



# Tennessee Early Intervention State Systemic Improvement Plan

Phase III, Year 3

Tennessee Department of Education | March 2019

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# Summary

## ***Report Organization***

The summary section of this report provides a refresher of the Tennessee Early Intervention System's (TEIS) State Identified Measurable Result (SIMR), and the coherent improvement strategies and theory of action developed in Phase I, all of which remain unchanged.

The overview section provides an updated description of the structure of TEIS, as well as an update on the status of show stopper activities by improvement strategy strand identified in SSIP phase II. A description of the various types of stakeholder involvement in phase III SSIP implementation is provided in its own section.

Each of the four coherent improvement strategies are described in detail in their own sections, including the following information:

- Background information about the strategy, including work to date
- Status of implementation of improvement activities identified in phase II
- Any data analysis to support plan implementation, evaluation, or modification
- Modifications to the activity
- Next steps

Details of steps, timelines, data sources, and evaluation plans for each improvement activity are outlined in Attachment 1, Implementation and Evaluation Plan.

## ***Focus of Work in SSIP Phase III, Year 3***

During the past year TEIS' work has focused largely on the following areas:

- Developing infrastructure to provide improved support to the system and address high service coordinator caseloads;
- Executing a contract to shift evaluations for eligibility to an external contract agency and elimination of screening statewide;
- Restructuring the TEIS central office;
- Drafting the scopes of services for home/community-based early intervention services, center-based early intervention services, and vendor contracts for fiscal years 2019-24;
- Determining an implementation plan for family guided routines based intervention (FGRBI) model of service delivery; and
- Rolling out a revised process for collecting family outcomes data.

## State Identified Measurable Result (SIMR)

The SIMR for TEIS was identified during phase I of the SSIP. The SIMR is the area of focus for improving child-level results for infants and toddlers with disabilities. There were no changes to the SIMR (figure 1) as a result of Phase III work.

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The percent of infants and toddlers who demonstrate improved acquisition and use of knowledge and skills and who function within age expectation by the time they exit or turn age three will increase.

Early Childhood Outcome 3B, Summary Statement 2

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Figure 1: State Identified Measureable Result (SIMR)

## Coherent Improvement Strategies/Theory of Action

Phase I work identified the following four coherent improvement strategies listed below in figure 2.

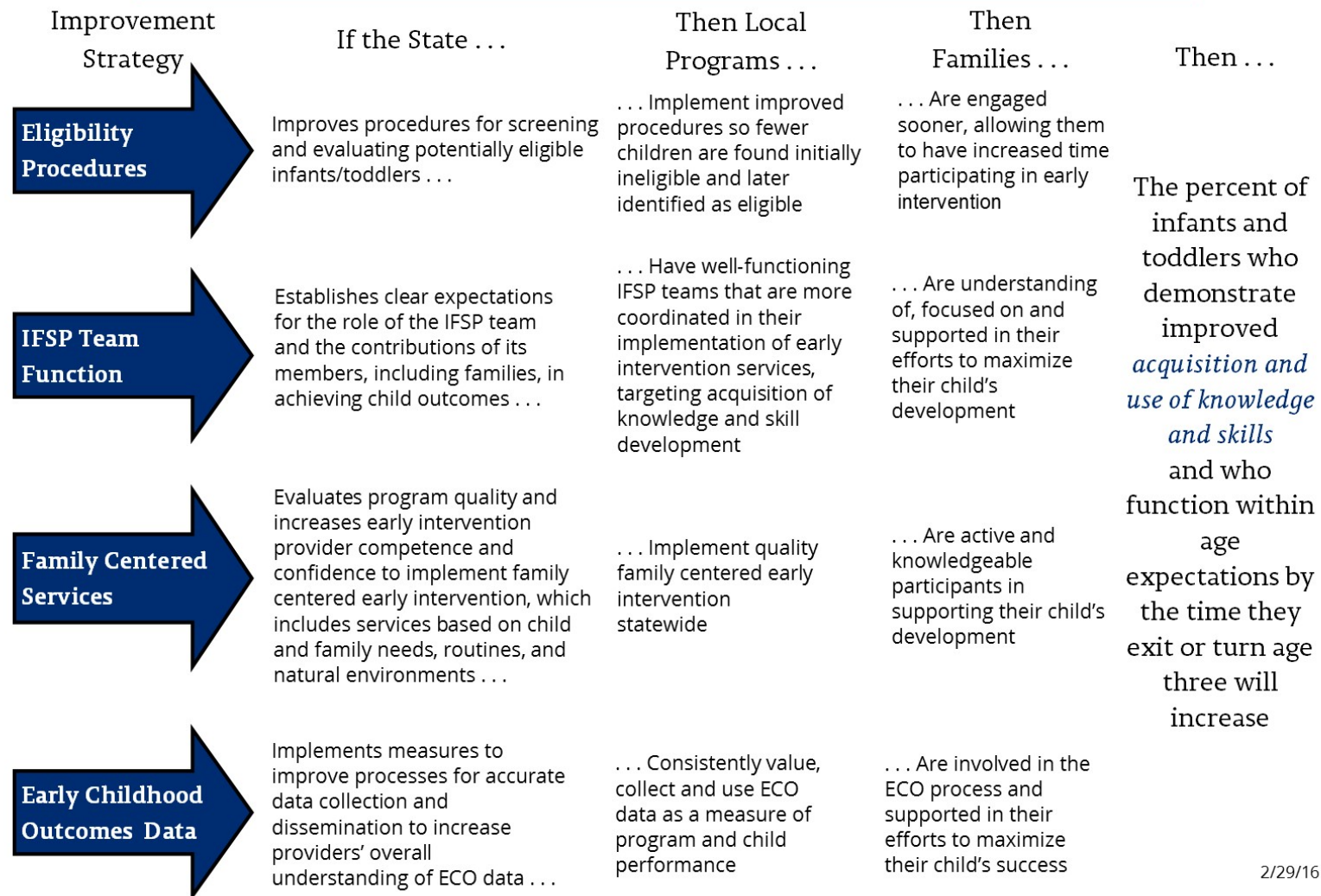
Improvement Strategies
<b>Eligibility Procedures</b> – Improve processes for screening and evaluating potentially eligible infants/toddlers to ensure fewer children are found initially ineligible and are later re-referred and identified as eligible.
<b>Individualized Family Service Plan (IFSP) Team Function</b> – Establish clear expectations for the role of the IFSP team and the contributions of its members in achieving child outcomes to ensure that local programs have well-functioning IFSP teams that are more coordinated in their implementation of early intervention services.
<b>Family-Centered Services</b> – Evaluate program quality and increase early intervention provider competence and confidence to implement family-centered early intervention, which includes services based on child and family needs, routines, and natural environments to ensure quality family-centered early intervention statewide.
<b>Early Childhood Outcome (ECO) Data</b> – Implement measures to improve processes for accurate data collection and dissemination to increase providers' overall understanding of ECO data.

Figure 2: Improvement Strategies

These improvement strategies and how they will lead to improved child-level results for the state's SIMR are visually depicted in figure 3, the TEIS theory of action.

## Tennessee's Early Intervention System

### State Systemic Improvement Plan (SSIP) Theory of Action



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Figure 3: Theory of Action

# Overview

## ***Description of State Program***

The lead agency in Tennessee for part C, Individuals with Disability Education Act (IDEA) is the Department of Education. TEIS is housed in the division of special populations and student support. The following work units are administered by the division of special populations and student support:

- special populations (including Part B, and Part B, 619 special education preschool),
- school safety and transportation,
- student support, and
- TEIS

Early intervention service (EIS) programs are defined as the nine TEIS point of entry offices. Each TEIS point of entry office has a district administrator who reports directly to the department's part C coordinator who has oversight for the operation of TEIS point of entry offices. Personnel in these offices are state employees who are responsible for 1) supervision of staff working in the field; 2) part C eligibility determination; 3) all service coordination activities including IFSP development, oversight of service delivery, and transition; and 4) data support and compliance monitoring.

TEIS has a network of EIS providers who deliver part C early intervention services based on a child's IFSP. There are two groups of EIS providers who are contracted to provide early intervention services in Tennessee:

- Early Intervention Resource Agencies (EIRAs)  
These are service providers for the service of special instruction and family training, which is called developmental therapy in Tennessee. This service is primarily delivered in home and community settings by an early interventionist. As of this report date, there are 35 EIRAs statewide.
- Vendors  
These are service providers for other part C early intervention services such as speech therapy, physical therapy, occupational therapy, audiology, vision services, assistive technology, etc. These services are provided in home, clinic, and community settings. As of this report date, there are over 200 vendors statewide.

In Tennessee the child's official educational record is housed in a real-time, web-based data system, Tennessee Early Intervention Data System (TEIDS). The data management system contains demographic and parent information; the child's IFSP, including evaluation and ongoing assessments, family assessment, goals, planned services, and the transition plan; contact logs documenting work

activities by IFSP team members; service logs for IFSP delivered services; and an accounts payable section for reimbursement of delivered services where TEIS is payor. The TEIDS data system is the primary source of records utilized for data analysis outlined in the SSIP evaluation plan. Other sources of data include the Assessment, Evaluation, and Programming System for Infants and Children (AEPS) online data system and the Battelle Developmental Inventory (BDI) online data system.

The EIS programs are supervised by the department's TEIS central office. The central office has been in a process of restructuring to better meet the needs and goals of the early intervention system (see figure 4: TEIS' organizational chart). In 2017, TEIS reclassified two vacant positions and created two direct services coordinator positions, one to serve each half of the state. The first started in May and the second in Nov. The individuals in these roles have extensive background and knowledge of early intervention and have both served as directors of EIRAs. Their role is to work directly with EIRAs on improvement planning.

In fall 2017, the central office underwent a major restructuring with the development of a results-driven accountability team. The work of this team includes monitoring and improvement planning for the entire system. The staff on this team includes the quality improvement team, part C monitoring coordinator, direct service coordinators, and the strategic planning coordinator who oversees the SSIP. The quality improvement team manager assumed the supervisory role for the results-driven accountability team and is now the director of early intervention programming. A new quality improvement team manager was selected in March 2018, who supervises five early childhood consultants across the state.

In 2018, the central office underwent further restructuring in the areas of fiscal services and monitoring. Several of these changes were precipitated by a physical move of the office. The TEIS central office now shares space with the TEIS Greater Nashville field office. However, due to space limitations, the fiscal services team remained at the previous location. While they still focus 100 percent on TEIS work, primary supervision duties for the fiscal services team was transferred to the department fiscal division.

A central monitoring team was created through reclassification of three existing positions in the point of entry offices (data managers) to higher-level statistical analyst II positions with supervision by the part C monitoring coordinator. The statistical analyst III position created in 2017 was also transferred to this team to assist in a leadership role with the state monitoring efforts. The two remaining office automation specialist positions in point of entry offices, which were formerly being used as point of

entry level data managers supporting monitoring efforts, are now being used to support their offices as needed. They are housed in large point of entry offices.

Through attrition and reclassification of positions, TEIS was able to add a second program coordinator position to each of the largest point of entry offices, providing additional supervisory staff to better support service coordinators.

Finally, as described in the SSIP Phase III, Year 2 Report and in more detail in the eligibility procedures improvement strategy, TEIS executed the contracts for evaluation, which moved all evaluations for initial eligibility from an in-house service to outside agencies. This allowed TEIS to convert 21 positions to service coordination duties. See [eligibility procedures improvement strategy](#) for additional information about this infrastructure development.

SSIP work in the central office continues to be supported by the state SSIP leadership team, primarily consisting of nine staff: TEIS executive director, part C coordinator, director of early intervention programming, strategic planning coordinator (SSIP coordinator), part C monitoring coordinator, quality improvement manager, two direct services coordinators, and state data manager.



**TENNESSEE'S EARLY INTERVENTION SYSTEM ORGANIZATIONAL CHART  
UPDATED FEB. 2019**

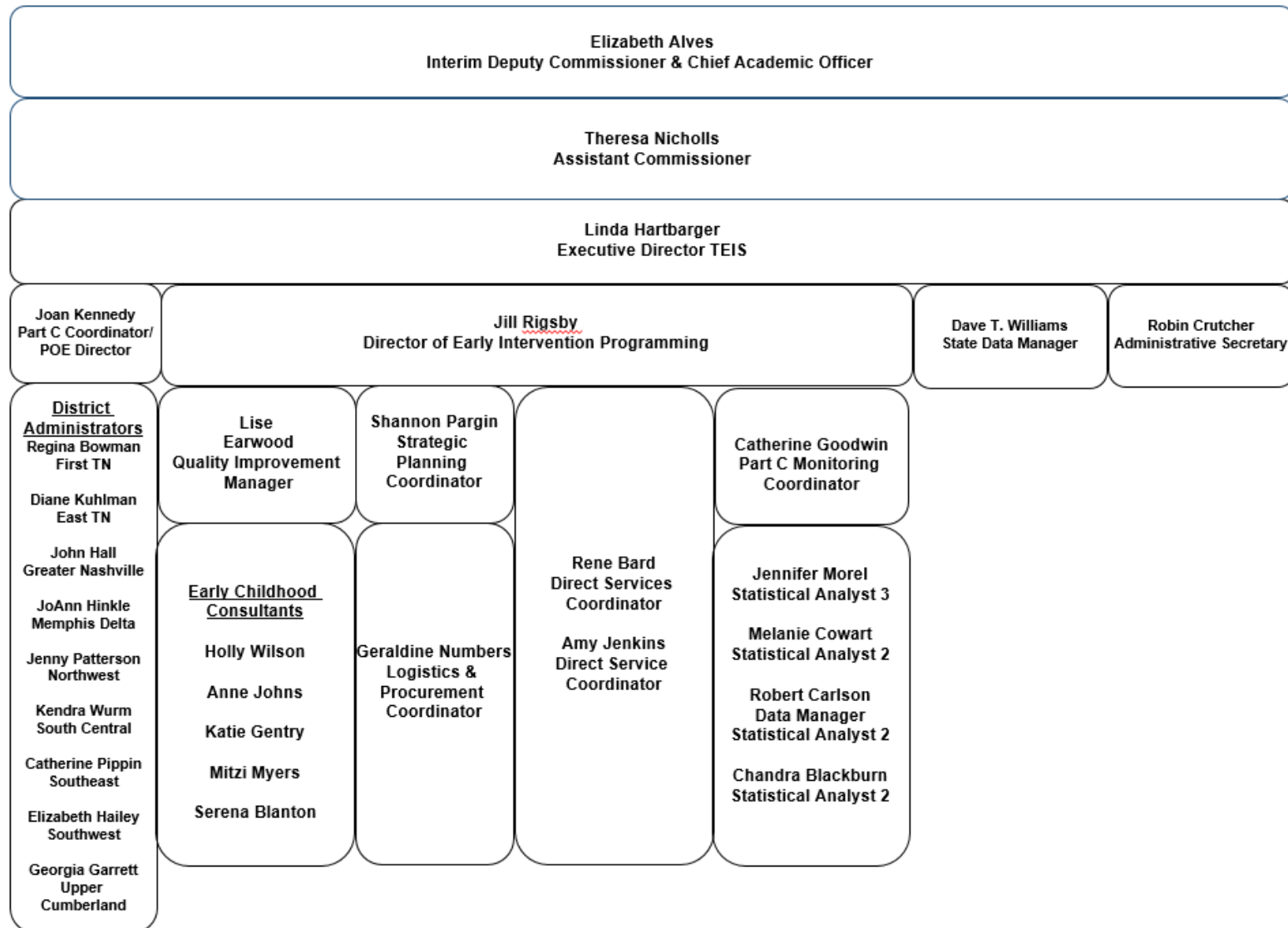


Figure 4: TEIS' Organizational Chart

## ***Baseline Data and Targets***

TEIS' SIMR is the percent of infants and toddlers who demonstrate improved acquisition and use of knowledge and skills and who function within age expectations by the time they exit or turn age three will increase (i.e., ECO 3B, summary statement 2). As reported in the annual performance report (APR), TEIS reset its baselines for indicator 3 based on fiscal year 2016-17 data, as improvements to ECO data collection the past four years have now fully transitioned to one method for the collection of both entrance and exit data—the AEPS. It is believed resetting baseline at this time is more reflective of current performance as one method is now used for the collection of both entrance and exit ECO ratings.

