

# Executive Summary

## Alabama's Early Intervention System

AEIS has achieved its FFY 2018 activities as planned and has implemented its chosen evidence-based practices with fidelity. The DEC evidence-based practices were utilized in service delivery statewide and monitored for fidelity of practice through the PAR monitoring system (Provider Appraisal Review). The PAR monitoring tool was revised in FFY 2017 and FFY 2018 to include indicators related to the DEC evidence-based practices. In FFY 2018, no programs were found to be out of compliance in implementing the practices which indicated fidelity of practice.

The Routines-Based Interview model, the second EBP to be implemented, has been trained across the state according to the planned schedule through Boot Camps with Dr. Robin McWilliam, the author of the RBI practices. There were 2 Boot Camps conducted during FFY 2018 as follows:

January 2019 – 25 service coordinators

April 2019 – 27 service coordinators

All 52 service coordinators are now "Alabama Approved" to utilize the model and to train other service coordinators in its implementation. In order to become Alabama Approved, the service coordinators are required to submit a video of their implementation of the model and be scored by state and national RBI coaches. Once approved, fidelity checks occur at one year intervals via either video submission or on-site observation.

The ultimate desired effect, the bottom line, is the progress made in child outcomes and parent input/outcomes. AEIS significantly surpassed its SiMR target (i.e., substantial progress in social-emotional development) for FFY 2018. Data on child outcomes for the AEIS SiMR are as follows:

FFY 2018 Target = 71.60%

FFY 2018 Data = 78.40%

FFY 2019 Target = 71.70%

Family outcomes from the PAR Family Survey were all over 95% as follows:

A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights: 98.92%

B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs: 95.35%

C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn: 99.09%

Systems changes that have impacted child and family outcomes included new and revised training, implementation of evidence-based practices (as described above), fidelity checks, new data collection, new collaborative partnerships, availability of experts in the field for training and consultation, updated public awareness activities and materials, and new structure for family input on child progress and services.

Infrastructure changes that were made during FFY 2018 and that supported SSIP initiatives include the following:

- Required use of the RBI model which includes comprehensive training/coaching and follow-up monitoring for fidelity to support achievement of the SiMR. There is a method for monitoring the implementation of evidence-based practices for fidelity established through observation/checklists (e.g., RBI Observation-with-ECOMap Checklist, Key Indicators of Family Guided Routines, Special Instructor Observation Learning Tool), database reviews through the GIFTS data system, file reviews through PAR monitoring and TA, and self-assessment surveys (e.g., the required PAR monitoring self-assessment process). The evidence-based practice observation checklists were utilized in FFY 2018 with the goal of ensuring adherence to the practices and fidelity across programs.

- Development of new public awareness activities and products (e.g., Overview of Early Intervention video) to increase knowledge of and referral to AEIS.
- Collection of additional data for analysis and program improvement to assist in achieving the SiMR (i.e., revised “Getting to Know Your Family Survey” through the UAB external evaluators and the revised PAR Family Survey through Southeast Research, another outside evaluator).
- Expanded partnerships with agencies, programs and organizations to provide resources for families and providers (i.e., the University of Alabama for knowledge and skill in working with children who have autism, the Hands and Voices initiative for knowledge and skill in working with children who are deaf or hard of hearing as well as family leadership, the Alabama Department of Early Childhood Education in providing training in areas such as evaluation with fidelity, service delivery, and collaboration between AEIS and Pre-K) .
- Expanded higher education collaboration for innovative and new partnerships (e.g., such as tele-intervention research, use of graduate students as vendors, and development of early intervention practicum sites).
- Revision of the Special Instruction Workshop/Mentorship to address the three OSEP child outcomes in terms of knowledge, skill and implementation under the guidance of a mentor.
- Provision of consistent training statewide on the process for determining social-emotional needs and for serving children with those needs. Social-Emotional professional development opportunities are provided through statewide conferences and an online Social-Emotional Webinar available year-round. The required Social-Emotional Webinar was updated based on participant feedback and new information from the field on evidence-based practices. **During FFY 2018, there were 40 Early Intervention providers completing the SE webinar.**
- Development of partnerships with referral sites such as Help Me Grow, Early Head Start, Reach Out and Read, and Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Family Training/Home Visiting to assist in identifying social-emotional concerns and making referrals to AEIS.
- Collaboration with the Alabama Department of Mental Health and First 5 Alabama regarding targeted mental health consultation.
- Increased opportunities for families to provide input regarding their child’s progress outside of the COS process via family surveys and team meetings.
- Provision of ongoing training on the implementation of the Child Outcome Summary process as intended by the developers for consistency in gathering data on child outcomes. The process is monitored through the Provider Appraisal Review (PAR monitoring) and database reviews from GIFTS (the AEIS database).
- Provision of more opportunities for stakeholder involvement for consistent and continuous input in such areas as targets for child and family outcomes, data collection, training initiatives, and evaluation processes.

## Summary of Phase III

Theory of action or logic model for the SSIP, including the SiMR

The AEIS Theory of Action (Alabama’s Early Intervention System) has been developed around three major focal points: **(1) Leadership, (2) Technical Assistance/Preparation and (3) System Development.**

### 1. LEADERSHIP: If AEIS...

- Focuses public awareness efforts in counties that have a low child health index and low referrals for EI (OUTREACH)
- Enhances GIFTS data system to allow programs and state monitors the ability to view and utilize SE data for program enhancement. (DATA)
- Continues provider and parent input. (STAKEHOLDERS)
- Provides a strong financial foundation for program implementation and continues to solicit the support of the Alabama legislature in program and system funding. (FINANCE)

#### **Then state and local providers will...**

- Be guided in targeting services in areas and in ways that will enhance and sustain the social emotional development of children in EI.
- Be enabled to impact referrals into the system at a younger age.
- Have the information and resources needed to implement and sustain AEIS's vision for children and families.
- Have solid data from which to monitor activities and progress.
- Be assured of program stability and be assisted in providing the services needed by children and families.

#### **Then children and families will...**

- Have the assurance of a well-coordinated, collaborative, and state supported system of services.
- Be connected early to the Early Intervention System.
- Have input into the implementation of the system and service delivery for children and families.

### **2. TECHNICAL ASSISTANCE AND PREPARATION: If AEIS...**

- Identifies appropriate methods to address needs of children with Social Emotional concerns. (TA)
- Provides training and materials on Evidence-Based Practices, in particular, on social-emotional development. (TRAINING)
- Enhances monitoring to include factors related to evidence-based practices, fidelity of use, and child progress. (MONITORING)
- Trains and equips families on communicating their child's needs, enhancing their child's development and participating on the IFSP team. (FAMILY SUPPORT)

#### **Then state and local providers will...**

- Be supported in delivering and sustaining high quality EBP and data driven services.
- Have a method for providing TA and monitoring on the implementation of recommended practices
- Be able to effectively partner with families in addressing their child's social-emotional needs.
- Have personnel delivering services through AEIS who are better trained and equipped to:
- Provide strategic services that will impact social-emotional development using evidence-based practices
- Conduct targeted assessments to identify specific areas of need in the SE arena and address those needs
- Assist families in better communicating their child's needs.

#### **Have increased % of children improving in SE development (SiMR)**

#### **Then children and families will...**

- Be better equipped to be team members and communicate their needs in an effective manner.
- Receive evidence-based services.
- Be assured of quality, trained service providers.
- Be prepared for assisting in their child's social-emotional development through access to information on social-emotional development.
- Be supported and enhanced to help increase family stability.

### **3. SYSTEM DEVELOPMENT: If AEIS...**

- Develops manpower capacity to increase services and training for Social Emotional area of development. (INTERVENTIONISTS)
- Solicits partnerships with community providers to make appropriate referrals for EI services and provide outside resources for families. (COMMUNITY)

- Develops CSPD linkages with higher education for early intervention service delivery and increased manpower. (HIGHER EDUCATION)

**Then state and local providers will...**

- Have stronger ties with other state and community leaders in impacting children and families.
- Have additional personnel with expertise in social emotional development.
- Be assisted in meeting the needs of children and families related to SE concerns.

**Then children and families will...**

- Be assured of quality services that address social-emotional as well as other developmental domains.
- Receive resources and supports to assist in their daily journey.

## Coherent improvement strategies or principle activities employed

### Infrastructure Improvement Strategies/Principle Activities Employed during the Year

Strategy 1. Improve practices in the identification of and intervention for Positive Social-Emotional Development (SiMR):

- a) Provided continual, individualized training on the COS (Child Outcome Summary) process for implementation as authors intended (ongoing). The training was provided by the District Early Intervention Coordinators throughout the state for new service coordinators entering the system.
- b) Trained on social-emotional issues and intervention through an ongoing, required webinar (ongoing and required of all AEIS providers).
- c) Provided evaluation training on four assessment tools (IDA, Battelle, DAYC and ELAP). The training was conducted by the tool authors or publishers and was provided statewide to program staff.

Strategy 2. Ensure implementation of EBP statewide with fidelity (i.e., DEC Recommended Practices and the Routines-Based Interview Model):

- a) Monitored implementation of evidence-based practices (DEC recommended practices) through TA reviews or PAR monitoring – Provider Appraisal Review (all programs receive either a PAR review or TA review annually).
- b) Trained new service coordinators on the Routines-Based Interview model (i.e., RBI Boot Camp) with follow-up observations and feedback (ongoing and required). The training was provided by Dr. Robin McWilliam from the University of Alabama, the developer/author of the evidence-based model.
- c) Trained on the Routines-based Home Visiting Model (by Dr. Robin McWilliam) with follow-up (started with a pilot site and will be ongoing for statewide scale-up thereafter).
- d) Monitored social-emotional evaluation results through the child outcomes process as a measure of success. (Ongoing – annual & exit)

Strategy 3. Analyze, report and utilize data for improvements related to the SiMR:

- a) Involved stakeholders in data analysis (ongoing through the ICC, ICC subcommittees, AEIS task groups and follow-up by the SSIP external evaluators).
- b) Reported data results to stakeholder groups on an ongoing basis (e.g., Interagency Coordinating Council, ICC Subcommittees, Alabama's Early Intervention System Programs).
- c) Gathered family perspective on child and family achievement to monitor success at all levels of progress (ongoing through the PAR monitoring survey and Getting to Know Your Family survey conducted and analyzed by the SSIP external evaluators annually).

