

Nebraska Phase III Year 3 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	2017
Data	50.4	46.1	45.2	39.41

FFY2014–FFY2018 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 3

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:

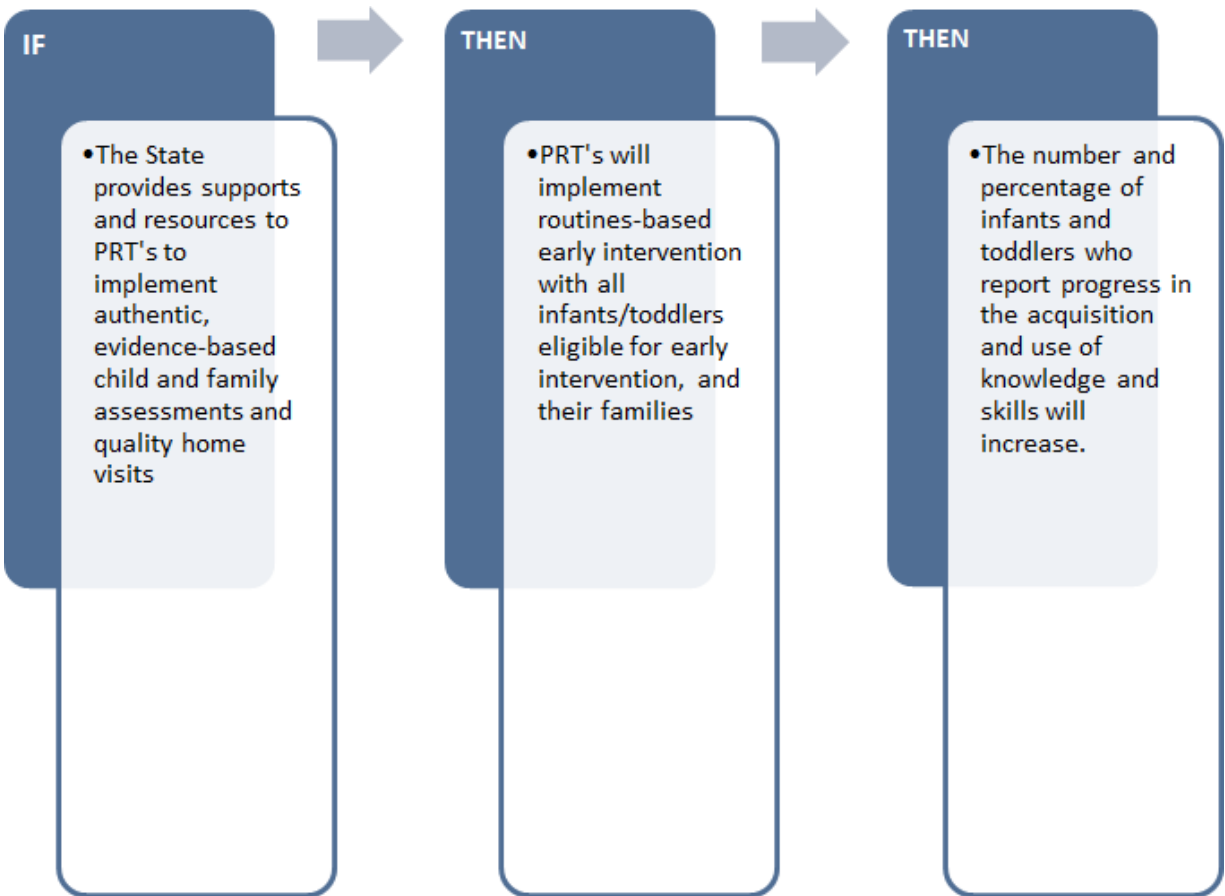
Increase the number and percentage of infants and toddlers who demonstrate progress in the acquisition and use of knowledge and skills (including early language/communication) – C3B, Summary Statement 1. Baseline, targets, and performance data for C3B are outlined above. In addition, Nebraska identified 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		86.4
2018-19	82.60		

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

Figure A1

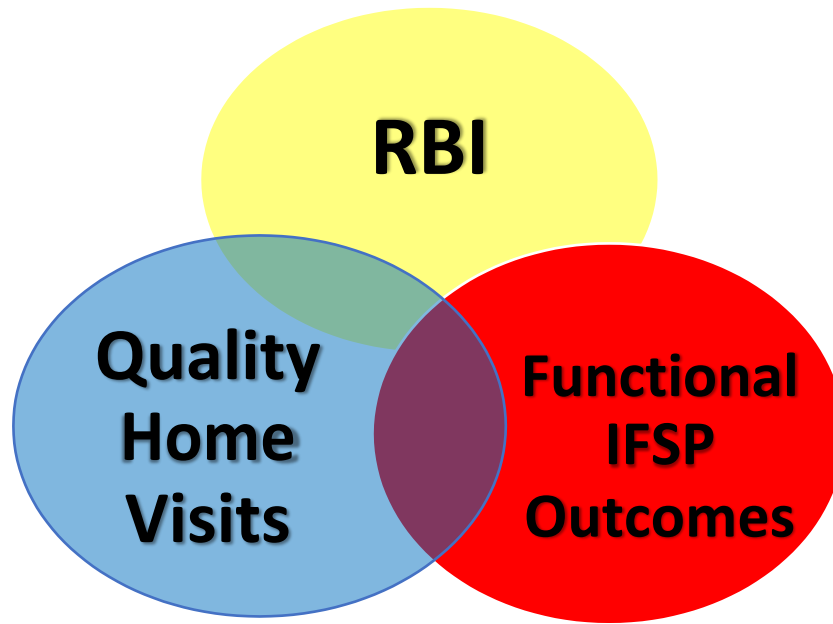


Nebraska’s SSIP includes three coherent improvement strategies:

- 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 (PRTs) 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 received training on strategy 3 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	TBD
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	2019
5	2016	2018	TBD
6	2016	2018	2019
7	2014	2016	2017
8	2017	2018	TBD
9	2016	2018	TBD
10	2016	2018	2019
11	2016	2018	TBD
12	2016	2018	TBD
13/14	2016	2018	TBD
15	2016	2018	TBD
16	2015	2017	2017
17	2017	2018	TBD
20	2015	2017	TBD
23	2015	2017	2017
24	2017	2019	TBD
26	2015	2017	2017
28	2017	2019	TBD
29	2015	2018	TBD

Principle Training Activities Implemented this Year

During 2018-19, the principle training activities were:

Cohort 1: At full RBI and functional outcome implementation, PRTs 1, 22 and 27 completed their third 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 third annual IFSP outcome analysis to drive improvement. Finally, the Cohort 1 regions, who received routines-based home visit training in June 2017, went through the home visit approval process in 2017-18. Their first annual home visit fidelity checks are due in spring 2019.

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

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 2018 with a primary focus on RBI training and functional IFSP outcome training. Fourteen of the non-cohort regions were at full RBI implementation by the end of 2018. Thirteen of 22 non-cohort regions have had IFSP outcome training. This is up from four regions in 2017. Similar to the data collection in cohort regions, the Co-Leads are recommending the ongoing collection and analysis of IFSP outcomes in the non-cohort regions utilizing the IFSP Outcome Quality Checklist. Additionally, four of the non-cohort regions attended home visit training in June 2017. Internal coaches from these regions completed home visit approval in 2018 and are in the process of training their providers and services coordinators with technical assistance from the state level RBEI TA providers.

Infrastructure Improvement Strategies

No changes were made to the state infrastructure during the past year. Similarly, no changes were made to the Part C SSIP leadership team, either. The Part C SSIP Leadership team consists of Amy Bunnell (Birth to 5 Supervisor/NDE Part C Co-Coordinator), Julie Docter (DHHS Part C Co-Coordinator), Cole Johnson (Part C Data Manager/PRT Coordinator), and Sue Bainter and Cindy Hankey (RBEI State Coordinators). This team meets weekly regarding the on-going implementation and evaluation of the Part C SSIP.

