

Indicator C11: State Systemic Improvement Plan - Nebraska

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Baseline and Targets

Baseline Data – C3B Summary Statement 1 - Acquisition and Use of Knowledge and Skills:

FFY	2013
Data	40.2

FFY 2013 – FFY 2018 Targets- C3B Summary Statement 1 - Acquisition and Use of Knowledge and Skills:

FFY	2014	2015	2016	2017	2018
Target	40.2	40.5	41	41.5	42.5

Nebraska – Description of Stakeholder Input

Since the inception of the C11 indicator, Nebraska's internal stakeholders have been led by the IDEA Part C Co-Leads (Nebraska Department of Education - NDE, and Nebraska Department of Health and Human Services - DHHS). In January 2014, the Co-Leads began organizing a state-wide Results Driven Accountability (RDA) stakeholder committee. This committee was organized in order to ensure appropriate representation and build capacity with a consistent group of partners. The members of the committee were formally invited to serve as representatives and as part of the agreement to participate, the individual agreed to serve for up to three years. The intent is that Nebraska's RDA stakeholder committee will continue to meet while the State's Systemic Improvement Plan (SSIP) is developed and implemented. This will help the state's planning to continuously evolve and help ensure ambitious and meaningful change.

Nebraska's RDA committee represents diverse disciplines and experiences. Committee members represent internal and external partners. Additionally, Nebraska was intentional about organizing a group of stakeholders involved in supporting children with disabilities ages birth through age 21. Therefore, the committee representation has supported the state in planning seamless improvement strategies that will focus on improved results for infants and toddlers and their families (Early Intervention ages Birth- 3); children in early childhood (Part B, ages 3-5); and school age children and youth (Part B, ages 6-21). The stakeholder group included representatives of parents, special education directors, special education staff, general education administration (principals, superintendents), institutions of higher education, NDE teams (Approval/Accreditation, School Improvement, Equity and Instructional Strategies,

Curriculum and Instruction), community agencies, Non-public schools, and the Nebraska State Education Association and the Nebraska Association of Special Education Supervisors.

Nebraska is a “Birth Mandate” State and as such has a keen interest in establishing systems which span from birth to age 21. To allow for a collaborative and systematic approach to improving results for students with disabilities from birth to 21, the stakeholder group established for Part B and Part C met together to review pertinent data and the state’s infrastructure. The Stakeholders felt that in order to achieve improved results for all students with disabilities it would be necessary to develop individual State Identified Measurable Results (SIMRs) for Part B, Part C and Preschool (619) which were different but linked and which were written specific to the individual age groups. Thus, the stakeholders were divided to provide advice on a Part C plan, a Preschool (age three to five) plan and a School-Age (age five to 21) plan.

This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP).

Members of the Part C Results Driven Accountability (RDA) group include:

- State Interagency Coordinating Council (Nebraska Early Childhood Interagency Coordinating Council—ECICC);
- Nebraska Special Education Advisory Council (SEAC);
- Local Interagency Planning Region Teams (PRT);
- Parents;
- Early Development Network (EDN) services coordinators and supervisors;
- EDN services providers and special education administrators;
- Underserved populations (such as Native American, Child Abuse Prevention and Treatment Act (CAPTA) children, and homeless);
- State and community partners (child welfare, child care, private foundations, public health);
- Infant mental health providers;
- Head Start;
- University of Nebraska —Lincoln and Medical Center;
- Early Childhood Professional Development coordinators; and
- PTI-Nebraska (Parent Training and Information).

In addition to the Stakeholder group established specifically for the purpose of gathering input on the RDA and the development of the SIMR, Nebraska also obtained input from SEAC and the ECICC. These councils were established pursuant to federal regulations and as such provide for input from a diverse group of stakeholders. SEAC and ECICC, which regularly discusses the SPP/APR and provides input on the targets and strategies contained therein, has reviewed and supported the work of the Stakeholder group. SEAC and ECICC will continue to be utilized for input on the development of Phases II and III of the SSIP and the SIMR.

The Stakeholder work is communicated frequently to other NDE and DHHS offices, local EI programs/administrators, parents, agencies and advisory groups. This insures that other interested parties have access to the work of the stakeholder group and an opportunity to provide additional input.

Additionally, the Co-Leads meet regularly with the NDE Program Improvement and Data Teams and engage in extensive planning through monthly meetings and weekly conference calls with the two routines-based early intervention (RBEI) statewide coordinators (position/role description is provided beginning on page 14 of this document).

In turn, the two statewide RBEI Coordinators also meet biannually with representatives of the ten early intervention (EI) teams in Nebraska who serve as local RBEI stakeholder teams because they are already implementing the RBEI components. The work of these EI stakeholders over the last four years has informed the training, coaching, and implementation infrastructure of the statewide results-driven accountability (RDA) plan. The statewide coordinators provide technical assistance to support the work of these teams through conference calls, webinars, and meetings¹⁷.

In April 2014, the Part C RDA stakeholders met and received information regarding the new RDA/State Systems Improvement Plan (SSIP) requirements and then conducted an infrastructure and data analysis, facilitated by the Co-Leads. During the analysis process, the stakeholders discussed current initiatives in professional development Nebraska is offering. Specifically, this included information about the Routines-Based Interview (RBI) as local stakeholder EI programs implemented it in Nebraska over the last four years. The RDA stakeholder group was able to hear testimonials from some of these programs about the positive impact of the RBI on individualized family services plan (IFSP) outcomes and family engagement. The group was then asked to compare/contrast RBI characteristics with both the National Early Childhood Technical Assistance Center (NECTAC) Mission and Key Principles and the Division for Early Childhood (DEC) recommended practices and professional competencies for serving children and families, and in particular, child and family assessment.

Recommendations from the Part C RDA stakeholders at the April 2014 meeting were:

- Provide information to administrators, PRTs, families, and any other “groups” affected by the proposed changes in child and family assessment practices as part of implementation of the coherent improvement strategies;

- Gain buy-in from front-line EI services coordinators and providers about using the evidence from the field of EI, including the recommended practices for serving young children and families;
- Provide local training regarding the use of evidence-based practices to ensure regulatory compliance in order to provide additional rationale for implementation of the RBI as the child and family assessment; and
- Engage families from the start of the EI process, i.e., from referral to intake and assessment to service delivery, so that EI is understandable and influences true family and child priorities within everyday activities, not just whether child's overall development is on track.

At the conclusion of this meeting, the RDA stakeholders selected the State Identified Measurable Results (SIMR) and recommended the state choose a child-level outcome in which to demonstrate measurable improvement for infants and toddlers with disabilities. Additionally, the stakeholders agreed with the three-pronged routines-based approach to serve as the coherent improvement strategies, i.e., RBI, functional IFSP outcomes, and quality home visits, as part of the RDA statewide plan to improve results as measured by the child and family outcomes.

