



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

2013-14 through 2018-19

Phase III (Year Three) – Submitted March 28, 2019

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Missouri Part C State Systemic Improvement Plan Background

The first phase in the State Systemic Improvement Plan (SSIP) consisted of extensive data analyses of infrastructure and child outcomes, which occurred between April 2014 and March 2015. The state identified the determination of Early Childhood Outcomes (ECO) ratings were 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. These three aspects 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 SSIP: Early Intervention Teams (EITs) and the ECO pilot. An infrastructure analysis identified EITs as the component of infrastructure to leverage in order to build capacity to improve child outcomes. A child outcome analysis resulted in an implementation of three key practices:

- Discussing and collecting ECO ratings every six months
- Discussing the child's functioning/progress in-person at IFSP meetings
- Using questions from the ECO Decision Tree to determine appropriate ratings

By making slight modifications to the current structures and procedures through the implementation of key improvements as described in the *Missouri Part C Theory of Action* (see Appendix 1), the state has created a system for improving outcomes for children with disabilities. To measure the progress made by children who enter and exit the ECO pilot, the state identified the following State-identified Measurable Result (SiMR) statement:

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.

During Phase II (i.e., April 2015 to March 2016) and year one of Phase III (i.e., April 2016 to March 2017), the state implemented an annual needs assessment that included observations of provider and Service Coordinator practices; provided paid professional development time during team meetings in the pilot regions to enhance discussions about child outcomes; and disseminated the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals* (see Appendix 2) with key stakeholders.

More recently, as part of the second year in Phase III (i.e., April 2017 to March 2018), the state worked on communicating evidence-based practices to stakeholders; disseminated guidance to providers and Service Coordinators on service delivery and EIT; developed materials to assist providers and Service Coordinators in the pilot regions with creating and implementing professional development plans; and conducted work group meetings to discuss evidence-based practices and collect suggestions for tools to measure practices.

Missouri Part C State Systemic Improvement Plan Summary of Phase III (Year Three)

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 in year three of Phase III (i.e., April 2018 to March 2019) is continuing to build the state's capacity to support the regional system in identifying, implementing, and evaluating the use of evidence-based practices.

During year three of Phase III, the state shared the *Missouri Part C Theory of Action* with key internal and external stakeholders as the foundation for discussions about the importance of evidence-based practices and program improvement. Additionally, the state discussed how the theory of action aligns early intervention with school readiness as part of the lead agency's state level initiative: *All Missouri students will graduate ready for success*. Discussions with stakeholders resulted in no changes to the theory of action in year three of Phase III.

The state also shared the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals* with stakeholders during year three of Phase III. The state found the graphic improved the stakeholder's understanding of short-term and long-term objectives in the state's improvement plan. Therefore, the state aligned the Phase III (Year Three) report with the levels in the training and sustainability plan.

Components

The components of Phase III year three are: (1) progress on SSIP implementation, (2) rationale for revisions to the plan, and (3) stakeholder involvement.

The following critical questions guided the evaluation of SSIP activities conducted during year three of Phase III.

- *Component 1 – Progress on SSIP Implementation:* What data are available to indicate progress implementing the SSIP? Were timelines met for implementation? What data are available to indicate progress toward the SiMR?
- *Component 2 – Rationale for Revisions to the Plan:* Have child outcomes 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 evaluation and modification of the state's plan?

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. All ten regions are implementing EIT; however, only six of the ten regions were implementing the ECO pilot in 2018-19.*

The following cohorts were participating in the ECO pilot in year three of Phase III.

- *Cohort 1* – One rural (Region 10) and one suburban area (Region 9). Implementation date was October 1, 2013.
- *Cohort 2* – One urban area (Region 5). Implementation date was October 1, 2014.
- *Cohort 3* – One rural (Region 3) and one suburban area (Region 4). Implementation date was October 1, 2016.

*In November 2018, the state scaled up the ECO pilot to a sixth area of the state (Region 6); however, for the purposes of this SSIP, the region was included in the non-pilot cohort since there was not enough time to have an adequate sample size for data reporting purposes.

Unless otherwise noted, data for year three of Phase III represent only Cohort 1 and 2 (i.e., Regions 5, 9 and 10) as these regions have participated in the pilot throughout all SSIP phases.

Revisions

Based on input from key stakeholders in year three of Phase III, the state revised the training and sustainability plan to replace the practice profiles with observation tools that will better measure observable behaviors in the practices of professionals, and to clarify the current resources available as foundational materials. When revising the training and sustainability plan, the state utilized technical assistance from the National Center for Systemic Improvement (NCSI), Social-Emotional Outcomes Learning Collaborative and the Early Childhood Technical Assistance (ECTA) Center.

The training and sustainability plan is a work-in-progress as the state continues to identify appropriate materials for each implementation stage and topic in each level. The state's evaluation of progress towards short-term and long-term objectives is described in the following report.

Missouri Part C State Systemic Improvement Plan Phase III (Year Three) Report

1. Component One – Evaluation of Progress toward SSIP Implementation

The state designed the evaluation plan to be handled internally by state staff. The evaluation plan connects to implementation science stages. The initial implementation stages involve professionals learning about and using evidence-based practices (i.e., short-term objectives). The full implementation stage involves evaluating the use of evidence-based practices to ensure implementation with fidelity (i.e., long-term objectives) related to improved child outcomes.

1.1 Evaluation of Progress toward Short-Term Objectives

The primary strategy for Missouri's Part C SSIP is the implementation of the ECO pilot. There are two short-term objectives related to the implementation of the ECO pilot: (1) developing foundational materials to support early intervention professionals, and (2) ensuring the pilot procedures are being implemented with fidelity.

A. Foundational Materials

To date, the state's focus for the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals* has been developing the first level (exploration) in order to ensure introductory information is available to professionals in early intervention. Each level in the foundational materials contains information in a variety of formats (e.g., written materials, online training modules, video clips highlighting best practice) in order to accommodate different learning styles.

The state included a variety of resources in the training and sustainability plan in order to support providers with differing levels of experience in early intervention. 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 implementing evidence-based practices and reflective practices. On the other hand, existing providers struggling with practices can be referred to a lower level in the state sustainability plan to target their learning to a specific practice (e.g., service delivery, self-assessment, evidence-based practices for home visits).

To support the **First Steps Program** and **First Steps Service Delivery** levels in the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals*, the state maintains six Part C training modules available through an online portal that is accessible to the public. Each module has content, videos and resources about a specific topic (i.e., evaluation/assessment, IFSP, transition, family engagement, service delivery). The online portal includes a resource library that is accessible without registration or log-in to the portal, which gives users easy access to the resources to learn more about early intervention and evidence-based practices. In the past year, the state received several suggestions for improved access and search features. The state expected to add more options for users to search the resource library by December 31, 2018; however, the project was delayed due to contract negotiations with the state's vendor. The state's vendor is expected to complete the project by July 31, 2019.

The state reviews the modules on an annual basis to ensure content and resources are up-to-date. Since the resource library is a part of the online portal, when the state removes or adds a resource in a module, it is automatically updated in the library.

In conjunction with the revisions to the online training modules, new guidance was developed to support the SPOE infrastructure with the upcoming contract rebid. In September 2018, the state released a new SPOE Administration Manual that merged several guidance documents into one manual. Through the creation of this manual, the state was able to clarify the SPOE Directors' responsibilities for compliance and best practices in administering a regional system.

The state has already received input from SPOE Directors and providers on the next chapter of guidance needed to support the foundational materials, which is information on evidence-based practices in home visits. The state has not developed a specific time frame for developing this guidance at this time as it will be developed in conjunction with the long-term objectives described below (i.e., coaching system).

B. Pilot Implementation

The state has learned valuable lessons since initial implementation in 2013, such as the need to provide more support to professionals as they learn new procedures and practices. Since first scaling up the ECO pilot to Cohort 2 in 2014, 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. Before the pilot can be scaled up to additional regions, the state needs to remedy some of the challenges with professional development time and team structure by developing additional written and online materials.

i. Pilot Implementation Activities

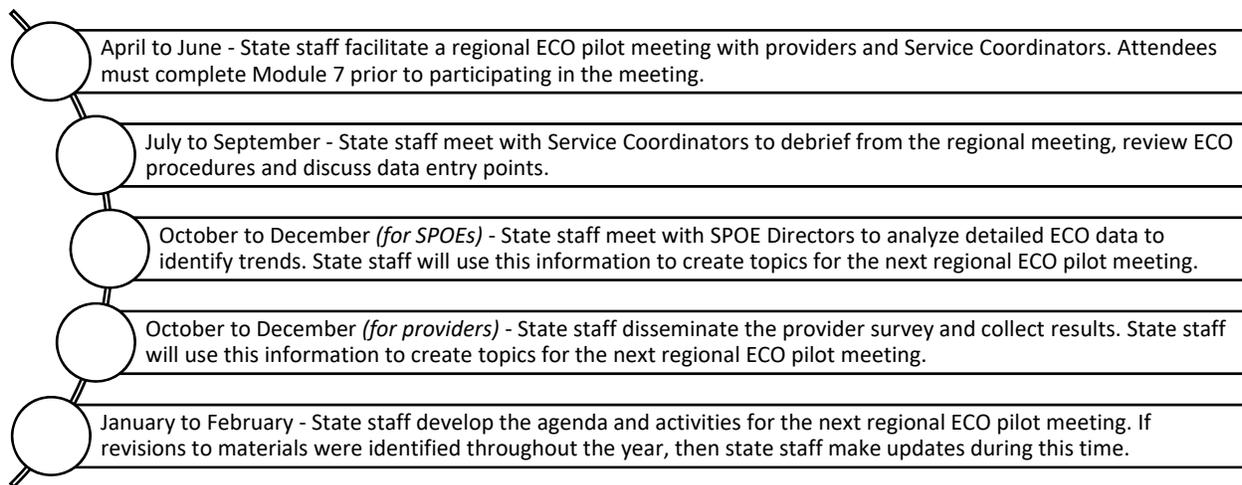
The state used content specific to social-emotional development for the **Early Childhood Outcomes Pilot** level in the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals*. The state utilized resources from the Technical Assistance Center on Social-Emotional Intervention (TACSEI) and the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), which were recently incorporated into the National Center for Pyramid Model Innovations (NCPMI).

To support the **Early Childhood Outcomes Pilot** level in the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals*, the state conducted regional ECO pilot meetings with providers and Service Coordinators in April and May of 2018, as part of planned activities for year three of Phase III. These meetings consisted of sharing results from recent pilot surveys, discussing implementation procedures, creating a professional development plan, and collecting feedback from professionals as key stakeholders in the pilot. The state analyzed the feedback from the 2018 regional ECO pilot meetings and identified some providers were struggling with creating and using a professional development plan. The state immediately conducted follow-up discussions with Service Coordinators and plans are in place to follow-up with additional strategies for providers during the regional ECO meetings in the spring of 2019.

