Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

Introduction to the new State Performance Plan (SPP) and Annual Performance Report (APR)

This report has been modified and is now being produced by an online submission tool. This first section describes five components of the Birth to Three System (Part C) in Connecticut;

- General Supervision
- Technical Assistance
- Professional Development
- Stakeholder Input, and
- Reporting to the Public

After this introduction, each indicator follows. They are the same as previous years with the exception of indicators 9-11. Based on the restrictions of the online submission tool, some of the indicators are reported in a slightly different way than in the past. When that is the case a note has been added to explain the change from previous years.

The state agency in Connecticut that is referred to as the "lead agency" is currently the Department of Developmental Services (DDS). Through DDS, the Birth to Three System has contracts with 40 comprehensive Early Intervention Service (EIS) programs.

General Supervision for Part C in Connecticut includes all of the sections described in this introduction as well as other components such as policies and procedures, fiscal management, and data on processes and results.

The monitoring and dispute resolution components include multiple mechanisms to identify and correct noncompliance with the Individuals with Disabilities Education Act (IDEA) and state requirements while facilitating continuous improvement. These methods and strategies are interrelated and integrated and, as a whole, ensure that the local programs are in compliance with the IDEA and improving results for children and their families.

Connecticut's general supervision system is comprised of broad activities, focused activities and intensive activities.

Broad Activities:

The lead agency conducts several annual general supervision activities for each EI program to monitor the implementation of the IDEA and identify possible areas of noncompliance and low performance. The annual activities include:

1. Collection and verification of data for the SPP/APR compliance and results indicators,
2. Public Reporting of APR data, and
3. Determinations about how local programs are meeting the requirements of the IDEA.

Other activities are completed on a cyclical basis, such as program self-assessments resulting in improvement plans with timelines for correction, and fiscal monitoring that addresses the use of federal

and/or state funds as well as the timeliness and accuracy of billing the lead agency, parents, and third party payers. Finally, the state reissues Requests For Proposals (RFPs) every 5-7 years which helps to bring in new programs and raises the capacity of those with the best applications while reducing or eliminating those that do not stay current with evidence-based practices in early intervention.

Focused Activities:

Focused Monitoring is a major component of Connecticut's system of general supervision. Periodically, stakeholders identify a key priority area with selection measure(s) and annually EI programs are ranked and selected. Focused monitoring may include off-site activities such as desk audits or an in-depth review of available data, on-site monitoring activities such as file reviews, interviews with families and staff, and additional activities as determined necessary based on the identified issues. Reports include findings of noncompliance as well as strengths and areas that need improvement.

The lead agency ensures the timely resolution of disputes related to the IDEA requirements through a variety of means including IFSP facilitation, mediation, complaint investigation, and due process hearings. The effectiveness of dispute resolution is evaluated regularly and issues are tracked to determine whether patterns or trends exist. This assists with prioritizing monitoring and technical assistance activities.

Intensive Activities:

Intensive activities may be necessary based on issues identified through general or focused monitoring activities, complaints, or analysis of data entered in the statewide database. Activities include on-site visits as well as targeted family and staff interviews.

Identification of Noncompliance

Both systemic and child-specific noncompliance with state and federal regulatory requirements can be identified at all levels (Broad, Focused and Intensive). All noncompliance is identified to the program in writing along with the details to support the finding (e.g. the measure, actual percentages, regulatory references). For child-specific noncompliance, the evidence that is needed to verify correction is described during the exit interview and followed up in writing and has timeline for correction that is usually between 2-3 weeks. Then for ongoing systemic noncompliance, programs are required within 30 days to develop an online improvement plan with timelines for correction. As part of the notification of findings of noncompliance, programs are informed that all systemic noncompliance must be corrected as soon as possible, but in no case later than one year from the date of the written notification.

Correction of Noncompliance

The correction of child specific noncompliance is followed closely by the Family Liaison who is also the manager of the Family and Community Support Team.

