FFY 2019 Indicator C-11 Annual Performance Report (APR)

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR). (Please limit your response to 785 characters without space)*.*

Increasing the percentage of children making substantial progress in their social-emotional development.

Has the SiMR changed since the last SSIP submission?   No

If "Yes", provide an explanation for the change(s), including the role of stakeholders in decision-making. (Please limit your response to 1600 characters without space)*.*

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Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.*

Baseline Data: 71.40%

Has the SiMR target changed since the last SSIP submission?   No

FFY 2018 Target: 71.60%   **FFY 2019 Target**: 71.70%

FFY 2018 Data: 78.64%   **FFY 2019 Data:**   78.51%

Was the State's FFY 2019 Target Met? Yes

Did slippage[1] occur? No

If applicable, describe the reasons for slippage. (Please limit your response to 1600 characters without space).

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[1] The definition of slippage: *A worsening from the previous data AND a failure to meet the target.* The worsening also needs to meet certain thresholds to be considered slippage:
1. For a "large" percentage (10% or above), it is considered slippage if the worsening is more than 1.0 percentage point. For example:
    a. It is not slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 32.9%.
    b. It is slippage if the FFY 2019 data for Indicator X are 32% and the FFY 2018 data were 33.1%.
2. For a "small" percentage (less than 10%), it is considered slippage if the worsening is more than 0.1 percentage point. For example:
    a. It is not slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 5%.
    b. It is slippage if the FFY 2019 data for Indicator Y are 5.1% and the FFY 2018 data were 4.9%.

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Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* **that demonstrates progress toward the SiMR?** Yes

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR.
(Please limit your response to 1600 characters without space).

In addition to the Child Outcome Summary Process (COS), AEIS utilizes two parent surveys to gather feedback on child progress and family involvement. These two tools are the "Getting to Know Your Family" survey (completed at each child's annual review; 248 surveys returned from 26 sites in FFY 2019) and the PAR Family survey (completed annually for families of programs monitored during the year; 295 surveys completed out of 466 total families in FFY 2019). A sample of questions and responses (averaged between the two surveys) that yield information related to the SiMR are as follow:

Now that my child and family are receiving Early Intervention services, I would rate my understanding of his/her developmental needs as:
93.2% Average-Above Average (increase of 4% from FFY 2018)

After receiving Early Intervention services, I feel that my child has developed new skills relating to social or emotional development (i.e., following rules, getting along with others)
86.7% Yes (same as FFY 2018)
7% Not Sure

After receiving Early Intervention services, I feel that I have an increased knowledge of how to identify and respond to my child's needs in the area of social or emotional development.
91.8% Yes (increase of 1% from FFY 2018)
6% Not Sure

Because my child and family receive Early Intervention services, I am better able to participate in making decisions about my child with the professionals who work with my family.
96.2% Yes (increase of 5% from FFY 2018)

Did the State identify any provide describe of general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period?
 No

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If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns. (Please limit your response to 3000 characters without space).

Click or tap here to enter text.

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Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? No

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection. (Please limit your response to 3000 characters without space).

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Section B: Phase III Implementation, Analysis and Evaluation

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

If "Yes", please provide a description of the changes and updates to the theory of action (Please limit your response to 1600 characters without space).
Click or tap here to enter text.

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

If "Yes", describe each <u>new</u> (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved. (Please limit your response to 1600 characters without space).

S1: Facilitated accurate evaluations of children entering AEIS by purchasing materials, providing training and requiring the use of evidence-based tools to effectively identify social-emotional concerns and other developmental needs that might lead to social-emotional issues.

O1.1: 218 evaluators and service coordinators completed training on four evidence-based evaluation tools for use in eligibility determination, planning and progress monitoring.
O1.2: All district evaluators were provided with copies of tools and/or protocols to comply with the state requirement.

S2: Initiated the Advancing Autism Services in Alabama Project to provide training and technical assistance to AEIS providers that will enhance the delivery of services for children with social emotional needs, including those who have autism, through implementation of the Naturalistic Developmental Behavioral Interventions (NDBI) model.

O2.1: 404 early interventionists received training and TA on strategies for working with children who have autism.
O2.2: 7 ADS Specialists are now prepared, through extensive training and coaching, to begin providing training and consultation to AEIS providers in implementing the NDBI evidence-based model.