As fiscal year 2016-17 was the first complete year the AEPS was utilized for both entrance and exit ratings, TEIS believed it an appropriate time to reset baseline data and remaining targets. Numerous modifications to the ECO data collection process the past four years is believed to be a primary contributor for data fluctuations. Moving forward, data fluctuations are expected to continue through at least fiscal year 2018-19 as children exit TEIS having had entrance ECO ratings collected through another method. When TEIS reset its baseline, state targets for fiscal year 2017-18 were also adjusted after a review of current and historical state data and consideration of national data. Due to the continued data fluctuations that are anticipated, the adjusted targets are level but believed to be attainable within the next two years. Data collection methodologies are summarized below:

- TEIS service coordinators use professional judgement along with parent discussion for both entrance and exit ratings (fiscal year 2014-15 and prior years);
- Service coordinators use entrance ratings anchored with Battelle Developmental Inventory, Second Edition (BDI-2) z-scores and exit ratings using professional judgement along with parent discussion (fiscal year 2014-15);
- Service coordinators use entrance ratings anchored with BDI-2 z-scores and early interventionists use the AEPS for ongoing (every six months) and exit ratings (beginning Oct. 2015); and
- Early interventionists use AEPS for entrance ratings (beginning July 2016) as well as exit ratings.

For additional information refer to the [early childhood outcomes data improvement strategy](#) section in this report.

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
<b>TN Target</b>		44.7%	45.2%	45.2%	45.2%	<b>45.2%</b> <b>SSIP</b>	<b>45.2%</b>	<b>45.5%</b>	<b>N/A</b>	<b>34.0%</b>	<b>34.0%</b>
<b>TN Actual</b>	44.2%	34.4%	36.2%	42.1%	35.5%	39.8%	29.6%	29.1%	<b>31.9%</b> Baseline	31.6%	
<b>National Average</b>	54.0%	53.0%	51.0%	51.0%	50.0%	51.0%	50.0%	50.0%	48.0%		

Figure 5: SIMR Baseline Data and Targets, (ECO Outcome 3B, Summary Statement 2)

### Status of Show Stoppers

When working to finalize the implementation plan in SSIP Phase II, TEIS' state SSIP leadership scrutinized timelines across each improvement strand to ensure infrastructure capacity to implement activities and their steps. The state SSIP team identified what it calls show stoppers (figure 6 below). These are steps and timelines within activities that must be completed for full implementation of the improvement strategy. Inability to complete a show stopper step will trigger implementation plan review and adjustments.

The status of the show stopper activity steps are noted below. In Phase III, Year 1 of the SSIP only one show stopper was not met in the ECO data improvement strategy. This activity was revised as described in the ECO data improvement strategy section. In phase III, year 3, one activity is in progress and original timelines revised. See attached implementation and evaluation plan for additional information.

SSIP Improvement Strategy Strand	Activity Step: Show Stoppers	Implementation Date
Eligibility Procedures IFSP Team Function Family-Centered Services	Continuance of targeted case management contract between department of children's services and department of education by July 1, 2016	July 1, 2016 <b>[Completed]</b>
ECO Data	EIRAs completing AEPS for ECO entrance ratings	Begin July 1, 2016 <b>[Completed]</b>
ECO Data	Business intelligence software in place compatible with TEIDS for the ability to develop child-level ECO profiles for TEIS point of entry offices and EIRAs	Aug. 2016 <b>[Not Met, Activity Revised]</b>

SSIP Improvement Strategy Strand	Activity Step: Show Stoppers	Implementation Date
Eligibility Procedures	The hiring of additional TEIS point of entry staff (i.e., service coordinators and developmental specialists) in order to implement process changes to increase the number of referrals bypassing screening and moving straight to eligibility evaluation and the presumed increase referrals resulting in IFSPs	Dec. 2016 <b>[Completed]</b>
Family-Centered Services	Additional funding for EIRA contracts for the IFSP service of developmental therapy due to long-range anticipation for increase of children served	Oct. 2017 <b>[In Progress]</b>

Figure 6: "Show-Stoppers"

## Stakeholder Involvement in SSIP Implementation

### ***State Interagency Coordinating Council (SICC)***

The State Interagency Coordinating Council (SICC) continued to serve as the primary stakeholder group for SSIP work. The SICC provided input and guidance on phase III implementation and evaluation. Four quarterly meetings were held between April 2018 and Jan. 2019. One conference call meeting was additionally scheduled with membership in March 2019 to review the final draft of this report. During SICC meetings, state SSIP leadership shared data analysis and ongoing SSIP work efforts, soliciting feedback from membership and the typical 40–50 visitors present. SICC membership consists of representatives from the following agencies/groups:

- Tennessee Department of Health
- Tennessee Department of Children's Services (DCS)
- Tennessee Department of Education
- Bureau of TennCare
- Tennessee Council on Developmental Disabilities
- Early childhood higher education
- Pediatrics
- TEIS vendors, EIRAs, and parents

Visitor representation consisted of TEIS point of entry district administrators and leadership staff; EIRA administrators and early interventionists; vendors; and other TEIS state staff.

The SICC reviewed highlights from phase III, year 2 at the April 2018 meeting as well as in-depth information on early childhood outcomes data. At the Oct. 2018 and Jan. 2019 SICC meetings, additional information was shared and feedback gathered around the family outcomes data collection process discussed in the [family-centered services](#) section of this report. Next steps were discussed with SICC input.

## ***Review Committees***

Beginning in 2016, TEIS established three review committees, each consisting of representatives from a stakeholder group within the system (i.e., TEIS staff, EIRA staff, and vendors). The purpose of these review committees is to provide direct input and participate in shared decision-making on proposed changes to policies and procedures impacting the group. For example, the TEIS review committee helped to develop a revised operations manual for staff as well as the training to accompany it. The members of the EIRA review committee were the first to take the early interventionist credential and guided modifications to it.

In Jan. 2017, TEIS hosted the first joint meeting of these groups in order to gather input on ways to improve IFSP teaming and collaboration. These meetings continued during phase III, year 2 to discuss streamlining of forms/procedures, and options for improving service delivery given infrastructure barriers. Additional information about the work of these committees is shared in the [IFSP team function](#) and [family-centered services](#) improvement strategies.

In March 2018, TEIS began accepting applications for membership on the review committees for TEIS staff and EIRAs, as the original members had served longer than originally planned. TEIS received an increased number of applications from individuals across the state, including applications from current members asking to continue to serve on their committee. This demonstrates a high level of interest and the perceived value placed on members' time.

New members were announced in April 2018. In the past year, the TEIS committee met twice to discuss service coordinator individual performance plans and ways to streamline work in point of entry offices. The vendor committee met to develop performance measures for the new contract cycle. The performance measures are discussed further in the [family-centered services improvement strategy](#). The vendor committee also helped to revise/update the assistive technology list for the new contracts. The three committees will come together in March 2019 to provide input into the development of a differentiated monitoring and support system for the new contract cycle. The goal of the system is to improve utilization of technical assistance resources, and also ensure monitoring systems are more

inclusive of all service providers in the early intervention system (i.e., point of entry offices, EIRAs, and vendors).

## ***State and Community Organizations/Initiatives***

### Tennessee Young Child Wellness Council (TNYCWC)

The TNYCWC was appointed by the Governor as the state Early Childhood Advisory Council. TEIS central office leadership participates in meetings and is on the steering committee. Until recently, the TNYCWC was coordinated by the Department of Health due to the connection with Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). Project LAUNCH funding ended in 2018, and the council was transferred to the Tennessee Commission on Children and Youth, which is a state advocacy and policy agency. The commission has contracted with a private consultation group to support the development of the council's new strategic plan. Interviews with selected council members were being scheduled at the time of the writing of this report, and a brief survey was being prepared for all past active members. TEIS' strategic planning coordinator serves on the steering committee for the council, and has been included in the development of the new strategic plan.

See [IFSP team function improvement strategy](#) for additional information on the Early Success Coalition in Memphis, which was also funded by the Project LAUNCH grant.

### Association of Infant Mental Health in Tennessee (AIMHiTN)

This association began six years ago as a collaboration of professionals dedicated to the promotion of infant mental health. In June 2016 this initiative officially became a professional association. In Nov. 2017, AIMHiTN launched an Infant Mental Health Endorsement® (IMH-E). This endorsement provides the early care and education workforce the opportunity to expand or prove their skills in support of infant and toddler social-emotional development. Since the launch of the endorsement, Tennessee has endorsed 39 infant mental health professionals and 232 more have applied for IMH-E®. Of the 271 applicants, 77 (28 percent) are from early intervention. The 271 applicants for endorsement in just over the first year represents an enormous commitment to the well-being of Tennessee's infants and young children. As infant mental health largely focuses in parental attachment and engagement, this endorsement supports TEIS' goals in family centered services and IFSP team function. Requirements for reflective supervision are also embedded into the IMH-E® requirements, which also supports TEIS' goals in the implementation of the family guided routines based intervention (FGRBI) model under the [family-centered services improvement strategy](#).

TEIS' director of early intervention programming serves on the AIMHiTN advisory board, and TEIS' strategic planning coordinator attends quarterly AIMHiTN meetings and has served on the planning

committee for the state's infant mental health conference, which is hosted through the Tennessee Department of Mental Health and Substance Abuse Services. In 2018, TEIS began offering early interventionists obtaining their IMH-E® five hours of credit toward their required annual professional development training hours in the fiscal year in which they are granted the endorsement.

#### Governor's Children's Cabinet—Single Team/Single Plan Approach

In the SSIP Phase III, Year 2 Report, TEIS shared that the Governor's Children's Cabinet, which was co-chaired by the former Governor and First Lady of Tennessee, was in the process of rolling out the single team/single plan approach to every region across the state. This approach started as a pilot in two areas and used DCS's family team meetings as a structure to improve service delivery to families with a baby diagnosed with Neonatal Abstinence Syndrome (NAS). The teams developed an overarching single plan of care for the family, which avoided redundancies and streamlined state services. Shared communication tools were used to enhance teaming and collaboration. Due to the success of the pilot, plans were developed to roll out the model across the state based on regional needs and priorities—not necessarily NAS focused—while still using the DCS family team meetings as a structure for support.

As of the time of the writing of this report, the rollout had been completed for at least one county in every region across the state and has continued for additional counties within the region. TEIS' part C coordinator and executive director serve on the steering committee for the statewide project, and TEIS point of entry office staff participate in the meetings for their counties.

## Eligibility Procedures Improvement Strategy

### **Background**

The eligibility procedures coherent improvement strategy is designed to minimize the number of children who are found initially ineligible for part C services via screening or evaluation, and are re-referred and later found eligible. Data analysis completed during SSIP phase II supported eligibility procedures as a root cause for low performance.

One improvement activity is associated with this improvement strategy. This activity was revised slightly to reflect the shift from eliminating screening for selected referrals (i.e., referrals from the medical community) to eliminating screening for all referrals. This change was based on extensive data analysis as outlined in this and previous SSIP reports. The activity now reads as follows:

- Modify screening process by implementing procedure to send all referrals straight through to evaluation without conducting screening

As reported in previous SSIP reports, work on this activity began in 2015 with TEIS point of entry offices working to bypass screening and send selected referrals straight to evaluation. In the SSIP Phase III, Year 1 Report TEIS shared data analysis revealing the shift from referral to evaluation resulted in:

- Increased number of referrals, particularly from the medical community
- Reduction of days between referral and eligibility determination
- Reduction of days between referral and initial IFSP development
- Increased number of referrals resulting in an IFSP and increased number of children with IFSPs
- Increased number of ineligible referrals
- Increase in the percentage of the population served as evidenced by the annual child count data

The earlier work on this activity also confirmed that bypassing screening and shifting intake and other front-end responsibilities to evaluators supported retention of families and led to fewer file closures and later re-referrals of children. These improved evaluation and intake procedures, and the resulting retention of families has led to improved relationships with referral sources and increased referrals each year since the implementation of the SSIP began (See figures 7 and 8 on the following pages).

Referral trends are analyzed monthly. Figure 7 below shows monthly referrals to TEIS from fiscal year 2013-14 through the first half of fiscal year 2018-19. As the chart demonstrates, monthly referrals have increased annually for the past few years, which confirms the changes made to TEIS' eligibility procedures are having a positive impact on the state's child find activities and supports stakeholders' assertion in phase I of SSIP that TEIS' eligibility procedures were a root cause of low performance.

Based on the Dec. 1 active child count of all children who are eligible and have an IFSP, there was a 14 percent increase in the number of infants and toddlers with IFSPs from the 2015 to 2016 Dec. 1 child count, and a 19 percent increase from 2016 to 2017. The table below shows the birth to three (i.e., APR indicator 6) child count trends from fiscal years 2013-14 to 2017-18. For the first time, TEIS met and exceeded the state target for indicator 6 in fiscal year 2017-18 (figure 8). Figure 8 also demonstrates that the increases to the Dec. 1 child count are across each district and not limited to certain regions of the state.



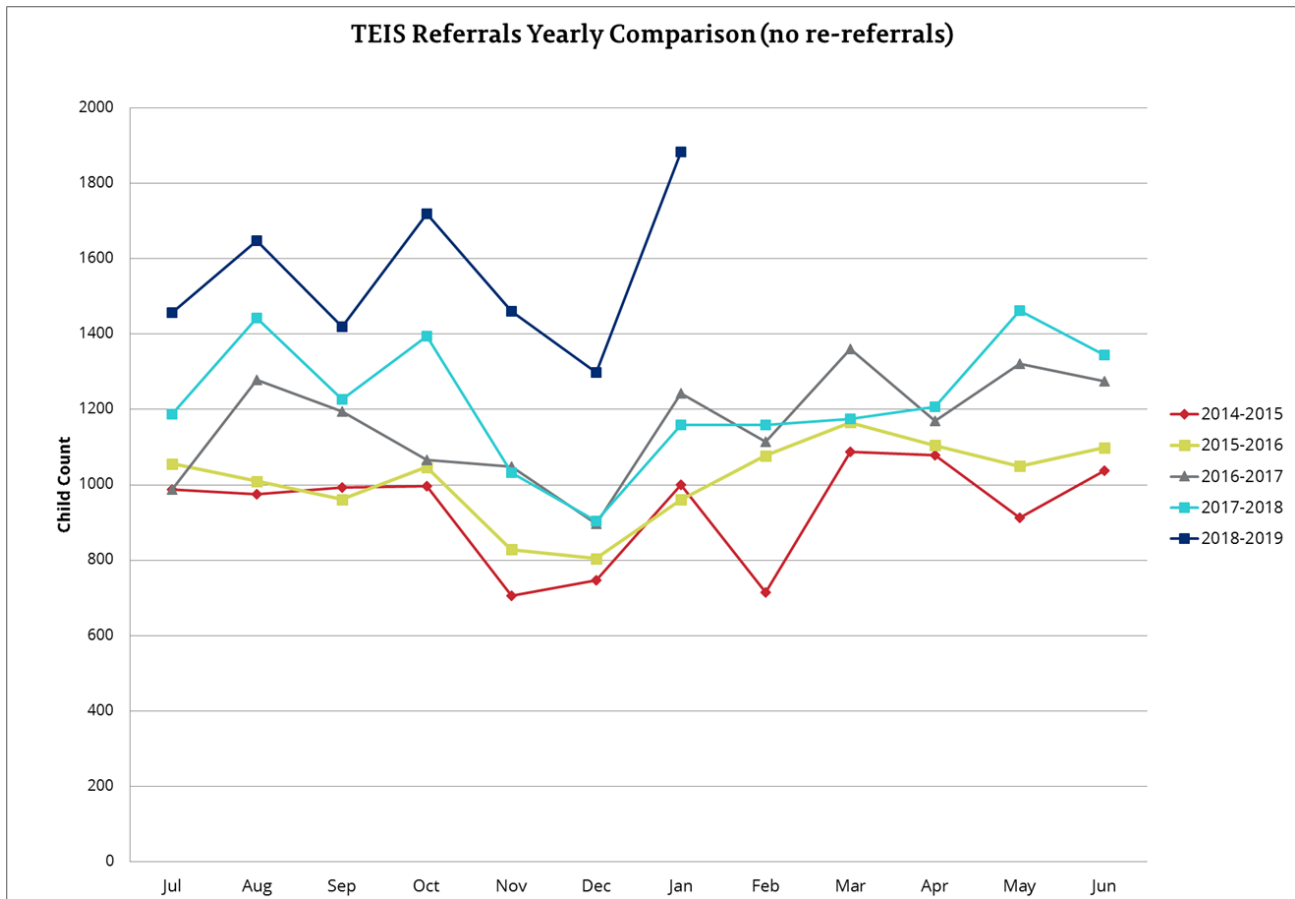


Figure 7: Chart of TEIS Referrals Yearly Comparison chart from 2013-14 (pre-SSIP) to 2018-19