In June 2014, the Co-Leads met with Dr. Robin McWilliam of the Siskin Institute, researcher and founder of the RBI, and Dr. Haidee Bernstein of Westat, IDC and DaSy to provide input regarding the child and family outcome evaluation and data collection processes. Dr. McWilliam was instrumental in making recommendations about the specific child and family outcomes the state could potentially select for the SIMR, given his experiences and research with RBI and how it relates to promoting child learning and family engagement. He also facilitated discussion and planning for a statewide scale up and implementation plan for the RBI and functional outcomes, given his history of providing training and technical assistance both within the state and also through RBI certification for Nebraska trainers at Siskin¹.

In October 2014, the Part C RDA stakeholders met to review and set new child and family outcome data targets related to the SSIP. The historical results of the family survey and the child outcome data were shared, which allowed the stakeholders to determine future targets based on previous trends and patterns. This meeting also included an update regarding the statewide scale-up and implementation plan related to the SIMR and final consensus regarding the specific child and family outcomes selected and target setting for the SSIP. The stakeholders concluded that Nebraska will demonstrate improvement in Child Outcome Indicator C3B, Summary Statement 1, by implementing the following coherent improvement strategies:

- a) RBI;
- b) functional child and family outcomes; and
- c) quality routines-based home visits.

¹ Response to OSEP Evaluation tool item 2(c & f)

The stakeholders determined that statewide scale-up and implementation will occur using a pilot approach with PRTs while adding additional PRTs annually over a three year period. This will allow the state to reach full implementation by year four. The pilots will receive intensive training and technical assistance for the three coherent improvement strategies over the first 18 months of their involvement while also collecting fidelity data for each strategy and analyzing resulting aggregated PRT child and family outcomes. Based on the information shared by the Co-Leads about (1) the proposed child and family outcome targets for RDA, (2) the work that has already been done in the state in terms of implementing the RBI and functional outcomes with positive reports from families, (3) the need for more functional IFSP outcomes, and (4) the proposed implementation plan by PRT, the Part C RDA stakeholders determined that the statewide implementation of the selected coherent improvement strategies has the potential for improving results for infants and toddlers with disabilities and their families. All recommendations from the stakeholders were accepted and include the following recent activities and actions taken to address the recommendations generated during the April 2014 RDA Part C Stakeholders meeting:

- Presentations given at various statewide events to provide information about the PRT C RDA plan including the annual Early Development Network Conference, the annual Nebraska Administrator Days, the annual Nebraska Special Education statewide meeting, and the biannual Results Matter B-5 Task Force. These audiences include participants who will be affected by the proposed changes in child and family assessment practices.
- Required Rule 52 Part C Regulations training for any pilot PRTs and strongly recommended for PRTs who wish to develop an RBI training plan as their targeted improvement strategy to ensure regulatory compliance.
- Use of a PRT self-assessment (see description of the Nebraska Team Self-Assessment page 17 of this document) as a required preparatory activity for any PRT who engages in training and ultimately implementation of the RBI and functional IFSP outcomes. The self-assessment provides a way to gain buy-in from front line services coordinators and providers who will be using the new practices identified in the RDA plan and also facilitates the engagement of families throughout the EI process because of the RBI, functional IFSP outcomes and quality home visits.

The RDA stakeholders assisted the Co-Leads in developing and finalizing the Theory of Action by the conclusion of this meeting.

Additionally, members of SEAC and ECICC also agreed with the SIMR, coherent improvement strategies, the selected child and family outcomes/future targets for the SSIP, and the Theory of Action as proposed by the Part C RDA stakeholders.

Data Analysis

Nebraska engaged in a systematic process with key stakeholders to identify, select, and analyze multiple sources of existing data, including: 618 data, state-level Medicaid and health data for the population ages birth to age three, and SPP/APR indicator data, with a specific focus on Indicators 3 and 4. The state started with a broad high-level, multi-year review of these data. Then, further analyses with stakeholders and advisory councils were designed to look at specific parts of each to determine where to focus the state's energies and to determine root causes. Specifically, to determine the state SIMR, Nebraska examined Indicators 3 and 4 from the past five years of data for Indicators 3A, 3B, and 3C for Outcome Statements 1 and 2 and a similar overall analysis for Indicator 4 for the past six years of data. Further reviews of Indicator 4 data included analyses by:

- 1) age of the child at the time of survey completion;
- 2) length of time the child has been receiving services;
- 3) English vs. Spanish responses to the questionnaire;
- 4) results by area type (Large city, Rural, or Town/Suburb); and by
- 5) PRT.

Other analyses included the monitoring of EDN program performances. Then the state met with multiple stakeholders to affirm its hypotheses and make final decisions². After careful review of all of these data sources, the state decided to focus on Indicators 3B: Acquisition and Use of Knowledge and Skills. Indicator 4B: Effectively Communicate Child's Needs will be used as benchmark to monitor the families' level of comfort with the IFSP process. In particular, Indicator 4B will aid our understanding of our ability to translate the parents' expressed needs to IFSP goals and activities that will help their child acquire knowledge and skills. A detailed explanation of the processes used to arrive at the decision to focus on these two Indicators is explained in this section.

Part C Indicator 3

Tables 1-A, 1-B, and 1-C contain the five-year summary of target and actual data for Indicators 3A, 3B, and 3C. The actual percentages in bold exceeded the targets. As shown in the last line of each table, the 2013-14 data were recalculated using a newly derived cut score (as explained below) in order to help Nebraska in setting the 2014-18 targets.

² Response to OSEP Evaluation tool item 1(a)

Table 1-A

	Indicator 3A			
	Summary Statement 1		Summary Statement 2	
School Year	Target	Actual	Target	Actual
2009-10	24.0	70.4	49.0	73.6
2010-11	70.9	74.0	74.1	75.4
2011-12	71.4	78.0	74.6	79.6
2012-13	71.9	66.0	75.1	37.1
2013-14	71.9	59.5	75.1	32.96
2013-14 revised	(new cut score)	39.5	(new cut score)	43.7

Table 1-B

	Indicator 3B			
	Summary Statement 1		Summary Statement 2	
School Year	Target	Actual	Target	Actual
2009-10	21.6	60.7	46.9	64.3
2010-11	61.2	63.0	64.8	68.6
2011-12	61.7	66.8	71.3	73.0
2012-13	62.2	58.5	71.8	33.7
2013-14	62.2	50.7	71.8	29.3
2013-14 revised	(new cut score)	40.2	(new cut scores)	33.5

Table 1-C

	Indicator 3C			
	Summary Statement 1		Summary Statement 2	
School Year	Target	Actual	Target	Actual
2009-10	42.1	73.8	55.2	68.9
2010-11	74.3	74.2	69.4	72.9
2011-12	74.8	78.9	69.9	75.9
2012-13	75.3	60.0	70.4	26.1
2013-14	75.3	79.7	70.4	54.0
2013-14 revised	(new cut score)	55.8	(new cut score)	71.2

For Indicators 3A Summary Statements 1 and 2, the state exceeded its targets for the 2009-10, 2010-11 and 2011-12 school years. For Indicator 3C, essentially the same pattern held, with the exception of the 2010-11 school year when the target was missed by 0.1 percentage points. However, the pattern changed during the 2012-13 and 2013-14 school years for all parts of this Indicator. The drop in actual scores is larger for Indicators 3B and 3C Summary Statement 2 than for Indicator 3A. The deep drop persisted for two years for Indicator 3B³.

