Kentucky

Indicator 11 SSIP Phase III: Implementation Progress Report

March 2021
FFY19 (July 1, 2019 to June 30, 2020)

This document is the State Systemic Improvement Plan (SSIP) Implementation Phase III Year 5 Progress Report for Kentucky. 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 the 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 Identified Measurable Result (SIM-R).

Acronyms used in this report:
Big Sandy—BS
Bluegrass—BG
Coaching in Early Intervention Training and Mentorship Program—CEITMP
Community of Practice--CoP
Evidence-Based Practices—EBPs
Interagency Coordinating Council--ICC
Kentucky Early Intervention System—KEIS
Lincoln Trail—LT
Point of Entry—POE
Quality Assurance—QA
Routines-Based Interview®—RBI®
Service Coordinator—SC
State Systemic Improvement Plan—SSIP
State Identified Measurable Result--SiMR
State Lead Agency--SLA
Technical Assistance—TA

Section: Kentucky Theory of Action

If First Steps:	Then…	
Aligns its SSIP with the state's Race to the Top-Early Learning Challenge Grant, Priority 5 Family Engagement, *Kentucky's Strengthening Families* Initiative, to support eligible children and their parents through: • Supporting the family assessment process • Supporting early intervention providers in coaching parents on how to meet their child's needs	Families will be appropriately assessed and data-driven supports will be provided in home and community settings.	**There will be improved child outcomes achieved through supports focused on teaching families how to help their children develop and learn.** **Early intervention providers will use coaching and mentoring based upon the family's assessment of concerns and priorities.**
Develops and implements a standardized, comprehensive, evidence-based training system for all First Steps providers which: • Aligns with *Kentucky Strengthening Families Initiative* • Focuses on the family assessment process • Incorporates on-going coaching and mentoring • Uses data to drive IFSP decisions	First Steps will build capacity of providers to best support children, families and caregivers participating in early intervention through consistent implementation of First Steps practices statewide.	
Utilizes a general supervision system based on a continuous quality improvement process that includes appropriate incentives and accountability in which: • Teams use data to drive decision-making • Data systems allow for real-time analysis, monitoring, and tracking	The family outcome data will accurately reflect each family's perception of their impact on their child's developmental progression.	
Identifies and accesses adequate funding and resources: • To provide training and technical assistance to providers • To support service coordinators in consistently implementing the family assessment process that leads to improved IFSP development	All staff and providers will consistently implement First Steps practices.	
Coordinates and collaborates at the regional and local levels with the early childhood community: • To use regional/local DEIC teams to develop community resources that support families and caregivers • To identify needs and recruit and maintain providers in underserved areas	Local/regional groups will be best equipped to support children, their families and caregivers.	

Section A: Status of the State-Identified Measurable Result (SiMR)

State-Identified Measurable Results (SiMR): (Developed March 2015; no changes)
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.

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

SiMR Progress

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

Table 1. SiMR Pilot Points of Entry (POEs) FFY19 Data
Baseline (FFY13) 99.03%

Targets

FFY	2014	2015	2016	2017	2018	2019
Target	99.03%	99.05%	99.10%	99.25%	99.50%	99.51%
State Data	99.62%	99.16%	99.20%	98.97%	99.02%	99.11%

SiMR Pilot Points of Entry (POEs) FFY19 Data

	2019 Target	Results	Target Met
Big Sandy	99.51%	100%	Yes
Bluegrass	99.51%	99.39%	Yes
Lincoln Trail	99.51%	98.28%	No (slippage)

Statewide, the percent of families reporting that early intervention helped parents learn how to help their children develop and learn increased by 0.09 percentage points from FFY18 to FFY19. While this improvement is a success for the program, the positive response rate of 99.11% did not meet the target (99.51%). The three pilot sites have sustained the evidence-based practices. The primary driver of change, the *Coaching in Early Intervention Training and Mentoring Program (*CEITMP), continues in the pilot sites with no expansion to other regions until late May 2021.

In Kentucky, the sample is obtained during a 120-day period (March-June). In March, services were temporarily suspended due to the pandemic. During the suspension period, all new referrals were put on hold. Since FFY 2016, there has been a steady increase in sample size on an average of two hundred sixty-four (264) more responses each year. For FFY 2019, the sample was 1,322 less than FFY 2018. Due to COVID a significant decrease in the size of the sample occurred. Since FFY 2014, the Family Survey response rate has averaged 32.59%. For FFY 2019, the Family Survey response rate was 25.32%. Due to COVID, fewer surveys were distributed and received in response. Surprisingly, the responses that received remained positive about the early intervention services that families received other than a few outliers who wanted face-to-face services.

The Big Sandy and Bluegrass POEs met the target for positive responses. Big Sandy achieved 100% for the second year. Bluegrass FFY19 results are higher than FFY18 (FFY18= 99.19% to FFY19= 99.39%). Lincoln Trail slipped from 100% to 98.28% in FFY19. Variances occurred throughout the implementation of the SSIP for each pilot site. Despite the slippage in resukts, POE staff and early intervention providers continued to implement evidence-based practices. A change in the vendor for Lincoln Trail is believed to have impacted the results in that region. Uncontrollable variables included service coordinator vacancies, caseloads, anxiety of the change in vendors, and new staff influence performance in Lincoln Trail.

Table 2. State Mean Baseline and Target Data

Baseline (FFY13): 4.43 (88.51% Positive Responses)
Data source: SPP Indicator 4C Annual Family Survey
Survey: *Early Childhood Family Outcomes Survey Revised (2010)*

SiMR Pilot Site Points of Entry (POEs) Data
The POE targets (based on mean scores) for improvement are:

POE	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Big Sandy	4.41	4.46	4.51	4.56	4.61	4.70
Bluegrass	4.32	4.37	4.42	4.47	4.52	4.64
Lincoln Trail	4.48	4.53	4.58	4.63	4.68	4.68

FFY19 Data

POE	FFY 19 Results	FFY 19 Target	Target Met	Improvement/ Same/Slippage from FFY 18
Big Sandy	4.62	4.70	No	Slippage
Bluegrass	4.51	4.64	No	Slippage
Lincoln Trail	4.53	4.68	No	Slippage

All three pilot sites experienced slippage. This is consistent with the overall lower results for SPP Indicator 4, Family Outcomes. The COVID-19 pandemic caused a smaller data pool, which also impacted scores as well. Lincoln Trail had the most significant slippage of the three pilot sites. A change in the vendor for Lincoln Trail is believed to have impact on the results for that region. Despite the slippage in resukts, POE staff and early intervention providers continued to implement evidence-based practices. A change in the vendor for Lincoln Trail is believed to have impacted the results in that region. Uncontrollable variables included service coordinator vacancies, caseloads, anxiety of the change in vendors, and new staff influence performance in Lincoln Trail.

