

Indicator 11 SSIP Phase III: Implementation Progress Report

This document is the State Systemic Improvement Plan (SSIP) Implementation Phase III Progress Report. The SSIP is a multi-year plan designed to increase the capacity of the early intervention system to implement, scale-up and sustain evidence-based practices. The result of the SSIP is improvement of outcomes for children with disabilities. This document describes the continuation of the analysis of Kentucky's Early Intervention System (KEIS) and implementation of activities designed to support the State Initiated Measurable Result (SIM-R).

Note: Acronyms used throughout this document are:

State Lead Agency—SLA

Service Coordinator—SC

Point of Entry—POE

Quality Assurance—QA

Routines-Based Interview—RBI®

Technical Assistance—TA

Lincoln Trail—LT

Big Sandy—BS

Bluegrass—BG

State-Identified Measurable Results (SIM-R): This was identified by stakeholders in Phase 1 of the plan development (March 2015).

Early intervention providers will change in their ability to coach parents on interventions and strategies to help their child develop and learn. Parents will change their self-perception of their ability to help their child develop and learn.

SIM-R focus: SPP/APR Indicator 4 C, Early Intervention helped parents learn how to help their children develop and learn.

Year 3 SIM-R Progress

State Baseline and Target Data: Percentage of families reporting that early intervention helped parents learn how to help their children develop and learn. Data based on the FFY13 State Performance Plan (SPP) Indicator 4, Family Outcomes.

Baseline 99.03%

Data source: SPP Indicator 4 Annual Family Survey

Survey: *Early Childhood Family Outcomes Survey Revised (2010)*

Targets					
FFY	2014	2015	2016	2017	2018
Target	99.03%	99.05%	99.10%	99.25%	99.50%
State Data	99.62%	99.16%			

SIM-R Target Point of Entry (POE) FFY15 Data

	2015 Target	Results	Met Target
Big Sandy	99.05	100%	Yes
Bluegrass	99.05	99.04%	No
Lincoln Trail	99.05	100%	Yes

Kentucky's performance on Indicator 4, Family Outcomes is consistently high and difficult to measure improvement. However, the analysis of the early intervention system by the Stakeholder Group resulted in a belief that the family survey results are not reflective of the information gleaned from hundreds of service logs. Parent survey results, although truly reflecting the parents' opinion may be skewed by a lack of understanding of high quality early intervention services. The service logs described use of few evidence-based practices and a lack of teaching interventions to families/caregivers that address concerns identified in daily routines. The Stakeholder Group chose to focus on Indicator 4C, percent of parents reporting that early intervention services helped them learn how to help their children develop and learn. Given the selection for focus and the high family survey results, a change in the mean scores for Indicator 4C appeared to be the best way to measure for improvement.

Statewide Baseline Mean Data: Mean and percent of families reporting that early intervention helped parents learn how to help their children develop and learn ("positive responses").

The ECO Family Survey provides a five-item scale for each subset of questions for each component of Indicator 4 (4A, 4B, and 4C): not at all helpful, a little helpful, somewhat helpful, almost helpful, and completely helpful. Positive responses included ratings that indicated any level of helpfulness (a little helpful, somewhat helpful, almost helpful, and completely helpful). Responses marked "not at all helpful" were not included in the calculation for positive responses.

Baseline (FFY13): 4.43 (88.51% Positive Responses)

Data source: SPP Indicator 4C Annual Family Survey

Survey: *Early Childhood Family Outcomes Survey Revised (2010)*

SIM-R Target Pilot Point of Entry (POE) Data

The POE targets (based on mean scores) for improvement are:

POE	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
Big Sandy	4.41	4.46	4.51	4.56	4.61
Bluegrass	4.32	4.37	4.42	4.47	4.52
Lincoln Trail	4.48	4.53	4.58	4.63	4.68

FFY15 Mean Data

POE	FFY 2015 Target	Survey Response Rate	% Positive Responses	FFY 15 Results	Target Met
Big Sandy	4.46	20.19%	94%	4.70	Yes
Bluegrass	4.37	45.58%	88%	4.40	Yes
Lincoln Trail	4.53	36.00%	91%	4.55	Yes

The mean data indicates slight variation from FFY14 mean data reported previously. The variance is not statistically significant and such variations occur year to year. FFY15 mean data for Big Sandy was slightly higher than FFY14; both Bluegrass and Lincoln Trail mean data were slightly lower.

Family Survey Section A

The FFY15 family survey included the *Early Childhood Family Outcomes Survey Section A*. This was the second year of collection for this set of questions. The results of this portion of the survey establishes a proxy measure for improvements related to Indicator 4C. Section A consists of questions organized into five

outcomes: understanding your child's strengths, needs, and abilities; knowing your rights and advocating for your child; helping your child develop and learn; having support systems; and accessing the community. The components and questions align well with the Kentucky Strengthening Families protective factors.