S3: Provided parent leadership training and parent-to-parent support opportunities in partnership with Family Voices and Hands & Voices for families who have children with special needs, including social-emotional concerns.

O3.1: 354 families received training, support and resources that helped them become advocates for their child and leaders in providing support to other families.
O3.2: A Family Support Consultant was hired to partner with EI providers in providing resources and parent-to-parent support for families who have children with developmental disabilities, including those with social-emotional concerns.

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Provide a summary of each infrastructure improvement strategy that the State <u>continued</u> to implement in the reporting period, including the short-term or intermediate outcomes achieved (Please limit your response to 3000 characters without space).

S1: Facilitated the statewide required implementation of the AEIS adopted evidence-based practices (i.e., Routines-Based Model as developed by Dr. Robin McWilliam) with fidelity by providing ongoing training (including Routines-Based training modules), competency evaluations, follow-up and provision of tools for application and self-monitoring (e.g., the MEISR : Measure of Engagement, Independence, and Social Relationships and the RBI with ECO Map Checklist).

O1.1: All AEIS families are able to assess their child's competence within everyday routines to decide on intervention needs and priorities.
O1.2: All AEIS service coordinators are able to ask families relevant questions about their child's functioning in home routines for planning evidence-based strategies for intervention.
O1.3: All service coordinators will be assessed annually for fidelity in implementing the model.

S2: Developed and maintained partnerships with state agencies/organizations and higher education to facilitate personnel development, the implementation of improvement strategies and the use of evidence-based practices.

O2.1: Strategies were put into place for training and support in implementing evidence-based practices for children who have autism or have other social-emotional issues through partnership with the Alabama Department of Early Childhood Education, the University of Alabama, the Alabama Department of Mental Health, and Hands and Voices.
O2.2: The structure for providing Infant/Early Childhood Mental Health Consultation through the Alabama Department of Mental Health for early intervention providers was developed for implementation in January 2021. All 8 Infant/Early Childhood Consultants were hired.
O2.3: The existing required Social-Emotional Webinar was maintained.

S3: Maintained a web-based data management system for use by service coordinators, programs and state staff in program implementation, monitoring and planning.

O3.1: The monitoring of child progress, program effectiveness and statewide achievements continues to be facilitated.

S4: Maintained a strong financial accountability system, including the use of resources such as Medicaid, to adequately support program infrastructure and service delivery needs.

O4.1: AEIS was able to continue monitoring and supporting programs in their ongoing fiscal management.

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All strategies above are in support of achieving the SiMR, sustaining infrastructure improvements and scaling up of EBP statewide. Continued professional development will ensure highly trained interventionists are implementing EBP with fidelity, accountability/monitoring using real time data will ensure informed decisions at the state and local levels, and official adoption of EBPs will impact quality services and consistency statewide. The systems framework is impacted under Quality Standards, Professional Development, Families, Data, Accountability/Monitoring and Finance.

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Provide a description of how the State evaluated outcomes for each improvement strategy and how the evaluation data supports the decision to continue implementing the strategy. (Please limit your response to 3000 characters without space):

NEW S1: Documentation of the purchase and dissemination of evaluation materials and the occurrence of training workshops establishes successful completion of this strategy. Through the ongoing PAR monitoring process, data was reviewed as to whether the evaluators were utilizing the four approved tools. If there were compliance issues, action plans were developed. It was determined that accurate evaluations/assessments are occurring as planned and that this activity does not need to be continued.

NEW S2: Project accomplishments were reviewed to determine the progress being made under this strategy. These include the provision of a statewide conference on working with children who have autism (404 participants), the preparation of 7 autism specialists to provide individual coaching to EI providers statewide (5 coaching sessions with interventionists were conducted during FFY 2019), and the development of a fidelity checklist to ensure appropriate implementation of the model. In addition, a statewide workgroup was surveyed to collect data on their reflections of project progress, priorities, and needs relative to bigger picture of ASD service accessibility, project impacts, and challenges for providers and families. Based on this feedback, it was determined that the project should be scaled up statewide.