- d) Revised the monitoring tool used with all programs statewide to include the implementation of evidence-based practices (DEC Recommended Practices).
- Strategy 4. Collaborate with partners:
- a) Identified partners and developed collaboration procedures with additional entities such as the Autism Workgroup, Hands and Voices, and Family Voices of Alabama.
  - b) Arranged for EI practicum/internship experiences (ongoing through Auburn University and Samford University).
  - c) Involved higher education in ICC subcommittees, helping make policy and practice decisions (ongoing).
- Strategy 5. Implement strong financial accountability:
- a) Received guidance from the Financial Planning Subcommittee of the ICC (ongoing quarterly).
  - b) Developed a financial plan (annually).
  - c) Conducted financial monitoring/audits (annually).
  - d) Provided training on financial management (annually).
  - e) Provided training and auditing on Alabama Medicaid (ongoing for all programs).

## Specific evidence-based practices implemented

### Division of Early Childhood (DEC) Recommended Practices

The DEC Recommended Practices provided guidance to providers and families on the most effective ways to improve child/family outcomes. In addition, the practices helped support families in impacting their child's development. The DEC practices were incorporated into AEIS program service delivery and have been embedded into the program monitoring system to provide training and technical assistance on adherence to the model. The Early Childhood Technical Assistance (ECTA) Center training and self-check materials were disseminated to programs during statewide technical assistance workshops and through written communication as a means for self-monitoring on the use of the model in practice. (The performance checklists and practice guides illustrate the way different recommended practices can be used by practitioners and parents and to assist professional development and program improvement efforts.)

The DEC Recommended Practices are based on research as well as experience from the field. There are 66 practices across eight topics: Leadership, Assessment, Environment, Family, Instruction, Interaction, Teaming and Collaboration, and Transition. According to DEC, they are those with the "highest expected impact on outcomes, provide the 'biggest bang', are supported by research, values, and experience, represent the breadth of the topic area, are observable, are **not** disability-specific, and can be delivered in all settings including natural/inclusive environments."

### Routines-Based Interview and Home Visiting Models

Two of the Evidence-Based Models adopted by AEIS are the Routines-Based Interview and Home Visiting Models which were developed by Dr. Robin McWilliam of the Evidence-Based International Early Intervention Office at the University of Alabama (EIEIO). The RBI model is a practice of interviewing the family in an in-depth fashion, based on routines, to identify family priorities and family/child needs. The model incorporates the following constructs:

- All the intervention occurs between visits.
- Whose child is it anyway?
- Use informal supports before formal supports.
- Life happens in everyday routines.
- A child cannot learn if a child is not engaged

The use of this research-based model addresses the “real” needs of children and families in such a way that progress is likely and that the SiMR outcomes are achieved. This model changes provider approaches and practices of relying on domain-specific intervention. The adoption of this model has impacted state procedures such as the CSPD (Comprehensive System of Personnel Development) by requiring participation in RBI training and use of the model statewide. AEIS is collaborating with the University of Alabama to bring Routines-Based Interview training to service coordinators around the state. Fifty-two individuals have been Alabama Approved and will serve as trainers for new service coordinators entering the system. These RBI boot camps are a train-the-trainer model for approved coaches to subsequently train service coordinators within each AEIS district. Subsequent to the RBI boot camps will be the Routines-Based Home Visiting training (RBHV). Plans for this phase II training was shared with stakeholders, including programs statewide. This training focuses on the next step after the Routines-Based Interview has been conducted. The approach follows a standard method of service delivery as developed by Dr. Robin McWilliam and will impact **sustainability** of the RBI model. The initial training will begin during FFY 2019.

## Brief overview of the year’s evaluation activities, measures, and outcomes

Achievement of SSIP activities was monitored through a variety of methods including annual provider reviews, desk audits, data analysis, observation checklists, provider protocols, family surveys, and child and family outcomes.

- Measures included:
  - Comparison of monitoring results to AEIS state and federal standards and evidence-based practice;
  - Comparison of child and family outcomes to targets;
  - Determination of fidelity of practice through videos for review or on-site observation by Internationally Certified RBI Practitioners. RBI implementation thresholds for becoming “Alabama Approved” have been set at 80% passing on post-tests and follow-up observations (via video or in person). Anyone not receiving an 80% score falls within one of three tiers of achievement, all of which require additional practice and observations for follow-up scoring. Fidelity checks are conducted a year from the day that they were originally “Alabama RBI approved”;
  - Completion of required training;
  - Extent of collaboration with partners and stakeholders;
  - Levels of family perceived progress and satisfaction;
  - Comparison of referral data to previous years; and
  - Adherence to financial requirements.

The AEIS external evaluators provided the following support:

- Ongoing management of electronic survey, “Getting to Know Your Family”, to assess the cross-sectional outcomes and input by stakeholders.
- Continuing support for annual reporting for standardized, high quality SSIP statewide system.
- Continuing support in development of evaluation methodology for SSIP activities.

Outcomes have been described throughout this report and reflect positive growth in both the system and child/family progress.

## Changes to implementation and improvement strategies

New strategies were added during FFY 2018 to supplement existing activities in order to sustain and move forward in the implementation of SSIP initiatives. These activities primarily pertain to training, collaborative partnerships and scale-up of evidence-based practices in addition to the monitoring and technical assistance in their use. Details of these activities can be found under F.1 – Plans for Next Year.



## Description of implementation progress

Accomplishments, milestones, timelines and data (where appropriate) are provided on the attached “**SSIP Activity Summary Chart**”. The intended and accomplished outputs are grouped into the following categories:

- Governance and Service Delivery
- Family
- Data
- Personnel Workforce
- Accountability, Monitoring and Quality
- Finance

System implementation and accomplishments are as follows:

### **Governance and Service Delivery Outputs and Results**

- Every child eligible for AEIS was assessed related to their social-emotional development using one of four approved tools (ELap, IDA, DAYC or Battelle) along with the Routines-Based Interview which has ensured that appropriate outcomes for improvement are developed. The Routines-Based Interview has enabled service coordinators to dive deep into the family’s concerns related to all areas of development, including social-emotional needs.
- EI providers had mentors available to them to advise and assist in delivering services. There are currently 32 mentors available statewide.
- DEC evidence-based practices were utilized in service delivery statewide and monitored for fidelity of practice through the PAR monitoring system. The Routines-Based Interviewing model, the second EBP to be implemented, has been trained across the state according to the planned schedule through Boot Camps with Dr. Robin McWilliam, the author of the RBI practices. There have been 2 Boot Camps conducted during FFY 2018 as follows:

January 2019 – 25 SC participants

April 2019 – 27 participants

- There are partnerships with referral sites such as Help Me Grow, Early Head Start, Reach Out and Read, and Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Family Training/Home Visiting to assist in identifying social-emotional concerns and making referrals to AEIS.
- Referrals of children not eligible for AEIS services or who are exiting the system are made to Help Me Grow to identify additional resources for the children and families. **During FFY 2018, 182 referrals were made from AEIS to Help Me Grow.**
- An annual Public Awareness initiative for identifying new children for EI services has been established, especially in low referring counties. **During FFY 2018, there was an increase of 611 referrals made to AEIS (from 8870 in FFY 2017 to 9481 in FFY 2018).**
- 2000 children’s books were given to families through Pediatric offices around the state including low referring counties in Black Belt Alabama. Additional age appropriate books are also made available annually to children 0-3 and their families.
- Professionals endorsed in Infant/Early Childhood Mental Health are becoming available to provide targeted mental health consultation to child care programs where children with MH needs are served by AEIS. These I/ECMH consultants are achieving endorsement through First 5 Alabama, a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes Infant Mental Health associations who have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive Relationship-Focused Practice

Promoting Infant and Early Childhood Mental Health. **During FFY 2018, there were 14 endorsed I/ECMH consultants addressing social-emotional needs of children within childcare settings.**

- Social-Emotional professional development opportunities are provided through statewide conferences and an online Social-Emotional Webinar available year-round. **During FFY 2018, there were 40 Early Intervention providers completing the SE webinar.**
- Children enrolled in Early Head Start received screenings and had referrals made to AEIS as appropriate. **During FFY 2018, there were 23 referrals made from EHS to AEIS.**
- There are joint service delivery options between EHS, MIECHV Family Training/Home Visiting and AEIS, giving families the benefits of all.
- There is a method for gathering data to determine progress made by children in their SE development through COS data entry into the GIFTS database system (Giving Infants Families and Toddlers Support).
- There are professional development opportunities regarding social-emotional development and intervention for individuals providing services through AEIS, EHS and MIECHV FT/HV via an annual conference, district trainings, and the online social-emotional webinar.

#### **Family Inputs, Outputs and Results**

- There is family input in IFSP development and in identifying strategies that lead to learning how to address their child's needs using the RBI model and the DEC Recommended Practices.
- There are families represented in AEIS stakeholder groups to provide insight and input into system development. Suggestions and family perspectives are provided through onsite discussions during meetings, and remote input via email, video conferencing and phone.
- There are mentors readily available to assist programs in involving families in the service delivery process. During FFY 2018, there were 32 mentors available statewide.
- There are opportunities for families to provide input regarding their child's progress outside of the COS process via family surveys and team meetings.

#### **Data Outputs and Results**

- There is a method through PAR monitoring for insuring that programs utilize data in decision making. This data is drilled down to service coordinator and child levels to monitor progress in the 3 Office of Special Education Programs (OSEP) categories. Data is shared with programs prior to monitoring visits and is used to assist in making program and service delivery improvements.
- Data is available from families to supplement child/family outcomes, especially where little or no progress on the OSEP summary statements is noted. During FFY 2018, 568 families participated in the PAR Family Survey with a response rate of 49%.

#### **Personnel/Workforce Outputs and Results**

- There is consistent training statewide on the process for determining social-emotional needs (i.e., Routines-Based Interviewing) and for serving children with those needs. A webinar on Social-Emotional development and intervention is required of all providers in AEIS. An annual Early Intervention-Preschool Conference is available that provides a wealth of information on services for children with disabilities and family involvement. In FFY 2018, there were 731 service providers and families from around the state in attendance at the annual conference.
- There is an ongoing process for determining the effectiveness of training through training evaluations, follow-up monitoring visits and database reviews. Individuals completing the SE webinar are graded on performance and knowledge requiring at least 80% achievement before receiving a certificate of completion. This documentation of completion of the online training is required by program supervisors to meet PAR monitoring requirements. In addition, course evaluations provide data on satisfaction with content, logistics, time involved, contribution to learning, and aspects that were most or least useful.