State and Target Family Survey Results for Section A of the Early Childhood Outcomes Family Survey:

Outcome 1: Understanding your child's strengths, needs and abilities

Outcome 2: Knowing your rights and advocating for your child

Outcome 3: Helping your child develop and learn

Outcome 4: Having support systems

Outcome 5: Accessing the community

Target POE Mean (Positive Responses)

		Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Overall
2014	Statewide	4.72 (94.5%)	4.53 (85.7%)	4.67 (92.4%)	4.46 (82.8%)	4.70 (91.1%)	
	Big Sandy	4.61 (87.2%)	4.55 (86.6%)	4.41 (88.2%)	4.33 (91.0%)	4.36 (92.2%)	4.45 (89.1%)
	Bluegrass	4.71 (94.2%)	4.47 (89.4%)	4.63 (92.6%)	4.42 (88.4%)	4.72 (94.4%)	4.59 (91.8%)
	Lincoln Trail	4.75 (95.0%)	4.62 (92.4%)	4.76 (95.2%)	4.51 (90.2%)	4.68 (93.6%)	4.66 (93.3%)
2015	Statewide	4.69 (93.8%)	4.50 (90.0%)	4.66 (93.2%)	4.49 (89.0%)	4.68 (93.6%)	
	Big Sandy	4.71 (94.2%)	4.31 (86.2%)	4.56 (91.2%)	4.27 (85.4%)	4.55 (91.0%)	4.48 (89.6%)
	Bluegrass	4.65 (93.0%)	4.49 (89.8%)	4.66 (93.2%)	4.42 (88.4%)	4.65 (93.0%)	4.57 (91.5%)
	Lincoln Trail	4.73 (94.6%)	4.67 (93.4%)	4.65 (93.0%)	4.58 (91.6%)	4.68 (93.6%)	4.66 (93.2%)

Outcome 3 above best aligns with the focus of the Kentucky SIM-R and is consistent with the results for Indicator 4C. The lowest mean is Outcome 4 that addresses access and use of support systems for the family. Higher means for Outcome 4 may indicate the effectiveness of the SSIP alignment with Kentucky Strengthening Families. The FFY 15 data indicates little variance which was expected. While all POEs work on continuous improvement, there was no implementation of the new training and guidance materials associated with the SSIP during this reporting period.

Child Outcomes Date Update for FFY15

Child outcome data includes all children with Individual Family Service Plans (IFSPs) who exited during the 2015-16 fiscal year, who had two complete points of data at least six months apart, and who had been in Part C for at least six months (N=2,663). The number of children served by Part C remained consistent in FFY15; however, the Kentucky Early Childhood Data System (KEDS) did not have exit data on 458 children. The SLA is investigating this to ensure that all exiting

children are included in the data pool—whether or not the data is usable. Children who did not have two complete points of data, did not receive services for at least 6 months, or had less than 75% complete assessments were not included in analyses. The three outcome statements measured are:

- A. Positive social-emotional skills (including social relationships)
- B. Acquisition and use of knowledge and skills (including early language and communication)
- C. Use of appropriate behaviors to meet their needs

FFY15 results indicate positive improvement over FFY14 results. The percentage of children making significant growth (Summary Statement 1) and having age-appropriate skills at exit (Summary Statement 2) were higher than the previous year's results for Outcomes A, B, and C (data not shown). For Outcome A, 88% of children made significant growth and 66% of children had age-appropriate skills at exit. For Outcome B, 92% of children made significant progress, and 70% of children had age-appropriate skills at exit. For Outcome C, 85% of children made significant progress, and 49% of children had age-appropriate skills at exit. Targets were met for summary statements A1 and B1. Despite gains in the scores for A2 and B2, the targets were not met for these summary statements. Neither target was met for Outcome C.

The Kentucky Early Childhood Data System (KEDS) data pool included 9,897 children 6,035 of whom did not exit during FFY15. The 3,862 remaining children exited. Of the children who exited, 1,199 were not included in the analysis. There are three reasons children who exited are not included in the analysis. The first is they only have data for a single data point. The calculation of an outcomes score percentage for their exit assessment is possible, the categorical progress data (a-e) cannot be determined without an entry assessment. The second reason is their assessments are less than seventy-five percent (75%) complete—accurate determination of an outcome score is not possible with incomplete data below this level. Finally, the third reason is there are less than six (6) months between assessments. This is a business rule issued by the Office of Special Education Programs (OSEP). Less than six (6) months of early intervention services may not be enough time for significant measurable progress.

Of the 1,199 children not included in the OSEP analysis:

- 950 only had data for one data point:
 - 241 were at or above the eighty percent (80%) threshold for age-appropriate functioning for all three outcomes. They exited due to their age-appropriate level of functioning;
 - 349 may have exited due to their age but not attained age-appropriate level; and,
 - 360 would not be expected to have exited due to their age or their level of functioning but may have exited due to moving or unsuccessful attempts to contact the child and family.
- Four (4) had exit assessments that were less than seventy-five (75%) complete; and
- 245 had less than six (6) months between assessments.

According to FFY15 exit data, five percent (5%) of exiting was due to unsuccessful attempts to contact the child and family and when the child and family moved, typically with no exit assessment. Only one percent (1%) of cases closed due to parent withdraw and none of those had an exit assessment. The number of families opting out of referrals to the local education agency is trending upward with a slight increase of parents refusing an exit assessment.

