FFY 2019 Indicator B-17/C-11 Annual Performance Report (APR)

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR).

South Carolina has focused on the Family Outcomes Measurement System (FOMS) and the family assessment process as the improvement strategies. The State-identified Measurable Result (SiMR) is: Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn.

Has the SiMR changed since the last SSIP submission? No

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

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Progress toward the SiMR

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

Baseline Data: 70.18%

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

FFY 2018 Target: 75.10% **FFY 2019 Target:** 86.10%

FFY 2018 Data: 72.54% **FFY 2019 Data:** 71.48%

Was the State's FFY 2019 Target Met? No

Did slippage₁ occur? Yes

If applicable, describe the reasons for slippage.

The State has seen slippage in 4C but has been taking steps to improve this indicator (see Table 1). The State's SiMR is "Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn." Once the SiMR was determined based on past data and the implementation of newly acquired evidence-based practices, the State made the decision to revise the family outcomes measurement process. The pilot launched in August 2020 in Region 2 of the state and focused on dissemination practices and awareness of team members about the process. Only one of four regions has participated in the new dissemination practices, and other areas of the State have not yet had the opportunity to engage in the new process. The data from FFY 2019 does show slippage for indicator 4, but the new FOMS process wasn't implemented until the second quarter of FFY 2020. Data analysis from the pilot region reveals higher response rates in the early stages, so it is expected that next year's response rates will be higher as the new practice continues in the pilot region, expands statewide, and evidence-based practices are further implemented.

Table 1

2,896
319
203
308
188
288
218
305

Measure	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	63.19%	86.10%	65.91%	Did Not Meet Target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	64.69%	86.10%	65.28%	Did Not Meet Target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	72.54%	86.10%	71.48%	Did Not Meet Target	Slippage

The State conducted a pilot for the Family Outcomes Measurement System (FOMS) with Region 2 by using the Early Childhood Outcomes family survey and a new dissemination process. The FOMS had not been revised by the State since 2006. Until September 2020, Service Coordinators were not a part of the survey process. The Team for Early Childhood Solutions (TECS) staff were responsible for mailing out the surveys, recording data responses, and delivering the results of the data to the State. The State is contracted with TECS for training, technical assistance, and to manage the data for Child and Family Outcomes. Region 2 was chosen as the pilot group since it was the region with the lowest response rates from families. In August 2020, El agency supervisors in Region 2 participated in two virtual trainings on the FOMS and the implementation of the Early Childhood Outcomes (ECO), Family Outcomes Survey (FOS). During the training, participants were given the opportunity to ask questions and provide feedback on the new process. The data from Tables 2 and 3 show the response rates from FFY 2019. The State believes that although the FFY 2019 target was not met, the response rates still have time to improve. The Service Coordination agencies have not had much time to implement the new practice since some of the face-to-face visits were limited because of the pandemic. Since the initial training, there have been other opportunities for stakeholder input so the State can continue making improvements with the new method. In addition, the State will be training and providing more resources for all other regions in the State during the upcoming year, which should show an increase in the response rates from families.

Table 2

BabyNet Data for Indicator F4, FFY 2013-2019									
Reporting Period Family Outcome 4A Family Outcome 4B Family Outcome 4C									
FFY 2013	59%	59%	68%						
FFY 2014	54%	55%	52%						
FFY 2015	57%	59%	52%						
FFY 2016	65%	64%	62%						
FFY 2017	65%	61%	70%						
FFY 2018	63%	65%	73%						
FFY 2019	66%	65%	71%						