³ Response to OSEP Evaluation tool item 1(b)

The state conducted a careful review to determine the quality of the data. The analyses showed that this drop may be related to a change in assessment instruments used to measure this Indicator. Prior to 2011, NDE allowed PRTs to choose from one of three state-approved online child assessment systems: Teaching Strategies Creative Curriculum, High Scope Child Observation Record (COR) and Assessment, Evaluation and Program Systems (AEPSi). In the spring of 2011, the Nebraska Child Outcomes Results Matter Task Force recommended that NDE adopt a single child outcome measurement system with the goals of improving the quality, reliability, and validity of the data; simplifying the reporting system; and simplifying the infrastructure needed to support the implementation process. Teaching Strategies Gold (TS Gold) was selected as the assessment tool for Nebraska's birth to age five child assessment⁴.

Before the transition to TS Gold, in school years 2009-10, 2010-11, and 2011-12, the percentages on the C3 Indicators ranged from roughly 60% to 79%, depending on the Indicator. After the transition to TS Gold, in school years, 2012-13 and 2013-2014, the scores dropped to 26% to 79%, depending on the Indicator. To transition to TS Gold, for children whose data was completed on the COR and AEPSi, their entry scores were imported into the TS Gold online system. The strategy was adopted based on the assumption that the conversion scores were equivalent across assessments. Careful analysis of the data found that high percentages of children fell within Category A. Closer examination of the data found this increase in Category A occurred in those children whose data were transferred. This suggests that the conversion scores were not equivalent, and as a result, the data from these 245 children were not included in the report for 2012-13. TS Gold re-analyzed the data based on a larger sample of infants in order to validate the new cut scores. These analyses were completed and resulted in a modification of the previous cut scores. These new cut scores were processed into the online system in the fall of 2014.

Given that the drop in scores was greatest for Indicators 3B2 and 3C2, the state decided to focus on either Indicator 3B or 3C for the SSIP. Then, the state reviewed potential coherent strategies that could elevate the outcome scores. One strategy involves continuing review of the data, how they are entered, ensuring that all PRTs are entering the data on a timely basis, and working with TS Gold to ensure that objectives in the tool are specific enough to capture this population. This will help to ensure that high quality data are collected in the state⁵.

A second coherent strategy involves the state's consideration of implementation of Dr. McWilliam's RBEI model. This evidence-based model describes a framework for a coordinated, philosophically, and empirically based approach to EI and how services should be provided. The state convened a full-day meeting with Dr. McWilliam, other consultants, state co-leads and other key individuals to discuss the SSIP and SIMR. During that meeting, the state decided to focus on Outcome 3B: Acquisition and Use of Knowledge and Skills, Statement 1 because (a) the score was low, (b) Outcome 2 has the most items that can be cross-walked with the TS Gold, and (c) the belief that focusing on the rate of growth (Statement 1) is the first step to achieving

⁴ Response to OSEP Evaluation tool item 1(d)

⁵ Response to OSEP Evaluation tool item 1(c)

an increase in the number of children who are functioning within age expectations (Statement 2). This decision is more fully explained in Components 3 and 4.

Part C Indicator 4

The state also did an extensive evaluation of Indicator 4. Table 2 shows the six year history of Indicator 4, the percentage of families reporting that EI services have helped their family (a) know their rights, (b) effectively communicate their children’s needs, and (c) help their children develop and learn. The state has exceeded its targets for every target and showed an increase in actual levels in all but one actual target (Indicator 4C in 2013-14). There was a drop in the percentages reported between 2012-13 and 2013-14 for Indicator 4C. Further analyses showed that when the extreme values were removed (i.e., not including surveys that answered all items with either the extremely positive or extremely negative response options) the mean measures (and therefore the percentages) were nearly identical for both years⁶.

Table 2

School Year	Indicator 4A		Indicator 4B		Indicator 4C	
	Target	Actual	Target	Actual	Target	Actual
2008-09	74	77.2	71	73.4	84	88.1
2009-10	74	77.9	71	75	84	89.3
2010-11	74	78.4	71	74.4	84	88.9
2011-12	74	82.1	71	79.9	84	91.3
2012-13	74	83.8	71	80.5	84	93.3
2013-14	74	85.3	71	80.9	84	91.4

The state disaggregated the data across multiple variables to determine any root causes. Further analyses on Indicator 4 data included measuring differences as described on page four. In 2012-13, statistical tests were conducted to determine whether differences in Impact of Family Scale (IFS) measures across subgroups of each of these variables were statistically significant. For the following variables, no statistically significant differences were found across groups: child’s age at time of survey completion, length of time in EI, race/ethnicity, or whether the respondent used the Spanish version of the survey. In contrast, statistically significant differences were found across PRTs, $F(27, 900) = 1.78, p = .009$. These results indicate that there was significant variability across PRTs.

There were also significant differences by area type, $F(2,925) = 4.08, p = .017$. These results indicate families living in towns/suburbs had significantly higher measures than families living in rural communities. Those living in large cities fell in between the other two groups. For 2013-14, however, the picture is different; large cities had the highest mean, followed by town/suburb and then rural. In part, NDE has chosen Indicator 4B based on this information, and the pilot for the SIMR will contain PRTs with lower measures.

⁶ Response to OSEP Evaluation tool item 1(a)

The state has closely collaborated with Dr. Batya Elbaum and Westat for the analyses of the NCSEAM data used for Indicator 4. No data concerns have been found. The person reliability estimated through the Rasch Analysis has been 0.88 or higher for all years. This is one indication of high reliability of the data. Another indication is the high survey return rates exhibited by the state.⁷ The return rates are strong and have increased steadily since 2010-11. See Table 3.