The POEs need to convey to parents the importance of measuring progress and obtaining an exit assessment. The SLA is currently investigating the differences between KEDS exit data and the database management system used by Part C to ascertain if there is a problem with the file exchange. Funds are available for an independent evaluation of the KEDS system in State Fiscal Year 18. The two primary evaluation questions are “does the Kentucky Early Childhood Data System accurately measure child developmental progress?” and “is there concurrent validity between the criterion-referenced assessments instruments used to measure progress and norm-referenced assessment instruments?”

SSIP Planning Team:

The Interagency Coordinating Council (ICC) comprised the core group of stakeholders formed to participate in the initial development of Indicator 11 and this group continues to serve in this role. The ICC is an active participant as a stakeholder group due to the representation of state agencies, programs, parents, and related consumers of the system and the active involvement of the ICC with systemic improvements since 2004. ICC membership includes:

- Five parents of children with disabilities
- One representative of the Department of Education (619 Preschool Program)
- One representative of the McKinney-Vento Homeless Program
- One representative of the Department of Community-Based Services (Child Welfare and Child Care services)
- One representative of the Department for Medicaid Services
- One representative of the Department of Insurance
- One representative of the Department of Behavioral Health, Developmental and Intellectual Disabilities
- One representative of the Commission for Children with Special Health Care Needs
- One representative of the State Legislature
- One representative of the Institutes of Higher Education
- One representative of the Head Start/Early Head Start
- Four representatives of Public Early Intervention Providers (First Steps POE, US Department of the Army, University of Louisville and University of Kentucky)
- Four representatives of Private Early Intervention Providers

In addition to the ICC, other system representatives participated in the Stakeholder Group to provide input on the plan:

- Rural and urban early intervention providers from various disciplines for representation of the diverse provider pool
- University faculty representing disciplines other than the ICC representatives
- POE Managers
- District Child Evaluation Specialists
- Health Access Nurturing Development Services (HANDS), Kentucky's home visiting program representing the core program (state funded), the multi-gravida program (federally funded) and the program designed to address post-partum depression (also federally funded)
- Race to the Top Early Learning Grant/Governor's Office of Early Childhood
- Help Me Grow Kentucky (Kentucky's implementation of a national system to connect children with risk factors that may impede developmental growth)
- Early Childhood Mental Health System of Care (US Department of Health and Human Services grant initiative)

An internal work-team also contributed to the development of the Implementation and Evaluation Plan. While the core of the internal team was State Lead Agency (SLA) program staff, other key players were recruited due to their unique knowledge, experience and perspectives of early intervention services. This team consisted of:

- KEIS training and technical assistance staff (three individuals)
- KEIS general supervision staff
- Maternal and Child Health Early Childhood Epidemiologist
- University of Louisville KEIS Record Review Principal Investigator
- Early Childhood Mental Health Technical Assistance staff
- KEIS Parent Consultant
- Part C Coordinator

Stakeholder Input:

Stakeholders were actively involved in the continued development of the SSIP. A combination of large stakeholder, internal workgroups, and project specific workgroups met to develop the plan. Stakeholders met monthly alternating between face-to-face and online meetings (participation in face-to-face meetings included ability to participate online for those unable to travel). Internal and project specific workgroup meetings were both face-to-face and via webinar. The stakeholder group was responsible for determining the direction of the SSIP activities, general timeframes, and ideas for deployment.

For Phase III, they provided suggestions for dealing with the challenges that occurred such as delays in contracting and context changes in the three pilot sites. A standing agenda item for each Stakeholder meeting is the review of the coherent strategies and progress towards accomplishment. Both quantitative and qualitative data reporting occurs as appropriate/available for specific activities. Various individuals on the Stakeholder group provide feedback on the status and next steps to take. The SLA takes the feedback under advisement as the work continues. The Stakeholders review draft products such as documents.

For this reporting period, much of the work centered on the development of materials needed for the use in the pilot areas. The design of the implementation plan allows for the necessary development work with actual local implementation occurring in later phases.

Infrastructure: The State Lead Agency (SLA) is responsible for final decisions concerning the infrastructure of the early intervention system. The overall organization of the early intervention system did not change as this structure works well for Kentucky. The program ended the state fiscal year within budget and maintained a high level of determination designated by OSEP. Changes to the infrastructure are dependent upon budget, performance and administration directives. The system continues to focus resources on services with less than 5% of the total budget used for SLA administration and operating costs.

Two issues that affected SSIP progress were:

1) Long-term staff vacancies: Remaining staff had to balance coverage for day-to-day operations with the time needed for development of quality products. Staffs were reassigned tasks so that skills needed for product development were supporting those tasks. Administrative staffs began assisting with desk audits of children's early intervention records and became more active with contracting, provider enrollment and other operational tasks. A part-time employee now assists with operational tasks. While these changes were not long-term solutions for staff vacancies, both daily operations of KEIS and SSIP development work moved forward. The vacancies bring into question the ability of the SLA to sustain changes resulting from the SSIP.

2) Delays and changes in contracts: The contract that supports the data portal for child outcomes was reduced by 9%, limiting the analysis on the child outcome data. New reports designed to help with policy and procedures were tabled. Execution of the contract with the University of Louisville was not fully executed until December 2016. The contract was originally designed as a two-year contract with the first year (State Fiscal Year 17) including federal funds to provide technical assistance support for developing the training materials and procedures for the Master Coaches. State Fiscal Year 18 included federal funds to identify and train the three Master Coaches. Training would be completed in the first half of the fiscal year so that coaching providers in the pilot sites could begin as targeted in early 2018. The Cabinet changed the contract to a one-year time period. Critical time for the completion of activities was significantly impacted. Fortunately, the University has secured the services of nationally-known experts in early intervention to develop the materials and, at this point, this task is on track to be completed by June 30, 2017.

