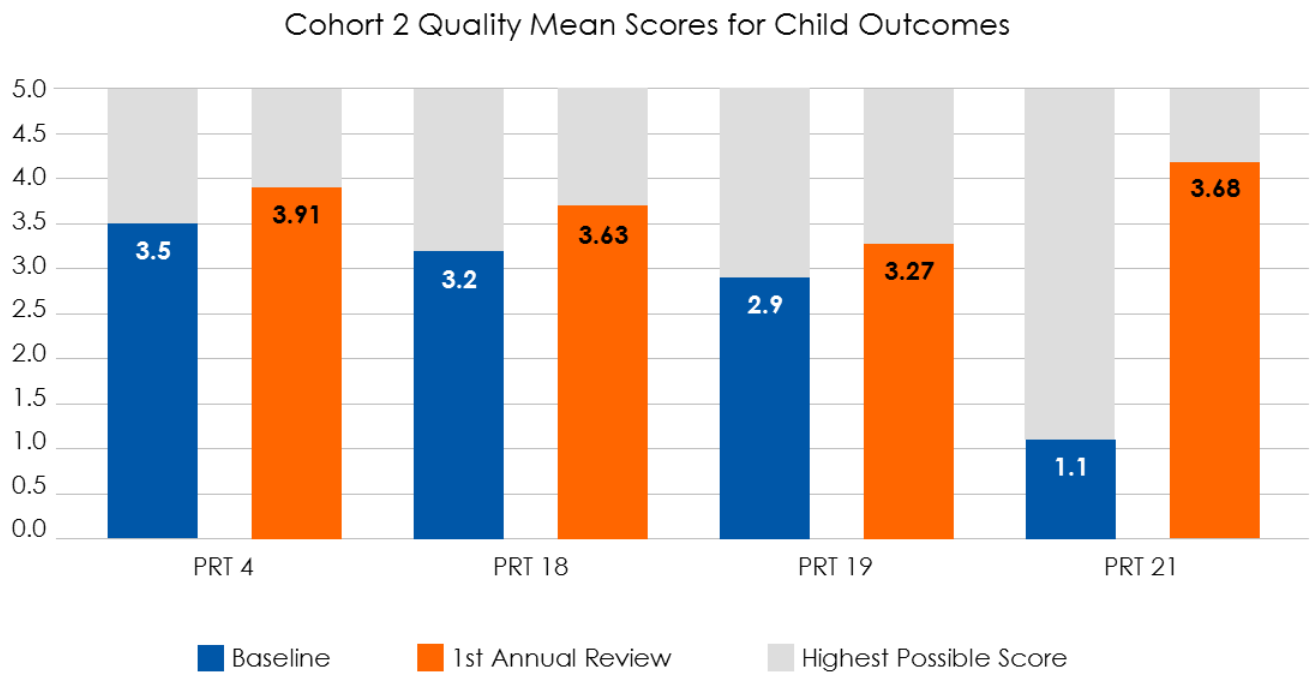
Graph C4: Cohort 1 Quality Mean Scores for Child Outcomes



C5: Cohort 2 Quality Mean Scores for Family Outcomes



C6: Cohort 2 Quality Mean Scores for Child Outcomes



As indicated in Graphs C3, C4, C5 and C6 above, all cohort regions improved in the quality of the child and family outcomes from baseline. Results of the data analyses have been provided to the cohort leadership teams. Feedback included discussion of any IFSP outcome quality issues and possible training needs.

Strategy #3: Routines-Based Home Visits

Routines-Based home visit implementation checklists, completed by approved home visit coaches, are currently being collected for Cohort 1 EI providers/SCs. Cohort 2 EI providers/SCs will be starting the approval process following their home visit training in June 2018. Data will be available in 2019.

Additional Data Collection for the RBI

During each RBI boot camp, families and participants have been asked to complete a short survey. The families are surveyed about their experience with the RBI as a child and family assessment; the participants are surveyed about their experience with the training process. Results of these surveys are consistently positive. We are no longer updating this survey data as the cohort regions are at full RBI implementation.

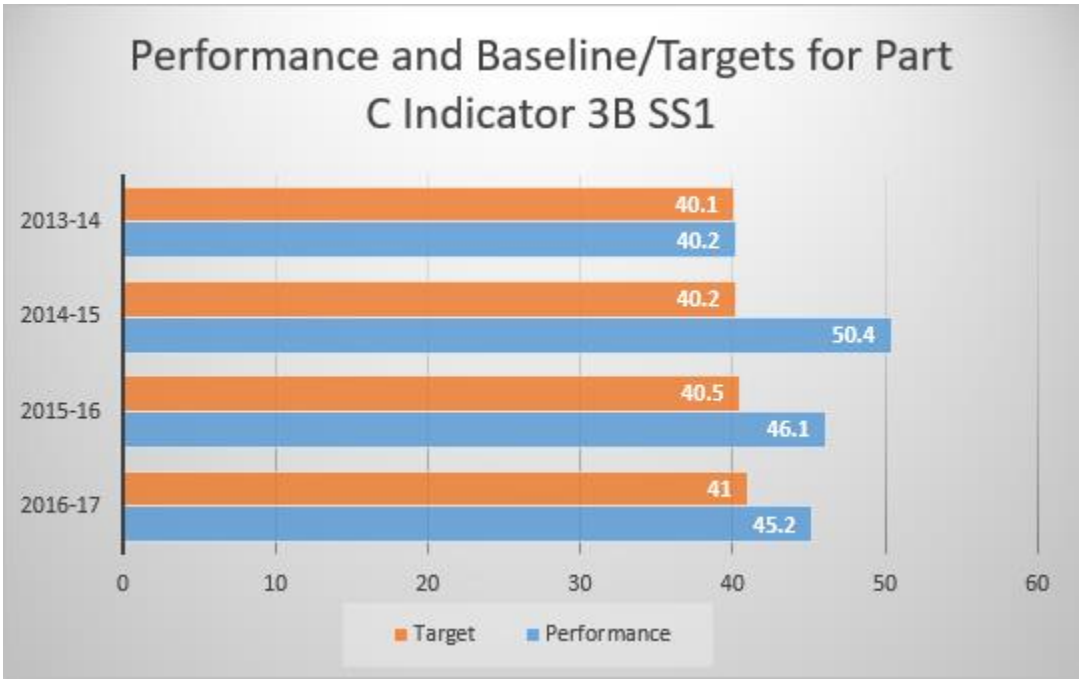
Progress toward the SiMR and Modifications to the SSIP as Necessary