Table 3

FFY 2019 Family Outcomes Survey Results								
Surveys Mailed Out: 2896								
Surveys Completed (online and paper): 307								
Response Rate: 11%								
Over the past year, Baby	Net services have helped	me and/or my family:						
SC DHHS Region 4a: know about my child lead child's and family's rights concerning Early Intervention services. 4b: communicate more effectively with the people who work with my child and family.								
Region 1 (n = 117)	63.25%	61.54%	68.34%					
Region 2 (n = 66)	60.61%	59.10%	68.18%					
Region 3 (n= 71)	70.42%	53.52%	71.83%					
Region 4 (n = 58)	65.52%	65.52%	70.69%					
Months of Services								
6-12 mos (n = 134)	55.22%	61.94%	68.66%					
13-18 mos (n = 59)	61.02%	61.02%	67.80%					
19-24 mos (n = 49)	75.51%	39.39	77.55%					
25-30 mos (n = 25)	64.00%	52.00%	68.00%					
31-36 mos (n = 41)	63.41%	63.41%	63.41%					

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

*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

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

If "Yes", describe any additional data collected by the State to assess progress toward the SiMR.

Once Region 2 had a few months to implement the new family survey process, the State wanted feedback to see how the new method was working, so a FOMS Satisfaction survey was sent out to service coordinators and Service Coordination Supervisors in the pilot group. The data and comments from the survey provided useful information that would allow the State time to adjust the current methods before scaling-up to statewide implementation.

Additional data was received from Region 2 during a follow-up session that was held in February 2021. This session included participants from the pilot group who had attended the family survey kick-off trainings. The follow-up session provided an overview of the initial training and allowed the Service Coordination Supervisors time to discuss their experiences and to ask questions and clarify any final details. See Section C: Stakeholder Engagement for details of additional data gathered.

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

If "Yes", describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns.

No data quality concerns, but there were concerns related to the quantity of data received:

The new family survey process requires each Service Coordination agency to hand-deliver postcards and a Prior Written Notice to families who will have their first six-month IFSP review and again prior to when the child exits. The agencies are provided with a monthly report that includes a list of families whose first 6-month

review is due in the next 30 and 60 days. The BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES), the State's data management system, has a report of upcoming six-month reviews, but it includes all six-month reviews and not just the first. Due to time constraints this would cause, a new method had to be created. The State Leadership Team (SLT), Regional Implementation Team (RIT), a Research Assistant III with Team for Early Childhood Solutions(TECS) and a Senior Consultant of Data Analytics with South Carolina Department of Health & Human Services (SCDHHS) collaborated to discuss the development of a new report within the Statistical Analysis Software (SAS). This report was developed and includes two months' worth of cases due for their first six-month IFSP's. TECS staff distributes the BRIDGES ID#'s of the families to the Service Coordination agency supervisors. The supervisors are then able to check the data system for the participant code for each family who will receive a survey. The participant codes are used to track the surveys that have been completed and to which agency and family they belong. Tracking this data provides the State an opportunity for training and technical assistance, as needed. The State can now compare response rates from the pilot group to the rest of the state who has not begun this process.

^{*}Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

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

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity, and reliability for the indicator; (2)an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

The data collected is considered valid and reliable, but the quantity of data collected was impacted negatively by the Covid-19 pandemic.

Initially, the State planned to measure the implementation of RBI among Service Coordination agencies by determining if State criteria for the RBI had been met. Due to restrictions that were put in place because of the pandemic that included closures and social distancing, the State had to revise the plan. The instruction the State provided for Region 4 in May 2019 was facilitated by a Nationally Certified RBI trainer. With COVID-19, the trainer was no longer permitted to travel, and trainings could not be held face-to-face. The previously scheduled March 2020 Region 2 RBI training had to be postponed until a new plan could be developed. SLT and RIT attempted to proceed with the state certification of Region 4, but barriers began to arise. Many Service Coordination agencies were unable to meet face-to-face with families which made recording interviews difficult. This impacted Region 4 and the relative data because they were unable to conduct the interviews. therefore were unable to submit their videos for certification. Another obstacle included State staff not being certified trainers which meant if virtual trainings were to occur, an outside, certified trainer would be needed. As Service Coordination supervisors were informed of the complications. Region 4 conveyed a few other issues to be addressed. A consent form had not yet been created, so Service Coordinators did not feel comfortable recording interviews with families without their permission. Further, consent was also needed to share the recording with SLT. The final hurdle was for the State to obtain secured storage space to hold the recorded interviews for certification determination.

