

**Nebraska State Systemic Improvement Plan (SSIP)
Phase III Implementation & Evaluation
Year 5: FFY 2019 Submission**

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Introduction

Nebraska has one State-identified Measurable Result (SiMR) and is using a unified set of three coherent strategies to improve child outcomes. The improvement strategies, as a unified set, are referred to as a “Routines-Based Early Intervention” (RBEI) approach. The strategies include:

1. The Routines-Based Interview (RBI);
2. Functional child and family Individualized Family Service Plan (IFSP) outcomes; and
3. Routines-based home visits.

Nebraska expects to see a positive effect on the SiMR when early intervention (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 upon everyday routines; and (3) implement routines-based home visits focused on meeting the child and family IFSP outcomes.

In Nebraska, the Planning Region Team (PRT) is responsible for the general oversight of local implementation of the Results Driven Accountability (RDA) strategies. Currently, there are 28 PRTs (one PRT folded into another effective 10-1-2020) in the state. Nebraska utilizes a cohort approach to scale-up the three coherent improvement strategies: Cohort 1 is composed of PRTs 1, 22, and 27 for improvement Strategies #1 and #2, and PRTs 7, 22, and 27 for Strategy #3 (PRT 1 declined to participate in the implementation of the third strategy). Cohort 2 is composed of PRTs 4, 18, 19, and 21.

I. Data Analysis

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	2017	2018	2019
Data	50.4	46.1	45.2	39.41	33.6	56.7

FFY 2014 – FFY 2019 Targets – C3B Summary Statement 1 – Acquisition and Use of Knowledge and Skills

FFY	2014	2015	2016	2017	2018	2019
Target	40.2	40.5	41	41.5	42.5	42.5

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) – Indicator 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, targets, and performance data to date are illustrated in Table 1 below.

Table 1: 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		86.4
2018-19	82.60		88.0
2019-20	82.60		92.1

Progress Toward the SiMR and Modifications to the SSIP as Necessary

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 three coherent improvement strategies will result in improved child and family outcome data for Cohorts 1 and 2.

Nebraska reset their targets for Indicator C3B for their 2013-14 data. For that year, therefore, the target is the same as the performance. The FFY 2017 and 2018 C3B Summary Statement 1 data demonstrated a decline, which was unexpected as in the previous two years the scores had been stable. In reviewing current state infrastructure practices, there had not been any major shifts or changes. The RDA strategy implementation has demonstrated high quality home visitation practices. Several states using the Teaching Strategies (TS) GOLD online calculations for Office of Special Education Programs (OSEP) reporting have been meeting regularly as all states using the TS GOLD online system for generating OSEP reports have seen slippage in Summary Statements that are inconsistent with any changes in state infrastructure or improvement activities. In August 2017, TS converted their online platform to accommodate the changes made to the tool to include items up to third grade. In addition, the items that were used as part of the analyses for Outcome C were modified.

Since those changes were made, the Co-Leads have been in discussions with TS about their concerns regarding the downward trends for Outcomes A and B Summary Statement 1 and 2 and the inflated scores for Outcome C Summary Statements 1 and 2. As a result of these discussions with TS, their research team completed extensive analyses in the summer of 2020. The purpose of these analyses was to better align the ranges for age-appropriate functioning by re-calculating the cut scores and to improve the statistical mapping from TS GOLD scores to the Child Outcomes Summary Form 7-point scores used by most of the states. These new cut scores were applied to Nebraska's data for the past 2 years. The results found that Nebraska data across all outcomes was now more aligned with national data. The results found higher percentages of children meeting the benchmarks for Summary Statements 1 and 2 for Outcomes A and B than in previous years. The results for Outcome C found lower percentages of children meeting the benchmarks than in previous years. These adjustments in the cut scores are responsible for the decline seen in this year's data for Outcome C. Targets and baselines will be reset next year for all Outcomes based on the new calculations.

Benchmark – Indicator C4B – Effectively Communicate Child's Needs

Nebraska 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.

The percent of families reporting that they are effectively able to communicate their children's needs continues to trend upwards. The increase also exceeds the target set each year. Nebraska has a remarkably high response rate to the Family Survey. 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 2,262 surveys were delivered to families with children in Part C in the spring of 2020; 1,541 surveys were completed and returned, for a state return rate of 68.1 percent.