As part of the regional ECO pilot meetings, the state collected input from key stakeholders (i.e., SPOE Directors, Service Coordinators and providers) on whether to add a professional with expertise in infant mental health to each EIT to better support providers requesting social-emotional information (e.g., trauma, healthy parent-child relationships, infant mental health, attachment development). The state decided to wait before implementing any changes in EIT composition, based on feedback from key stakeholders that indicated they wanted more time to fully implement their professional development plans with existing team members before adding new members. The state will revisit the implementation of professional development time and consider again in 2019-20 whether to change the EIT composition.

Year three of Phase III was the first full year the state used the following annual calendar of activities to support the regional ECO pilot meetings (see Figure 1). State staff found the calendar to be very helpful in organizing activities to complete before and after the regional ECO pilot meetings, which resulted in improved preparation and follow through. One challenge was identified with regards to analyzing and discussing data with SPOE Directors. For the initial data discussions in 2018, the state used APR and SSIP data disaggregated by region as a way to initiate data discussions with regional staff. Although the state will continue to use the annual activities outlined in Figure 1 next year, there will be some consideration in how to identify other statewide or regional data to use in future discussions. After reflecting on the initial data discussion, state staff identified the need to explore ways to engage SPOE Directors in meaningful data discussions. In preparation for the next discussion about data, the state will review national center resources such as the IDEA Data Center (IDC) Data Meeting Protocol in order to identify practical ways to display data in a meaningful way.

Figure 1: Annual ECO Regional Meeting Activities to Support ECO Pilot Implementation



For the next round of regional meetings with providers in the spring of 2019, for the first time since implementing the pilot, state staff in non-pilot regions will also facilitate discussions with EIT providers during the same time frame that state staff in the pilot regions facilitate regional ECO pilot meetings. The shared topic of conversation will be the training and sustainability plan, in order to educate all providers and Service Coordinators on the state’s plan for identifying, implementing and evaluating evidence-based practices. The state will conduct an evaluation of these meetings and, based on the feedback from providers and Service Coordinators, the state will consider conducting future meetings in this manner (i.e., one topic is disseminated and discussed not only in pilot regions but also in non-pilot regions).

The state continues to consider ways to develop connections between content in the online training module and discussions at ECO regional meetings. For example, the completion of Module 7: ECO was a prerequisite for providers to attend the ECO regional meetings held in the spring of 2018. The state was considering Module 5: Family Engagement as a prerequisite for the 2019 meetings; however, after a closer review of the content in Module 5, the state determined revisions were needed to include information about supporting diverse families (i.e., the five protective factors and understanding trauma) before requiring providers and Service Coordinators to complete the module. Therefore, the state will use Evidence-Based Decision-Making information (i.e., informational flyer and video) from NCSI Social-Emotional Outcomes Learning Collaborative as the key resource for the regional ECO pilot meetings in the spring of 2019. The state will complete the revisions to Module 5 by July 31, 2019 and consider using this module as a prerequisite for a future meeting with providers and Service Coordinators.

In conjunction with revisions to Module 5, the state is not only reviewing each existing module to determine necessary content edits, but is also updating user access when registering, selecting and completing each module by creating a “shopping cart” and “checkout” function. The state will continue to provide the modules at no-cost to providers and the general public.

Currently enrolled providers are only required to take certain modules as part of initial enrollment in the program. However, this new feature will assist users in tracking module history as the state is considering an additional requirement for providers to complete all online modules on an ongoing basis (e.g., every two years) as part of required professional development.

Finally, as part of scaling up the ECO pilot to a sixth region in November 2018, the state made slight revisions to the ECO Handbook after receiving comments from SPOE Directors and Service Coordinators that the handbook lacked specificity on data entry procedures. In the fall of 2018, the revised handbook was revised to include more data entry information and then disseminated to not only to the new region entering the pilot, but also to the existing pilot regions. The state is working on aligning the revised handbook to Module 7 content, which will be completed by May 1, 2019 in order for Module 7 to be used as the prerequisite for upcoming training in the new pilot region.

ii. Pilot Implementation Data

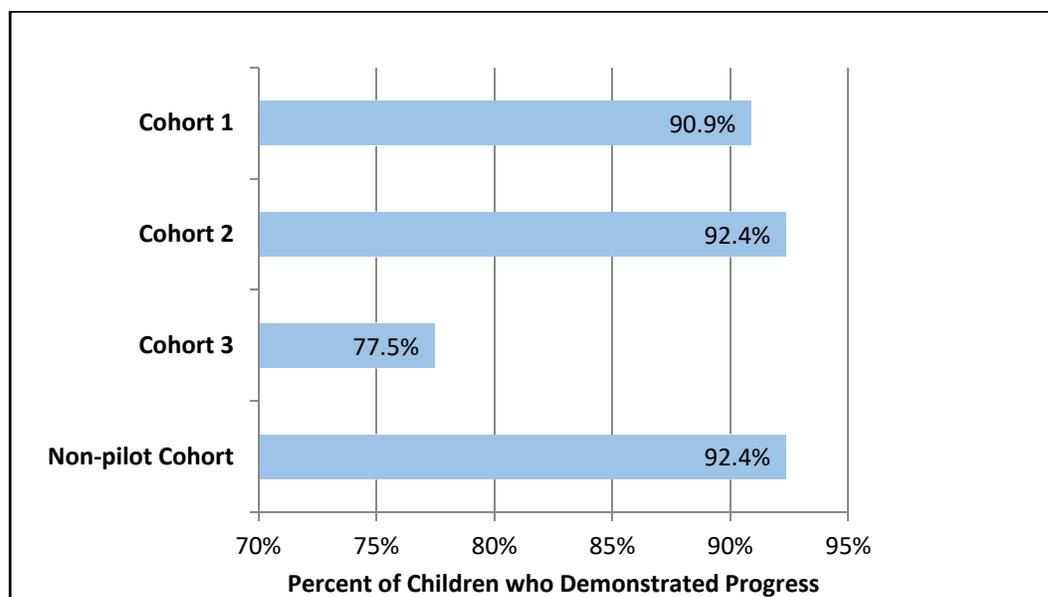
Since the initial scale up of the ECO pilot, the state continues to learn more about how to analyze implementation measures and ways to display implementation data. When possible, the state uses existing processes to evaluate implementation data. As explained in previous submissions, the state continues to analyze implementation of the pilot using the following three data sources:

- ECO pilot data
- Provider and parent surveys
- Service Coordinator observations

For **ECO pilot data**, since data for Indicator 3.A. summary statement 1 for positive social-emotional skills is already compiled each year for the Annual Performance Report (APR), the state decided to track Indicator 3.A. summary statement 1 by pilot and non-pilot cohorts. The timeline to analyze implementation data is twice a year, in January and July, which aligns with the annual plan for data reviews to support the regional ECO pilot meetings.

Figure 2 represents APR Indicator 3.A. summary statement 1 data for pilot and non-pilot cohorts in 2017-18. The data indicate some variance in pilot cohorts with Cohort 3 (77.5 percent) displaying a lower percentage than the other cohorts. A breakdown of Cohort 3 shows Region 3 at 81.0 percent and Region 4 at 75.0 percent). The state attributes the variance in Cohort 3 to an effect of the initial training on ECO pilot procedures since Cohort 3 was the most recent addition to the pilot. Implementation science indicates initial training of a new procedure will result in an over-correction in practice in order to account for new procedures. As professionals adjust to new practices, the results level out over time. This leveling out is evident in Cohorts 1 and 2 who have been in the pilot for five and four years, respectively. The data for regions comprising Cohorts 1 and 2 are similar this year (i.e., 92.4 percent, 90.0 percent, and 91.9 percent) compared to previous years, indicating more consistency in the use of pilot procedures for data collection.

Figure 2: APR 3.A. Summary Statement 1 Data for 2017-18



For **provider survey data**, the state disseminates an annual survey to EIT providers in the pilot regions. The survey items and topics may vary each year, but the questions represented in Figure 3 remain the same in order to analyze the use of evidence-based practices in the pilot (i.e., discuss outcomes in-person at IFSP meetings, use the Decision Tree to determine ratings, and collect ratings every six months). In 2018-19, a fourth question was asked regarding the use of the three sources (i.e., assessment results, parent input and professional observations) in the rating determination.

The method the state uses to calculate survey data is a regional tally of responses. The timeline the state uses to analyze survey data is annually. The implementation measure for the provider

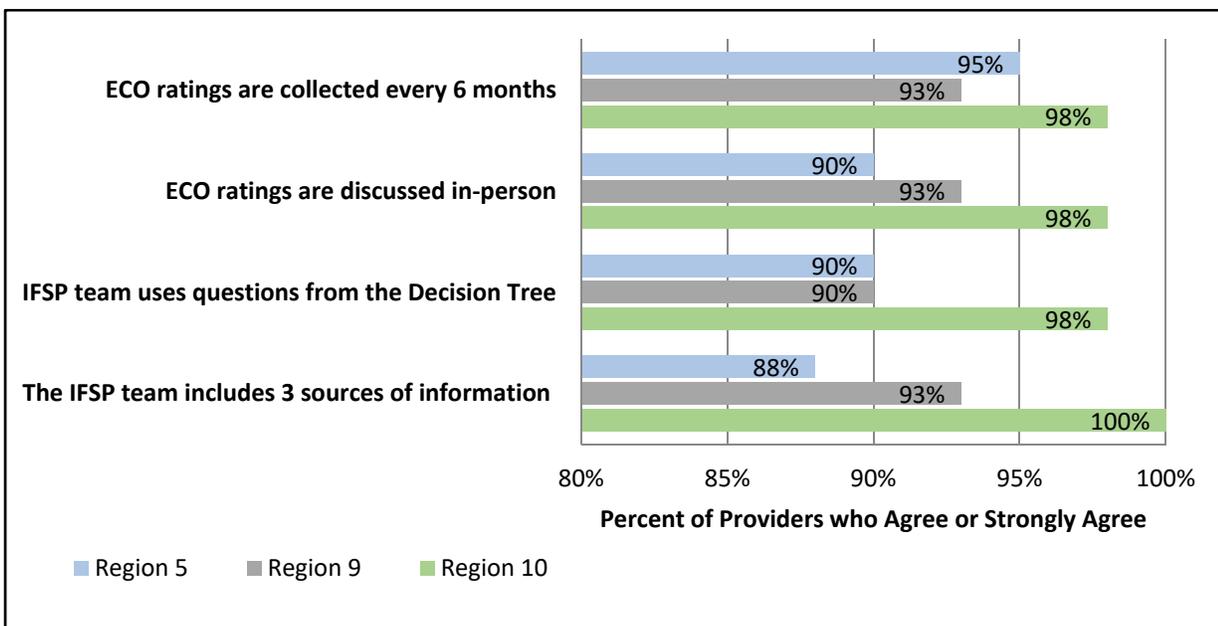
survey is, of those who responded, at least 75 percent indicate they are implementing the expected practice.

In 2018-19, the state disseminated a survey to providers in every pilot region. Even though the state extended the time frame in an attempt to collect more survey responses, for a second year in a row, the response rate for the provider survey decreased. The response rate in 2017 and 2018 were 72 percent and 47 percent, respectively. In 2019, the response rate was 36 percent (N = 201 of 553).

