



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

**2013-14 through 2018-19**



**Phase II: Submitted March 31, 2016**

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# Missouri Part C State Systemic Improvement Plan

## Phase I Overview

Phase I of the Missouri Part C State Systemic Improvement Plan (SSIP), submitted to the U. S. Department of Education, Office of Special Education Programs on March 27, 2015, contained a comprehensive analysis of the Missouri early intervention program data and infrastructure. The following excerpts from the Phase I report provide an overview of the key concepts for stakeholder involvement and each of the five components in Phase I: Data Analysis, Infrastructure Analysis, State-identified Measurable Result, Improvement Strategies and Theory of Action.

**Stakeholders:** Throughout Phase I, 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.

**Internal Stakeholders:** Persons within the Part C system are internal stakeholders. Internal stakeholders involved in Phase I included the following:

- 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
- System Point of Entry (SPOE) directors and Service Coordinators who are members of the ECO work group

**External Stakeholders:** Persons outside of the Part C system are external stakeholders. External stakeholders involved in Phase I included the following:

- 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

**Data Analysis:** This component of Phase I described a broad and subsequent focused data analysis. After a broad data analysis, the area with the largest inconsistencies in data trends that warranted further inquiry was Indicator 3: Child Outcomes. Thus, the state determined a more in-depth analysis in the area of child outcomes was necessary in order to determine the factors contributing to inconsistent data for this indicator.

**Root Cause:** Based on national technical assistance and input from stakeholders, the state determined the collection and determination of child outcomes 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 child outcomes. To address the root cause, the state initiated a Part C ECO pilot to increase the use of consistent, frequent and meaningful data for child outcomes.

**Disaggregated Data:** Based on an analysis of multiple variables (including gender, race/ethnicity, geographic region, socioeconomic status, eligibility criteria and length of time in Part C), the state determined more than half the children are: at-or-below poverty; participating in Part C due to a developmental delay; and receiving services in natural environment settings for approximately 18 months. Given the state's narrow criteria for half-age delay in development and children with disabilities are briefly served in Part C, the challenge in measuring child outcomes is how to make the biggest impact on a child with disabilities and their family in a short period of time.

**Infrastructure Analysis:** This component of Phase I described the state's systems for governance, finance, quality standards, professional development, data, technical assistance and accountability/monitoring activities.

**Strengths:** The state contracts with regional System Point of Entry (SPOE) agencies that employ all Service Coordinators, which is arguably the strongest aspect of infrastructure for Part C. Complimentary to the SPOE contract, the state's ability to employ five regional staff who monitor the contract and provide training or technical assistance to the region enhances the strength of the regional system.

**Challenges:** Missouri uses an independent vendor system for provider services. A vendor system allows provider flexibility and autonomy but it is challenging to coordinate provider activities and communications. While transition to early intervention teams has improved the communications between and among providers and Service Coordinators, there is still room for improvement in the coordination of team activities and the recognition of best practices for home visits and team meetings.

**Areas for Improvement:** In Phase I, the state identified early intervention teams as the component of infrastructure that can be leveraged to build capacity for improvement. The state determined the performance of teams, specifically the activities conducted in home visits and the discussions in team meetings were critical for improving child outcomes. By increasing support in the practices of professionals on the team, the state will improve the regional infrastructure which will ultimately improve outcomes for all children participating in Part C.

**State-Identified Measurable Result (SiMR):** This component of Phase I described the rationale for selecting a measurable result. Missouri identified the following statement of measureable results for children with disabilities:

*By FFY 2018, Missouri Part C intends to increase by 10 percent the number of children with disabilities 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.*

Based on this statement of measureable results for children with disabilities, Missouri identified the following baseline and target data in Phase I:

Baseline Data

FFY	2013
Data	<b>69.1%</b>

FFY2014 – FFY2018 Target Data

FFY	2014	2015	2016	2017	2018
Target	<b>71.1%</b>	<b>73.1%</b>	<b>75.1%</b>	<b>77.1%</b>	<b>79.1%</b>

**Improvement Strategies:** This component of Phase I described how the state’s data and infrastructure analyses aligned with two key initiatives: the Early Childhood Outcomes (ECO) pilot and Early Intervention Teams (EIT). Missouri selected four levels of coherent improvement strategies for the SSIP. These four levels of improvement strategies will lead to accurately identifying, measuring and evaluating child outcomes.

**Theory of Action:** This component of Phase I described how improvement strategies will lead to improvement in child outcomes. In Phase I, Missouri identified the following theory of action:

*If the state implements Level One improvement strategies by providing the mechanisms (i.e., provider training and paid time for professional development during EIT meetings) and materials (i.e., evidence-based practices, use of videos and child development information) for EIT members to have meaningful discussions about evidence-based practices that improve social-emotional skills in children with disabilities . . . then EIT members will recognize typical and atypical social-emotional skills and strategize how to improve the outcomes of children participating in Part C.*

*And if the SPOEs implement Level Two improvement strategies by conducting an annual needs assessment, which includes observations of EIT meetings, IFSP meetings and home visits, to assess current practice . . . then the SPOEs will know if EIT members are using evidence-based practices and, if needed, provide targeted training and technical assistance.*

*And if the state implements Level Three improvement activities by compiling multiple benchmark data (i.e., reports, surveys and observations) to evaluate regional performance . . . then the state will determine if the current level of training and technical assistance is working or if a more intensive plan is necessary to improve child outcomes.*