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

Strategy 1: Routines-Based Interview (RBI)

All seven PRTs in Cohorts 1 and 2 are at full RBI implementation. 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 and have demonstrated on-going fidelity to the RBI.

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 are conducted 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 2018, the state conducted the third annual IFSP Outcome review for Cohort 1 and second annual IFSP Outcome review for Cohort 2. Section C highlights the comparison of baseline to the annual analysis of IFSP outcome results for Cohorts 1 and 2.

Strategy 3: Routines-Based Home Visits

Training for Nebraska's third coherent improvement strategy—Routines-based home visits utilizing the Getting Ready approach—began in June 2017 with Cohort 1. Providers and services coordinators from these regions engaged in the home visit approval process in 2018. Home visit annual fidelity checks for Cohort 1 are due spring 2019. Cohort 2 regions received home visit training in June 2018. Providers and services coordinators from these regions are currently engaged in the approval process.

Highlights of Changes

Strategy 1- RBI

Three state-sponsored RBI boot camps were held to support long-term, statewide sustainability of RBI. It was initially thought that state sponsored RBI boot camps would be used to train internal coaches from regions across the state and then, with the support of the regional technical assistance providers, PRTs would sponsor their own RBI boot camps. Now that most providers and services coordinators in the state have been trained, there are only a small number of providers from each region who need training. For this reason, it seemed most efficient for the state to once again sponsor RBI boot camps; one each on the east and west sides of the state and one in the central region. This decision was enthusiastically received by the PRTs and has proven an effective method for maintaining and sustaining RBI approved personnel statewide.

Strategy 2- Functional IFSP Outcomes

As a part of the on-going support of functional IFSP outcomes, the state annually completes an analysis of IFSPs (from the cohort regions) and provides feedback to the cohort teams. These teams report that the feedback is very helpful but does not occur with enough frequency to build capacity across the regions. In response to this feedback, the cohort regions (and non-cohort regions) have been encouraged to build an "internal review" team to support systematic development of functional child and family outcomes. To help build the capacity of an internal review team, the state now offers "IFSP Outcome Scoring Reliability Training". This training is designed to help PRTs develop an internal process for systematically monitoring IFSP outcomes using the IFSP Outcome Quality Checklist to provide feedback to providers and services coordinators in the region about their use of quality indicators for IFSP outcome writing. This training became available in September 2018.

Strategy 3- Routines-Based Home Visits (Getting Ready)

1. Home visit training was provided to Cohort 1 in June 2017 and to Cohort 2 in June 2018. In June 2019, it will be offered to 3 non-cohort regions. For the cohort regions, state coaches support the home visit approval process for the region's internal coaches AND for each provider and services coordinator in the region during the year following the initial training. For the non-cohort regions, state coaches will support the approval process for internal coaches; following which internal coaches will support the approval process for the remainder of the staff in their region. To facilitate the training process in both cohort and non-cohort regions, the state has developed on-line training modules. The modules "mimic" the face-to-face training provided to participants at the annual home visit training. Initial feedback about the modules from the internal coaches has been very positive.

2. As mentioned above, regions are identifying internal coaches whose responsibilities will include training of new staff and completing fidelity checks in the cohort regions and training of all staff and fidelity checks in the non-cohort regions. Originally, only EI providers were invited to be internal coaches. This was because the training for EI providers includes content related to facilitation of parent-child interaction, which is not included in the Getting Ready approach home visit training content for SCs. However, based upon feedback from the field, the state is inviting SCs from the cohort as well as the non-cohort regions attending the training this summer to attend the internal coach training to enable them to train/complete fidelity checks for other SCs in their regions.
3. Because the home visit (HV) training and practices are new to the state, the first annual fidelity checks for the cohort regions will proceed differently than for the RBI fidelity checks. As has been noted, annual RBI fidelity checks are completed peer to peer across the region, so anyone initially approved can carry out a fidelity check on anyone else. For HV training, state level coaches will complete the first fidelity check on the internal coaches for cohort regions. Once an internal coach has been checked, she/he will complete fidelity checks for the rest of the region.

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		COHORT 2	
Strategy 1: RBI		Strategy 1: RBI	
Date	Training Activity	Date	Training Activity
July 2014	2-day RBI Boot Camp for Cohort 1 coaches	July 2015	2-day RBI Boot Camp for Cohort 2 coaches
January-February 2015	2-day RBI Boot Camps in each of Cohort 1 regions (PRTs 1, 22 and 27)	January-February 2016	2-day RBI Boot Camps in each of Cohort 2 regions (PRTs 4, 18, 19 and 21)
March-July 2015	RBI Approval Process	March-November 2016	RBI Approval Process
August 2015 - Full RBI Implementation		December 2016 - Full RBI Implementation	
Strategy 2: Functional IFSP Outcomes		Strategy 2: Functional IFSP Outcomes	
April 2014	Collect & Analyze baseline IFSP Outcome data	April 2015	Collect & Analyze baseline IFSP Outcome data
November 2015	Functional IFSP Outcome Trainings in each of Cohort 1 regions	November 2016-March 2017	Functional IFSP Outcome Trainings in each of Cohort 2 regions
October 2016	Begin Annual IFSP Outcome Review	October 2017	Begin Annual IFSP Outcome Review
December 2016 Full Functional IFSP Outcome Implementation		December 2017 Full Functional IFSP Outcome Implementation	
Strategy #3: Routines-Based Home Visit Training		Strategy #3: Routines-Based Home Visit Training	
June 2017	1-Day Routines-Based Home Visit Training providers/services coordinators	June 2018	1-Day Routines-Based Home Visit Training providers/services coordinators
June 2017	1-Day Routines-Based Home Visit Internal Coach training	June 2018	1-Day Routines-Based Home Visit Internal Coach training
June 2018 Full Routines-Based Home Visit Implementation		June 2019 Expected Full Routines-Based Home Visit Implementation	

Nebraska has met all projected SSIP timelines. Cohort 1 (PRTs 1, 22 and 27) and Cohort 2 (PRTs 4, 18, 19 and 21) reached full RBI implementation in 2015 and 2016 respectively.

The state completed annual IFSP outcome reviews in 2016, 2017, and 2018 for Cohorts 1 and 2 and provided feedback to their leadership teams. In addition to state feedback, these regions are also building internal IFSP outcome review processes for the purpose of providing continuous feedback and support to providers and services coordinators writing child and family IFSP outcomes.

PRT 1 declined to participate in the state's third improvement strategy of routines-based home visits. In their place, PRT 7 joined the Cohort 1 group. As indicated in Table B1 above, the Cohort 1 regions (PRTs 7, 22 and 27) are now at full implementation of the state's home visit strategy (Getting Ready). Cohort 2 regions have completed the training and are in process of completing the home visit approval. All of the internal coaches from both cohorts are approved in the Getting Ready approach.

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. Repeat the quantitative/qualitative study previously conducted by the University of Nebraska Medical Center with Cohort 1 PRTs to determine:
 - a. the value the quality home visit strategy (Getting Ready) has added to the overall results of SSIP implementation, and
 - b. whether or not the quality of home visits have improved.
2. Continue the evaluation by the University of Nebraska-Omaha (see 2018 study by Dr. Miriam Kuhn: *Improving Early Intervention Services in Nebraska Through a Results-Driven Accountability Process*) to specifically focus on potential qualitative changes that resulted from the addition of the routines based home visit practices.
3. Continue providing guidance to non-cohort regions to follow same implementation steps/procedures as cohort regions which include:
 - a. establishment of PRT leadership teams,
 - b. sequential implementation of the three improvement strategies and related training activities,
 - c. adherence to fidelity practices/requirements for each strategy, and
 - d. establishment of and adherence to local data collection/reporting processes.

Tables B2-B5 below illustrate activities implemented 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 within the PRTs.
- Table B4 illustrates activities to support the state leadership team.
- Table B5 provides an updated training timeline for implementation of the state's three improvement strategies.