Figure 3 represents the results from the provider survey responses in Regions 5, 9 and 10. Although Region 5 is the most populated region, the highest response rate was from Region 9 (N=58, 52 percent) when compared to Region 5 and Region 10 response rates (N=42, 34 percent and N=44, 33 percent, respectively).

Overall, the results are comparable to last year with most providers agreeing to the survey items, and comparable responses across regions this year. The results continue to indicate the implementation measure is being met (i.e., at least 75 percent of the providers who responded agree the required pilot procedures are being utilized).

Figure 3: Pilot Implementation Data – Provider Survey Responses



As indicated previously in year two of Phase III, the state identified the need to collect Service Coordinator input on the use of ECO procedures, as a comparison point for the provider survey. In October 2018, the state added the following questions to the database for children’s electronic records:

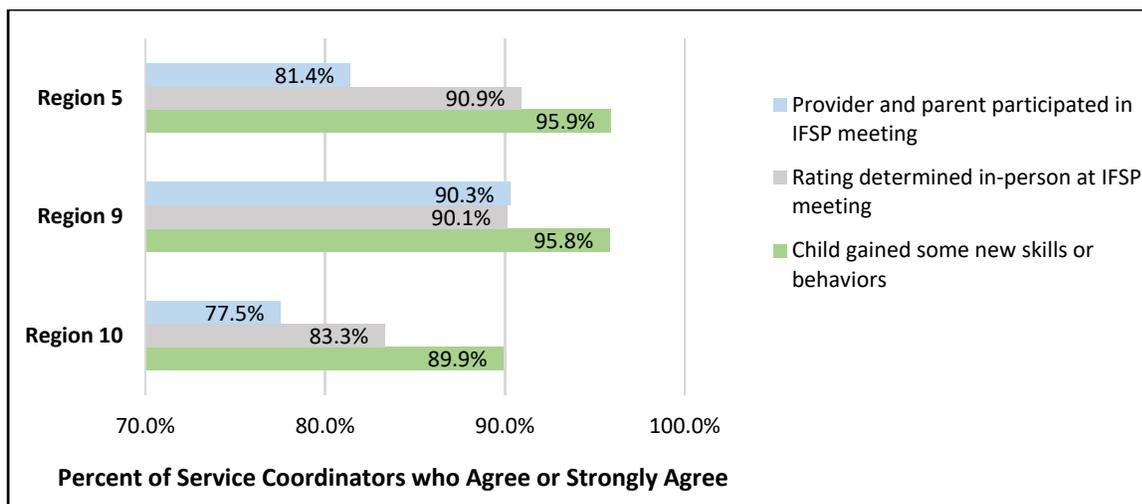
- Question 1: Did at least one parent and one provider participate in this IFSP meeting?
- Question 2: Were the ECO ratings determined in-person at this IFSP meeting?

- Question 3: Did the child gain some new skills or behaviors (i.e., made any amount of progress) since the last ECO rating? (*This question is not applicable for the Initial IFSP meeting*)

Beginning November 2018, Service Coordinators in the pilot regions answered these three questions after every IFSP meeting held in-person. Figure 4 represents the results of these three questions for IFSP meetings held November 1, 2018 to February 28, 2019. Region 5 held the most IFSP meetings during this time period, as expected since Region 5 is the most populated region in the pilot, followed by Region 9 with 588 and Region 10 with 395.

For Service Coordinator questions one and two above, the responses are comparable to the provider survey responses with results for both Service Coordinator and provider responses falling between 90 percent and 98 percent agreement. For all three Service Coordinator questions, Region 10 had lower results when compared to Regions 5 and 9. At this time the state has not had the opportunity to conduct further analysis of these data or follow-up activities with the regions; however, the state plans to conduct such activities in 2019.

Figure 4: Pilot Implementation Data – Service Coordinator Questions



For **parent survey data**, the state disseminates an annual survey to all parents who have children with IFSPs and currently participating in the program. To evaluate pilot implementation, the state analyzes responses from two questions about child outcomes that already existed in the statewide parent survey.

The method the state uses to calculate survey data is a regional tally of responses. The timeline the state uses to analyze survey data is annually. The implementation measure for the parent survey is, of those who responded, at least 75 percent indicate their child is making progress and they are satisfied with the program.

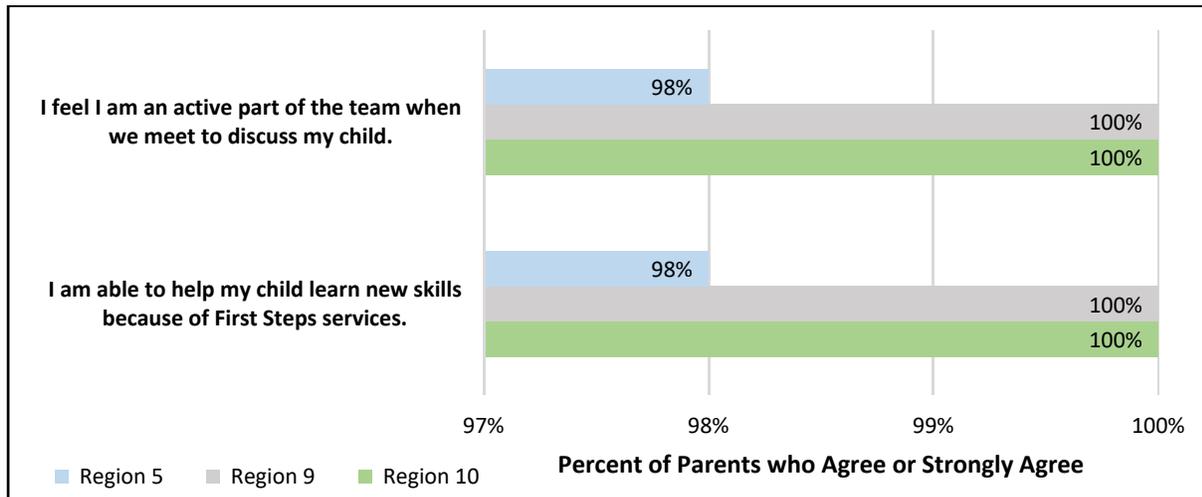
The statewide response rate for parent surveys increased from 14.7 percent in 2017 to 16.8 percent in 2018, as expected, since the state has been working on methods to improve parent response rates as part of discussions at State Interagency Coordinating Council (SICC) meetings over the past three years. The state implemented several dissemination strategies in 2018 such as including a self-addressed stamped envelope, providing a quick response code to

scan with a device and a survey monkey link to give parents several options to respond to the survey.

Figure 5 represents results from the annual parent survey in pilot regions. Region 5 results indicate fewer parents responded to the survey (83 in 2017 and 62 in 2018), which is a trend reflected in this region in recent years. Although the statewide response rate was 16.8 percent (N = 429 of 2,551), all three pilot regions represented in Figure 5 had response rates lower than the state rate (Region 5: N=62, 15 percent; Region 9: N=38, 14 percent; and Region 10: N=20, 13 percent). However, the state determined response rates for these pilot regions are comparable to results for the past five years. The state is preparing to implement a strategy to improve the regional response rate for parent surveys by adding a performance incentive to increase the response rate in each region by 10 percent in the next five years, as part of the upcoming contract requirements for SPOE agencies.

The results continue to indicate the implementation measure for parent surveys is being met (i.e., at least 75 percent of the parents who responded agree their child is making progress and they are satisfied with the program).

Figure 5: Pilot Implementation Data - Parent Survey



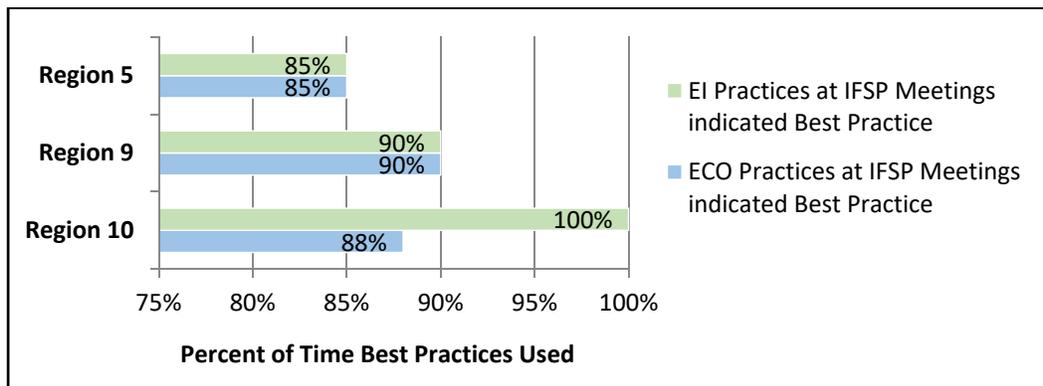
For **observation data**, the state analyzes data collected from the annual SPOE needs assessment. The needs assessment produces both qualitative and quantitative data from observations of Service Coordinators in intake visits (for non-pilot regions) and IFSP meetings (for ECO pilot regions). However, for the purposes of reporting observation data in the SSIP, intake visits are not included, as only IFSP meeting observation data from three pilot regions are included in the SSIP (i.e., Regions 5, 9 and 10). The method the state uses to calculate observation data is a tally of regional reports from Service Coordinators in pilot regions. The timeline the state uses to analyze observation data is annually. The implementation measure for observations is, of those who were observed, at least 75 percent demonstrate evidence-based practices.

Although the SPOEs were not required to use the same observation tool during year three of Phase III, the state provided a rubric via the practice profiles for the SPOEs to collect and aggregate data on agreed-upon practices observed during IFSP meetings. The data collected

from IFSP meeting observations in pilot regions consisted of two prongs: early intervention practices and ECO practices. State staff grouped similar practices measured by tools the SPOEs used for observations to report observation results in Figure 6. The number of Service Coordinators observed corresponded to the size of the region (i.e., Region 5 is the largest region with N = 20; Region 9: N = 7; and Region 10: N = 9). The results indicate the early intervention practices observed during IFSP meetings received slightly higher results than ECO practices, which is expected as ECO is more recent and professionals need time to adjust to new practices. The state expects the results to level out over time.

Although there is some variance in results between all three regions, and within Region 10, the results indicate the implementation measure for observations is being met (i.e., at least 75 percent of the Service Coordinators observed demonstrated evidence-based practices).

Figure 6: Pilot Implementation Data - Service Coordinator Observations at IFSP Meetings



In preparation for the upcoming SPOE contract rebid, the state continues to work on statewide observation tools that will be required to be used by SPOEs in future years, in order to provide consistency in observation data and ensure fidelity with the use of evidence-based practices (see Section 1.2. for more information on observation tools).

1.2 Evaluation of Progress toward Long-Term Objectives

The state continues to work on three long-term activities for statewide implementation of the SSIP: (1) develop observation tools that measure fidelity in the implementation of evidence-based practices, (2) create a coaching system to support the implementation of evidence-based practices, and (3) provide training and technical assistance to early intervention professionals.

A. Observation Tools

The state previously developed a set of practice profiles designed to help connect research to practice for early intervention professionals; however, the state transitioned from the use of practice profiles to observation tools in 2018 based on feedback from key stakeholders (i.e., SPOE Directors, Service Coordinators and providers). Most stakeholders indicated the practice profiles did not illustrate observable behaviors and the rubric did not provide for consistency in scoring observations (i.e., lacked inter-rater reliability).

