



MISSOURI PART C INDICATOR 11: STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

2013-14 through 2018-19



Phase III: Submitted March 29, 2017

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Missouri Part C State Systemic Improvement Plan Phase I & II Overview

Phase I consisted of an extensive analysis of aspects related to child outcomes. The state determined the collection and determination of Early Childhood Outcomes (ECO) was: not consistent within or between regions in the state; not frequent enough to accurately report progress between entry and exit; and not meaningful to the Individualized Family Service Plan (IFSP) team and service delivery. These three issues were determined to be the root cause for data quality issues with the state's child outcome data. To address the root cause, the state considered two existing initiatives to include in the State Systemic Improvement Plan (SSIP): Early Intervention Teams (EITs) and the ECO pilot.

Prior to Phase I requirements, the state implemented EITs to improve the effectiveness and efficiency of service delivery to families participating in Missouri Part C. After the Phase I infrastructure analysis, the state identified EITs as the component of infrastructure to leverage in order to build capacity to improve child outcomes. The state determined the performance of teams, specifically the activities conducted in home visits and the discussions in team meetings, was critical for improving child outcomes.

Also prior to Phase I requirements, the state implemented an ECO pilot to improve the quality of child outcome data. The pilot required IFSP teams to use three evidence-based practices: (1) discuss and collect ECO ratings every six months; (2) discuss the child's functioning/progress in person at IFSP meetings; and (3) use questions from the ECO Decision Tree to determine appropriate ratings.

During the time period for Phase II (i.e., between March 2015 and February 2016), the state conducted several key activities to support EITs and the pilot. The state:

- Identified key literature pieces related to evidence-based practices in early childhood settings
- Trained all providers and Service Coordinators in the three pilot regions on procedures used in the pilot
- Implemented an annual needs assessment that included observations of intake visits, IFSP meetings and home visits
- Implemented paid PD time during team meetings for providers and Service Coordinators in the pilot to enhance discussions about child outcomes

Missouri Part C State Systemic Improvement Plan

Introduction to Phase III

The purpose of Phase III of the SSIP is to evaluate and report on the state's progress in implementing the SSIP. For Missouri Part C, the focus of year one of Phase III is continuing to build the state's capacity to support the regional system in identifying, implementing and evaluating the use of evidence-based practices.

Phase III Components

The components of Phase III include: (1) data analysis; (2) rationale for revisions to the plan; and (3) stakeholder involvement.

The following critical questions guided the evaluation of SSIP activities conducted during year one of Phase III (i.e., between March 2016 and February 2017):

- *Component 1 – Data Analysis:* What data are available to indicate progress implementing the SSIP? Were timelines met for implementation? What data are available to indicate progress toward the State-identified Measurable Result (SiMR)?
- *Component 2 – Rationale for Revisions to the Plan:* Has the Part C system changed as a result of implementing SSIP strategies and activities? What revisions, if any, are necessary for the SSIP strategies and activities, and why?
- *Component 3 – Stakeholder Involvement:* How are stakeholders involved in modifications to the plan?

Phase III Implementation Status

The state identified the early childhood outcomes (ECO) pilot and early intervention teams (EITs) as the two key mechanisms to improve child outcomes. These two activities are in different stages of implementation. For EITs, the state selected a punctuated implementation plan, which means all ten regions began implementing EITs at the same time. The implementation of teams occurred in 2010, which was before the ECO pilot began in 2012. However, the state did not establish implementation measures initially for EITs to ensure all regions are implementing team practices with fidelity.

On the other hand, the state selected an incremental implementation plan for the ECO pilot, which means some of the regions are in the pilot and other regions will join the pilot over time. During year one of Phase III, the state scaled up the pilot to two additional regions. There are currently five regions in the pilot, which is half of the ten regions in the state. However, each region in the pilot is in a slightly different stage of implementation. The state developed several implementation measures to ensure the pilot regions implement ECO practices with fidelity.

Phase III Revisions



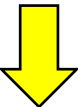
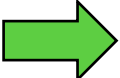
For implementation strategies and activities, there were no significant changes from Phase II to Phase III; however, the state made some adjustments to the sequence and timelines for some activities, as described in the following Phase III report.

For the SiMR, there were no changes in the statement from Phase II to Phase III. The following continues to be the SiMR for Missouri Part C:

By FFY 2018, Missouri Part C intends to increase by 10 percent the number of children with disabilities participating in the ECO pilot who improve their social-emotional skills by the time they exit Part C, for children entering Part C below age expectation in social-emotional skills.

For the Theory of Action, there were two minor changes from Phase II to Phase III. First, in the installation stage, the phrase “strategies” was changed to “evidence-based practices” to clarify these are expected practices to be used when working with families. Second, in the full implementation stage, a phrase was added to clarify the strategies that support the child’s IFSP outcomes. Figure 1 reflects the revisions to the Theory of Action for Missouri Part C.

Figure 1: Missouri Part C Theory of Action

Implementation Stage:	If . . .	Then . . .
Installation 	The state implements a sustainability plan for EIT members in the ECO pilot to have meaningful discussions about evidence-based practices that improve social-emotional skills in children with disabilities. . .	EIT members in the ECO pilot will recognize typical and atypical social-emotional skills and increase the use of strategies that evidence-based practices to improve the outcomes of children participating in Part C.
Initial Implementation 	The SPOEs in the ECO pilot conduct an annual needs assessment, which includes observations of intake visits, IFSP meetings and home visits, to assess current practice. . .	SPOEs will know if EIT members are using evidence-based practices and, if needed, provide targeted training and technical assistance.
Full Implementation (Short Term) 	The state collects and analyzes information from regions in the ECO pilot (i.e., data, surveys and observations) to evaluate child outcomes. . .	The state will determine if the current level of training and technical assistance in the ECO pilot is working or if a more intensive plan is necessary to improve child outcomes.
Full Implementation (Long Term) 	All EIT members in the ECO pilot discuss child progress in social-emotional skills during IFSP meetings and accurately rate child outcomes in social-emotional skills. . .	Parents will engage in IFSP meeting discussions to recognize progress in their child’s social-emotional development.
	All EIT members in the ECO pilot use evidence-based practices and monitor the child’s progress during home visits. . .	Parents participate in home visits to learn strategies that support IFSP outcomes and to improve their child’s development . . .