#### TEIS Indicator 6 Analysis - FY 2017-18

**Indicator C6: The percent of infants and toddlers birth to 3 with IFSPs compared to national data.**

**TN Target: 2.37%** National Average: 3.26%

POE	2013-14	2014-15	2015-16	2016-17	2017-18	Trend	Meets Target	At least .10% below target	Progress in Meeting Target
East Tennessee	2.07%	2.03%	2.36%	2.54%	3.03%		✓		
First Tennessee	2.64%	2.70%	2.82%	3.69%	4.35%		✓		
Greater Nashville	1.28%	1.28%	1.42%	1.66%	2.10%			✗	
Memphis Delta	1.42%	1.66%	1.94%	1.97%	2.28%				
Northwest	2.31%	1.97%	2.47%	2.92%	3.62%		✓		
South Central	1.94%	2.01%	2.15%	2.18%	2.59%		✓		
Southeast	1.00%	1.41%	1.67%	1.82%	2.12%			✗	
Southwest	1.96%	2.22%	2.79%	3.06%	3.39%		✓		
Upper Cumberland	2.04%	2.18%	2.58%	3.31%	3.78%		✓		
STATEWIDE	1.73%	1.83%	2.08%	2.34%	2.77%		✓		

Figure 8: Table of TEIS annual Dec. 1 child count (APR Indicator 6) by district showing trends and progress

## Infrastructure Development

High service coordinator caseloads were identified as a root cause for low performance during phases I and II of SSIP. TEIS identified a show stopper action step in the eligibility procedures implementation plan of hiring additional staff in order to support the increased demand. As a result of the infrastructure analysis and this root cause of low performance, TEIS was granted twelve additional service coordinator positions. The twelve positions were distributed across districts based on need, with each district getting at least one. The additional staff were hired as of Sept. 2016. Based on ongoing need, four additional service coordinator positions were granted. These went to the four largest offices, and staff were onboard as of July/Aug. 2017. TEIS was informed these were the last positions available in the department and additional positions would have to be granted through legislative approval.

The impact of the 16 additional positions has been offset by the increase in referrals as well as the conversion of service coordinators to developmental specialists to meet the demand for evaluations. Therefore, service coordinator caseloads remain at a level higher than the department's recommendation of 50–55 per full time service coordinator. The following chart (figure 9) shows average service coordinator caseloads over time based on monthly targeted case management visit reports.

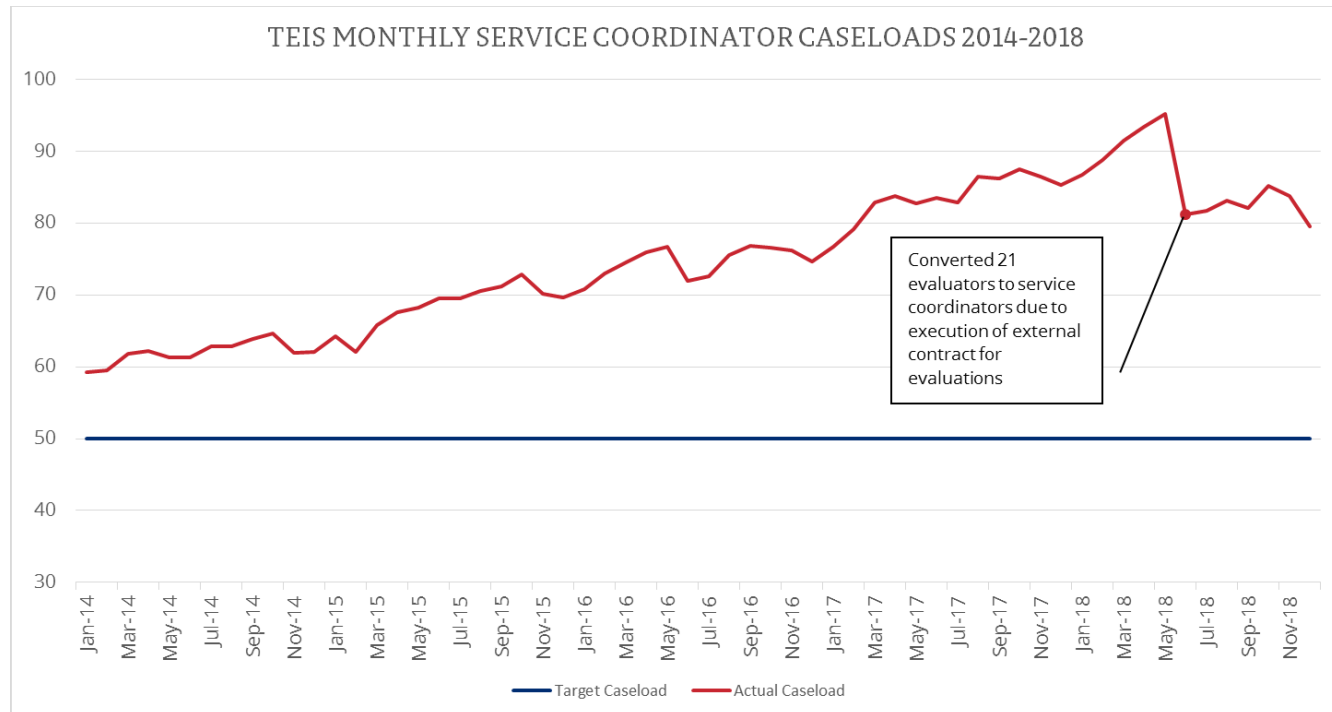


Figure 9: Chart of TEIS Monthly Service Coordinator Caseloads

### Legislative Requests

In fiscal year 2017-18, the TEIS executive director worked with department executive leadership to develop and submit a legislative request for 30 additional service coordinator positions. If approved, the positions would have been effective beginning July 2018. An earlier version of the chart above (figure 9) was submitted with the request showing monthly caseloads from Jan. 2014 to April 2017 compared to the recommended caseload target of 50. If granted, the 30 additional positions would have brought caseloads down significantly, but they would still exceed the department's recommended level. Despite having support from the department and other advocacy groups, in Feb. 2018 TEIS was informed the legislative request was denied.

In fiscal year 2018-19, TEIS worked with department leadership to revise and submit a new legislative request for positions. In this revised legislative request, TEIS asked for 65 service coordinator positions, as well as \$8 million in funding to support the positions. This request, along with the conversion of evaluation staff to service coordinators as a result of contracting for evaluations, described in the next section of this report, would bring service coordinator caseloads down to the recommended level. The request demonstrated the impact of the high caseloads on children and families. This new request received support from the department, as well as the Department of Finance and Administration, and was recommended for inclusion in the Governor's budget. The state is currently undergoing a change in administration, and the new Governor conducted budget hearings prior to his first State of the State address, which was held March 4, 2019. It was announced during his address, and published in the [fiscal year 2019-20 budget](#) on the finance and administration website, that TEIS' request was approved, and will be effective July 2019.

### Contracting for Eligibility Evaluations

Simultaneous to the first legislative request, TEIS developed a proposal to address staffing needs for eligibility evaluations. As TEIS districts have moved from screening to evaluation for more children and referrals have increased, more staff have been needed to complete evaluations. While the social counselor II designation for both service coordinators and developmental specialists (i.e., evaluators) allows for transition of responsibilities, moving staff from service coordination to evaluation duties has put additional strain on service coordinator caseloads.

As a solution to both the caseload issue and the increased demand for evaluations, TEIS proposed and received approval for contracting for eligibility evaluations. In Dec. 2017, TEIS publicly posted a solicitation request for entities to submit proposals for a grant award to complete all eligibility evaluations. To be considered, agency proposals must address specific stated criteria. The solicitations were reviewed and scored by a committee. In Feb. 2018, intent to award letters were sent to three

selected agencies, one in each grand region of the state (i.e., east, middle, and west). Recipients of these grant awards are held to the same timelines and expectations of quality as when eligibility evaluations were conducted in-house. These contracts were executed May 2018 with a 30- to 60- day transition window. In July 2018, all initial eligibility evaluation responsibilities shifted from TEIS point of entry offices to contractors, and the use of screening was discontinued in Tennessee. Training for evaluators and cross-training for service coordinators and evaluators was conducted in each region in July.

Of the 31 TEIS social counselor II positions with duties as developmental specialists (i.e., evaluators), 21 were converted to service coordinators, helping to alleviate high caseloads (see figure 9 for impact). The remainder are used in a new TEIS eligibility specialist role to manage requesting medical records and making the final determination of eligibility for all children. As anticipated, caseload relief for service coordinators in some districts was not seen until several months after transition due to staffing vacancies created by developmental specialists electing to migrate to contracted agencies.

### ***Data Analysis and Evaluation of Eligibility Procedures Improvement Strategy***

Data analysis has been used to guide decision-making throughout the development, implementation, and modification of this improvement strategy. The data analysis has been instrumental in TEIS' decision to eliminate screening and contract for eligibility evaluations.

As a requirement of their contract, each of the evaluation agencies received training on the (BDI-2 directly from the publisher, Houghton Mifflin Harcourt. This training is an annual requirement to support fidelity with the evaluation instrument.

#### **Analysis of Referrals by Eligibility Determination**

For the purpose of analysis, the outcome of a referral is grouped into one of three categories:

- **Eligible**: Child received an evaluation and was determined eligible for TEIS.
- **Ineligible**: Child received an evaluation and was determined ineligible for TEIS.
- **Eligibility Not Determined**: Child did not receive an evaluation; therefore, eligibility could not be determined. This includes children who received a screening but not evaluation, families who declined to participate in services, and those with whom contact could not be made.

Quarterly data analysis has been completed since the start of the evaluation contract to monitor the impact on the rate of eligibility. Analysis through Nov. 30, 2018 (figure 10) shows the rate of eligible children is nearly identical to the rate when TEIS staff were completing evaluations. However, fewer

children are in the category of eligibility not determined, meaning fewer files are being closed prior to a definitive determination of eligibility. Each stacked bar in the chart represents 100 percent of the referrals for that fiscal year or timeframe if otherwise noted.

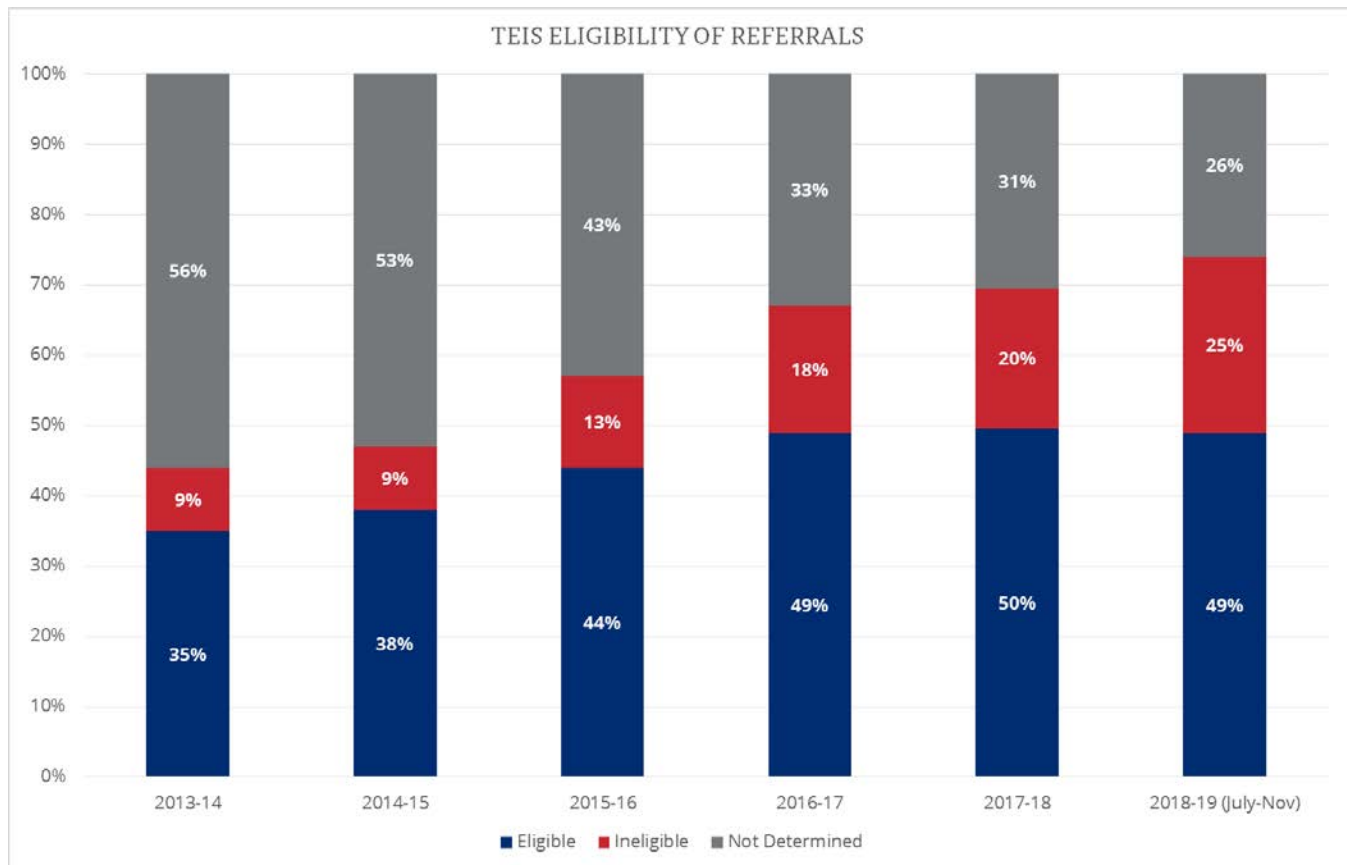


Figure 10: Chart of eligibility of referrals to TEIS from fiscal year 2013-14 to current

In addition, figure 11 demonstrates improvements in the timeframe for initial referrals. Per the IDEA, once a referral is made part C programs have 45 calendar days to determine eligibility and write an IFSP for eligible children. Since the implementation of the evaluation contract, the average days from referral to eligibility determination decreased to 13 calendar days. While there have been corresponding decreases in the average days to initial IFSP, infrastructure considerations, such as high service coordinator caseloads and coordination of evaluator and service coordinator schedules for the initial IFSP meeting have prevented it from happening closer to the eligibility date.