Table 3

Year	Return Rates for Family Survey
2008-09	57.8%
2009-10	60.2%
2010-11	56.9%
2011-12	62.5%
2012-13	65.6%
2013-14	67.7%

Part C Monitoring and Compliance Data

The state also conducted an extensive evaluation of local EDN program compliance and monitoring data for a period of five historical years. This review yielded a determination that PRTs are consistently low performing in:

- The use of evidence-based child and family assessments;
- Measurable, individualized child and family outcomes aligned with family-identified needs and priorities within the family’s routines/activities;
- IFSP services and strategies implemented in the context of the child’s/family’s routines/activities; and
- Demonstrating measurable child progress through IFSP child/family outcomes.

Conclusions

The state does not believe that further analyses are needed at this time for either Indicator 3 or 4⁸. The Nebraska Part C Co-Leads received input from multiple stakeholders. During the April and October 2014 Nebraska Results Driven Accountability stakeholder meetings, as well as additional stakeholder meetings involving SEAC and the Nebraska ECICC, a substantial amount of time was spent reviewing data analyses and gaining stakeholder input. Additional input was gathered from other resources including: private consultants, university staff, PTI-Nebraska, and others⁹.

⁷ Response to OSEP Evaluation tool item 1(c)

⁸ Response to OSEP Evaluation tool item 1(e)

⁹ Response to OSEP Evaluation tool item 1(f)

Analysis of State Infrastructure to Support Improvement and Build Capacity

The Co-Leads have a robust infrastructure to support improvement and build capacity in EIS programs and providers to improve results for infants and toddlers with disabilities and their families. Because Nebraska is a birth mandate state, the state Part C Governance, Fiscal, Quality Standards, Data and Accountability systems, and Professional Development and Technical Assistance system are all aligned and intertwined with the Part B infrastructure. Therefore the two systems, Part B and Part C, support each other. Nebraska is able to maximize resources and supports due to this alignment.

The Co-Lead infrastructure of the two state agencies (NDE and DHHS) also aligns all of these components internally and externally, which further strengthens the infrastructures to maximize resources across state agencies. NDE is a constitutional agency approved by Nebraska voters and operates under the authority of an elected board of education. NDE's Office of Special Education is responsible for the administration, management, and implementation of IDEA-Part C. DHHS is a state agency that operates under the direction of the Governor. DHHS is organized into six divisions and the Division of Medicaid and Long-term Care is responsible for the administration, management, and implementation of IDEA-Part C. The NDE and DHHS Part C Co-Coordinator and respective Administrative teams, along with the two Family Partners who serve in an advisory capacity to the Co-Leads, meet monthly to review, plan and make decisions regarding systemic improvements for EI services¹⁰.

As stated previously, the Co-Leads also meet monthly with the NDE Program Improvement and Data Teams, the DHHS Medicaid & Long-Term Care Waiver Unit, and NDE Early Childhood Program Administration to engage in extensive analysis and planning. The Co-Leads work closely with ECICC and SEAC, as well as multiple state agency divisions within DHHS and NDE and other privately funded agencies that serve infants/toddlers in statewide programs.

Additionally, the Co-Leads are active advisory task force members on the following councils associated with DHHS, Division of Public Health: Nebraska's Early Hearing Detection and Intervention Task Force, Early Childhood Comprehensive State Systems Planning, Infant-Toddler Toxic Stress Leadership Committee, and Maternal Child-Health Bureau's Task Force for Children with Special Needs.

The Co-Leads are members of a variety of state-level committees and task forces in which initiatives and funding across multiple agencies for infants and toddlers with disabilities is communicated and coordinated. Monthly meetings are held with state-level early childhood program administrators within NDE, DHHS, and other state and private agencies to ensure alignment of services, systems, and funding. These include the Nebraska Head Start State Collaboration Director, NDE Early Childhood Administrator, NDE Part B/619 coordinator, DHHS Medicaid Waiver Administrator, University of Nebraska Lincoln (UNL) personnel, University of

¹⁰ Response to OSEP Evaluation tool item 2(b)

Nebraska Medical Center (UNMC) personnel, Nebraska Children and Family Foundation Administration, and the Nebraska Buffett Early Childhood Institute Administration¹¹.

Local and state infrastructure will be strengthened by the requirement of PRTs developing a multi-year Targeted Improvement Plan (TIP) based on challenges identified through the PRTs analysis of data on the SPP/APR indicator targets and other available data, and the PRT infrastructure analysis that supports measurable improvement of results for infants/toddlers with disabilities and builds PRT capacity. If the PRT data analysis indicates that slippage occurred or the SPP/APR Indicator target is not met, the PRT TIP will address those and any other relevant issues. Based on the results of the data and infrastructure analysis, the PRT will identify a focus for improvement in order to achieve improved results for infants/toddlers with disabilities and their families. The TIP will include SMART goals that are specific, measurable, achievable, realistic and timely and state the desired results for the focus of improvement for infants/toddlers with disabilities and their families. The TIP must include information related to current infrastructure and the capacity to implement, scale-up and sustain evidence-based practices to support improved results for infants/toddlers with disabilities and their families. Annually, PRTs will be required to report to the Co-Leads the effectiveness of the TIP, how the PRT tracked progress and ensured fidelity of implementation of the TIP and the measurable progress toward achieving the improved outcomes for infants/toddlers with disabilities. Revisions to the TIP will be made in response to the evaluation of the plan's effectiveness.

Nebraska's Co-Leads engaged in a systematic analysis with key stakeholders of the state's infrastructure to support improvement and build capacity at the state and local levels in relation to the Part C SIMR, which includes improving results in child outcome Indicator C3B and family outcome Indicator C4B.

In order to determine where to strategically focus the state's SSIP energies and determine root causes for improving results, an Infrastructure Analysis was conducted with the previously described stakeholders. See the bulleted list on page one.

At the April 2014 meeting, the Part C RDA stakeholder agenda included the new RDA requirements, a review of state and local infrastructure analysis, the current status and trends of child and family outcomes data through 2012-13, overall results/themes from recent monitoring of local EI program data, and the 2013 APR data, including home and community settings, child count and the compliance indicators.

The Part C RDA stakeholders provided recommendations for the scale-up and implementation of the RBEI approach as part of the RDA statewide plan to improve results as measured by the child and family outcomes. The stakeholders specifically noted that the RBEI approach aligns with, and is supported by, the IDEA Part C and Nebraska state regulations regarding child and family-directed assessment and comprehensive system of personnel development.

¹¹ Response to OSEP Evaluation tool item 2(a & c) and 5(c)

Additionally, the Co-Leads have developed a state-level leadership team in order to strengthen state and local level infrastructure in the implementation of the SSIP work. This leadership team consists of the following experts who have agreed to assist Nebraska in the scaling up and implementation of the RBEI model for the SIMR: Dr. Robin McWilliam, researcher of the Siskin Institute and founder of RBEI; Dr. Haidee Bernstein, lead analyst from Westat, IDC, and DaSy consultant; Dr. Barb Jackson of UNMC-Munroe Meyer Institute; Dr. Cindy Hankey and Sue Bainter, M.A. Special Ed OTR/L, state EI experts/ coordinators; Connie Shockley, PTI-Nebraska (Parent Training and Information); Mark Smith, M.S. of UNMC-Monroe Meyer Institute serving as a Family Partner to the Co-Leads; and the Nebraska Co-Lead agencies.