*And if the state implements Level Four improvement activities and all EIT members discuss child progress in social-emotional skills during IFSP meetings and use the decision tree to accurately rate child outcomes in social-emotional skills . . . then parents will engage in IFSP meeting discussions to recognize progress in their child’s social-emotional development. And if all EIT members use evidence-based practices and monitor the child’s progress during home visits . . . then parents participate in home visits to learn strategies to improve their child’s development. And if parents use these strategies between visits with providers . . . then the intended consequence is an increased percent of children with positive social-emotional outcomes.*

## Missouri Part C State Systemic Improvement Plan Phase II Introduction

Since the submission of Phase I of the State Systemic Improvement Plan (SSIP), the state has continued working on the activities identified in the Phase I plan. The key accomplishments since the submission of Phase I SSIP include the following:

- Organized all of the SSIP tasks into six main areas: evidence-based practices; early intervention teams; ECO pilot; needs assessment; best practice file reviews; and benchmark data. Then repurposed state staff and non-SSIP tasks to better delegate time for SSIP tasks.
- Identified key literature pieces related to evidence-based practices in early childhood settings to be used to create an early childhood framework of best practices.
- Retrained all providers and Service Coordinators in the three pilot regions on procedures used in the pilot, including a description and history of ECO in Missouri.
- Implemented an annual needs assessment for all ten regions that includes observations of intake visits, IFSP meetings and home visits.
- Implemented paid professional development time during team meetings for providers and Service Coordinators in the pilot to continue discussions about ECO.

There were no significant changes from Phase I to Phase II; however, minor modifications were made in Phase II to strengthen alignment between SSIP activities and initiatives.

**The Phase II Activities:** The focus of Phase II is to build the capacity for the state to support the regional system in identifying, implementing and evaluating the use of evidence-based practices. The components of Phase II include: (1) infrastructure development; (2) activities that support the implementation of evidence-based practices; and (3) evaluation. Related to each of these components, the following critical questions guided the development of Phase II activities:

- *Component 1 - Infrastructure Development:* What is the state's capacity to create change at the state and regional levels?
- *Component 2 - Support for Implementation of Evidence-Based Practices:* What existing resources are available to assist in the identification and implementation of evidence-based practices? What tools will the state and regional systems use to evaluate practices in home visits and meetings? What is the state's sustainability plan for early intervention?
- *Component 3 - Evaluation:* Are child outcome data in the pilot regions more consistent? What measurements will be used to evaluate progress toward the SiMR, and how often?

With any implementation plan there are going to be challenges. Missouri is working to resolve challenges related to increasing activities and oversight without increasing staff at the

state or regional levels, keeping up with new information and resources on evidence-based practices for infants and toddlers, and collecting and analyzing data with confidence in order to determine fidelity.

**Phase II Stakeholders:** In Phase II, the state continues to collaborate with the stakeholders described in Phase I, including persons involved in the early intervention system (internal stakeholders) and persons outside the early intervention system (external stakeholders).

Additionally, to strengthen the implementation of Phase II activities, the state expanded upon three of the stakeholder groups as indicated below:

### **Internal Stakeholders**

- State staff in the Department’s Office of Special Education, Early Intervention section – this was expanded in Phase II to include all staff in the section.
- System Point of Entry (SPOE) directors and Service Coordinators who are members of the ECO work group – this was expanded in Phase II to include a group of providers participating in the ECO pilot.

### **External Stakeholders**

- 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.

The state’s plan to build the state and regional infrastructure in order to implement evidence-based practices is outlined in the Phase I component: Infrastructure Development.

# Missouri Part C State Systemic Improvement Plan Phase II Report

## 1. Component One - Infrastructure Development

### 1.1. Existing Initiatives

The guiding question for this component is: *What is the state's capacity to create change at the state and regional levels?* There are two key initiatives currently underway in Missouri that can be leveraged to strengthen outcomes for children with disabilities. These two initiatives are the *Top 10 by 20* plan and Early Intervention Teams.

**A. Top 10 by 20 Plan:** 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. There are two key activities involved in this initiative: an early childhood program framework and a developmental screening flowchart.

**Early Childhood Program Framework:** One of the strategies in Goal 2 is to identify best practice themes to be used for short promotional videos highlighting best practices in early childhood settings. Prior to identifying best practices, the Goal 2 cross-agency team recognized the need to create an agreed-upon framework to first describe the components of a quality early childhood program and the activities that contribute to implementing evidence-based practices (EBP). To provide continuity for professionals in the field, the Goal 2 team plans to modify an existing framework used in K-12 (see Figure 1) for early childhood. The framework consists of six strands that align with the strategies outlined in each goal in the *Top 10 by 20* plan.

As the framework is being developed, the Goal 2 team is also working on establishing best practice themes as part of the Effective Teaching/Learning strand. Currently, the team is considering the five Developmentally Appropriate Practices from the National Association for the Education of Young Children (NAEYC) as the agreed-upon themes.

*Figure 1: Early Childhood Program Framework*

<b>Strand 1: Leadership</b>	<b>Strand 2: Collaboration</b>	<b>Strand 3: Effective Teaching/ Learning</b>	<b>Strand 4: Measurement and Assessment</b>	<b>Strand 5: Data-Based Decision-Making</b>	<b>Strand 6: Parent and Community Engagement</b>
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**Developmental Screening Flow Chart:** Another strategy in Goal 2 is to develop guidance on efficient screening, evaluation and service delivery processes for children birth through age five. In order to articulate the process of screening, evaluation and services for young children, a series of joint staff meetings were held between state staff from the early intervention section (i.e., Missouri Part C) and staff from the early learning section (i.e., Parents

as Teachers and Missouri Preschool Project programs). During these joint staff meetings, state staff learned more about program criteria, home visiting practices and professional development opportunities.