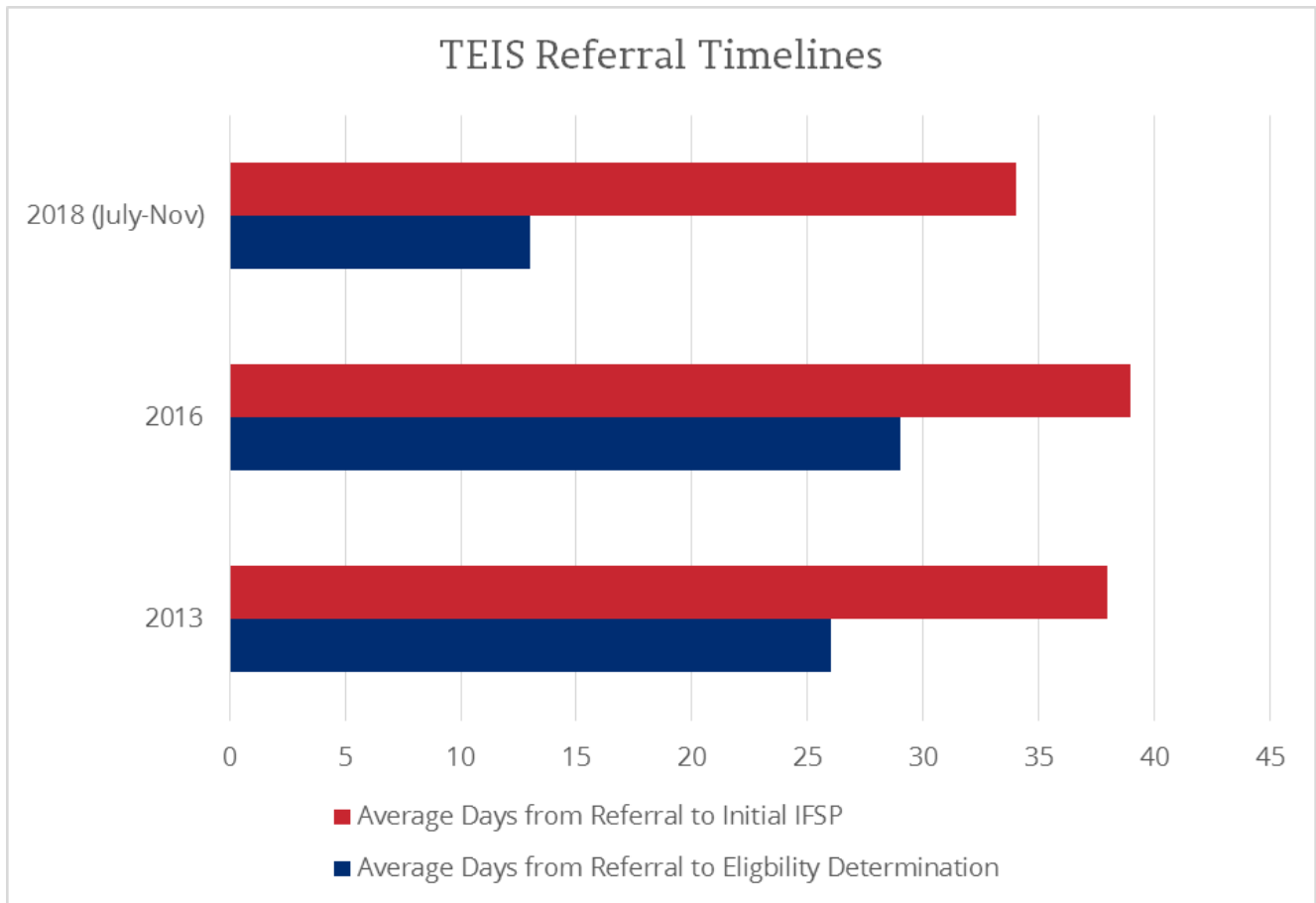


Figure 11: Chart of 45-day timeline for referral to TEIS

TEIS is also demonstrating improvements in working with families in low socioeconomic counties (figure 12). Family factors, particularly socioeconomic status, were identified as a potential root cause of low performance during SSIP phases I and II (see [SSIP Phase II Report](#) for detailed analysis). County-level data using multiple factors of economic well-being has been utilized to identify the lowest and highest 25 percent of counties in Tennessee. The chart below demonstrates that modifications to eligibility procedures has led to improvements with the rate of referrals from low socioeconomic status counties to TEIS with a definitive determination of eligibility, which indicates the modifications to eligibility procedures that streamline the front-end processes are assisting with retention of families. Contracting for evaluations has furthered these improvements already initiated in previous years.

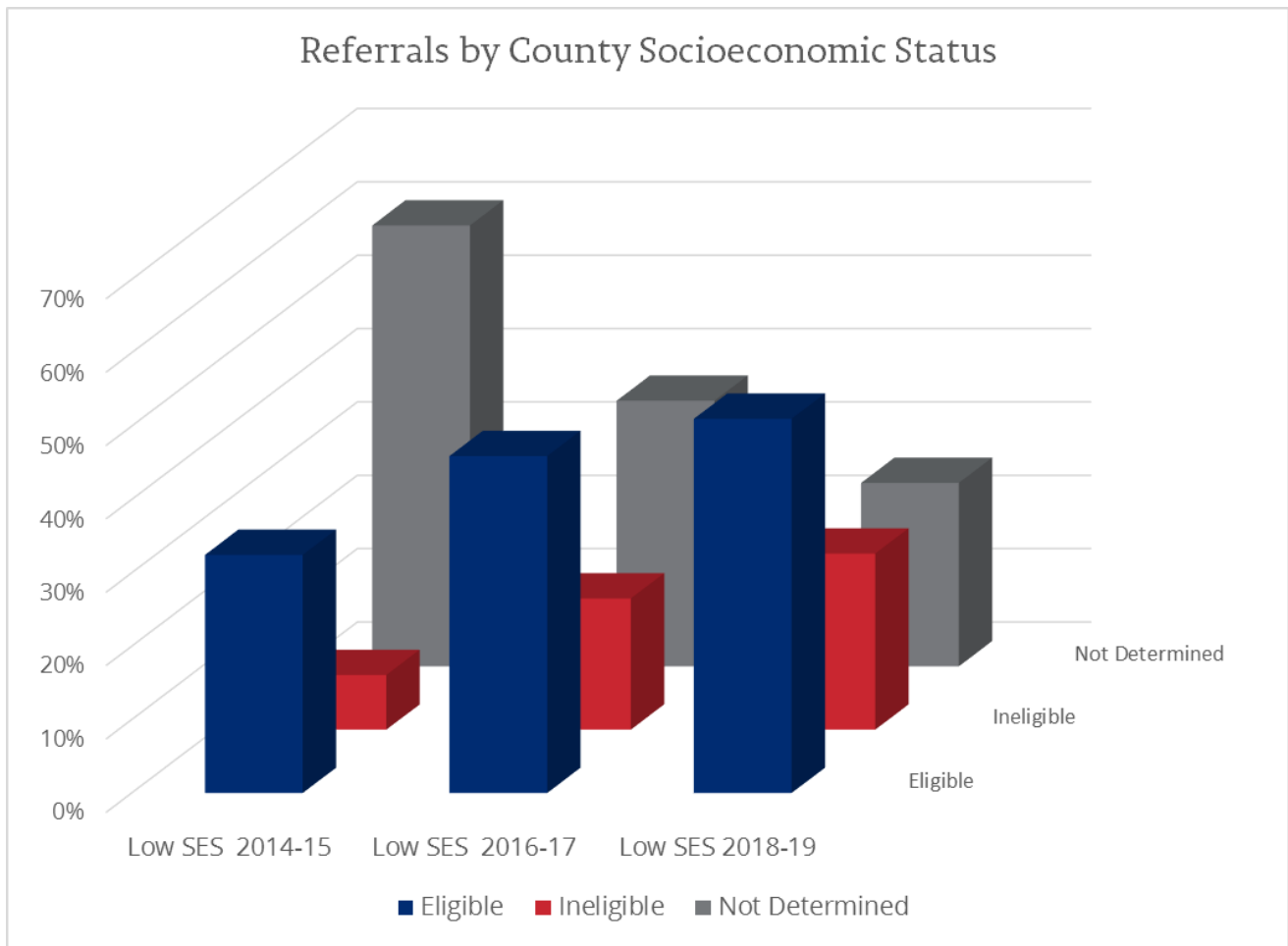


Figure 12: Chart comparing TEIS eligibility of referrals for low socioeconomic status counties in three timeframes

### Demand for Services

See indicator 1 of TEIS' APR submission and [IFSP team function](#) and [family centered services improvement strategies](#) for updates to the increase in the demand for services.

### ***Next Steps***

Next steps in the eligibility procedures improvement strategy include continued monitoring of the evaluation contract and logistics (e.g. hiring, training, workspace, equipment needs) associated with the large growth in TEIS' workforce with the 65 positions in the legislative request.

# Individualized Family Service Plan Team Function Improvement Strategy

## ***Background***

The goal of the IFSP team function improvement strategy is to establish clear expectations for the role of the IFSP team and the contributions of its members in achieving child outcomes to ensure that local programs have well-functioning IFSP teams that are coordinated in their implementation of early intervention services. This improvement strategy included two implementation plan activities:

1. Establish clear expectations and roles for IFSP team members; and
2. Increase family engagement with TEIS by strengthening early intervention providers' (e.g., TEIS service coordinators, developmental specialists, and early intervention service providers) skills in working with families from low socioeconomic status counties including families in crisis and diverse cultures.

## ***Progress in Implementing Strategy***

### **Activity 1: Establish clear expectations and roles for IFSP team members**

#### Co-Visiting

As reported in previous SSIP reports, stakeholders identified a barrier to IFSP teaming that TEIS had in the billing system that did not allow two providers to submit for payment of services rendered at the same time. This issue was identified at a stakeholder meeting in Jan. 2017 and corrected immediately in Feb. 2017, and additional guidance went out to service providers expanding the definition of allowable activities for a developmental therapy visit to include co-visiting with providers of other therapeutic services, and attending both transition planning conferences and individualized educational program (IEP) meetings for children transitioning from early intervention services into school-based services. Attending IFSP meetings was already an allowable activity for a developmental therapy visit at that time, however, additional guidance was provided on completing service logs to ensure all parties received payment. These co-visits support TEIS' vision of IFSP teaming as they allow team members the opportunity to communicate, jointly plan interventions, and learn from each other.

The process for data collection on the number of co-visits completed by early interventionists with service providers of occupational therapy, physical therapy, and speech therapy was initiated in July 2017 as part of the attendance documentation submitted monthly by EIRAs. However, that data collection process proved problematic and was discontinued Jan. 2018. A correction to the process was made in the workbooks beginning July 2018 for the 2018-19 fiscal year, slightly improving data collection. Unfortunately, the process is still cumbersome for agencies. Therefore, TEIS is working with



the developer of the TEIDS data system to build a report that would replace the current manual attendance workbook that EIRAs submit monthly. In order for this report to function, the developer had to design the capability to document an IFSP teaming opportunity with a family and another provider. This functionality was deployed on Jan. 2, 2019 in TEIDS. When a provider visits the family along with another, that visit may now be entered into the system in the newly created IFSP teaming field on the service log screen. The provider will check the appropriate radio button in the IFSP teaming field if the visit involves an IFSP teaming opportunity. The resulting field will be populated on the related service log line. This allows TEIS to collect service log data on the following activities:

- Co-visits: an IFSP team member attends a session with another IFSP team member (e.g., early interventionist attends a session with physical therapist)
- IFSP meetings: provider attends an IFSP meeting
- IEP meetings: provider of a service on the child's IFSP attends an IEP meeting for children transitioning from TEIS services

Since the field was just deployed in Jan. 2019, and the report functionality is still under development, TEIS was unable to pull data from the new field for this SSIP report. A review of the data submitted in the current monthly attendance workbooks was conducted for the months of July 2018, Oct. 2018, and Jan. 2019 (quarterly). The data showed that approximately half of the agencies submitting home-based developmental therapy attendance workbooks were regularly tracking and reporting the IFSP teaming fields (i.e., co-visits, IEP meetings, and IFSP meetings). However, this is likely attributed to continued confusion among agencies over use of the field being suspended last year due to the functionality issues. Of the agencies reporting, IFSP teaming activities occurred in approximately three percent of all developmental therapy visits for the months reviewed, with IFSP meetings making up the majority of IFSP teaming activities reported. It is anticipated that the new field and attendance report in the data system (once deployed), will improve the accuracy of reporting of the IFSP team activities.

#### IFSP Teaming Goal Setting

The hiring of the two direct services coordinators in 2017 has presented new opportunities to work with EIRAs. The direct services coordinators worked with each district to identify a goal with action steps that would improve IFSP teaming. The broad themes of the goals include:

- Training and cross-agency communication
- Functional goals and team discussions that are meaningful for the family
- Roles of team members
- IFSP meeting activities

One example of a district IFSP teaming goal is in the northwest district where their goal is that the IFSP team will function effectively to address the concerns of the family to improve child and family

outcomes. Their action steps to address this goal were to: 1) define roles of team members during meetings, 2) conduct joint training, 3) improve communication among team members to benefit the family/child, and 4) utilize observations of IFSP meetings completed by supervisors (i.e., service coordinator observations) to provide data on team interactions and goal development. The early interventionists, service coordinators, and leadership in this district continue to meet quarterly for IFSP teaming sessions focused on the continuation of the activities outlined in this goal. See [family-centered services improvement strategy](#) for information on the service coordinator observation checklist.

This is just one example of a district goal. Each district set their own goal and activity steps for the year, and most district IFSP teaming activities have included a full collaborative workshop that includes all EIRA staff, evaluation agency staff, and point of entry staff. These events are the first of their kind for TEIS, and have shown to be a very positive endeavor that allow all district staff to interact, communicate, and build relationships. In addition, leadership from these three groups have worked to plan for and facilitate each workshop, along with the early childhood consultant(s) and direct services coordinator that serves that district. Often, local interagency coordinating councils have been the platform for those planning meetings.

The direct services coordinators will work with each district at the end of the fiscal year to review and analyze the results of their activities. These IFSP teaming goals have given each district the opportunity to work together to identify their own unique needs, concerns, and priorities. This strategy increases local programs' capacity to engage in improvement activities.

#### IFSP Meeting Attendance

In the SSIP Phase III, Year I Report, TEIS reported baseline data for IFSP meeting attendance for fiscal year 2014-15. The data analysis conducted on a random sample of the records in the TEIDS database of 604 annual IFSP meetings (equal number per service coordinator) conducted during fiscal year 2014-15 revealed:

- Documentation that meeting invitations were sent to IFSP team members was present in 41 percent of the records
- In addition to the parent(s) and service coordinator,
  - Forty-one percent of records showed that a participant from the EIRA was present (note: this does not necessarily represent the same 41 percent who received invitations)
  - Eighteen percent included a vendor participant, either in person or by report

The same analysis was repeated for fiscal year 2017-18 with 756 records reviewed. To complete the review, annual IFSP meetings records were pulled from TEIDS, and six records were randomly sampled

per active service coordinator. The documentation of meeting invitations was comparable to the rate for fiscal year 2014-15 (figure 13). However, as seen in figure 14 below, actual meeting attendance by team members (other than service coordinator and parent) increased from 41 percent of meetings sampled to 55 percent statewide. Further analysis shows the majority of the attendees are from EIRAs (figure 15).