This leadership team met initially for two days in June 2014 and continued to engage in monthly phone calls and meetings regarding planning, scaling up, and implementation; evaluation; and data collection processes.

The State will use a PRT pilot approach in the scale-up and implementation of the RBEI, while phasing in PRTs annually between years one through four of implementation. This will allow Nebraska to reach statewide implementation by year four.

RBEI Implementation Plan Using Pilot Approach

Year of Implementation	Pilot Groups
1	3 PRTs
2	4 PRTs
3	8 PRTs
4	Full implementation

Each PRT will be responsible for the following:

1. Establish a local RBEI leadership team;
2. Conduct a data review/analysis;
3. Create action steps related to the PRT Targeted Improvement Plan (TIP);
4. Engage in training of RBEI practices for all EI providers during their first year of implementation;
5. Utilize coaching practices to sustain the RBEI approach to fidelity;
6. Agree to implement additional data collection and evaluation methodologies to ensure fidelity in implementation; and
7. Allow the state to gather needed results data for SSIP reporting requirements.

The pilots will receive intensive training and technical assistance for the three coherent improvement strategies over the first 18 months of their involvement while also collecting fidelity data for each strategy and analyzing the resulting aggregated PRT child and family outcomes (see pages 18 and 20 for detailed information explaining the three coherent strategies). Based on: (1) the proposed child and family outcome targets for RDA, (2) the work

that has already been done in the state in terms of implementing the RBI and functional IFSP outcomes with positive reports from families, and (3) the proposed PRT implementation plan, the Part C RDA stakeholders, ECICC, and SEAC strongly believe that the statewide implementation of the selected coherent improvement strategies have the potential for improving results for infants and toddlers with disabilities and their families¹².

Nebraska has been training PRTs to use RBIs and writing functional IFSP outcomes since 2009. Recently, Nebraska has expanded training efforts to include implementing quality home visits.

Along with the RBEI initiative, Nebraska is also engaged in the following collaborations and initiatives designed to improve outcomes for infants/toddlers with disabilities and their families:

1. Collaboration between DHHS Division of Child Welfare, UNL–Children, Families, and the Law, and the Nebraska Buffet Early Childhood Institutes’ Court Improvement Project who have aligned strategies to ensure CAPTA referrals to EDN and improve the receipt of EDN services for CAPTA-referred children;
2. Medical Home Initiative, which includes the DHHS Medicaid Division, PTI-Nebraska, and medical clinics that provide Parent Resource coordinators within specific Medical Home Clinics statewide to ensure timely referrals to EDN and additional health follow-up;
3. Tracking Infant Progress Statewide which is a partnership with UNMC and all NICU’s in Nebraska to ensure timely EDN referrals and developmental follow-up for children placed in NICU’s at birth;
4. Sixpence Programs, a birth through age three early learning program, funded by the Buffett Early Childhood Foundation and Nebraska Children and Families Foundation to achieve better outcomes for “at-risk” children and families. It aligns referrals, intakes, assessments and service provision between Sixpence and EDN;
5. Respite Program for children with disabilities, birth through age three, is housed with DHHS Division of Children and Family Services, has aligned funding and training in order to ensure EDN children and families have access to respite care and quality providers statewide;
6. Statewide implementation of Circle of Security, which is a social-emotional intervention strategy. The Co-Leads partner with multiple state and private agencies in order to train 200 people across the state to deliver intervention to families¹³.

¹² Response to OSEP Evaluation tool item 2(d)

¹³ Response to OSEP Evaluation tool item 2(d)

State-Identified Measureable Result (SIMR)

Nebraska has selected one SIMR that will utilize a unified set of coherent strategies to improve child outcomes. The strategies are based on the data analysis outlined in the data section and are an outgrowth of the infrastructure the state has developed over the years. Nebraska's Part C SIMR is:

1. Increase the number and percentage of infants and toddlers who demonstrate progress in the acquisition and use of knowledge and skills (including early language/communication) – 3B, Summary Statement 1;

Data Analyses Rationale

Review of the data by other factors such as race, ethnicity, and other measures, although sometimes statistically significant, did not rise to level of playing a critical role in the final decision of choosing the SIMR. Final selection of the SIMR was primarily based on three factors: (1) the low results achieved on Indicators 3B and the federal child outcomes outlined above, (2) results from monitoring of IFSPs from across the state, and (3) results of the Early Childhood Outcomes (ECO) center analysis highlighting a crosswalk of items on the TS Gold with each of the federal outcomes. The ECO analysis indicated the following:

- Outcome 1: Positive social-emotional skills—11 objectives are cross-walked between TS Gold and the federal outcomes
- Outcome 2: Acquisition and use knowledge and skills—36 objectives are cross-walked between TS Gold and the federal outcomes
- Outcome 3: Use of appropriate behaviors to meet their needs—7 objectives are cross-walked between TS Gold and the federal outcomes

Since Outcome 2 had significantly more TS Gold objectives supporting it than either Outcomes 1 or 3, it is likely there is greater sensitivity among these items; therefore, it may be easier to measure changes within the population. Next, the decision was made to focus on Statement 1: Of those children who entered or exited the program below age expectations, the percent that substantially increased their rate of growth by the time they exited the program. The state leadership and stakeholder teams believe that focusing on rate of growth is the first step to achieving positive outcomes. When that step is taken correctly and methodically, the number of infants/toddlers who achieve age expectations (Statement 2) will naturally increase¹⁴.

Infrastructure Analysis

The state has a strong cohesive infrastructure that is focused and equipped to implement coherent strategies that will foster positive outcomes on the proposed SIMR. The infrastructure integrally related to the SIMR includes:

¹⁴ Response to OSEP Evaluation tool item 3(b & c)

- The Nebraska Part C Co-Leads – NDE and DHHS, also referred to in Nebraska as the EDN;
- NDE Early Childhood Training Center (ECTC) - the hub for professional development across all early childhood systems in Nebraska including childcare, Head Start, Part B/619 and Part C;
- Dr. Robin McWilliam of the Siskin Institute in TN, and Dr. Dathan Rush and Dr. M’Lisa Shelden of the Family Infant Preschool Program in NC-- national researchers and presenters on evidence based practices in early intervention;
- Dr. Haidee Bernstein, Mr. Ray Olsen and the Westat technical assistance team.

