

2025 Part C RDA Stakeholder Meeting Minutes

The meeting was called to order at 12:30 p.m. by Amy Rhone, Director of the NDE Office of Special Education, who welcomed attendees representing the Early Intervention community across Nebraska. Amy Bunnell noted that since this is the second-to-last year of the APR cycle, no new targets will be set this year. She provided background on the State Systemic Improvement Plan (SSIP) and explained the Routines-Based Early Intervention (RBEI) model, which is implemented through three primary strategies: the Routines-Based Interview (RBI), Functional Individualized Child and Family IFSP Outcomes, and Routines-Based Home Visits. Updates and data related to each of these strategies were shared.

Jessica Anthony followed with an overview of Planning Region Teams (PRTs), describing their distribution across Nebraska and the varying levels of activity depending on population density.

Janice Lee and Tina Kilgore, RBEI State Coordinators, presented a detailed overview of the SSIP strategies. The Routines-Based Interview involves structured conversations with families about their daily routines to identify priorities and challenges. The process helps families express their needs and promotes outcomes rooted in real-life contexts. Training consists of a two-day “boot camp,” and a well-conducted RBI typically produces six meaningful outcomes. The second strategy, Functional IFSP Outcomes, focuses on developing goals that are both family-driven and based on the child’s participation in everyday routines. These outcomes address family-identified needs such as housing, education, and access to community resources, ultimately enhancing both family and child well-being. The third strategy, Routines-Based Home Visits, delivered using the “Getting Ready” approach, strengthen family engagement, builds competencies, and promotes child outcomes by embedding intervention practices into familiar daily activities.

During the first family feedback session, parents shared their experiences with home visits and early intervention strategies. Many families expressed appreciation for providers who integrated support naturally into daily routines rather than adding extra tasks. Several parents commented that their providers offered valuable reminders of their child’s progress and were responsive to the family’s specific needs and schedules.

The discussion then turned to sustaining these practices. Over the past decade, all PRTs in Nebraska have been trained in RBEI implementation. Prior to training, teams completed self-assessments to evaluate “how we do business” in early intervention and to identify goals for improvement. Most regions have repeated this process over time, leading to steady progress despite staff turnover. Each PRT has a leadership team that guides implementation, coordinates with Technical Assistants (TAs), and continuously re-

evaluates goals. Tina Kilgore explained that RBEI coach trainings were held to provide teams with tools for supporting their regions effectively. A statewide map of TAs was shared, and the responsibilities of PRT leadership teams were reviewed. Janice Lee discussed evaluation methods, including the use of home visiting videos and annual IFSP outcome analyses, which track the quality and quantity of outcomes written. These reviews have shown consistent progress, though variability remains across regions.

During the second family feedback session, parents reflected on the process of developing IFSP goals, emphasizing the importance of distinguishing between child and family goals. Several parents described positive experiences with coordinators who helped set attainable objectives and celebrated progress. Others noted that goals should be individualized and adjusted as families' circumstances evolve. Participants agreed that collaboration and flexibility are essential to ensuring effective, meaningful outcomes.

During the Co-Lead updates, Amy Bunnell reviewed the purpose and process of the IDEA Part C Annual Performance Report (APR). Nebraska's most recent data, reported for July 1, 2023, through June 30, 2024, earned an 84.38% score, meeting all federal requirements. Amy explained that Nebraska uses the Teaching Strategies GOLD assessment tool, making national comparisons difficult since it is the only state using this measure. Jessica Anthony then shared results from the 2025 Family Survey, which achieved an 84% response rate. Over 95% of respondents indicated that they understood their rights, effectively communicated their needs, and were able to help their children learn and develop. Based on the strength of these results, four RBEI-specific questions from the current survey will be removed in the next iteration, scheduled for January 2026. The group discussed the possibility of moving to electronic surveys; however, Jessica noted that other states using electronic formats experienced lower response rates, and Nebraska's personalized approach would continue.

Cole Johnson presented child outcomes data demonstrating two consecutive years of improvement in children exiting the Early Development Network. The group discussed how three elements—service frequency and intensity, Child Find efforts, and service settings—affect outcomes. Parents were then invited to provide feedback about their own service experiences. Most reported satisfaction with their current level of support, describing noticeable progress in their children's development. Families appreciated flexible scheduling and the ability to receive services in natural environments, such as the home or childcare settings. Some parents expressed uncertainty about service location options, prompting clarification that services should occur in the most natural and family-directed environments possible.

The conversation then shifted to Child Find efforts and statewide referral data. Cole shared that Nebraska's average age of referral is around 18 months, and that some children are referred multiple times before being found eligible for services. Stakeholders discussed the importance of educating medical professionals about early intervention eligibility and reducing the "wait and see" approach that can delay referrals. Several initiatives are underway to increase outreach, including partnerships with UNMC, Early Hearing Detection and Identification programs, CAPTA-related training, and participation in medical conferences. Dr. Kerry Miller reported that OBI Creative's social media Child Find campaign reached over 11 million impressions in the past year.

Amy, Jessica, and Cole shared that revisions are being made to how Annual Performance Report data is displayed. Moving forward, data for Planning Region Teams will appear only when a region has been monitored, with an asterisk or symbol noting unmonitored regions. Differentiated Monitoring and Support (DMS 2.0) results were also reviewed, showing positive outcomes with very few findings for Part B; Part C letters and determinations are still pending. The Co-Leads reiterated highlights from the Family Survey and thanked participants for their engagement.

In closing, Cole Johnson expressed appreciation to the parents who shared their experiences and emphasized the value of family input in improving statewide practices. A QR code linking to the presentation slides was provided. The meeting adjourned at 3:30 p.m.