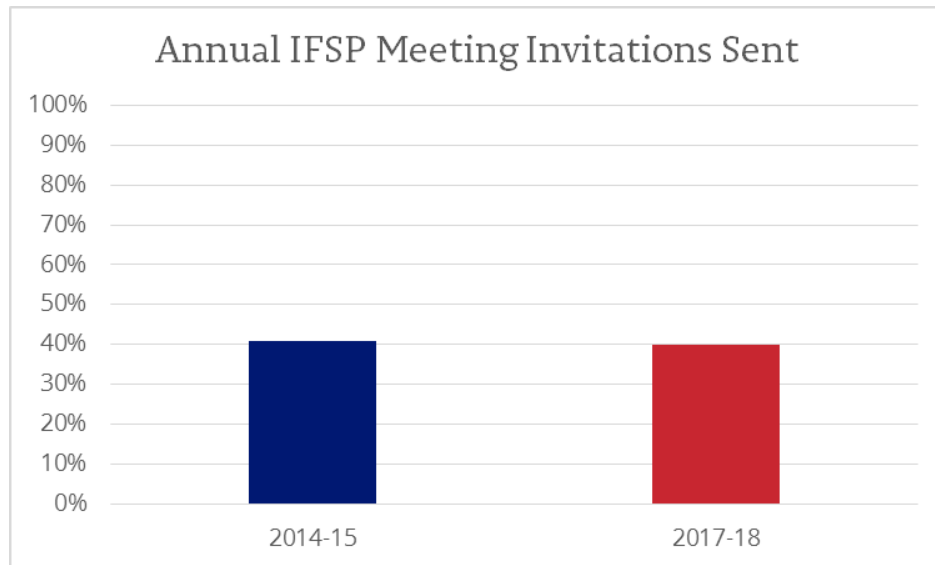


Figure 13: Documentation of meeting invitations sent to team members found in random sample of annual IFSP meeting records in TEIDS database.

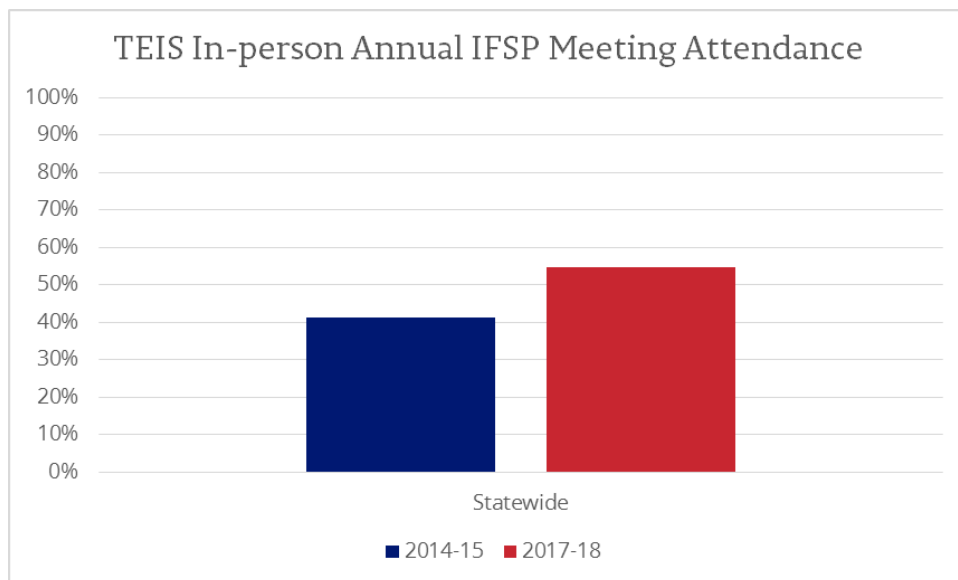


Figure 14: Comparison of percentage of annual IFSP meetings attended by a team members other than service coordinator and parent in fiscal years 2014-15 and 2017-18.

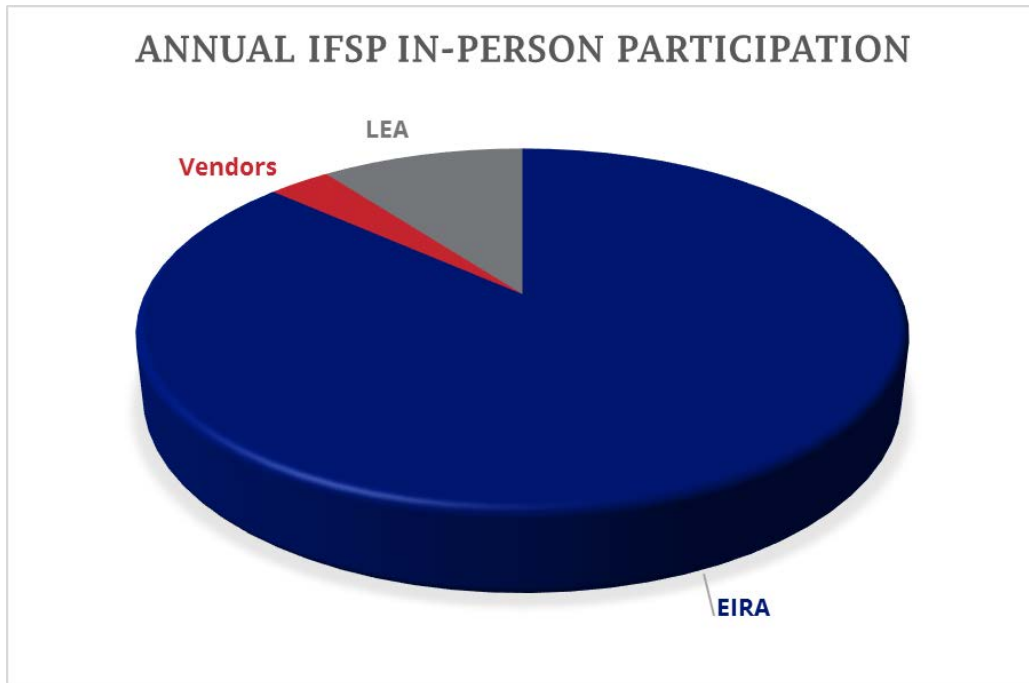


Figure 15: Pie chart showing the breakdown of annual IFSP in-person team member participants by agency for fiscal year 2017-18.

In follow-up conversations after the fiscal year 2014-15 data review, service coordinators indicated a process in the TEIDS data system may not be adequately capturing notifications to team members. TEIDS has an IFSP meeting scheduling feature that automatically emails notifications to team members of meetings. However, it does not automatically record a contact log of that notification. Unless the service coordinator separately enters the contact log that the scheduler tool was used to notify team members, that documentation is lost. Given the high caseloads, it is unsurprising that the documentation is frequently missing. However, TEIS is pleased in the increase in the percentage of annual IFSP meetings with team members present, despite the service coordinator's high caseloads.

#### *Next Steps*

TEIS placed a new scope of service item in the fiscal year 2019-24 contracts for all therapy providers (EIRAs and vendors), requiring IFSP team members to participate in either a six month or annual IFSP meeting at a minimum of one time per year per child they serve. The mode of IFSP participation will be delivered in the priority order of: 1) face-to-face with family and other team members during IFSP meeting, 2) virtual with family and other team members during IFSP meeting, 3) telephone conferencing with family and other team members during IFSP meeting. In addition, the contracts for the evaluation agencies, which were executed in July 2018, also included a requirement that the evaluator attend the initial IFSP meeting. At the time of the writing of this report, TEIS was pulling preliminary data analysis to assess the number/percentage of initial IFSP meetings by district attended

by an evaluator. The requirement for the evaluator attending the initial IFSP meeting has been phased-in over the first year, depending on district capacity, therefore TEIS does not anticipate 100 percent compliance with this contractual requirement the first year. However, TEIS does anticipate these contractual performance measures will improve IFSP teaming over time. See [family-centered services improvement strategy](#) for additional information on contract performance measures.

#### Service Coordinator Observation Checklist

See the [family-centered services improvement strategy](#) for information about the service coordinator performance measures, including data analysis from the first year of the observations checklist.

### **Activity 2: Increase family engagement with TEIS by strengthening early intervention providers' (e.g., TEIS service coordinators, developmental specialists, and early intervention service providers) skills in working with families from low socioeconomic status counties including families in crisis and diverse cultures**

#### Project Connect

In the SSIP phase III, year 1 and year 2 reports, TEIS described local efforts in the Memphis Delta point of entry office to improve service delivery to vulnerable populations in three targeted zip codes. These efforts began when the office first started implementing modified eligibility procedures by bypassing screening and sending referrals directly to evaluation. At that time, the district did not have staff capacity to evaluate all referrals, so they began in the areas of most need, which was these three zip codes, based on data analysis described in previous reports. This also provided an opportunity for improving alignment with local initiatives, namely the Early Success Coalition (ESC). The ESC in Memphis is a consortium of local programs serving children and families in three targeted zip codes. These zip codes were identified as among the most vulnerable in the city of Memphis, the state of Tennessee, and are likely among the most vulnerable within the United States. From fiscal years 2013-2018 ESC was partially funded by and aligned goals with Project LAUNCH. The services provided by the ESC include:

- Increasing access to screening via training and support provided to child care centers in the target zip codes to screen children using the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire-Social Emotional (ASQ-SE);
- Nurturing parenting curriculum provided to small groups in 12-week sessions;
- Strengthening families liaison providing protective factors training; and
- Consulting with child care providers on infant mental health.

TEIS and ESC staff began working together in Oct. 2016 to develop and implement strategies for improving retention of families in TEIS, including outreach to the community, stakeholder input, and the utilization of a shared data system to improve communication. The Memphis Delta district calls this collaborative effort Project Connect. However, with the ending of Project LAUNCH funding in 2018, ESC has been in transition. The agency has moved administration from Lebonheur Children's Hospital to Porter-Leath, a community agency serving children and families in Memphis. Many of the staff did not make the transition, so much of the focus in the early days of this transition has been on staffing and continued funding.

During this same transition period for ESC, TEIS began contracting for evaluations statewide, which eliminated the use of screening across the Memphis Delta district beginning July 2018. Data analysis for this reporting cycle focused on the impact of contracting for evaluations on retention of families in the three zip codes in Memphis.

Last year's SSIP Phase III, Year 2 Report showed improvement in the targeted zip codes to the degree that they were outperforming the district as a whole in the rate of files closing within two months of referral. There are multiple reasons why files close during that time: families not completing evaluation process, ineligibility, unable to determine eligibility, or eligible child leaves the program before expected exit date. In the updated analysis for 2018, it initially appeared there was regression for the targeted zip codes (figure 16). However, when the year was divided into pre/post contracting for eligibility evaluations, the targeted zip codes again outperform the district as a whole (figure 17). In the eligibility procedures improvement strategy, analysis was shared about the improved timeline for eligibility determination. Based on the striking differences in the rate of closure in the first two months of service, analysis was conducted for the Memphis district comparing 2017 to the first and last six months of 2018 (figure 18), and it appears there may be a correlation between the expediency of eligibility determination and files remaining open. Unfortunately, service coordinator high caseloads is a factor that prevents TEIS from completing the initial IFSP earlier, even when eligibility is determined sooner. Coordinating schedules between service coordinators and evaluators is another factor.

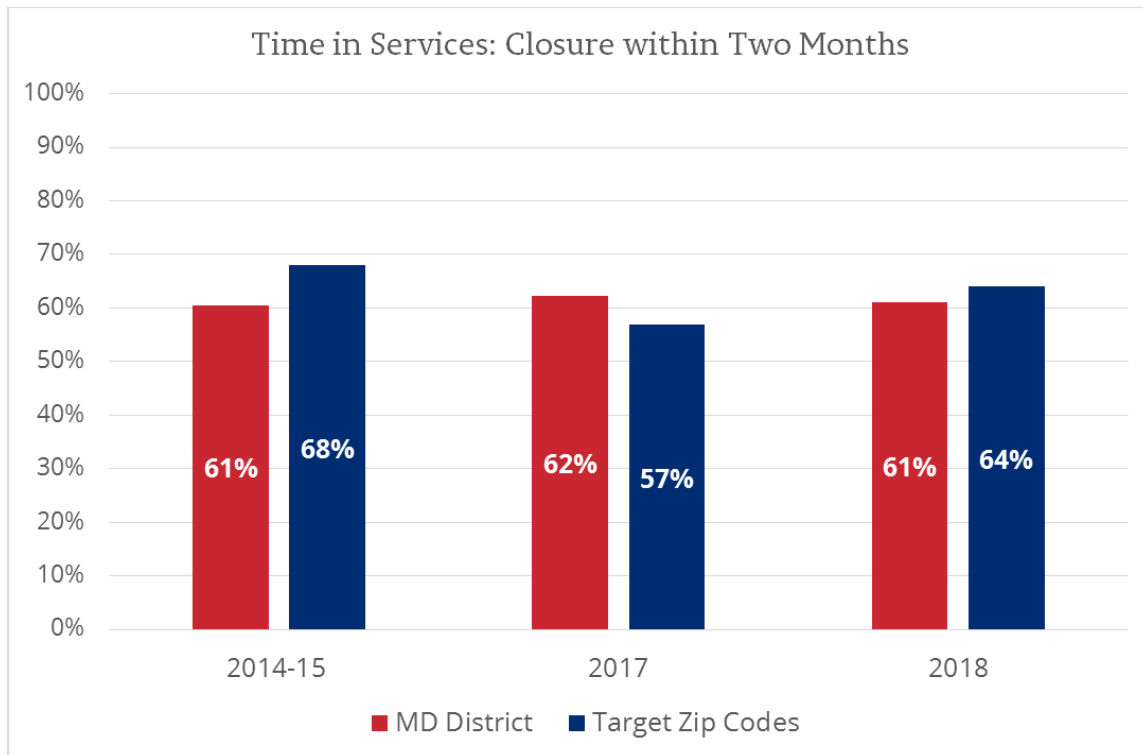


Figure 16: Chart comparing file closure within the first two months of referral for the Memphis Delta district to target zip codes before and during project implementation

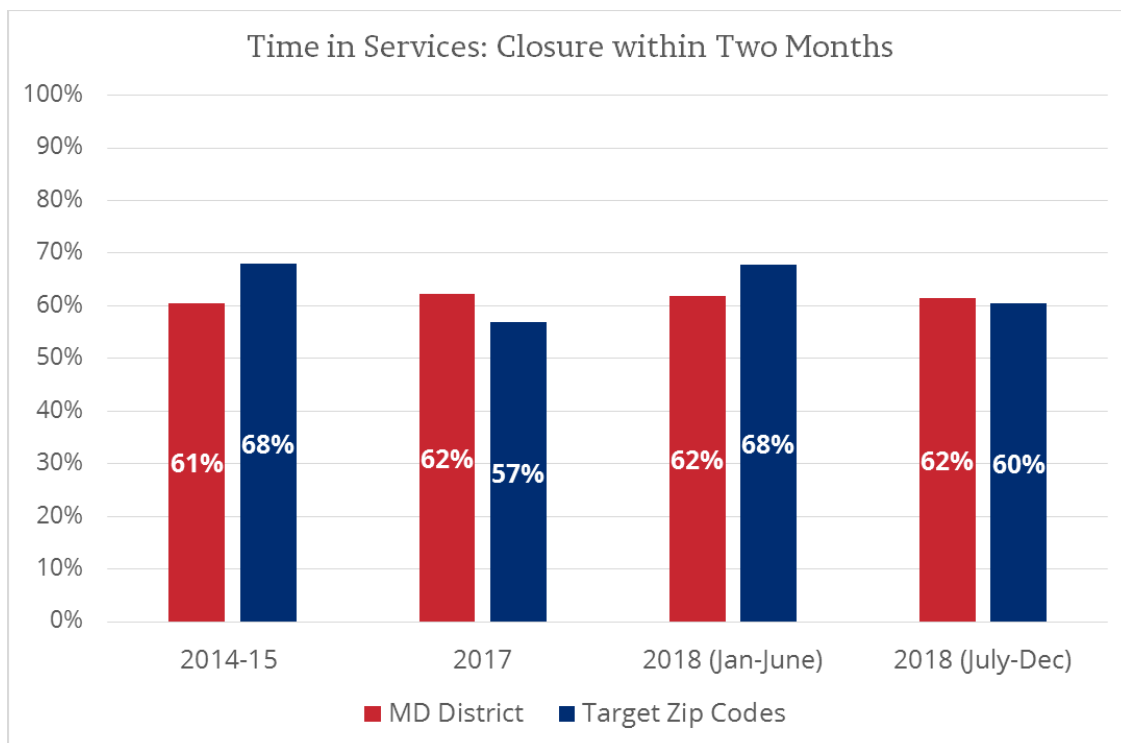


Figure 17: Chart comparing file closure within the first two months of referral for the Memphis Delta district to target zip codes before and during project implementation and before/after contracting for eligibility evaluation