Nebraska's SiMR data and evaluation/progress monitoring data continues to support implementation of the three coherent improvement strategies. Nebraska plans to continue to fully implement all three improvement strategies statewide as well as build sustainability of the strategies over the next 5 years.

II. Implementation, Analysis, and Evaluation

Overall Implementation Status of Improvement Strategies

Cohort 1 (PRTs 7, 22, 27) and Cohort 2 (PRTs 4, 18, 19, 21) are fully implementing all three improvement strategies. The 22 non-cohort regions of the state are fully implementing the RBI and functional outcomes. About one-half of the non-cohort regions have been trained in the Getting Ready (GR) Approach.

Principle Training Activities Implemented This Year

Strategy 1 – RBI

Four state-sponsored RBI boot camps were held this past year to support long-term, statewide sustainability of the RBI. Trainees were new staff members from cohort and non-cohort regions. These trainings allow practitioners to learn and practice the RBI with actual families, while receiving feedback and coaching from an approved RBI provider/services coordinator. The boot camps, held virtually in the fall and winter due to the pandemic, were well received. Participants (i.e., parents, practitioners, coaches, and service coordinators), completed evaluations to assess the training's effectiveness and usefulness. Boot camp evaluation data from family participants indicate RBIs are a highly effective way to help them identify priorities for their IFSPs. One person commented, "It makes you look at your routine yourself and start to realize what you should change and or what is working." Evaluation data from practitioners and coaches corroborates the family evaluation results. Participants found the interviews an appropriate length, and not too personal. For example, "I felt like the questions were all relevant and I didn't feel like had to share anything I wasn't comfortable sharing." Participants resoundingly recommend the RBI boot camp to others: "It was very intense, but informative. I thought [the trainer] was organized and knows her stuff. The provided binder is awesome, and I will refer to it a lot. Zoom is not ideal, but things ran smoothly. I really enjoyed my coach [...]. I thought she was also informative, patient, and provided great feedback." It is expected that virtual training will continue into 2020-2021 with some combination of state and locally sponsored RBI boot camps offered as needed.

Strategy 2 – Functional IFSP Outcomes

As part of the RBI boot camps, trainees receive initial functional IFSP outcome training. One year after the boot camp, a second functional IFSP training is provided. The second training focuses solely on writing quality child and family outcomes. The second training is also provided to any PRT upon request. This year, IFSP outcome training was provided to Cohort regions 1, 4, 21, and 27, and to non-cohort regions 2, 5, 9, and 13/14. Training for PRT 25 is scheduled for the spring.

Strategy 3 – Routines-Based Home Visits (Getting Ready [GR] Approach)

Typically, home visit training is provided annually; in person, in June. The training was delayed in 2020 due to the pandemic and was eventually changed to a virtual format. Training was provided to non-cohort regions, using the virtual format: PRT 2 in December 2020, PRTs 15 and 17 in January 2021, and PRT 10 in February 2021. Following the virtual GR training, participants (i.e., providers, service coordinators, and coaches) completed evaluations to assess effectiveness and relevance to their work in the Early Development Network (EDN). Results of the evaluation indicate participants are making connections between the training and the use of knowledge and skills learned to produce positive outcomes for families and children in the program. When participants were asked about how they envision the learning impacting child outcomes, responses were overwhelmingly positive. Comments included: "I think it will increase the amount of intervention that

happens between visits and should help us more effectively achieve those outcomes.” Additionally, the responses indicated the positive effect the techniques learned in the training will support family outcome achievement. For example, “I believe that even more so families will know what their outcomes are, when they are met and will know what they want to work on next.” Another participant commented, “I feel that the Getting Ready practice will help families meet their outcomes because we are building capacity.” It is expected that a combination of virtual and in-person GR training will continue in 2021.

Challenges due to Covid-19 Related to Training Activities

Covid-19 brought many challenges to EI this year, including a short suspension of in-home services as EI providers and services coordinators organized videoconferencing as a service delivery format. As an immediate priority in March 2020, the Co-Leads developed guidance and Q/A documents to assist regions statewide in finding alternative ways to provide services to families. These resources covered all aspects of EI including referral, intake, evaluation, assessment, IFSP meetings, and service provision. Resources for virtual services also included an introduction to providing virtual home visits, a family videoconference preparation checklist, a home capacity for videoconferencing checklist, a series of “scenarios” illustrating the integration of RBEI and videoconferencing, video examples of providers and services coordinators providing EI via technology, and childcare resources as well as tips for helping families in stressful situations. These documents and resources can be found at <http://edn.ne.gov/cms/edn-covid-19-resources>.