Family Survey: Section A

The family survey included the *Early Childhood Family Outcomes Survey: Section A* for the fifth time. The results of this survey portion establish a proxy measure for improvements related to Indicator 4C. The components and questions align well with the Kentucky Strengthening Families protective factors.

Table 3. State Section A <u>Baseline</u> Data:

FFY14	Mean	Percent Reporting KEIS Helped
Outcome 1: Understanding your child's strengths, needs and abilities	4.72	94.53%
Outcome 2: Knowing your rights and advocating for your child	4.53	85.74%
Outcome 3: Helping your child develop and learn	4.67	92.37%
Outcome 4: Having support systems	4.46	82.81%
Outcome 5: Accessing the community	4.70	91.06%

Outcome 3 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. Targets for this data collection have not changed.

Table 4. 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 (Percent Score)

FFY		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%)**	**4.62 (92.4%)**
	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%)**	**4.60 (92.0%)**
	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%)
2016	**Statewide**	**4.68 (93.6%)**	**4.53 (90.6%)**	**4.66 (93.2%)**	**4.50 (90.0%)**	**4.71 (94.2%)**	**4.60 (92.0%)**
	Big Sandy	4.52 (90.4%)	4.31 (86.2%)	4.39 (87.8%)	4.38 (87.6%)	4.40 (88.0%)	4.40 (88.0%)
	Bluegrass	4.67 (93.4%)	4.51 (90.2%)	4.65 (93.0%)	4.42 (88.4%)	4.75 (95.0%)	4.60 (92.0%)
	Lincoln Trail	4.71 (94.2%)	4.58 (91.6%)	4.68 (93.6%)	4.45 (89.0%)	4.74 (94.8%)	4.63 (92.6%)
2017	**Statewide**	**4.70 (94.0%)**	**4.51 (90.2%)**	**4.65 (93.0%)**	**4.45 (89.0%)**	**4.71 (94.2%)**	**4.62 (92.4%)**
	Big Sandy	4.57 (91.4%)	4.28 (85.6%)	4.38 (87.6%)	4.26 (85.2%)	4.53 (90.6%)	4.40 (88.0%)
	Bluegrass	4.64 (92.8%)	4.48 (89.6%)	4.64 (92.8%)	4.45 (89.0%)	4.66 (93.2%)	4.57 (91.4%)
	Lincoln Trail	4.67 (93.4%)	4.58 (91.6%)	4.73 (94.6%)	4.49 (89.8%)	4.73 (94.6%)	4.64 (92.8%)
2018	**Statewide**	**4.73 (94.6%)**	**4.54 (90.8%)**	**4.71 (94.2%)**	**4.50 (90.9%)**	**4.73 (94.6%)**	**4.64 (92.8%)**
	Big Sandy	4.76 (92.5%)	4.71 (94.2%)	4.68 (93.6%)	4.52 (90.4%)	4.63 (92.6%)	4.66 (93.2%)
	Bluegrass	4.69 (93.8%)	4.58 (91.6%)	4.68 (93.6%)	4.46 (89.2%)	4.75 (95.0%)	4.63 (92.6%)
	Lincoln Trail	4.71 (94.2%)	4.57 (91.4%)	4.70 (94.0%)	4.56 (91.2%)	4.72 (94.4%)	4.65 (93.0%)
2019	**Statewide**	**4.67 (93.4%)**	**4.51 (90.2%)**	**4.61 (92.2%)**	**4.47 (89.4%)**	**4.70 (94.0%)**	**4.59 (91.8%)**
	Big Sandy	4.73 (94.6%)	4.64 (92.8%)	4.53 (90.6%)	4.55 (91.0%)	4.76 (95.2%)	4.64 (92.8%)
	Bluegrass	4.67 (93.4%)	4.51 (90.2%)	4.58 (91.6%)	4.39 (87.8%)	4.68 (93.6%)	4.57 (91.4%)
	Lincoln Trail	4.75 (95.0%)	4.50 (90.0%)	4.53 (90.6%)	4.46 (89.2%)	4.63 (92.6%)	4.57 (91.4%)

Over time, this data is stable and consistently depicts slight variance among and between outcomes. Decreases in the means tend to be slight although some years' outcomes have a more significant slippage.

Impact of COVID-19 pandemic on data

Fewer referrals came during the pandemic period that began March 26, 2020. While the First Steps regional offices were open and could receive referrals, parents and physicians stopped referring. This reduction in referrals was most likely due to the COVID-19 restrictions that closed all but essential services. Despite communications that First Steps was open for referrals, very few referrals were received. This decrease in new families contributed to a smaller data pool and thus possibly skewed results. Service Coordinators switched from face-to-face intake meetings (collection point for initial SSIP parent survey) to electronic intake. Data was then collected over the phone or computer. Phone collection raised the potential for error when the Service Coordinator entered the data rather than the parent. Service Coordinators were instructed to review the entered data with the parent to confirm responses. No concerns were identified.

Based upon the analysis of the response rate the response rate for the data collected through the annual parent survey (Section A of the Child Outcomes Form) was lower than in past years. For the past few years, there has been an increase in the survey sample each year. Due to COVID, not only was there no increase in the survey sample, but a significant decrease in the size of the sample. Since FFY 2014, the Family Survey response rate has averaged 32.59%. For FFY 2019, the Family Survey response rate was 25.32%. Due to COVID, fewer

surveys were distributed with fewer returned responses. Data is entered by selected state staff so there is a risk of error. Random checks are conducted to ensure accurate entry. No concerns were identified with the fidelity of data entry.