Missouri Part C State Systemic Improvement Plan Phase III Report

1. Component One – Data Analysis

The state designed the following evaluation plan to be handled internally by state staff. The evaluation plan connects to two stages of implementation science: (1) the initial implementation stage that involves professionals learning about new practices and measures to track progress (e.g., short-term objectives); and (2) the full implementation stage that involves evaluating professionals using new practices and fidelity measures to track implementation (e.g., long-term objectives).

1.1 Progress toward Short-Term Objectives

The state continues to work on two key strategies for implementing the SSIP: (1) developing foundational materials to support early intervention professionals; and (2) expanding the pilot project to additional regions in the state.

A. Foundational Materials

As described in Phase II, the state identified the need to support consistency and accuracy in the implementation of pilot procedures, and to provide sustainability when new professionals enter the field of early intervention. The state continues to work on the sustainability plan to support evidence-based practices in intake visits, IFSP meetings and home visits (see *Appendix I: State Sustainability Plan*). The sustainability plan contains three levels that align with the stages of implementation science: installation, initial implementation and full implementation. To date, the state's focus has been the first level (installation) to ensure foundational materials are available for professionals. Each level of the foundational materials contains a variety of materials (e.g., written materials, online training modules, short video clips highlighting best practice) in order to accommodate different learning styles.

In year one of Phase III, the state participated in an ECTA child outcomes webinar about the ENHANCE study. The information shared on the webinar confirmed the state was using evidence-based practices in the pilot. Following the webinar, the state developed an Early Childhood Outcomes (ECO) Handbook. The handbook contains information and examples on the three outcome areas (i.e., social-emotional skills, acquisition of knowledge and skills, appropriate behaviors) and the three evidence-based practices required for the ECO pilot. The handbook is a compilation of information from materials the state used initially for pilot implementation and the ENHANCE study. The handbook also contains information from materials and other trainings posted on the national Early Childhood Technical Assistance (ECTA) center website. The state disseminated the handbook to all regions in the pilot and conducted training and follow-up technical assistance with each of the regions.

Based on suggestions from System Point of Entry (SPOE) Directors and Service Coordinators to revise the ECO materials for parents, the state also created an ECO Parent Brochure that includes basic information about child outcomes in a family-friendly format. The brochure is a

compilation of information about the state's system as well as information from Minnesota's parent center, PACER. When disseminating the brochure to all regions in the pilot, the state provided training on how to explain child outcomes to new families and when to use the brochure to assist discussions about progress with existing families.

In addition to written materials, the state is currently reviewing and revising online information. There are six existing Part C training modules accessible through an online portal. The portal was developed for professionals but it is accessible to the public. Each module has content, videos and resources about a particular topic (i.e., evaluation/ assessment, IFSP, transition, family engagement, service delivery). By June 30, 2017, a seventh training module for child outcomes will be available to professionals participating in the pilot. Module 7 will be in the same format as the existing modules, which will provide a variety of materials to support professionals in learning and implementing evidence-based practices related to early childhood outcomes.

In addition to Module 7, the state is also developing a resource library that will be included in the online portal. The resource library will include written documents, short video clips highlighting evidence-based practices and website links from all seven of the online training modules. The resource library will be designed for easy access and allow the user to search for materials by topic, module number, video/document format, or all materials. The resource library will be available in the portal in the summer of 2017.

Although the online training modules have historically been utilized for initial training purposes only, the state plans to re-brand the online modules to also be an ongoing support for professionals. When providers need to learn more about evidence-based practices or a particular topic as part of training or targeted technical assistance, providers can access materials housed in the resource library.

To ensure content is accurate and links to resources are working properly, the state reviews all modules on an annual basis. By expanding upon the existing online training portal to include a resource library, the state will be able to review and update the resource library as part of routine maintenance for the modules.

While the state was developing foundational materials, training on SSIP activities and creating an online resource library as part of the sustainability plan, the state identified the need to emphasize the connection between evidence-based practices and the early intervention process. Therefore, the sustainability plan was updated to include three key areas for improving outcomes for young children: understanding the basics of child outcomes, being a valuable team member and being an effective home visitor (see *Appendix I: State Sustainability Plan*).

The state's sustainability plan is a work-in-progress as the state continues to identify appropriate materials for each implementation stage and topic. Once completed, the state will have a variety of resources available throughout the levels of the plan. For example, new providers can begin at the bottom of the state sustainability plan to learn the foundational parts of the program and then move to practices and evaluation. On the other hand, current providers struggling with their practices can be referred to a lower level in the state sustainability plan to target their learning to a specific practice (e.g., reflection, self-assessment, evidence-based practices for home visits).

The state will continue to seek assistance from the Early Childhood Technical Assistance (ECTA) center and the National Center for Systemic Improvement (NCSI) or other experts in the field of early intervention, as needed. When developing the content specific to social-emotional for the ECO pilot portion of the state sustainability plan, the state will seek assistance from the Technical Assistance Center on Social Emotional Intervention (TACSEI) and the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) or other resources, as needed.