The Project Director position with TECS had been vacant since 2017, which restricted the number of trainings that could be held in the State. The State is contracted with TECS for training and technical assistance. TECS hired a new Project Manager who is also a Certified RBI trainer. The SLT and Project Director developed a video release form and TECS was able to secure storage space called Microsoft drop box, from The University of South Carolina, School of Medicine. The storage space is confidential, and each video is stored in its own folder. Service Coordination agencies have access to the folder through a password secured link. A new training schedule was outlined and included a feedback session for Region 4 to allow the new RBI trainer to determine the needs of staff and areas of concern. The feedback session was scheduled for March 18, 2021 but had to be rescheduled due to inclement weather (which included power outages). The next scheduled stakeholder input session will be April 1, 2021. An RBI refresher training is scheduled for April 21, 2021 so that Region 4 and the rest of the state can continue progressing RBI implementation. Now that many families and companies are comfortable with home visits again, recording videos for certification should be more feasible.

Section B: Phase III Implementation, Analysis and Evaluation

Is the State's theory of action new or revised since the previous submission? Yes

If "Yes", please provide a description of the changes and updates to the theory of action

The State's theory of action continues to represent the relationship among three broad areas: collaboration, knowledge, and family engagement. The multi-tiered teams, which include the State Leadership Team (SLT), State Implementation Team (SIT) and the Regional Implementation Team (RIT), have continued to collaborate to ensure that all members stay on track with assigned objectives. Only one revision was made to the theory of action because of restrictions set in place during the pandemic. Executive leadership with the South Carolina Department of Health and Human Services (SCDHHS) and SLT considered options for the Routines-based Interview since face-to-face instruction could not take place, and the Nationally Certified Trainer could not travel until restrictions were lifted. SLT began developing a revised Routines-based Interview implementation plan and shifted gears to FOMS. The workgroups were expected to participate in activities relative to improvement strategies, but since they could not meet face-to-face, this meant teams would need to be flexible and learn to navigate virtual platforms more effectively. Members of the SIT and RIT developed a checklist of projects underway for the transition to the Early Childhood Outcomes (ECO) Family Outcomes Survey (FOS) and met weekly to discuss the updates.

SIT and RIT provided instruction on the newly developed Part C forms and examples during monthly Local Early Intervention System (LEIS) meetings and through technical assistance. The State began researching telehealth, assessments, and evaluations to determine how services could continue for families during the unprecedented time. Procedures for telehealth were developed by SCDHHS Executive Leadership and communicated to Service Coordination agencies through memorandums and virtual meetings. These new methods gave Service Coordinators the ability to continue to provide services to families and for families to become more involved in helping their child develop and learn.

^{*}Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

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

If "Yes", describe each new (previously or newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Over the past two years, the focus for the infrastructure improvement strategies was narrowed down to include the Family Outcomes Measurement System (FOMS) and the family assessment process. During this reporting period, much of the State's work involved planning and implementing new practices, policies, and procedures, and developing resources and guidance for Service Coordinators. Initially, the State planned to implement the family assessment process within one year, but due to restrictions put in place from COVID-19, the State had to improvise. SLT, RIT and other team members decided to make headway with another improvement strategy while the RBI implementation plan was being revised.

The development of FOMS took place right before the pandemic, but a substantial amount of research had already been done, which included an in-depth review of other states' practices, procedures, and guidance. One of the intermediate-term outcomes toward progress of the SiMR is for family survey response rates to increase. The State's intention was to implement RBI so that families would learn to better engage in their child's daily routines to improve the development of their skills, while empowering families with the knowledge and support they need. In addition, the State felt that revising the FOMS, engaging families and educating the Service Coordination agencies, higher response rates would be evidenced.