The correction of systemic noncompliance is tracked by the Systems Support Team using a variety of methods including data runs, emails, faxes, onsite visits and phone calls. When systemic noncompliance is not verified as corrected within one year of the written notification, the program is placed on a Corrective Action Plan (CAP) which identifies timelines, technical assistance (TA) and possible sanctions that may be imposed. Sanctions include a Compliance Agreement, limiting referrals, withholding funds, and steps toward contract termination.

As a result of its contracts with EIS Programs, the lead agency is able to support high quality programs and discontinue working with programs that do not meet requirements despite TA.

For a more in depth description of CT's Part C general supervision system visit How are we Doing? on www.Birth23.org which is available here http://www.birth23.org/accountability/ . There you will find program rankings, current monitoring measures, data verification reports, focused monitoring reports, and other

descriptions of the various ways Connecticut has worked with its programs to receive an OSEP determination of "Meets Requirements" for eight years in a row.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The Connecticut Birth to Three System has four teams that deliver technical assistance (TA) to providers and/or programs within the system. The teams focus on Fiscal Support, Family and Community Support, Provider Support, and System Support including data. The Provider Support team does the bulk of structured TA and, when appropriate, other people such as content experts or peer mentors may be asked to assist. The lead agency also has a parent leadership contract with the only Parent Training and Information Center (PTI) in the state. With assistance from the Connecticut Parent Advocacy Center (CPAC), parents are regularly included on TA visits.

The need for TA can be identified in the following ways:

- staff or program request,
- as a result of program monitoring/self-assessment or
- based on a complaint received by the system, and
- literature about evidence-based and promising practices.

TA topics include but are not limited to: administering related assessment tools (AIMS, REEL, Peabody), functional assessment reports, writing high quality functional outcomes, coaching, supporting families in crisis, and adherence to Connecticut Birth to Three System policies and procedures. The program requesting TA is responsible for developing their outcomes. The lead agency offers a follow-up visit 3-4 months following the initial visit to answer questions that arise after people have had an opportunity to implement new practices following the initial TA.

Each TA session is followed by an evaluation so programs can rate the lead agency on the timeliness of the TA response, the quality of the materials presented, and how the desired outcomes were met.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The primary people responsible for staff professional development are the directors of the contracted programs. They regularly provide training for staff and stay on top of how services are being provided. Some programs offer reflective supervision and others work mostly with contractors but in both cases the program director is responsible for compliance and the quality of services. The lead agency requires these program directors to be up-to-date on the research on evidence-based and promising practices through contractual agreement.

The Connecticut Birth to Three System's Provider Support Team assists directors by conducting periodic training needs assessments. The lead agency also informally identifies needs through training evaluations, internal discussions based on a synthesis of monitoring data, complaints, and on-going discussions with providers. Literature related to the field and information disseminated on best practices is also reviewed on a regular basis and the lead agency staff are usually actively involved with national Technical Assistance (TA) centers.

Though all training is open to any provider in the system, there are instances where specific programs are required to have staff attend training as part of a Corrective Action Plan or when the lead agency identifies a priority topic such as natural environments in 2001. In 2011, Connecticut worked with stakeholders to develop a Results Topic as part of a visit from OSEP staff. The topic selected was focusing on supporting

families with children "Under One." That topic drove much of the professional development as will Indicator 11 in this plan (State Systemic Improvement Plan or SSIP) as it takes shape over the next few years. Training is conducted either by lead agency staff or by contracting with national experts. Workshops are, when appropriate, offered collaboratively with 619 staff, Head Start, and child care providers. The State Education Resource Center has been a partner for many years in hosting an annual conference called Together We Will. Now the new Office of Early Childhood (OEC) will be leading training and professional development for the broader early childhood community and it is anticipated that Birth to Three will become part of the OEC in the years ahead.