B. Pilot Expansion

Since scaling up the ECO pilot project in 2014, the state has learned valuable lessons in implementation and sustainability, including how to track implementation measures and the need to provide more support to professionals as they learn new procedures and practices.

As explained in Phase II, the state tracks three data sources related to the pilot implementation: (1) raw data; (2) surveys; and (3) observations. When possible, the state uses existing processes to collect and evaluate data from families, providers and Service Coordinators in the pilot regions.

For **raw data**, the state uses ECO ratings that Service Coordinators in the pilot regions enter in the statewide data system, WebSPOE. The method the state uses to review raw data is a report that queries entry and exit data in the pilot regions. The timeline the state uses to review raw data is every six months. The implementation measure for raw data is an entry score average between 2.0 and 3.0 in each pilot region. This measure was selected based on Missouri’s narrow eligibility criteria (i.e., half-age delay in development) and Missouri’s definition of 2.0 equates to emerging but not age-appropriate skills, and 3.0 equates to a mixture of age-appropriate and not age-appropriate skills. Figure 2 represents the pilot region’s baseline and progress data for entry scores in all three outcome areas.

Figure 2: Pilot Implementation - Raw Data

Pre-Pilot Data Entry (7/1/11 – 6/30/12)	Outcome A Social-emotional	Outcome B Knowledge	Outcome C Behaviors
Region 5 (N = 546)	3.4	3.1	3.4
Region 9 (N = 345)	3.7	3.4	3.7
Region 10 (N = 218)	3.2	2.8	3.2
Average for all regions	3.4	3.1	3.4
Range is 2.8 - 3.7 (or .88 range)			
Implementation Fidelity Check #1 Entry (6/1/15 – 12/31/15)	Outcome A Social-emotional	Outcome B Knowledge	Outcome C Behaviors
Region 5 (N = 381)	2.6	2.3	2.4
Region 9 (N = 290)	2.6	2.4	2.3
Region 10 (N = 172)	2.2	2.0	2.1
Average for all regions	2.5	2.2	2.3
Range is 2.0 - 2.6 (or .60 range)			
Implementation Fidelity Check #2 Entry (1/1/16 – 9/30/16)	Outcome A Social-emotional	Outcome B Knowledge	Outcome C Behaviors
Region 5 (N = 480)	2.7	2.4	2.4
Region 9 (N = 376)	2.5	2.4	2.4
Region 10 (N = 255)	2.0	2.0	2.0
Average for all regions	2.4	2.3	2.3
Range is 2.0 - 2.7 (or .70 range)			

For **provider survey data**, the state disseminates an annual survey to all providers in the pilot regions. The state uses information from questions already included in the provider survey. The survey items and topics may vary each year, but the state always asks the questions represented in Figure 3 in order to address the three evidence-based practices in the pilot. The method the state uses to review survey data is a regional tally of responses. The timeline the state uses to review survey data is annually. The implementation measure for the provider survey is, of those who responded, at least 75% indicate they are implementing the expected practice. This measure was selected based on implementation science studies from the National Implementation Research Network (NIRN) and the National Institutes of Health (NIH). Figure 3 represents the most recent results from the annual provider survey for the regions participating in the pilot.

Figure 3: Pilot Implementation - Provider Survey Data

2017 Provider Survey <i>Response rate: 72%</i>	Region 5 <i>(N = 65)</i>	Region 9 <i>(N = 92)</i>	Region 10 <i>(N = 57)</i>
ECO ratings are discussed and collected every 6 months	86%	87%	91%
ECO ratings are discussed in person at IFSP meetings	88%	92%	91%
IFSP team uses questions from the Decision Tree to determine appropriate ratings	84%	96%	87%

For **parent survey data**, the state disseminates an annual survey to all parents who have children with active IFSPs. The state uses information from two questions about child outcomes that already existed in the parent survey. The method the state uses to review survey data is a regional tally of responses. The timeline the state uses to review survey data is annually. The implementation measure for the parent survey is, of those who responded, at least 75% indicate their child is making progress and they are satisfied with the program. This measure was selected based on implementation science studies from the National Implementation Research Network (NIRN) and the National Institutes of Health (NIH). Figure 4 represents the most recent results from the annual parent survey for the regions participating in the pilot.

Figure 4: Parent Survey Data

2016 Parent Survey <i>Response rate: 14.7%</i>	Region 5 <i>(N = 109)</i>	Region 9 <i>(N = 80)</i>	Region 10 <i>(N = 48)</i>
I feel I am an active part of the team when we meet to discuss my child.	100%	98.75%	95.75%
I am able to help my child learn new skills because of First Steps services.	99.07%	97.5%	95.83%

For **observation data**, the state uses data collected from the annual SPOE needs assessment. The SPOE Directors, or their designees, conduct observations of Service Coordinators in intake visits and IFSP meetings, and providers in home visits. To provide consistency in observation ratings and ensure fidelity with the use of evidence-based practices, the state is working on a set of

practice profiles. Once finalized, the SPOE will use the practice profiles during observations. The method the state uses to review observation data is a tally of regional reports of practices related to pilot implementation and child outcomes (e.g., use of pilot procedures, use of evidence-based practices, engaging families). The timeline the state uses to review observation data is annually. The implementation measure for observations is, of those who were observed, at least 75% demonstrate evidence-based practices. This measure was selected based on implementation science studies from the National Implementation Research Network (NIRN) and the National Institutes of Health (NIH). Data for observations was not included in the Phase III report because the SPOEs did not use the same observation measures and the number of observations was not a sufficient sample size.