Covid-19 also brought challenges to the implementation of the state’s RDA training plan. Face-to-face RBI, functional outcome, and home visit training went virtual, requiring changes to formatting and participation. The EDN Co-Leads are members of the University of Nebraska—Lincoln (UNL) Preschool Development Grant (PDG) leadership team, which allowed for collaboration with our University partners, who also provide virtual home visit training through the PDG. This was particularly useful in helping us transition to the new, virtual training format. In addition, the Co-Leads and UNL PDG contract with the same GR coaches, which furthered fidelity to the GR Approach. Finally, results of participant and family surveys completed after the virtual training were equally as positive as those completed following face-to-face training.

After piloting the use of videoconferencing for approval/fidelity for RBI’s and home visits with selected cohort PRTs, virtual submissions have been utilized statewide. Timelines for the approval and fidelity check timelines were initially adjusted and extended and are now back on track.

Principle Evaluation Activities Implemented This Year

Cohort 1:

At full RBI and functional outcome implementation, PRTs 1, 22, and 27 completed their fifth annual RBI fidelity checks for providers and services coordinators (SCs) *actively involved* in child/family assessment. To date, all providers and SCs in Cohort 1 involved in the child/family assessment process are RBI approved, demonstrating ongoing fidelity to the RBI process.

Cohort 1 regions also received feedback regarding their fifth annual IFSP outcome analysis. In the IFSP outcome analysis, the Co-Leads look at both “quality” and “quantity.” Regarding quality, the state uses a Quality Outcome Checklist to score child and family outcomes, looking for an increase in quality scores over time. Regarding quantity, the state is looking for a mean number of outcomes within the range of 6-12 outcomes per IFSP, with a mix of child and family outcomes as appropriate. While all regions in Cohort 1 demonstrated significant improvement in the mean number of IFSP outcomes when compared to baseline, the mean quantity scores for PRTs 1 and 27 hovered at the low end of the 6-12 range. Regarding outcome

quality, results indicated that PRTs 1 and 22 had above average outcome scores, while PRT 27 saw a small decrease in their quality scores this year. As a result of these findings, the state recommended that PRTs 1 and 27 schedule IFSP outcome training for the providers and SCs across the region. These trainings were provided, as indicated in the Principle Training section above.

Finally, the Cohort 1 regions who received routines-based home visit training in June 2017 and completed the home visit approval process in 2017-18, submitted their second annual home visit fidelity checks. The fidelity checks were due in the spring 2020, however, as has been noted, an extension was permitted to the spring of 2021 due to COVID-19.

Cohort 2:

At full implementation of the RBI, providers and SCs in PRTs 4, 18, 19, and 21 completed their fourth annual RBI fidelity checks in fall 2020. To date, all providers and SCs in Cohort 2 actively involved in child/family assessment are RBI approved and have demonstrated ongoing fidelity to the RBI.

Cohort 2 regions also received feedback regarding their fourth annual IFSP outcome analysis. Regarding quantity, all regions in Cohort 2 demonstrated significant improvement in the mean number of IFSP outcomes when compared to baseline. However, only two of the four regions had a mean number within the expected range. PRTs 18 and 19—two of the largest regions/districts in the state—had a mean number of outcomes lower than the expected range. Regarding the quality of the IFSP outcomes, 4-year trend data for all four regions demonstrated a steady increase in the mean scores for child outcomes and good quality scores for family outcomes. Following discussion of the results with the leadership teams from these regions, PRTs 4 and 21 requested outcome training for their providers and SCs. This training was provided, as indicated in the training section above. PRT 19 accessed the newly updated outcome training to share with their staff and the EI coordinators from this region achieved reliability with one of the RBEI state coordinators so they can complete more frequent internal IFSP analysis checks. PRT 18 is addressing their low IFSP mean outcome number by focusing on improving the quality of their RBIs; requiring regular completion of the RBI implementation checklist following routine RBIs with feedback given at team meetings.

Cohort 2 received routines-based home visit training in June 2018 and went through the home visit approval process in 2018-19. Their first annual home visit fidelity checks were due in spring 2020. The timeline was extended to spring 2021 due to the pandemic.