As a by-product of these meetings, staff developed a flow chart (see *Appendix 1: Developmental Screening Flow Chart*) to describe the activities involved in screening and evaluation. Additionally, staff learned of multiple opportunities for joint meetings at the regional level that can be leveraged to create a more efficient screening and evaluation process. Two activities were specifically identified: (1) early intervention staff will attend regional early learning meetings in the spring of 2016 to observe discussions about early learning screenings, and from the observations, create an agenda for joint regional presentations by early intervention and early learning state staff for screening and evaluation procedures; and (2) state staff in the early intervention and early learning sections will coordinate professional development activities in order to share resources.

**B. Early Intervention Teams:** The regional infrastructure identified in Phase I to help build the capacity to implement EBP was Missouri's service delivery model called Early Intervention Teams (EITs). The state determined the performance of teams, specifically the activities conducted in home visits and the discussions in team meetings, is critical for improving child outcomes. By supporting professionals on the team, the state will improve the regional infrastructure which will ultimately improve outcomes for all children participating in Part C.

**Levels of Support:** In order to determine the amount of support needed to increase or improve the regional infrastructure, the current state and regional capacity was examined using the Early Childhood Technical Assistance (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.

A state leadership team for Missouri Part C has been in place for several years; however, in preparation for Phase II 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, this past year state staff classified each task as a SSIP-related topic (e.g., improvement activities) or non-SSIP task (e.g., compliance activities). Then state staff organized SSIP tasks into six areas of work:

1. *Practices* – the EBP that will improve outcomes
2. *Early Intervention Teams* – who will deliver EBP
3. *Early Childhood Outcomes Pilot* – how and when EBP are delivered
4. *Needs Assessment Observations* – an evaluation of the use of EBP
5. *Best Practice File Reviews* – an analysis of documentation related to EBP
6. *Benchmark Data* – a complete program evaluation of outcomes

As a result of this activity, 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. 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.

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. In 2017-18, the state leadership team, with assistance from internal and external stakeholders, will review and consider the roles and responsibilities of coaches, and identify which positions in the current infrastructure, if any, fit this role.

**EIT Meetings:** The majority of communication and collaboration between professionals on the teams occur at EIT meetings. These meetings provide an opportunity for professionals to not only strategize about activities for specific children and families, but also time to discuss practices that positively impact time spent with families during home visits. This past year the state collected feedback from providers and Service Coordinators on what was working well and what was not working. For what was working, respondents indicated regular training from state staff was important to keep team members informed about meeting activities and pilot procedures. Several comments indicated training works best when team members attend together, the content includes specific information about child outcomes, and an annual training would be sufficient.

For what is not working, respondents indicated the level of support to teams at the regional level is not consistent. Although the SPOE contract requires the implementation of EITs, the oversight and technical assistance provided to them varies. This comment went along with the state's struggle to identify coaches at the regional level.

The state is currently analyzing all feedback collected from the past year. This feedback will be used to create the topics and handouts for the next training disseminated in 2016 to teams in the pilot regions.

**C. Early Childhood Outcomes Pilot:** The demonstration sites identified in Phase I to begin practicing new procedures that measure child outcomes were the regions participating in the Early Childhood Outcomes (ECO) pilot. The state began the pilot in one-half of two regions in 2012. After initial data collections indicated consistent ratings within and between regions, the pilot was expanded in 2013 to include everyone in both regions and the addition of a third region.

Currently, the pilot has been contained to these three regions. Before the pilot can be scaled up further, the state has to develop a plan to collect multiple sources of data to measure progress, develop fidelity measures of practice and establish the steps and timeline for scaling up the pilot to the remaining seven regions of the state.

## **1.2. Next Steps**

When making plans to improve infrastructure, the state uses the current cycle for regional contracts. As described in Phase I, the State of Missouri contracts with seven SPOE agencies to operate ten 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.

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 early 2018, the state needs to identify whether additional positions are necessary or if current positions can be repurposed to help implement EBP.

Before any decisions about regional infrastructure can be made in 2018, the state needs to identify and define the EBP necessary to improve child outcomes, and what existing resources are available for professional development opportunities. The state has two years to complete these activities in time for the rebid of the SPOE contract in 2018.

The improvement strategies to support the use of EBP, including activities and timelines, are outlined in the next Phase II component: Support for Implementation of Evidence-Based Practices.

## 2. Component Two - Support for Implementation of Evidence-Based Practices

### 2.1. Improvement Strategies

The guiding questions for this component are: *What existing resources are available to assist in the identification and implementation of evidence-based practices? What tools will the state and regional systems use to evaluate practices in home visits and meetings? What is the state's sustainability plan for early intervention?* In Phase I, Missouri identified four levels of improvement strategies; however, after discussions with internal and external stakeholders over the past year, the four improvement strategies have been collapsed to two.

These two strategies provide a better representation of the solutions to barriers in implementing evidence-based practices (EBP) in Missouri. The barriers include a lack of information on expected practices for delivering services and past training primarily consisted of presenting a PowerPoint in-person with little written information. The state needs better materials in order to implement and measure practices. Therefore, the state proposes the following two improvement strategies to support professionals: develop foundational materials and conduct observations.