^{*}Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

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

The State recorded many strategies to take place in the SSIP, Phase 3, Year 1 Report. The following strategies in table 4 have been completed:

Table 4

Strategies to Improve the Survey Proce	ess .	
SSIP 2020	SSIP 2020	SSIP 2021
Strategies to be Completed	Strategies Completed	Newly added Strategies
Complete the S-FOMS self-	S-FOMS self-assessment was	Need for additional improvement
assessment	completed. State will use the ECO	strategies will be monitored as
	family outcomes survey	implementation is scaled up
Create flyer for families	A postcard was created with QR code	Postcard to be translated into
	and participant code	Spanish . Once FOMS training has
		been implemented statewide, have
		Spanish language postcard printed
		and distributed to SC agencies
Create family outcomes explanation	An explanation of family outcomes	Need for additional improvement
	and the family survey is included on	strategies will be monitored as
	the postcard	implementation is scaled up
Identify the region with lowest	Identified Region 2 as the Pilot	Move to statewide implementation
response rates		
Create family outcomes survey policy	Family Outcomes Survey Policy and	FOS Policy and Procedure draft to be
and procedure	Procedure has been drafted	approved by Part C Director; public
		comment; posted to the website and
		reviewed during LEIS meeting
Develop training materials, family	Family Outcomes Survey process and	Add questions to FAQ document
survey tool, and methods of	training was created; a flow chart has	from other regions and add resources
dissemination	been drafted; Talking Points Tip	and tip sheets as needed
	Sheet has been drafted; Family	
	Outcomes FAQ has been drafted	
Post information about family	Resources for family outcomes	Have flow chart, FAQ, Talking Points,
outcomes on website	revised and updated on TECS website	and any other additional resources
		updated on TECS website
Create or use video about family	Researched Family Outcomes videos	Post Family Outcome video to TECS
outcomes		website
Post family outcomes survey link	The postcard has a QR code that is	Need for additional improvement
	directly linked to the online family	strategies will be monitored as
	survey	implementation is scaled up
Create identifier for response rate	Participant codes are included on the	Need for additional improvement
tracking	postcards and recorded in BRIDGES	strategies will be monitored as
	for tracking purposes	implementation is scaled up
Provide feedback to SC agencies	SC agencies receive feedback from	Satisfaction survey for each region as
	the family surveys quarterly. This is	they are trained on FOMS
	sent by TECS	

^{*}Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

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

(a) Short-term outcome: implementation sites, training, and implementation of Evidence-based Practices (EBPs) (Region 4) – 1 year

The State revised the plan for the short-term outcome. Please see details under: "Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period?"

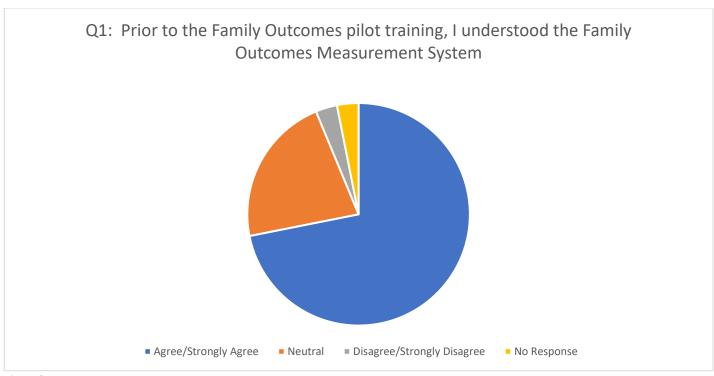
(b) Intermediate-term outcome: Survey response rates will increase statewide; families are better able to identify functional IFSP outcomes based upon their resources, priorities, and concerns; implementation sites, training, and implementation of EBPs (expand regions) 2-4 years.