Non-Cohort Regions:

All non-cohort regions in the state are at full RBI implementation and have received functional IFSP outcome training. The Co-Leads recommend that non-cohort regions implement annual fidelity checks for the RBI and engage in an internal process for IFSP outcome analysis. As stated in the training section above, additional IFSP outcome training is available to any region upon request. Oftentimes, this request is made following the internal analysis of the region's IFSP outcomes. This year, the non-cohort PRTs requesting this training included PRTs 2, 5, 8, 9, 13/14, and 25. State technical assistance providers are also available to support non-cohort regions in these practices.

Challenges due to Covid-19 Related to Evaluation Activities

The COVID-19 pandemic significantly impacted the home visit approval and fidelity timelines for the non-cohort regions receiving this training. The three regions receiving training in 2019 are working through a delayed approval and fidelity process. The four regions originally scheduled to receive training in June 2020 received the training virtually during the winter of 2020-21 with initial approval to follow. Approval requires videotape submissions. Either videoconferencing or face-to-face home visits can be submitted.

Other Challenges Related to Evaluation Activities

In addition to the pandemic challenges, the Co-Leads identified programmatic challenges to be addressed in the next 5-Year SSIP cycle. These challenges include:

- Cohorts report that the annual fidelity check requirement for both the RBI and GR home visits is burdensome and it is increasingly difficult to meet timelines for completion. The Co-Leads are exploring the possibility of a biennial requirement.
- Evaluating implementation fidelity of each strategy “as separate entities” requiring three separate fidelity checks. As we reach statewide implementation of all three strategies, the Co-Leads are exploring the development of a “unified fidelity evaluation process” requiring a single fidelity check inclusive of all three strategies.
- Ensuring that the use of peer review for fidelity checks is an appropriate process for confirming that RBIs are being done to fidelity. This is especially critical for internal coach peer to peer fidelity checks. The Co-Leads are exploring the use of state coaches in the fidelity determination process for internal coaches.

Infrastructure Improvement Strategies

One change was made to the Part C SSIP Leadership team this year: Julie Docter- Department of Health and Human Services (DHHS) Part C Co-Coordinator retired in December 2020. The Part C SSIP Leadership team currently consists of Amy Bunnell (Birth to 5 Supervisor/NDE Part C Co-Coordinator), Cole Johnson (Part C Data Manager/PRT Coordinator), and Sue Bainter, Cindy Hankey, and Janice Lee as RBEI State Coordinators until a replacement for Julie’s position has been identified.

Anticipated Outcomes in Next Fiscal Year

The Co-Leads intend to continue implementation of the state’s Theory of Action as described in 2014. Nebraska believes that if we provide support and resources to PRT’s to implement the RBI as the recommended child and family assessment, use the priorities identified during the RBI to develop functional child and family outcomes, and implement routines-based home visits focused on meeting the child and family IFSP outcomes (RBEI) with all infants and toddlers eligible for EI and their families, then we will see an increase in the percentage of infants and toddlers who progress in the acquisition and use of knowledge and skills. We are currently at statewide implementation of the first two strategies. Therefore, during the next fiscal year (July 1, 2021 to June 30, 2022), we anticipate training additional non-cohort PRT’s in the GR Approach, our third and final improvement strategy.

In addition, over the next year, the state will collaborate with our University of Nebraska partners to:

- Implement and evaluate a sustainable coaching system to reinforce the use of the RBEI process to fidelity. For additional information, please see “UNL Awarded Grant from OSEP” (page 12).
- Explore the development of a unified fidelity evaluation process requiring a single fidelity check inclusive of all three strategies.

III. Stakeholder Engagement

Nebraska established an RDA stakeholder committee in January 2014 and has met with them annually to assist in the planning and implementation of the SSIP. The information below relates to the action steps implemented in 2020 in response to recommendations made by the stakeholders in the fall 2019.

Recommendation: Continue training and implementation of the three improvement strategies statewide. Stakeholders who are members of Cohort regions echoed a research finding that the three RDA strategies selected by Nebraska build on each other. They indicated that home visits are more effectively guided by an IFSP written with functional outcomes based upon a family's concerns and priorities identified during an RBI. In addition, functional outcomes aid the discussion and measurability of a child's skill development between visits. Finally, the GR Approach to home visits increases parental input during home visits.