- Community partners such as Early Head Start, and Family Training/Home Visiting were provided with opportunities to participate in the SE webinar to develop an understanding of social-emotional growth and associated factors.
- There is consistency in the implementation of appropriate COS procedures (fidelity) as determined through the PAR monitoring process and database reviews from GIFTS (the AEIS database). Training on the COS process and team-based determinations of progress is provided for existing staff as needed and for all new service coordinators entering the system.
- There is a developing cadre of trained Infant/Early Childhood Mental Health Consultants through endorsement with First 5 Alabama to consult with AEIS programs in social-emotional intervention strategies. As mentioned above, during FFY 2018, there were 14 endorsed consultants available statewide.
- There are collaborative relationships with higher education for training and preservice preparation for EI, including increased practicum and internship opportunities for pre-service students in EI. During FFY 2018, 2 universities (Auburn University and Samford University) worked collaboratively to provide early intervention experiences for their students.

#### **Accountability, Monitoring and Results**

- There is a method for monitoring the implementation of evidence-based practices for fidelity established through observation/checklists (e.g., RBI Observation-with-ECOMap Checklist, Key Indicators of Family Guided Routines, Special Instructor Observation Learning Tool), database reviews through the GIFTS data system, file reviews through PAR monitoring and TA, and self-assessment surveys (e.g., the required PAR monitoring self-assessment process). The evidence-based practice observation checklists were utilized in FFY 2018 with the goal of ensuring adherence to the practices and fidelity across programs. RBI implementation thresholds for becoming “Alabama Approved” have been set at 80% passing on post-tests and follow-up observations (via video or in person). Anyone not receiving an 80% score falls within one of three tiers of achievement, all of which require additional practice and observations for follow-up scoring. Fidelity checks are conducted a year from the day that they were originally “Alabama RBI approved”.

Monitoring results have indicated that no programs are out of compliance for the implementation of the DEC Recommended Practices as embedded in the PAR monitoring manual. Thresholds are set for all recommended practices to be implemented, with fidelity, during ongoing service provision. Monitors review provider notes, IFSP outcomes and family input to determine levels of success in implementation.

#### **Finance Outputs and Results**

- Quarterly meetings of the Financial Planning Subcommittee of the ICC continue to take place to review financial data and make recommendations for improvement.
- Fiscal reports are shared with stakeholders to determined service and financial needs.
- Programs are given financial support in serving children/families over long distances.
- Programs have written and signed agreements for project expenditures and requirements.
- Budgets are submitted on time and approved by the lead agency. All budgets are reviewed, and quarterly reports are submitted.
- All programs are meeting the fiscal requirements of Part C of IDEA (Individuals with Disabilities Education Act) as per annual fiscal monitoring.
- Program directors and financial staff are well versed in AEIS financial policies and procedures as per annual financial training.

- Contract agreements are in place to enforce roles and responsibilities for implementing IDEA.
- Families have a strong legislative presence in influencing policy making in Alabama. They visit the legislators at their offices, with their children, to underscore the importance of early intervention. They contact their local legislators via email, mail or in person, again to discuss the progress made as a result of EI services.
- State leadership, including families, advocate for resources to meet the needs of AEIS. A legislative early intervention fact sheet was developed and disseminated statewide to legislators, providers and families describing the success of early intervention and the need for additional financial support to grow the system as more children are identified.
- Budget agreements are in place at state and program levels.
- Local EI programs submit an average cost per year per child to assist in development of budget and analysis of service delivery system.
- AEIS has established a Joint Budget Agreement for all ICC agencies to sign and submit to the Governor. This strategic plan aligns with the vision and mission of AEIS and coordinates efforts for future legislative requests. All agreements/contracts include policies and procedures with Maintenance of Effort, payer of last resort, and non-supplanting requirements. Ongoing training takes place to support these efforts.

## Stakeholder involvement in SSIP implementation

- a. How stakeholders have been informed of the ongoing implementation of the SSIP

Regular updates on SSIP implementation and progress are provided quarterly to the ICC, which is part of the State Leadership Team and a major stakeholder group. Reports and opportunities for input are also provided at all ICC Subcommittee and special group meetings. These stakeholders offer feedback, opinions, and suggestions on the implementation of the system and policies/procedures to ensure implementation with fidelity. In addition, updates are provided to all programs statewide during required TA workshops which focus on accomplishments and future directions. The programs, in turn, have ongoing opportunities to offer feedback and suggestions for system development. "BLOCKS" is a quarterly newsletter keeping EI providers updated on policies, procedures, APR accomplishments and SSIP information. In addition, state, regional and local structures have access to fiscal data for their program planning, budget development and required reporting. The funding and allocation practices are transparent and communicated on a regular basis to stakeholders.

- b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP

As described above, the ICC and ICC Subcommittees serve as the primary stakeholder groups and provide ongoing guidance and input into the development of the SPP/APR and SSIP. Opportunities for Input are provided to these groups regarding progress towards the achievement of targets, child outcome data, the selection of targets, training initiatives, evaluation processes and public reporting of program status. The ICC and each Subcommittee follows specific By-laws for membership which reflects diversity throughout the state. Broad representation on subcommittees and special task groups include staff representing other state agencies, families, early intervention providers, local program administrators, state TA personnel, and higher education.

ICC subcommittees include Personnel Development, Public Awareness, Program Planning and Evaluation and Financial Planning. The AEIS state office has a Leadership Team that also identifies broad-based stakeholders and methods for gathering their input. The Inclusion Task Force, Alabama Partnership for Children, Help Me Grow, Strengthening Families and many other organizations and

agencies allow AEIS to gather input and stakeholder buy-in as AEIS strives to serve all eligible infants, toddlers and families. Reports are made at many partnership meetings throughout the year.

State and local conferences have been used to host family meetings and opportunities for input. Alabama partnered with Family Voices to host a Family Leadership session at the 2018 statewide Early Intervention and Preschool Conference, allowing for input into early intervention service delivery. In addition, through the training provided by Family Voices, families were prepared to assume leadership roles within their districts and at the state level. At each annual Early Intervention and Preschool Conference, families serve as keynote speakers and session co-presenters to share their story and provide valuable information on family needs in service delivery.

Families are active in promoting the budget and financial needs of the system. As described above, there is strong family involvement in the annual budget request to the legislature.

Participation on the Special Education Advisory Panel, Head Start committees, Department of Human Resources QA state board, Project LAUNCH subcommittees, Young Child Wellness Committee, and Department of Early Childhood Education continue to be venues for gathering input and sharing data, initiatives and developing buy-in. In addition, AEIS gathers input and information on an ongoing basis from other partners through special task group meetings. Some of the partners include:

- The Perinatal state and regional committees that addresses prematurity, high infant mortality in Alabama, and other initiatives impacting newborns, infants and their families (e.g., Safe sleep, Child death review, Smoking cessation, and Substance abuse concerns).
- The Alabama Department of Public Health and the newly formed Birth Defects Surveillance Task Force.
- “Alabama Listening”, a newly formed newborn hearing screening work group
- Communities of Practice supporting families through the Department of Mental Health
- Alabama Children’s Policy Council
- Department of Human Resources Quality Assurance State Advisory Board
- Newborn Screen Advisory Committee
- Maternal and Child Health Quarterly Collaborative
- Head Start Advisory Board
- Inclusion Advisory for Alabama Department of Early Childhood Education
- Linkages with Alabama Medicaid Agency
- First 5 Alabama – Agency membership and Leadership
- Help Me Grow State Leadership Team

## Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan
  - a. How evaluation measures align with the theory of action

The Theory of Action is defined by 3 themes: **Leadership, Technical Assistance/ Preparation and System Development**. Evaluation questions, measurement of outputs and results are as follows:

### ► Leadership

#### Area 1: Public Awareness

**Evaluation Question:** To what extent were PA effort focused on counties with low child health index and low referrals?

During April 2019, a statewide public awareness initiative was implemented. Each of the 7 district councils conducted a variety of PA activities within targeted counties, including those with low referrals and low child health index. Such activities included distribution of AEIS PA materials to referring sites (e.g., pediatrician's offices, health department, child care centers), community awareness events, and participation in public informational fairs.

**Evaluation Question: To what extent was there a change in the overall number of referrals to AEIS?**

During FFY 2018, there was an increase of 611 referrals made to AEIS (from 8870 in FFY 2017 to 9481 in FFY 2018).

## Area 2: Comprehensive Data Collection

**Evaluation Question: To what extent is additional data available to demonstrate child and family progress in the OSEP categories, including SE needs/concerns?**

Each year, families within programs that receive a full monitoring review are surveyed, gathering data in a variety of areas such as those associated with the OSEP Child and Family Outcomes. During FFY 2018, 568 families participated in the PAR Family Survey with a response rate of 49%.

The "Getting to Know Your Family" survey was updated and re-launched in January 2019. It is required of all programs to ask families to complete the survey at annual reviews to provide data on pre-and ongoing service progress. Questions are asked pertaining to progress made in the three OSEP outcome areas for both children and families, satisfaction with services provided, length of time in the system, and program providing services.

**Evaluation Question: To what extent are programs utilizing data in making program level decisions?**

Program profiles are developed each year based on APR performance and outcomes. Program monitors review data before a monitoring visit and review the data with the program for making improvements. Program profiles are posted each year on the AEIS website as required by OSEP.

During fall TAs across the state, data is provided at the district and program level in such areas as the number of referrals by district and county, child and family outcomes by program, and family survey results as reported to OSEP. Family data that is less than the 90% threshold (i.e., where less than 90% of families in a program indicate that they know their rights, can effectively communicate their child's needs and can help their child develop and learn) is flagged and targeted TA is provided to determine cause and effective strategies for improvement.

In addition, at the October 2018 Early Intervention-Preschool Conference, a session on using data in program decision making was provided that included information on why it's so important to "know where you are" in your strategic activities, ways to collect, manage and share information about organizational success, and resources to assist with early intervention provider performance objectives and data collection.

**Evaluation Question:** To what extent was information pulled on children making little or no progress to provide targeted monitoring and strategize activities for outcome improvement?