NEW S3: The participation by 626 parents in training initiatives, the district level activities and resource dissemination, and the anecdotal testimonies of the helpfulness of the activities were used to evaluate success. Based on the projected need for more families to participate in these activities, and the priorities established by partner agencies, AEIS will continue these initiatives.

CONTINUATION S1: AEIS utilized a structured process for assessing the skill of service coordinators and providers related to the implementation of the Routines-based Model. Following training boot camps, each participant submitted a video of themselves implementing the RBI to be evaluated by trained coaches and to determine whether the participant achieved state-approved thresholds. Once becoming Alabama approved (based on specific levels of achievement), annual observations occurred to monitor ongoing fidelity. In addition, the implementation of the Routines-Based Model was reviewed through the ongoing PAR monitoring process. Currently, there are 52 Alabama Approved Coaches. As the Routines-Based Model is now required to be implemented, these training and support strategies will continue.

CONTINUATION S2: Through the process of gathering feedback and summarizing activities/accomplishments from the various partners, the success of the planned initiatives was determined. All activities were implemented as planned, such as training on use of evidence-based practices for children who have autism (404 EI interventionists and 355 child care trainers), family leadership training (201), train-the-trainer initiative for the inclusion of children with autism in childcare settings using evidence-based practices (50 providers in 13 childcare programs), the provision of Infant/Early Childhood Mental Health Consultation (3 pilot programs identified and all 8 I/ECMH consultants hired), and the required Social-Emotional Webinar (90 participants). Because of the success of the initiatives and the importance of partnerships in system development and service provision, all partners have agreed to continue their collaboration.

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Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period. (Please limit your response to 3000 characters without space)**:**

New S1: Provide training on the MEISR tool (Measure of Engagement, Independence and Social Relationships) for all service coordinators statewide. Data on participation in training will be collected as well as data on use of the MEISR with fidelity through individual observations.
O1.1: Additional data, tied to the child outcome summary process, will be gathered to assist in monitoring progress and planning new IFSP activities and supports.
O1.2: Service coordinators statewide will have continuous training to support their professional development in using EBP for planning, progress monitoring and family support.

New S2: Expand training throughout FFY 2020 and 2021 by ASD specialists on the use of evidence-based practices (i.e., Naturalistic Developmental Behavioral Interventions Model or NDBI) for working with children who have autism. Data will be collected through a coaching and practice fidelity form coded for reliability among project investigators.
O2.1: The NDBI model will continue to be scaled up statewide by hiring and training an additional 7 ASD Specialists for training and consultation across the state.

New S3: Continue ongoing training and support activities for families and utilize trained families in providing support for new families who have children with special needs. Data on the number of participants and anecdotal feedback on the effectiveness of the training/support will be gathered for ongoing planning.
O3.1: Additional family mentors will be utilized to help increase the number of families receiving training and support.

Continued S1: Continue providing training and support for the implementation of the adopted EBP, Routines-Based Model, by existing and new EI interventionists. Utilize the MEISR as a tool to support accurate assessments of child progress. Data will be collected from families (i.e., family surveys, RBI, IFSP reviews, etc.) on their perception of their child's progress in order to provide supplementary data for use in evaluating the success of intervention. Observational data utilizing two checklists (RBI with ECO Map Checklist and RBHV Checklist) will also be utilized for fidelity checks. Providers will be expected to achieve a score of 80% in order to be Alabama Approved to implement the model independently and to serve as coaches for new interventionists.
O1.1: All AEIS providers will be able to successfully provide evidence-based intervention utilizing the required Routines-Based Model.

Continued S2: Continue and expand partnerships with state and local entities and higher education to provide new training and support on the use of EBP which include RBI/RBHV, NDBI, and Infant/Early Childhood Mental Health Consultation (I/ECMH).
O2.1: AEIS will have state level support by stakeholders in implementing new and existing initiatives.

Continued S3: Continue to maintain the web-based data management system and add new data collection procedures and/or reports as needs are identified.
O3.1: AEIS will continue to have a high quality database from which to monitor overall success and identify areas of need.

Continued S4: Continue to provide training and technical support year-round to programs on their fiscal management.
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Data will be collected as part of the established auditing system.

O4.1: AEIS will be assured that the use of state and federal dollars are utilized as required.