**A. Develop Foundational Materials:** This past year, state staff reviewed existing materials on expected practices and service delivery in Missouri's early intervention program. Although early intervention teams (EITs) were implemented several years ago, state staff found several gaps in the information necessary to support providers' practices and what was currently available. In some instances the information existed but in multiple places and various documents, which are difficult to access. State staff will compile these multiple, separate documents on EIT practices into a new chapter in the existing practice manual, by June 30, 2017.

However, in other instances, information was not available for new providers entering early intervention or current providers struggling to understand EBP in early intervention. To support the identification and implementation of EBP, the state identified the following two activities: create profiles for EBP and a sustainability plan. These activities connect to the installation stage of implementation science (e.g., learning about EBP).

**Profiles for Evidence-based Practices:** EBP can be mythical creatures. . . .What do they look like? How does one observe them? Can they be measured? While there is ample information about early intervention, practices are not always referred to as "evidence-based," so it can be confusing and overwhelming to professionals trying to learn about and implement EBP. To date, Missouri Part C has had little discussion about practices and even less guidance in writing. But professionals need help connecting research to actual practice to make EBP a reality. Therefore, state staff are currently creating a set of profiles of EBP for early intervention as part of the Early Childhood Program Framework described earlier in Component One.

The profiles will incorporate existing literature on EBP from national sources, such as 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*. The profiles will address practices in three areas: intake visits, IFSP meetings and home visits.

Each profile will include a description of the essential functions and a three-point rating scale to rate the practices (see Figure 2). Missouri Part C will seek the assistance of staff from NAEYC, DEC or other experts in the field of early intervention, as needed. Draft profiles will be reviewed with internal stakeholders in June 2016. EITs will begin using the drafts in late 2016 and state staff will collect feedback in order to revise and finalize the profiles by June 2017.

Figure 2: Practice Profile

Essential Practice	Emerging (rating = 1)	Satisfactory (rating = 2)	Best Practice (rating = 3)
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**Sustainability Plan:** Missouri Part C is currently creating a sustainability plan to support new providers to learn about early intervention and current providers who are struggling to understand EBP in early intervention. The sustainability plan is structured in the format of a pyramid (see *Appendix 2: Sustainability Plan*). The bottom levels are the foundational materials related generally to early intervention and specifically to Missouri’s program. The middle levels describe the EBP and the top levels identify the various measurements for improvement.

As part of the existing initiatives for Goal 2 and EITs, Missouri Part C created the larger pyramid to reflect the EBP that providers should use in home visits and meetings. However, the state recognized the need to identify additional, specific practices for use when focusing on social-emotional development in the SSIP, so a second, smaller pyramid is under construction in order to identify the procedures and EBP central to the implementation of the ECO pilot.

Each level contains a variety of materials (e.g., written materials, short video clips highlighting best practice, online interactive training modules) in order to accommodate different learning styles. If providers need to learn more about a particular topic or activity as part of training or targeted technical assistance on EBP, then they can access the resources listed in the pyramid.

The sustainability plan is under development as the state continues to work on identifying appropriate resources for each implementation stage and topic. 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, 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.

The sustainability plan will have hyperlinks to each resource for easy access. The state plans to embed the sustainability plan in the existing portal for online training. There are currently six Part C training modules in the portal. Each module has content, videos and resources about a particular topic (i.e., evaluation/ assessment, IFSP, transition, family engagement, service delivery). A pre and post-assessment is also available for each module. To ensure content is accurate and links to resources are working properly, the state reviews all modules on an annual basis.

In 2016-17, the state plans to develop a new, seventh, online module on child outcomes. The sustainability plan will be inserted in this new module. By building on the existing online training portal, the state will be able to review and update the sustainability plan as part of the online module maintenance. Additionally, providers will be able to access the sustainability plan with ease since providers already use the portal for training modules. For example, new providers begin at the bottom of the pyramid 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 pyramid to target their learning to a specific practice (e.g., reflection, self-assessment, EBP for home visits).

**B. Conduct Observations:** The following activities were identified to support the SPOE in determining the current use of EBP in their regions. These activities connect to the initial implementation stage of implementation science (e.g., delivering EBP).

**Annual Needs Assessment:** Missouri Part C currently requires each SPOE to conduct an annual needs assessment that may include data reviews, surveys, and observations of Service Coordinators and providers. While the amount and type of data reviewed and the use of surveys may vary based on the SPOEs activities in a particular year, a sample of observations from intake visits, IFSP meetings and home visits must be collected and reported every year. The SPOEs select the sample. As a result of the needs assessment, the SPOEs identify areas that need targeted training or technical assistance from the state and, as appropriate, access resources in the sustainability plan to support the use of EBP.

The requirement for an annual needs assessment is a recent addition to the contract. This year (i.e., 2015-16) was the first year the SPOEs will collect and report results from their observations of Service Coordinators and providers based on the process identified in their needs assessment plan. At this time the SPOEs select the specific tools to use for observations as the state has not identified tools. However, the state recognizes there needs to be consistency in the EBP targeted for observations. The SPOEs and the state are currently working together to determine: (1) the EBP that should be observed in each setting; (2) a plan for consistency in collecting observation data in future years; and (3) the best way to articulate and disseminate the information to Service Coordinators and providers.

**Professional Development Time in EIT Meetings:** Missouri Part C requires regular meetings between EIT members in order to support the exchange of professional opinions, strategies and information about families assigned to the team. Most teams meet on a monthly basis but the frequency and length of meetings are determined by each team. Feedback from teams participating in the ECO pilot indicated team members wanted time to discuss topics related to child outcomes but not specific to a child and family served by the team.