This activity was initiated in FFY 2015 and is ongoing for all service coordinators across the state. Prior to each PAR monitoring visit and program TA, data reports are provided to the monitors on individual child progress. Where children are identified as making little or no progress on child outcomes as compared to the state target (i.e., the percentage of children showing substantial progress as per the Child Outcome Summary process as developed by the ECTA Center), individual service coordinators are assisted in identifying and addressing any issues that may be preventing the child from making progress. Statewide, child outcomes data for FFY 2018 exceeded the targets for children making substantial progress in all three OSEP outcome categories.

### Area 3: Financial Foundation

**Evaluation Questions:** To what extent are financial reports and data shared with decision making bodies?

Financial Planning Subcommittee meetings occur on a quarterly basis for review of financial data reports and for developing recommendations for the ICC. AEIS works with Computer Services Division to develop reports that assists in decision making for infrastructure support to programs. Linkages exist between program service data and the analysis of amounts spent. Average program costs per child are collected and analyzed by the Accounting Department of ADRS which is used for justifying budget requests with the state legislature.

**Evaluation Question:** To what extent do programs/providers have signed agreements?

All current AEIS programs and projects are required to have signed, approved agreements for each fiscal year. These agreements outline allowed expenditures and other related requirements. For FFY 2018, all budgets were submitted, and requirements embedded within the project agreements.

**Evaluation Questions:** To what extent were interagency audit teams established? To what extent were expenditures reviewed quarterly? To what extent is the audit process in place?

The AEIS lead agency (Alabama Department of Rehabilitation Services) has established audit teams that provide financial audits on at least an annual basis for all AEIS programs. In addition, audit teams for monitoring the use of Medicaid funds perform separate audits on an annual basis for all programs. Quarterly expenditure reports are submitted by state agencies to the Financial Planning Subcommittee for review, which include a summary of expenditures for all programs.

**Evaluation Question:** To what extent is financial training provided statewide?

Financial training was provided for all 45 programs during FFY 2018 and will continue for new programs on an ongoing basis. Specific face to face contract reviews take place for any program requesting assistance prior to the beginning of the fiscal year. In addition, TA by phone and email are always available.

## Area 4: Stakeholder Involvement and Linkages

### Evaluation Question: To what extent are stakeholders involved in decision making?

Reports on SSIP activities and progress are shared at least quarterly with stakeholder groups such as the ICC and ICC subcommittees (which include parent representatives) where feedback is requested. Annually, district TA meetings are held across the state with all provider stakeholders where data is shared on child outcomes, referrals, family survey results and other areas related to services through AEIS. These stakeholders provide feedback related to the assessment of social-emotional needs, intervention, training, and factors related to determining child progress.

All input from the various stakeholder groups impacted infrastructure/policy change, initiatives for improving child and family outcomes, and practice change utilizing evidence-based practices. Practice changes were the result of the scale-up of the systemwide strategies for addressing the SiMR (such as required training on the COS, required training on SE development/intervention, required use of the Routines-Based Interview model, and required data entry on child outcomes for measuring improvements).

## ► Technical Assistance and Preparation

### Area 1: Effective Tools for Identifying SE Needs/Concerns

#### Evaluation Question: To what extent have AEIS providers completed the COS process with fidelity to identify needs and progress in the OSEP outcome areas?

There are 4 trainers available around the state who provide training to programs and/or individual providers on the use of the COS process as intended by the authors (i.e., not basing decisions on assessment scores, but on team decision-making as to the child's progress over multiple settings using a variety of sources of information). Training has occurred in a variety of venues such as the Early-Intervention Preschool Conference, during statewide TA trainings for all program service coordinators, and individually for new service coordinators. Service coordinators are required to enter COS outcome data into the GIFTS database where reviews of data are performed by the PAR monitors

### Area 2: Training on Evidence-Based Practices for Social-Emotional Child Development

#### Evaluation Questions: To what extent was online information on SE development and intervention accessed by AEIS providers and other partners?

During FFY 2016, all AEIS program staff were required to complete the social-emotional webinar. A total of 166 individual providers completed the webinar with a minimum score of 80% (the threshold for passing). In FFY 17, 143 program staff and AEIS vendors were enrolled in the webinar. (All AEIS vendors and new program staff are required to complete the webinar upon hire). The number of providers that completed the module series as of August 31, 2018 was 211 and the number of new providers who completed the series upon hire in FFY 2019 was 40.

#### Evaluation Question: To what extent was a method established to identify professional development needs in the SE area?



The development and revision of the SE Webinar included post-tests and webinar evaluations to identify patterns of need. Input from participants indicated a need for more advanced content and strategies based on evidence-based practices.

Some of the additional methods for determining professional development needs include participant requests from training evaluations; stakeholder input; and results/recommendations from PAR monitoring and TA.

**Evaluation Question: To what extent has training been provided to personnel around Social-Emotional development?**

As mentioned earlier, the SE online training was developed and is available to service providers statewide. All service coordinators, special instructors, therapists, and vendors are required to complete the webinar.

**Evaluation Question: To what extent do training workshops incorporate evidence-based practice?**

Evidence-Based Practices are being addressed through the Routines-Based Interview (RBI) boot camps, Routines-Based Home Visiting trainings, existing required trainings (Journey I and II), and ongoing TA.

**Evaluation Question: To what extent has TA been provided to programs on implementation of EBP?**

TA is provided to all AEIS programs at least twice per year as part of the monitoring of programs across the state. The PAR manual incorporates the DEC recommended practices to ensure their application in service delivery and fidelity of practice. Monitors review service provider notes, IFSP outcomes, and hold discussions with program staff regarding methodology used in service delivery. Where there are issues, action plans are developed with required completion dates. For FFY 2018, no programs had finding related to the implementation of the DEC practices.

For the Routines-Based Interview EBP, graduates from the RBI boot camps who are Alabama Approved serve as coaches and trainers for service coordinators and other providers across the state.

### Area 3: Advisory Relationships with Higher Education

**Evaluation Question: To what extent were linkages developed with higher education?**

Information on the AEIS core values/competencies were shared with the Auburn ECSE graduate program and the Samford University SLP graduate program for inclusion in their preservice and graduate level training. Meetings have also been held with Auburn and Samford Universities on collaboration in student practicum experiences within EI. The internship/practicum process occurs every semester/quarter as per the university's schedule.

AEIS also participates on the Institute for Higher Education Consortium which includes both Part B and Part C involvement. As opportunities arise, AEIS shares information on the Part C system, training opportunities, the SSIP initiatives, and recruitment.

## Area 4: Mentoring

### Evaluation Questions: To what extent have mentors been involved in technical assistance?

As per the AEIS Personnel Standards, mentors for all new service coordinators, special instructors, and evaluators have been selected and are being utilized (i.e., upon entry into the system and lasting until specified criteria have been achieved, such as evaluators having been observed by their mentor administering the assessment tool and then observing the mentor administering the tool, and special instructors having completed the instructional component of the required SI workshop and entering into the mentorship phase). Specific, more structured, requirements for mentorship for special instructors are as follows:

Conditional Special Instructors (those without a degree in Early Childhood Special Education, Teacher of the Visually Impaired or Teacher of the Hearing Impaired) will be required to have the following experiences, in the order listed below:

- A minimum of 10 visits observing a qualified special instructor\* and other disciplines before delivering SI services. Documentation of the observation will occur using the “Special Instructor Observation Learning Tool” to be completed by the conditional SI and signed by the professional who is being observed.
- Direct, onsite supervision (joint visits) by a qualified special instructor\* at a minimum of 2 times per month or more frequently as needed as determined by the supervising service provider. Supervisory visits will include observation of the conditional special instructor using the observation tool, “Key Indicators of Family-Guided Routines-Based Intervention” to be completed by the supervising service provider. \*Qualified special instructor is defined as an approved special instructor as per the AEIS Personnel Standards with 2 years of employment in AEIS as a special instructor and who adheres to the AEIS Special Instructor Scope of Practice

In coordination with the mentorship describe above, special instructors, during the designated 8-week SI Mentorship, must complete 4 formal observations (at the end of Week 2, Week 4, Week 6, and Week 8). Following each observation, the SI Mentor should discuss the results of the observations with the Participant and keep records of these observations and meetings.

In addition to the mentors required as described above, there are thirty-two mentors who are providing guidance in addressing concerns/needs by providers in all areas of service provision.

## ► System Development

### Area 1: Utilization of Evidence-Based Practices Statewide

#### Evaluation Questions: To what extent were the DEC and RBI recommended practices utilized in program sites? What was the impact of using DEC and RBI recommended practices for children, families and service providers?

The DEC Recommended Practices are included in the PAR monitoring manual and implementation is required of all programs. During monitoring visits, programs are assessed as to the implementation of practices with fidelity. Based on any findings, targeted TA and training are provided. During FFY 2018, no programs were found to be out of compliance in the implementation of the DEC Recommended Practices.

The RBI and RB Home Visiting evidence-based practices were trained through Boot Camps and on-site training. The service coordinator participants from the RBI boot camps are assessed as to the appropriate use of the model (through the submission of videos for review or on-site observation by Internationally Certified RBI Practitioners). After 1 year of implementing the model, follow-up observations are conducted to determine continued implementation with fidelity. Since we are still in the one-year phase, data will not be available until the FFY 2019 SSIP. During FFY 2018 and the beginning months of FFY 2019, the following number of service coordinators have completed the boot camps:

RBI Boot Camp - Huntsville

Participants -19

Coaches -8

Families -21

RBI Boot Camp- Montgomery

Families- 14 (some participated on multiple days)

Coaches- 9

Participants- 14

Interpreter – 1

RBI Boot Camp - Mobile

Participants - 15

Coaches -6

Families – 13

RBI Boot Camp - Birmingham

Participants: 36

Coaches: 16

Families: 32

As a result of the training, monitoring and scale-up, there are now 52 Alabama Approved service coordinators implementing the RBI model and providing training/mentoring for other service coordinators across the state. Training and monitoring is continuing with boot camps provided into FFY 2019.

There were 45 participants in the Routines-Based Home Visiting training that occurred in the pilot district which is still in the initial training phase. Data will be available for the FFY 2019 SSIP.

The overall impact is determined through reviews of the child outcome data. Child outcome data for FFY 2018 exceeded the targets in all three OSEP outcome areas for children making substantial progress. Data are as follows:

Substantial progress in social-emotional: Target = 71.60; FFY 2018 = 78.64

Substantial progress in knowledge and skill: Target = 80.10; FFY 2018 = 83.50

Substantial progress in appropriate behavior: Target = 80.60; FFY 2018 = 82.12

**Evaluation Question:** To what extent is the RBI checklist being utilized to assist with implementation of RBI practices?