To support the **Evidence-Based Practices** level of the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals*, the state developed an *IFSP Meeting Observation Tool* (see Appendix 3) with assistance from ECTA and IDC staff. The state selected IFSP meetings as the first tool since the determination of ECO ratings used for APR and SiMR data occurs at IFSP meetings, and the state has foundational materials to support this topic. The observation tool consists of four essential IFSP meetings practices: establish and maintain a collaborative and respectful climate, prioritize the family's concerns, determine IFSP outcomes, and prepare the family for next steps. Each essential practice identifies three or four observable components necessary to achieve the essential practice and ensure fidelity of implementation.

The state disseminated the observation tool in November 2018 as the statewide method to assist in evaluating the use of evidence-based practices in IFSP meeting activities. The observation tool is based on the *Division of Early Childhood (DEC) Recommended Practices, Seven Key Principles: Looks Like/Doesn't Look Like, and Agreed Upon Practices for Providing Early Intervention Services in Natural Environments (AUP)*. Stakeholders previously identified the *AUP* as a key source for evidence-based practices because it organizes activities according to the IFSP process and it includes a self-assessment tool that can be used by professionals as a pre-assessment activity prior to being observed in an IFSP meeting. During the development of the observation tool, the state broadened the scope of sources to include the *DEC Recommended Practices – Practice Checklists* and *Practitioner and Family Guides*, and *Seven Key Principles* because these documents include observable behaviors and specific examples of what are evidence-based practices.

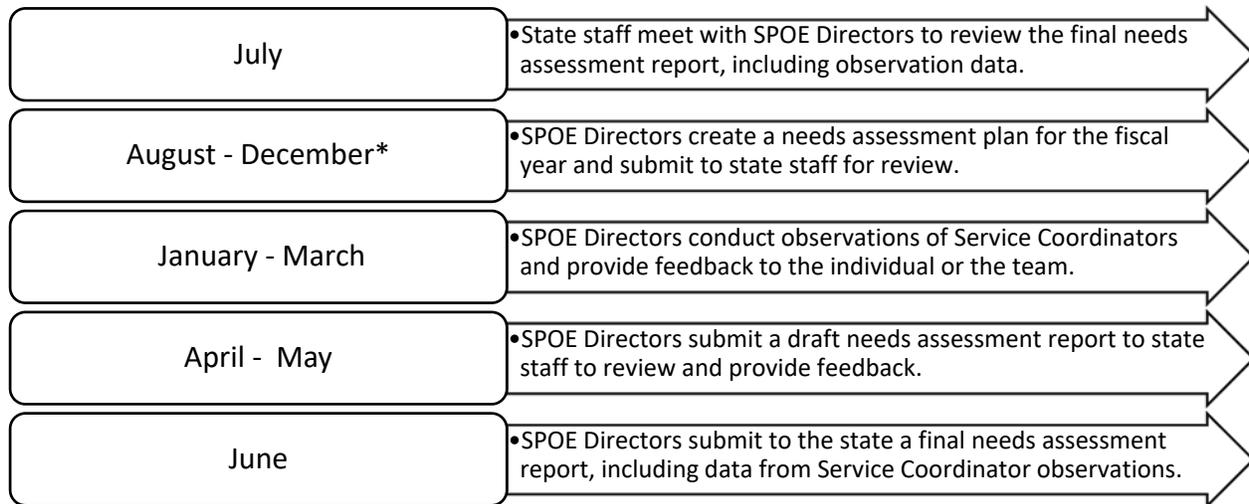
In 2019, SPOE Directors will use the *IFSP Meeting Observation Tool* for the first time to collect Service Coordinators observation data for the annual needs assessment. The state will collect feedback by April 2019 from individuals using the tool and consider revising the tool accordingly.

Also in 2019, the state will begin developing the next tool: *EIT Meeting Observation Tool*. The state selected EIT meetings as the second tool since there are some similarities to the existing tool for IFSP meetings (i.e., teaming and collaboration), and the state has foundational materials to support this topic.

Prior to the developing the observation tools, the state developed a calendar of needs assessment activities (see Figure 7) to support SPOE Directors in planning and implementing observations of Service Coordinators, which is one source of data for measuring implementation of the pilot. State staff and SPOE Directors have found the calendar to be helpful in planning and reporting observation data.

The state will continue to use this calendar of events next year; however, a few revisions were made to incorporate new dates for reports submitted to the state, per the upcoming SPOE contract that takes effect July 1, 2019. The next SPOE contract will continue to have a requirement for the SPOE to conduct an annual needs assessment, and it will also include a new requirement for a draft needs assessment report to be submitted in April. Therefore, the dates and activities in Figure 7 were aligned to these new requirements.

Figure 7: Annual Needs Assessment Activities to Support ECO Pilot Implementation



*SPOE Directors may begin conducting observations once state staff review the needs assessment plan for the fiscal year.

B. Provider Coaching System

A critical aspect for the implementation of the EITs and the ECO pilot is the state’s infrastructure capacity to be able to measure and evaluate the practices of professionals who are delivering services to families.

To support the **Reflective Practices** level in the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals*, the state examined the regional system using the *ECTA Implementation Guide* to help determine the amount of support needed to increase or improve the regional infrastructure. The implementation guide provides the following hierarchy of people necessary for successful implementation: (1) state leadership team, (2) coaches, and (3) demonstration sites necessary to support a new practice.

To address the leadership team for Missouri Part C, in preparation for annual SSIP activities, the state leadership team analyzed staff roles and responsibilities in order to delegate time for SSIP activities. The state continues to organize and evaluate activities based on SSIP-related topics (e.g., improvement activities) or non-SSIP tasks (e.g., compliance activities). Additionally, the state continues to repurpose staff’s time to assist in non-SSIP tasks in order for all members of the state leadership team to have time to assist with SSIP-related tasks.

After reviewing the definitions and descriptions for the other two levels of support in the *ECTA Implementation Guide* (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.

Previously, the state leadership team, with assistance from various stakeholders such as Head Start State Collaboration Office, Parents as Teachers, NCSI, ECTA, and professionals from the ECO pilot regions, considered the role of coaches and their potential impact to 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 Outcomes Learning Collaborative activities, the state learned about several approaches to a system of coaching professionals. The primary method used in other programs is a cycle of coaching that includes training, assessing, observing, targeted technical assistance, and reflective practices throughout.

Throughout 2018-19, the state continued to learn more about the cycle of coaching and continued to work with internal and external stakeholders to explore existing coaching models that may be adapted for use in Missouri Part C. For example, state staff participated in discussions about peer coaching during the NCSI Social-Emotional Outcomes Learning Collaborative in September 2018 and coordinated a conference call with the state of West Virginia to learn more about provider mentors in January 2019. The state will make additional contacts in 2019 with other states (i.e., Hawaii) who have a coaching and/or mentoring program for providers in order to develop procedures for Missouri Part C.

As explained in previous submissions, the state recognizes a need to build a support system for provider practices. While oversight of and support to Service Coordinators is fulfilled by the SPOE contract requirements, there is a gap in support for providers. The current contract period for the seven agencies operating ten SPOE regions ends June 30, 2019; therefore, the rebid of the SPOE contract is currently underway with new contracts to be awarded by April 2019. The state did not include a coach position in the new SPOE contract, only Service Coordinator positions. By the end of 2019, the state will identify the structure, duties and number of coaches needed to help support implementation and ensure fidelity with regard to providers' use of evidence-based practices.

C. Support Early Intervention Professionals

As the state continues to work on infrastructure capacity to support implementation, the state recognizes the need to provide individualized and/or statewide support to professionals as a mechanism for continuous quality improvement.

Support is the last level in the *Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals*. At this level, SPOE Directors, other designees, and/or state staff provide targeted technical assistance and training to professionals to ensure evidence-based practices are implemented with fidelity. Support is a necessary step in sustaining the Part C system in Missouri as turnover in staff is reality.

Support to professionals may occur at the individual, regional, or state level. As needed, professionals will return to a lower level in the sustainability plan (i.e., the foundational materials level) to obtain additional knowledge about evidence-based practices and continue to work up the sustainability plan through the use of practice profiles and reflective practices. This process creates a cycle of professionals' learning, implementing, and evaluating the use of evidence-based practices with individual, regional, and state-level assistance to support all professionals in Missouri Part C.

1.3 Evaluation of 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. As a result of this consistency, the state scaled up the pilot in year three of Phase III to include one additional region in the pilot, resulting in six of ten regions in the pilot as of November 2018.

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. When a new region was added to the pilot in November 2018, the state not only trained professionals in the new region on pilot procedures, but also conducted follow-up meetings with existing pilot regions to ensure all regions in the pilot received the same information. The state will continue to monitor the progress of the existing pilots, as well as the most recent region added to the pilot, in order to determine a timeline for adding the remaining regions to the pilot.

A. SiMR Statement

There were no changes in the SiMR statement during year three of 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.

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.

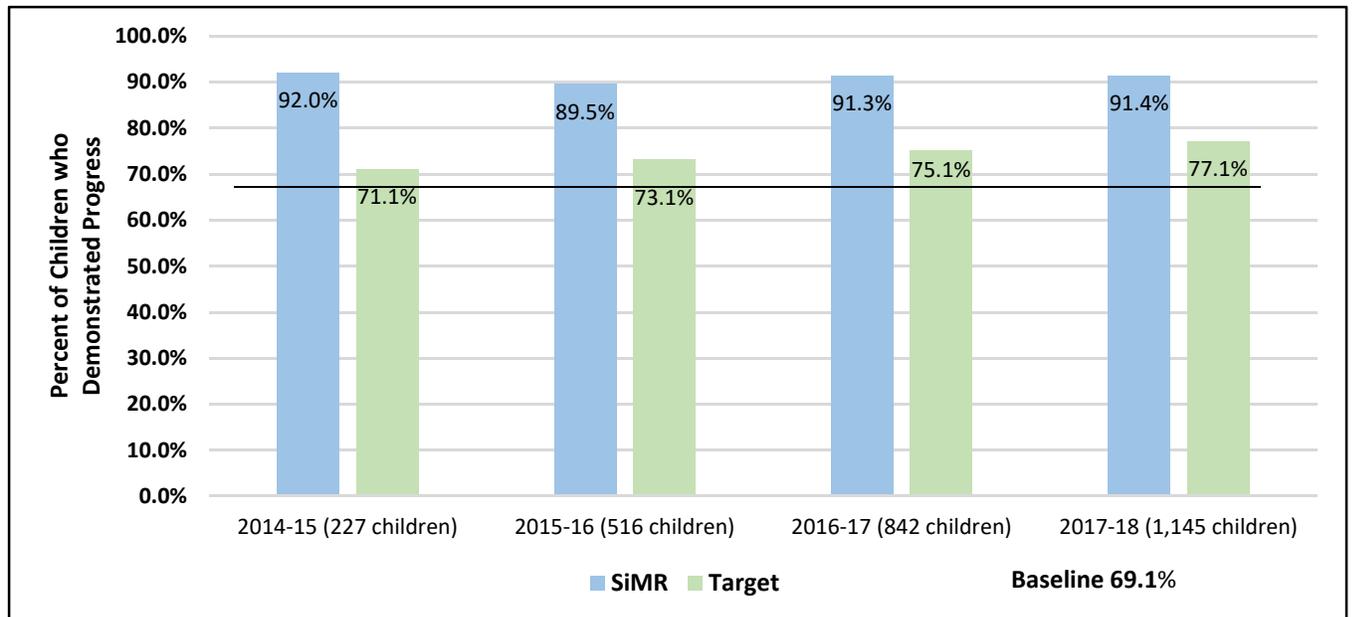
**Summary statement two: Percent of children who were functioning within age expectations in the outcome by the time they exited.