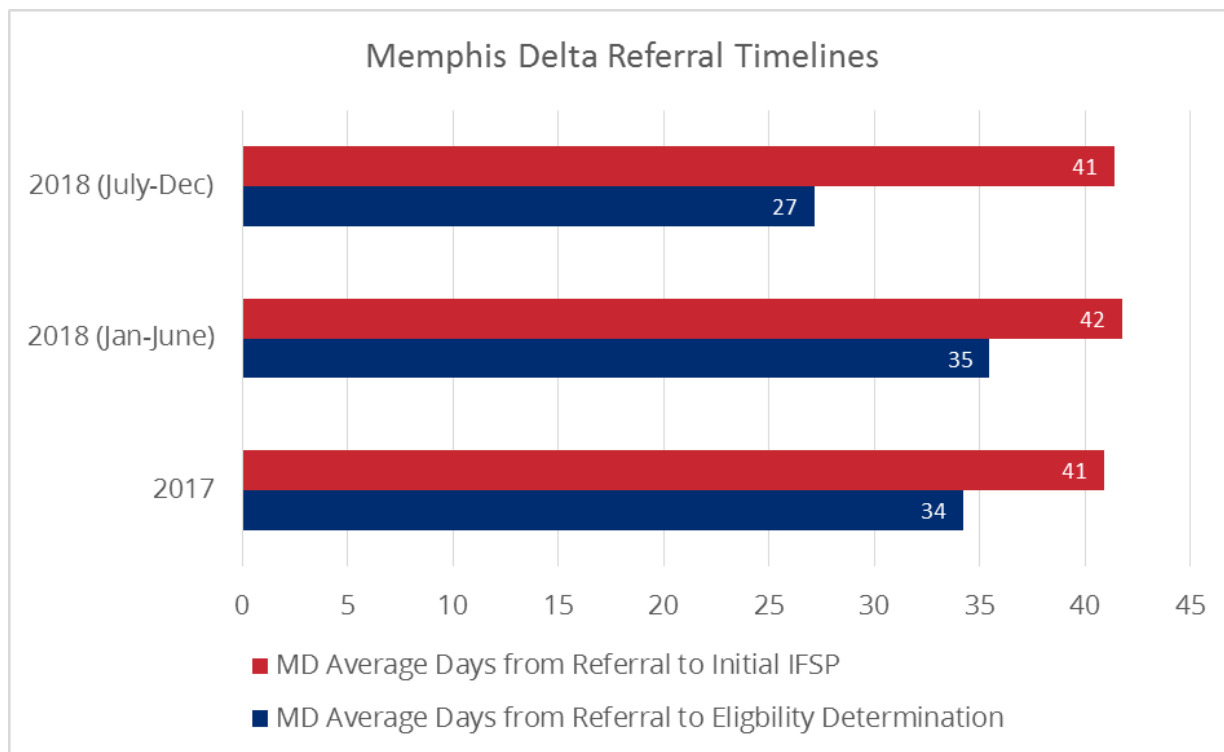


Figure 18: Chart comparing 45-day timeline from referral to eligibility determination to initial IFSP development in the Memphis Delta district before and after contracting for eligibility evaluations.

In addition, there has been significant improvement in the targeted zip codes in the retention of families within the first year of referral to TEIS with the targeted zip codes performing comparably to the district as a whole (figure 19).



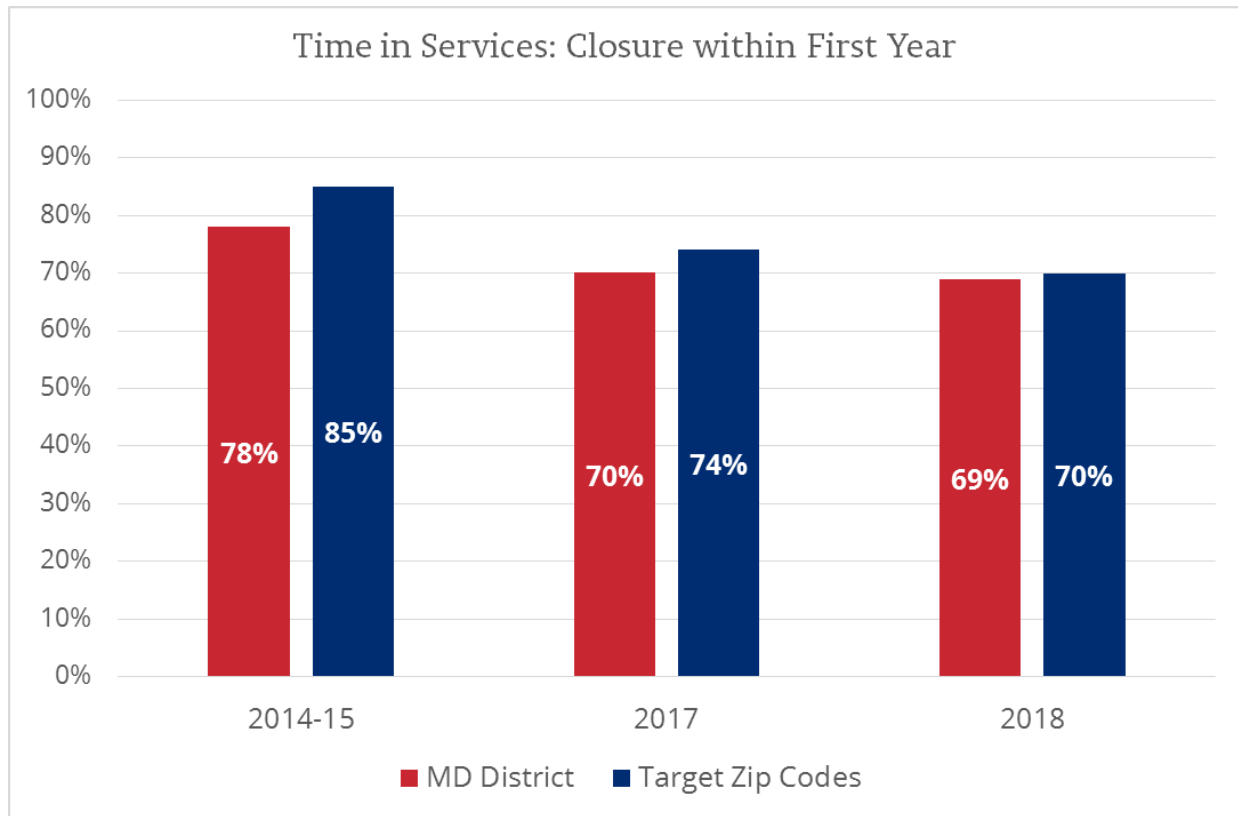


Figure 19: Chart comparing file closure within the first year of referral for the Memphis Delta district to target zip codes before and during project implementation

Finally, the targeted zip codes are now performing at a rate comparable to the rest of the district in the rate of referrals determined eligible, ineligible, and not determined (Figure 20). TEIS will continue to monitor the eligibility rate throughout the implementation of the five-year contract, and there are opportunities for improved communication as staff acclimate to this new process. However, the data shows that the contract for evaluations is a promising practice in streamlining service delivery to families.

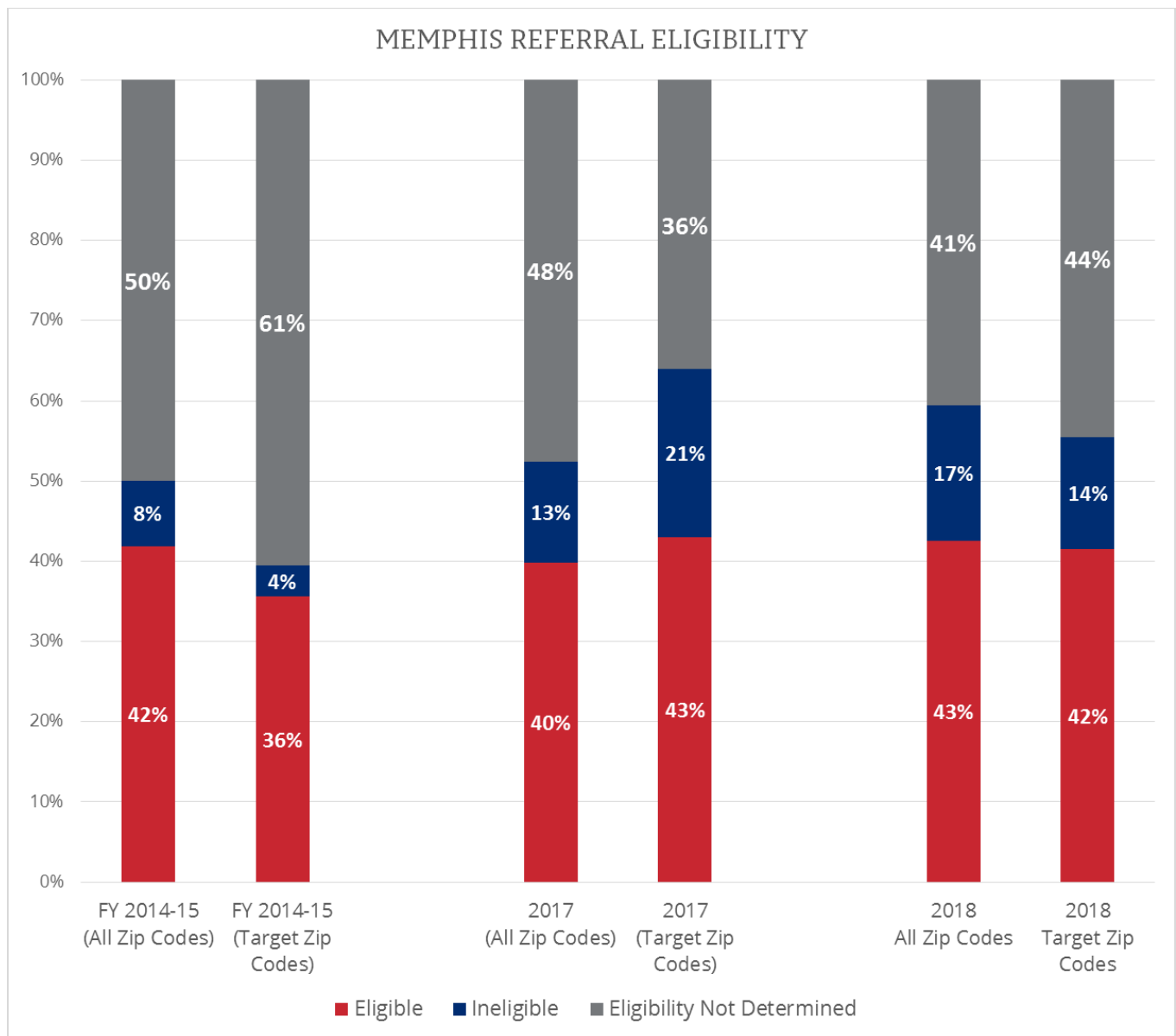


Figure 20: Chart showing outcome of referrals to TEIS in the Memphis Delta district compared to the project zip codes before, during, and after project implementation

### Next Steps

Project Connect in the Memphis Delta district has undergone some shifts in focus with the ending of the ESC grant, and TEIS' contracting for eligibility evaluations statewide. Staff associated with the project have shifted the focus of retention to after the initial evaluation period and onto ongoing service delivery. However, for the purposes of TEIS' SSIP reporting, no further follow-up is planned beyond monitoring associated with the evaluation contract. TEIS considers this a successful pilot that was implemented statewide via the improvements described in the [eligibility procedures improvement strategy](#).

### A New HOPE for Families: TEIS Revised Family Outcomes Data Collection Process

In the SSIP Phase III, Year 2 Report, TEIS described a brief family outcomes data collection pilot project to assess the feasibility and potential benefits of obtaining family survey data via a service coordinator interview with parents conducted March–May 2017. This project was included under this activity in the IFSP team function improvement strategy due to the low response rate of the survey and the need for improvement in the representativeness of the respondents (see indicator 4 of TEIS' APR for additional information). Service coordinators participating in Project Connect, described above, advocated for a revised means of collecting family outcomes data that was more responsive to families who struggled with literacy, or families who were not represented in the data due to other challenges that prevented them from participating in the data collection methodology TEIS was using.

For the pilot project in 2017, one district was selected in each of the three grand regions of Tennessee; a total of ten service coordinators in the three districts volunteered to participate in the pilot. One of the goals of this pilot, beyond improving the survey response rate and representativeness, was to enable service coordinators to utilize the feedback gathered from parents to better support family outcomes. Service coordinators participating in the pilot recommended moving forward with implementation with some modifications. Adjustments were made during the pilot to give service coordinators additional options other than interview when more appropriate or desirable for the family. The service coordinators participating in the pilot said to be successful on a large-scale, service coordinators would need the tools to understand the purpose of the survey, the parameters for methodology, but still allowing them some flexibility in working with the family to decide the collection process that would be most appropriate. The lessons learned from this pilot project were taken into consideration as plans were developed for a statewide revised family survey distribution methodology in fiscal year 2018-19. Rollout dates were planned to coincide with the execution of contracts for eligibility and the lower caseloads resulting from the shift of evaluation staff to service coordination. The goal of this revised process, which is called HOPE: Helping Our Parents Excel, is to improve the reliability and validity of the family outcomes data through:

- increasing the overall response rate of the survey,
- improved representativeness of the respondents, and
- improved dissemination of the data.

TEIS believes that improving the reliability and validity of the data will help to ensure services provided to families are responsive to family priorities and establish foundations that support success of the child throughout his/her educational career. The name for the new process, HOPE, was selected from submissions received from staff attending the training.

TEIS service coordinators will be responsible for data collection after receiving training on the purpose of the survey, survey methodology, the part C federal indicator 4: family outcomes, survey instrument reliability and validity measures, and the potential for bias. All staff received training Jan. 2019, and data collection for 2018-19 will occur Feb.-June 2019.

Service coordinators will be responsible for collecting family outcomes data for each family on their caseload with at least six months of services once between Feb.-June 2019. The Early Childhood Outcomes Family Outcomes Survey-Revised (ECO FOS-R) side B will be used to collect outcomes. The service coordinator may choose the timeframe and method most appropriate to the family on their caseload. Options for completing the survey include:

- In person at a targeted case management visit or by phone interview;
- On paper or online;
- Service coordinator interviews family and completes the survey or family completes it themselves; or
- The family may permit the service coordinator to see the completed survey or prefer to seal it in an envelope and hand to service coordinator to mail.

The purpose of these options is to allow service coordinators, who received training in survey methodology, flexibility to exercise professional judgement in the collection methods best suited to the families they serve. Examples of considerations when determining best options with families:

- Interview may be the best option for parents who struggle with literacy.
- Phone interview may work best for families when the targeted case management is completed at a childcare center.
- A service coordinator may wait toward the end of the collection period for a family experiencing crisis.

Prior to completing the survey, families are fully informed of the purpose, how the data will be used and reported, and options for completing. Service coordinators obtain their consent to participate or offers to have someone from leadership answer any questions or concerns. Figure 21 demonstrates the variables associated with the TEIS' revised family outcomes data collection process. As in previous years, East Tennessee State University (ETSU) continues to contract with the department to support collection and analysis of survey data and surveys are mailed directly to ETSU in pre-printed envelopes. The survey was printed in English and Spanish, but service coordinators were directed to the Early Childhood Technical Assistance Center (ECTA) website to print copies of the survey in additional languages as available.