Workshops are listed online in a calendar at www.Birth23.org. Clicking on events provides information about the workshops and takes users to the appropriate sites for registration. Training registration is tracked through a learning management system that allows providers to enroll in any offering. The lead agency can use this data to see how often each program participates or which topics need more attention. However, programs ultimately ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families and the lead agency works with them to support this. When appropriate other people such as content experts or peer mentors may be asked to assist. As described in the previous section, the lead agency has a parent leadership contract with the only Parent Training and Information Center (PTI) in the state. With assistance from the Connecticut Parent Advocacy Center (CPAC), parents are regularly included on training teams.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

This plan was developed with broad stakeholder input. At two State Interagency Coordinating Council (ICC) meetings, held on October 27, 2014 and on December 8, 2014, the members reviewed the historical data and discussed baselines and targets for the results indicators (child outcomes, family outcomes and child find). In addition, local provider meetings were held in three areas of the state for all Birth to Three programs on October 22nd and 23rd and December 9th, 10th, and 11th of 2014. At each meeting, an overview of the plan was presented along with summary data for each indicator. Those present provided input on the baselines, and targets and as needed on improvement activities, timelines, resources including modifications to procedures and data collection methods.

A draft PDF of the information entered into the GRADS360 online submission tool was posted on the Birth to Three website, www.Birth23.org. in late December. A blog post announcing this was emailed to over 800 providers, ICC members, parents, and advocates requesting comments. The link to the draft was also posted on Facebook.com/CTBirth23 and Twitter.com/CTBirth23. The state's new Office of Early Childhood (OEC) then shared and retweeted the posts to broaden the reach of the request for input. The link was also sent to CPAC and to several national Technical Assistance (TA) centers including NCSI and the ECTA Center. They all reviewed the draft and provided helpful guidance.

The draft was emailed directly to a subcommittee of the State ICC who reviewed the file in detail, asked questions, and suggested edits. Leadership from the lead agency and the OEC also reviewed the plan and made suggestions. The ICC approved the final edits with the understanding that the plan can be modified as needed in future years. This plan and the Annual Performance Report (APR) fulfills the obligations of the State Interagency Coordinating Council to report to the U.S. Department of Education in the current fiscal year (see attached certification).

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

The Connecticut Birth to Three System is fortunate to have a website that is under its direct control. This website is a content management system that Part C staff update regularly.

A PDF of this complete SPP/APR was posted on the Birth to Three website at http://www.birth23.org/accountability/spp/ or by visiting Birth23.org and choosing How Are We Doing? from the left menu and then selecting > State Performance Plans.

The tables that display data by program or, in some cases, by county for each indicator are completed prior to submitting the APR as a way to assure the accuracy of the information. For the past 5 years these "APR Public Reporting Tables" have been posted during the month of February directly after the APR is submitted.

When the tables are updated on Birth23.org, a blog post is emailed to over 800 stakeholders and announcements with links posted on the CTBirth23 Facebook page and Twitter account. These are then shared by the Office of Early Childhood through their social media accounts.

The targets for FFY13 "results" indicators (vs. compliance or 100% indicators) were not established until this report was submitted on February 2, 2015. They were still included in the '13-'14 public reporting tables.

Connecticut's annual process will continue unaltered to assure that the data is available to the public as soon as possible after the submission of the APR. To find the current public reporting tables of APR data, click this link: http://www.birth23.org/accountability/spp/apr/pr/ or visit Birth23.org and choose How Are We Doing? from the left menu and then select State Performance Plans > Annual Performance Reports > Public Reporting.

ANNUAL REPORT CERTIFICATION OF THE INTERAGENCY COORDINATING COUNCIL UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.604(c), the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)[1] under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 2, 2015.