The State decided to measure the intermediate-term outcome by conducting a satisfaction survey of Service Coordinators in December 2020. The survey was based on a 5-point rating scale and included five questions and an opportunity to provide comments. It was sent to participants in the pilot who had taken part in the new FOS process at least once. Service Coordinators were given three months to carry out the new method before being surveyed. Based on the data that was received, the intermediate-term outcome has shown progress. Most responses were in the "Agree" category which is on target for a process in the early stages.

The RIT and TECS Project Director discussed the need for additional feedback from the pilot before scaling-up with the family survey process. A Follow-up and Feedback session was held in February 2021 as a second method of measurement for this intermediate-term outcome. An overview of the FOMS training was presented and then participants of the pilot were encouraged to provide feedback and to ask questions. The Service Coordinators expressed positive experiences with the family survey process. Additional resources were discussed, and plans were developed. The State believes as Service Coordinators and families continue to utilize the method, Service Coordinators will become more comfortable and provide more support to families. SLT and RIT will survey the entire state next year using the same questions. This will allow the State to compare the responses from Region 2 this year and to measure change with responses next year. Please see the data below in Table 5 and Figures 1-5:

Table 5

Summary of Pilot Respondents to FOS Training													
Responses Survey Questions		trongly Agree %	#	Agree %	N #	eutral %	Di:	sagree %		ongly agree %	Re #	No sponse	тот
Prior to the Family Outcomes pilot training, I understood the Family Outcomes Measurement System.	6	18.75	17	53.125	7	21.875	1	3.125	0	0	1	3.125	31
The Family Outcomes pilot training gave me a better understanding of the Family Outcomes Measurement System.	5	15.625	17	53.125	9	28.125	0	0	0	0	1	3.125	31
The materials provided by BabyNet helped me explain the Family Outcomes process to families.	6	18.75	15	46.875	10	31.25	0	0	0	0	1	3.125	31
I feel prepared and competent when discussing the Family Outcomes survey with families.	8	25.00	16	50.00	6	18.75	1	3.125	0	0	1	3.125	31
Families have a better understanding of the importance of the survey.	8	25.00	14	43.75	8	25.00	2	6.25	0	0	0	0	32



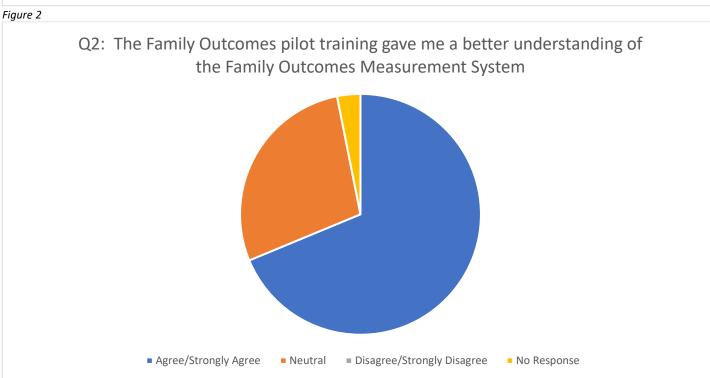
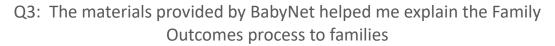


Figure 3



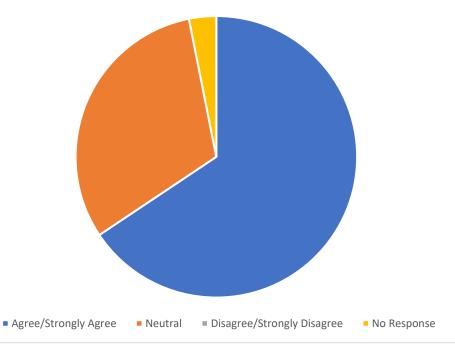
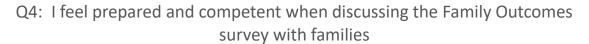