Variables		
Data Collection Locations	Survey Format	Data Collection Methods
<ul style="list-style-type: none"> <li>• In person</li> <li>• Phone</li> </ul>	<ul style="list-style-type: none"> <li>• Paper</li> <li>• Online</li> </ul>	<ul style="list-style-type: none"> <li>• Service coordinator interviews parent</li> <li>• Parent completes/shares with service coordinator</li> <li>• Parent completes/does not share with service coordinator</li> </ul>

Figure 21: TEIS Family outcomes data collection table of variables

### *Next Steps*

Reporting will include the percentage of families who meet the standard for the indicator, based on the scoring criteria outlined by the survey developer, overall response rate, and representativeness of the respondents. These reports will be created at the state, point of entry office, and service coordinator levels. The APR submitted Feb. 2020 will include data collected using the new methodology.

TEIS hopes this revised approach to family outcomes data collection will have many benefits to our system, including an awareness of the reason why these outcomes are collected and reported, improved representativeness of the data, and opportunities for professional development and growth due to improved dissemination and reflection on the data. All of these lead to improved experiences for children and families.

## Family-Centered Services Improvement Strategy

### **Background**

The family-centered services improvement strategy is designed to evaluate program quality and increase early intervention provider competence and confidence to implement family centered early intervention, which includes services based on child and family needs, routines, and natural environments to ensure quality family centered early intervention statewide. This improvement strategy includes two implementation plan activities as follows:

1. Increase service provider availability by increasing funding for early intervention services. (e.g., legislature, Medicaid).
2. Ensure that the provision of all services utilize evidence-based practices through the development and implementation of performance measures (i.e., selected Division for Early Childhood [DEC] Recommended Practices).

## ***Data Analysis and Progress in Implementing Strategy/Next Steps***

### **Activity 1: Increasing provider availability by increasing funding for early intervention services**

#### Increasing Funding for Early Intervention

In the infrastructure development section of the [eligibility procedures improvement strategy](#), TEIS shared the most recent legislative request, for 65 service coordinator positions, was accompanied by a request for \$8 million in additional state funding. As of the writing of this report, the budget hearings had been completed and TEIS was awaiting to hear if the proposal had been included in the newly elected Governor's budget effective July 2019.

In the SSIP Phase III, Year 2 Report, TEIS reported on meetings between TEIS and the Bureau of TennCare, which administers the state's Medicaid program, on a proposal for collaboration between TEIS and TennCare for payment for developmental therapy services (i.e., special instruction and family training component of IDEA). A follow-up call with the medical directors for each of the three managed care organizations (MCOs) was held in Jan. 2018. The proposal was received favorably, and as of the writing of the SSIP Phase III, Year 2 Report, TennCare was meeting with their executive leadership to determine whether a waiver or an interagency agreement would be the best means to allow TEIS contracted EIRAs to receive reimbursement for the service of developmental therapy. Unfortunately, neither option appears to be viable for TennCare at this time, and no further progress has been made on this project.

In 2018, Tennessee was accepted as a state to receive federal technical assistance from the national Zero to Three organization in the area of infant and early childhood infant mental health financing. TennCare is the lead agency with this project, and TEIS has been participating in the three workgroups associated with the plan:

1. Identify and utilize current mechanisms in place (Medicaid and alternatives) to finance infant and early childhood mental health services
2. Identify core infant and early childhood mental health services which are not currently reimbursable in Tennessee and explore options to finance those services
3. Expand workforce and develop messaging of infant and early childhood mental health to families and stakeholders

While the conversation around reimbursement for developmental therapy has paused, TEIS is hopeful that the work of Zero to Three in supporting Tennessee in infant and early childhood mental health

financing will help keep the conversation active about modifications to the current reimbursement structure for services to young children.

### Service Delivery Models

In the SSIP Phase III, Year 2 Report, TEIS reported the selection of FGRBI as the model of service delivery for Tennessee. This model of service delivery was selected based on work with stakeholders and its fit with a dedicated service coordination approach used in the state.

Over the past year, TEIS' results-driven accountability team has been working on developing implementation plans for FGRBI and laying the groundwork for the future. These activities included working with point of entry offices and EIRAs at regular meetings, both at the state and district levels. Direct services coordinators provided training and information at both point of entry office and EIRA staff meetings, and at the EIRA quarterly meeting in July. Information was shared at local interagency coordinating council meetings. District IFSP teaming goals, discussed in the IFSP teaming improvement strategy, were used as a foundation for building district teams with the intent that if the professionals at the local level are teaming and communicating better, they are supporting families better and are more equipped to implement this model.

This work this year also included developing the scope of services for home/community- and center-based early intervention contracts for the next five years discussed in the next section of this improvement strategy. In addition, TEIS applied for and was accepted, along with Florida, to receive intensive technical assistance from the ECTA on the implementation of evidence-based practices. This technical assistance opportunity included calls twice a month for TEIS' designated FGRBI implementation team leads, which consisted of the director of early intervention services, part C coordinator, and the two direct services coordinators. Additional calls/follow-up discussions were held with the ECTA center representative and TEIS' FGRBI implementation team as needed to support work conducted outside of the calls.

TEIS plans to rollout FGRBI using implementation teams consisting of the direct services coordinators as team leads and quality improvement team members as core support to a team selected within a district, consisting of representatives from point of entry offices, EIRAs, and vendors. These teams will be required to complete an application process to be accepted.

The first step in this implementation plan is for the TEIS implementation team leadership (i.e., direct service coordinators and quality improvement team) to meet fidelity in the model. Therefore, TEIS has identified the following deliverables for the next year:

- Develop coaching model for Tennessee and ensure direct services coordinators meet fidelity in the model;
- Develop training for the quality improvement team coaches to meet fidelity; and
- Develop and disseminate FGRBI foundational training content.

In the EIRA performance measures section of this improvement strategy, the scope of services in the new solicitations for home/community- and center-based early intervention services has an expectation for all agencies to achieve increasing levels of fidelity to the model beginning in year three of the five-year contract (see EIRA performance measures below for more information).

### *Next Steps*

TEIS' 2019 Building Best Practice Conference, scheduled for April 30–May 1, which is solely for EIRA and point of entry office staff, will have a focus on FGRBI. An expert on FGRBI from Florida State University is slated to present on the foundation and skills of the model, along with discussing competencies in supervising FGRBI in home visits. Many of the other workshops and presentations will be geared towards skills and strategies used within the model. This conference, as well as other meetings and trainings throughout the past year, is laying the groundwork for the work to follow in the next five or more years.

## **Activity 2: Ensure the provision of all services utilize evidence-based practices through the development and implementation of performance measures**

### EIRA Performance Measures

In previous SSIP reports, TEIS shared the EIRA performance measures associated with the scope of services in contracts for early intervention resource agencies for fiscal years 2014-15, 2015-16, and 2016-19. As those contracts are reaching their conclusion on June 30, 2019, TEIS began developing the scope of services for the new contract cycle. On Jan. 25, 2019, TEIS posted two solicitations, one for home/community-based early intervention (i.e., developmental therapy) and the other for center-based developmental therapy with a Feb. 25, 2019 deadline for submission.

The solicitations included similar scopes of service with expanded requirements for providers to demonstrate increasing levels of fidelity in the FGRBI model of service delivery in years three through five of the contract. By the end of year three all staff, including supervisors, must achieve a minimum score of 55 percent on the FGRBI checklist; 75 percent by year four, and 85 percent, which is fidelity, by year five.



TEIS also established maximum direct service hours for home-based early interventionists at twenty per week, and no more than five hours of direct services per week for supervisors. These caps are intended to ensure individual providers have a manageable caseload so that they can provide quality services to the children and families or staff they are assigned. Supervisory expectations were established and differ for staff in their probationary year. These supervisory expectations include direct observations and reviewing service logs entered into TEIDS.

Degree requirements were expanded for early interventionists to add related degrees with three years of experience with children ages birth to five with disabilities. These expanded degree requirements were requested by stakeholders as a way to expand the pool of potential candidates and acknowledge valuable experience in the field. These recommendations were discussed in previous SSIP reports.

The expectation of each early intervention service provider establishing and maintaining inter-rater reliability with AEPS using the certification from Brooks Publishing, the publisher of AEPS, is discussed in detail in the [early childhood outcomes improvement strategy](#). In addition, early interventionists have the same expectation as in the vendor contract to attend a minimum of one IFSP meeting per year per child (see next section on vendor performance measures for additional information).

The difference between the previous application process and the new solicitation process is that agencies applying for early intervention grant funding have a responsibility to provide detailed information on how they propose to meet the expectations outlined in the scope of services, including such items as how potential EIRAs propose to collaborate with child care centers to address IFSP goals for children whose natural environment include home/community childcare settings. This solicitation process provides the state opportunities to assess competitive applications on their willingness and ability to provide services consistent with the principles of early intervention. Contracts will be awarded for a five-year cycle, July 1, 2019 through June 30, 2024.

### *Next Steps*

At the time of the writing of this report, a review committee was reviewing and scoring the solicitations for home/community- and center-based early intervention services. EIRAs are anticipated to be notified in April, with contract execution date of July 1, 2019.

### Service Coordinator Performance Measures

In the SSIP Phase III, Year 2 Report, TEIS shared the following performance measures for service coordinators:

- Ongoing professional development activities, such as completion of professional education and enrichment resource (PEER) modules and attendance at the annual Building Best Practice Conference;
- Two annual supervisor observations at IFSP meetings to evaluate for functional goal development, team function, team input, and development of goals meet the family needs; and
- Supervisor review of functionality of goals via records review.

Supervisor observations of service coordinators were conducted for the fiscal year 2016–17 performance cycle, but no formal observation checklist was utilized at that time. For the first year, TEIS wanted to allow both supervisors and employees to become acclimated to observation. A checklist was developed and implemented beginning Jan. 2018. Checklists are scored and data is entered into a collection tool. The collection tool, which is utilized at an IFSP meeting, looks at the following areas of service coordinator functions:

- Preparation for the IFSP meeting
- Review of rights
- Completion of appropriate paperwork
- Family interview/goal development
- Family-centered interaction
- Teaming to improve child outcomes
- Timelines and follow-up activities

Each of the functions above has multiple evidence criteria to support supervisor ratings in each area. Considerations and strengths are noted and reviewed with service coordinators after each observation. In Feb. 2018, a data collection instrument was designed for the service coordinator checklist using Survey Monkey. Data entered into that collection tool was analyzed, and similar to TEIS' past experience with the early interventionist observations, there was a high level of agreement/positive results. The highest possible score for the majority of sections is 15, and the TEIS average score for almost each section is above 14. The only exception was the section on reviewing rights, which had an average score of 9.25 of a possible 15. A further review of this section indicated the most common reason points were missed from this section was due to lack of thoroughness in reviewing rights and the complaint procedure with parents. The importance of families understanding their rights was discussed with service coordinators as part of the family outcomes data collection training. It will be meaningful to see if the data collected from the family outcomes survey echoes this same area of concern, and if TEIS sees improvement based on increased awareness from the service coordinators.

### *Next Steps*

These observations and the data will be reviewed with district leadership and additional inter-rater reliability measures may be planned. In addition to the service coordinator observations, a rubric has been developed for district administrators to use in performance evaluations for service coordinators individual performance plans. The part C coordinator is working with district leadership to gain consistency in how service coordinators are evaluated across the state.

A revised new hire training for service coordinators is in development by the TEIS quality improvement team, which will seek to improve employee retention by taking full advantage of the first, probationary, year of employment and providing additional support to staff. The rollout dates for this revised new hire training have been modified, and it will roll out in 2020. A credential for service coordinators is also in development with an anticipated rollout date of 2021.

### Vendor Performance Measures

The first step in the development of vendor performance measures was completed via the establishment of the vendor review committee. This committee participated in several stakeholder opportunities described in the SSIP Phase III, Year 2 Report. In Aug. 2018, TEIS gathered the vendor review committee together to develop vendor performance measures to be included in the scope of services for the contract cycle for fiscal years 2019-24. Prior to developing performance measures, the committee reviewed discipline-specific statements on best practices in early intervention, information from the FGRBI service delivery model, settings data from TEIS, functional vs. skill-based outcomes, and issues/barriers to achieving best practices in service delivery.

The goal for the vendor performance measures in the fiscal year 2019-24 contracts was to develop goals that would support vendors in making measurable strides in implementation of the FGRBI model of service delivery while still being attainable given the reality of their insurance-based financing and reimbursement structure. The vendor committee developed three performance measures, which are in the vendor application posted on the TEIS website at the time of the writing of this report as follows:

1. Document that therapy activities are built within family routines to support parent/caregiver follow through between visits as part of IFSP development and implementation.
2. Participate in either a six month or annual IFSP meeting at a minimum of one time per year per child. The mode of IFSP participation will be delivered in the priority order of: 1) face- to-face with family and other team members during IFSP meeting, 2) virtual with family and other team members during IFSP meeting, 3) telephone conferencing with family and other team members during IFSP meeting.

3. All therapists providing services under the grant contract shall demonstrate competencies in the principles and practices of early intervention by completing a training module(s) developed and provided by the department.

TEIS' quality improvement team is currently developing the training module(s)/competencies for the vendor training component. In addition to these performance measures, TEIS plans to restructure some of the state quarterly meetings to encourage vendors to attend, and also include vendor performance in a newly designed differentiated monitoring system.

## Early Childhood Outcomes Data Improvement Strategy

### ***Background***

The goal of the ECO data improvement strategy is to implement measures to improve processes for accurate data collection and dissemination to increase providers' overall understanding of ECO data. There are two activities associated with this improvement strategy:

1. Implement the administration of the AEPS for infants and toddlers to collect ECO child outcome summary ratings at initial, six-month, and annual IFSP meetings; and provide ongoing ECO training on data and resources to TEIS point of entry offices, EIRAs, vendors, and families.
2. Develop ECO data profiles for agency-level and child-level progress reports.

### ***Data Analysis and Progress in Implementing Strategy/Next Steps***

**Activity 1: Implement the administration of the AEPS to collect ECO child outcomes summary ratings at initial, six-month, and annual IFSP meetings; and provide ongoing ECO training on data and resources to TEIS point of entry offices, EIRAs, vendors, and families**

As reported in previous SSIP reports, the AEPS was implemented for six-month and annual IFSP meetings beginning Oct. 2015. In July 2016, this was expanded to include an entrance assessment immediately following the initial IFSP meeting. TEIS' ECO data is now derived from a single developmental assessment instrument for every collection point. The AEPS is calibrated to generate ECO ratings directly from the AEPS data system based on the assessment data entered for each child. Targets and baselines for ECO, including TEIS' SIMR were reset in the APR submitted Feb. 1, 2018 (see [baseline data and targets](#) for additional information).

Figures 22 and 23 below show TEIS' summary statements one and two compared to the national average from fiscal years 2008-09 to 2017-18 illustrating the various methods of collecting the entrance and exit data and the impact on the data.