Last year the state modified allowable EIT meeting activities and introduced Professional Development (PD) time to teams participating in the pilot. PD time allows for up to 45 minutes of paid time in each EIT meeting to be used specifically for activities that will improve child outcomes (e.g., social-emotional development, appropriate behaviors, typical development for infants and toddlers). Teams have the discretion to determine how best to use PD time as the state did not specify the topics or activities to use during this time.

Approximately six months after introducing PD time, the state collected feedback on what was working well and what was not working during EIT discussions about EBP. Feedback was collected from internal stakeholders via work group meetings, a survey and various conference calls. Feedback from providers indicated they want more examples of practices related to child outcomes areas, knowledge of local resources available in their community, and information about developmental milestones. Feedback from SPOE Directors and Service Coordinators indicated they want checklists or tip sheets to use as visual aids during EIT discussions and to have professionals outside the EIT attend as guest presenters to share information on topics that impact child outcomes (e.g., trauma, parent engagement, developmental milestones).

Overall, team members are struggling with the concept of PD time and need a better understanding of the activities and discussions that will lead to improved outcomes for children and families they serve. Additional explanation, examples and resources will be included in the next training disseminated in 2016 to teams in the pilot regions.

## 2.2. Next Steps

**A. Short-Term Improvement Activities:** For the remainder of this fiscal year 2015-16, state staff in the early intervention section will conduct the following improvement activities:

- *March 2016* – A list of agreed-upon practices for the early childhood framework will be developed by the Goal 2 team. The early intervention section will use the agreed-upon practices to draft profiles for these settings: intake visits; IFSP meetings; and home visits. The early intervention section will identify the content and activities for the next ECO pilot training.
- *April 2016* – State staff in the early learning section will introduce the developmental screening flow chart in their regional meetings and early intervention staff will attend to observe the discussion. State staff in the early intervention section will tally ECO pilot survey results and share with SPOEs participating in the pilot.
- *May 2016* – Each SPOE will submit a needs assessment report to the state, including results of observations from a sample of Service Coordinators and providers.
- *June 2016* – State staff in the early intervention section will discuss observation results with the SPOEs and review the draft profiles. State staff, with input from internal stakeholders, will develop an outline for a practice manual chapter on EIT.

**B. Long-Term Improvement Activities:** Looking ahead to the next two to three years, state staff in the early intervention section are considering the following improvement activities:

- Conduct regular conference calls with SPOEs participating in the ECO pilot.
- Deliver additional training and technical assistance to teams participating in the ECO pilot.

- Organize another ECO work group meeting to discuss and review: data collections from the pilot; pilot survey results; scaling up the pilot to additional regions; and content for a new online training module about child outcomes, including the sustainability plan.
- Develop a new online training module about child outcomes.
- Conduct follow-up surveys to teams participating in the ECO pilot.
- Scale-up the ECO pilot to two additional SPOE regions.
- Co-facilitate regional meetings with early learning state staff to discuss strategies and scenarios for effectively using the developmental screening flow chart.
- Assist the SPOEs in using the draft profiles and make revisions as needed.
- Complete the topics and links to resources in the sustainability plan.

The state's plan to evaluate the use of EBP practices and progress toward improving child outcomes are outlined in the next Phase II component: Evaluation.

### 3. Component Three: Evaluation

The guiding questions for this component are: *Are child outcome data in the pilot regions more consistent? What measurements will be used to evaluate progress toward the SiMR, and how often?* The state conducted a thorough data and infrastructure analysis as part of Phase I. As a result of these analyses, the state identified the ECO pilot and EITs as the two key mechanisms to improve child outcomes.

In order to evaluate child outcome data, the state designed the following evaluation plan that will be handled internally by state staff. The evaluation plan connects to the full implementation stage of implementation science (e.g., evaluating the implementation of new practices for fidelity and good outcomes).

#### 3.1 Evaluation Plan

As described in Phase I, with input from internal stakeholders, the state identified three data sources to evaluate child outcomes: (1) raw data; (2) surveys; and (3) observations. When possible, the state will use existing processes to collect and analyze data from families, providers and Service Coordinators in the pilot regions. For raw data, the state can use ECO ratings already recorded in the Part C data system, WebSPOE. For survey data, the state can use information from questions already included in annual provider and family surveys. For observation data, the state can use data already collected from the annual SPOE needs assessment.

**A. Short-Term Objectives:** The state's short-term objectives in the evaluation plan focus on creating a method and timeline for analyzing the three data sources. Historically, the state's only schedule for collecting and analyzing data on child outcomes was related to Indicator 3 of the SPP/APR. The state collected and reviewed child outcome data in the fall to report SPP/APR results. Throughout the year the state reviewed child outcome data but there were no consistent data points, timelines for collection, analysis, or training on outcome data. Additionally, the state needed to identify the measurements for progress toward the SiMR. To remedy these issues, with input from internal stakeholders, the state created the following evaluation plan with the methods and timelines for collecting and analyzing child outcome data from pilot regions:

**Raw Data:** Service Coordinators in the pilot regions enter ECO scores in WebSPOE. The system has an edit check for ECO scores at the time IFSP data are entered, which prevents missing data. The method the state will use to review raw data is a report that queries entry, mid-point and exit data from pilot regions. The timeline the state will use to review raw data is every six months in order to monitor pilot implementation. An amount of time less than six months would generate a sample size that is too small to analyze for fidelity.