Technical Assistance and Support: The resources necessary to implement the SSIP continue to be challenging under current budget climate in Kentucky. A change in vendors for the largest POE occurred that required dedicated attention by SLA staff for a substantial length of time due to issues with timely processing of referrals and frequent hiring of staff. One of the long-term vacancies is a technical assistance position. The redirection of remaining staff to this effort created pressure in development of initial SSIP activities. SLA staffs assisted with hiring and training over twenty new service coordinators as well as assisting the vendor with establishing office procedures. The POE manager and majority of the staff had limited knowledge/experience with early intervention thus requiring the significant support. Despite tight internal timelines targeted for SSIP development activities, the staff moved forward on completing projects.

Anticipated Barriers

- Continued staff vacancies will hamper remaining staff's ability to push projects forward as well as sustain the work.
- Long-term support for the coaching and technical assistance to providers is not secure. Federal funds are the supporting the activities and will continue to do so as long as payment for early intervention services are stable.
- Delays in contracting for SSIP activities jeopardize the timelines for the provision of coaching. Delays are out of the control of DPH. Should delays occur, the SLA staff will do what is possible to keep progress moving forward. Revisions to the timelines may be necessary.
- Resistance from early intervention providers to observation and feedback (coaching). Some will greatly appreciate the professional development coaching provides while others will not want to participate. The SSIP Stakeholder Group was very vocal about the desire to have all early intervention providers participate. Lessons learned in the initial pilot sites will be important for continued efforts.

Improvement Strategies

Coherent Strategy	Activities	Progress Report Phase III
<p>1. Development and implementation of Service Coordination Quality Assurance Standards (SCQA)</p> <p>Timeline: 7/2015–6/2018</p>	<ul style="list-style-type: none"> • Create SCQA workgroup with Service Coordinator, POE, Family & SLA representatives • Draft Quality Standards for Service Coordination vetted by ICC, SLA, national TA • Educate POE Managers about SC Quality Standards • Train all staff on Quality Standards 	<p>Completed Tasks:</p> <p><u>October 2015:</u> Established work group (based on stakeholders) including Service Coordinators from pilot and non-pilot offices, POE managers from the pilot areas, parents (one ICC member) and HANDS State Staff.</p> <p><u>November 2015–April 2016:</u> The workgroup first task was becoming more knowledgeable about quality service coordination. Resources gathered from other states included Virginia, Arizona, Illinois, Indiana, Idaho, and Kansas. A review and comparison of annual performance evaluation forms from all POEs occurred.</p> <p>Service Coordinators in the pilot area were surveyed to assess their understanding of the role as service coordinators (survey issued November with due date in December, see attached survey). The workgroup reviewed the survey results.</p> <p><u>April 2016:</u> A workgroup webinar was held to review the SSIP materials (Theory of Action, SIM-R and Improvement Strategies) to review purpose of the groups work. Based on input from November correspondence a fidelity checklist and quality standards from Arizona, Kansas, and Virginia were selected for more in-depth analysis. The Kentucky Service Coordination survey results were reviewed to assess the alignment of responses to the resource materials. Workgroup members were encouraged to continue researching what other states may have to share that could affect their work.</p> <p>SLA staff contacted OSEP State Contact for technical assistance regarding any additional information on Service Coordination roles or standards. None of the contacts with the recommended individuals could provide additional materials beyond what had already been collected. Staff also surveyed the Part C Coordinators for Arizona, Kansas and Virginia regarding the use of the fidelity checklists and quality standards in their respective states. The <i>Relationship of Quality Practices to Child and Family Outcome Measurement Results</i> (Lucas et al. 2011) was discussed as it relates to implementation of quality practices. The workgroup gave feedback on Service Coordinator Quality Standards specific to Kentucky, including the role of service coordinator and quality practice.</p> <p><u>June 2016:</u> A follow up webinar was held to discuss responses from Part C Coordinators on the use of the tools and the response from OSEP state contact on technical assistance available. The workgroup also reviewed the federal definition of Service Coordination services, the annual performance evaluation forms from the POEs and determined a format to use in the development of the quality standards.</p> <p>Evaluation Results: Short-term performance indicator measurement for this coherent strategy was evidence of workgroup composition and meeting dates. The result was identified as a product, Draft Standards, and feedback from the ICC, SLA and national technical assistance. Draft standards have been written and feedback provided by the workgroup.</p> <p>A review of data specific for each coherent strategy occurs at every meeting of the SSIP internal workgroup. Project leads report status—accomplishments, challenges and fidelity to timelines, Family assessment Section A data was collected for the second year. For FFY15 there were no significant differences in results of the survey results.</p>