Figure 4



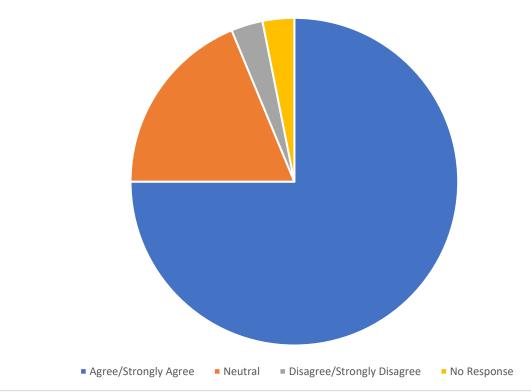
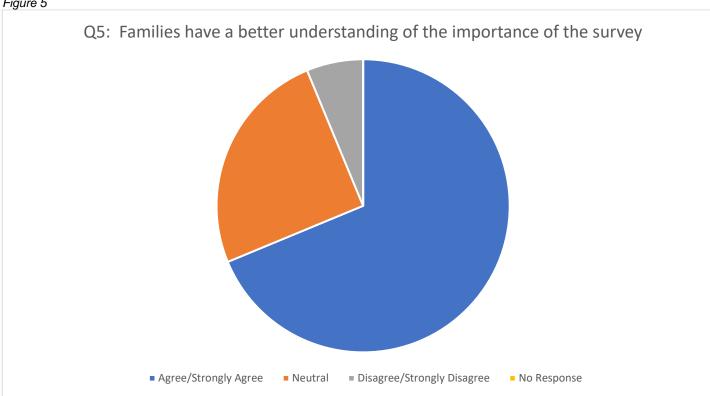


Figure 5



(c) Long-term outcomes: EBPs implemented statewide; Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn. 5-7 years.

The State has made progress with the intermediate-term outcome which leads to the progress of the longterm outcome. As the state progresses with RBI implementation, the state should see an improvement in the number of families who are more effectively able to help their child develop and learn. Tracking the response rates on the new survey process as it goes statewide will give the State the tools needed to ensure families are able to promote learning in their children within a shorter timeframe.

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

The State has completed activities associated with the improvement strategies, but there are additional steps and new outcomes that have been created for additional progress towards the SiMR. The plans for the SSIP Phase III, Year III are:

- 1. Outcomes to be implemented:
 - Short-term outcomes 1 year
 - Implementation of RBI in Regions 2, 1, and 3
 - Implementation of FOS in Regions 1, 3, and 4
 - Intermediate-term outcomes 2-4 years
 - Survey response rates will increase.
 - Families are better able to identify functional IFSP outcomes based upon their resources, priorities, and concerns
 - Long-term outcomes 5-7 years
 - EBP's implemented statewide
 - FOS implemented statewide
 - Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn
- 2. Evaluation Activities for data collection and expected outcomes:
 - Satisfaction Surveys from Service Coordinators on RBI
 - Satisfaction Surveys from Service Coordinators on FOS
 - Family Outcomes Surveys
 - Monitor RBI training using the State Criteria Checklist
- 3. Additional Support and/or Technical Assistance
 - Continued support from national technical assistance centers and the Office of Special Education Programs for the State staff
 - Technical assistance and training for local staff, as needed

^{*}Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Did the State implement any new (previously or newly identified) evidence-based practices? No
If "Yes", describe the selection process for the new (previously or newly identified) evidence-based practices.:
*Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and

Provide a summary of the continued evidence-based practices and how the evidence-based practices are intended to impact the SiMR.