The fidelity measure for raw data will be an entry score average between 2.0 and 3.0 in each pilot region. This measure was selected based on 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, and Missouri's narrow eligibility criteria (i.e., half-age delay in development). In 2016-17, the state will seek assistance from a statistics expert to determine whether a range other than 2.0 to 3.0 should be used for this measure.

**Surveys:** Currently the state disseminates three annual surveys: one to active providers in the pilot regions; one to families of children who recently exited Part C; and one to families of children with active IFSPs. The method the state will use to review survey data is a regional tally of responses from key questions directly related to pilot implementation and child outcomes (e.g., use of pilot procedures, use of EBP, engaging families). The timeline the state will use to review all survey data is annually since the provider and family surveys are distributed at different times of the year. Conducting surveys more frequently than on an annual basis would not be reasonable for state staff and would not provide enough time to use the responses in technical assistance and training activities.

The fidelity measure for surveys will be at least 50% of the EITs in each pilot region respond they are implementing expected practices at least 75% of the time. These percentages to measure fidelity were selected based on implementation science studies from the National Implementation Research Network (NIRN) and the National Institutes of Health (NIH).

**Observations:** The SPOE Directors, or their designees, conduct observations of Service Coordinators in intake visits and IFSP meetings, and providers in home visits, as part of the regional needs assessment. The SPOEs select the specific tools to use for observations. The method the state will use 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 EBP, engaging families). The timeline the state will use to review observation data is annually since the SPOE Directors submit regional summaries each May as a requirement in the SPOE contract. Analyzing observation data more frequently than on an annual basis would require a change in the SPOE contract.

The fidelity measure for observations will be at least 50% of the EITs in each pilot region will have satisfactory or higher ratings on their practice profiles at least 75% of the time. These percentages to measure fidelity were selected based on implementation science studies from NIRN and NIH.

Together, the state will use all three data sources to conduct fidelity checks within and between pilot regions and evaluate progress toward the SiMR. The state will disseminate the evaluation plan to internal and external stakeholders via a SICC meeting in April 2016, a webinar for Service Coordinators participating in the pilot in May 2016, and SPOE meetings in June 2016. Ongoing discussions about the evaluation plan will occur throughout calendar year 2016 and modifications to the evaluation plan will be made as needed, based on stakeholder input.

**B. Long-Term Objectives:** The state's long-term objectives in the evaluation plan focus on measuring pilot implementation and the impact on progress toward the SiMR, which includes determining full implementation of the pilot through fidelity checks and scaling up the pilot to include additional regions when fidelity checks show consistent data. The long-term objectives also include analyzing additional program data to determine overall improvement in the early intervention program.

**Scale-Up Pilot Procedures:** Before the pilot can be scaled up further, the state has to determine whether the three regions in the current pilot are implementing procedures with fidelity. Given the different sources of data (i.e., raw data, survey and observations), if the state

collects data as outlined in the short-term objectives and finds comparable results that show effective practices are being implemented with fidelity in the current pilot, then two additional regions will be added to the pilot in 2016. If not, then the state will go back to the three regions in the current pilot, review the variables contributing to data quality issues, and modify the improvement activities as needed (i.e., foundational materials and observations). Additionally, the state may need to seek assistance from ECTA, NCSI or other technical assistance centers to evaluate the effectiveness of improvement activities.

Therefore, a long-term objective is for all ten regions to be part of the pilot, at which time the pilot procedures will be statewide practice. Another long-term objective is for all early intervention professionals in the state to have "satisfactory" or higher ratings on their practice profiles. In turn, families will be engaged in IFSP meeting discussions and strategies used in home visits, as measured by fidelity checks. And ultimately, as described in section 3.3 in the theory of action, there will be more children with positive social-emotional outcomes, as measured by SiMR data.

**Collect and Analyze Benchmark Data:** As described in Phase I, the state is developing the Part C Benchmarks, a tool designed to evaluate the entire early intervention program. The benchmarks consist of six key processes in early intervention: referral; assessment; determining services; delivering services; exiting the program; and support to professionals. Each benchmark contains all critical compliance and practice data in order to provide a comprehensive picture of the program, including all SPP/APR indicator data, needs assessment results, SPOE contract performance results, parent and provider survey responses, and best practice file reviews.

Which practice data to include in the benchmarks is an evolving discussion with internal and external stakeholders. Since the benchmarks are a compilation of regional information, the state recognizes the importance of including stakeholders from each region involved the pilot. Additionally, if the measures for fidelity change based on stakeholder input, then the practice data in the benchmarks subsequently change. Although it was indicated in Phase I that the benchmarks document would be finalized in 2016, the state recognizes the benchmark document cannot be finished until the fidelity measures are decided. Therefore, a long-term objective in the evaluation plan is to finalize the benchmarks document by 2018, in time for the rebid of the SPOE contract.

### 3.2 Progress toward the SiMR

The child outcome data collected from the pilot regions for the SiMR this year indicate a slight decline from last year (see Figure 3), even though there was little change in the demographics of the children included in the SiMR (i.e., same pilot regions and similar eligibility reasons, gender, race/ethnicity and poverty levels).

*Figure 3: SiMR Data*

SiMR Data	2013-14 Pilot Data	2014 -15 SSIP Target	2014-15 Pilot Data
Child count in SSIP	146 children	-	<b>227 children</b>
S/E Summary Statement 1	95.9%	71.1%	<b>92.0%</b>

Although the state met the target for SiMR data this year, a further analysis of SiMR data was conducted as a preliminary fidelity check for raw data and provider survey responses collected thus far in 2015-16.