Action: Training and implementation of the three improvement strategies continued over the last year as recommended. Training materials for the RBI boot camps and Functional Outcomes Training were revised to reflect the changing nature of the audience (younger and less experienced) and to emphasize the "interconnectedness" of the three improvement strategies building upon one another. In addition, the RBI boot camps were provided virtually in response to the pandemic. Materials, videos, and guidance documents were developed to support providers in making the shift from in-home service delivery to virtual home visits. This work was much appreciated by the stakeholder group. Finally, an additional state Technical Assistance provider was hired to assist in the provision of supports to the highly populated east side of the state.

Recommendation: The stakeholders recommended that the state leadership team continue to work with TS GOLD in partnership with ECTA and DaSy centers to review potential issues related to the downward trend of the child outcome data. Stakeholders recommended efforts be made to determine the root cause of the unexpected changes to the child outcome data and develop solutions to improve the validity of data for reporting child outcomes in the future.

Action: Nebraska is working with other states using TS GOLD and DaSy, ECTA, and SRI centers to conduct ongoing in-depth analysis with TS staff to determine the root cause of the unexpected changes to the summary statements and develop solutions to improve the validity of the child outcome data. As a result, the TS GOLD research team completed extensive analyses in the summer of 2020. The purpose of these analyses was to better align the ranges for age-appropriate functioning by re-calculating the cut scores and to improve the statistical mapping from TS GOLD scores to the Child Outcomes Summary Form 7-point scores used by most of the states. These new cut scores were applied to Nebraska's data for the past 2 years. The results found that Nebraska data across all outcomes was now more aligned with national data. The results found higher percentages of children meeting the benchmarks for Summary Statements 1 and 2 for Outcomes A and B than in previous years. The results for Outcome C found lower percentages of children meeting the benchmarks than in previous years. These adjustments in the cut scores are responsible for the decline seen in this year's data for Outcome C. Targets will be reset next year for all Outcomes based on the new calculations.

Recommendation: The stakeholders recommended that the state leadership team continue collaboration with Higher Education to ensure that college preparatory coursework aligns to Nebraska's Part C improvement strategies.

Action: In 2019, the Co-Leads entered a partnership with the UNL for Comprehensive Personnel Development. The partnership arose out of a need to increase the number of professionals with EI coursework specific to child development, home visiting, and working with families. Participants in the project had a choice of completing one to three EI courses: SPED 861 Infants with Disabilities and Home Visiting, SPED 863 Medically Fragile Infants, and SPED 860 Issues in Early Childhood Special Education. A detailed analysis of the first two course offerings was reported in last year's SSIP. A report on the third course

offering is provided here. Eighteen students participated and completed coursework in SPED 860 Issues in Early Childhood Special Education during the 2019-2020 school year. Two outcomes were identified in the proposal for this class. First that all students receive a grade of B or higher and second, that students develop a philosophy of EI. Both outcomes were achieved.

In addition to the partnership for comprehensive professional development, UNL continues to better align the content covered in the Early Childhood Special Education (ECSE) coursework with the professional development needs of the providers and SCs in the field.

Stakeholder Feedback and Recommendations, 2020

In 2020, the stakeholder group was expanded to include greater representation of parent stakeholders. A complete list of the stakeholders attending the 2020 Stakeholder meeting can be found at: <http://edn.ne.gov/cms/october-2020-rda-stakeholder-meeting>. The meeting agenda and meeting notes are also located on this site.

The fall 2020 meeting was held virtually and was well received by all participants. Feedback from the stakeholders following an overview of the state's implementation, training, and evaluation activities in 2019-2020 included:

- Positive commentary regarding implementation of virtual training, supports for providing virtual home visits, and GR video library;
- Agreement with the revisions made to the RBI and IFSP Outcome training;
- Compliments to all providers and SCs who took part in the GR interviews and to the state technical assistance providers; and
- Compliments and gratitude to Dr. Lisa Knoche for being awarded a grant by OSEP entitled "Coaching in Early Intervention (CEI): Promoting Outcomes for Infants/Toddlers w/Disabilities through Evidence-Based Practices." More specifics on this grant are provided in the following sections.

Recommendations from the stakeholders regarding the next 5-Year SSIP cycle included continued training and implementation of the three improvement strategies statewide. Upon achievement of statewide implementation, focus on sustainability of the RBEI strategies.