As reported in Phase II, implementation measures suggested consistent practice in the pilot regions; however, the state did not expand the pilot in Phase II because SPOE Directors, Service Coordinators and providers suggested the state needed to revise the initial implementation materials and trainings. Their suggestions included revising written procedures to clarify the pilot procedures and conducting additional orientation activities for Service Coordinators before training them alongside providers. Rather than expanding the pilot, the state used that time to build the capacity of existing regions and plan for future expansion. Using these new implementation activities, the pilot was scaled up to two additional regions during year one of Phase III.

However, during the recent pilot expansion, the state learned of another challenge regions are experiencing in the pilot: the use of Professional Development (PD) time during team meetings. Feedback from the pilot regions indicated teams are struggling with how to use PD time, the type of activities that are appropriate, scheduling regular PD time during team meetings and engaging all team members in the discussions.

Some of the struggles are a result of learning new practices as part of participating in the pilot, but the state also learned that some of the struggles are because the composition of teams has changed in recent years. Some of the original members who were trained by the state when teams were initially implemented in 2010 have since left early intervention and new members are in place. Yet the state has few materials to help new members understand team roles and activities, and there has not been a statewide or regional training on the use of teams in early intervention for more than three years.

The pilot project has gained a lot of interest in the field, and the remainder of the state is anxious to become part of the project. However, before the pilot can be scaled up to additional regions, the state needs to remedy some of the challenges with PD time and team structure. The state is developing written materials, planning additional training activities and creating the online resource library to support challenges with pilot activities and team structure.

Another challenge expressed by stakeholders is the need for EIT members to be able to access professionals who have experience with infant mental health issues. The state is considering a modification to the composition of teams to address this challenge. The change would allow at least one professional with expertise in infant mental health to be a team member in order to better support providers requesting more information related to the social-emotional needs of

children and families (e.g., trauma, healthy parent-child relationships, infant mental health, attachment development).

The state recognizes when the pilot expands to new regions, it is critical to not only spend time training the new regions, but also spend time supporting the existing regions to ensure all regions (i.e., new and existing) are using the same practices in the pilot. Therefore, as new regions are added to the pilot, the state will provide updated training to the existing pilot regions as well.

1.2 Progress toward Long-Term Objectives

The state continues to work on two long-term activities for statewide implementation of the SSIP: (1) implement evidence-based practice profiles for observations of intake visits, IFSP meetings and home visits; and (2) create a provider coaching and mentoring system to use as part of training and technical assistance.

A. Practice Profiles

In Phase II, the state described several challenges with evidence-based practices... What do they look like? How does one observe them? Can they be measured? Learning about and implementing evidence-based practices can be confusing and overwhelming to professionals. The state has been developing a set of practice profiles to help connect research to practice and to ensure evidence-based practices will be implemented with fidelity. The practice profiles are part of the state's sustainability plan to help professionals learn about and implement evidence-based practices (see *Appendix 1: State Sustainability Plan*).

Over the past year, with the assistance of internal and external stakeholders, the state drafted a set of practice profiles for three areas of early intervention: intake visits, IFSP meetings and home visits. Various national sources were reviewed before developing the practice profiles, including the *NAEYC Developmentally Appropriate Practices*, the *Division of Early Childhood (DEC) Recommended Practices*, the *Seven Key Principles: Looks Like/Doesn't Look Like*, and the *Agreed Upon Practices for Providing Early Intervention Services in Natural Environments*.

After an extensive review of national information, the state determined the literature that aligned best with the early intervention process was the *Agreed Upon Practices for Providing Early Intervention Services in Natural Environments (AUP)*, which organizes the practices according to the IFSP process. This document was developed by a workgroup of national experts in the field of early intervention who identified practices using various research methods, including model demonstration and outreach projects. In addition, the AUP included a self-assessment tool that aligned with the guidance document and could be used by providers as a pre-assessment activity prior to conducting observations in a home visit or IFSP meeting.

In June 2016, the state met with SPOE Directors and Service Coordinators from pilot and non-pilot regions to develop a set of draft profiles for intake visits, IFSP meetings and home visits. Based on the AUP, the group identified the essential function for each activity, described each function, and created a three-point rating scale to rate the practice to ensure fidelity with the use of evidence-based practices. Figure 5 is an excerpt of the Practice Profile for IFSP Meetings.

Figure 5: Practice Profile Excerpt

IFSP Meetings (Source: Agreed Upon Practices)	Rubric (Source: NIRN Active Implementation Hub, Seven Key Principles)		
Essential Practices	Emerging Practice Actions indicate the professional implements basic skills and abilities.	Satisfactory Practice Actions indicate the professional implements required skills and abilities consistently.	Best Practice Actions indicate the professional implements required skills consistently, and the professional uses skills such as reflection, critical thinking, making connections and establishing partnerships with families.
1. Establish a welcoming and respectful climate for the IFSP meeting.	The Service Coordinator introduces individuals who are participating in the meeting, including family members.	Includes <i>Emerging Practice</i> AND The Service Coordinator clarifies the roles of those participating in the meeting.	Includes <i>Satisfactory Practice</i> AND The Service Coordinator encourages all team members to learn together, share observations and ask questions.

The SPOE Directors are using the draft practice profiles to help train Service Coordinators and providers on expected practices and as a guide to conduct observations of intake visits, IFSP meetings and home visits. The state is reconvening the provider work group to assist with obtaining provider input on the draft practice profiles. The state also sent the draft profiles to ECTA staff for review and feedback.