Coherent Strategy	Activities	Progress Report Phase III
		<p>Changes to Original Plan: Work on the Service Coordinator Performance Standards stopped temporarily when it was discovered that the Service Coordinator Performance Standards lacked a framework for desired actions. The decision was made that overall program standards were needed to provide the context for service coordination. Discussions of program standards provided rich data to consider. The input of the individuals representing the “boots on the ground” proved to be critical to separate reality of the early intervention work from the perceived ideal. Kentucky’s vision is that the quality standards and linked performance standards easily understood and have clear, observable or documented indicators of quality. The priority is that parents know what to expect and receive when interacting with the early intervention system.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Create state specific Service Coordination Quality Standards based on stakeholder input (2/2017) • Beta testing with feedback and revision of tools, December 2016–October 2017. • Training on the KEIS Quality Standards, November 2017–December 2017. • Training on the Service Coordinator Performance Standards, November 2017–December 2017. • Training Point of Entry Managers on how to use the Performance Standards in daily operations, November 2017–December 2017. • Implementation in pilot areas, January, 2018 (Pilot Site 1)
<p>2. Develop leadership training for Point of Entry (POE) Managers</p> <p>Timeline: 4/2016–12/2016</p> <p>REVISED TIMELINE: 12/2017</p>	<ul style="list-style-type: none"> • Develop a POE Manager's Leadership Training Plan. • Create Leadership Trainings on a variety of topics: Child Development, Philosophy of Early Intervention, General Supervision, Reflective Supervision, Oversight of Providers, Motivational Interviewing, Data (including KEDS), Quality Standards, Four Disciplines of Execution (4DX) • Launch Trainings 	<p>Completed Tasks: An informal assessment of the POE Manager's needs resulted in a list of identified topics and the status of product development. The internal SSIP workgroup developed a draft training plan that at this point needs to be further developed. Assessment of existing materials indicated a need to be revised. New topics were identified that will require time to develop into training modules. Work on this activity has been sporadic due to limited availability of staff.</p> <p>Evaluation Results: A review of data specific for each coherent strategy occurs at every meeting of the SSIP internal workgroup. Project leads report status—accomplishments, challenges and fidelity to timelines. Short-term Performance Indicators for this activity included evidence of the developed plan. This was accomplished along with revisions to existing materials. A resource material for POE Managers, a data dictionary, is ready for final review prior to dissemination. The internal workgroup recommended revising the timeline for completion after an assessment of remaining incomplete work.</p> <p>Changes to original plan: Medicaid cost settlement funds were approved to contract for assistance with this activity. Revised timeline for completion of the POE Manager Training curriculum is 12/2017.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Write deliverable for this activity and modify University of Louisville contract, no later than 3/10/2017. • Work with contractor as needed to finalize products, identify launch dates for trainings by 9/30/2017. • Launch trainings per schedule; include pre and post surveys of knowledge for evaluation data collection, 9/30/2017–ongoing until all training topics completed.

Coherent Strategy	Activities	Progress Report Phase III
<p>3. Continued training and technical assistance on the Family Assessment process</p> <p>Timeline: 7/2015-6/2017</p> <p>REVISED TIMELINE: 7/2017-3/2018</p>	<ul style="list-style-type: none"> Family Assessment (RBI®) Workgroup identified and charged with task Survey both POE managers and Service Coordinators in pilot areas about the current family assessment process Stakeholder input on the revision of current Family Assessment training tools and modules for new Service Coordinators Draft Family Assessment tools: SC and POE manager tools for oversight Implement new Family Assessment training and tools 	<p>Completed Tasks:</p> <p><u>November –December 2015:</u> SLA staff surveyed Service Coordinators in the pilot areas to gauge their understanding of their role as service coordinators and the use of the family assessment. SLA staff analyzed results of the returned surveys.</p> <p><u>January-February 2016:</u> Workgroup comprised of early intervention providers, Service Coordinators, POE Managers and parents was established. Initial meeting was set for March 2016 with the SLA leads for this activity planning the agenda.</p> <p><u>March 2016:</u> The first meeting of the RBI Workgroup was held with six Service Coordinators, two parents who are also Service Coordinators, three POE Managers, two Developmental Interventionists and two SLA staff. The first part of the meeting the workgroup discussed the tasks for the workgroup to complete. During the second part of the meeting, the group conducted a review of the current family assessment training curriculum for Service Coordinators and POE staff. Workgroup members were tasked to gather documents for the next workgroup meeting. Possible materials to bring included scripts for talking to parents about the family assessment, manager audits, 45-day timeframe outline and a list of states that use the RBI and how. Next meeting was scheduled for April 25, 2016.</p> <p><u>March-May 2016:</u> One workgroup member shared with the SLA that fifteen (15) states use the RBI as the family assessment and plans to contact each to ask questions regarding the implementation in that state. At the second meeting, the workgroup discussed the current family assessment curriculum focusing on: presentation of the content and needed attitude change towards the family assessment by Service Coordinators. This resulted in suggested improvements for the training. Workgroup members presented information on internal trainings that occur at the POE with newly hired Service Coordinators. There was a discussion around training for Managers and building RBI specialists at each POE. The workgroup also reviewed and edited materials presented by workgroup members on the 45-day timeline information sheet for families, family assessment 1 pager for families, family assessment talking points, family decline information sheet, and provider information sheet. Documentation of the family assessment was discussed as being a barrier to the family assessment process. The Bluegrass staff in attendance presented a new format for documenting the family assessment. SLA staff gave Bluegrass approval to pilot the new format until the next meeting.</p> <p><u>May-June 2016:</u> The agenda for the next meeting was set: review and edit audit sheets, review and make suggestions for training for managers, review and edit the provider information sheet. SLA staff contacted the database management vendor to find out if any their other clients use the RBI process and document it in the database system. The states of Maine and Tennessee were contacted for information. The next meeting is scheduled for July 18, 2016.</p> <p>During the month of June, one of the workgroup members emailed and received correspondence from the states that do the RBI for the family assessment: Alabama, Wyoming, Oklahoma, Virginia, Ohio, and North Carolina.</p> <p>Evaluation Results: A review of data specific for each coherent strategy occurs at every meeting of the SSIP internal workgroup. Project leads report status—accomplishments, challenges and fidelity to timelines. Long-term performance indicator measurement is a revised process implementation with resulting outcomes of increased number of initial IFSPs based on completed family assessment. Another outcome identified monitoring results that indicate alignment of concerns, routines and IFPS outcomes. At this point, identified components for revised process are not implemented.</p>