The Nebraska Co-Leads provide significant training and technical assistance consistent with evidence-based research in EI and the mission, beliefs and principles promoted by NECTAC.

The ECTC coordinates a centralized system of professional development opportunities and tracking across settings where young children with disabilities and their families participate. Local PRTs and school districts also access the ECTC with their training requests, which are coordinated regionally by seven Early Learning Connection Coordinators (ELCs). The ELCs are responsible for ensuring professional development opportunities are provided to meet state and federal requirements for all early care and education professionals within their region and are ultimately part of the ECTC system.

Dr. McWilliam, Dr. Dathan Rush, and Dr. M’Lisa Shelden lead training in the state and assist in coordinating professional development efforts and implementation of evidence-based practices with the Co-Leads.

The Westat team provides guidance to the Co-Leads on the development of the SSIP and has completed an in-depth data analyses on Indicator 4 and, more recently, for Indicator 3¹⁵.

How the SIMR aligns with current agency initiatives or priorities

Nebraska has spent considerable energy building an “internal” support structure which is essential to moving innovative practices and programs from initial training to full implementation. This effort began in 2009 when the two Nebraska RBEI coordinators attended the Siskin National RBI institute in Chattanooga, TN, to become nationally certified interviewers. Building infrastructure from the top down, the Part C Co-Coordinators and the Part B/619 coordinator, along with the two RBEI coordinators formed a state-level implementation team. Using the RBI as the first of Nebraska’s “usable interventions”, the state began to pilot a statewide implementation plan of training and technical assistance for the RBI as well as other evidence-based practices. Over the next four years, the Co-Leads funded an additional sixteen service providers and services coordinators to attend the RBI Siskin Institute with the intent of strategically placing certified RBI trainers geographically across the state. Simultaneously, over these same four years, the ECTC coordinated professional development

¹⁵ Response to OSEP Evaluation tool item 3(b)

opportunities, funded by the Co-Leads, to address evidence-based practices directly impacted by use of the RBI, e.g. Support Based Home Visits, Integrated Service Delivery, and Collaborative Consultation with Childcare.

Professional development opportunities and technical assistance have been facilitated through the use of the Nebraska Team Self-Assessment Tool called “Implementing Evidence-Based Practices in Natural and Inclusive Environments for Children Birth to 3”. This tool was adapted from the original work of Dr. McWilliam. The Nebraska version was piloted with ten teams from across the state who came together to reach consensus about priority practices needing ongoing technical assistance. Reorganization of the tool occurred as a result of the lessons learned from these ten original RBEI stakeholder teams about which practices were directly influenced by implementation of the RBI. The self-assessment items, which are rated and identified as needing change comprise the newly prioritized practices, became required discussion and consensus building activities prior to participating in RBI and functional outcome training. PRTs engage in the Nebraska Team Self-Assessment with a trained facilitator and end with action steps which give teams a better opportunity for successfully integrating the RBI into their EI process.

The state believes that implementation of the evidence-based practices within an RBEI approach will improve child and family outcomes in Nebraska, specifically, Child Outcome 3B and Family Outcome 4B. The RBEI approach includes three improvement strategies:

1. Implementation of the Routines-based Interview (RBI). The RBI produces a list of functional child and family outcomes/goals which can be used to write the IFSP. For Indicator 3B, the RBI can help families choose routines that they want to focus on. It is expected that, with increased family involvement in both selection of routines, routines-based child and family outcomes, and routines-based home visits, child development will improve to be closer to age expectations. Similarly, if families achieve increased satisfaction with their family routines based on the RBI, the state will achieve its increased targets for Indicator 4B. Following Indicator 4B as a benchmark will help inform our progress for Indicator 3B.
2. Functional child and family IFSP outcomes are developed for each family. McWilliam (2010) defines functional outcomes as “Goals that 1) reflect the priorities of the family, 2) are useful and meaningful, 3) reflect real-life situations, 4) are free of jargon, and 5) are measurable.” The state is implementing rigorous training and has worked closely with Dr. McWilliam to develop an IFSP Quality Checklist that will be used to measure (a) the number of high quality outcomes used in current IFSPs and (b) the quality of the outcomes written. We expect to see an increase in the number of family outcomes specifically, as well as improvement in the quality of both child and family outcomes. Outcome training, as measured by the outcome checklist, emphasizes the context in which the skill takes place. This increases the level of understanding related to how the desired behavior/ skill helps the child participate at home, school, and or community. Functional outcomes are an outgrowth of functional assessments.

3. Implementation of quality routines-based home visits. Once the RBI is completed and high quality functional outcomes are written, it is essential that home visits are of high quality and reflect the two previous components. An essential component of high quality home visits is to use the evidence about how young children learn, i.e. within every day routines and activities. In order to make this happen, the family’s capacity for supporting their child’s learning must be addressed. Routines-based home visits are functional and guided by meaningful outcomes that the families can and want to achieve. Nebraska is working with Dr. Dathan Rush and Dr. M’Lisa Sheldon to develop statewide training on quality home visits and the development of a checklist for measurement. Westat is assisting the state in the development of an evaluation and data collection protocol of this measure¹⁶.

Baseline Data and Targets

As previously described, extensive data analyses with stakeholders and advisory councils were conducted on Indicators C3 and C4 to select the specific child and family outcome indicators in which the state will improve results for infants and toddlers with disabilities. After this selection, the stakeholders determined the baseline data and set future targets for the selected indicators. After careful analysis of all of the data, the stakeholders decided to focus on Indicators 3B: Acquisition and Use of Knowledge and Skills Outcome Statement 1 as the SIMR and Indicator 4B: Effectively Communicate Child’s Needs as a benchmark. The tables below outline the baseline data and targets set by the stakeholders for these two indicators¹⁷:

Target – Indicator C3B – Summary Statement 1 – Acquisition and Use of Knowledge and Skills:

Year	Future Target	Baseline
2013-14		40.2
2014-15	40.2	
2015-16	40.5	
2016-17	41.0	
2017-18*	41.5	
2018-19*	42.5	

¹⁶ Response to OSEP Evaluation tool item 3(c)

¹⁷ Response to OSEP Evaluation tool item 3(e)

Benchmark - Indicator C4B – Families effectively communicate their children’s needs:

Year	Future Target	Baseline
2013-14		80.9
2014-15*	81.00	
2015-16*	81.50	
2016-17*	82.00	
2017-18*	82.30	
2018-19*	82.60	

The process used to select the state SIMR and Baseline Data/Target setting

The State engaged in a systematic process to select the SIMR, determine baseline data and set future targets. The process also included regular internal meetings with the state leadership team. An RDA stakeholder group was convened for this purpose and meets every four to six months. The membership consists of those included in the bulleted list on page one.