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

If "Yes", describe the selection process for the <u>new</u> (previously or newly identified) evidence-based practices. (Please limit your response to 1600 characters without space):

Alabama Early Intervention System, in partnership with the Interagency Autism Coordinating Council, brought together a multi-disciplinary Early Childhood Workgroup with expertise in serving infants and toddlers with Autism and their families. This workgroup that included experts, leaders, providers and families established guidelines for working with children with Autism (or suspected Autism) and their families.

Step 1: The 22-member multi-disciplinary workgroup collectively reviewed state resources, needs, and initiatives. They also conducted a thorough literature review to identify evidence-based practices for young children at risk for autism.

Step 2: The workgroup examined established treatments set by the National Standards Project (NAC, 2015), the National Professional Development Center on ASD (2017, 2020), and those that are considered Naturalistic Developmental Behavioral Interventions.

Step 3: The workgroup identified 5 intervention practices that cross-walked from empirically driven sources to the core values of Alabama's Early Intervention System (Naturalistic Developmental Behavioral Interventions (NDBI) model.

Naturalistic Developmental Behavioral Interventions (NDBI) model
Effective early ASD interventions actively involve caregivers, utilize developmental approaches, and target social communication. In caregiver-implemented interventions, the caregiver, rather than the provider, is the intervention facilitator. The provider coaches the caregiver, but does not provide direct instruction to the child.

Naturalistic Teaching refers to a combination of strategies used to teach within naturally occurring activities and routines, supporting generalization of skills across natural contexts. Teaching opportunities are created when caregivers follow their child's focus of attention.

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Provide a summary of the <u>continued</u> evidence-based practices and how the evidence-based practices are intended to impact the SiMR. (Please limit your response to 1600 characters without space):

Through the continuation of the following EBPs, the SiMR is impacted by the changing of state policies and procedures (official adoption of the model), practices (consistent use of the model with fidelity), and family and child outcomes (use of structured model to identify and prioritize child/family needs and provide targeted intervention).

1. Routines-Based Interview
The Routines-Based Interview is a semi-structured interview about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships. Its purposes are to create a strong relationship with the family, to obtain a rich and thick description of child and family functioning, and to result in a family-chosen list of functional and family outcomes for IFSP use. Through the use of this relationship based model for discerning child/family needs and preferences, service coordinators and families will be able to identify situations and areas where social-emotional concerns are most prevalent so that intervention may be tailored to address those needs.

2. Routines-Based Home Visiting
Early intervention service providers offer family-centered, support-based home visits to build families' capacity to meet their children's and the family's needs. This will result in children (a) receiving "intervention" in naturally occurring learning opportunities, (b) receiving more intervention, and (c) receiving intervention from the people they are already learning from. Therefore, children in Alabama's Early Intervention System (AEIS) can be expected to make greater gains in their functioning—through meaningful participation in their everyday routines.

Describe the data collected to evaluate and monitor fidelity of implementation and to assess practice change. (Please limit your response to 1600 characters without space)*:*

Routines-Based Interview:
Annual video reviews and observations with feedback of service coordinators implementing the RBI process is conducted utilizing the RBI-with-ECOmap Checklist. The data collected include how well the service coordinator implements the model's components.

There are 52 Alabama Approved Coaches who have passed the observation and fidelity check according to standards set by AEIS and the RBI/RBHV model author (Dr. Robin McWilliam). In addition, during September and November 2019, an additional 39 service coordinators participated in the RBI boot camps and have begun implementation. All programs participate in an annual monitoring review and TA where the implementation of the RBI model by service coordinators is reviewed. If practice change has not occurred, an action plan is developed to ensure the implementation of the model with fidelity as required.

Routines-Based Home Visiting:
Video reviews and observations with feedback of interventionists providing Routines-Based Home Visiting strategies is conducted utilizing the RBHV Checklist. The data collected include how well the practitioners implement the model's components.

158 interventionists have completed the RBHV training, initial observation and fidelity check. Based on the observations

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and fidelity checks using the RBHV checklist, AEIS requires 80% proficiency in order to be "Alabama Approved". If they initially do not achieve 80% proficiency, then they will work with a coach and will receive another check within a year. As with the RBI model, program monitoring checks the utilization of the RBHV model with fidelity. If practice change has not occurred, then action plans are developed to ensure correct implementation of the model.