As noted in Section B, Nebraska expects to see continued influence of the coherent improvement strategies on Child Outcome Data (C3B, SS1) and Family Outcome Data (C4B) for Cohorts 1 & 2. The Co-Leads continue to monitor Federal Child and Family Outcomes data and implement strategies to improve the collection of this data. It is expected that full implementation of the 3 coherent improvement strategies will result in improved child and family outcome data for Cohorts 1 and 2.

Target – Indicator C3B – Summary Statement 1 – Acquisition and Use of Knowledge and Skills:

Nebraska's SiMR is focused on improving the results for Indicator C3B Summary Statement 1- to increase the number and percentage of infants and toddlers who demonstrate progress in the acquisition and use of knowledge and skills (including early language/communication). In addition, Nebraska identified Indicator 4B: Effectively Communicate Child's Needs as a benchmark. Comparing the baseline, targets, and performance for these indicators serves as the primary measure of effectiveness for the SiMR.
Graph C7 below illustrates the results for Indicator C3B SS1 compared to state targets. Please note that Nebraska reset their targets for Indicator C3B for their 2013-14 data. Therefore, for that year, the target is the same as the performance.

Graph C7: Annual Results for Indicator C3B Summary Statement 1 Compared to State Targets

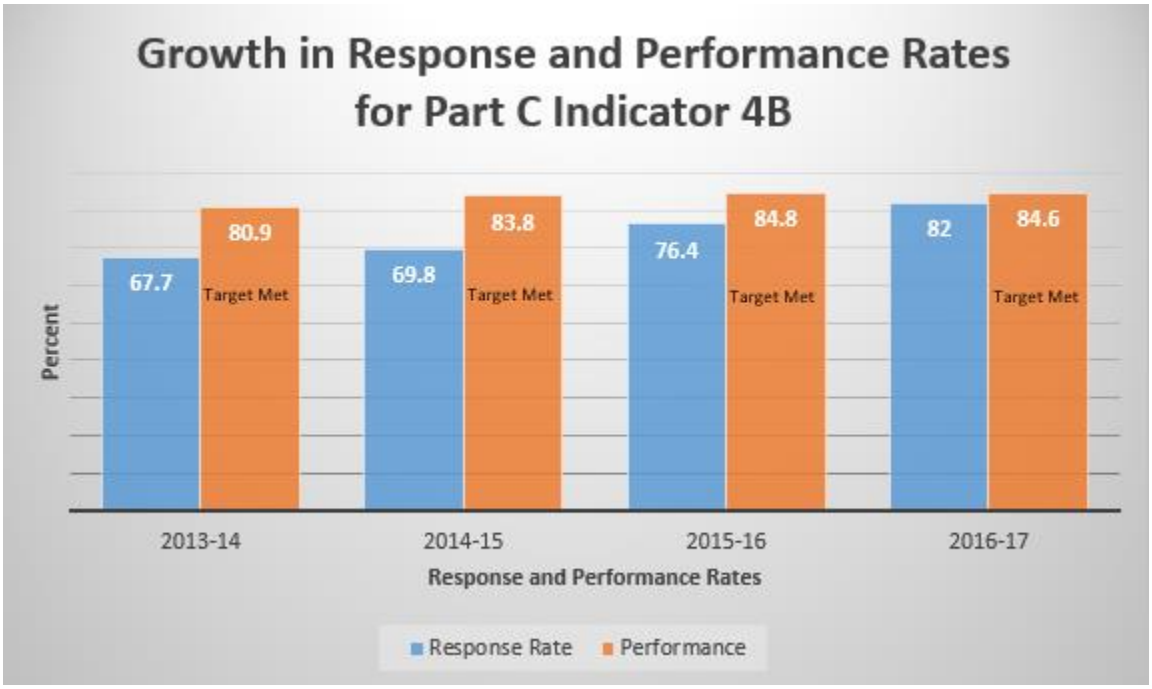


Benchmark – Indicator C4B– Effectively Communicate Child's Needs

Nebraska also chose to use Indicator C4B as a benchmark for the SiMR. The Co-leads believe that taken together, the three improvement strategies of the SSIP will increase families' perceptions of their ability to effectively communicate their children's needs.

As Graph C8 illustrates, over each of the past three years, the percent of families reporting that they are effectively able to communicate their children's needs has increased. The increase also exceeded the target set each year. Finally, Nebraska has a very high response rate to the Family Survey and the response rate has continued to increase over the past 3 years. Nebraska continues to use a personalized introductory letter to families before delivering the survey, a follow-up postcard to families, and personal contacts by services coordinators to remind families to return the survey. A total of 1544 surveys were delivered to families with children in Part C in 2015-2016; 1179 surveys were completed and returned for a state return rate of 76.4% which is a 6.6% increase from the previous year.

Graph C8: Growth in Response and Performance Rates for Indicator C4B



To fully understand the impact of the SiMR statewide, the Co-Leads reviewed additional indicators. Indicator 5: the percent of infants and toddlers ages birth to one with IFSPs compared to national data and Indicator 6: the percent of infants and toddlers ages birth to three with IFSPs compared to national data. We believe that this data provides examples of distal impact. As shown in the tables and graphs below, over the last three years, the state has exceeded its targets. Additionally, each year over the past three years, the state has increased the percent that it exceeded the target. The Co-Leads believe this increase is attributable to additional state-wide training activities implemented in 2014 which focus on procedural implementation of early intervention regulations. This training is provided on an ongoing basis to each PRT and targets implementation of correct evaluation and identification procedures, specifically providing extensive technical assistance in the use of informed clinical opinion.