As part of the stakeholder agenda, the Co-Leads proposed to reduce the number of questions on the state's Annual Part C Family Survey to eight, and to add five new questions specific to family satisfaction with RBEI. Recommendations from the stakeholders related to this proposal included:

- Revising the Family Survey questions as proposed by the Co-Leads,
- Being mindful of the readability level of the revised survey questions.

The final version of the Annual Family Survey questions will be shared at the 2021 Stakeholder meeting.

Feedback by the stakeholders regarding recommendations made by University partners contracted to conduct evaluation studies are outlined in the following section, "Additional Implementation Activities," below.

IV. Additional Implementation Activities

As noted in the previous year's SSIP submission, the Co-Leads contracted with Dr. Miriam Kuhn from the University of Nebraska at Omaha and Dr. Johanna Taylor from the University of Nebraska Lincoln to conduct a qualitative study to better understand family, SC, and EI provider experiences with routines-based home visits utilizing the GR Approach. There were two research questions:

1. How do family members and EI service providers describe the influences of the GR framework on (a) establishment of the home visit agenda in partnership with the family, (b) identification and practice of strategies within family routines during visits, (c) development of a home visit plan to support parents' use of strategies with their children, (d) use of and fidelity to the strategy steps outlined by the home visit plans in family routines/activities with their children between visits, (e) parent-provider communication between visits, and (f) parent-professional collaborations to monitor child and family progress on IFSP outcomes?
2. How do family members and SCs describe the influences of the GR framework on (a) establishment of the home visit agenda in partnership with the family, (b) development of a home visit plan to support parents' access to desired services and resources, (c) implementation of the home visit plan between visits, (d) parent-provider communication between visits, and (e) parent-professional collaborations to monitor child and family progress on IFSP outcomes?

There were several key findings: (1) Participants described robust partnerships between professionals and family members and the presence of family-centered practices including coaching during home visits, practice within family routines, consistent use of home visit practice plans and increased frequency of communication between visits; (2) families increasingly took ownership of the agenda and strategies needed during home visits however, monitoring of progress toward IFSP outcomes was often informal and infrequent; and (3) there was evidence of implementation challenges in communication with families (i.e., use of personal cell phones, managing communication with high caseloads, etc.), with diverse families (i.e., English second language speakers), and some uncertainty about the role of the SC during home visits utilizing the GR Approach.

These findings and recommendations were presented to the stakeholders in the fall 2020. In turn, the stakeholders made the following recommendations to the Co-Leads:

- Develop guidance regarding recommended "communication" with families (text, email, video, telephone) between home visits for enhanced support.
- Provide guidance about (1) the role of the SC within the GR framework, and (2) the frequency and purpose of co-visits as part of service delivery.
- Collaborate with University of Nebraska to identify strategies for working with diverse families when using the GR Approach.

Actions steps toward these recommendations will be implemented over the next 5-Year SSIP cycle.

UNL Awarded Grant from OSEP

Dr. Lisa Knoche, from the UNL, will lead a grant-funded research study recently awarded by OSEP entitled: Coaching in Early Intervention: Promoting Outcomes for Infants/Toddlers w/Disabilities through Evidence-Based Practices. This is the only OSEP grant to focus on a Birth to 3 Early Intervention sustainable coaching system. This 4-year project, which began in November 2020, will build upon Nebraska's current work with the three improvement strategies and aims to improve outcomes for infants/toddlers with

disabilities and their families through the refinement, implementation, and evaluation of a systematic and sustainable coaching system to reinforce the use of evidence-based practices by service providers and SCs.

Critical to the state's RDA plan, this project is especially exciting as it will enhance the coaching infrastructure developed during the first 5-year SSIP cycle and have a direct impact on the quality and sustainability of our coaching practices, ultimately resulting in improved results for children and families. The results, therefore, will be incorporated directly into Nebraska's SSIP, in addition to being reported nationally. For more information on this project and a short video please go to <http://edn.ne.gov/cms/rda-research-studies>.

Evaluation Activities Under Consideration for 2021-2022

We are continuing to meet with our University partners to determine evaluation measures to be implemented during the next SSIP cycle. During these collaborative discussions, we hope to examine the qualitative and quantitative evaluation measures currently being used and identify alternative measures as may be necessary. Final decisions regarding evaluation measures to be utilized in the next SSIP cycle will be made in 2021-2022.