Table B2: Activities to Support Work of RBEI TA Providers – 2018-2019

Needs	Activities	Output
Training & Support for 5 RBEI TA Trainers	<ul style="list-style-type: none"> • Conducted Biannual full day training and quarterly calls. • Developed standardized training resources and repository. • Provided individualized technical assistance from the state leadership team. 	RBEI TA providers have supports necessary to scale up RBI/functional IFSP outcome/home visit training in non-cohort regions.
Inter-rater reliability for fidelity of the 3 improvement strategies	<ul style="list-style-type: none"> • Developed "Scoring Rules" for RBI Implementation Checklist, Quality IFSP Outcomes Checklist, and HV/Getting Ready approach implementation. 	Increased Inter-rater reliability when implementing RBI and Home Visit approval process, and scoring IFSP outcome quality checklists.

Table B3: Activities to support all (cohort and non-cohort) PRTs

Needs	Activities	Output
<p>Develop strong PRT Leadership Teams</p>	<p>Support PRT efforts to develop leadership teams by:</p> <ul style="list-style-type: none"> • conducting biannual regional conference calls to share successes/barriers with leadership teams; • disseminating information about roles & responsibilities of leadership teams; • meeting individually with regions as needed to spur development of leadership teams; • developing templates for tracking regional training progress; and • having state level infrastructure necessary to respond to regional inquiries/needs within 48 hours. 	<p>PRTs in the state have knowledgeable and capable leadership teams to support the implementation of evidence-based practices.</p>
<p>Develop additional training necessary to support principle training activities</p>	<p><u>In support of Strategy 1:</u></p> <ul style="list-style-type: none"> • Developed RBI Scoring Reliability Workshop. • Developed RBI Refresher Workshop to support regions not fully implementing or having difficulty maintaining momentum implementing change in EI practices. • Developed training to support the use of child and family assessment data to enhance child outcomes entry and exit data. <p><u>In Support of Strategy 2:</u></p> <ul style="list-style-type: none"> • Developed functional IFSP Outcome scoring reliability training. <p><u>In Support of Strategy 3:</u></p> <ul style="list-style-type: none"> • Developed on-line training modules in the Getting Ready approach. 	<p>Improved full implementation and fidelity of strategy 1 (RBI); strategy 2 (Functional IFSP outcomes), and strategy 3 (Routines-based home visits).</p>

Needs	Activities	Output
<p>Develop training descriptions & recommended training timeline. Routinely incorporate into contacts with PRTs</p>	<ul style="list-style-type: none"> • Updated training descriptions and timeline to inform PRTs of training necessary for the implementation of the state's three improvement strategies. • Routinely incorporate into contacts with PRTs. (Training timeline - Figure B5 below. Training descriptions located in Appendix B). 	<p>Statewide scale up of improvement strategies.</p>
<p>Fiscal Support</p>	<ul style="list-style-type: none"> • Increased fiscal support to PRTs for implementation and sustainability of evidence-based practices statewide. 	<p>Continuous statewide scale-up of evidence-based improvement strategies.</p>
<p>Collaborate with University of Nebraska-Lincoln (UNL) to expand early childhood professional development opportunities in pre-service coursework</p>	<ul style="list-style-type: none"> • Met routinely with UNL staff to share EI workforce needs within the state and incorporate appropriate RBI, functional IFSP outcomes and routines-based home visits concepts into required curriculum. • Supported Dr. Johanna Taylor to attend the National RBI Institute in Alabama to become RBI Certified. 	<p>EI competencies reflect state workforce expectations.</p>

Table B4: Activities to support State Leadership Team 2018-2019

Needs	Activities	Output
<p>Expand/modify state infrastructure as needed</p>	<p>Expanded purveyor group to include Dr. Lisa Knoche and Dr. Johanna Taylor, University of Nebraska-Lincoln; Dr. Miriam Kuhn – University of Nebraska- Omaha; Dr. Kerry Miller and Dr. Barb Jackson – University of Nebraska Medical Center; and Dr. Haidee Bernstein – Westat/DaSy/IDC.</p> <p>Increased frequency of meetings with purveyors to develop ongoing evaluation activities.</p> <p>Expanded state RBEI trainer cadre.</p>	<p>Purveyor group includes experts to assist in evaluating all aspects of RDA i.e. evidence-based improvement strategies, training, implementation fidelity and results.</p> <p>Expanded State Trainer cadre meets the need of statewide scale-up and implementation.</p>
<p>Inform stakeholders of RDA Activities and SSIP Progress</p>	<p>Quarterly updates to ECICC/SEAC on implementation and impact of SSIP.</p> <p>Update special education directors statewide on monthly Special Education Conference Calls.</p> <p>Frequent update of "RDA" section on the EDN website.</p> <p>Presentations at NE Young Child Institute and Nebraska Administrator Days.</p> <p>Updated and disseminated SSIP infographic to stakeholders. (Appendix U)</p>	<p>Progress toward SSIP, resources and updates are available to the field as quickly as possible.</p>

Figure B5: PRT Recommended Training Timeline

Part C PRT Recommended Training Timeline- Updated Fall 2018

	First...	Next...	Then.....	After RBI boot camp (BC)...	Once RBI is fully implemented across the region...	Analyze IFSP Outcomes...	When RBI is fully implemented & IFSP outcomes are of high quality...
Team Self-Assessment	————						
Rule 52/ 480 NAC 3		————					
Identify RBI coaches; RBI Boot Camp			————				
RBI Scoring Reliability				————			
RBI Refresher				————			
IFSP Outcome TA					————		
RBI Informing GOLD					————		
IFSP Outcome Scoring Reliability						————	
Routines-Based Home Visit Training							————

Bainter& Hankey, 2016; Updated 2018

Prepared by Jessie Cook, UNL

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. These evaluation measures demonstrate the implementation of the three key components discussed in our Theory of Action.

Table C1: Cohort Evaluation Measures for Three Improvement Strategies

Improvement strategy	Data Sources	Baseline Data	Data collection timeline and procedures	Measures used to assess progress
RBI	Initial RBI Implementation Checklists, completed by approved RBI coaches, documenting 85% accuracy or better for each EI provider/SC in Cohort regions collected by Co-Leads. Documentation of annual fidelity for each EI provider/SC in Cohort regions 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.	Initial RBI implementation checklists are submitted to Co-Leads upon approval of each provider/SC. Once per year, following initial approval, cohorts collect RBI implementation checklists to demonstrate provider/SC fidelity. Annual fidelity checks began in Cohort 1 in fall of 2016 and in fall of 2017 for Cohort 2. Co-leads contact leadership teams from cohort regions annually 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 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.	For Cohort 1- Annual Functional IFSP Outcome review began Fall, 2016 and continues to date. For Cohort 2, Annual Functional IFSP Outcome review began Fall 2017 and continues to date.	Annual analysis of 10-20% of IFSPs, depending on size of region from Cohorts 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 approval post home visit training June 2017 and continues to date. Data collection for Cohort 2 approval began post home visit training in June 2018 and is underway.	Home Visit Implementation Checklist documenting state-determined 80% approval level used annually; completed by Home Visit approved providers or coaches.