There is a standard RBI checklist that is being used to determine scores on the participant videos that were submitted for RBI approval. The main goal is to have everyone's fidelity scored by the checklist annually. Data on these fidelity checks will be reported in the FFY 2019 SSIP. This checklist is being used in programs as statewide scale-up occurs with the purpose of ensuring fidelity of practice.

Area 2: Identification of children with SE concerns needing intervention

**Evaluation Question:** To what extent were referrals made to AEIS of children having social-emotional concerns?

In FFY 2018, there were 19 cases where social-emotional concerns were the primary reason for referral. There were a total of 1091 cases where a social-emotional delay was found.

## Data sources for each key measure

Data sources per key measures are as follows:

- For measuring **child outcomes**, the COS process collects data which is entered into the state database, GIFTS. From this database, child outcome progress is routinely monitored. In addition, data on the reasons for children not making progress is entered into the GIFTS database and run based on timelines needed for SPP/APR reporting.
- For measuring **referrals** from low referring counties, all referrals coming into the system are entered into the GIFTS database and reports are produced by district and county indicating increases or decreased in the referral rate.
- For measuring **eligibility based on social-emotional concerns**, the GIFTS database collects data on each child's reason for eligibility and reports are produced on the number/percentage of children determined eligible for social-emotional needs.
- For measuring **family identified progress** in their child's development, the PAR Family Survey conducted annually for each program monitored during the year (with all programs receiving monitoring on a three-year cycle) produces data on progress made due to involvement in AEIS services. In addition, the "Getting to Know Your Family" survey gathers data on the family's perspective of their child's progress.
- For measuring the **implementation of SSIP activities and EBP** within each program, PAR monitoring produces data reports per program on the level of implementation and develops action plans as needed. In addition, for RBI implementation, observations utilizing a standard checklist developed by Dr. Robin McWilliam provides information and feedback on the use of the model with fidelity. The checklist, **RBI-With-Ecomap Checklist**, contains 84 observation checkpoints pertaining to fidelity in implementing the model.
- For identifying **stakeholder input** and the **involvement of higher education** representatives, the minutes from each ICC and subcommittee meeting identifies those in attendance, their affiliation, and their input into implementation of SSIP activities. Partnership meetings are opportunities for working together.

## Description of baseline data for key measures

- Baseline data on child progress in social-emotional development (SiMR) collected in FFY 2008 (baseline year) as compared to FFY 2018 data are as follows:

	FFY 2008	FFY 2018
Substantial increase in SE rate of growth:	71.4%	78.4%

These data demonstrate an overall increase in child progress over time.

In addition, AEIS collects data on the number of children who, on the COSF, showed no progress, but indicated that the child had shown new skills or behaviors since the last outcome summary. The data indicate a significant number of children showing new skills/behaviors as follows:

For FFY 2018 (July 1, 2018-June 30, 2019) there were 2,778 exit COSFs completed with 1130 of those showing no progress in at least 1 of the 3 areas of the COSF. Of those 1130 showing no rating increase, 1073 (95%) have the box checked in GIFTS stating, "Child has shown new skills or behaviors since the last outcome summary?" (811 were in Positive Social Emotional Skills).

- Baseline data on family identified progress in social emotional development are as follows:

The PAR Family Survey also includes questions pertaining to the family's perception of whether their child had made progress. The return rate for this survey was 49%, significantly higher than the national average of 33%. Results were as follows:

Baseline FFY 2006:

Knowing Rights = 94.50

Communicating needs = 95.40%

Helping child = 98.00%

FFY 2018:

Knowing rights = 98.92%

Communicating needs = 95.35%

Helping child = 99.09%

The percentage of families who reported that they felt their child had developed new skills relating to social or emotional development as a result of early intervention during FFY 2018 was 95% (which is the AEIS SiMR or State identified Measurable Result).

The percentage of families who felt that they had an increased knowledge of how to identify and respond to their child's needs in the area of Social or emotional development was 97%.

Based on a second family survey, "Getting to Know Your Family" as implemented by the SSIP external evaluators at the University of Alabama at Birmingham, the following results were reported:

- ☐ More than half of families (52.0%) reported that before receiving Early Intervention services, they would have rated their understanding of their child developmental needs as "Poor" or "Below Average." (Mean on 1 to 5 scale = 2.5)
- ☐ Over half (68.0%) rated their understanding of their child's development as "Average" or "Above Average" after receiving Early Intervention services. (Mean on 1 to 5 scale = 3.8)
- ☐ After receiving Early Intervention services, 100% of families agree or strongly agree that their child had developed new skills relating to social and emotional development

- ❑ After receiving Early Intervention services, 90.4% of families agree or strongly agree that their child had improved in his/her language and communication skills.
- ❑ After receiving Early Intervention Services, 92.0% of families agree or strongly agree their children had learned and use new skills in understanding the world around him/her.
- ❑ After receiving Early Intervention services, 80.0% of families agree or strongly agree their child has gained independence in meeting their needs and in using socially appropriate ways to get what the child wants

## Data collection procedures and associated timelines

- For FFY 2018, data on child outcome progress was collected through the COS process from July 1, 2018 through June 30, 2019 (OSEP's Federal Fiscal Year). The data was entered into the state database and reported in the state's SPP/APR on February 1, 2020.
  - Referral data is routinely gathered through AEIS Child Find and entered into the EI database. Reports on this data are generated as needed for monitoring purposes. Final reports are developed based on the FFY date parameters.
  - Eligibility data is also routinely entered into the database and reports are pulled as needed for monitoring. Final reports are developed based on the FFY date parameters.
  - Child-level concerns related to social-emotional development are collected for all new children entering the system (via one of four state approved evaluation tools and the Routines-based Interview), and re-assessed every 6 months thereafter. Results are reflected in each child's record and IFSP.
  - Family identified child progress data are collected annually for each program monitored during the year. This data is collected through an interview process conducted by an outside evaluator and a self-report family survey. Results are reported in the SPP/APR as per the FFY timelines.
  - Implementation of the DEC Recommended Practices is monitored through the Provider Appraisal Review (PAR) monitoring process. This monitoring occurs on a 3-year cycle with TAs provided annually.
  - Implementation of the RBI model is monitored through observation by RBI Internationally Approved and Alabama Approved mentors utilizing the **RBI-With-Ecomap Checklist** as developed by **R. A. McWilliam (2016)**, based on previous versions: J. L. Rasmussen & R. A. McWilliam, 2006, 2008, 2009, 2011, and adaptations by C. Hankey & S. Bainter, State of Nebraska, 2015)
- b. [If applicable] Sampling procedures
  - c. [If appropriate] Planned data comparisons
  - d. How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

The GIFTS database contains extensive and detailed data on AEIS components such as child eligibility, social-emotional concerns, outcome development, services provided, child outcomes, child demographics (including diagnoses), transition and other pertinent data. Analysis and reporting of these data as compared to targets and the previous fiscal year are used to assess progress toward intended improvements.

In addition, data from monitoring reviews is compiled on accomplishment of OSEP 100% indicators, utilization of EBP, implementation of COS reviews with fidelity, and other AEIS requirements as per IDEA (e.g., IFSP development, CSPD participation, and child and parent rights). Data from all these sources is used for monitoring child progress, family outcomes, and OSEP indicators as well as for



reporting to the ICC and other stakeholder groups to assist in decision making for infrastructure changes.

## How the State has demonstrated progress and made modifications to the SSIP

Charted below are the intended improvements to the infrastructure and the SiMR along with the performance indicators and measurement. Results and key data follow this chart.

<b>Intended Infrastructure and SiMR Outcomes/ Improvements</b>	<b>Evaluation Question(s)</b>	<b>Performance Indicators</b>	<b>Measurement/ Data Collection Method</b>
Improvement 1. AEIS has knowledgeable and skilled personnel delivering services in the SE area of development utilizing evidence-based practices.	To what extent has training been provided on EBP?	100% of AEIS providers will have participated in the Social-Emotional Webinar.  All service coordinators statewide will have completed the Routines-Based Interview Boot Camp and achieved Alabama Approved status.	AEIS Provider Appraisal Review (monitoring).  Availability of RBI trainers as per the achievement of Alabama Approved status by service coordinators across the state.
Improvement 2. Alabama has mentors who have knowledge and expertise in addressing SE and other service delivery needs/concerns.	To what extent are mentors available to provide assistance statewide?	At least 20 mentors will be active within AEIS re: addressing SE concerns.	Involvement of at least 20 mentors across the state.
Improvement 3. Alabama is implementing an effective and proven model to address children's social-emotional needs.	To what extent did AEIS adopt the Routines-Based Interview (RBI) model for statewide implementation?	All AEIS service coordinators will be implementing the RBI model.	Completion of the RBI training and achievement of "Alabama Approved" status for service coordinators across the state.  Scale up of RBI model statewide
Improvement 4. Alabama collects accurate child progress data.	To what extent are programs trained on the use of the COS process as intended by the authors?	There will be ongoing training provided to all new service coordinators upon entry into AEIS.	Documentation of training provided to new service coordinators as part of their initial orientation about the GIFTS system.
Improvement 5. Children with social-emotional needs are more appropriately identified and their needs more accurately assessed.	To what extent are interventionists using evidence-based practices to identify SE needs/concerns?	There will be data entry into GIFTS database of SE needs/concerns.  All service coordinators will be implementing the RBI model as training is achieved.	Data as entered in GIFTS database  GTKYF survey  PAR Family Survey  PAR monitoring
Improvement 6. Alabama has collaborative	To what extent is there collaboration	A minimum of 10 resource entities will	Documentation of initiatives and

relationships with a variety of state resources to impact referrals for services and family-centered intervention.	between AEIS and other state resources that impact referrals and family-centered practice?	have worked with AEIS in child find and training initiatives.	public/program participation.
Improvement 7. Alabama has a systematic method for quality review.	To what extent are programs monitored and data reviewed for progress and adherence to state policies and EBP?	Monitoring results will be compiled for 100% of programs statewide.	Monitoring results based on policy and EBP.
Improvement 8. AEIS has a strong financial accountability system in place to adequately support program infrastructure and service delivery needs.	To what extent are programs monitored/audited regarding use of funds as intended?	All programs statewide will receive an annual financial audit which includes the Alabama Medicaid Option.	Audits and budget reviews.
Improvement 9. There will be statewide support for new initiatives related to SSIP implementation	To what extent are stakeholders involved in decision making?	Documentation of stakeholder participation will be gathered via meeting minutes and other appropriate documents.	Stakeholder group meeting minutes.

## Evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR

**Improvement 1:** AEIS has knowledgeable and skilled personnel delivering services in the SE area of development utilizing evidence-based practice.

- The Social-Emotional webinar continued to be required during FFY 2018 for all AEIS program staff and vendors. There were 40 individuals (added to the 211 from FFY 2017) who completed the webinar during FFY 2018. Monitoring of the completion of the SE webinar is conducted through the PAR monitoring process.
- During FFY 2018, Information on the AEIS core values/competencies were shared with the Auburn ECSE graduate program and the Samford University SLP graduate program for inclusion in their preservice and graduate level training.
- AEIS state office staff continue to be involved in the Institute of Higher Education Consortium. The purpose of this consortium is to bring IHEs together for joint planning and teaching initiatives.
- Fifty-two service coordinators were trained on the RBI model during FFY 2018. All are “Alabama Approved” and will be trainers for the rest of the state as new service coordinators enter the system.

**Improvement 2:** Alabama has mentors who have knowledge and expertise in addressing SE and other service delivery needs/concerns.

- Thirty-two mentors are currently providing guidance in addressing child/family concerns. As all AEIS providers are required to complete the social-emotional webinar, the mentors will also be knowledgeable about SE issues and interventions.

- All conditional Special Instructor candidates are required to participate in the Special Instruction Workshop/Mentorship and must identify a mentor to provide assistance during the duration of the workshop. These mentors are in addition to the 32 and they must meet the AEIS Personnel Standards for special instruction.

**Improvement 3:** Alabama is implementing a new model to address children’s social-emotional needs.

- AEIS continues to collaborate with the University of Alabama on training in the Routines-Based Interview. After the Routines-Based Interview training, there will be the Routines-Based Home Visiting (RBHV) training, the next step in full implementation of the RBI model. The RBHV training has begun with a pilot district which will lead to scale up statewide.

**Improvement 4:** Alabama collects accurate child progress data.

- As mentioned earlier, the child progress data is entered into the GIFTS database by service coordinators statewide. Each child’s progress is monitored over time for accuracy and to identify patterns that may indicate the need for changes in intervention strategies. Data reports are being run on children not making substantial progress on child outcomes. The service coordinators and state monitoring staff work together to identify issues that may impact progress and strategies for improvement.
- There are 4 trainers available around the state who provide training to programs and/or individual providers on the use of the COS process. This training ensures the accuracy and consistency of data that is collected. Ongoing PAR monitoring assures that the process is being implemented with fidelity. During FFY 2018, no programs were found to be out of compliance in the use of the COS process.

**Improvement 5:** Children with social-emotional needs are more appropriately identified and their needs more accurately assessed.

- With the launch of the Routines-Based Interviewing model, more in-depth information is gathered on the child and family’s needs, including their social-emotional concerns. This interviewing process is based on evidence-based practice which has proven to be effective in identifying detailed needs and concerns regarding the child’s development.

**Improvement 6:** Alabama has collaborative relationships with a variety of state resources to impact referrals for services and family-centered intervention.

- **Help Me Grow** is currently being implemented statewide utilizing United Way’s 211 call center system as a centralized telephone access point along with the Parenting Assistance Line (PAL). AEIS serves as a member of the HMG State Leadership Team. There are care coordinators at each site who utilize the Ages and Stages Questionnaire-SE to identify children with needs and to link families with appropriate resources, including AEIS.

HMG has a large database that collects information on numbers of referrals and services provided. This data collection process enables AEIS to track/document referrals.

- **Reach Out and Read** is an initiative that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together. The Reach Out and Read is endorsed by the American Academy of Pediatrics.

Collaboration with ROR impacts referrals from lower referring counties and those with a low health index. In FFY 2018, 2000 books were purchased and disseminated statewide.

- **Early Head Start** provides early, continuous, intensive and comprehensive child development and family support services to infants and toddlers under the age of three and their families. The cornerstones of EHS are child and family development, community building and staff development. The key principles of EHS include: Emphasis on high quality; prevention and promotion activities, positive relationships and continuity, parent involvement, inclusion, cultural competence, comprehensiveness, flexibility, responsiveness of services, transition planning and collaboration. AEIS and EHS have strong ties and relationships. Strengthening linkages and training initiatives in SE development helps to improve outcomes. Coordination with EHS impacts infants and toddlers and families being served in child care, and supports growth in the social-emotional domain

Referrals are made to AEIS on an ongoing basis. These referrals are tracked in the GIFTS database. During FFY 2018, there were 105 Early Head Start referrals and 23 Head Start referrals.

- **The Family Training/Home Visiting Program (FT/HV)** is housed within the Alabama Department of Early Childhood Education. It builds on the strengths in families and children's development – much like the AEIS system of services and supports. The program provides screening (ASQ-SE) and intervention linkages with AEIS. The partnership between AEIS and FT/HV also includes joint planning and supporting the annual Early Intervention and Preschool Conference. All FT/HV providers were encouraged and supported to attend and there were over 700 providers in attendance. Through this ongoing partnership, linkages will be strengthened between FT/HV and AEIS programs for the provision of services to children and families.
- **Family Voices** aims to achieve family centered care for all children and youth with special needs and/or disabilities. FV provides families with tools to make informed decisions, advocate for improved public and private policies, build partnerships among professionals and families, and serve as a trusted resource on health care. Family Voices is the Family-to-Family Health Information Center for Alabama. Linkages with FV gives families opportunities to advocate for their child's needs and skills to enhance their development.

The FV director serves on the planning committee for the annual Early Intervention-Preschool Conference. In addition, during each conference, Family Voices conducts a Family Leadership training where, during the FFY 2018 conference, there were approximately 20 families in attendance.

**Improvement 7:** Alabama has a systematic method for quality review.

- The PAR manual was revised in 10/18 and 10/19 to better monitor the implementation of evidence-based practices. The DEC recommended practices were incorporated into the monitoring review document to ensure application in service delivery as well as fidelity of practice.
- Prior to each PAR monitoring visit and program TA, data reports are provided to the monitors on individual child progress. Where children are identified as making little or no progress on child outcomes, individual service coordinators are assisted in identifying and addressing any issues that may be preventing the child from making progress.
- Upon completion of the Social-Emotional webinar, all participants receiving a passing grade receive a certificate of completion. As programs are monitored, certificates are

reviewed to ensure that all program staff have completed the webinar and that newly hired staff are currently enrolled.

- There is a standard RBI checklist that will be used to determine scores on the participant videos that they submit for RBI approval. The main goal is to have everyone's fidelity scored by the checklist yearly. This checklist will subsequently be used in programs as scale-up.
- Each year, families within programs that are monitored are surveyed, gathering data in a variety of areas such as those associated with the 3 OSEP family outcomes. There are questions within the survey that gather data on family perceived child progress within the 3 OSEP child outcome areas. This data is used to supplement the data coming from the COS process.
- The "Getting to Know Your Family" survey collects data from families on their perception of their child's progress in all of the OSEP categories. During FFY 2018, 279 families completed the survey.

**Improvement 8:** AEIS has a strong financial accountability system in place to adequately support program infrastructure and service delivery needs.

- All AEIS programs and projects are required to have signed, approved agreements for each fiscal year. These agreements outline allowed expenditures and other related requirements.
- Budgets are submitted, and requirements embedded within the project agreements on an annual basis.
- Quarterly expenditure reports are submitted and reviewed by the committee. If questions arise, program is contacted for clarification.
- Processes are in place to ensure compliance with all requirements.
- All programs receive a federal audit annually.
- Financial training is provided for all programs annually.
- Medicaid reviews occur annually for all programs.

## Evidence of change to baseline data for key measures

- Accomplishment of substantial progress in social-emotional child outcomes  
Data on child outcomes in social-emotional development for FFY 2018 exceeded the target (71.60%) at 78.4%.
- Improvement in practices and in child progress related to social-emotional development  
Scale-up of the Routines-Based Interview model, one of the AEIS evidence-based practices, continued during FFY 2018. As a result of the training, monitoring and scale-up, there are now 52 Alabama Approved service coordinators implementing the RBI model and providing training/mentoring for other service coordinators across the state. Follow-up monitoring on the use of the model with fidelity will be conducted one year following the successful completion of the RBI training. Data from this monitoring will be available in FFY 2019.
- Increase in referrals  
Total referrals from FFY 2018 were 9481 as compared to FFY 2017 at 8866.

## How data support changes that have been made to implementation and improvement strategies

- New and continuing training requirements for practice changes and sustainability:
  - Required training on and implementation of the COS process using strategies based on child functioning in a variety of settings and input from the intervention team rather than utilizing assessment results to determine progress continues to be implemented. As a measure of the utilization of this strategy, the PAR monitoring process examines child outcome data at the program and service coordinator level to determine adherence to the requirement. The COS form, as was revised to include documentation of how decisions were determined, is part of the review process. All programs monitored during FFY 2018 (100%) were found in compliance with the required strategy.
  - Required training on Social-Emotional development and intervention. During FFY 2018, there were 40 new Early Intervention providers completing the SE webinar which included vendors and new interventionists to the system. This is an ongoing requirement as per Personnel Standards and CSPD for new providers upon entry into the system.

Data on the participation and completion of required professional development courses/workshops by providers statewide is gathered through the PAR monitoring process. Certificates of completion are used as documentation for each employee per program and in instances where individuals still need training, recommendations and requirements are put into an action plan with a specified timeline. For programs monitored during FFY 2018, no programs were out of compliance for this professional development.

- Required implementation of the Routines-Based Interview (RBI) model was initiated in FFY 2018. AEIS continued providing RBI Boot Camps that will be completed for all existing service coordinators in FFY 2019. Subsequent to that, the Alabama Approved RBI Coaches will train all new service coordinators entering the system. Data is currently being collected on the implementation of the model with fidelity through observation of all service coordinators using the RBI with ECO Map Checklist (developed by Dr. Robin McWilliam, University of Alabama).
- Required participation in a new training on Routines-Based Home Visiting was initiated in one pilot district in north Alabama. This training will continue throughout FFY 2019 and will be a requirement of all programs providing services in AEIS.