On behalf of the ICC of the State/jurisdiction of Connecticut, I hereby certify that the ICC is: [please check one]

1. [ ] Submitting its own annual report for FFY 2013 (which is attached); or

2. [**X**] Using the State's Part C APR for FFY 2013 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.[2]

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Mark A. Greenstein, MD — 1/13/15

Signature of ICC Chairperson — Date

Mark A. Greenstein, MD

mgreens@connecticutchildrens.org

Address or e-mail

860-966-6975

Daytime telephone number

1 Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

2 If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 2, 2015.

Indicator 1: Timely provision of services

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	97.40%	97.00%	98.00%	99.00%	99.00%	99.00%	97.00%	98.00%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Indicator 1: Timely provision of services

FFY 2013 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	4,515	2,137

Explanation of Alternate Data

Timeliness of the initiation of new services was monitored on the records of 2137 children. This represents the total number of infants and toddlers with at least one new service on the family's IFSP.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
2,022	2137	98.00%	100%	99.12%	Did Not Meet Target	No Slippage

** FFY 2012 Data are editable on the Historical Data and Targets page.*

Number of documented delays attributable to exceptional family circumstances (this number will be subtracted from the total number of infants and toddlers with IFSPs when calculating the FFY 2013 data)	97

What is the source of the data provided for this indicator?

- ○ **State monitoring**
- ◉ **State database**

Describe the method used to select EIS programs for monitoring.

(The online submssion tool was initially reverting to State Monitoring as the data source even though State database was selected and saved. This should not be displaying in the final report as the State used data from its statewide database as described below.)

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

12/1/13 (point in time)

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Using its statewide data system, Connecticut reviewed the Individualized Family Service Plans (IFSPs) for

ALL children with IFSPs on 12/1/13. This point in time is representative of the reporting period because it is the same date used for Indicators 2, 5, and 6 in this report.

If the 97 records for the families who received their new service(s) late due to documented exceptional family circumstances were kept in the numerator and the denominator, the actual percent for this indicator would be 99.2%, which is not significantly different from the current calculation but is how the calculation has been done since this indicator was introduced.

Provide additional information about this indicator (optional)

The families of 115 children had at least one new service that was started late. 97 of those were attributable to documented extraordinary family circumstances leaving 18.

15 of the 18 had service(s) start late due to program errors (Range 47-59 days) such as:

~ not understanding that it is 45 days from parental consent for services to begin versus the projected start date on the plan,
~ scheduling errors on the part of staff, and
~ a lack of documentation about the reasons for the delays

3 had service start late due to challenges providers faced in obtaining the child's primary physician's signature on the IFSP which is required in CT before new or increased services can begin (Range 51-68 days).

Indicator 1: Timely provision of services

Required Actions from FFY 2012

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Indicator 1: Timely provision of services

Correction of Previous Findings of Noncompliance

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	9	1	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

The state verified correction using data from the statewide database, emails, faxes, and as needed, on-site visits. Through these methods the state has verified that as of 8/1/13 nine of the ten programs with previously identified noncompliance were correctly implementing the regulatory requirements and starting all new services within 45 days of parent consent. (See attached file "findings due for correction in ffy13.xlsx".)

At one program the lead agency was not able to verify correction during an on-site verification visit. The program had a compliance agreement as of August 2012 and received no new referrals since then. Each family enrolled in the program during the Spring of 2014 was contacted by the Birth to Three Family Liaison and offered the opportunity to transfer to a different program. Some families did transfer and services for those that did not were monitored through the child's third birthday. Using 6/1/14 as a point in time, data from the statewide database was used to verify correction based on the 12 children enrolled in the program. None had new services that started late. As of the date of this report this program had only one family enrolled.

Describe how the State verified that each LEA corrected each individual case of noncompliance

This is an indicator with a timeline (45 days from parent consent). As a result, each individual case of noncompliance cannot be corrected retroactively unless the new service had not started. The lead agency has in its data system the first date that each new service was delivered and the date when families leave the Birth to Three System. Based on a review of this data, the lead agency has verified, using email, phone calls, and in some cases on-site visits, that there are no cases of outstanding child-specific noncompliance to be corrected. All the late new services have started or the family exited Birth to Three before the service could begin.