Depending on the extent of the feedback from these stakeholders, the practice profiles may need to remain in draft status for another year while the SPOE Directors continue to use them on a trial basis. In June 2017, the state will meet again with the group of SPOE Directors and Service Coordinators to incorporate stakeholder feedback, review the draft profiles again, discuss experiences, and revise accordingly.

B. Provider Coaching System

As indicated in Phase II, to determine the amount of support needed to increase or improve the regional infrastructure, the state examined the regional system using the ECTA implementation guide, which indicates a hierarchy of: (1) state leadership team; (2) coaches; and (3) demonstration sites that should be in place to support a new practice.

To address the leadership team for Missouri Part C, in preparation for SSIP activities, the state leadership team analyzed their roles and responsibilities in order to delegate time for SSIP activities. Building from a task analysis activity completed in Phase I for data analysis and a classification activity completed in Phase II, the state continues to track activities based on SSIP-related topics (e.g., improvement activities) or non-SSIP tasks (e.g., compliance activities). The state continues to organize SSIP activities into the following four* areas of work:

1. Practices – the evidence-based practices that will improve outcomes
2. Early Intervention Teams – who will deliver evidence-based practices
3. Early Childhood Outcomes Pilot – how/when evidence-based practices are delivered
4. Needs Assessment Observations – an evaluation of the use of evidence-based practices

**In Phase II there were six areas of work, including an area 5 for best practice file review and an area 6 for benchmark data. Work in these two areas has been put on hold for a few years until the state has more time to develop activities related to items 1 through 4 listed above. As the activities evolve around these items, the state anticipates the need for areas 5 and 6 will change.*

As a result of classifying tasks as SSIP or non-SSIP, it was easier for the state leadership team to recognize the various topics and tasks directly contributing to the SSIP. Additionally, several state staff were repurposed to assist in non-SSIP tasks in order for all members of the state leadership team to have time to assist with projects related to the SSIP. Last year, to help track the SSIP work, the state leadership team created a SSIP tracking chart that lists the specific tasks to complete in the current fiscal year and any key upcoming projects for the following fiscal year. The state continues to use this tracking form to guide staff meeting discussions and to stay accountable to timelines and follow-up activities.

After reviewing the definitions and descriptions for the other two levels of support (i.e., coaches and demonstration sites), the state leadership team determined the roles and responsibilities for the third level (i.e., demonstration sites) were clearly defined and in place in Missouri through the implementation of the ECO pilot.

However, the state leadership team could not clearly identify who in the current infrastructure would fill the role of coaches in the second level of support. During year one of Phase III, the state leadership team, with assistance from various stakeholders such as Head Start State Collaboration Office, Parents as Teachers, NCSI, ECTA and staff from the pilot regions, considered the role of coaches and their impact on the program. Rather than focusing on who could fill the role of a coach, the state decided to start with exploring various coaching models in order to better define and describe what a coach would do.

As part of the NCSI Social-Emotional Learning Collaborative activities, the state learned about several approaches to a system of coaching professionals. The primary method used in other states is a cycle of coaching that includes training, assessing, observing, reflecting, providing targeted technical assistance, repeat. At this time, the state is exploring how this cycle might fit the infrastructure and professional development in Missouri Part C. The Plan-Do-Study-Act (PDSA) process for defining, trying and analyzing activities is the approach the state took when implementing the pilot, and is the anticipated approach when considering the coaching cycle.

In 2017-18, the state will continue working with internal and external stakeholders to explore existing coaching models that may be adapted for use in Missouri Part C. For example, Head Start uses a practice-based coaching program of professional development that may meet the needs of early intervention. The state plans to have a demonstration by Head Start to obtain more information about their coaching program.

As described in Phase II, the State of Missouri contracts with seven agencies to operate ten SPOE regions. The SPOE contract is rebid every five years, creating a five-year cycle. The current SPOE contract ends June 30, 2019; therefore, the rebid of the SPOE contract will begin in the fall of 2018. When making plans to improve infrastructure, the state uses the current cycle for regional contracts.

As part of this five year cycle, if the state decides to increase staff or add additional positions (e.g., coaches) to the current infrastructure, the optimal timeframe to do this is during the rebid of the SPOE contract. Therefore, by mid-2018, the state needs to identify whether additional positions are necessary or if current positions can be repurposed to help implement evidence-based practices.

1.3 Progress toward the SiMR

Preliminary data from the implementation measures indicate the implementation of the pilot is generating more consistency and confidence in social-emotional outcome data.

A. SiMR Data

The child outcome data collected from the pilot regions for the SiMR this year indicate a slight decline from last year (see Figure 6). Although the performance decreased slightly, the state exceeded the FY 16 target (73.1) and the baseline (69.1). Upon further analysis of the data, there was little change in the demographics of the children included in the SiMR (i.e., the same pilot regions, similar eligibility reasons, gender, race and poverty levels) and the SiMR sample does not yet represent state demographic data.

Figure 6: SiMR Data

SiMR Data	Baseline	2013-14 Data	2014 -15 Target	2014-15 Data	2015-16 Target	2015-16 Data
Child count in SSIP (Pilot)	-	146 children	-	227 children	-	516
Social-Emotional Summary Statement 1	69.1%	95.9%	71.1%	92.0%	73.1%	89.5%

The SiMR data displayed above represents only the three regions who participated in the pilot throughout Phase III. As new regions enter the pilot, the state will conduct further data analysis of child and family demographics. Once the pilot is statewide, all ten regions will be practicing pilot procedures and completing SSIP strategies such as PD time.