Section B: Phase III Implementation, Analysis and Evaluation

Is the State's theory of action new or revised since the previous submission? No

Theory of Action	SSIP Coherent Strategies
Align SSIP with Race to the Top Early Learning Challenge Priority on Family Engagement	• Revise and retrain family assessment process • Community of Practice
Develop and implement a standardized, comprehensive evidence-based training system for early intervention providers	• Coaching in Early Intervention Training and Mentorship Program (CEITMP) • Development of KEIS Program Standards, Core Competencies and Performance Standards that includes evidence-based practices
Utilize General Supervision system based on a continuous quality improvement process including appropriate incentives and accountability	• New staff position for Compliance Analyst • Performance Standards in POE Contracts • POE Leadership online module on Data-Driven Decision Making
Identification and access to adequate funding and resources	• Revise POE contract amounts to cover increase in children • Rate study to begin 7/1/2020 • Increase to five (5) Master Coaches
Coordinate and collaborate at regional and local levels with the early childhood community	• Repeal state statute for separate District Early Intervention Committees (DEICs) • Integrate DEICS with regional Early Childhood Community Councils

Did the State implement any <u>new</u> (previously or newly identified) infrastructure improvement strategies during the reporting period? Yes

A significant infrastructure improvement was implemented in FFY19. Emergency regulations were promulgated to allow tele-intervention service delivery, effective March 23, 2020 in anticipation of the suspension of Part C services by Executive Order of the Governor on March 26, 2020. These regulations allowed early intervention services to be provided in a safe manner. Tele-intervention, not previously used in the Part C system, was implemented on April 6, 2020. This was a major infrastructure change to the early intervention system. The period between ordered suspension and implementation of tele-intervention was necessary for changes to the data system and billing process. Communications were sent repeatedly to prepare early intervention providers to do tele-intervention. These messages included appropriate platforms, tips for effective sessions, and reminders of confidentiality. Implementing tele-intervention required a change in procedures to define a significant developmental delay for eligibility. The primary instrument used to establish the significance of delay prior to the state of emergency did not allow virtual administration. The *Assessment, Evaluation and Programming System for Infants and Children (AEPS®)* to establish a developmental delay was chosen after discussions with the key stakeholders with extensive testing and diagnostic knowledge.

Guidance documents were developed and disseminated to ensure the delivery of early intervention. Procedures for intake, eligibility determination, IFSP meetings and on-going services were described using tele-intervention as the communication method. POE Managers and selected providers provided general input on the guidance. One controversial issue quickly came to light as the initial reimbursement rate was lower than the in-person rate.Kentucy has two reimbursement rates—a rate that accounts for travel to serve a child in the natural environment and a lower rate for services in a non-natural environment. The initial rate for tele-intervention was

the lower rate since the provider did not travel. The state lead agency considered the input of many providers and established the higher rate for reimbursement of tele-intervention. Another infrastructure change was to obtain Medicaid reimbursement for tele-intervention. Not only did this require approval from the Department for Medicaid Services but also an edit to the Medicaid claims payment system. The state lead agency maintains a list of providers who offer tele-intervention and disseminates it to the POEs on a regular basis.

Tele-intervention identified “internet deserts” and inequity due to data rate plans that families hold. Families without access to tele-intervention could have in-person services (following safety procedures) if they wanted to continue services. Over half the families enrolled in First Steps at the start of the state of emergency chose to suspend services until in-person services resumed. Families were offered compensatory services for those suspended services. This created a group of children who continued to receive some services beyond their third birthday.

Provide a summary of each infrastructure improvement strategy that the State continued to implement in the reporting period, including the short-term or intermediate outcomes achieved.

1. Align SSIP with Race to the Top Early Learning Challenge Priority on Family Engagement

A portion of this improvement strategy continues to be implemented. Kentucky Part C emphasized Family Engagement after the Race to the Top and Preschool Development Grants ended. Retraining of the service coordinators in the family assessment process improved their ability to establish rapport with parents and draft IFSPs that are more meaningful to the family. Documentation procedures were changed to be less burdensome—which improved the rate of completion of family assessments. Data indicates that 95% of all initial family assessments are completed. The facilitated Community of Practice (CoP) was moderately successful. Participation was good throughout the life of the CoP. One of the features of the CoP was the creation of resources for the POE Managers and service coordinators and those resources continue to be used. The CoP was ended when the group decided that they had covered all topics related to family engagement in-depth. Participants reported that their skill had improved.

2. Develop and implement a standardized, comprehensive evidence-based training system for early intervention providers.

The *Coaching in Early Intervention Training and Mentorship Program* (CEITMP) will continue to roll-out across the state while sustaining the pilot sites. Results indicate that the pilot was successful in improving early intervention provider's coaching skills. The providers in the pilot sites continue to maintain fidelity with the Kentucky model of early intervention services as taught through the CEIMTP. Parents report high effectiveness with tele-intervention delivered by early intervention providers who completed the training at fidelity. The development of KEIS Program Standards, Core Competencies and Performance Standards that includes evidence-based practices was completed. The program standards, competencies, and performance standards/self-assessment are embedded in the required onboarding training for new early intervention service providers. Current efforts are to widely adopt the standards and competencies into daily practice. This endeavor is a long-term effort.

3. Utilize General Supervision system based on a continuous quality improvement process including appropriate incentives and accountability.

All strategies for this infrastructure piece have been achieved. The implementation of performance standards in the POE contracts began in FFY19 with the expectation to establish service coordinator performance baseline data. The Service Coordinator Self-Assessment was reformatted for ease of use. POE managers' report understanding the need to base decisions upon data and some have adopted internal practices aimed at using data.

4. Identification and access to adequate funding and resources.

Contract amounts were increased for all POEs in FFY18. The increased funding was maintained. For many of the regional offices, the additional funds assisted with lowering high caseloads. To ensure high-quality services from the staff at CEIMTP, two additional coaches were secured and trained. As the roll-out of this project continues these additional staff members will be needed to cover new POE regions, support former trainees and engage with new providers in former pilot sites. A two-year rate study began in FFY19. The purpose of the study is to provide data for recommendations to change reimbursement rates for early intervention providers. The state desires to develop a tiered reimbursement that focuses on quality of services. Phase I of the study is near completion.