Table C2: Four-year trend data for Indicator 5

Year	Target	Performance	Target Exceeded By:
2013-14	0.57%	0.61%	**0.04%**
2014-15	0.57%	0.72%	**0.15%**
2015-16	0.60%	0.78%	**0.18%**
2016-17	0.63%	1.02%	**0.39%**

Graph C9: Four-year trend data for Indicator 5

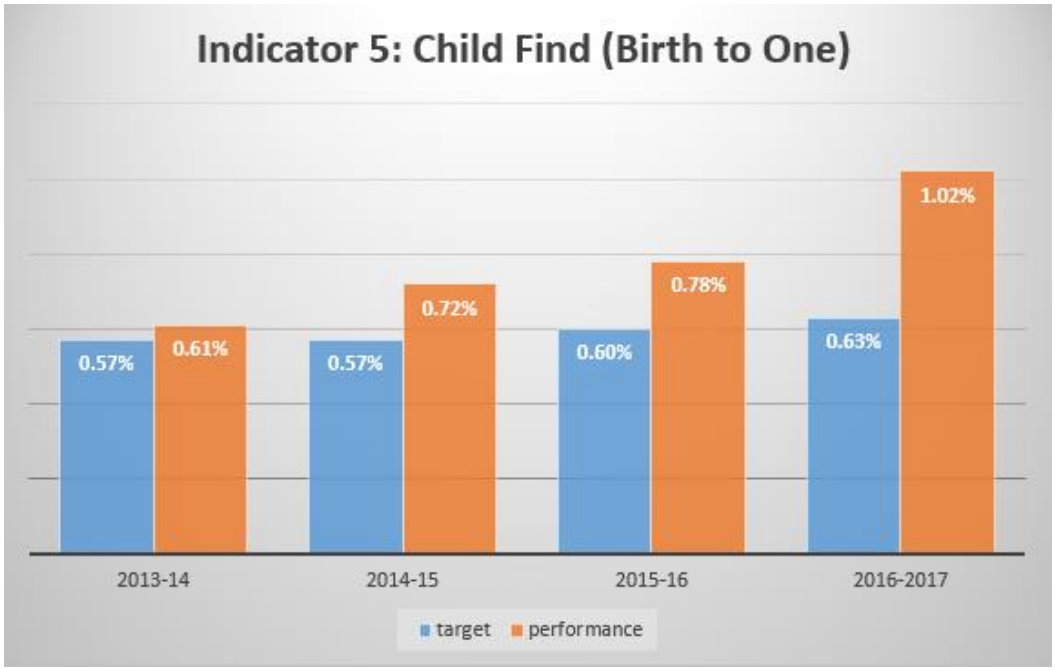
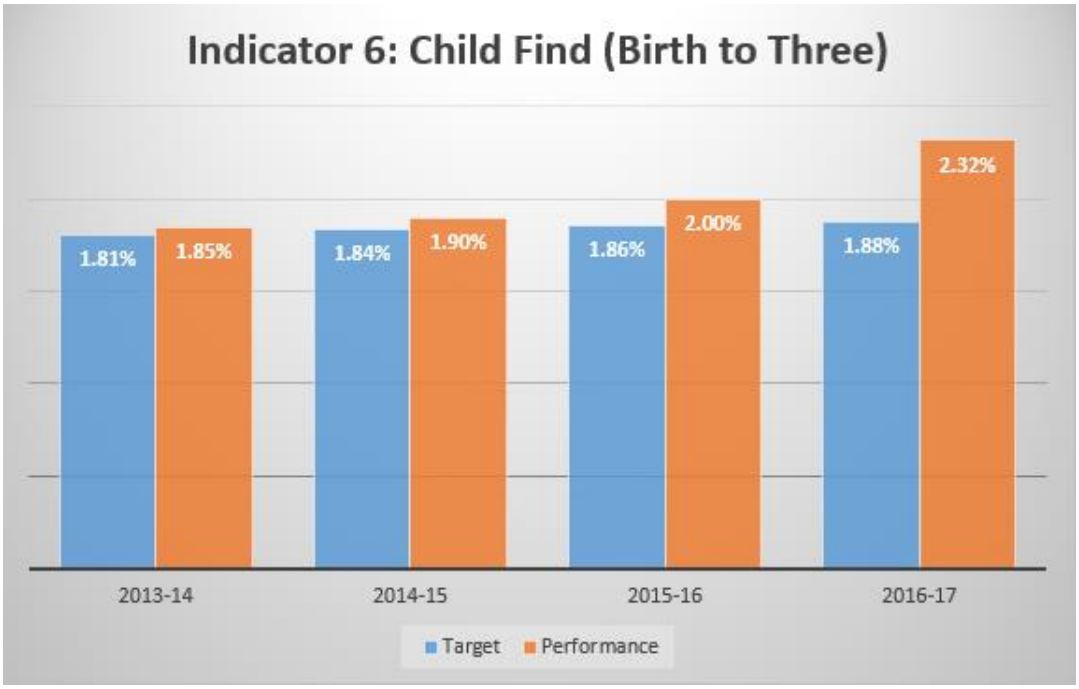


Table C3: Four-year trend data for Indicator 6

Year	Target	Performance	Target Exceeded By:
2013-14	1.81%	1.85%	**0.04%**
2014-15	1.84%	1.90%	**0.06%**
2015-16	1.86%	2.00%	**0.14%**
2016-17	1.88%	2.32%	**0.44%**

Graph C10: Four-year trend data for Indicator 6



Stakeholder Involvement in the SSIP Evaluation

As noted in Section B, the RDA Stakeholder Committee meets annually, and the Nebraska ECICC meets four times per year to assist in the continuous evolvement of the SSIP and help provide for ambitious and meaningful change statewide.