Additionally, the Nebraska SEAC and the ECICC serve as external stakeholders. See Stakeholder and Data Analysis sections of this document for further description¹⁸.

¹⁸ Response to OSEP Evaluation tool item 3(b-d)

Selection of Coherent Improvement Strategies

Nebraska's coherent improvement strategies were chosen based on: (1) state- and local-level data analysis, (2) infrastructure relative to supporting and scaling up recent training and implementation efforts already occurring in the state, and (3) alignment with the Part C Mission and Key Principles for Early Intervention

(http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf).

The three coherent improvement strategies selected are:

- a) The RBI;
- b) Functional child and family focused IFSP outcomes; and
- c) Quality home visits based on routines.

The improvement strategies, as a unified set, are referred to as a "routines-based early intervention approach," and have the potential to positively affect Nebraska's SIMR. The rationale for their selection is described in the following paragraphs.

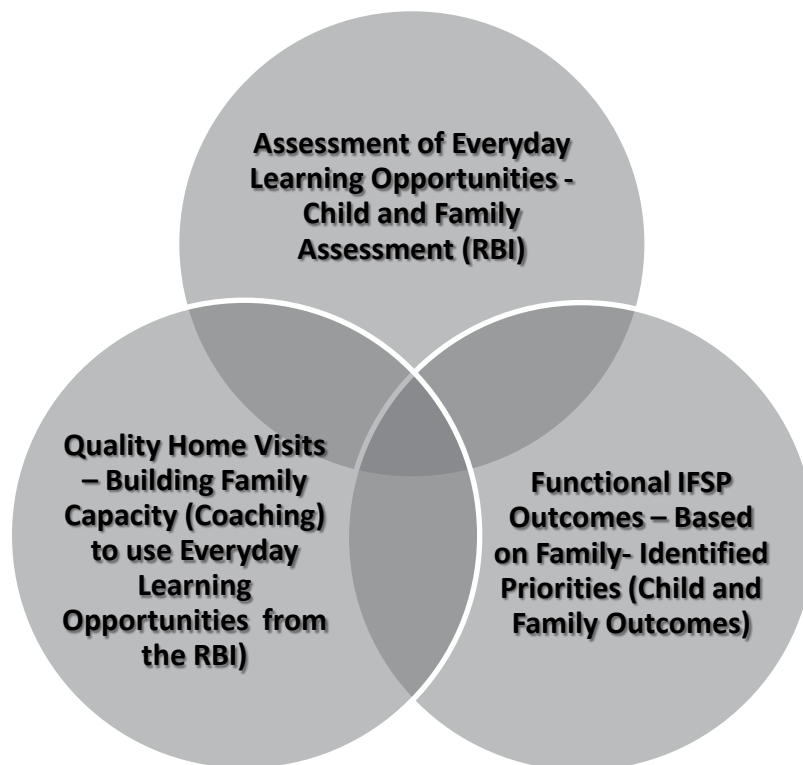


Figure 1: Routines-Based Early Intervention. Developed by Sue Bainter & Cindy Hankey, 2013

The majority of local EI programs, organized by PRTs, have historically scored well both in family outcome return rate and overall results. According to the *2013-14 Family Outcome* data, seven PRTs scored below the state targets. In particular, outcomes 4A and 4B were troublesome, and overall scores were lowest for 4B (see Component 2). Because Family Outcome 4B specifically identifies the family's satisfaction with their ability to "effectively communicate my child's needs", and connects directly with the structure of the RBI to help families express their child's needs(see key points page 23), this measure will help to determine progress toward the Nebraska SIMR.

The *2013-14 Child Outcome* data demonstrated more issues by comparison, with a very small number of local programs, again organized by PRT, actually meeting state targets (see Data and Infrastructure Analysis sections). While data quality and a change to a single statewide child assessment tool were determined to be part of the issue, the results of the data indicated a need for further analysis at local levels in order to best choose improvement strategies. As previously indicated, child outcome 3B was chosen to represent the measureable result Nebraska hopes to influence.

Local EI programs, organized by PRT, engage in data analysis using publicly reported data, performance-based determination data, and state-level monitoring data. The monitoring mechanism is comprehensive and completed for each individual PRT on a three-year cycle. The PRT data review includes but is not limited to: compliance checks, referral vs. verification percentage, success of child find efforts, settings report, use of funds to meet grant-designated activities, quality IFSPs, and quality of data. Through the monitoring process, Nebraska's IFSPs have been reviewed over the past several years for quality and compliance with regulations. Historically, the general statewide trend demonstrates little use of a uniform protocol or use of evidence to conduct child and family assessment. In addition, a review of the IFSP outcomes illustrated the following related issues:

- Failed test items (from evaluation tools) used as the basis for IFSP outcomes addressing child development rather than tools designed for child assessment and program planning;
- Lack of alignment *between* family-expressed priorities and IFSP outcome development; and
- Few IFSP outcomes related to priorities and needs about the overall family's resources and supports.

These data demonstrate the need for improvement strategies that address:

- The difference between tools and processes used for child evaluation vs child assessment including training and support about how to use the evidence in the choice for ongoing child assessment and planning for IFSP services;

- How to engage families to communicate their priorities in ways which are meaningful to them, such that they feel competent and confident about their ability to influence their child's development and their family's well-being¹⁹.

In terms of state infrastructure to support training and technical assistance over the last several years, the Nebraska Co-Leads have provided significant professional development to EI/ECSE providers and services coordinators in the state. However, beginning four years ago, a concentrated effort was made to look beyond traditional training mechanisms and follow the principles of implementation science. The state gathered evidence-based practices promoted through years of training and garnered the support of Dr. McWilliam to assist in adapting and adopting quality EI/ECSE practices specific to Nebraska's service delivery structure.

The RBI has been at the heart of recent training efforts. The RBI provides families a structure through which to express priorities for their child and family through the interviewing process with the EI provider and/or services coordinator. Child development information is garnered through questions about engagement, independence and social relationships, while the context of the family is captured through related questions about the social and physical environment in which the child interacts. Following the description of the child within their day, the family rank orders a list of their priorities, thus yielding *potential functional and meaningful IFSP outcomes*. Because the list of priorities is in the family's words and comes from their description, the IFSP outcomes are a profile of the child's learning opportunities, already set up for *quality service delivery* that builds on and promotes enough practice opportunities for positive child development through routines. Nebraska has also provided professional development over the last ten years, utilizing national presenters, Dr. Rush and Dr. Shelden, related to the ongoing assessment of, and early intervention services for, child participation within everyday learning opportunities. The link between parenting and child IFSP outcomes is well established (NICHD Early Child Care Research Network, 2002), and professionals can affect caregivers' competence and confidence by using coaching and other capacity-building adult interaction strategies (Kaiser & Hancock, 2003).