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Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices. (Please limit your response to 1600 characters without space):

Professional Development
1. Ongoing weeklong RBI Boot Camps conducted by Dr. Robin McWilliam (University of Alabama) that included didactic learning, observation of model implementation, and observed practice with feedback for fidelity.
2. Ongoing five day RBHV trainings by Dr. Robin McWilliam that included didactic learning, practice and feedback for fidelity.
3. Autism trainings, including NDBI professional development activities, by Dr. Angie Barber and Dr. Kimberly Tomeny (University of Alabama) that included didactic learning, observation of the trainer implementing the model, and practice with feedback for fidelity.
4. Ongoing required Social-Emotional webinar for all EI professionals.

Monitoring for fidelity
1. Annual observations/video submission utilizing the Routines-Based ECO Map Checklist.
2. Annual program monitoring of implementation of EBP through data review, file review and interviews.
3. Maintaining database system to include data such as child progress and family input.
4. Ensuring accurate child progress data through ongoing training on the Child Outcome Summary Process (COS).
5. Utilization of the NDBI fidelity observation checklist.

Policy revisions re: practices
1. Requiring that RBI and RBHV be adopted statewide as the AEIS Evidence-Based Practice.
2. Adding RBI and RBHV training requirements to the AEIS Personnel Standards and the CSPD Plan.

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Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.
(Please limit your response to 3000 characters without space):

Families and other stakeholders are involved in an ongoing feedback process through the ICC, ICC subcommittees and special task groups. These stakeholders are engaged through such activities as the review of data (e.g., outcomes, documentation of progress, financial, etc.), making recommendations on setting APR targets, and providing input and recommendations on proposed and existing strategies.

The PAR Family Survey and the Getting to Know Your Family survey include specific questions that provide family input into system practice and child/family outcomes. State and local conferences have been used to host family meetings and opportunities for input. Participation on the Special Education Advisory Panel, Head Start committees, the Department of Human Resources QA state board, Department of Early Childhood Education Board, Perinatal Advisory Board, the Inclusion Task Force, Strengthening Families and Alabama Partnership for Children are also venues for gathering input.

All AEIS programs are now implementing the new infrastructure and practice policies and procedures as developed through the SSIP. These programs continue to provide feedback in such areas as the child outcome summary process, implementation of SSIP activities, and implementation of evidence-based practices.

There are also special committees which provide input on specific issues as needed (e.g., therapy assistant supervision, extended travel policies, evaluation, eligibility criteria, and enhancement of services for children who are deaf or hard of hearing and for those who are on the autism spectrum). The District Councils, which are comprised of the same stakeholders as the state ICC but at the local level also gather feedback on state initiatives.

AEIS and other state agencies working with young children in Alabama have been instrumental in the establishment of First 5 Alabama – Alabama Association for Infant and Early Childhood Mental Health. First 5 Alabama is a licensed affiliate of the Alliance for the Advancement of Infant Mental Health, a global organization that includes those states and countries whose infant mental health associations have licensed the use of the Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health under their associations' names. This organization and membership have provided additional opportunities for stakeholder input into the EI system and particularly the SSIP SiMR (social-emotional development).

Through the continued early childhood work, AEIS has many public and private partnerships with such organizations as the AL Department of Early Childhood Education Inclusion Task, Help Me Grow, State Perinatal Advisory Committee – AL Department of Public Health (ADPH), New Born Screening Advisory Board (ADPH), Universal Newborn Hearing Screening Advisory Board (ADPH), Head Start Advisory Board, AL Department of Mental Health – Communities of Practice, AL Department of Human Resources Quality Assurance Board and Child Death Review committee, AL Partnership for Children Board, Birth Defects Registry Development with the ADPH, Family Voices, University of AL and Auburn University schools of special education/rehabilitation, the Executive Leadership Team for the AEIS Lead Agency, EI Autism Group, and the 2020 Census work. AEIS has been able to utilize multiple opportunities to share data, information and solicit input from these valued partners.

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Were there any concerns expressed by stakeholders during engagement activities? No

If "Yes", describe how the State addressed the concerns expressed by stakeholders. (Please limit your response to 1600 characters without space)*:*

Click or tap here to enter text.

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If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response. (Please limit your response to 3000 characters without space):

There were no OSEP required responses.

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