5. Coordinate and collaborate at regional and local levels with the early childhood community.

Two simultaneous actions occurred with legislation in FFY19. The state statute that created District Early Intervention Committees was repealed and responsibilities were embedded in the Early Childhood Community Councils (ECCs). The ECCs are regional councils that are funded with Master Tobacco Settlement funds. Given

that funding from Part C for the District Early Intervention Committees ended many years ago, this move provides needed resources for communities to implement supports to young children with disabilities and their families.

Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy.

1. Coherent Strategy: Development and implementation of Service Coordination Quality Assurance Standards (SCQA)
Outcome: *Service Coordinators will improve their practice, resulting in better services to families as measured by Family Survey results and District Determinations for Indicators 1, 4, 7, and 8.*
Evaluation Measure: *Finished product, results of Family Survey Section A (Baseline 2015)*

1) KEIS Program Standards, Core Competencies and Service Coordination Performance Standards were developed and disseminated.

2) The Family Survey Section A outcome FFY19 mean scores were tracked and compared for differences each year. When comparing baseline data (FFY14) to current data (FFY19), the results for FFY19 are lower. This may be the influence of the smaller data pool. Over the time period, there was a fluctuating pattern of results except for Big Sandy. Analysis verifies that Big Sandy consistently maintained higher than the baseline data. The possible reason for this high performance may be the stability of the workforece for early intervention. The POE maintains retention of well trained staff, including the POE Manager. The early intervention provider workforce are also longstanding providers in the region. The size of the Big Sandy POE region may also influence the high performance—it's a smaller POE with a smaller pool of providers.

Review of the District Determinations from FFY13 through FFY19 revealed expected fluctuations for some indicators year-to-year and significant improvement in others. There were POEs that maintained their performance while others slipped. Slippage occurred due to errors made by new staff and providers for Indicators 1 and 7. Infrequent services are the ones most likely to be delivered after the thirty-day (30) timeline.

Table 5. SSP Indicator Data Comparison of FFY13 to FFY18
Note: FFY 19 Determinations are not available at time of SSIP submission
Pilot POEs –Bolded

	Indicator 1		Indicator 4		Indicator 7		Indicator 8	
	FFY2013	**FFY2018**	**FFY2013**	**FFY2018**	**FFY2013**	**FFY2018**	**FFY2013**	**FFY2018**
Barren River	100%	97%	99%	100%	100%	100%	100%	95%
Big Sandy	**100%**	**100%**	**99%**	**100%**	**82%**	**100%**	**100%**	**100%**
Bluegrass	**100%**	**99%**	**100%**	**99.19%**	**100%**	**99%**	**100%**	**100%**
Buffalo Trace	100%	100%	98%	100%	100%	100%	100%	100%
Cumberland Valley	100%	96%	93%	100%	100%	97%	100%	100%
FIVCO	95%	100%	100%	90.91%	100%	100%	100%	97%
Gateway	100%	100%	100%	100%	100%	100%	100%	100%
Green River	100%	100%	100%	100%	100%	99%	100%	100%
Kentucky River	100%	100%	100%	100%	100%	100%	100%	100%
KIPDA	100%	96%	99%	98.37%	97%	79%	98%	98%
Lake Cumberland	99%	100%	100%	96.23%	100%	100%	100%	100%
Lincoln Trail	**100%**	**96%**	**99%**	**100%**	**100%**	**100%**	**100%**	**100%**
Northern KY	100%	100%	100%	100%	100%	100%	100%	99%
Pennyrile	100%	97%	99%	97.92%	100%	100%	100%	100%
Purchase	100%	100%	89%	98.67%	100%	100%	100%	100%

The pilot POEs tend to achieve high scores for Indicators 1 (Timely Services) and Indicator 7 (45-day Timeline) although not always meeting 100%. Indicator 4 (Family Outcomes) and Indicator 8 (Timely Transition Services) have consistently high performance.

Table 6. Pilot POEs Overall District Determinations Comparison

POE	FFY13	FFY18	Note
BS	Needs Assistance 3rd year	Meets Requirements	Maintained high achievement
BG	Meets Requirements	Meets Requirements	Maintained high achievement
LT	Needs Assistance 2nd year	Meets Requirements	Maintained high achievement

2. Coherent Strategy: 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)

Outcome: High-quality early intervention services will be provided consistently.

Evaluation Measure: *Final product, family feedback on quality of services on the annual Family Survey (conducted September 2020; includes families participating between July 1, 2019 through June 30, 2020)*

Performance Indicators:

1). KEIS Program Standards disseminated and embedded in trainings and documents.

2). Families consistently rate services as high quality on the annual family survey. The FFY19 results are slightly lower than baseline (FFY14) which may be due to the influence of COVID-19 pandemic and smaller data pool.

3. Coherent Strategy: Develop leadership training for Point of Entry (POE) Managers

Outcome: POE Managers will improve management skills in the areas of reflective supervision, data and task management, resulting in improved performance of the POE as measured by District Determinations.

Evaluation Measure: *District Determination Results*

Performance Indicator:

A training plan, including topics, served as the guide to online module development. SLA staff, POE Managers and service coordinators provided input on the topics to address. Once developed, the training series launched. Communication issues with the contractor delayed the launch.

Table 7. Change in POE District Determination Level

Note: FFY 19 data unavailable at time of SSIP submission

Number of POE District Determination Level	FFY14	FFY15	FFY16	FFY17	FFY18
Meets Requirements	6	4	3	9	9
Needs Assistance	8	5	5	4	4
Needs Intervention	1	3	3	1	1
Needs Substantial Intervention	0	3	4	1	1

4. ***Coherent Strategy: Develop/implement training on Evidence-Based Practices (EBPs)***

Outcomes: Early intervention providers will increase the quality of their practices with families by increasing their understanding of evidence-based early intervention and ability to teach families practical strategies embedded in daily routines.

Evaluation Measure: *Final training modules developed; SPP Indicator 4 results; Family survey mean meets SiMR target*

Performance Indicators

The identified evidence-based practices critical to the achievement of the SiMR are parent-mediated interventions, routines-based early intervention, natural environment and contexts, and strength-based coaching.