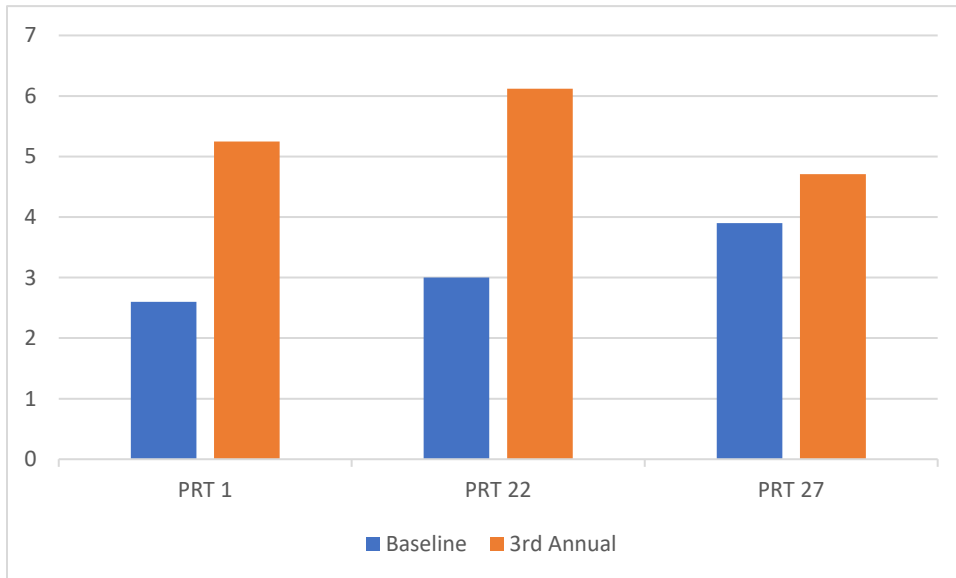
Strategy #1: RBI

As illustrated in Table C1, third annual fidelity checks for Cohort 1 and second annual fidelity checks for Cohort 2 were completed in the fall of 2018. The fidelity checks were completed by approved RBI providers/SCs in the region using the RBI implementation checklist. RBI Implementation checklists documenting fidelity are tracked by the PRT and provided to the Co-Leads.

Strategy #2: Functional IFSP Outcomes

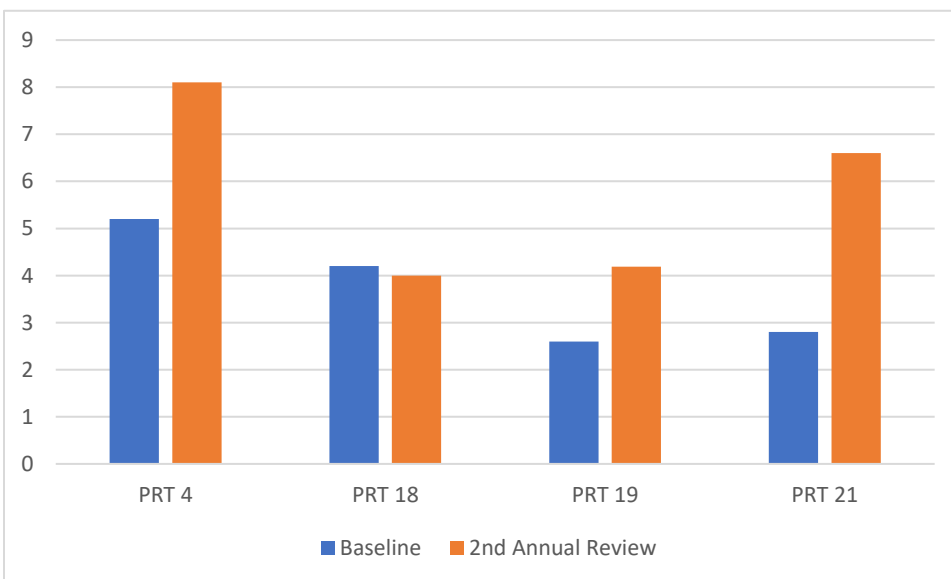
The annual IFSP outcome review began in 2016 for Cohort 1 and in 2017 for Cohort 2. Using the IFSP Quality Outcome Checklist (Appendix B) as the quality indicator, the Co-Leads are looking for an increase and ultimately stabilization in mean number of outcomes on IFSPs from baseline and an increase in quality scores for both child and family outcomes from baseline. Results of the 2018 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 3rd Annual Review



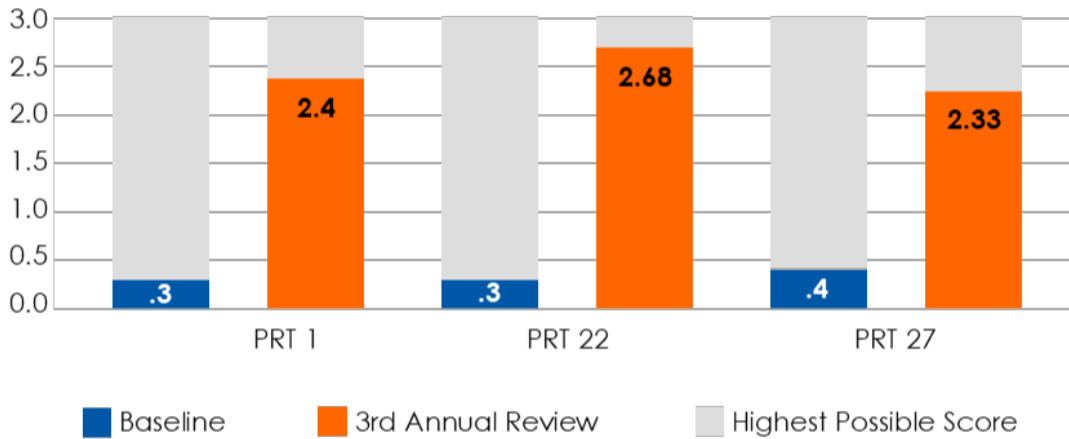
As indicated in Graph C1 all regions in Cohort 1 demonstrated significant improvement in mean number of IFSP outcomes present on IFSPs from baseline.

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

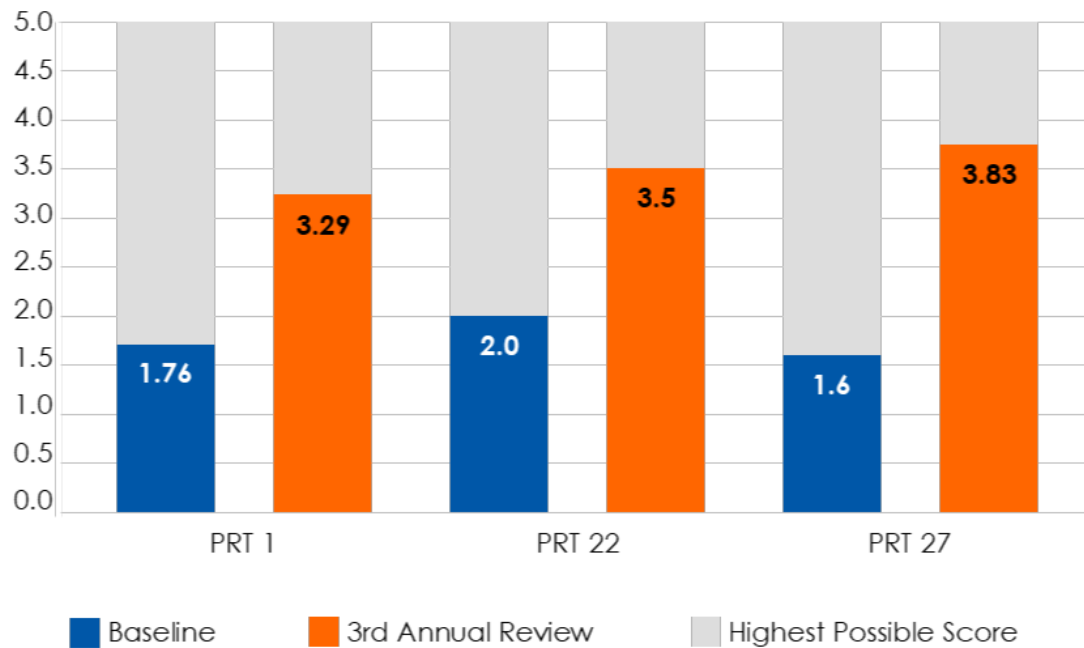


Graphs C3-C6 below reflect the results of IFSP outcome quality analysis for Cohorts 1 and 2. The annual IFSP outcome quality analysis review began in 2016 for Cohort 1; and in 2017 for Cohort 2. The child outcomes have a possibility of 5 points and the family outcomes have a possibility of 3 points. As the graphs indicate, results of the 2018 analyses show all cohort regions significantly improved in the quality of both 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 within the region.