The raw data for entry scores in the pilot were lower and closer in range when compared to entry scores prior to pilot implementation (see Figure 4).

Figure 4: Entry Scores

<b>Pre-Pilot Implementation: Entry Scores from 7/1/2011 – 6/30/2012</b>	<b>Social-Emotional Outcomes</b>
Region 5 (N = 546)	3.4
Region 9 (N = 345)	3.7
Region 10 (N = 218)	3.2
<b>Average for all 3 regions</b>	<b>3.4</b>
<i>Range is 3.2 to 3.7 (or .50 range)</i>	
<b>Post-Pilot Implementation: Entry Scores from 6/1/15 – 12/31/15 (Fidelity Check #1)</b>	<b>Social-Emotional Outcomes</b>
Region 5 (N = 381)	2.6
Region 9 (N = 290)	2.6
Region 10 (N = 172)	2.2
<b>Average for all 3 regions</b>	<b>2.5</b>
<i>Range is 2.2 to 2.6 (or .40 range)</i>	

The provider survey results indicated over 70% of the providers on EITs in the pilot regions responded to the survey (see Figure 5). At this time the state has completed the tally for three of 20 survey questions. Providers responded they are implementing pilot procedures at least 85% of the time, based on responses to these three questions. The state continues to work on tallying the remaining survey questions.

Figure 5: Provider Survey Results

<b>Region</b>	<b>Response Rate</b>	<b>ECO ratings are discussed and collected every 6 months</b>	<b>ECO ratings are discussed in person at IFSP meetings</b>	<b>IFSP team uses questions from the Decision Tree to determine appropriate ratings</b>
5 (N = 144)	74%	96%	97%	89%
9 (N = 85)	85%	93%	93%	88%
10 (N = 149)	79%	97%	99%	97%
<b>Average</b>	<b>79.3%</b>	<b>95.3%</b>	<b>96.3%</b>	<b>91.3%</b>

These preliminary results indicate the implementation of the pilot is generating more consistency and confidence in social-emotional outcome data. Once the collection of all three data sources is complete; if the data show similar results, then the state plans to scale-up the pilot to two more regions in 2016.

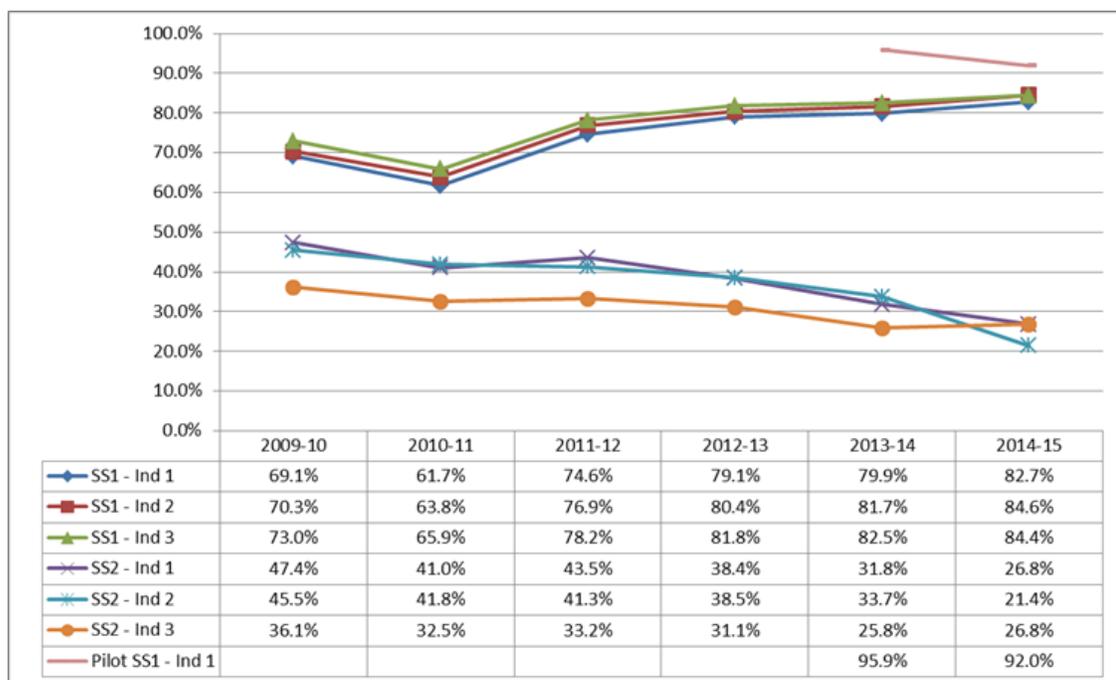
Although the SiMR only addresses summary statement one\* for social-emotional outcomes, the state continues to collect and analyze the results for all three outcome areas including summary statement two\*\* data as a measure of the implementation of the procedures used in the pilot.

\*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.

Data show a continuing trend in increasing percentages in summary statement one and decreasing percentages in summary statement two (see Figure 6). This trend was identified in Phase I and the state has been working with ECTA 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 6: ECO Data Trends



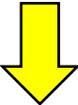
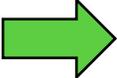
At this time, the state does not have a large enough sample to determine what changes to the SiMR targets, if any, are needed. However, the state added a clarifying phrase to the SiMR statement regarding the ECO pilot, as follows:

*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.*

### 3.3 Theory of Action

The state modified the theory of action (see Figure 7) to better align the intended outcome with the implementation stages identified in the Phase II report (i.e., installation, initial implementation and full implementation) and the fidelity checks to evaluate child outcomes.