The cascading roll-out of CEITMP cohorts with a lead master coach continued in this reporting period. Participant feedback following each phase of the CEITMP is used to consider any changes as part of ongoing process improvement activities. Such changes, by cohort, are reflected in Table 8. Teams of four (4) providers for peer coaching opportunities continue to be ideal for flexibility and allowing the coach, coachee, and scribe to function together. The CEITMP team followed the rollout plan approved by the SSIP stakeholder group that initiated in the Lincoln Trail pilot, transitioned to Big Sandy for one large cohort, wrapped up Lincoln Trail, and started Bluegrass. The onboarding training of a replacement master coach was in its end stages at the start of FFY19 and shortly after two additional master coaches were added to the team. Coaching staff turnover and training of new staff impacted the volume of providers in cohorts during this period.

In addition to coordinating provider cohorts and communicating the evidence-based practice of coaching intentionally, communication strategies with families persisted. At intake, families in pilot sites continued to review the video *Using Family Guided Routines Based Intervention* and receive a handout entitled *Coaching Families to Support Children's Learning and Development*. The family also completed the self-perception survey. Additionally, all received direct communication from the SLA to help explain that they may see changes in practice during their home visits because of the CEITMP and the anticipated transition of practice to be consistent with early intervention. Parent letters were distributed prior to the launch of cohorts in FFY19 included 8/16/2020, 2/15/2020, and 6/15/2020.

The COVID-19 Pandemic Impact on CEITMP

The CEITMP continued operations in FFY19 until the in-person service stoppage. New coaching staff were completing their onboarding training plans and supporting CEITMP teams. A Master Coach onboarded in FFY18 (4/29/2019) while two more onboarded in FFY19 on 8/26/2019 and 9/9/2019.

During the service stoppage, the CEITMP team initially pivoted to other process improvement activities:

- Online supports – CEITMP YouTube Channel:
    - The team developed statewide resources to support early intervention providers with the transition from in-home visits to teleintervention. Three webinars (*Foundations for Positive Outcomes, Building Caregiver Capacity, For Families-Coaching During Teleintervention-What does it look like?*) with related infographics were developed and distributed for early intervention providers in Kentucky. Views of the tele-intervention webinars range from 102-226, while the *For Families* webinar posting 338 views as of June 2020.
    - The Provider Perspectives Podcast Series was released. Five providers in different phases of the CEITMP were interviewed to share their experiences in the program. Views range from 38 to 73 as of January 2020.
    - The Parent Perspectives Podcast Series was released. Three parent-provider dyads were interviewed to share their experiences transitioning from a consultative model to coaching style of interaction. Views for this series range from 72 to 111as of June 2020.
    - Viewers of the podcasts are able to provide feedback through likes/dislikes rating and emails. A decision was made to not evaluate the feedback until a larger pool of data was available. The number of views itself only indicates the number of individual views. Without frequent prompts to view these, viewing is reliant on stationary prompts on the First Steps website. This is an area for improvement.

The *Coaching Families to Support Children's Learning and Development* handout was revised, translated into Spanish near the end of FFY19 (May-June 2020) and shared for statewide distribution
Maintenance checks for initial cohorts initiated 1/02/2020 and continued through June 30, 2020
Note: This is a rolling process with additional cohorts added to maintenance as time moves forward.

- in August 2020 (FFY2020).

- Kentucky Coaching Adherence Rubric quality indicators and rating descriptors were reviewed and revised for clarification to continue to support reliability among all coaches. A master coach training guide was developed following final revisions.
- Planning to establish a statewide rollout strategy as part of the sustainability plan was completed to allow for stakeholder review and input.

At the time of service stoppage because of COVID-19, cohort seven was nearing completion, cohort eight was in mentorship phase and cohort nine had just started and was in discovery phase. All nine (9) of the cohort seven providers completed the CEITMP. Not all providers chose to provide tele-intervention services and/or continue with the CEITMP. Of the initial twenty-one (21) providers in cohort eight, three continued and were the first to demonstrate fidelity to coaching through tele-intervention. The remaining providers in cohort eight and those in cohort nine who chose to do tele-intervention and had a caseload were reenrolled when able in either cohort 8c (i.e., 8COVID) or 9c, with 10 and 11 providers, respectively. Cohort 10c consisted of three providers who pre-enrolled to be in Cohort 11, however wanted to start the CEITMP early as their caseloads were small due to COVID-19. This formed cohort 10c. A more typical kick-off with thirty-one (31) providers occurred for cohort 11. The remaining providers are on voluntary hold until services return to in person.

Table 8. CEITMP Changes over Time

Cohort	District(s)	N	Kick-Off Date	Significant Program Changes Guided by Provider Survey
C1	LT	9	4/27/18	Initial survey; serves as baseline to changes
C2	LT	18	6/26/18	• Increase in program length by one week and redistribution of weeks to allow additional time for foundational Discovery Phase material. New distribution: Discovery 8 weeks, Mentorship 13 weeks, Fidelity 5 weeks, and Professional Development 2 weeks • Reduction in provider independently completed activities uploaded to Blackboard (Bb) and replacement with group meetings via Zoom. Structure mimics flipped classroom methodology to enhance application of materials
C3	LT	27	8/28/18	Family letter sent to all families in pilot site explaining CEITMP and their role
C4	BS	26	11/20/18	Redistribution of weeks to allow additional time for foundational Discovery Phase material. New distribution: Discovery 9, Mentorship 12, Fidelity 5, and Professional Development 2
Maintenance checks for initial cohorts initiated 1/02/2020 and continued through 6/30/2020 *Note: This is a rolling process with additional cohorts added to maintenance as time moves forward.*				
C5	LT	9	2/12/19	Increase in program length by 3 weeks and redistribution of weeks to allow additional time for foundational Discovery Phase material. New distribution: Discovery 12, Mentorship 12, Fidelity 5, and Professional Development 2
C6	BG	6	5/22/19	No substantive changes