The State prepared to fully implement the RBI this past year. Since those plans had to be revised because of the pandemic, the State began to collaborate with partnering agencies to integrate evidence-based practices. each month, Service Coordination supervisors participate in Local Early Intervention System (LEIS) meetings that are led by the Regional Coordinators. Agencies such as South Carolina Infant Mental Health Association (SCIMHA), our State's CDC Learn the Signs Act Early Ambassador, and Family Connection of South Carolina have provided an overview of their programs and a variety of evidence-based practices. Service Coordinators are encouraged to register for trainings, workshops or to request a session to be held within their agency. Since our State has focused on improving the knowledge, skills and support that families need to help their child develop and learn, Service Coordinators are given information to share with families so they can take part in these workshops. The trainings and workshops consist of instruction on child development and milestones, family engagement, 6 Fundamentals of IDEA, parent leadership, positive solutions for families, and special education learning series. As participants become more familiar with improving learning outcomes, family engagement and developmental milestones, families will master helping their child develop and learn.

^{*}Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

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

The State piloted the family survey in one region to examine the effectiveness of the new process. A satisfaction survey was sent to Service Coordination agencies that were a part of the pilot so that feedback could be received. The survey consisted of a 5-point rating scale to include strongly agree, agree, neutral, disagree, and strongly disagree. An example of the survey questions is listed in the table below.

Table 5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Prior to the Family Outcomes pilot training, I understood the Family Outcomes Measurement System.	0	0	0	0	0
The Family Outcomes pilot training gave me a better understanding of the Family Outcomes Measurement System.	0	0	0	0	0
The materials provided by BabyNet helped me explain the Family Outcomes process to families.	0	0	0	0	0
I feel prepared and competent when discussing the Family Outcomes survey with families.	0	0	0	0	0
Families have a better understanding of the importance of the survey.	0	0	0	0	0
* 4. Please provide any the monthly reports fo			the new Family C	outcomes proce	ss (ex. postcards,

The responses from Service Coordinators were useful for the additional planning and preparation as the State scales-up with the new survey and process. Service Coordinators felt that the family survey was easy for families to read and understand and the additional tools that are provided for the agencies give them support and confidence in explaining the process. Other responses received from Service Coordinators included that families enjoyed completing the surveys, families liked the postcards, and now that Service Coordinators are involved in the process, families can be reminded to complete the survey.

The follow-up/feedback session gave the State the opportunity to monitor the fidelity and to assess how the new practice was developing. Service Coordinators expressed the benefit of Family Connection of SC partnering with the State to assist in the completion of the surveys. The State believes that as this process is implemented across more regions, families will begin to feel more supported and at ease with services which will provide the ability to advocate for their children. As families receive the foundational skills necessary to understand their role in early intervention, the more engaged in services they will become. This should result in capacity building from families and the desire to be a part of the decision-making process with their IFSP team. The State believes that once RBI is fully implemented in the State, families will be more likely to use every day routines as learning opportunities for both the parent and child. Empowering families with the confidence, knowledge and skills that are needed to improve their child's development should result in higher response rates on surveys.

^{*}Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan.

Describe the components (professional development activities, policies/procedures revisions, and/or practices, etc.) implemented during the reporting period to support the knowledge and use of selected evidence-based practices.

SLT, RIT, and TECS have researched, created, and provided a plethora of materials for Service Coordinators involving families in early intervention. Since the Family Outcomes Measurement System has not been revised in the State since 2006, providing Service Coordinators with the appropriate tools was necessary. The family outcomes resources that were available on the TECS website have been revised and new resources have been posted. In the past, TECS handled the family survey process as a stand-alone, without the participation of Service Coordinators. SLT and RIT decided that involving the Service Coordinators in the family survey process would result in a higher response rate because the family has already established a trusting relationship with them. During the Family Outcomes Survey training conducted with the pilot, these tools were explained, in detail. To be certain the Service Coordinators could explain the family outcomes process to families, a "Talking Points" document was created to start the initial conversation with families. The postcard that is hand-delivered to families at their first six-month IFSP and at exit includes an explanation of family outcomes, a QR code to take the family directly to the online survey, a participant code so that families who respond can be tracked and a passcode to complete the survey. A "Frequently Asked Questions" document is in progress and will be completed once the process is administered statewide. A flow chart was created so that Service Coordinators can have access to the new method visually. Family Outcomes procedures have been drafted and once they are approved, they will be posted for Public Comment. RIT has collaborated with other early childhood education agencies to have them present on various family engagement topics during the Local Early Intervention System (LEIS) meetings such as learning opportunities during everyday activities, family coaching, child development and resources that are available in the community.