Based on a recommendation from the Stakeholders in 2016, the Co-Leads contracted with Dr. Miriam Kuhn from the University of Nebraska at Omaha to conduct a research study investigating the impact of the RBI and functional IFSP outcome RDA strategies on various aspects of EI services and family/PRT member perceptions of the EI process utilized in their regions.

The following research questions were identified, and data was collected via interviews with selected administrators, SCs, EI providers, and families currently receiving EI services:

(1) How has the implementation of effective RBI practices in the Nebraska cohort regions informed IFSP development and application in terms of "dosage" of EI services (frequency and intensity of home visits; caregiver use of interventions between home visits), types (child-centered, family-centered) of outcomes found in IFSPs, and functionality and quality of outcomes written?

(2) How has the implementation of effective RBI practices in the Nebraska cohort regions informed EI service delivery in terms of percentages of children who qualify for early intervention services, EI team service delivery decision-making, infrastructure of EI teams, cohesion of EI teams, job satisfaction of individual EI service providers, and consumer (family) satisfaction with EI services?
(3) What differences are seen between the procedures used in the Nebraska PRT cohort regions and Nebraska non-cohort regions for child/family assessment, IFSP development, and EI service delivery?

Phase 1 of the study, completed in summer/fall 2017, is an analysis of questions 1 and 2 in the cohort regions. Phase 2, to be completed in spring/summer 2018, will focus on question 3.

Key findings to date include (1) evidence of improved family-centered practices in the cohort regions, (2) increased engagement by families in writing functional and high-quality IFSP outcomes, (3) parents actively participating in home visits, (4) challenges completing evaluation and assessment within mandated timelines and (5) challenges in meeting timelines when interpreters are used for communication. In addition, professionals from the cohort teams expressed high levels of team cohesiveness and job satisfaction. Parents from cohort regions reported satisfaction with their children's progress toward meeting IFSP outcomes.

Findings which will need to be considered moving forward include: (1) Parents were not regularly included in the decision-making process regarding the assignment of a service provider, and (2) parents did not report consistent use of family routines during home visits as contexts for intervention. This last finding was not surprising given that Nebraska is at the front end of routines-based home visit training with Cohort 1 teams.

In 2017, the Stakeholders made recommendations regarding Nebraska's child outcome data. Specifically, a need to establish new baseline data and targets for child outcome data was identified since the original targets were based upon a single year of data. The preferred methodology for resetting the targets was to average the two lowest scores. In response to this recommendation, the Co-leads have submitted revised targets for C-3 summary statements 2 in the FFY 2016 APR.

Section D: Data Quality Issues

Nebraska has put several measures in place to ensure implementation fidelity of the three coherent improvement strategies. The state is confident with the quality and quantity of the implementation data collected for Cohorts 1 and 2 to date. The Co-Leads have also instituted measures to ensure quality of impact data.

This section describes the processes in place to safeguard the quality of implementation and impact data, thereby minimizing data concerns and limitations.

Strategy #1: Routines-Based Interview

Quality Training and Approval Requirements

1. Each RBI training is conducted by a trained facilitator. Facilitators follow a training script to ensure each training is standardized.
2. Coaching is provided to each participant. All coaches are RBI approved and participate in required fidelity processes.
3. Strict adherence to RBI Approval Requirements (Appendix F)
4. Use of RBI Implementation checklist for initial approval and required annual fidelity checks. See Appendix Q for fidelity requirements.
5. RBI training is a standardized process with provision of evidence-based "practice with feedback"
6. Rules for scoring the RBI Implementation Checklist (Appendix C). Training is available for coaches on scoring reliability when using the checklist.
7. When determining RBI approval, coaches complete the Implementation Checklist and provide feedback using the same protocol. Guidelines for providing feedback have been developed (Appendix Q).

Strategy #2: Functional IFSP Outcomes

Quality Training and Approval Requirements

1. Initial training for functional IFSP outcomes is a part of the RBI training described above. All quality protections as applied to the RBI training exist for initial Functional IFSP outcome training as well.
2. Additional in-depth IFSP Outcome training is provided after regions are at full RBI implementation. The in-depth training is provided by the regional Technical Assistance provider with the assistance of a trained state facilitator as needed. The facilitator follows a training script.
3. At both the initial and in-depth training sessions, IFSP outcomes from providers in the region are analyzed using the IFSP Outcome Quality Checklist (Appendix L), and feedback is provided.
4. Rules for scoring the IFSP Outcome Quality Checklist have been developed (Appendix M) and are utilized for scoring and feedback.
5. Annual analysis of randomly selected IFSPs by the Co-Leads is conducted in the cohort PRTs
6. IFSP outcome "scorers" have achieved 85% or greater inter-rater reliability with RBEI state coordinators and each other.
7. IFSP Outcome Summary sheets (Appendix N) are completed for each IFSP analyzed in the cohorts and are double keyed by Westat to ensure computational errors are caught.

Strategy #3: Routines-Based Home Visits

Quality Training and Approval Requirements

1. Trainers follow same training materials for each home visit presentation to ensure consistency.
2. Coaches participate in the same coaching training with Getting Ready content integrated and receive technical assistance from university and state level coaches.
3. All participants have access to a virtual introduction to the approval process.
4. All participants participate in virtual coaching sessions using a standardized coaching agenda (Appendix R), facilitated by an approved home visit coach. Coaching sessions are based on participant's home visit video submissions.
5. A Home Visit checklist (one for EI providers and one for services coordinators) are used to determine initial approval and annual fidelity. (Appendices S and T respectively)
6. Because of the dynamic nature of ongoing home visits, all participants are required to be reliable on two home visits, each using the home visit checklist, to be considered "approved."