Cohort	District(s)	N	Kick-Off Date	Significant Program Changes Guided by Provider Survey
C7	BG, LT, BS	9	8/16/19	• Provided virtual and live kick offerings to accommodate multiple district rollout • Removed self-reflection and substantive peer feedback of coaching quality clips based on provider feedback in cohorts 4-6. All viewed master coach feedback as most beneficial. • Extended the length of Fidelity Phase while decreasing Professional Development Phase by 1 week to allow more flexibility and time for providers to reflect on feedback before next video submission
C8	BG, LT	22	11/15/19	• Transitioned from asking providers to document their base knowledge of coaching at the kick-off to responding to a prompt question in their enrollment survey. • Removed self-reflection and substantive peer feedback of video 1 and video 2 based on provider feedback. All viewed master coach feedback as most beneficial. • Eliminated need for Video 3 submission if fidelity was reached on Video 1 (end of Mentorship Phase) and Video 2 (Fidelity Phase) submissions
COVID-19 service pause and return via tele-intervention (March 26, 2020)				
C9	BG, LT	30	2/24/2020	• Converted kick-off meetings from in-person to video conferencing • Moved the 3rd group meeting to follow the Discovery phase end coaching knowledge activity to allow for additional reflections within teams. • Transitioned from offering in-person to asynchronous Technology Training (with virtual support sessions if needed) to reduce time expenditure associated with travel and allow flexibility in timing of completion • Removed peer coaching component of Technology Training based on past participant feedback to allow providers to move to Mentorship phase more quickly • Transitioned from requiring peer feedback on a full video to an optional activity based on past participant feedback value relative to time expenditure
C10c	BG	3	06/2020	Early access for providers pre-enrolled in Cohort 10

Cohort	District(s)	N	Kick-Off Date	Significant Program Changes Guided by Provider Survey
C11	BG, LT	31	10/19/20	• Replaced rubric-mentorship video review with a group meeting as a more interactive introduction to the rubric and mentorship phase • Reorganized some program phases: o Mentorship Phase focused exclusively on clips and reduced from 12 weeks to 10 weeks to align with phase desired outcome: "begin to apply knowledge of coaching" o Fidelity Phase focused exclusively on full videos to align with phase desired outcome: "refine skills to implement coaching with fidelity" o Professional Development Phase added the 2 weeks from Mentorship to focus phase activities on reflecting and developing high-quality plans to maintain fidelity to coaching in practice • Revised syllabus: o Updated and re-distributed supplemental resources to align with content-based provider feedback in group meetings • Highlighted high impact/recommended resources based on master coach and provider feedback
C12	BG, LT	20	2/24/21	• Transitioned to use of the Early Childhood Coaching Handbook 2nd edition as the most up-to-date resource • Revised 5 Coaching Characteristics Discovery Phase end activity to provide direct prompts for providers to scaffold learning and begin transitioning from the coaching characteristics to the coaching quality indicators on the rubric. • We embedded into TORSH platform using self-assessment feature as a bridge to technology training

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change.

Review of available measures of coaching fidelity evaluated coaching practices' key components on a binary (i.e., present/not present) or tripartite (i.e., present/emerging/not present) scale. The master coach team was concerned with the sensitivity of such scoring metrics. They desired a measure that could both reliably measure fidelity and be sensitive to measuring change over time. Therefore, we embarked on a multi-step process to develop, field-test and deploy a fidelity measure of coaching practices. First, the University of Louisville team identified the key ingredients of effective coaching methods from a review of relevant coaching and early intervention literature from multiple fields (Dunn, Little, Pope & Wallisch, 2018; Friedman, Woods & Salisbury, 2012; Graham, Rodger & Ziviani, 2009; Kemp & Turnbull, 2014; Rush & Shelden, 2011). The summarized review of literature elucidated key elements of building collaborative relationships with caregivers and identifying the coaching quality indicators to be emphasized as Kentucky's model of early intervention. The master coach team and consultants completed an iterative process to select and refine quality indicator labels, descriptors for ratings using early intervention home visit video examples. See the coaching quality indicator (CQ) and descriptors of Kentucky's Coaching Adherence Rubric below.

Table 9. Coaching Quality Indicators

CQ	Indicator	Descriptor
CQ1	**Fostering Trusting Relationships**	Fosters trusting relationships when partnering with caregivers by connecting, listening, and responding in respectful, supportive ways

CQ2	**Joint Plan (Beginning)**	Engages caregiver early in session to review previous joint plans and develop priorities for current visit
CQ3	**Observation**	Observes caregiver and child in prioritized activities followed by asking reflective questions to promote insight and/or flow to action/practice
CQ4	**Action/Practice**	Proactively captures opportunities for caregiver to practice their prioritized ideas and reflect
CQ5	**Feedback**	Provides substantive feedback to caregiver, to affirm and attempt to enhance their learning experience and insights
CQ6	**Reflection**	Asks effective reflective questions to stimulate thinking, promote problem-solving, and elicit insights from the caregiver
CQ7	**Joint Plan (End)**	Engages caregiver in developing detailed plans for actions between visits and for the next visit centered on their priorities

Ratings were established along a 5-point Likert scale (i.e., not yet, knowledge, awareness, application, mastery) to ensure sensitivity to measuring change. When satisfied with the items and ratings, the team established interrater reliability of the seven elements of the rubric across six raters. Reliability is defined as exact agreement on 4 of 7 ratings and within one on the score on the other 3 quality indicator ratings. On-going home visits of the Master Coaches were initially used to review and score during rubric development and reliability testing. Provider submitted videos are used to establish reliability with new master coaches, maintain ongoing reliability and descriptor refinement activities. On-going reliability checks of rubric scoring on 20% of all video submissions within a phase continue. The master coach team revised the rating descriptors to clarify ratings for both providers and master coach raters during the COVID-19 service stoppage as part of ongoing process improvement activities. Reestablishing reliability is in process.

Formal scoring of video submissions by Master Coaches is done in the CEITMP at baseline (prior to or simultaneous) with CEITMP initiation and during the Fidelity Phase. In addition, Master Coaches give rubric feedback to providers using video clips/session segments during focused training on each indicator during the Mentorship Phase. When providers transition to Fidelity Phase, they receive Master Coach feedback on full home visits. To minimize the risk of bias, Master Coaches who are not the lead coach for a team score the two subsequent videos in Fidelity phase. Fidelity is reached with a score of 18 on one of the three full video submissions using the Kentucky Coaching Adherence Rubric as long as no quality indicators scored at the “Not Yet” or “Knowledge level.” Providers demonstrating fidelity to coaching on their first two submissions have the requirement for a third submission waived.