Coherent Strategy	Activities	Progress Report Phase III
		<p>Implementation was slated for 6/2017. An assessment of the current SLA context regarding staffing and funding, a decision was made to change the timeline for this activity. The Stakeholder Group concurred with the SSIP Internal Workgroup's decision.</p> <p>Changes to original plan: Medicaid cost settlement funds were recently approved for inclusion of training activities that result in each POE having a family assessment specialist. The training also includes fidelity training for POE Managers. These funds are included in SFY18 contracts currently in process. Based on the amount of work and delays in securing funds for expert training on the Routines-Based Interview®, the timeline is moved to March 2018.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Continue to meet with the RBI workgroup to draft Family Assessment tools for SC and POE Manager oversight, next meet scheduled for July 2016. Develop new Family Assessment training and tools, July 2016-June 2017. Identify needed changes for database system, include in contract. Work with vendor to implement changes, August 2016-June 2017. Implement expert training, July 2017-December 2017. Based upon the trainings by expert on the RBI process, assess tools and resources and revise for alignment, December 2017-February 2018. Disseminate tools and resources and implement process March 2018.
<p>4. Develop Communication plans for awareness specific to EBPs and the SSIP</p> <p>Timeline: 1/2016-12/2020 (intermittent activities)</p>	<ul style="list-style-type: none"> Research and develop a statewide communication plan for POE Staff and Providers. (General communication tools to be used about EBPs, child outcomes, Indicator 4C, and the SSIP), including the creation of SSIP section on website Implement General Communication Plan statewide. Research and develop communication tools specific to pilot site #1: POE staff, providers and families. Launch communications for pilot site #1 	<p>Completed Tasks: The internal SSIP workgroup reviewed an initial, basic communication. This plan will serve for further refinement as the implementation moves forward.</p> <p>Evaluation Results: A review of data specific for each coherent strategy occurs at every meeting of the SSIP internal workgroup. Project leads report status—accomplishments, challenges and fidelity to timelines. The short and long-term performance measurements identified are communication products—branding, newsletters, website, presentations, etc. At this point, no products are fully developed. Work on materials for the pilot sites will commence over the summer of 2017.</p> <p>Changes to original plan: The Department for Public Health is currently in process of updating the website; information and materials will be designed to match the new “look”. Unrelated to the SSIP, the SLA is planning to rebrand the early intervention system. This will become part of the communications to the field when appropriate.</p>

Coherent Strategy	Activities	Progress Report Phase III
	<ul style="list-style-type: none"> Research and develop communication tools specific to pilot sites #2 and #3 (make any necessary improvements to the materials used for pilot #1). Launch communications for pilot #2 and #3 	<p>Next Steps:</p> <ul style="list-style-type: none"> Develop drafts of specific communication pieces- no later than August 2017. Finalized communication tools in the fall of 2017 in anticipation for use with Pilot Site 1 Revise as needed for Pilot 2 and 3, June 2018 Disseminate general information to the whole state June 2018-December 2020
<p>5. Develop Quality Standards for home visiting in collaboration with other home visiting programs (HANDS, HANDS Maternal, Infant, Early Childhood Home Visiting (MIECHV), Early Head Start)</p> <p>Timeline: 12/2015-6/2018</p>	<ul style="list-style-type: none"> Collect and review standards from Head Start, MIECHV, Division of Early Childhood (DEC), other states and develop draft of KEIS Quality Standards for Home Visiting Draft standards vetted by ICC, SLA, national TA Embed Quality Standards for Home Visiting into trainings for new providers/SCs as they enter the system Develop training on Quality Standards for home visiting for existing providers and POE staff Train all staff on Quality Standards for home visiting 	<p>Completed Tasks: A review of Performance Standards for both Early Head Start and HANDS revealed that these were program standards not specifically targeted to actual service delivery. A crosswalk of key standards was attempted but abandoned, as there are many “gaps” between the three program comparisons. Research on the recently developed Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs also resulted in a variety of quality standards, some of which addressed interactions between caregiver and home visitor but again, none were found that addressed the totality of service delivery. Some resources found described home visits, which were helpful to develop a “model” home visit that is used as a reference for quality standards (see attached draft model).</p> <p>Simultaneously, a workgroup began developing performance standards for service coordination. The initial draft of those performance standards indicated that program standards were missing—the performance standards addressed discrete events that lacked the connectedness to a bigger purpose. After discussions, the SLA staff assigned to the Service Coordination workgroup stopped to develop Quality Program Standards that would serve as the basis for the service coordinator and provider performance standards. The SLA staff leads volunteered to lead the work on the provider performance standards to ensure cohesiveness with the ones for service coordination.</p> <p>Evaluation Results: A review of data specific for each coherent strategy occurs at every meeting of the SSIP internal workgroup. Project leads report status—accomplishments, challenges and fidelity to timelines. Short-term performance indicator measurements identified were workgroup membership, meeting documentation and training data. Long-term result or outcome is the final product and family feedback on quality of services collected through the annual family survey. The timeline for this coherent strategy is 6/2015-6/2018. At this point, the activity is not as far along as envisioned due to the numerous vacancies in the Early Childhood Branch and remaining staff attending to other tasks as assigned. However, the SLA is not prepared to change the timeline at this point.</p> <p>Changes to original plan: The development of overall program standards was not an expected activity and disrupted the detailed timeline for both the Service Coordinator and Provider Quality Standards. The discussions of program standards provided rich data to consider. The input of the individuals representing the “boots on the ground” proved to be critical to separate reality of the early intervention work from the perceived ideal. Kentucky’s vision is that the quality standards and linked performance standards are understandable and have clear, observable or documented indicators of quality. The priority is that parents know what to expect and to receive when interacting with the early intervention system.</p>