Data Quality for Federal Child and Family Outcomes (C3b/SS1 and C4b) Data

C3b, SS1 – Child Outcomes: Teaching Strategies (TS) GOLD is a scientifically-based authentic, observational assessment system designed for children from birth through kindergarten. In Nebraska, it is used for children from birth to kindergarten to evaluate their development and learning across the three functional outcomes. At a child's entry and exit, teachers/providers gather and document observations in the GOLD online system, which form the basis of their scoring across four areas of development (social-emotional, physical, language, and cognitive) and two areas of content learning (literacy and mathematics). Objectives and dimensions that comprise each of the functional outcomes are based on a crosswalk recommended by the national Early Childhood Outcomes (ECO) Center. Criteria for defining "comparable to same-aged peers" was determined through Item Response Theory (IRT) analyses by Teaching Strategies, based on a national sample. The algorithms result in a 7-point rating system that parallels the ECO Child Outcome Summary (COS) ratings. These ratings by age are programmed into the GOLD online system which generates a rating based on TS GOLD scores. Research studies examining the reliability and validity of TS GOLD may be found at http://teachingstrategies.com/assessment/research. In FFY 2013, the Co-Leads were concerned with the OSEP Part C results as they were significantly different from previous Nebraska data, as well as national data. NDE partnered with the DaSY Center and TS Gold to determine strategies to address this problem. The end result was the establishment of new cut scores that formed the bases of the OSEP ratings. The original cut scores were based on a small sample. In FFY 2013 a larger representative sample was available from which to complete the analyses. TS GOLD decided to rerun the analyses. Data from this one year's worth of data formed the bases of the FFY 2014 Nebraska targets. These targets were based on a single year of data (FFY 2013). Since that time, it has become apparent that the data used in FFY 2013 for Summary Statement 2 was an anomaly (higher than any subsequent year) across all three outcome areas. Now that Nebraska has several years of outcome data, the pattern is beginning to stabilize. Dr. Barb Jackson of UNMC-MMI serves as our consultant and performs the analyses on the child outcome data. The Co-Leads receive additional technical assistance from Cornelia Taylor and Haidee Bernstein of DaSy Center. Based upon our Consultants' recommendations, the Part C RDA Stakeholders and the Nebraska ICC members reviewed the child outcome tend data in Fall 2017 to determine whether targets should be reset based upon the trend data patters. Both stakeholder groups recommended resetting the targets for Summary Statement 2 for all three child outcomes. The stakeholder groups also recommended the new targets be set based on the methodologies of the average of the two lowest data points for each of the outcome areas to control for data fluctuations.

C4b - Family Survey: The Family Survey adheres to all NCSEAM standards. Dr. Batya Elbaum serves as our consultant and performs the Rasch analyses on all survey data. Our survey response rate is among the highest in the country (82.26%) due to services coordinators hand delivering the survey to each EI family and the provision of the survey in multiple languages in addition to the use of translation services for families in need of this service. Therefore, we are confident that our responses represent our state. All data is double-keyed at Westat using a process that identifies all keystrokes different between the first and second keying. The individual keying the data reconciles all data. We are confident our data is accurate and represents the perceptions of our families.

Section E: Progress Toward Achieving Intended Improvements

This section addresses the state's progress toward achieving intended improvements, including infrastructure changes that support SSIP initiatives, evidence that practices are being carried out with fidelity, and measurable improvements in the SiMR relative to the targets.

Please also refer to previous sections for further information:
Infrastructure changes to support SSIP- Section A and Section B
Outcomes regarding progress toward objectives- Section B
Improvements in SiMR- Section C
Evidence about fidelity- Section D

In addition to measuring implementation progress of the three improvement strategies and their impact on the SiMR, the Co-Leads continue to evaluate the impact of the training activities on PRT infrastructure. The state also measures the number of providers/SCs achieving RBI approval status statewide as well as the number of families with IFSPs based on an RBI as the child/family assessment. Table E1 below illustrates the growth from Phase 1 to Phase III (Year 2) for these measures.

Table E1: Impact of SSIP on Additional Measures

Phase I	Phase III (Year 1)	Phase III (year 2)
PRTs with Leadership Teams- 6	PRTs with Leadership Teams- 28	PRTs with Leadership Teams - 29
PRTs with RBI Coaches - 16	PRTs with RBI Coaches - 24	PRTs with RBI Coaches- 27
RBI Approved Providers/SCs Statewide - 50	RBI Approved Providers/SCs Statewide - 300	RBI Approved Providers/SCs Statewide - 350
PRTs at Full RBI Implementation- 3	PRTs at Full RBI Implementation- 13	PRTs at Full RBI Implementation- 20
% Families Statewide with IFSP based on an RBI- 14%	% Families Statewide with IFSP based on an RBI- 62%	% Families Statewide with IFSP based on an RBI- 86%

*2016 statewide verification data of PRTs at full implementation was used to determine % of families receiving RBIs.

Section F: Plans for Next Year Phase III Year 3

This section describes planned evaluation activities, additional activities to be implemented next year, anticipated barriers, and needs for additional supports during Phase III Year 3.

Planned Evaluation Activities

Planned evaluation activities for Cohorts 1 and 2 will be implemented as described in Section C. Table F1 below gives a brief illustration of the planned evaluation activities for the improvement strategies during Phase III Year 3.

Table F1: Evaluation Plan for Implementation of Improvement Strategies in Phase III Year 3

	Cohort 1	Cohort 2
RBI	Documentation of 3rd Annual RBI fidelity checks	Documentation of 2nd Annual RBI fidelity checks
Functional Outcomes	3rd Annual Functional IFSP Outcome Review	2nd Annual Functional IFSP Outcome Review
Routines-Based Home Visits	Complete collection of Initial Routines-Based HV Implementation Checklists Begin annual HV fidelity checks	Begin collection of Initial Routines-based HV Implementation Checklists

Nebraska will continue to work closely with the RDA Stakeholder Committee, the Early Childhood Interagency Coordinating Council (ECICC) and the Special Education Advisory Council (SEAC) during 2018-2019 as they assist in the continuous evolvement of the SSIP.