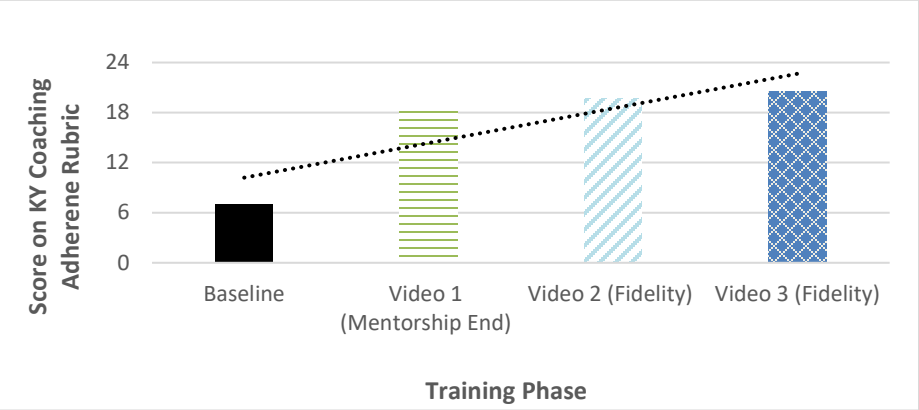
Visual analysis of graphed provider performance in Cohorts 1 through 10c demonstrates sensitivity of the rubric in measuring adherence to Kentucky’s quality indicators of coaching practices. Though variable, performance at baseline is consistently lower than at fidelity. In review of full video submissions, a similar pattern of sensitivity is observed with not all providers reaching fidelity with a score of 18 on any of the three full video submissions. Since completion of the CEITMP and demonstrating the ability to coach with fidelity is a condition of maintaining vendor agreements, providers who did not reach fidelity, had a 30-day self-correction period to do so consistent with SLA policy.

As cohort rollouts continue and additions were made to the communication plan (i.e., FAQ document, podcasts, infographics) based on discussions and surveys with the participants and discussions with the internal SSIP workgroup. Questions from the field about coaching practices have lessened since the revisions. Responses to the field highlight the clear benefits of being an early intervention provider, practice guidelines from national associations (i.e., DEC, AOTA, APTA, ASHA) related to early intervention and key principles of early intervention. Kentucky’s concept of coaching reflects the four targeted EBPs (i.e., natural environments, routines-based interventions, parent-mediated interventions, strengths-based coaching), is a research-based interaction style and the framework used to conduct early intervention visits that include: joint planning, observation, action/practice,

reflection, and feedback. It is not discipline-specific and providers integrate coaching practices with their discipline-specific knowledge. This clear definition across communications with the field has anecdotally led to providers coming to kick off trainings with more base knowledge on these key concepts when queried.

Preliminary data of coaching fidelity in Figure 1 shows current performance of the 117 providers who have completed the CEITMP in Cohorts 1 through 10c. Review of individual data indicates consistently improved application of coaching practice with movement across Kentucky's Coaching Adherence Rubric. Table 10 summarizes performance of cohorts that have completed the CEITMP. Findings note stability in scores regardless of cohort size with a clear pattern of improvement of application of coaching practices from baseline to demonstration of fidelity.

Figure 1. Average Scores, Cohorts 1-10c



Alt= Bar graph presenting the average coaching adherence score by training phase. Average score in each phase is represented in columns, with heights indicating the average score. Trendline shows change in score over training phases.

Table 10: Cohort Performance on Kentucky Adherence Rubric at Baseline and Fidelity

Cohort	N	Baseline Average	Fidelity Average	Requiring Additional Videos
C1	9	8.33	20.00	1
C2	18	4.47	19.18	1
C3	27	6.43	20.13	0
C4	26	7.13	18.25	0
C5	9	7.56	19.21	1
C6	6	9.33	20.85	1
C7	9	6.56	18.75	1
C8	3	5.33	20.70	0
C8c	10	6.67	21.10	0
C9/9c	15	8.47	19.25	1
C10c	3	7.67	19.83	0

Following demonstration of fidelity to coaching, providers enter the maintenance phase where periodic fidelity checks are conducted. The schedule of maintenance ranges from 3 to 18 months and is determined by the number of video submissions required to reach fidelity and score on the Kentucky Coaching Adherence Rubric. For example, providers who reach fidelity on their first video and score above 23 have their initial maintenance check following 18 months, while providers who require three videos or more submit a maintenance check video following three months. To date, 110 maintenance reviews have been completed for 63 different providers in cohorts one through seven. Review of data indicated that 32% of providers had demonstrated some degree of slippage requiring additional video submissions with 10% of these requiring three or more.

In response to noted slippage, the CEITMP implemented a multi-faceted strategy targeting improved performance for providers in maintenance phase. The CEITMP team collaborated with the SLA to develop successive communications to providers regarding maintenance period expectations beginning 3 months prior to maintenance period and designed a tiered support approach to support providers as they plan and prepare for submitting videos demonstrating continued fidelity to coaching while in maintenance. Tier 1 opportunities are provided to support all providers in maintenance and self-correction and include master coach facilitated maintenance refresher group meetings, suggested reflection activities (rubric, handbook, PD Plan, Coaching Review Resources, TORSH exemplars, past feedback), and access to the exemplar library. Tier 2 opportunities are afforded to support providers who did not meet fidelity with a submission and those who desire additional assistance. Here, in addition to Tier 1 activities, providers have the opportunity to access Blackboard resources, review Coaching Quality Indicators, and/or reflect on a cloned rubric to feedback on maintenance video submissions that did not meet fidelity. Tier 3 opportunities are offered to providers who completed Tier 2 activities and have not yet met fidelity. These include master coach feedback on a self-assessment of a video/clip(s). In addition to the tiered support, the CEITMP initiated a quarterly newsletter sent via listserv to all providers who are in maintenance phase. Newsletter topics highlight aspects of coaching that will support ongoing fidelity.

Coherent Strategy: Coaching families to recognize and respond appropriately to their child's specific developmental needs.
Outcomes: The percentage and mean of families reporting that EIS helped them learn how to help their children grow and learn will increase.
Evaluation Measure: *Pre and Post Survey of newly enrolled families in the pilot regions; Results of Annual Family Survey Section A*

Performance Indicators
1). Establish a baseline with 2015 Section A survey results; track percentage and mean over time; compare to SiMR targets.