Section C: Stakeholder Engagement

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Each phase of the SSIP is shared with the South Carolina Interagency Improvement Council (ICC) and as needed throughout the year. They are provided an overview and offered time to engage in conversation and brainstorm ideas, as necessary. Implementation strategies involved in the SSIP are always shared with local EI providers through Local Early Intervention System (LEIS) meetings. As the State prepared for the FOMS and when adjustments were made to the RBI, an announcement went out on the Listserv and during the LEIS meeting. Local Service Coordinator agencies were made aware of the FOS pilot that was planned and were told there would be time for feedback through surveys, question and answer briefings and follow-up sessions.

After the two initial trainings in August 2020, Service Coordination agencies were asked to provide input. Many of them stated they were excited about the new process and others had never seen a copy of the family survey, so they were intrigued. Service Coordination agencies liked the idea of their involvement and in December 2020, a satisfaction survey was sent to EI providers who had participated in the new process at least once. The survey provided a five-item scale to include strongly agree, agree, neutral, disagree, and strongly disagree. There were five questions and an opportunity to give additional comments. Based on responses received, feedback was broken into three categories: FOMS Process and Explanation; Participant Codes; and Returned Surveys.

In February 2021, a follow-up FOMS session was held to provide another stakeholder engagement opportunity. At this point, Service Coordinators had been using the new process for several months which allowed the chance for additional questions, suggestions, and concerns.

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

After soliciting feedback from stakeholders, SLT, RIT and TECs held a meeting to discuss how to address the concerns that were communicated. The input from Service Coordinators gave the state an opportunity for clarification. For example, one of the survey replies stated, "If the 6-month IFSP is done before the participant code is received, Service Coordinators are having to back track to ensure families have the code." The State created a flow chart of the process. The flow chart shows each step in the process, so if a Service Coordinator and family decided to complete the first 6-month IFSP early, they would contact their Regional Coordinator to request a participant code. Supervisors were reminded of their access to IFSP reports since TECS only provides the list as a courtesy. RIT and TECs created a tip sheet so that if there were questions, the appropriate staff could be contacted.

Supervisors expressed the need for the postcards to be translated into Spanish. SLT and RIT had initially included a Spanish version in the plan, but wanted to give the Service Coordinators time to use the English version to see if any changes or updates were needed before printing another set. The team determined the additional version would be created and translated, printed, and disseminated to the Service Coordination agencies after training was completed, statewide. In the meantime, interpreters were available to assist Spanish-speaking families with the survey process.

During the kick-off training for the survey process, SLT and RIT communicated to the Service Coordination supervisors that responses from the families would be provided for the Service Coordination agencies to assist with training and technical assistance. After a team discussion, it was explained to the agencies that feedback would be provided quarterly through email. If additional training and technical assistance is needed, other forms of communication will be provided such as memorandums, meetings, and tip sheets. RIT and TECS made the decision to create a "Talking Points" resource for Service Coordinators to assist staff who are having trouble communicating the survey with families.

Refer to SPP/APR Measurement Language for required information for Phases I-III including requirements for SiMR, baseline, targets, theory of action, and components of the implementation and evaluation plan

If applicable, describe the action(s) that the State implemented to address any FFY 2018 SPP/APR required OSEP response.

OSEP has reiterated the importance of stakeholder engagement and input through the various phases of the SSIP. The State planned opportunities throughout the year to collect feedback and to partner with stakeholders on matters related to the two coherent improvement strategies. Stakeholders received multiple opportunities to engage with the SLT and RIT to provide input on RBI and FOMS processes, changes, and future implementation plans.

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