Additional Activities to be Implemented

In February 2018, the Co-Leads invited partners from UNL, UNO and UNMC-MMI to an "Evaluation Next Steps" meeting. The purpose of the meeting was to review current evaluation activities and propose next steps. Several priorities were identified as potential evaluation activities including study of: (1) the impact of Nebraska's three improvement strategies on parent/provider relationships, parent/child interaction, quality of home visits and child outcomes, (2) the relationship among the three improvement strategies and how they influence the EI process as an overall approach, (3) the impact of Nebraska's three improvement strategies on services coordinator (SC)/parent relationship, quality of SC visits and impact on family outcomes, (4) family implementation of agreed upon strategies between home visits and (5) parent self-efficacy. Possible data sources and funding streams were also discussed. In late March 2018, this team will meet again to prioritize needs and finalize evaluation and data collection activities to be implemented next year. Additionally, the Co-leads will determine funding sources available to continue evaluation activities as required by the RDA process.

Anticipated Barriers

To date, the Co-Leads have implemented robust evaluation measures and methodologies in the cohort regions. These processes have been manageable for the cohort regions because the state is managing them and is contracting with national TA centers to assist in the data collection and analysis. Non-cohort regions, however, have found evaluation processes to be time consuming to implement in the same manner due to lack of resources and funding available to support the work. In addition to compliance monitoring activities, the state leadership team continues to address evaluation barriers for the non-cohort regions via the provision of additional TA, extra resources and funding. It is the intent of the Co-Leads to ensure statewide fidelity of the coherent improvement strategies.

Additional Supports Needed

The state will continue to utilize OSEP-funded TA Centers, DaSy, ECTA, and IDC in the implementation of the SSIP requirements. Additionally, the state will continue our collaborative work with Westat and the University of Nebraska higher education system to assist us in training, evaluation activities and analysis.

Nebraska Phase III - Year 2 Report

Appendices

Appendix O: RBI Training Component Checklist

Nebraska RBI Recommended Training Practices For Training Individual Team Members

Training Component Checklist

Team Member Name: _____ RBI Trainer/Coach: _____

Although generically referred to as "RBI Training", Nebraska's recommended RBI training practices focus on three EI/ECSE practices: the eco-map, the routines-based interview, and functional & meaningful child and family outcomes. "Hands-on" practice opportunities are an integral part of the training. The 7 components are completed in order. See NE RBI Recommended Training Practices 1 pager for full descriptions. **Please discuss and clear your plans for each component with your RBI coach. It is the team member's responsibility to work with the coach to set up each component.**

Training Component		Notes	*Date completed*
Component 1			
a. View an Eco-map/RBI demonstration – live or videotape, while completing the RBI Video Review Checklist b. Q/A with RBI coach			
Component 2			
a. View the Nebraska Ecomap/RBI overview located at: http://edn.ne.gov/cms/rbi-introduction-and-overview b. Q/A with RBI trainer *(1 and 2 Q/A can be done together)*			
Component 3			
Role play with RBI coach – practice how to introduce the RBI, 1-2 routines, recap, priorities, rank order			
Component 4			
Practice the 3 roles: a. Primary interviewer b. Secondary interviewer c. Feedback giver *(order of practice determined by RBI coach and participant; opportunity for debriefing after each)*			
Component 5			
a. View the Nebraska Functional Outcome presentation located at: http://edn.ne.gov/cms/writing-functional-child-and-family-outcomes b. Write functional outcomes from RBI completed for component 4 with feedback from RBI trainer			
Component 6/7			
Conduct Eco-maps/RBIs as primary interviewer with families with feedback from RBI coach or other approved interviewer. ***When ready, RBI coach completes RBI implementation checklist (85% accuracy) to determine approval. Begin ongoing fidelity checks.***			

Helpful Hints when Using the Individual Training Checklist:

Make sure the participant's team knows about the training plan. This will enable the participant to take advantage of every possible opportunity to take on the 3 roles (once he/she has completed components 1-2). It is most effective for the participant to observe all team members (not just coach or mentor) as he/she will benefit from seeing many styles (and others will benefit as well because someone is watching them while learning the checklist!).

In between live RBI's, it is helpful to spend some amount of team meeting time devoted to the RBI, i.e. watching a small part of someone's video and scoring it, hearing someone give feedback, practicing the protocol, etc. The RBI Boot Camp experience was pretty intense in a short amount of time, while this individual checklist will likely include long periods of time between observation opportunities, so just to keep the participant fresh, give him/her mini assignments (e.g. watching videos).

Because a coach/mentor is working individually with participants, they can take additional opportunities for practicing any step over again if they want extra practice. But also keep in mind, it can be difficult for new interviewers to take the "plunge" in stepping into the primary role….some are nervous about interviewing and want to delay taking it on. The coach/mentor may have to monitor this and encourage them to take on the role of the primary. One final recommendation is to clear the time needed outside of actual RBIs with both the coach and the participant's supervisor or contractor because additional time will be needed.

Appendix P: SSIP Infographic

NEBRASKA
IDEA Part C SSIP

What is the SSIP?

The State Systemic Improvement Plan (SSIP) is a multi-year plan that describes how the state will improve outcomes for children served under IDEA. It is Indicator 11 of the state's State Performance Plan (SPP) and part of the Results-Driven Accountability framework (RDA).

What is the SIMR?