## How data are informing next steps in the SSIP implementation

Data from a variety of sources have been used to evaluate progress and to inform next steps in supporting SSIP implementation of EBP:

- Data on child outcomes supports the continued use of the evidence-based practice (Routines-Based Interview Model) for gathering pertinent data on child and family needs for intervention.
- Data on child find/referral from the implementation of statewide public awareness activities informed the strategies used during FFY 2018, identifying target counties and effective strategies.



- Data from the GIFTS database show the areas of social-emotional needs where families indicate a concern, thus informing service delivery and ongoing monitoring.
- Data from the COS process, which leads to child outcome data, provides the opportunity for modifications in service delivery and data gathering at the local program and individual child level. This data is also used in program monitoring through the PAR monitoring process.
- Data from two family surveys provide further information on whether children made progress, even if it doesn't show in the COS data, and is confirmation of the importance of collecting this data.
- Data on the scale-up of EBP statewide as well as implementation with fidelity informs training and follow-up technical assistance.
- Analysis and reporting of data related to SiMR results allows effective Stakeholder involvement in data analysis and input.
- Strong financial accountability with audits enables the development of a strong financial plan.

In the fall of 2018, UAB and AEIS created and launched a survey to assess progress and capture challenges and successes in implementation of the State Systemic Improvement Plan (SSIP) in Alabama. This survey specifically addressed early identification, use of assessments, provision and linkage to services and planning and providing services for those children with behavioral health concerns. The survey was sent to all sites to the lead supervisor for completion. The survey was open for 1 month with reminders sent via email from Qualtrics. The survey was completed by 50+ respondents. The results were compiled for use by AEIS in program improvements in training and technical assistance. The following were the results from 26 program respondents out of 38 programs surveyed (a 68% return rate):

- 81.5% agreed or strongly agreed that there were benefits from SiMR identified social emotional development training
- 90.3% agreed or strongly agreed that their team were able to incorporate the EBP training into practice
- 81.0% agreed or strongly agreed that they felt more equipped to administer the revised Child Outcome Summary and Data Collection process
- 93.3% agreed or strongly agreed that there were improvements in assessment and planning for children with social emotional difficulties
- 100% reported somewhat or extremely satisfied with improvement in their ability to set appropriate developmental outcomes with families for children with social emotional needs on their caseload.
- 100% reported somewhat or extremely satisfied in assisting families with children who need further support and intervention.
- 100% reported somewhat or extremely satisfied with improvement in their ability to monitor progress of children with social emotional needs on their caseload.

Of those who have attended the mandatory EBP – RBI Boot Camps:

- 94.1% found the training and certification relevant and meaningful in their practice
- 100% reported their program had shifted to effectively utilize EBP/ RBI process
- 70.8% reported that their service coordinator had been using RBI before training

All data, objective and anecdotal, informed next steps that include the following initiatives:

- Continuation of the Social-Emotional Webinar for new early intervention providers and vendors entering the system to ensure knowledgeable and skilled interventionists.
- Continuation of the COS training and coaching for new service coordinators (and existing service coordinators as needed based on their child outcome results) to ensure accurate assessments of child progress.
- Continuation of the Routines-Based Interview model in identifying social-emotional strengths and concerns.
- Continuation of the statewide scale-up of the Routines-Based Interview and Routines-Based Home Visiting Models to ensure statewide use of EBP.
- Provision of joint training with the MIECHV Home Visiting program to ensure collaborative service provision.
- Continuation of collaborative partnerships with related entities to provide resources for families pertaining to their child's social-emotional needs.
- Continuation of monitoring of fidelity in the use of Evidence-Based Practices.
- Continuation of training on evaluation tools and strategies to ensure accurate assessments of child needs.
- Continuation of effective strategies for involving stakeholders and decision makers to ensure continued buy-in of SSIP implementation.

## How data support planned modifications to intended outcomes

Data from planned SSIP evaluations as outlined on the attached “**SSIP Activity Summary Chart**” indicate that activities are being completed as planned and outcomes are being achieved. No modifications were made to intended outcomes, however, new supplementary activities were developed to continue supporting the established outcomes. These activities include the following:

- AEIS and Family Training/Home Visiting will jointly provide training for all staff on topics pertinent to providing services for children, birth to three, and their families.
- AEIS and the SSIP external evaluators will monitor family perceived progress related to the family's needs and child's developmental needs.
- AEIS will utilize a checklist for observation of providers implementing the Routines-Based Interview model.
- AEIS will collaborate with the Autism workgroup for training (ongoing).
- AEIS will collaborate with state agencies and statewide initiatives to provide training in the areas of autism, evaluation tools, deaf and hard of hearing, and family leadership.
- AEIS will develop awareness materials to provide information on services for children and families that incorporate AEIS' seven core values:
  1. Family Centered
  2. Developmentally Appropriate/Evidence-Based Practice
  3. Individualized
  4. Provided in Natural Environments
  5. Training and Equipping the Parent/Caregiver
  6. Collaborative
  7. Routines-Based

## Stakeholder involvement in the SSIP evaluation

### a. How stakeholders have been informed of the ongoing evaluation of the SSIP

Updates are provided at each ICC quarterly meeting by the SSIP Leadership Team and evaluators on progress and next steps. The ICC subcommittees are also regarded as stakeholder groups, such as the Personnel Subcommittee of the ICC that is informed of needed training and technical assistance. Reports/updates on SSIP activities is brought to this stakeholder group for discussion of activities to add to the Comprehensive System of Personnel Development (CSPD) and include training on recommended practices and topics related to the SiMR. The additional ICC subcommittees also serve as stakeholders addressing infrastructure changes (Program Planning and Evaluation Subcommittee), financial support (Financial Planning Subcommittee), and public awareness/referrals (Public Awareness Subcommittee).

Early intervention providers are provided with SSIP updates each year during the Fall Technical Assistance workshops. During these meetings, providers are given the opportunity for input into infrastructure and practice decisions. In addition, District Councils provide conferences, meetings and training workshops to continue the process of informing stakeholders of initiatives, procedures and requirements and allowing time for input.

A quarterly newsletter, BLOCKS, is disseminated statewide to providers/stakeholders providing information pertinent to new policies/procedures, upcoming training opportunities, new initiatives, and other information needed by providers in delivering services to children and families. Providers are encouraged to contact state office staff with input.

The Alabama Department of Rehabilitation Services, AEIS' Lead agency, has a strong and active Accounting Division and Office of Communications and Information collaboration, which assists in the development of information/resources shared with the public and at designated meetings.

### b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

The ICC, ICC subcommittees, families, service providers and other designated stakeholder groups are encouraged to give feedback, input into pertinent decisions, and suggestions for improvement and moving forward. For instance, stakeholders are involved in the following current decision-making and evaluation activities such as:

- The Personnel Subcommittee addressing CSPD plan updates and implementation of new initiatives, updates of the Personnel Standards, assessment of training needs, recruitment/retention, and supervision of personnel (e.g., conditional special instructors, evaluators, therapists, etc.)
- The Program Planning and Evaluation Subcommittee discussing the role of tele-intervention in service delivery and methods for implementation.
- The Public Awareness Subcommittee addressing public awareness activities to increase referrals in vulnerable counties such as those with a low health index.
- The Financial Planning Subcommittee making informed decisions about program financial support and monitoring/auditing for appropriate usage of Medicaid Option funds.

## Data Quality Issues

1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR due to quality of the evaluation data

- a. Concern or limitations related to the quality or quantity of the data used to report progress or results

AEIS has no major concerns about the quality or quantity of its data. The Data Manager works closely with the Computer Services Division of the lead agency on data quality, accuracy and reporting. As new information is required by OSEP or stakeholders, additional reports are written to gather the necessary information.

- b. Implications for assessing progress or results

The process for collecting and reporting data on progress and results is well established. As new data is needed, the GIFTS database and data cube are updated for data entry and reporting.

- c. Plans for improving data quality

This is an ongoing activity. AEIS is always working to enhance data quality and reporting as needs arise.

## Assessment of progress toward achieving intended improvements

- a. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up

Infrastructure changes that were made during FFY 2018 and that supported SSIP initiatives include the following:

- Required use of the RBI model which includes comprehensive training/coaching and follow-up monitoring for fidelity to support achievement of the SiMR.
- Development of new public awareness products (i.e., Overview of Early Intervention video) to increase knowledge of and referral to AEIS.
- Collection of additional data for analysis and program improvement to assist in achieving the SiMR (i.e., revised “Getting to Know Your Family Survey” through the UAB external evaluators and the revised PAR Family Survey through Southeast Research, another outside evaluator).
- Expanded partnerships with agencies, programs and organizations to provide resources for families and providers (i.e., the University of Alabama for knowledge and skill in working with children who have autism, the Hands and Voices initiative for knowledge and skill in working with children who are deaf or hard of hearing as well as family leadership, the Alabama Department of Early Childhood Education in providing training in areas such as evaluation with fidelity, service delivery, and collaboration between AEIS and Pre-K) .
- Updating the required Social-Emotional Webinar based on participant feedback and new information from the field on evidence-based practices.
- Expanding higher education collaboration for innovative and new partnerships (e.g., such as tele-intervention research, use of graduate students as vendors, and development of early intervention practicum sites).
- Revising the Special Instruction Workshop/Mentorship to address the three OSEP child outcomes in terms of knowledge, skill and implementation under the guidance of a mentor.

- b. Evidence that SSIP’s evidence-based practices are being carried out with fidelity and having the desired effects

The Routines-Based Interview Model is monitored for fidelity of practice through the submission of RBI videos by trainees and observations/reviews by coaches using the RBI with ECO Map Checklist. Videos and observations occurred during FFY 2018 with 52 service coordinators becoming Alabama Approved. Monitoring for fidelity of implementation of the model will occur

one year after successful completion of the boot camp. This data will be available for the FFY 2019 SSIP.

The ultimate desired effect, the bottom line, is the progress made in child outcomes and parent input/outcomes. Progress in child outcomes, exceeded the target during FFY 2018.