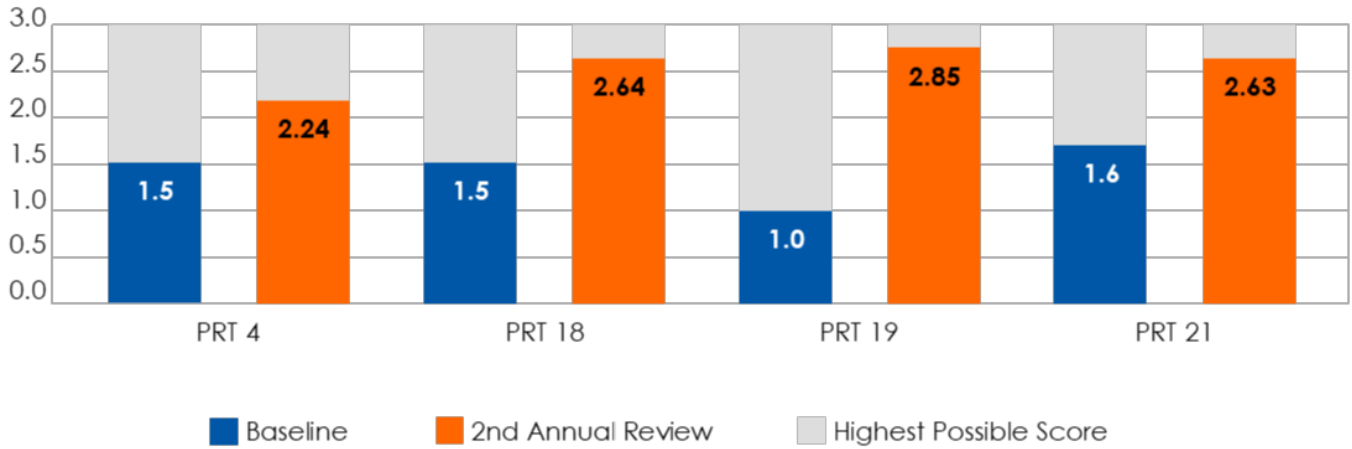
Graph C3: Cohort 1 Quality Mean Scores for Family Outcomes



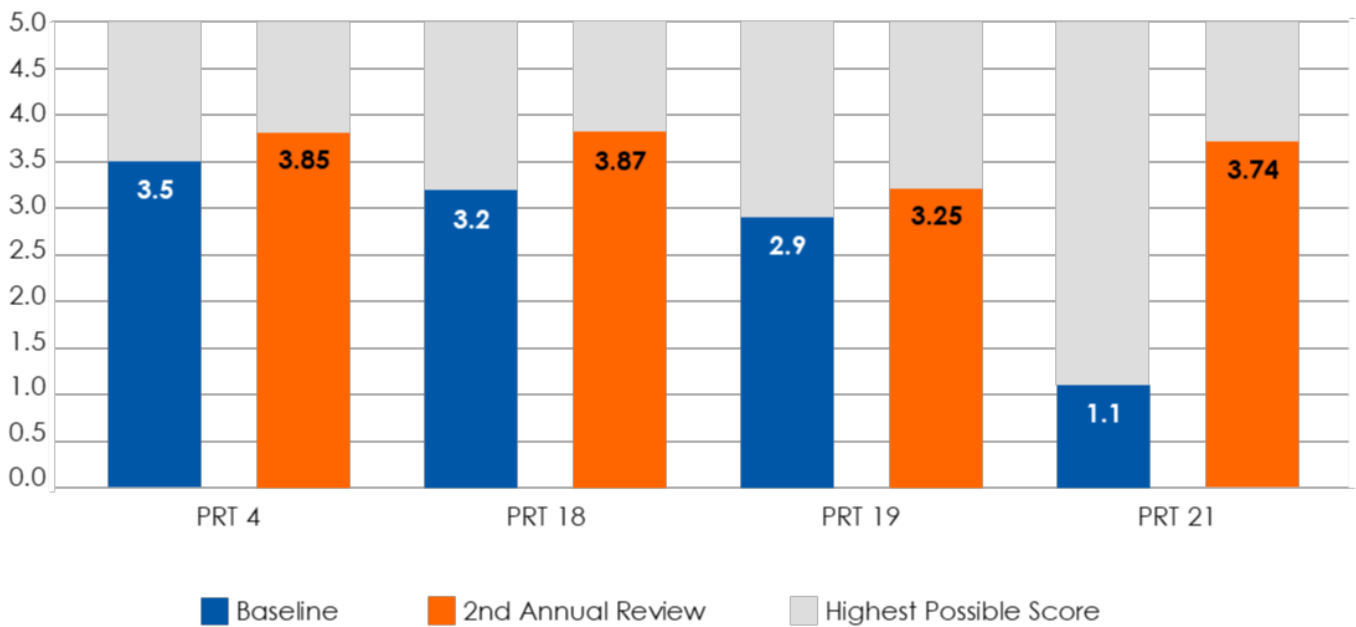
Graph C4: Cohort 1 Quality Mean Scores for Child Outcomes



Graph C5: Cohort 2 Quality Mean Scores for Family Outcomes



Graph C6: Cohort 2 Quality Mean Scores for Child Outcomes



Measuring Impact and Effectiveness of Improvement Strategies #1 and #2

In addition to the evaluation measures implemented above for strategies 1 and 2, 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 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 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 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 Cohort regions and 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 and was reported in the SSIP submitted in 2018. Phase 2 of the study was completed in late 2018 and focused on question (3), i.e. did the training and technical assistance provided in the Cohort regions on the RBI and functional IFSP outcomes result in positive changes as compared to non-cohort regions?

Key findings from analysis of question (3) include:

- Statistical evidence of higher quality IFSPs in the Cohort regions in terms of
 - number of child and family outcomes;
 - child participation in routines;
 - observable child behaviors within routines; and
 - establishing criteria for successful completion of the outcome.
- Statistical evidence of improved family engagement in home visits when utilizing the RBI as the child/family assessment.

The following findings were noted to be similar across both Cohort and non-cohort regions and are being addressed in the final improvement strategy of routines-based home visits:

- need for the family routines identified in the RBI and IFSP outcomes to be consistently used to guide planning and implementation of home visits;
- recognition and use of in-between visit communication with families as part of overall intervention approach;
- Higher quality IFSPs are not sufficient in and of themselves to ensure use of routines-based interventions during home visits.

In summary, the efficacy of the PD/TA efforts for the SSIP improvement strategies #1 and #2 is supported by the results of this study. The study further recommends the Co-Lead Agencies continue with systematic dissemination of the training and technical assistance related to the improvement strategies across all Nebraska PRTs. The executive summary of this study can be found in Appendix V. The full report is available in Appendix W.

Strategy #3: Routines-Based Home Visits

Table C2: Cohort 1 Initial Approval and Fidelity Check Data 2018-2019

	# Approved	Fidelity Check
PRT 7	17	2019
PRT 22	3	2019
PRT 27	6	2019

As illustrated in Table C2, Routines-Based home visit initial implementation checklists, completed by approved home visit coaches, were collected for Cohort 1 EI providers/SCs in 2018. First annual fidelity checks for Cohort 1 will be collected in the spring of 2019. Cohort 2 EI providers/SCs are currently in the initial approval process following their home visit training in June 2018. Data will be available in 2020.

Nebraska's SSIP implementation and evaluation highlighted at National Conferences:

Dr. Miriam Kuhn and the Nebraska Part C Co-Coordinator presented a poster session of the findings from Dr. Kuhns's study at the October 2018 Zero to Three conference in Denver, CO.

A pre-conference presentation about Nebraska's training and implementation of the Getting Ready Approach was given at the October 2018 Division of Early Childhood conference by Dr. Lisa Knoche and state Part C Leaders from Nebraska and South Dakota who are also using the Getting Ready Approach in early intervention.

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.