B. Data Trends

At this time, the state does not have a large enough sample to determine what changes to the SiMR targets, if any, are needed. In Phase II the state added a clarifying phrase to the SiMR statement regarding the ECO pilot; however, the state is proposing no changes to the SiMR statement for Phase III. Therefore, the Missouri Part C SiMR is as follows:

By FFY 2018, Missouri Part C intends to increase by 10 percent the number of children with disabilities participating in the ECO pilot who improve their social-emotional skills by the time they exit Part C, for children entering Part C below age expectation in social-emotional skills.

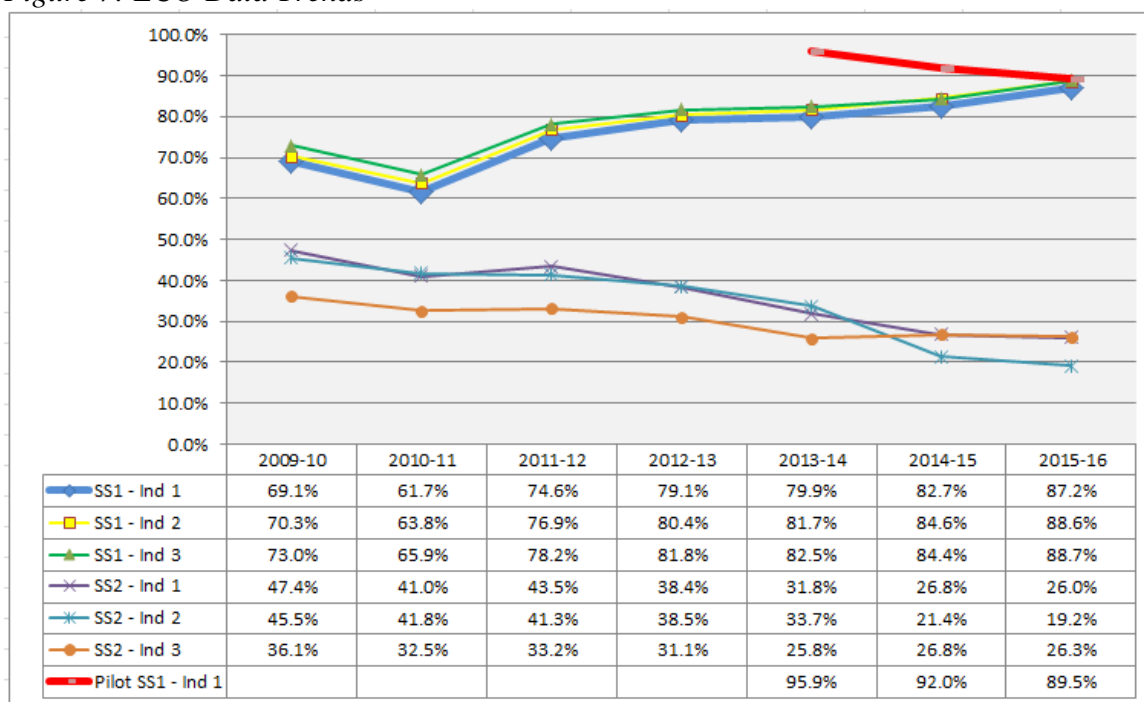
Although the SiMR only addresses summary statement one* for social-emotional outcomes, the state continues to collect and analyze the results for all three outcome areas and for summary statement two** as a measure of the implementation of the procedures used in the pilot.

*Summary statement one: Of the children who entered the program below age expectation for the Outcome, the percent that substantially increased their rate of growth in the Outcome by the time they exited.

**Summary statement two: Percent of children who were functioning within age expectations in the Outcome by the time they exited.

Statewide data from the three outcome areas show a continuing trend in increasing percentages in summary statement one and decreasing percentages in summary statement two (see Figure 7). This trend was identified in Phase I and the state has been working with ECTA and NCSI on options for improving data quality for child outcomes, including the tools used to collect outcome data and the methods used to calculate the summary statements.

Figure 7: ECO Data Trends



1.4 Next Steps

For the remainder of this fiscal year 2016-17, as indicated above in the **short-term objectives**, state staff in the early intervention section will conduct the following activities that support the need for more foundational materials and resources:

- *April 2017* – The state is developing the training topics, content and activities for the next provider training for the pilot regions planned for fall 2017.
- *May 2017* – The state will review existing pilot data and determine the readiness to scale-up the ECO pilot to additional regions in the fall of 2017.

- *June 2017* – The state will release a new online training module for early childhood outcomes that includes information about all three outcome areas, videos depicting age-expected skills and a resource section for the state to post materials for use by pilot regions.
- *June 2017* – The state will disseminate a new practice manual chapter about EITs that includes a description of team composition, activities and expected practices.
- *July 2017* – The state will release a new resource library that includes a variety of materials (e.g., written materials, short video clips highlighting best practice, online interactive training modules) that is accessible to First Steps professionals and the public.

Looking ahead to the next two years, as indicated above in the **long-term objectives**, state staff in the early intervention section will consider the following activities that support statewide implementation of the SSIP:

- Continue to review and revise the practice profiles with input from SPOE Directors, Service Coordinators, providers and TA centers. Consider whether additional practice profiles are needed for other aspects of the early intervention process (e.g., EIT and ECO activities). The goal is to obtain final profiles in order to have consistent information about evidence-based practices available statewide.
- Explore the use of self-assessments to support the SPOE Directors with observations of providers and Service Coordinators. The goal is to complete a sufficient number of self-assessments and observations in order to determine whether evidence-based practices are being used in home visits and meetings.
- Research the coaching practices used by other early childhood programs (e.g., Head Start, Parents as Teachers). The goal is to consider whether the coaching practices can be implemented in early intervention.