The State Identified Measurable Result (SIMR) for Nebraska IDEA Part C is:

Increase the number of infants and toddlers who demonstrate progress in the acquisition and use of knowledge and skills (including early language/ communication)

Indicator 3B Summary Statement 1

Our Progress

- Established a State Leadership Team and 3 Local Planning Region Team (PRT) Leadership Teams (Cohort 1) in 2014
- Established 4 additional PRT Leadership Teams (Cohort 2) in 2015
- 28/29 PRTs committed to implement the RBI and functional child/family-focused IFSP Outcomes
- Added 21 PRT Leadership Teams across the state in 2015-2016
- Established Regional Technical Assistant Providers to assist PRTs
- Established cadre of RBI Coaches to assist with regional professional development activities
- Scaled-up the coherent improvement strategy of the RBI statewide
- Increased number of PRT's at full implementation of the RBI from 3 to 13
- Increased number of families in NE with an IFSP based on the RBI as the child/family assessment from 14% to 62%
- Increased number of child and family outcomes on the IFSP across Cohort 1
- Developed a training and implementation plan for Routines-based home visiting
- Included stakeholders and partner agencies in ongoing work
- Developed the evaluation plan

SSIP Phases

Phase I
2014 - 2015
- Data analysis
- Infrastructure analysis
- Selection of coherent improvement strategies
- Theory of Action

Phase II
2015 - 2016
- Infrastructure development
- Support of PRTs' implementation of evidence-based practices

Phase III
2017 - 2020
- Evaluation of progress in implementing the SSIP

Performance and Baseline/Targets for Part C State Performance Plan Indicator 3B SS1

Appendix Q: RBI Video Feedback Guidelines

Feedback Guidelines When Reviewing RBI Videotapes

Feedback is provided in 3 formats- (1) using implementation checklists, (2) verbally via a phone call or F2F meeting, and (3) in writing.

- First set up *phone call/F2F meeting* to provide verbal feedback; follow up with checklists and written feedback after the phone call.
- *Verbal feedback* should mimic the SOAP format described in detail below and including – *Subjective* observations of overall strengths, *Objective* data including the score and approval status, a description of the *Assessment* including positive observations and 2-3 main things to work on, and finally the *Plan* for next steps. Give the participant the opportunity to ask questions, make comments and give feedback.
- *Written feedback* should be 1-3 typed pages in length. Typically 3 pages are for participants who did not get approved because more in-depth information is usually needed. EVERYONE, regardless of approval, should get specifics as to strengths and areas of growth for the ecomap, the RBI and functional outcomes. Include the RBI Implementation checklist (scanned copy) in your feedback.
- Use SOAP format for both the phone call and the written feedback, which includes:
    1) "Subjective" or general and overall strengths (E.g. Your interview had a great flow, the parent was opening up so well at the end, you did great at remembering to ask what everyone else is doing, a sure sign this was a good RBI was when Abby started to reflect herself and see why some things don't go as well when they are away from home, …)
    2) "Objective", which states the data: i.e. percentage from the checklist, specific items you want to highlight that the participant needs to focus on, and the pass/no pass decision, e.g. "I'm so glad you used the protocol; that helped you structure the interview but unfortunately, I cannot pass you because I did not hear enough questions about engagement, social relationships and independence; and you forgot to have the parent rate their routines until the very end. More information will follow."
    3) "Assessment": the bulk of the feedback is in this section and typically is chunked into headings or sections such as "open-ended questions", "recap", "stars", etc. Start with positive observations, particularly if the participant DID demonstrate one or two examples that can be developed, e.g. "if you explore all routines like you did play time, you will be able to gather more specifics for the recap". If it is difficult to find good examples, provide a narrative of what the participant should use so that they have something to compare to. Include the chunks of "areas for growth", however be strategic in which items you elaborate upon. It is not necessary to include an example and feedback about every single item. The

participant will have the checklist and can come back for clarification if they have questions about an item not covered.

4) "Plan" for next steps: choose wisely, what 2-3 important things (or less) does the participant need to focus their practice on so that they can pass, or if they DID pass, what else can they work on (every RBI can be improved upon); you do not need to list everything. What resources might you suggest? Be encouraging. E.g. "Work on the timing of when to ask what the parent would like to see next, remember it comes BEFORE the rating". Or, "be sure to use the protocol for items 27-29 so that you get the correct wording." Or "continue to work on the EISR questions – there are some sample clips on the EDN website that you can watch. I think you will find that interviewing parents of children you don't already know will help you to be more thorough as well." And, "this was a much better interview! Congratulations on passing! Continue to work on the recap."

- Ecomap: Does not influence approval, but use the Ecomap checklist for providing feedback and include at least 1 positive and if needed, include 1 next step, in your verbal and written feedback. Include a scanned copy of the ecomap checklist.

- Outcomes: Use the Quality Outcome checklist to guide your feedback, but it is NOT necessary to actually score them. Participants should have developed an outcome for each of the family's priorities. Make suggestions as needed in your verbal and written feedback if they missed key information from the RBI itself that you noticed while watching it. Try to highlight any outcomes that meet the criteria or mostly meet the criteria as a way to compare to others that might need work. Make sure you refer the participant to the samples in the notebook or the outcome templates if they did not provide any well written outcomes. Even though the outcomes themselves do not influence approval, ask them to resubmit poorly written outcomes, even if they passed the RBI. It is not necessary to re-write all of them when asking for resubmissions. Instead, choose a few representative samples (both child and family if needed) that would allow the participant to practice adequately. *Participants do not have to use the EXACT wording provided in the templates. Their outcomes DO need to include the information listed in each of the items on the checklist.*

Things to keep in mind:

- Regarding the RBI time length - Participants are reminded both verbally and in the written approval requirements that RBIs less than an hour in length (excluding the ecomap) will not be approved. This requirement is based on experience with many RBIs and the level of detail that tends to be missing when it does not last at least an hour. However, the coach should STILL accept the submission and provide feedback to the participant. When explaining this to a participant, highlight the data about short

interviews rather than simply stating the time limit, the latter of which, on its own, can be frustrating for the participant.