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

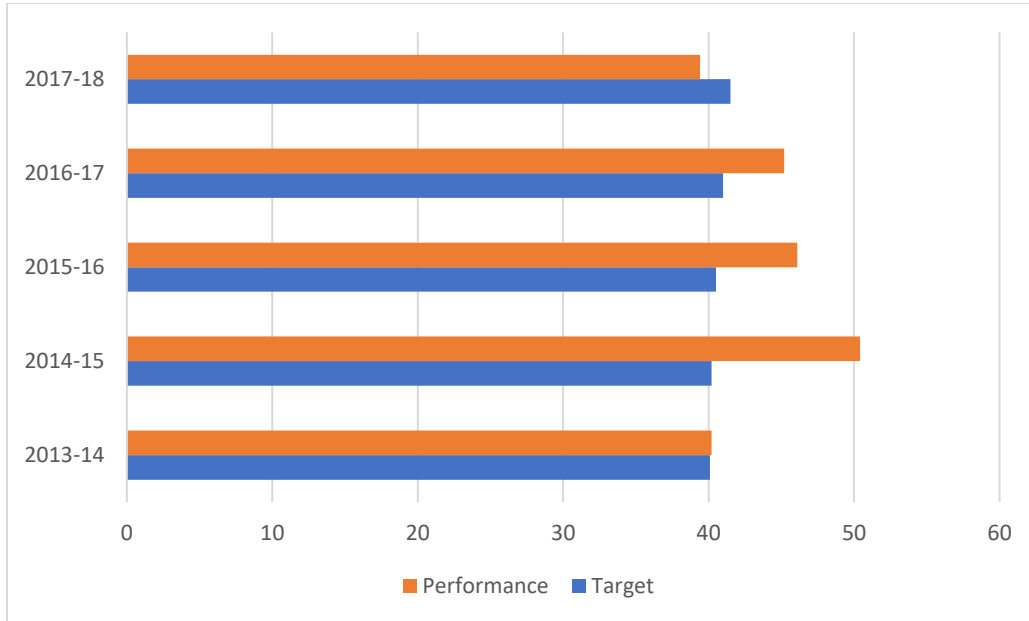
Nebraska's SiMR is focused on improving the results for Indicator C3B Summary Statement 1- to increase the number and percentage of infants and toddlers who demonstrate progress in the acquisition and use of knowledge and skills (including early language/communication). In addition, Nebraska identified 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. The FFY 2017 C3B Summary Statement 1 data demonstrated a decline which was unexpected as the past two years the scores have been stable. In August 2017, Teaching Strategies converted their online platform to accommodate the changes made to the tool to include items up to third grade. Recently there was a meeting of states that are using the Gold online calculations for OSEP reporting. In reviewing the FFY 17 data, it was discovered that nearly all states using the Teaching Strategies 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. Collectively the state representatives proposed that the following factors related to the August 2017 platform change may be contributing to this slippage of data including:

- Changes to indicators and dimensions as a result of expanding the Gold to third grade;
- Teacher/practitioner confusion due to changes to the front-end look of the online platform; and
- Fewer data points on which data can be entered for each child.

Nebraska is working with other states using Teaching Strategies Gold and DaSy and ECTA Centers to conduct an in-depth analysis with Teaching Strategies staff to determine the root cause of the unexpected changes to these summary statements, and develop solutions to improve the validity of data for reporting outcomes in the future.

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

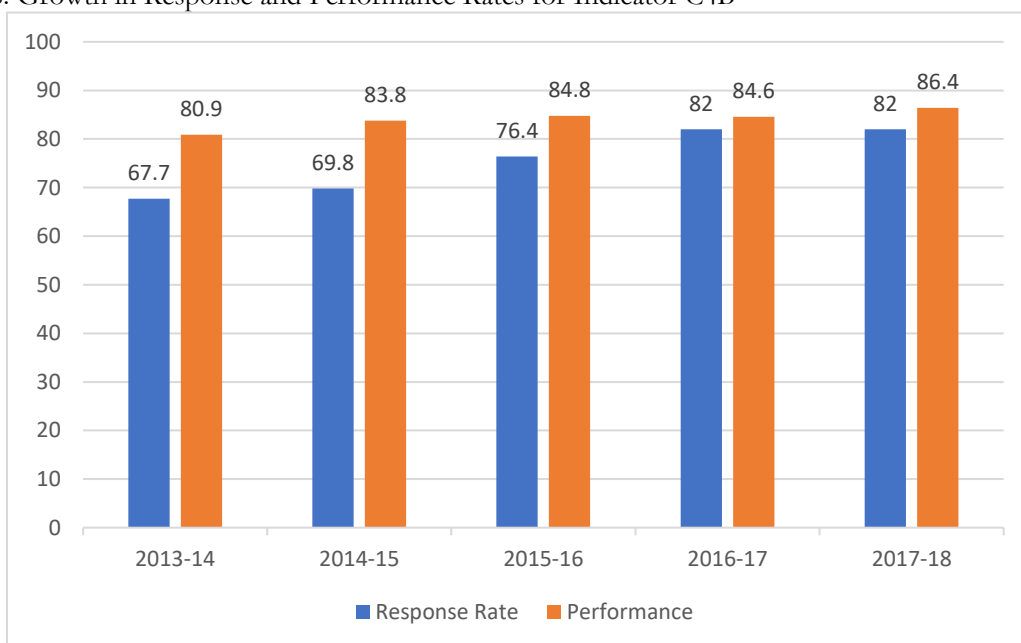


Benchmark – Indicator C4B– Effectively Communicate Child’s Needs

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.

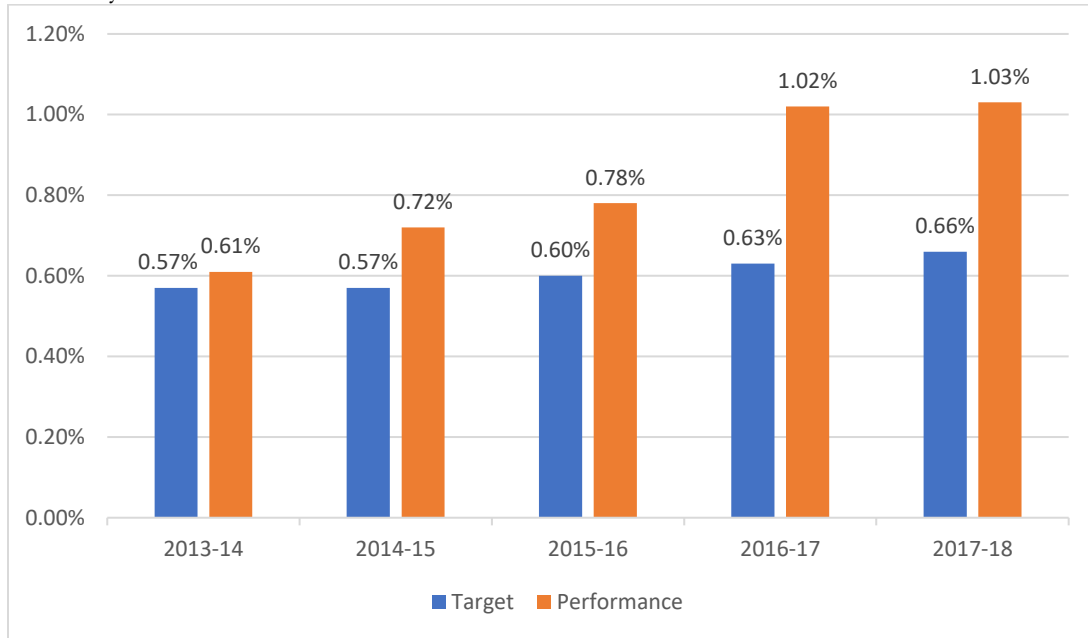
As Graph C8 illustrates, over each of the past three years, the percent of families reporting that they are effectively able to communicate their children’s needs has increased. The increase also exceeded the target set each year. Finally, Nebraska has a very high response rate to the Family Survey and the response rate has continued to increase over the past 4 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 1882 surveys were delivered to families with children in Part C in 2017-2018; 1536 surveys were completed and returned for a state return rate of 82%.