B. SiMR Data

There were no changes to the baseline or targets during year three of Phase III. The child outcome data collected from the pilot regions for the SiMR this year indicate a slight increase from last year (see Figure 8: *SiMR Data*).

There were more children included in the SiMR in year three of Phase III, as expected from the growth of the children entering and exiting the pilot. Data in Figure 8 represent only three of the five pilot regions: Cohorts 1 and 2. These regions participated in the pilot throughout all phases of the SSIP thus far. Although additional regions have been added to the pilot, they were not included in the SiMR due to the extent of time necessary to learn new practices and small N sizes of children who entered and exited the pilot region. Once the pilot is statewide, the state will include all ten regions in the SiMR.

Figure 8: SiMR Data



The state conducted an analysis of geographic and demographic data of children represented in the SiMR data. For geographic data, the state used the SPOE regions. The regional participation was comparable to the region's size (i.e., SPOE 5 is the largest region and accounted for 44 percent of the children in the SiMR).

An analysis of additional demographic data indicates the children included in SiMR data are representational of statewide data (see Figure 9: *SiMR and Statewide Demographics (2017-18)*). When conducting an analysis of demographic data, the state noticed a slight change in the primary reason for eligibility as the category for developmental delay increased to 67 percent, up from 61 percent last year. As such, there was a corresponding decrease in the diagnosed conditions category from 27 percent last year to 18 percent currently (see Figure 10: *SiMR and Statewide Data - Primary Eligibility Reasons*).

This shift in primary eligibility reasons has not yet influenced the average length in time (i.e., 18 months); however, children entering Part C under the category developmental delay are generally older, thus participating in Part C and receiving early intervention services for a shorter length of time. The state anticipates this shortened time in Part C may impact SiMR data in the future.

Figure 9: SiMR and Statewide Demographics (2017-18)

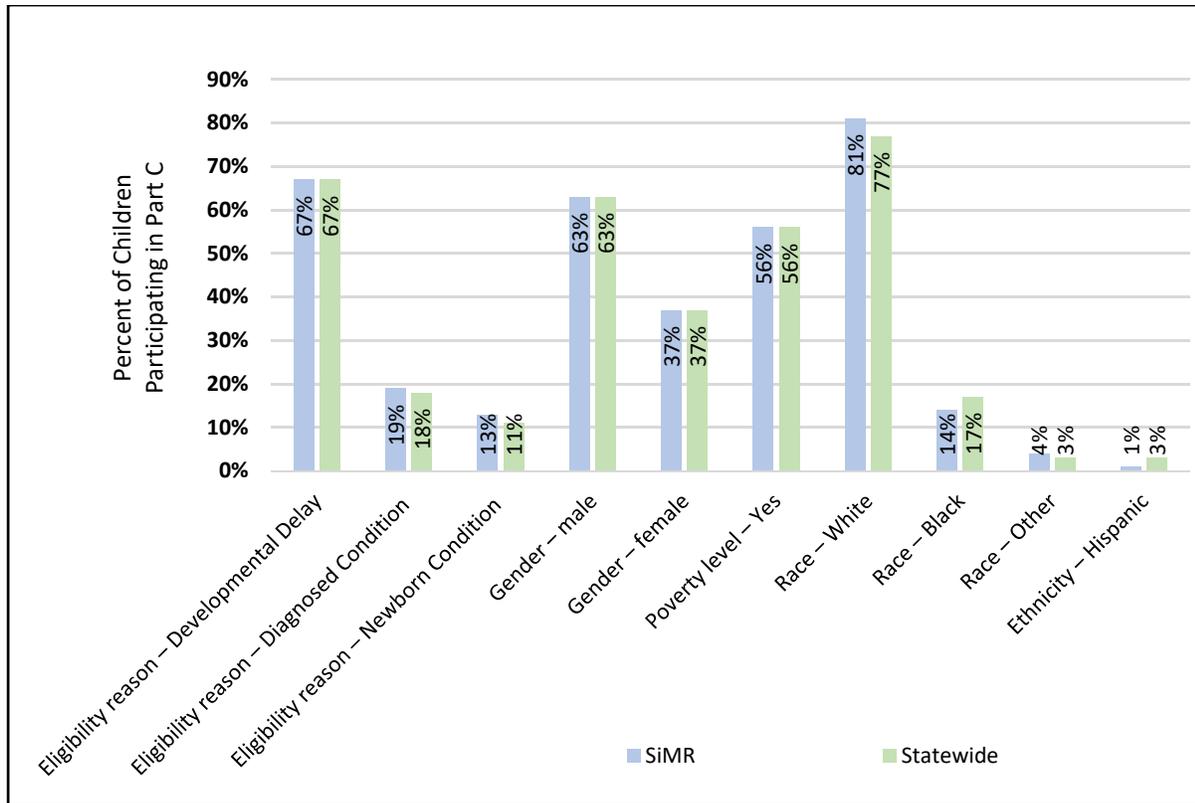
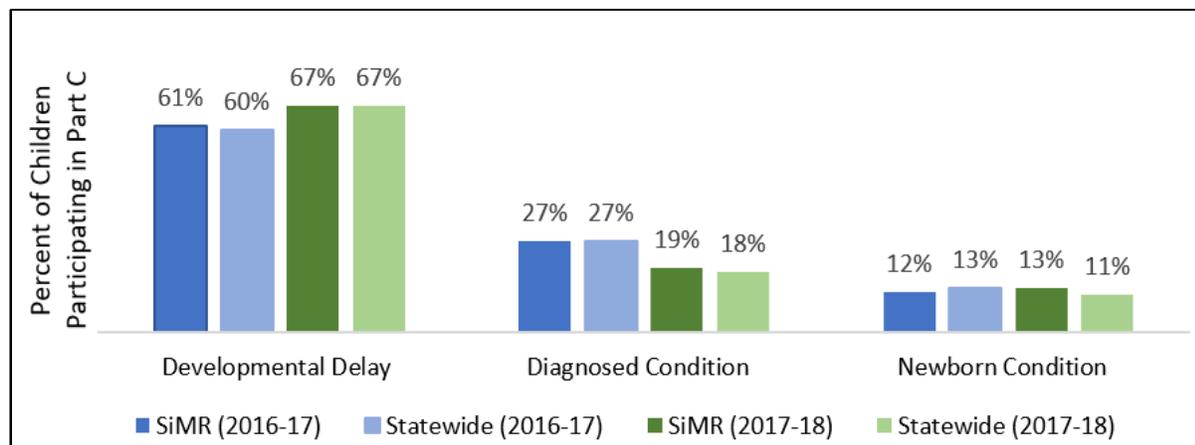


Figure 10: SiMR and Statewide Data - Primary Eligibility Reasons

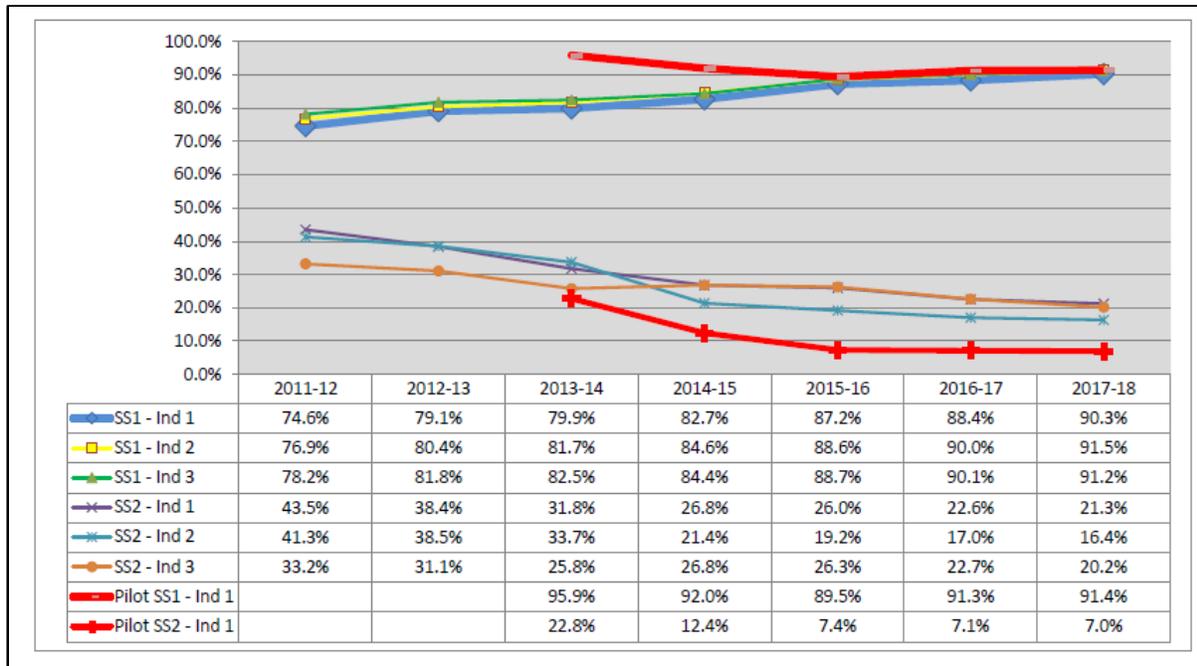


C. Data Trends

Statewide data from the three ECO outcome areas show a continuing trend in increasing percentages in summary statement one and decreasing percentages in summary statement two (see Figure 11: *ECO Data Trends*). 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 11 displays statewide and pilot data for summary statement one and summary statement two for all child outcome areas. The bolded red line reflects SiMR data, which is Cohort 1 and 2 of the pilot regions. The past two years of SiMR data indicate a leveling off in the summary statement data, which is a sign that the pilot regions are producing more accurate and consistent data on child outcomes.

Figure 11: ECO Data Trends



1.4 Next Steps

For the remainder of calendar year 2019, state staff in the Early Intervention section will complete the following **short-term objectives** to support the need for more foundational materials and resources.

- *March to June 2019* – The state will facilitate meetings with providers and Service Coordinators in both pilot and non-pilot regions to share information on evidence-based decision-making.
- *April to September 2019* – The state will facilitate SPOE Director and provider small group discussions related to the use of observation tools.
- *May to June 2019* – The state will enhance access to Module 7: ECO and the resource library as part of the online training modules.
- *August 2019* – The state will analyze feedback on the observation tool for IFSP meetings, complete any necessary revisions and begin developing the second observation tool for EIT meetings.
- *July to December 2019* – The state will meet with Service Coordinators to debrief from the ECO regional meetings and meet with SPOE Directors to analyze ECO data.