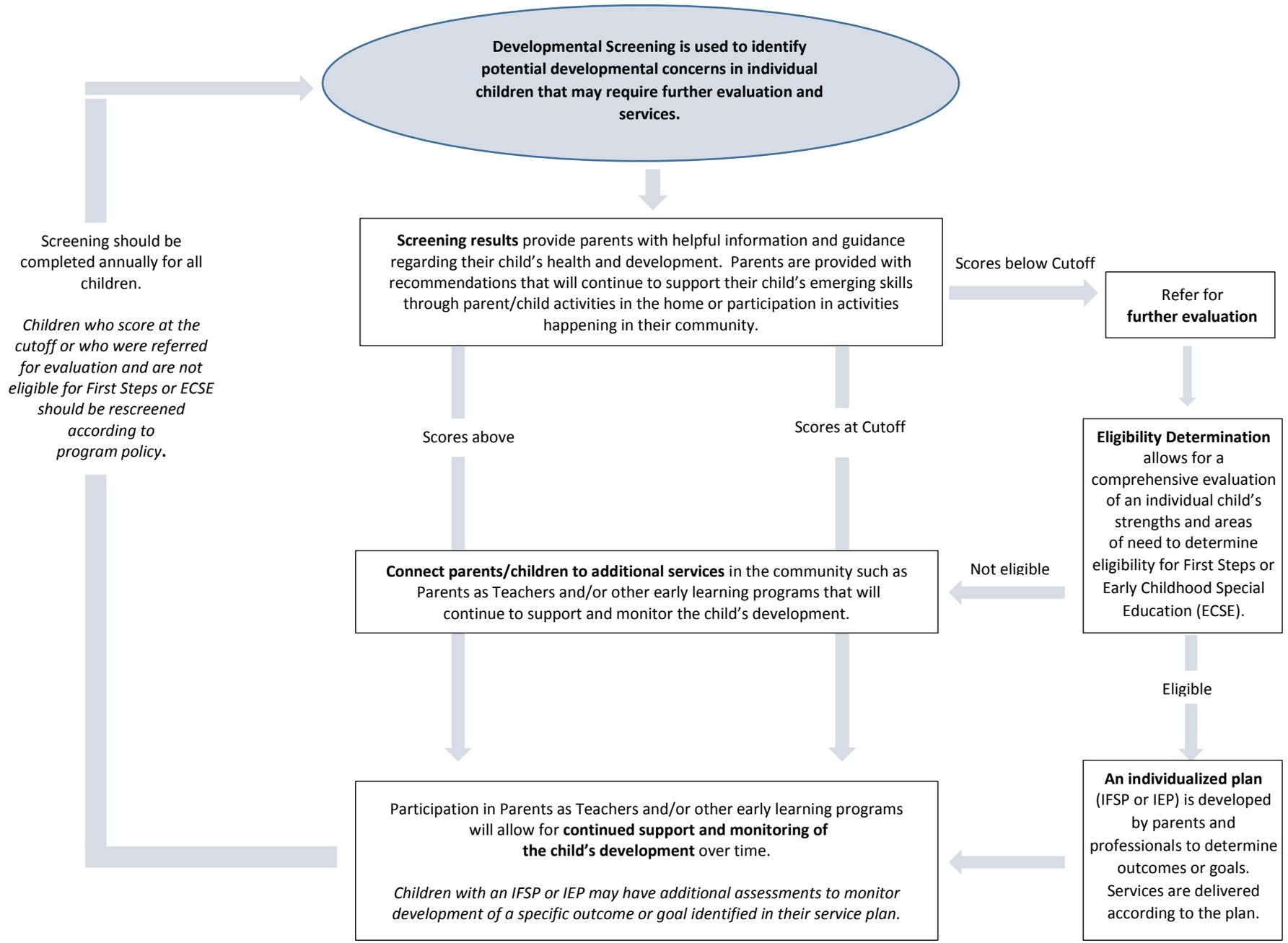
Figure 7: Missouri Part C Theory of Action

Implementation Stage:	If. . .	Then. . .	
<b>Installation</b> 	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 improve the outcomes of children participating in Part C.	
<b>Initial Implementation</b> 	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.	
<b>Full Implementation (Short Term)</b> 	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.	
<b>Full Implementation (Long Term)</b> 	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.	<b><i>And ultimately, if parents use these strategies between visits . . . then the ECO pilot will show an increased percent of children with positive social-emotional outcomes.</i></b>
	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 to improve their child's development . . .	

Improving child outcomes involves using EITs in the ECO pilot as the mechanism for implementing EBP to create meaningful change in the delivery of early intervention services. However, improving child outcomes also involves the state developing and disseminating a sustainability plan and conducting fidelity checks that inform practice, training and technical assistance to improve support to the regions participating in the pilot.

While implementation of the ECO pilot is still evolving, feedback suggests that more aspects are working than not working. By making slight modifications to the current structures and procedures, the state will be able to consistently and confidently measure not only social-emotional outcomes, but all child outcomes.

*Appendix 1: Developmental Screening Flow Chart*



## Missouri First Steps Evidence-Based Practices Training & Sustainability Plan