Nebraska's chosen set of coherent improvement strategies, a routines-based approach to EI, is aligned with the SIMR and the Child Indicator 3B. This alignment is evidenced by the following key points:

Why the RBI:

- Meets IDEA Part C and state regulations for the child and family-directed assessments;
- Based on the evidence about how young children learn; "natural learning opportunities include those practices that support parents of children with disabilities to understand the critical role of everyday activities and child interests as the foundation for children's learning.....the child will be motivated to pay attention longer, resulting in positive benefits related to child learning...given the opportunity to learn and practice new skills multiple times" (Dunst et al., 2000; Raab, 2005);

¹⁹ Response to OSEP Evaluation tool item 4(a)

- Structured to help families identify their priorities; the RBI capitalizes on the research about child learning and provides a means for families to express their priorities and describe their child and family's everyday activities. In a study of efficacy of the RBI, (McWilliam, Casey, & Sims 2009), families were randomly assigned to either receive the RBI or receive the business as usual and more traditional approach to IFSP development. Those families in the RBI group were more satisfied with IFSP development and the outcomes written were more functional;
- Already being used within ten (10) PRTs in Nebraska.

Why functional outcomes:

- Product of the RBI; as has already been described, the RBI yields a family-chosen rank ordering of their priorities as expressed during the interview;
- Identified and prioritized by the family; "A reciprocal process for providing and receiving information while promoting family members' understanding of intervention in their everyday routines and activities is integral to the development of an individualized family service plan (IFSP)... and results in informal shorthand statements that represent the family's choice of what to work on." (Woods & Lindeman, 2008);
- Meaningful IFSP outcomes because they relate to specific parts of the family's day; "Child outcomes which describe the context in which the skill is needed so that everyone within the family working on the outcomes understands the desired behavior is not meaningful on its own, but rather in how it helps the child to participate in home, school and community activities." (Wilson, Mott, & Batman, 2004);
- Includes outcomes articulated by the family that relate to their ability to express their family's needs in addition to their child; "the outcomes and benefits of using resource-based practices for family support include....improved parenting confidence and competence, increased family satisfaction with resource provision, enhanced parent and family well-being...." (Dunst, 2004).

Why quality home visits based on routines:

- Meaningful learning opportunities for young children are based on daily routines; "children learn through repeated interactions with the environment distributed across time, better than they do in massed trials" (McWilliam, 2010);
- Inherent to quality home visits is coaching to build the family's capacity to support their child's learning; "parents are the major influence on their children's development even when their children participate in intervention; and effectiveness of intervention is highly associated with parents becoming more responsive with their children...." (Mahoney, 2009); "Capacity building is a process that assists parents in recognizing and taking advantage of everyday activities and situations that have developmentally-enhancing qualities to enhance child learning" (Dunst & Trivette, 2009), "coaching involves asking questions, jointly thinking about what works and what does not, trying

new ideas with the child, sharing information, and jointly planning next steps” (Hanft et al./2004; Rush & Shelden, 2011)²⁰.

The implementation science literature is clear. Successful implementation is more likely if it stems from the promotion of well-operationalized interventions. These interventions must have potential for: (1) systematic training and implementation with fidelity, (2) replication across settings, and (3) measurement of results. Nebraska has already created a positive impact on EI service delivery within EI teams who have already been implementing the RBI and functional IFSP outcomes over the past four years. These changes have been accomplished by shifting the training and technical assistance focus from the provision of training to a shared emphasis on training along with support of systems change. New implementation processes were adopted through the creation of local leaders and individualization of training and technical assistance. Nebraska has already worked through the implementation stages of exploration and installation, analyzing both existing resources and those which will be needed, critical for its current shift into the initial implementation stage. As part of this work, Nebraska already has put into place the following infrastructure characteristics:

- Appointment and financial support for two statewide coordinators whose primary function is to facilitate implementation of quality EI practices in local programs; of note is the fact that these two coordinators came from the field of EI in Nebraska and are also nationally-certified in the RBI;
- Financial investment in a cadre of 16 certified trainers for the RBI and functional IFSP outcomes, who provide and support this training and implementation within their local programs and regions;
- Nebraska’s state-level Leadership/Implementation team, as described earlier, who provide the leadership necessary to drive innovative practices forward;
- Facilitation of local implementation using a team self-assessment tool targeting readiness for implementation of quality EI practices; the self-assessment discussion has included reflection on action and planning needed for key evidence-based practices (including the coherent improvement strategies);
- Formation and ongoing engagement of two EI stakeholder groups who are and continue to be the front-line implementation specialists, providing feedback to the state coordinators and leadership team. Because Nebraska is a local control state, the state-level leadership team relies heavily on these two stakeholder groups to lead implementation change at the local levels – the first group is the ten teams who have been involved in implementation of the RBI and functional IFSP outcomes over the past five years and the second is the cadre of certified RBI trainers who are working within their own teams/regions but also providing training and coaching in other regions as directed by the state-level leadership team;
- A website for EI services coordinators and providers—which serves as a central location for national, state, and local technical assistance tools and documents, highlighting

²⁰ Response to OSEP Evaluation tool item 4(d)

district/program samples, providing video examples, etc. related to evidence-based EI services.

Although the state leadership team provides the resources for a significant amount of technical assistance, training and coaching through the two state-level RBEI coordinators and the certified RBI trainer cadre, Nebraska also relies heavily on the ten EI stakeholder teams previously mentioned for provision of the *implementation competency drivers* for:

- Selection of competent individuals to promote the implementation of the interventions at the local level;
- Training that involves actual practice of the interventions with “on the job” coaching and feedback; and
- Regular performance fidelity checks and data analysis.

In addition to *implementation drivers* already in place, Nebraska’s scale-up plan includes development of the following:

- Use of a revised facilitated team self-assessment and data review, organized by PRT, as the gateway to RDA focused training and technical assistance, and the development of PRT targeted improvement plans, thereby minimizing the chance of intervention failure because of lack of readiness for change;
- Establishment of Year 1 and Year 2 “pilots” for the improvement strategy approach such that training, fidelity, coaching, and data collection can be explored and tested before folding in the rest of the state for full implementation;
- Child and family federal outcome data for the SIMR aggregated by PRT such that impact can be measured at both a local and a state level to allow for analysis and interpretation, resulting in any needed adjustments;
- Data collection via checklists to document RBI and home visit fidelity, and IFSP and outcome functionality, with connected professional development plans to address training and technical assistance needs as they arise; Regional trainer/coaches for the RBI, functional IFSP outcomes and home visit practices with communication loops established between local EI teams (district and ESU) and their PRTs, PRTs and their regional coaches, and regional coaches and the state leadership team²¹.

²¹ Response to OSEP Evaluation tool item 4(b-d)

Theory of Action