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

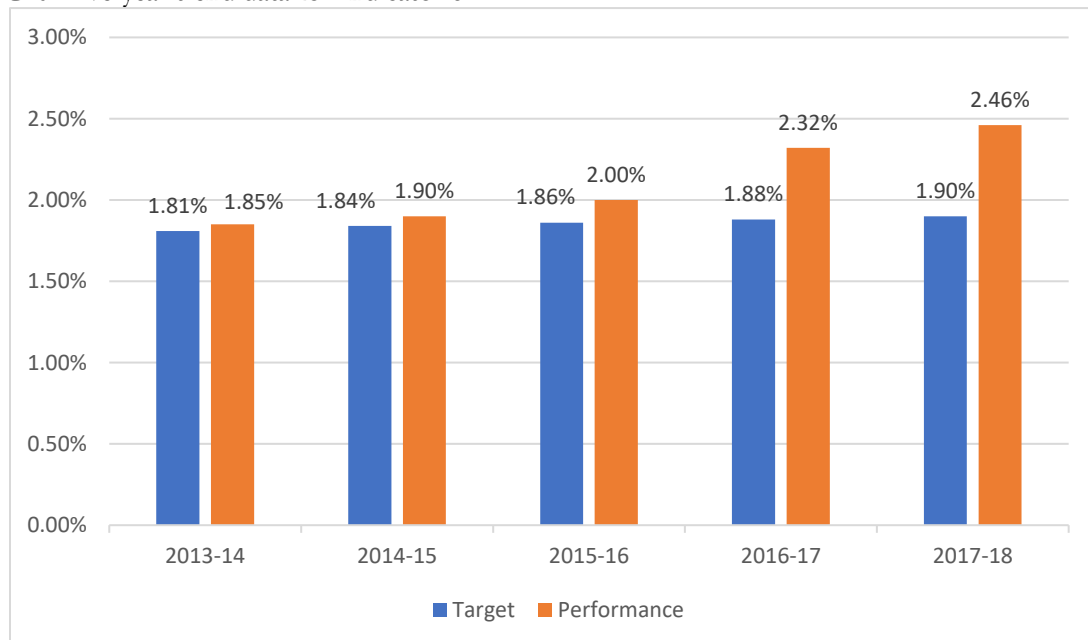


To fully understand the impact of the SiMR statewide, the Co-Leads reviewed additional indicators. Indicator 5: the percent of infants and toddlers ages birth to one with IFSPs compared to national data and Indicator 6 the percent of infants and toddlers ages birth to three with IFSPs compared to national data. We believe that this data provides examples of distal impact. As shown in the graphs below, over the last five years, the state has exceeded its targets. Additionally, the state has increased the percent that it exceeded the target each year. 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.

Graph C9: Five-year trend data for Indicator 5



Graph C10: Five-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 evolution of the SSIP and help provide for ambitious and meaningful change statewide. In the fall of 2018, Dr. Kuhn presented a summary of her study to both groups. Feedback from the RDA Stakeholder Committee was sought regarding the recommendations from the Kuhn Study. The Stakeholders agreed with the recommendations resulting from the study:

- Co-Lead agencies continue plans for widespread, systematic dissemination of PD/TA related to all three improvement strategies across all Cohort and Non-Cohort PRTs.
- Co-Lead agencies provide additional PD/TA to EI Providers in coaching/practicing strategies/interventions within family-identified routines.

- Co-Lead agencies continue evaluation measures with Dr. Kuhn to specifically focus on potential qualitative changes that result from the addition of the third improvement strategy of routines-based home visit practices.

Dr. Kerry Miller also presented to the RDA Stakeholder Committee in the fall of 2018. Before the Co-Leads chose a specific home visit training approach as the third improvement strategy, we contracted with Dr. Kerry Miller from the University of Nebraska Medical Center (UNMC) to review the quality of home visits as a baseline measure. As a result of Dr. Miller's study, the Getting Ready Approach was selected. With Cohort 1 regions at full implementation of this approach, the Stakeholders recommended the Co-Leads conduct another quantitative/qualitative study by Dr. Miller within these regions to determine:

- added value of the routines-based home visit strategy (Getting Ready) to the overall results of SSIP implementation, and
- improvement in quality of EI home visits since implementation of the routines-based home visit strategy.

Dr. Miller's and Dr. Kuhn's studies will be conducted in 2019 and results will be available for the April 2020 SSIP submission.

Section D: Data Quality Issues

Nebraska has 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 H).
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. In 2018, the state introduced a new training, available to all regions of the state: “IFSP Outcome Scoring Reliability Training”. The purpose of this training is to assist regions in developing their own internal process for systematically monitoring IFSP outcomes region-wide using the IFSP Outcome Quality Checklist. An internal review team would allow for ongoing feedback to providers and services coordinators in the region regarding the use of quality indicators when writing IFSP outcomes.
6. Annual analysis of randomly selected IFSPs by the Co-Leads is conducted in the cohort PRTs.
7. IFSP outcome “scorers” have achieved 85% or greater inter-rater reliability with RBEI state coordinators and each other.
8. 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 (Getting Ready Approach)

Quality Training and Approval Requirements

1. Each Getting Ready training is conducted by a trained facilitator. Facilitators follow a training script to ensure each training is standardized.
2. Coaches participate in a coaching training with Getting Ready content integrated and are approved by state level approved coaches.
3. All participants have access to a virtual introduction to the approval process.
4. Coaching is provided to each participant. All coaches are approved and participate in required fidelity processes (Appendix Y).
5. Strict adherence to the Home Visit checklist (one for EI providers and one for services coordinators) used to determine initial approval and annual fidelity is promoted (Appendices S and T respectively).
6. Rules for scoring the Home Visit Implementation Checklist have been developed and are available to coaches (Appendix X).
7. All participants participate in virtual coaching sessions (Appendix R), facilitated by an approved coach, using the same coaching agenda as a guide.
8. Because of the dynamic nature of ongoing home visits, all participants are required to be reliable on two home visits, using the home visit checklist, to be considered "Getting Ready 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. Dr. Barb Jackson of UNMC-MMI serves as our consultant and performs the analyses on the child outcome data.

The FFY 2017 C3B Summary Statement 1 data demonstrated a decline which was unexpected as the past two years the scores have been stable. Recently there was a meeting of states that are using the TS GOLD online calculations for OSEP reporting. In reviewing the FFY 17 data, it was discovered that nearly all states using the Teaching Strategies 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, Teaching Strategies converted their online platform to accommodate the changes made to the tool to include items up to third grade. Collectively the state representatives proposed that the following factors related to this platform change may be contributing to this slippage of data including:

- Changes to indicators and dimensions as a result of expanding the TS GOLD to third grade;
- Teacher/practitioner confusion due to changes to the front-end look of the online platform; and
- Fewer data points on which data can be entered for each child.

Nebraska is working with other states using Teaching Strategies GOLD and DaSy and ECTA centers to conduct an in-depth analysis with Teaching Strategies staff to determine the root cause of the unexpected changes to these summary statements and develop solutions to improve the validity of data for reporting outcomes in the future.

Finally, a training was developed to enhance EI providers' reliability in scoring TS GOLD items from the information gathered at an initial RBI (for TS GOLD entry scores). Additionally, RBIs completed following the initial IFSP, together with gathering routines-based documentation from ongoing home visits, should provide the necessary data to inform TS GOLD exit data. The new training provides practice and strategies for the exit scoring as well.