The parent survey for measuring the family's perception of their ability to help their child develop and learn is a subset of seven questions from Section A of the Early Childhood Outcomes Family Survey Tool. Parents in the pilot sites complete the survey before early intervention services begin and periodically after that. Collection of the survey data began mid-March 2018 with newly enrolled families in Pilot 1. Survey response choices are not at all, a little, somewhat, almost, and completely.

Table 11. Survey Results July 1, 2019-June 30, 2020
Note: Post survey results are suppressed due to very small responses. Responses will grow as children receive at least six months of early intervention services.

	Big Sandy		Bluegrass		Lincoln Trail	
	Pre (n=133)	Post (n=7)	Pre (n=541)	Post (n=3)	Pre (n=157)	Post (n=6)
At least somewhat know the next steps for their child's growth and learning	92%	S	89%	S	92%	S
At least somewhat understand their child's strengths and abilities	94%	S	97%	S	97%	S
At least somewhat understand their child's delays and/or needs	95%	S	96%	S	98%	S
At least somewhat are able to tell when their child is making progress	98%	S	96%	S	89%	S

At least somewhat are able to help their child get along with others	90%	S	91%	S	93%	S
Are able to help their child learn new skills	90%	S	93%	S	96%	S
Are able to help their child take care of his/her needs	95%	S	96%	S	95%	S
S indicates suppressed data due to small numbers.						

Did the State implement any <u>new</u> (previously or newly identified) evidence-based practices?

No.

Future plans: Continued implementation of evidence-based practices, projected outcomes and impact on SiMR:

1. Kentucky plans to scale-up professional development through the CEITMP. Based on the data and anecdotal information from families and providers, the improvement of skills in the providers has enhanced the quality of early intervention services. Parents and caregivers report feeling more competent and empowered to work with their children. A schedule for rollout to new POE regions was presented to the ICC in January 2021. The projected outcome is that early intervention providers will support parents/caregivers with high-quality coaching.

2. Kentucky will continue to focus efforts to improve the quality of service coordination. A process to administer and review the Service Coordinator Self-Assessment begins in the spring of 2021. The feasibility of providing enhance funding for highly skilled service coordinators is a part of the rate study began in the fall of 2020. The projected outcome is the notable improvement in service coordinators' knowledge and skill.

3. Kentucky will also continue to communicate with parents to increase their understanding of early intervention. The scale-up of communications includes a quarterly webinar for providers developed by the SLA staff and parents. The desired outcome is that the improved skills of service coordinators and early intervention providers assist in parent understanding of and skills in early intervention.

4. Kentucky will continue the rate study and development of a reimbursement for services method based on quality. The projected outcome is a set of recommendations to forward to providers for feedback.

<u>Section C: Stakeholder Engagement</u>

Stakeholders were actively involved in the continued implementation and evaluation of the SSIP. A combination of large stakeholder workgroups, internal workgroups, and project-specific workgroups met periodically to work on the plan. Stakeholders met quarterly in conjunction with the ICC meetings either by attending in person or online. Representatives on the ICC changed during time span of the SSIP due to changes in jobs and retirement with these changes affecting a total of fourteen (14) individuals. The additional representatives in the stakeholder group remained consistent. The SLA provided background information to new members. Despite the turnover in membership, the stakeholders maintained the vision of improving services for families. Direct communications with the stakeholder group included emails, face-to-face meetings and webinars. Workgroups were not active during this report period due to the types of activities that continued implementation.

The major activity continues to be the CEITMP. The larger stakeholder group determined the direction of the SSIP activities, general timeframes, and ideas for deployment. Participants in the CEITMP provided input on revisions to the curriculum and process through multiple opportunities. The ICC and other interested stakeholders were updated at quarterly meetings and given opportunity for input. Information and resources for the CEITMP were available on the First Steps website. Additionally, a YouTube channel was established to provide on-screen information and exemplars of coaching. Webinars were also held by both the CEITMP staff and the lead agency

to provide forums for discussion. Revisions to web posted documents are based on stakeholders and others as needed.

Were there any concerns expressed by stakeholders during engagement activities? If "Yes", describe how the State addressed the concerns expressed by stakeholders

The implementation of the CEITMP met with resistance from a small number of providers most of whom were not in the pilot areas. However, some had sub-contractors who served in the pilot areas. While there had been communications to the field about the SSIP and in particular the CEITMP, it did not create attention until the implementation actually began. Most of the complaints were based on inaccurate information from an agency's social media post. In response, the SLA and CEITMP staff added the agency administrators to the stakeholder group. DPH Division leadership met multiple times with the group of concerned agency administrators. Communications with legislators and professional licensing boards described the reasoning behind the training and need for all providers to be trained. Clarification of the individualized approach was frequently cited with legislators and others who were contacted by providers.

One of the biggest concerns is that the requirement to complete the training is a contract deliverable. SLA staff clarified the continuum of steps that lead to contract termination when a provider refuses to participate. Unreimbursed time spent in training was another central issue. The stakeholder group discussed these issues at one of the quarterly meetings. The stakeholder group understood the issue of contract termination if a provider refuses to complete the training since enrollment as a contracted vendor is voluntary. Consensus was that if a provider did not agree to the provision then they should not agree to do it by signing a contract. Additionally it is the potential provider's responsibility to read and understand the contract prior to signing it. The SLA did not accept the recommendation to make the training optional or voluntary. This topic, vigorously debated by the original stakeholder group, resulted in the decision for mandatory participation. Stakeholders, especially parents, did not want some parents to have providers who coached appropriately and others unable to provide evidence-based practices with fidelity.

The issue of unpaid training time was brought up by agencies that have bona fide employees and therefore are required to pay for the training. To accommodate this, the CEIMTP was changed to be individualized (meaning providers who meet fidelity at baseline go directly to maintenance phase; those who are close to fidelity but don't meet the cutoff have a shorter curriculum). Part-time providers are allowed an extended period to complete the training, thus spreading the cost to the agency over two years which is within the agency's benefit to their providers. Hence, no new cost. To pay all providers for CEIMTP participation was deemed not cost effective but was discussed. There was no resolution to this concern.

Endnotes

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