As the state continues to monitor the impact of changes in infrastructure and the use of improvement strategies on the state's child outcome data, modifications to targets may need to be adjusted accordingly. When the pilot achieves statewide implementation, which is the state's long-term goal, then the state expects to reset the baseline and subsequent targets for both Annual Performance Report (APR) Indicators 3 and 11.

2. Component Two – Rationale for Revisions

There were no significant changes from Phase II to Phase III; however, the state made some adjustments to the sequence and timelines for some activities, as described in this report.

Throughout year one of Phase III, there were several challenges and strengths noted by the state as strategies and activities were implemented. The biggest challenge the state faced was turnover in staff who were involved in the ECO pilot. Two of the three original facilitators at the state level and one of the three original directors at the regional level left the Part C program this year, which resulted in the state spending more time on training and revising materials than originally expected in order for state staff to catch up, and less time on delivering trainings and holding meetings with the pilot regions as planned.

However, the state found a way to turn this challenge into a positive activity because the turnover provided the state leadership team with an opportunity to test the sustainability plan for the pilot. In the end, the state leadership team was able to re-evaluate the plan and fine-tune the foundational materials and the types of resources necessary for ongoing support.

Therefore, although the state experienced a slight delay in the expected timelines for conducting SSIP activities, it was only a delay; it did not change the state's plan for the type of strategies and activities that are needed to support the implementation of the SSIP.

3. Component Three – Stakeholder Involvement

A state-level education initiative recently launched by the Missouri Department of Education is the *Top 10 by 20*, a major improvement effort that aims for student achievement in Missouri to rank among the top 10 states by 2020. Of the four goals in the plan, one specifically addresses early childhood (i.e., Goal 2), which states: *All Missouri children will enter kindergarten prepared to be successful in school.*

Given the focus on school readiness, the work of a cross-agency team of Department staff has provided Missouri Part C with the opportunity to align program policies between offices in order to work together to increase the number of children prepared to enter kindergarten.

3.1 Key Stakeholders

Throughout the SSIP process, the state primarily used three existing stakeholder groups who were familiar with the Part C program: the State Interagency Coordinating Council (SICC); the Early Childhood Outcomes (ECO) work group; and the Missouri Department of Elementary and Secondary Education (the Department) early learning team.

A. Internal Stakeholders: Persons within the Part C system are internal stakeholders. The state continued to use the following internal stakeholders in year one of Phase III:

- All state staff in the Department’s Office of Special Education, Early Intervention section who are members of all three stakeholder groups
- Early intervention providers who are members of the SICC
- Parents of children with disabilities who are members of the SICC
- SPOE Directors, Service Coordinators and providers participating in the ECO pilot

B. External Stakeholders: Persons outside of the Part C system are external stakeholders. The state continued to use the following external stakeholders in year one of Phase III:

- Staff in the Department’s Office of Special Education, Part B/619 section who are members of the ECO work group and the Department’s early learning team
- Staff in the Department’s Office of Quality Schools, Early Learning section who are members of the ECO work group and the Department’s early learning team
- Staff from multiple state agencies who are members of the SICC, including the Departments of Social Services, Health and Senior Services, Insurance and Mental Health
- Staff from Head Start state collaboration office who are members of the SICC
- Personnel preparation staff from the Center for Excellence, Education, Research and Service in Developmental Disabilities who are members of the SICC
- Staff from local school districts who are members of the ECO work group

- Staff in the Department’s Office of Quality Schools, Early Learning section who are members of the Department’s early learning team – this was expanded in Phase II to include all staff in the section.
- Staff from the Head Start State Collaboration Office – this was added in Phase III as a potential stakeholder in the future, depending on the outcome of discussions surrounding the use of a practice-based coaching system.

3.2 Stakeholder Activities

Missouri continues to use internal and external stakeholders to assist with identifying, implementing and evaluating SSIP activities. Stakeholders are particularly important when the state needs to collect feedback and suggestions for evaluating implementation activities from a variety of perspectives such as: individuals from rural and urban areas of the state; agency employees and independent vendors; public/state and private agency staff; home visiting and center-based staff; and lead agency/education or other state agency staff.

Throughout year one of Phase III, state staff in the early intervention section conducted the following SSIP-related activities with key stakeholders:

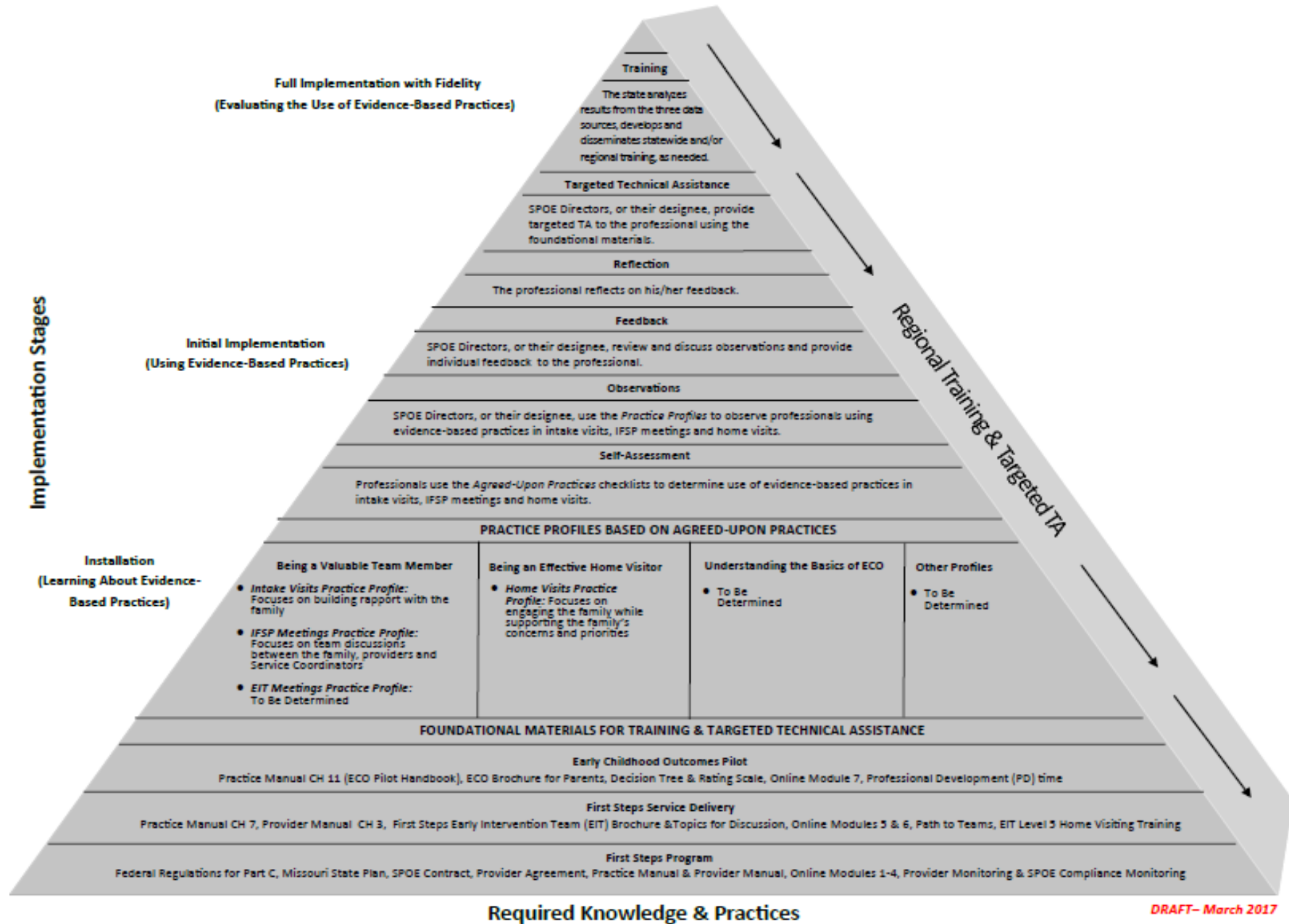
- **Screening and Evaluation Flow Chart** – State staff in the Department’s early intervention and early learning sections identified the need to improve collaborations between home visiting programs. One of the key comments from stakeholders was the importance of identifying the similarities and differences between programs and the opportunity to network with professionals from other programs serving young children and their families. Using stakeholder suggestions, staff developed a flow chart to depict the screening, referral, evaluation and developmental monitoring processes for children birth to age five. The flow chart was disseminated to home visitors through regional trainings co-facilitated by staff from both programs. Next steps include recording a presentation of the flow chart information to post online and considering future regional trainings.
- **SICC Meetings** – Throughout year one of Phase III, state staff in the early intervention section provided information about SSIP activities during SICC meetings, including the status of current activities and the plan to scale up the pilot to additional regions. Council members, including parents and staff from various state agencies as well as audience members such as SPOE Directors and Service Coordinators, were given an opportunity during each meeting to provide input on and suggestions to revise the pilot. One of the key activities suggested by stakeholders was to use technology to increase communications. Using stakeholder suggestions, the state held additional webinars and conference calls between state and local staff in the pilot regions during year one of Phase III. Next steps include continuing regular discussions on SSIP activities by state staff and considering the possibility for SPOE Directors, Service Coordinators or providers to give regional updates on pilot activities in order for SICC members to assist the state in evaluating the implementation of the pilot.
- **Small Group Discussions** – State staff in the early intervention section facilitated small group discussions on pilot procedures with the SPOE Directors during regional meetings in September 2016 and November 2016. This method was well received and directors

commented they appreciated the time talking with one another. One of the key activities suggested by stakeholders was the creation of the ECO Brochure to assist in explaining the process to families, which the state developed in year one of Phase III. Next steps include continuing the communication opportunities for the state to talk more frequently with all SPOE Directors in the pilot at the same time (e.g., conference calls, webinars).

- **Webinar/Conference Calls** – State staff in the early intervention section increased communication between state staff and the pilot regions, particularly Service Coordinators, to discuss strengths and challenges with implementing the pilot. The state facilitated two webinar/conference calls with Service Coordinators in May 2016 and January 2017. The purpose of these webinar/conference calls was not only to allow the regions to talk to each other, but also an opportunity for the state to share national information about child outcomes, such as the ENHANCE study. This method for communication was well received and Service Coordinators commented they appreciated the ability to hear scenarios and share experiences across regions. Next steps include continuing to provide opportunities for direct communication between state staff and Service Coordinators, and discussions amongst Service Coordinators across regions.

The state recognizes one stakeholder group (i.e., early intervention providers) did not receive the level of involvement in SSIP activities as planned due to unexpected transitions in state and regional staff involved in the pilot. Next steps will include the state improving communications with providers by conducting webinars, conference calls and/or meetings in order to discuss the pilot procedures, gather provider input, and consider their suggestions for any improvements to the pilot or other SSIP-related activities to be conducted in Phase IV.

Missouri Part C Training & Sustainability Plan for Professionals



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