Family outcomes from the PAR Family Survey were all over 95% as follows:

A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights: 98.92%

B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs: 95.35%

C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn: 99.09%

The DEC Recommended Practices have been embedded in the PAR Monitoring Manual and are monitored through record reviews (i.e., provider notes, family-centered outcomes on the IFSP, Voluntary Family Assessment) and interviews. Monitors look for the presence of evidence-based practices on at least an annual basis. **During FFY 2018, no programs were found to be out of compliance for any of the DEC practices embedded in PAR Manual.** Such practices include:

- Family-defined functional outcomes should be based on family identified resources, strengths and concerns, family and child routines, and family identified priorities to address concerns.
  - Family-defined functional outcomes should address family-directed strategies for helping their children achieve independence, develop social relationships and engage with others or materials.
  - Services and supports to meet functional outcomes should be appropriate.
  - Services should support family functioning, promote family confidence, and strengthen family-child relationships.
  - Assessment should identify a child's needs for assistive technology with decisions based on ongoing assessment data.
  - Service delivery should be consistent with child development and family/caregiver need for training.
  - Service should be individualized to address unique challenges for each child and family
  - Non-EI supports or services should include information or referrals to community-based resources which may help them meet their needs.
  - Coaching/consultation should be used in service delivery.
  - Service providers should address functional outcomes on IFSPs which includes family/caregiver training.
  - IFSPs, service coordination notes and provider documentation should reflect culturally competent practices by all team members with respect for the diversity of children and families.
  - Family preferences should be based on beliefs, values and routines are respected and integrated into team decisions.
  - Services should be based on daily routines and activities. Settings for services should be in natural environments (unless justified).
  - Practitioners should represent multiple disciplines and work with the family as a team.
  - Teams should use ongoing communication and/or group meetings to coordinate services.
  - Families should be informed about leadership and advocacy skills building opportunities and encouraged to participate.
- c. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR

Short-term, intermediate and long-term outcomes within practice and infrastructure are charted below.

### Outcomes

Short-term:

- **PRACTICE:** The COS process will be implemented appropriately as per the authors' intent.
- **PRACTICE:** Evidence-based practices will be embedded in monitoring activities.

Intermediate:

- **PRACTICE:** Evidence-based practices will be implemented statewide with fidelity.
- **PRACTICE:** AEIS interventionists will have improved understanding of social-emotional child development and intervention strategies.
- **INFRASTRUCTURE:** There will be statewide buy-in of infrastructure and practice changes.
- **INFRASTRUCTURE:** Alabama will have a systematic method to monitor fidelity of practice.
- **PRACTICE:** Children with social-emotional needs will be more appropriately identified and their needs/progress more accurately assessed.

Long-term:

- **PRACTICE:** Ongoing measures of child progress will be accurate.
- **PRACTICE:** There will be increased progress of children with social-emotional concerns.
- **INFRASTRUCTURE:** There will be strong financial support for infrastructure and practice changes.
- **INFRASTRUCTURE:** There will be strong collaborative partnership for referral and resource support to AEIS.
- **INFRASTRUCTURE:** Potential service providers (pre-service) will be trained and recruited for employment with AEIS.

## Measurable improvements in the SiMR in relation to targets

Reviews of data from FFY 2018 show that AEIS Exceeded its target for the SiMR as follows:

### SiMR

Children making substantial progress in their Social Emotional development

FFY 2018 data: 78.4%

FFY 2018 Target: 71.6%

### Plans for Next Year

1. Additional activities to be implemented next year, with timeline

In addition to the continuation of ongoing activities from previous years, the following new activities have been added to the SSIP, all of which will enable sustainability of implementation of practice and system changes:

Activities	Expected Outcomes/Results	Data and Sources	Evaluation Question	Persons Responsible	Target Date/Timeline
<b>NEW ACTIVITY</b> Provide training on the use of evidence-based tool/methods (i.e., ELAP, Battelle, DAYC, IDA)	Evaluators across the state will have completed training on the 4 evidence-based tools.	List of training participants  Training dates	To what extent were evaluators trained on the 4 AEIS approved tools?	Implementation team and AEIS staff  Service Coordinators	12/30/2019
<b>NEW ACTIVITY</b> Utilize evidence-based evaluation tools for every child referred to and served by AEIS in support of their social-emotional development.	Every child referred for services and served by AEIS will have evidence-based assessment of their development, including social-emotional development.	Eligibility records  IFSPs	To what extent were appropriate tools utilized in the screening of young children, including social-emotional development?	Implementation team and AEIS staff  Service Coordinators	6/30/2020



Activities	Expected Outcomes/Results	Data and Sources	Evaluation Question	Persons Responsible	Target Date/Timeline
<b>NEW ACTIVITY</b> The Department of Early Childhood Education will support AEIS in the implementation of training activities that will enhance the delivery of services for children who have autism.	AEIS providers will be better equipped to determine child-family needs and provide evidence-based services.  AEIS providers will be more knowledgeable about children with autism and methods for providing intervention.	Documentation of participants involved in training activities.  Purchased materials	To what extent were training activities conducted and how many participants were involved?	AEIS Leadership  University of Alabama	3/1/2020
<b>NEW ACTIVITY</b> Provide parent leadership training and parent-to-parent support opportunities for families who have children who are deaf or hard of hearing.	Families of children who are deaf or hard of hearing will be trained and supported in working with their children and utilizing resources developed for their use.	Documentation of participants involved in the training activities.  Developed and purchased materials.	To what extent were training activities conducted and how many participants were involved?	AEIS Leadership  Hands and Voices	3/1/2020
<b>NEW ACTIVITY</b> Collaborate with the Autism workgroup and provide autism training statewide for EI providers.	AEIS providers will be better equipped to provide appropriate services for children with autism.	Attendance at trainings  Participation of workgroups and outcomes/plans of the groups.	To what extent were trainings in autism provided?  How many participants were involved in the trainings?  To what extent were workgroups established and how many participants were involved?  To what extent did children show progress in their social-emotional development?	AEIS leadership  University of Alabama Birmingham School of Allied Health (SSIP external evaluators)	3/1/2020
<b>NEW ACTIVITY</b> Provide training statewide for providers who assist childcare staff in working with children who have autism.	Childcare staff will be provided professional development and technical support for serving children with autism in the childcare setting.	Number of trainings provided.  Documentation of technical support provided.	How many trainings and technical support sessions were provided statewide?	AEIS Leadership  Childcare Enhancement with a Purpose initiative.  University of Alabama Birmingham School of Allied Health (SSIP external evaluators)	6/30/2021
<b>NEW ACTIVITY</b> Partner with Family Voices of Alabama to hire two "Family Engagement Specialists".	These seasoned parents of children with disabilities will reach out to young families in the Districts to provide additional support, training, resources, information, leadership opportunities and parent to parent linkages.	Number of Family Engagement Specialists hired.  Number of activities performed for families.	To what extent were Family Engagement Specialists hired?  To what extent were support services provided and how many families were involved?	AEIS leadership  Family Voices of Alabama	6/30/2021
<b>NEW ACTIVITY</b> Purchase and utilize the MEISR (Measure of Engagement, Independence, and Social Relationships as developed by Dr. Robin McWilliam) for the following purposes: (a) to help families, as members of intervention teams, assess the child's competence in everyday situations, which might help them decide on intervention priorities; (b) to help professionals ask	Families and providers will be able to develop a profile of functional behaviors of a child from birth to 3 years of age, in home/community routines.	Provider monitoring of IFSPs (PAR monitoring)	To what extent were copies of the MEISR purchased and disseminated to programs?  To what extent is the MEISR being utilized?	AEIS leadership  Program monitors	6/30/2020

Activities	Expected Outcomes/Results	Data and Sources	Evaluation Question	Persons Responsible	Target Date/Timeline
families relevant questions about child functioning in home routines, such as when conducting a Routines-Based Interview; and (c) to monitor a child's progress.					
<b>NEW ACTIVITY</b> Revise the PAR monitoring tool (Provider Appraisal Review) to include checks for the implementation of evidence-based practice (RBI and Routines-Based Home Visiting) and strategies for ensuring their use.	Programs will be supported and monitored on the use of evidence-based practice.	Revised PAR manual	To what extent was the monitoring tool and methodology revised to ensure the implementation of EBP?	AEIS PAR monitors	10/1/2020
<b>NEW ACTIVITY</b> Revise the "Getting to Know Your Family" survey to gather additional data on progress and feedback regarding child and family outcomes.	There will be additional data that will enable analysis of progress in child/family outcomes as a result of services provided.	Annual report by SSIP external evaluators  Quarterly survey data	To what extent did children and families perceive progress in achieving outcomes?	SSIP external evaluators (University of Alabama Birmingham School of Allied Health)	2/1/2020

## 2. Planned evaluation activities including data collection, measures, and expected outcomes

See chart under F.1 regarding additional activities to be implemented next year, including evaluation questions, data sources, expected outcomes and timelines.

AEIS will continue to collect data through such mechanisms as the GIFTS data system on child progress in the three OSEP outcome areas; PAR monitoring measures on compliance with evidence-based practice; survey results from families on perceptions of child progress and family functioning; training evaluations identifying perceived usefulness of information from the training experiences; observation checklists for measuring fidelity in using evidence-based practices; child count data for determining the number and location of new referrals; and budget/financial data for determining future needs and methods for addressing those needs.

Measures will include a comparison of data from the Child Outcomes Summary (COS) process to state targets as well as the percentage of children making progress, especially in social-emotional development (SiMR); percentage of families reporting child progress outside of the COS process; percentage of programs found out of compliance in the use of evidence-based practice; percentage of service coordinators' use of evidence-based practices with fidelity as per video, record reviews and on-site observations; documentation/evidence of the accomplishment of activities within the expected timeframe; comparison of child count and referral data to previous years; and comparison of federal/state funding to previous fiscal years.

Expected outcomes include the increased competency in and utilization of evidence-based practices by EI providers statewide; the increased involvement of families in participating in their child's intervention; the increased use of routines-based intervention; the increased involvement of families in substantiating progress of their child and family; the increase in children making progress in the three OSEP outcome areas; and the increase in state funding for the provision of early intervention services.

3. Anticipated barriers and steps to address those barriers

Barrier: Funding to support growth in EI referrals and eligible children. The historic lack of increase in state dollars continues to be a struggle for AEIS.

Steps to address: Request additional funding from state legislature through new legislative awareness initiative.

4. The State describes any needs for additional support and/or technical assistance

AEIS will continue to use the Technical Assistance Centers for support and assistance. In addition, monthly calls will continue with our state OSEP contact for ongoing guidance. At this point, AEIS does not see the need for additional support or technical assistance.