Looking ahead to the next two years, state staff in the Early Intervention section will consider the following **long-term objectives** to support statewide implementation of the SSIP.

- Continue to plan and develop additional observation tools (i.e., family assessment, home visit) with input from SPOE Directors, Service Coordinators, providers, and TA centers. The goal is to develop a set of observation tools that will be used statewide to provide consistent definition and measurement of evidence-based practices.
- Explore the use of self-assessments to support the SPOE Directors with observations of Service Coordinators. The goal is to use self-assessments and observations to ensure fidelity in the implementation of evidence-based practices of Service Coordinators.
- Research the coaching practices used by other early childhood programs (e.g., Head Start, Parents as Teachers) and other state’s early intervention programs (e.g., West Virginia, Hawaii). The goal is to identify and implement a provider coaching program in order to ensure fidelity in the implementation of evidence-based practices used by providers.

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 may need to be made to the targets, accordingly. When the pilot achieves statewide implementation, which is the state’s long-term goal to support child outcomes, then the state expects to reset the baseline and subsequent targets for both APR Indicators 3 and 11.

2. Component Two – Rationale for Revisions

There were no significant changes from year two to year three of Phase III; however, as described in this report, the state made a few adjustments to the timelines for online module training revisions and the tool used to measure observations.

Throughout year one and two of Phase III, there were several strengths and challenges noted by the state as strategies and activities were implemented. Some of these challenges carried over to year three of Phase III. 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 in year one. One of the state vacancies was filled, but the state continued to spend time trying to fill a vacancy in year two and three. The state is pleased to report the regional ECO pilot meetings were delivered as expected in year three of Phase III, which was a previous challenge due to turnover in staff.

The state continues to find ways to make staff turnover an opportunity to test the training and sustainability plan for the pilot. For example, in year three of Phase III, the state repurposed one of the state staff positions to centralize provider monitoring activities as many providers serve multiple regions in the state. In addition, the state made improvements in the training plan for new state staff and increased the types of resources available in the online training modules used for new and existing professionals in early intervention.

In the past year, these challenges did not change the state’s overall plan for strategies and activities needed to support the implementation of the SSIP.

3. Component Three – Stakeholder Involvement

In year three of Phase III, the state experienced little change in the involvement and use of stakeholders for Missouri Part C. Two notable changes relate to the lead agency’s state-level initiative for student outcomes and including more providers in key stakeholder activities.

In 2018-19, the Department of Elementary and Secondary Education (DESE), the lead agency for Missouri Part C, continued a major improvement effort to increase student achievement through *Show-Me Success*, which involves components of leadership, collaborative climate and culture, effective teaching and learning, data-based decision making and alignment of standards, curriculum and assessment to ensure: *All Missouri students will graduate ready for success*. New in 2018-19, the lead agency also developed a theory of action to support a system of continuous improvement to support this initiative in order for: *Improved student learning for every student in every school*.

The lead agency’s initiative continues to promote school readiness for toddlers and preschoolers through improved student learning. The work of the cross-agency team of DESE staff in early childhood programs continues to provide Missouri Part C with opportunities to align program policies between offices and 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: (1) the State Interagency Coordinating Council (SICC), (2) the ECO pilot work group of Service Coordinators and providers, and (3) the DESE Early Learning team.

A. Internal Stakeholders

Persons within the Part C system are internal stakeholders. In year three of Phase III, the state continued to use the following internal stakeholders:

- State staff in the 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. In year three of Phase III, the state continued to use the following external stakeholders:

- State staff in the Office of Special Education, Part B/619 section who are members of the Department’s Early Learning team

- State staff in the Office of Quality Schools, Early Learning section who are members of the DESE Early Learning team
- Staff from 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 Early Childhood Special Education in local school districts
- Staff from the Regional Head Start Training Office

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 three of Phase III, state staff in the Early Intervention section conducted the following SSIP-related activities with key stakeholders.

A. Screening and Evaluation Flow Chart

State staff in the DESE 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 align programs serving young children and their families. In recent years, staff developed a *Developmental Screening Flow Chart* (see Appendix 4) that depicts the screening, referral, evaluation, and developmental monitoring processes for children birth to age five, and co-facilitated regional trainings to explain these processes. In 2018-19, state staff created a new web page for community partnerships and posted an excerpt of the regional trainings, including the flow chart, in order to sustain this information over time.

In March 2019, state staff held a joint meeting to consider revising the current flow chart in Appendix 4, based on feedback from SICC members and Department of Health and Senior Services who suggested to include health and medical information. State staff discussed options for such information and agreed revisions are needed. State staff also discussed the possibility of adding additional pages to assist in the identification of state and local resources. Additional meetings to revise the flow chart will occur in 2019-20.

B. SICC Meetings

Throughout year three of Phase III, state staff in the Early Intervention section provided information about SSIP activities during SICC meetings in 2018, including: (1) discussions about the training and sustainability plan in April 2018, (2) the theory of action and program

goals in September 2018, and (3) activities necessary to scale up the pilot to additional regions in November 2018. Council members, including parents and staff from various state agencies and audience members such as SPOE Directors and Service Coordinators, were given an opportunity during each meeting to review and provide suggestions to revise SSIP activities.

One of the key activities suggested by stakeholders was for the state to share information from national centers the state is using to improve child outcomes. Therefore, the SICC meetings in September and November 2018 also included resources from NCSI Social-Emotional Outcomes Learning Collaborative meetings (i.e., Evidence-Based Decision-Making informational flyer and video, and evidence-based practices webinar series). An additional stakeholder activity with SICC members the state conducts on an annual basis is a conference call to review the state's draft SSIP report and provide suggestions for revision. One of the key activities suggested by stakeholders in the February 2019 call was for the state to include more reader-friendly data charts in the report, which the state completed. Next steps include continuing discussions on SSIP activities from the national, state and regional perspectives in order for SICC members to assist the state in evaluating the implementation of the pilot.

C. SPOE Small Group Discussions

State staff in the Early Intervention section continued to facilitate small group discussions on SSIP activities with the SPOE Directors and Service Coordinators throughout year three of Phase III. In order to provide individualized technical assistance, the state facilitated regional discussions with Service Coordinators about creating and evaluating professional development plans for EIT members. Additionally, the state continued group discussions during two statewide meetings: one discussion on observation tools in September 2018, and one discussion on evidence-based practices in November 2018. One of the key activities discussed by stakeholders was more information and follow up on evaluating and revising professional development plans. Next steps include continuing opportunities for the state to talk with SPOE Directors and Service Coordinators at both a regional (individualized) and state (generalized) level.

D. Provider Small Group Discussions

In past years, state staff in the Early Intervention section recognized providers did not receive the level of involvement in SSIP activities as expected due to turnover in state and regional staff involved in the pilot. In year three of Phase III, state staff maintained communications with providers in Missouri Part C. The state facilitated two small group discussions on SSIP activities, both in conjunction with SPOE meetings in June and November 2018. The inclusion of providers in SPOE meeting discussions continues to be well received by providers and they appreciate the opportunity to talk to other providers from around the state. One of the key activities suggested by stakeholders was more information about using evidence-based practices, including defining, implementing and measuring practices. The state shared this information through resources from national meetings and webinars with providers to support the initial implementation of evidence-based practices. Next steps include the state continuing communications with providers to discuss pilot procedures, gather input, and consider their suggestions. The state is planning multiple regional meetings with providers beginning in March 2019 and continuing the provider/SPOE work group meetings throughout 2019.

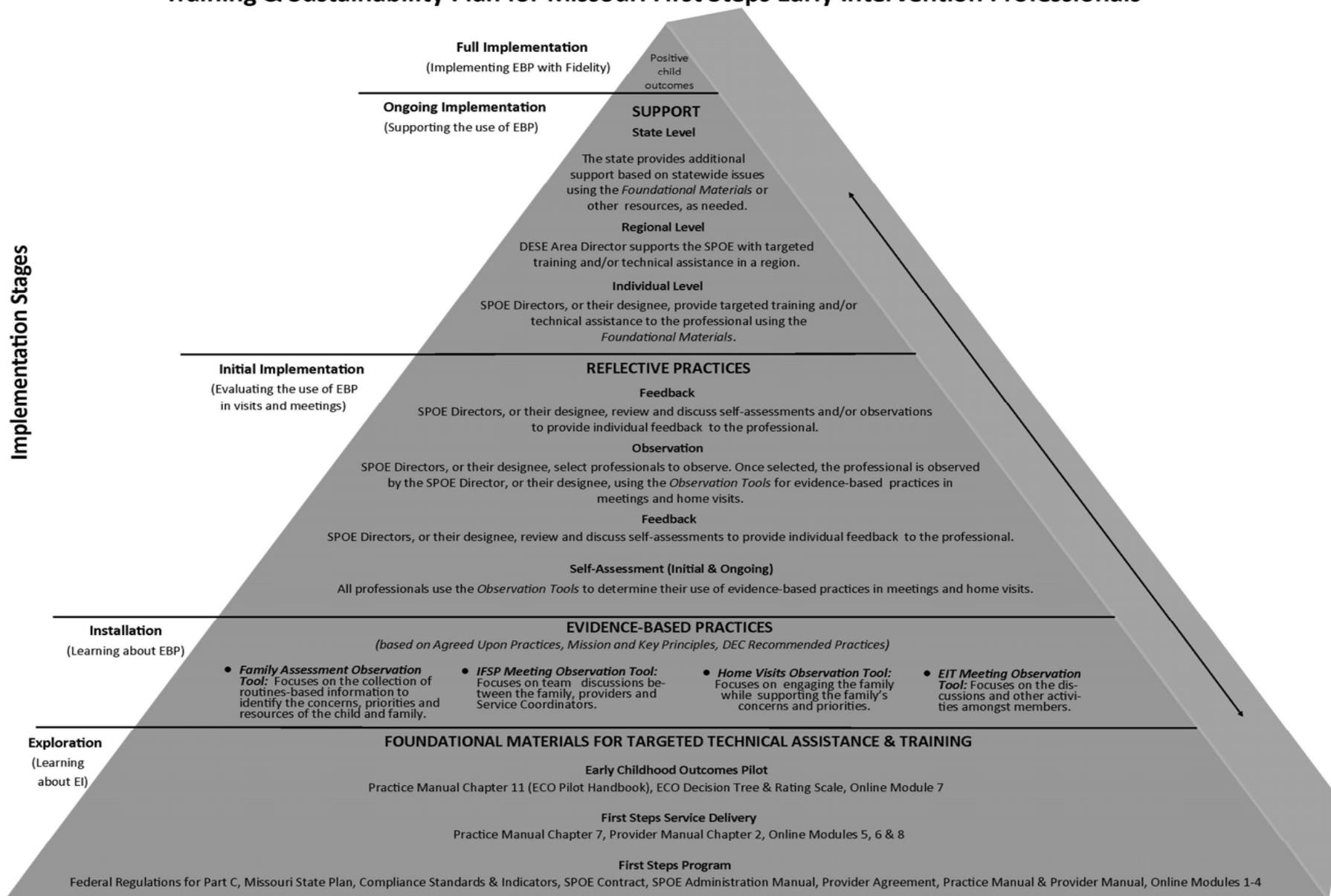
Missouri Part C Theory of Action

Vision: First Steps is a support and service system designed to improve family capacity to enhance their child’s development and learning, and to increase the child’s participation in family and community life.