Coherent Strategy	Activities	Progress Report Phase III
		<p>Next Steps:</p> <ul style="list-style-type: none"> • Establish a workgroup comprised of a variety of early intervention providers, including the Institutes of Higher Education representative from the ICC, January 2016-June, 2016. • Gather resources, meet regularly with workgroup, draft performance standards, July 2017-November 2017. • Finalize draft state specific Early Intervention Provider Performance Standards based on the KEIS Quality Standards and stakeholder input, July 2017-January 2018. • Beta test standards, analyze data, February 2018-May 2018. <p>Finalize standards and implement in Pilot sites, June 2018.</p>
<p>6. Develop training on Evidence-Based Practices</p> <p>Timeline: 7/2015-6/2020 (intermittent activities and launches)</p> <p>Infrastructure target for improvement: <u>X Quality Standards</u> <u>X Professional Development</u> <u>X Technical Assistance</u> </p>	<ul style="list-style-type: none"> • Identify and construct a workgroup to investigate EBPs, research national trainers/consultants • Identify Pilot #1 (of the 3 selected areas: Big Sandy, Lincoln Trail, Bluegrass) • Secure funding and modify contract for payment for Master Coaches and training development • Identify and Research EBPs in order to develop content for trainings • Develop Training Modules for Master Coaches: <ul style="list-style-type: none"> ○ Quality Standards for Home Visiting, ○ TOTS, ○ EBPs— <ul style="list-style-type: none"> ○ Coaching families, embedding into natural context, ○ Routines-Based Early Intervention®, ○ Documentation (Coaching Logs) 	<p>Completed Tasks: The evidence-based practices that will be the focus of training are:</p> <ul style="list-style-type: none"> • Natural Environments; • Routine-Based Interventions; • Parent Mediated Interventions; • Strength-based Coaching; <p>Research and analysis on Motivational Interviewing for applicability to early intervention revealed that elements of the evidence-based practice fit well with the Routine-Based Interview© and routine-based interventions. However, the whole process does not fit as a “stand alone” practice given the differences between substance abuse treatment clients and early intervention families. The elements that are a good fit will be included in the training developed as appropriate.</p> <p>The first pilot site will be Lincoln Trail as voted on by the Stakeholder Group and internal SLA workgroup. Site launch date is set as 1/2018.</p>