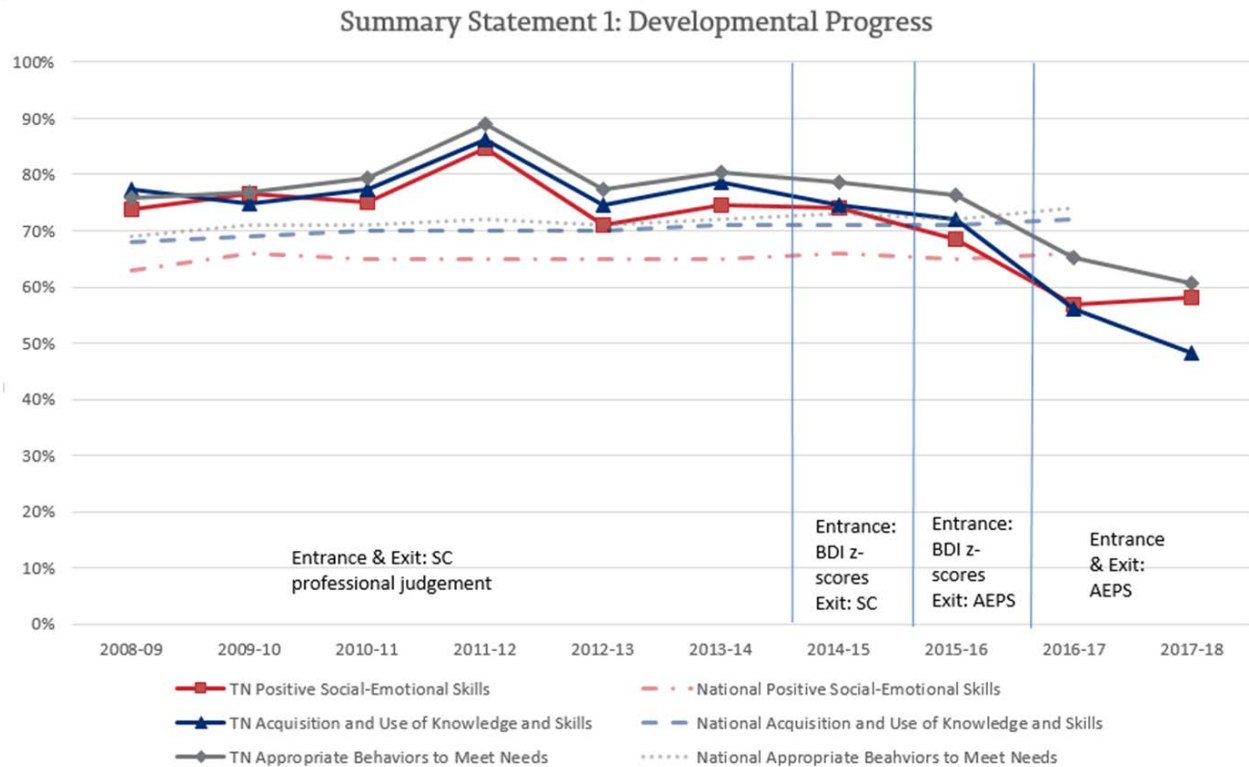


Figure 22: TEIS' summary statement 1 early childhood outcomes data from fiscal years 2008-09 to 2017-18 compared to national data and illustrating TEIS' data collection methodology

### Summary Statement 2: Same Developmental Age as Peers

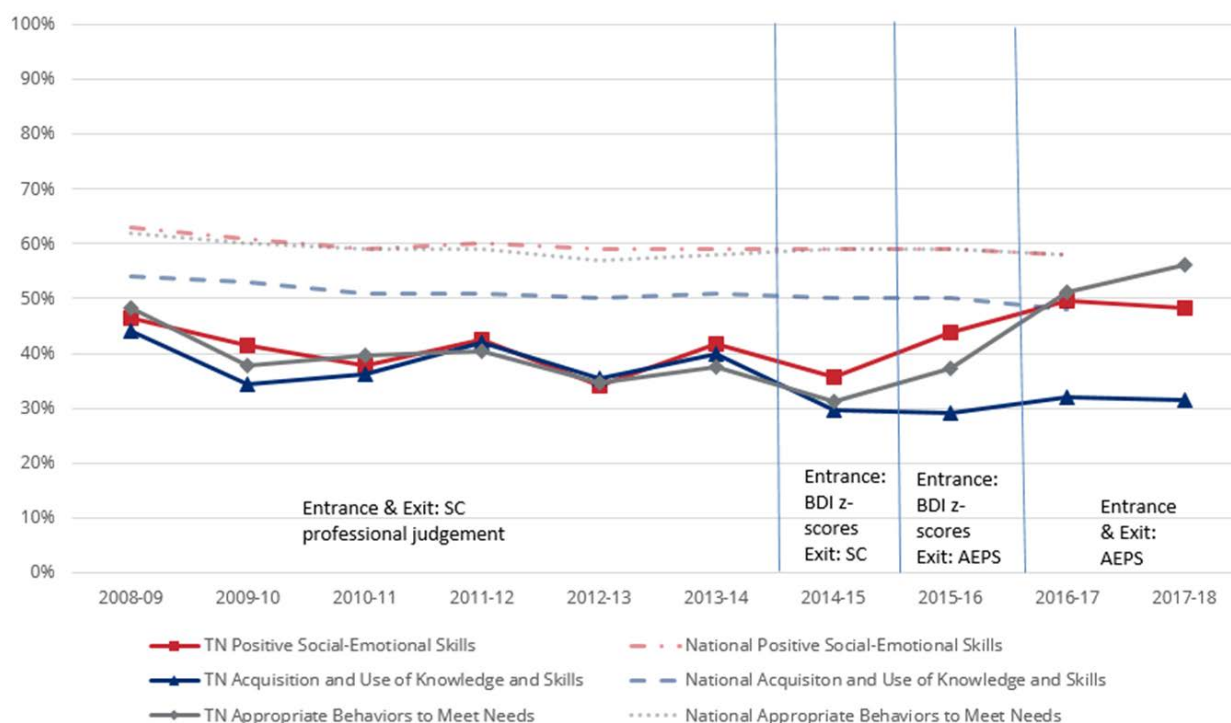


Figure 23: TEIS' summary statement 2 early childhood outcomes data from fiscal years 2008-09 to 2017-18 compared to national data and illustrating TEIS' data collection methodology

Ongoing data analysis reported in the APR submitted Feb. 1, 2019 shows 35 percent of children in exiting the system in fiscal year 2017-18 had entrance scores based on the previous methodology, indicating additional fluctuations in the data may occur in the future. TEIS also conducted additional analysis of ECO data for children who exited between April 2017 and Jan. 2018, whose entrance and exit ratings were solely based on AEPS. There were 264 records in the sample. Of these, 70 records were reviewed due to variance of three or more in either direction between their entrance and exit rating. Three patterns were identified as to why initial ECO scores varied from the exit ECO scores:

- Data entry errors related to missing data, which has been corrected with a change in a validation in the TEIDS data system
- Inter-rater reliability issues either due to the subsequent ratings being completed by a different early interventionist or with a different caregiver
- Legitimate child progress or regression

TEIS reported in last year's SSIP plans to develop a protocol to gauge ongoing inter-rater reliability with the AEPS due to ongoing concerns. Fortunately, in 2018 Brookes Publishing, the publisher of the AEPS, released an online inter-rater reliability certification. TEIS added an item in the scope of services for the solicitation for both the home/community- and center-based early intervention services contracts and

in the vendor contract for fiscal years 2019-24 that each service provider conducting AEPS assessments for TEIS is required to obtain this certificate through Brookes Publishing within six months of their hire date and provide proof of triennial re-certification throughout the five-year contract.

### *Next Steps*

TEIS' results-driven accountability team will be responsible for ensuring all providers complete the AEPS inter-rater reliability requirement either six months from the date of contract execution or their hire date and following-up with agencies who are out of compliance. Per the contract scope of services, providers who are out of compliance will not be allowed to complete AEPS assessments.

### **Activity 2: Develop ECO data profiles for agency-level and child-level progress reports**

In the SSIP Phase III, Year 2 Report, TEIS reported working with Brookes Publishing and stakeholders to utilize the available AEPS reports to create ECO data profiles for agency-level and child-level progress reports on ECO. Brookes Publishing worked with TEIS to develop a child identifier and validation in the AEPS online system to avoid duplicate records for children from being entered, and TEIS hired a temporary clerical worker to manually identify and cleanup duplicate records in the system. ECO reports are now accessible at the child and EIRA levels from the AEPS system.

However, TEIS decided to delay implementation of this strategy. With the reports readily available in the AEPS system, TEIS could very easily begin putting ECO data reports out into stakeholder hands. The goal of this strategy was to make ECO data part of ongoing conversations in the field, but in order for that conversation to be meaningful there has to be a true understanding of the information. Several factors made TEIS aware that more work needed to be done before the early intervention system was ready for the data.

First, since TEIS has made the transition from collecting ECO data by using AEPS, there has been a lot of conversation in the field about the inter-rater reliability. As discussed in the previous improvement strategy, beginning with the July 2019 contract cycle, all early intervention providers completing AEPS assessments will be required to obtain the inter-rater reliability certificate through Brookes Publishing within six months of their hire/contract date. This requirement, along with children who were assessed using the previous methodology aging out of the system, should change the conversation as there begins to be more reliability and validity in the data.

Second, based on the data from the TEIS' early interventionist credential, the quality improvement team identified ECO data as a frequently missed concept, indicating early interventionists across the state struggle with core concepts related to ECO data. The training resource for this section of the early

interventionist credential was updated for the Jan. 2019 cohort to ensure consistency of language, and to include information on how aggregate ECO data is used by TEIS and OSEP.

Next, as described in the [family-centered services improvement strategy](#), TEIS has been receiving intensive technical assistance from the ECTA to develop a plan for Tennessee's implementation of the FGRBI model of service delivery. Fidelity benchmarks for this model are outlined for providers of developmental therapy in the scope of services in both the home/community- and center- based contracts. TEIS anticipates implementation of this model of service delivery will enhance the entire early intervention system's understanding of best practices for family-centered service delivery, including how to engage families in conversations about early intervention services. Implementation of this model of service delivery along with targeted training on early childhood outcomes will put the service providers in our system in a better position to explain ECO data to families and engage in practices to support families to improve outcomes for children.

Finally, the other activity that made TEIS' stakeholders realize that implementation of ECO data profiles was premature was the work described in the [IFSP team function improvement strategy](#) around the family outcomes data collection process. The training for TEIS service coordinators focused on the reason those three outcomes were important and what they meant for long-term success. The training also asked service coordinators to define early intervention then walked them through their day-to-day tasks and asked them to describe how those tasks supported the definition. In other words, to describe why they do the things they do. The basis for this activity was to help participants see the linkage between family outcomes, early childhood outcomes, and the tasks performed to support these outcomes. Figure 24 shows a graphic representation of the cycle of early intervention used during training. TEIS plans to use this infographic or something similar in the future in a redesign of the ECO brochure for parents to frame conversations with parents upon entry into the early intervention system around both child and family outcomes and the activities that will support the attainment of these outcomes. The ECO data reports or profiles developed at that time will be used to support this larger system understanding of both child and family outcomes. As stated in the family outcomes section, TEIS will be providing family outcomes data reports at the POE and service coordinator level in the next year.



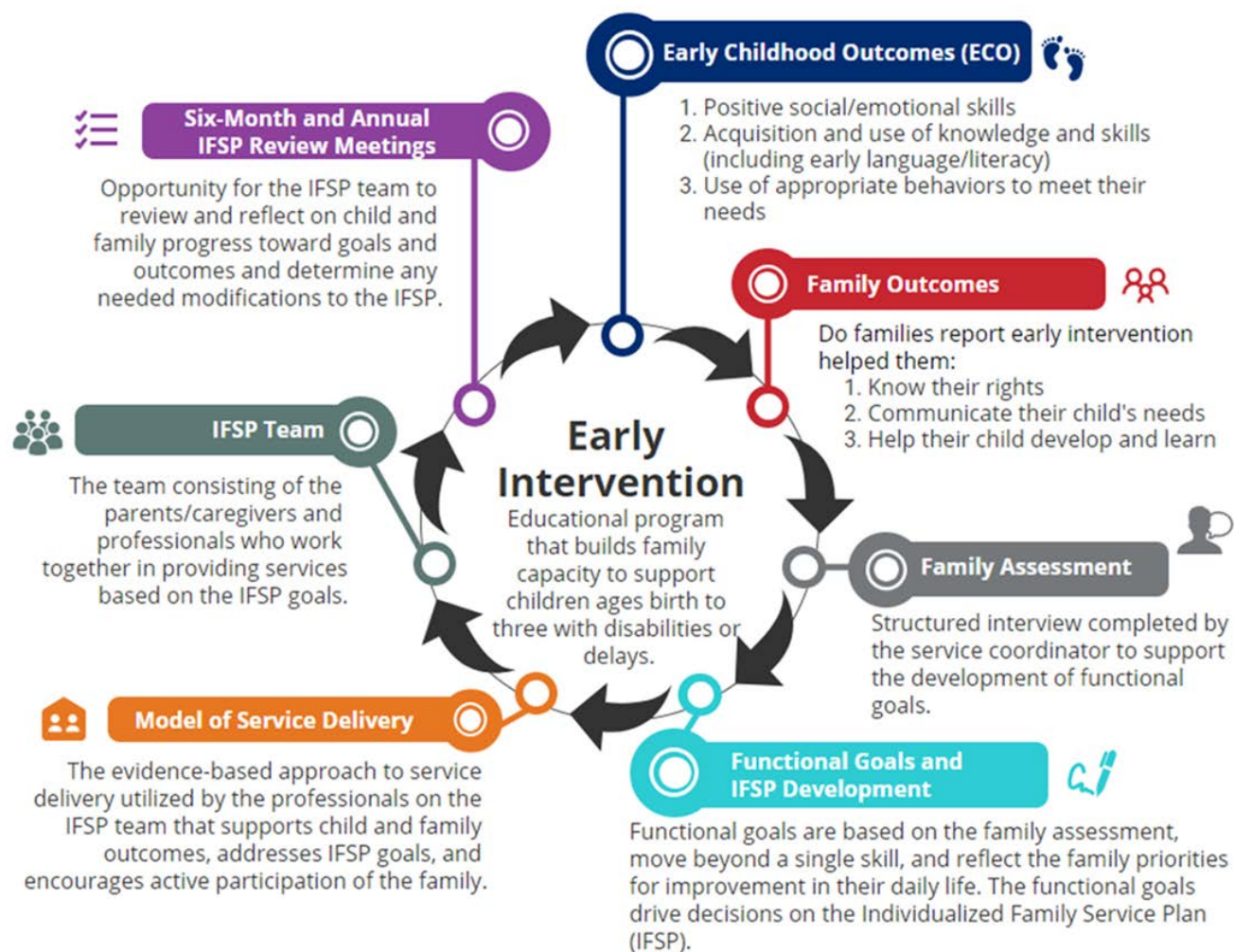


Figure 24: TEIS Cycle of Early Intervention Infographic

In summary, TEIS decided to modify this activity of ECO data profiles because our system simply isn't ready for it yet. The first few years of SSIP reporting on this activity were focused on the technical capability of the actual physical reports, but at the time TEIS realized the capability of providing those reports, stakeholders identified other reasons to delay.

### Next Steps

The plan now is to implement revised family outcomes data collection process in fiscal years 2018-19 with reports being disseminated in late 2019. Work on the implementation of FGRBI model of service delivery will be in fiscal years 2019-24. Simultaneous to the rollout of FGRBI will be the revision of the TEIS ECO brochure and materials for families. Dates for rollout of training of ECO training and ECO reports to families and agencies will be determined after fiscal year 2018-19.

# Technical Assistance

SSIP phase III, year 3 work utilized federal technical assistance expertise from Tennessee's OSEP state contact and personnel from federal technical assistance centers. TEIS works with two principle personnel who are providers with multiple organizations (i.e., ECTA, IDEA Data Center [IDC], DaSy Center). Regular support is also received from TEIS' National Center for Systemic Improvement contact. During SSIP phase III, year 3, TEIS applied for and received intensive technical assistance from the ECTA on implementation of evidence-based practices. In addition, TEIS also received SSIP and APR report review. TEIS also sought out assistance from ECTA with alignment of mission, vision, priorities, and communication structure between the results driven accountability team, quality improvement team, and district leadership related to restructuring of the central office.

Information, ideas, and resources gathered via conference and webinar attendance has been helpful in supporting SSIP implementation. Staff from the state SSIP leadership attended the Improving Data, Improving Outcomes Conference in Aug. 2018 and the strategic planning coordinator attended the Zero to Three Conference in Oct. 2018.

## **Support Needed Next Year**

TEIS anticipates utilizing technical assistance for phase III, year 4 as follows:

- Continued support from federal technical assistance in the implementation of the model of service delivery.
- Support in the development and implementation of a differentiated monitoring and support system.
- Feedback on SSIP phase III, year 4 report and next steps beyond SSIP.