Strands of Action	If	Then	Then	Then
Exploration/ Installation	...the state implements professional development plan for EIT members in the ECO pilot to have meaningful discussions about evidence-based practices that improve social-emotional outcomes...	... EIT members in the ECO pilot will recognize typical and atypical social-emotional skills, and increase the use of evidence-based practices to improve outcomes...		
Initial Implementation	... the SPOEs in the ECO pilot use reflective practices, which includes self-assessment, observation, and feedback, to evaluate the use of evidence-based practices...	... the SPOEs will know if EIT members are using evidence-based practices and, if needed, provide targeted training and technical assistance...	... Parents use strategies between visits with professionals, then the ECO pilot will show an increased percent of children with positive social-emotional outcomes. Infants and toddlers participating in Missouri Part C will be prepared for continued early learning success.
Ongoing Implementation	... the state collects and analyzes information from 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 is working, or if a more intensive plan is necessary to improve child outcomes...		
Full Implementation	...EIT members in the ECO pilot (1) discuss child progress <i>during IFSP meetings</i> and accurately rate child outcomes, and (2) monitor the child's progress <i>during home visits</i> parents will (1) engage in IFSP discussions about their child's progress, and (2) participate in home visits to learn strategies that support IFSP outcomes and improve their child's development...		

March 2018

Training & Sustainability Plan for Missouri First Steps Early Intervention Professionals



Required Knowledge & Practices

Updated February 2019



First Steps IFSP Meeting Observation Tool

November 2018

Missouri Department of Elementary and Secondary Education

Office of Special Education

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First Steps IFSP Meeting Observation Tool Instructions

Purpose: The First Steps Individualized Family Service Plan (IFSP) Meeting Observation Tool is designed to measure the use of Evidence-Based Practices (EBP) during IFSP Meetings. The intent of the observation tool is to examine the interactions, discussions and overall tone of the IFSP meeting, not to serve as a script for conversations during the IFSP meeting. The tool can be used to observe Service Coordinator and Provider practices during IFSP meetings to help identify the need for targeted technical assistance and/or additional training.

The tool also assists the regional System Point of Entry (SPOE) Directors with the annual needs assessment. The needs assessment identifies the strengths, challenges and any related training and technical assistance in the region, based on observations of Service Coordinator activities. Observation data is submitted annually to the Department of Elementary and Secondary Education (DESE) as part of the State Systemic Improvement Plan (SSIP) report to the U.S. Department of Education, Office of Special Education.

Description: The observation tool consists of four essential IFSP meetings practices: establish and maintain a collaborative and respectful climate, prioritize the family's concerns, determine IFSP outcomes, and prepare the family for next steps. Each essential practice identifies three or four observable components necessary to achieve the essential practice. Each observable component has three or four key indicators that specify the EBP, with examples and/or prompts in parentheses.

Procedure: The observation tool is intended to be used in its entirety during the first observation of the Initial, Six-Month or Annual IFSP meeting; however, each essential practice may be used and scored independently for follow-up observations. The tool utilizes a four-point scale for each observable component. The observer selects one rating per component based on the level in which all key indicators are consistently implemented and, when applicable, demonstrated throughout the meeting. The essential practices do not have to be observed or scored in the order indicated in the tool. A notes section provides a place to write comments about the observations that support the ratings.

References: The First Steps IFSP Meeting Observation Tool was developed with information from the following sources:

Agreed-Upon Practices: http://www.nectac.org/~pdfs/topics/families/AgreedUponPractices_FinalDraft2_01_08.pdf

Key Principles: http://www.nectac.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf

Division of Early Childhood- Recommended Practices (DEC-RP): <http://ectacenter.org/decrp/>

Reaching Potentials through Recommended Practices Observation Scale – Home Visiting (RP² OS-HV): http://ectacenter.org/~pdfs/implement_ebp/RP2_OS-HV.pdf

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SPOE Directors and Providers on the Program Improvement Work Group

Sherry Franklin, Technical Assistance Specialist- The Early Childhood Technical Assistance (ECTA) Center

Anne Lucas, Technical Assistance Specialist- The Early Childhood Technical Assistance (ECTA) Center

Debbie Shaver, Ph.D., Evaluation Specialist- IDEA Data Center (IDC)

Date of the Observation:	Type of Meeting:	Person Observing:	Person Being Observed:			
Essential Practice #1: Establish and Maintain a Collaborative and Respectful Climate for All IFSP Team Members, Including the Family.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Explain the purpose and process of the IFSP meeting with all members. Key indicators include: <input type="checkbox"/> Explain all team members, including the family, are encouraged to participate in IFSP discussions (e.g., share ideas, ask questions, discuss observations, problem-solve). <input type="checkbox"/> Describe how IFSP discussions reflect the concerns, priorities and resources identified by the family. <input type="checkbox"/> Describe how IFSP discussions lead to the identification of services and supports to assist the family’s priorities.			4	3	2	1
B. Share information with all team members in a clear manner. Key indicators include: <input type="checkbox"/> Use simple and short statements. <input type="checkbox"/> Explain complex ideas or concepts so they are more easily understood. <input type="checkbox"/> Avoid the use of jargon so all team members understand what is being shared. <input type="checkbox"/> Demonstrate these indicators throughout the IFSP meeting.			4	3	2	1
C. Use active and reflective listening skills. Key indicators include: <input type="checkbox"/> Summarize information shared by all team members (“It sounds like you...”, “I hear you saying...”). <input type="checkbox"/> Pause frequently during conversations to invite team members to ask clarifying questions or offer input. <input type="checkbox"/> Ask open-ended questions (“What do you think about...”, “Tell us more about...”). <input type="checkbox"/> Demonstrate these indicators throughout the IFSP meeting.			4	3	2	1
D. Facilitate the IFSP meeting to include the family as an equal team member. Key indicators include: <input type="checkbox"/> Explain the family knows the child best (e.g., the child’s likes, dislikes, strengths, and challenges). <input type="checkbox"/> Focus on what the family wants to accomplish when developing or revising the IFSP. <input type="checkbox"/> Acknowledge and validate the family’s perspective and their unique situation (e.g., “That must be challenging for you.” “I can tell you are excited when. . .”). <input type="checkbox"/> Demonstrate these indicators throughout the IFSP meeting.			4	3	2	1
Total: _____/16						
NOTES:						

Date of the Observation:	Type of Meeting:	Person Observing:	Person Being Observed:			
Essential Practice #2: Prioritize the Family’s Concerns, Considering Child and Family Assessment Information.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Synthesize the information collected regarding the child’s present level of development. Key indicators include: <input type="checkbox"/> Review key health and medical information about the child (e.g., current health status, medical conditions, vision and hearing information). <input type="checkbox"/> Review all five domains of the child’s present levels of development in a family-friendly manner (e.g., strengths and needs reviewed from the evaluation/assessment are stated in understandable terms rather than a recap of test scores). <input type="checkbox"/> Review the impact of the child’s present levels of development on participation in daily routines and activities (e.g., review evaluation/ assessment of what’s working well/not working well, consider multiple settings and various caregivers). <input type="checkbox"/> Involve the family throughout the discussion about the child’s development (e.g., “Does this sound accurate to you?” “What do you notice when he/she...?”).			4	3	2	1
B. Review and update the concerns shared by the family. Key indicators include: <input type="checkbox"/> Review the family-identified concerns related to <u>the child</u> (e.g., “You stated your main concerns were...”). <input type="checkbox"/> Review the family-identified concerns related to <u>the family</u> (e.g., “You stated you really wanted to...”). <input type="checkbox"/> Ask the family about other concerns the IFSP team needs to consider (e.g., “What has changed since we last talked?” “What other concerns do you have that we need to consider?”).			4	3	2	1
C. Identify the family’s priorities related to child and family needs. Key indicators include: <input type="checkbox"/> Explain the purpose of identifying priorities is to select outcomes and services (e.g., acknowledge some concerns might take more time to achieve, the family’s priorities may change over time, and the IFSP team can support changing needs). <input type="checkbox"/> Discuss the family’s most immediate priorities for <u>the child</u> (e.g., “What do you want to work on first?” “What goals do you have in mind for your child?”). <input type="checkbox"/> Discuss the family’s most immediate priorities for <u>the family</u> (e.g., “Are there things you want to do as a family that you cannot do?” “Are there things you are already doing as a family that you need help with?”).			4	3	2	1
			Total: _____/12			
NOTES: 						

Date of the Observation:	Type of Meeting:	Person Observing:	Person Being Observed:			
Essential Practice #3: Determine IFSP Outcomes for the Child and Family, Considering the Family's Priorities.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
Observable Components						
A. Identify and/or revise outcomes for the child and family that are functional. Key indicators include: <input type="checkbox"/> Connect child/family outcomes to priorities shared by the family. <input type="checkbox"/> Discuss how outcomes will build on what the IFSP team knows about the child's present level of development (e.g., "Right now, your child can... so the next step for this outcome would be to..."). <input type="checkbox"/> Discuss how outcomes will support child/ family's participation in natural occurring routines (e.g., "You mentioned your family goes to..." "You stated you would like your family to be able to...").			4	3	2	1
B. Identify and/or revise strategies and activities to support the identified functional outcomes. Key indicators include: <input type="checkbox"/> Discuss what the family is already doing in familiar places (e.g., "What have you tried when you go...?" "Where else would you like to..?"). <input type="checkbox"/> Discuss familiar things that motivate the child to learn (e.g., "What is your child's favorite toy?" "How does your child show you what she/he likes...dislikes...?") <input type="checkbox"/> Discuss how to support the child's interactions with familiar people (e.g., older siblings, child care provider).			4	3	2	1
C. Identify and/or revise the criteria for determining progress toward achieving outcomes. Key indicators include: <input type="checkbox"/> Discuss what can be reasonably achieved in an agreed upon time frame. <input type="checkbox"/> Discuss when the IFSP team will know the outcomes are achieved. <input type="checkbox"/> Discuss and/or review how the outcomes may need to change to reflect the needs, priorities and lifestyles of the child and family.			4	3	2	1
			Total: _____/12			
NOTES: 						