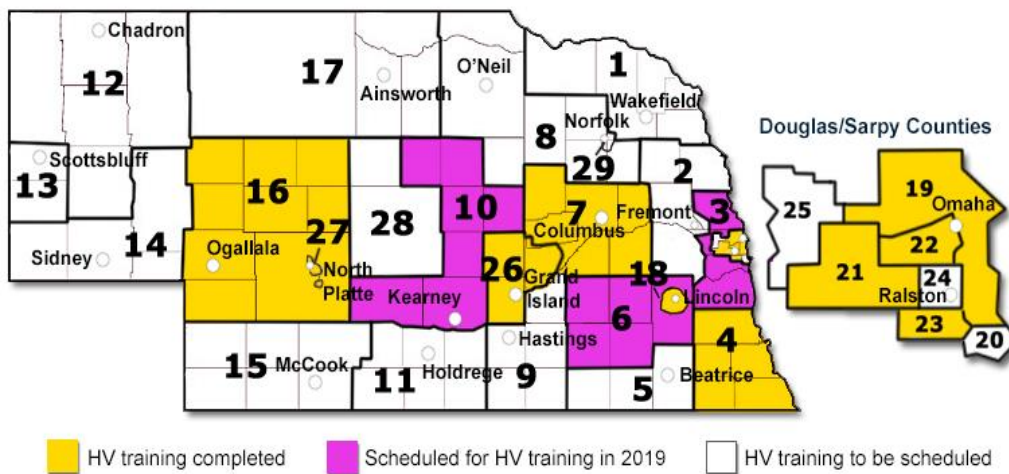
C4b - Family Survey: The Family Survey adheres to all NCSEAM standards. Dr. Batya Elbaum serves as our consultant and performs the Rasch analyses on all survey data. Our survey response rate is among the highest in the country (82%) due to services coordinators hand delivering the survey to each EI family 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.

Nebraska’s training sequence begins with the RBI, followed by Functional IFSP Outcome training; culminating in Routines-Based home visit training. To be considered “ready” for training in a new strategy, a region must be at or near full implementation of the preceding improvement strategy (see training timeline Section C).

Table E1: PRT Implementation Status of 3rd Strategy, Routines-based Home Visits



As illustrated in Table E1 above, ten (in yellow) of Nebraska’s 29 planning region teams are engaged in the implementation of all three of the state’s improvement strategies. Three regions (in purple) will receive home visit training in June 2019. The remaining PRTs are in the process of training and implementing strategies #1 and #2.

Training and approval for two of the three improvement strategies- the RBI and Routines-Based Home Visits- use coaching and feedback as integral aspects of the approval process. These training practices require professionals to submit videotapes of themselves implementing the strategies/practices for approval, also a new activity. In most regions of our state, peer to peer coaching was not systematically implemented prior to the onset of the SSIP.

Building the infrastructure necessary to provide on-going coaching and feedback via videotape for the advancement of the state’s improvement initiatives has been daunting. Some of the challenges addressed along the way have included:

- 1) becoming accustomed to videotaping of RBIs and home visits in real time from the field,
- 2) uploading the videos to a platform with review and feedback mechanisms,
- 3) building the coach capacity (both state and local) necessary to complete the reviews and provide feedback,
- 4) developing a training and reliability process for coaches; and
- 5) providing technical support for ongoing coach support.

The online platform (TORSH Talent) ultimately selected by the state is designed for observation and data

management. The platform allows users to upload, retrieve, and share video and documents in a secure, cloud-based online repository. For coaches, TORSH Talent supports evidence-based feedback and reflection by making it easy to add time synced text and audio notes at relevant points in the uploaded videos to determine approval and fidelity. The Co-Leads have funded TORSH Talent slots for all providers and services coordinators in the Cohort regions and increased funding to the non-Cohort regions should they wish to use TORSH Talent.

The benefits of peer-to-peer coaching have been clearly documented in professional literature. In Nebraska, not only has peer coaching led to more frequent and transparent communication across teams and regions, it has also led to the development of leadership teams comprised of both supervisors and internal coaches, the latter of which allows leadership teams to get feedback from the field. Building coach capacity has required the state and PRTs to identify EI providers and services coordinators who are leaders, while making available training materials and TA to develop their skills and reliability.

Table E3 below illustrates infrastructure development at the local PRT level from Phase 1 to Phase 3 in terms of leadership team development, coach capacity, and full RBI implementation as of 2018.

Table E3: Impact of SSIP on Local Level PRT Infrastructure

Phase I	Phase III (Year 3)
PRTs with Leadership Teams - 6	PRTs with Leadership Teams - 29
PRTs with RBI Coaches - 16	PRTs with RBI Coaches - 27
PRTs with HV coaches - 0	PRTs with HV coaches - 11
PRTs at Full RBEI Implementation of all three strategies - 0	PRTs at Full RBEI Implementation of all three strategies - 7

Section F: Anticipated Plans for Next Year

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

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 the next year and beyond.

Table F1: Evaluation Plan for Implementation of Improvement Strategies

Strategy	Cohort 1	Cohort 2
RBI	4 th Annual RBI fidelity checks	3 rd Annual RBI fidelity checks
Functional Outcomes	4 th Annual Functional IFSP Outcome Review	3 rd Annual Functional IFSP Outcome Review
Routines-Based Home Visits	1 st Annual Home Visit fidelity checks	Complete collection of Initial Routines-based HV Implementation Checklists, begin 1 st fidelity checks

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 2019-2020 as they assist in the continuous evolution of the SSIP.

Additional Evaluation Activities to be Implemented

The Co-Leads have contracted with the University of Nebraska to conduct the following evaluation studies:

- a) **Quality Home Visit Behaviors and Practices:** Quantitative description of differences in home visit practices between planning regions fully implementing the Getting Ready Approach and those regions not yet trained/implementing this approach. The Co-Leads are seeking this data to (1) determine if full implementation of RBI, functional IFSP outcome writing practices, and the Getting Ready approach relate to the quality of home visits and (2) guide future training/technical assistance regarding effective evidence-based practices.
Timeline: 2/1/2019-12/31/2019

- b) **Parent Self-Efficacy Comparison study:** Nebraska collects federally required family outcome data via the NCSEAM survey. The survey contains a section of questions related to parent self-efficacy. Quantitative data from three PRT groups will be analyzed in order to describe variations of the influence of the implementation of the three coherent improvement strategies on parent's perception of their self-efficacy across the following groups:

- i) Cohort 1 at full implementation of all three strategies;
- ii) Cohort 2 at full implementation of the RBI and functional IFSP outcomes, and partial implementation of quality routines-based home visits; and
- iii) Non-cohort PRTs who are at full implementation of the RBI and functional IFSP writing, but not yet trained in quality routines-based home visits.

Timeline: 5/1/2019-10/31/2019

- c) Evaluation of Quality Home Visitation in Nebraska : Quantitative description of differences of parent, services coordinator, and EI service provider experiences regarding quality of early intervention home visits for PRTs implementing the third strategy (Routines-based home visits). This evaluation will focus on two research questions:
1. How do family members and *EI service providers* describe the influences of the Getting Ready 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 action plans to support parents' use of strategies with their children,
 - (d) use of and fidelity to the strategy steps outlined by the action 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 *service coordinators* describe the influences of the Getting Ready 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?

Timeline: 2/1/2019 through 12/31/2019

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. However, if the TA Centers do not receive continued federal funding, then Nebraska will need to identify new resources/supports to assist us in the SSIP requirements, which will pose barriers to our state in sustainability of effective practices.

In addition to compliance monitoring activities, the state leadership team continues to address implementation and evaluation barriers for the non-cohort regions via the provision of additional TA, training opportunities, and extra resources and funding. It is the intent of the Co-Leads to ensure statewide fidelity of the three coherent improvement strategies. However, these activities are taxing on state staff time and funding resources available for implementation and sustainability of the coherent improvement strategies and data collection/reporting mechanisms for the entire state.

Additional Supports Needed

The state will continue to utilize OSEP-funded TA Centers, DaSy, ECTA, and IDC in the implementation of the SSIP requirements. However, if the TA Centers do not receive continued federal funding, then Nebraska will need to identify new resources/supports to assist us in the SSIP requirements which will pose additional barriers to our state. 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 data analysis.

Nebraska Phase III - Year 3 Report

Appendices

Appendix U: SSIP Infographic

Appendix V: Kuhn Executive Summary

Appendix W: Nebraska RDA Full Report

Appendix X: Getting Ready Provider, Services Coordinator Checklists & Scoring Criteria

Appendix Y: Nebraska's Getting Ready Home Visit Fidelity Checks