Coherent Strategy	Activities	Progress Report Phase III
	<ul style="list-style-type: none"> • Hire & Train Master Coaches for Pilot #1 (Add to contract, develop position description, advertise, interview, hire and train) • Train Pilot #1 POE Manager • Modify EBP modules for POE staff • Launch Provider Training statewide (EBP Modules: includes Quality Standards for Home Visiting) • Intensive training for Pilot #1 on home-visiting with follow-up from Master Coaches • Master Coaches collect and review training assignments statewide • Launch EBP modules for POE staff • Conduct Provider Fidelity Checks and observations in Pilot #1 (Develop sustainable mechanisms to ensure fidelity of appropriate practices). • Launch trainings, fidelity checks and observations in Pilot #2 & #3 • Strategic plan to embed coaches at each POE for sustainability 	<p>Evaluation results: A review of data specific for each coherent strategy occurs at every meeting of the SSIP internal workgroup. Project leads report status—accomplishments, challenges and fidelity to timelines. Short-term performance indicators for measurement included identification of the evidence-based practices. That was accomplished in Phase II. Long-term measurement procedures include adding the coaching logs to IFSP monitoring and tracking local determinations for Indicator 4. Neither one of these measurements have been implemented at this point. The tracking of Indicator 4 occurs annually. The training modules are under development.</p> <p>Changes to original plan: Delay of the execution of the contract with the University of Louisville lasted six months. This significantly impacted critical time for the completion of activities. In an attempt to maintain the original timeline for this activity, the University secured the services of nationally known experts in early intervention to develop the materials and, at this point, this task is on track to be completed by June 30, 2017. The SFY18 contract with the University of Louisville includes the federal funds necessary to support three Master Coaches and provision of a dedicated technical assistant to serve as a liaison between the SLA and the University. This technical assistance position will also help with development and revision of materials and procedures for the Master Coaches.</p> <p>The database management system will be modified to include a coaching log for each provider that maintains an archive of coaching sessions. Exploration of the log to include video and/or audio files is underway. This documentation process is designed to encourage providers to refer to the feedback—it will be easily accessible in the same website that they enter service logs. Switching to a different site may discourage use of the coaching feedback.</p> <p>Another change not originally identified is the exploration of provider-specific reports based on child outcome data. The Kentucky outcomes measurement system is based on the early learning standards. Analysis of the data should yield information as to which standards are met or not met consistently by providers in a POE area. Pinpointing that to the provider level as well as may have implications for technical assistance, training or general supervision policies.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Complete FY18 contract language and submit for processing no later than March 10, 2017. • Review/revise training materials for coaches; ensure “fit” with Kentucky’s early intervention program, January 2017-June 2017. • Work with database management vendor to develop Coaching Log module in TOTS system, March 2017 to September 2017. • Continue to work with University of Louisville to prepare coaches for deployment in January 2018.
7. Educate Families by developing materials that explain	<ul style="list-style-type: none"> • Research and development of family materials for Early Intervention and Evidence-Based 	<p>Completed Tasks: The development of scripts for Service Coordinators to use when explaining key activities within First Steps is continuing. Extensive research revealed numerous resources from other states to use as references for Kentucky materials.</p>

Coherent Strategy	Activities	Progress Report Phase III
<p>quality early intervention for families</p> <p>Timeline: 7/2015-6/2018 (intermittent activities and launch)</p> <p>Infrastructure target for improvement:</p> <p><u>X Accountability</u> <u>X Quality Standards</u> <u>X Technical Assistance</u></p>	<p>Practices (parent mediated intervention).</p> <ul style="list-style-type: none"> Revise print materials for parents aligned with the language of <i>Kentucky Strengthening Families</i>; including new brochures that educate families on quality in early intervention and what to expect by reinforcing the use of EBPs (use common language from Strengthening Families initiative). Update language on the website (both public and parent) to include guidance for use of Parent Portal in TOTS Create a Family Guide to Services Develop a communication plan for families participating in Pilot #1 (including family expectations) Launch Communication to families in Pilot #1 Launch Communication (revised based on data from Pilot 1) to families in Pilot sites #2 and 3 	<p>Evaluation Results: This activity is not an evaluation activity included in the Phase II plan. Related to the communication plan, this detailed activity specifically targets parents/caregivers. Final products included in Service Coordinator training as resources are the evidence of completion.</p> <p>Changes to original plan: None at this time.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Continue work on scripts, July 2016-July 2017. Present drafts to internal workgroup for revision, July 2017-August 2017. Finalize materials for use with pilot sites, September 2017-January 2018. Gather feedback from pilot sites and make revisions accordingly January 2018-December 2020.
<p>8. Coaching families to recognize and respond appropriately to their child's specific developmental needs.</p> <p>Timeline: 7/2015-12/2018 (intermittent activities and launch)</p> <p>Infrastructure target for improvement:</p>	<ul style="list-style-type: none"> Expand Family Survey to include Section A of the Early Childhood Outcomes (ECO) Family Survey Tool (assist with baseline) Statewide Complete edits based on data analysis and gather data using the selected tool For Pilot #1 measure the family's perception of their ability to help their child develop and grow. (aligned with Kentucky Strengthening Families, KYSF) Measure the family's perception of their ability to help their child 	<p>Completed Tasks: Collection of Section A of the Early Childhood Outcomes (ECO) survey began in 2015. This is collected annually and serves two purposes: provide data for SSIP analysis and provide in-depth data for every POE office to analyze and development improvement plans. Data sharing occurs with the ICC at the state level. POE Managers use the data to inform the local District Early Intervention Committees and other local stakeholder groups.</p> <p>Evaluation Results: A review of data specific for each coherent strategy occurs at every meeting of the SSIP internal workgroup. Project leads report status—accomplishments, challenges and fidelity to timelines. Short-term performance indicator measurements include the dissemination of the ECO Section A survey. The second short-term performance indicator is the identification of a specific self-assessment for parents, which is pending at this time.</p> <p>Long-term evaluation measurements and outcomes are not completed at this time.</p> <p>Changes to original plan: The data collected in this activity will be shared with the Kentucky Strengthening Families Leadership Team and submitted to the Cabinet Communications office for possible inclusion in the Cabinet publications.</p>

Coherent Strategy	Activities	Progress Report Phase III
<u>X Accountability</u> <u>X Quality Standards</u> <u>X Technical Assistance</u>	develop and grow for pilot areas #2 and 3	Next Steps: <ul style="list-style-type: none"> • Continue collection and analysis as planned July 2015-December 2020. • Identify the specific parent self-assessment instrument for use in the pilots by October 2017. • Implement self-assessment in pilot sites; collect data beginning January 2018.