Date of the Observation:	Type of Meeting:	Person Observing:	Person Being Observed:			
Essential Practice #4: Prepare the Family for Early Intervention Services and Next Steps.			All indicators observed	Most indicators observed (2 of 3 or 3 of 4)	Some indicators observed (1 of 3 or 2 of 4)	No indicators observed
			Observable Components			
A. Identify services and supports necessary to achieve the identified outcomes. Key indicators include: <input type="checkbox"/> Discuss the family’s resources related to the outcomes (e.g., “Who is helping you with this now?” ”How is that agency/person assisting you and your family?”) <input type="checkbox"/> Discuss any additional resources the family needs (e.g., child care options, utility assistance). <input type="checkbox"/> Identify or review the Primary Provider who will assist the family with IFSP outcomes. <input type="checkbox"/> Identify or review whether the Primary Provider needs assistance from others (e.g., use Incremental Decision Making, identify supporting and/or ancillary providers).			4	3	2	1
B. Identify next steps in preparation for services to begin or continue. Key indicators include: <input type="checkbox"/> Explain the process for services to begin, continue or change (e.g., timely services, when Providers will visit, how often). <input type="checkbox"/> Identify the best way to communicate with the family when scheduling visits or meetings (e.g., who to contact, method of contact via text, call, email). <input type="checkbox"/> Explain the Service Coordinator and Provider roles (e.g., the Service Coordinator checks in frequently with the family to address questions/concerns; the Primary Provider visits the family regularly for services).			4	3	2	1
C. Identify next steps in planning for upcoming IFSP meetings. Key indicators include: <input type="checkbox"/> Discuss the frequency of IFSP meetings based on when the next meeting with the family will occur (e.g., Six-Month review, Annual, Transition). <input type="checkbox"/> Explain how changes in the family’s life may impact future services or settings (e.g., having a baby, changing job, new child care, changing insurance coverage). <input type="checkbox"/> Explain how the Early Intervention Team (EIT) supports the family (e.g., Providers keep progress notes, Service Coordinator reviews progress notes, the EIT strategize during meetings).			4	3	2	1
			Total: _____/12			
NOTES: 						

References for Essential Practices and Each Observable Component

Essential Practice	Observable Component	Sources for Technical Assistance and Follow-Up Training
#1: Establish and Maintain a Collaborative and Respectful Climate for All IFSP Team Members, Including the Family.	A.	AUP (IFSP Meeting) #2 7KP #4 DEC-RP Teaming & Collaboration- Families are Full Team Members Checklist
	B.	AUP (First Contacts) #2 (IFSP Meeting) #1 7KP #4 DEC-RP Teaming & Collaboration- Communication for Teaming and Collaboration Checklist DEC-RP Teaming & Collaboration Practitioner Guide 1.1
	C.	AUP (First Contacts) #2 7KP #4 DEC-RP Teaming & Collaboration- Communication for Teaming and Collaboration Checklist DEC-RP Teaming & Collaboration Practitioner Guide 2.1
	D.	AUP (IFSP Meeting) #2 7KP #4 DEC-RP Family- Family-Centered Practices Checklist DEC-RP Family- Informed Family Decision-Making Practices Checklist DEC-RP Family Practitioner Guide 1.1
#2 Prioritize the Family’s Concerns Considering Child and Family Assessment Information.	A.	AUP (IFSP Meeting) #3 and #4 7KP #4 DEC-RP Family- Family Capacity-Building Practices Checklist
	B.	AUP (IFSP Meeting) #3 7KP #5 DEC-RP Family- Family-Centered Practices Checklist
	C.	AUP (IFSP Meeting) #3 and #6 7KP #5 DEC-RP Family- Informed Family Decision-Making Practices Checklist
#3 Determine IFSP Outcomes for the Child and Family, Considering the Family’s Priorities.	A.	AUP (IFSP Meeting) #7 7KP #1, #2 and #5 DEC-RP Family- Informed Family Decision-Making Practices Checklist
	B.	AUP (IFSP Meeting) #6 and #7 7KP #1 and #5 DEC-RP Family- Informed Family Decision-Making Practices Checklist
	C.	AUP (IFSP Meeting) #6 and #8 7KP #5 DEC-RP Family- Family Engagement Practices Checklist
#4 Prepare the Family for Early Intervention Services and Next Steps.	A.	AUP (IFSP Meeting) #7 7KP #2 and #6 DEC-RP Family- Family-Centered Practices Checklist
	B.	AUP (IFSP Meeting) #11 and #12 7KP #4 DEC-RP Family- Family Engagement Practices Checklist
	C.	AUP (IFSP Meeting) #1 AUP (IFSP Meeting) #12 7KP #4 DEC-RP Family- Family Engagement Practices Checklist

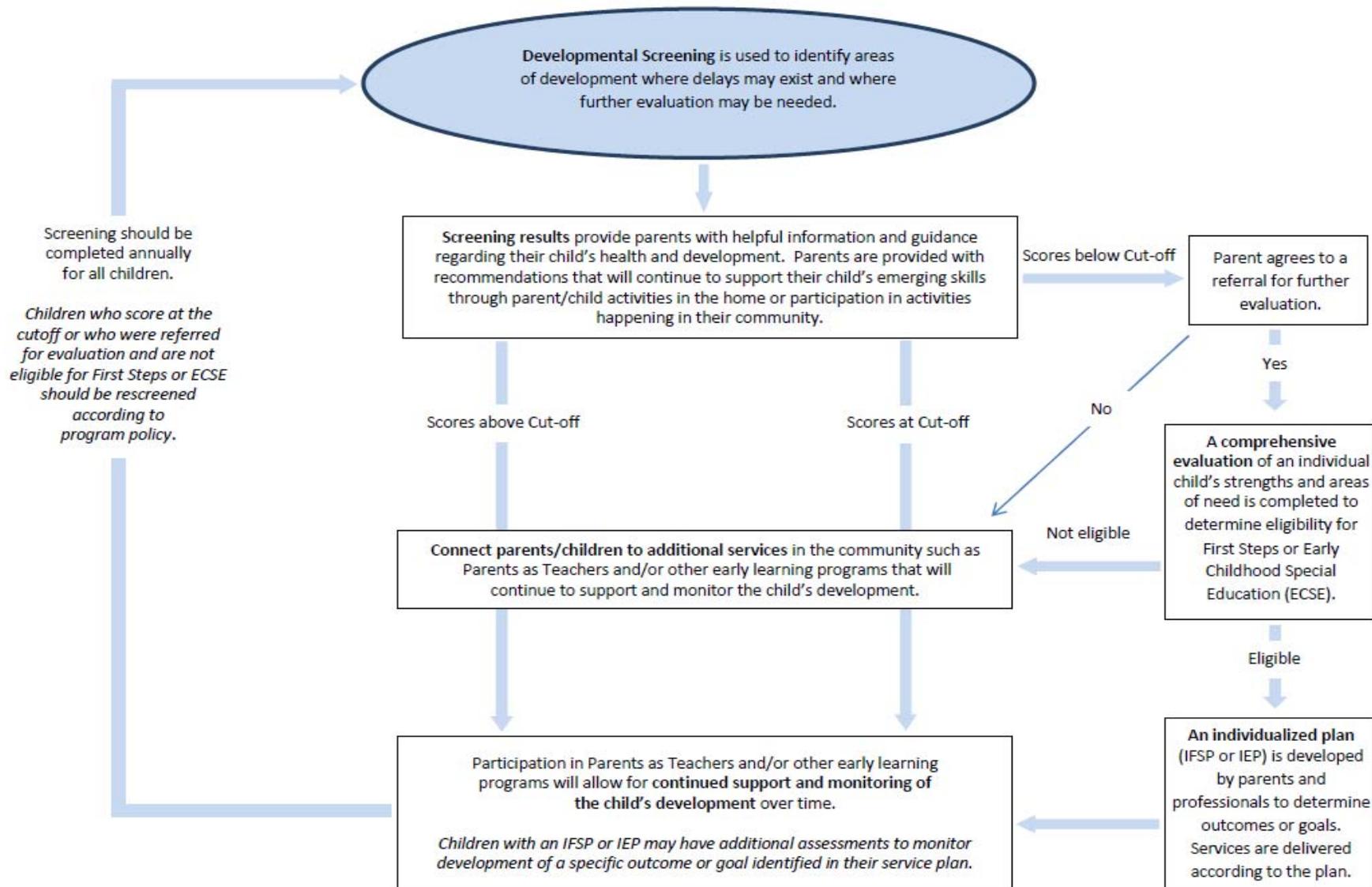
AUP= Agreed Upon Practices

7KP= Seven Key Principles

DEC-RP= Division of Early Childhood- Recommended Practices



Developmental Screening Flow Chart for Early Childhood Programs Serving Children Birth to Kindergarten Entry



August 1, 2016

Developmental Screening for Early Childhood Programs Serving Children Birth to Kindergarten Entry

Developmental Screening

All children between the ages of 3 months to kindergarten entry should have annual health screenings (dental, height and weight checks, hearing, and vision) and developmental screenings (general and social/emotional).

Screening Results

Most developmental screening assessments are standardized and norm-referenced which ensures that all children receive the same experience. Screening results are valid, reliable, and authentic when the administration and scoring of the screening tool is according to the publisher's standards. Parents should receive verbal and written summaries explaining the results as soon as possible following the screening. Developmental screenings have a cut-off score that is used to determine whether there is a concern in an area. It is possible that a child can score below the cut-off in some domains and not in others; however, screening results typically indicate one of the following:

- **Scores above cut-off:** Development is considered to be on track for the child's age. Continue monitoring the child for developmental growth and parents should be connected to early learning resources and programs for continued developmental support.
- **Scores right at cut-off:** Development is unclear. Further information should be obtained from parents to develop a clearer picture of any concerns or the child's current development. Parents should be connected to programs such as Parents as Teachers and/or other early learning services to provide continued support and monitoring of the child's development.
- **Scores below cut-off:** Development may be delayed. Consider a follow up with the parents and/or a referral for further evaluation. Through follow up, additional information will be gathered to help provide appropriate strategies to foster the child's development. Once information is gathered from the parents and strategies have been implemented, the child should be re-screened according to the program's policy. If delays continue after strategies have been in place and screening has been re-administered, then with parental permission the child should be referred to First Steps or Early Childhood Special Education (ECSE) for further evaluation.

Inconsistent screening results merit close monitoring and additional services, as needed. Children who score close to the cut-off, below the cut-off, or who have an inconsistent scoring pattern, may do so for a variety of reasons. Professionals need to pay close attention to family circumstances and other child factors, such as chronic illness or stress, which may explain inconsistent screening results before a referral for further evaluation is made.

Connect Parents/Children to Additional Services

Parents as Teachers and/or other early learning programs and services provide continued support to the family and monitoring of a child's development. Children scoring at or above cut-off should continue to participate in early childhood programs or be provided with resources to support their emerging skills.

Comprehensive Evaluation and Individualized Plan

Parents should be fully informed about the referral process and the importance of additional testing by a specialist. Testing results will help determine eligibility for First Steps (birth to 3 years of age) or ECSE (age 3 to 5 years of age). Children qualifying for First Steps will have an Individualized Family Service Plan (IFSP). Children qualifying for ECSE will have an Individualized Education Plan (IEP). Both plans are developed by parents and professionals to determine outcomes or goals for the child. Services are reviewed annually.

Continued Support and Monitoring of the Child's Development

A child's development changes rapidly during the early years. Developmental concerns should be identified early so resources can be put in place to effectively and efficiently support the child's development. Continual monitoring can help suggest whether a child is progressing. Reviewing the child's progress can give direction on how to support and encourage a child's continued growth and learning.