- Protocol- Participants are encouraged to read the bolded sections of the protocol. However, they don't have to read verbatim as long as their orations include the pertinent information in each section.
- Checklists – score the checklists using the (+), (-), and (+/-) columns. Remember that a (+/-) is considered an "emerging skill" but is scored a (-) when computing the RBI percentage. Jot down notes and/or helpful examples on both checklists that the participant can use when resubmitting.
- Outcomes – Remember that the participant's list of outcomes needs to include at least one family outcome and one child outcome.

Bainter and Hankey, April 2016

Appendix R: Coaching Session Agenda

Getting Ready Coaching Agenda

The purpose of this template is to provide a guide for conducting an individual coaching session, using the Home Visit implementation checklist data.

Opening – Individual Session
Set the agenda/Review joint plan: Establish rapport. Purpose of coaching session: establish the context to support individual professional development. *After initial session – reminder of previous "joint plan" – what did you focus on, what do you need help with, etc.* Agree to an agenda for this coaching conversation.
Main Agenda
Observation/Reflection/Feedback: Coach asks coachee to reflect by comparing/contrasting the coachee's perception of home visit to their intentions/checklist/focus that were agreed upon in joint plan from previous coaching session – what went well, what didn't, does it match what you intended and if not, why? Share coach's feedback and show 1-2 clips of exemplars and/or preferred focus, if applicable. Support coachee reflection on feedback. Coach explores/encourages ideas for next steps: • Which Getting Ready strategies have you tried? • Which Getting Ready strategies would you use differently next time? • What steps of the GUIDE process do you want to focus on? Share informative feedback from checklist if coachee does not reference specific items/behaviors.
Closing
Setting the joint plan: Coach provides recap from main agenda, including strengths identified. Coach reviews potential actions from the main agenda and facilitates coachee's reflection and planning for next steps: • What do you want to do? • What supports are needed for implementation? • By when, how or with whom will you share this information? Coach and coachee finalize next steps (joint) plan.

Handout 10 GettingReady NEBRASKA CENTER FOR RESEARCH ON CHILDREN, YOUTH, FAMILIES & SCHOOLS June 2017

Appendix S: Provider Implementation Checklist

Provider Implementation Checklist - Ongoing

Provider_____ **Date**_____
Observer _____
Items Correct: _____ **Scored:** _____ **%:** _____ **/ Getting Ready Strategies Observed: __Yes __No**
Getting Ready Reliable: __Yes __No
Checklist is to be completed for an ongoing visit that includes a parent-child interaction.
+ OBSERVED AS DESCRIBED. – NOT OBSERVED OR OBSERVED TO BE INCORRECT

Goal: At least 80% of items 1-10 (8/10) scored as + needed for reliability*			
	+	-	Comments
Did the provider:			
OPENING			
1. Establish/Re-establish the Partnership			
2. Discuss Child/Family Strengths & Concerns/ Observations/Information Since Last Visit			
3. Co-Establish Purpose/Design for Visit			
MAIN AGENDA			
4. Review child's progress since the last visit specific to selected IFSP outcome.			
5. Co-determine the IFSP Outcome(s) to be Addressed			
6. Support Parent/Child Interaction and Practice (Let's Try It!)			
7. Develop Home Visit Plan			
CLOSING			
8. Reflect on Visit			
9. Review and Finalize Home Visit Plan			
10. Discuss Possible Ideas for Next Visit			
Provider must show evidence of at least 5 separate Getting Ready Strategies:			
• Communicate openly and clearly			
• Encourage parent-child interaction			
• Affirm parent competencies			
• Make mutual/joint decisions			
• Focus parents' attention on child strengths			
• Share developmental information and resources			
• Use observations and data			
• Model and/or suggest			

Must achieve reliability on two checklists (preferably with same family) to obtain approval in the Getting Ready approach.

Appendix T: Services Coordinator Implementation Checklist

GettingReady

Services Coordinator Implementation Checklist

Early Development Network
Babies Can't Wait

Services Coordinator_____ **Date**_____
Observer _____
Items Correct: _____ **Scored:** _____ **%:** _____ **/ Getting Ready Strategies Observed:** __**Yes** __ **No**
Approach for Services Coordination Reliable: __ **Yes** __ **No**
Getting Ready Approach Approved: __ **Yes** __ **No**
+ OBSERVED AS DESCRIBED. – NOT OBSERVED OR OBSERVED TO BE INCORRECT N/A NOT APPLICABLE

Goal: At least 80% of items 1-10* scored as + needed for reliability in the Approach for Services Coordination *** Items 5-6 scored if the topic is introduced. If not introduced, mark n/a.*				
	+	-	n/a	Comments
Did the services coordinator:				
OPENING				
1. Establish/Re-establish the Partnership				
2. Discuss Child/Family Strengths & Concerns/ Observations/Information Since Last Visit				
3. Co-Establish Purpose/Design for Visit				
MAIN AGENDA				
4. Review Progress toward Current IFSP Goals; if immediate priorities or concerns exist, then visit includes specific plan to review progress toward IFSP goals later in current month.				
5. **If** Family Rights are Reviewed, Probes for Family Understanding of EI Process**				
6. **If** Transition Plan is Reviewed, One or More Steps of the Plan are Discussed**				
7. Develop Home Visit Plan				
CLOSING				
8. Reflect on Visit				
9. Review and Finalize Home Visit Plan.				
10. Provide Copy of Home Visit Plan to Family or Let Family Know It Will be Mailed				

Services Coordinator must show evidence of at least 4 separate Getting Ready Strategies for approval in Getting Ready approach:				
• Communicate openly and clearly				
• Affirm parent competencies				
• Make mutual/joint decisions				
• Focus parents' attention on child strengths				
• Share developmental information and resources				
• Use observations and data				
• Model and/or suggest				

Depending on number of total possible items, 6 out of 8, 7 out of 9, or 8 out of 10 items scored as + are needed for reliability. Must achieve reliability on two checklists (preferably with same family) to obtain approval in the Approach for Services Coordination and Getting Ready approach.

Rev Jan 2018