Correction of Findings of Noncompliance Identified Prior to FFY 2012

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2012 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Connecticut Birth to Three System
Findings of Noncompliance for Annual Performance Report Indicators
Issued in FFY12 (7/1/12-6/30/13)
Due to be Corrected in FFY13 (7/1/13-6/30/14)

HowMonitored	Identified	Due Date	Corrected	Timely	Code	Measure	How Verified
APR Data	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
APR Data	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
APR Data	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
Complaint	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
APR Data	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
APR Data	30-Aug-12	30-Aug-13	01-Jun-14	FALSE	C1	All New Services Begin <45 from IFSP	On-site Visits and Data Report
Complaint	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
APR Data	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
APR Data	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report
APR Data	30-Aug-12	30-Aug-13	01-Aug-13	TRUE	C1	All New Services Begin <45 from IFSP	Data System - Updated Report

HowMonitored	Identified	Due Date	Corrected	Timely	Code	Measure	How Verified
Complaint	21-Sep-12	21-Sep-13	13-Sep-13	TRUE	C8a	Steps to Prepare the child and family	Faxed sample and On-Site Check
APR Data	15-Oct-12	15-Oct-13	01-Aug-13	TRUE	C8c	Trans Conf Held Prior to 90 days before 3	Data System - Program Closed 6/14

Indicator 2: Services in Natural Environments

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
Data	99.60%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.90%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

The stakeholder input for this indicator is the same as that described in the introduction to this report. Since 12/1/01 the number of children receiving services in settings other than their home or community-based settings has not been below 99%. Connecticut continues to place great value on the importance of supporting daily routines in a variety of natural settings for each child and family. This value drives procedures, training, monitoring, and reimbursement methods.

In FFY14, the lead agency will start to collect data about whether children are receiving Part C services in early care and learning settings as opposed to other community settings such as library groups or the park. The new Office of Early Childhood is helping to expand opportunities for early care and learning across Connecticut. Also, Birth to Three providers have indicated that they would like more technical assistance around coaching the staff in early care and learning settings. This new data will help on a number of levels.

Indicator 2: Services in Natural Environments

FFY 2013 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,513	
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	4,515	

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
4,513	4,515	99.90%	95.00%	99.96%	Met Target	No Slippage

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

☐ **Provide additional information about this indicator (optional)**

Indicator 2: Services in Natural Environments

Required Actions from FFY 2012

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 3: Early Childhood Outcomes

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. **Positive social-emotional skills (including social relationships);**
B. **Acquisition and use of knowledge and skills (including early language/ communication); and**
C. **Use of appropriate behaviors to meet their needs.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A1	2013 ~~2008~~	Target ≥					87.10%	84.70%	84.70%	85.00%
		Data				89.30%	84.70%	83.10%	77.60%	75.60%
A2	2013 ~~2008~~	Target ≥					53.40%	51.20%	51.20%	52.00%
		Data				53.80%	51.20%	55.60%	58.60%	59.40%
B1	2013 ~~2008~~	Target ≥					90.40%	88.00%	88.00%	88.50%
		Data				92.10%	88.00%	83.20%	84.30%	82.80%
B2	2013 ~~2008~~	Target ≥					54.20%	53.80%	53.80%	54.00%
		Data				55.30%	53.80%	51.70%	50.60%	52.40%
C1	2013 ~~2008~~	Target ≥					90.60%	88.50%	88.50%	89.00%
		Data				91.90%	88.50%	88.80%	87.80%	86.00%
C2	2013 ~~2008~~	Target ≥					53.70%	53.20%	53.20%	53.50%
		Data				55.60%	53.20%	63.60%	69.60%	69.90%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

Explanation of Changes

The 2012 targets were originally blank.

From the FFY2009 SPP/APR Response table "*The State provided revised baseline data, using FFY 2009 data.* " (file name "ct-4response-2011c-final.doc"). However, for the past two years the state has been sharing trend data with stakeholders and they were advising the lead agency to reset baselines and targets in the new State Performance Plan (SPP). Since this SPP is the new SPP and not a revision of the one developed in 2005, 2013 was selected from the drop down menu above to indicate that, with broad stakeholder input, the state is proposing new baselines and targets in this plan. This has been planned for years and reported in the past two APRs. The data upon which the new baselines were based is explained below.

FFY 2013 - FFY 2018 Targets

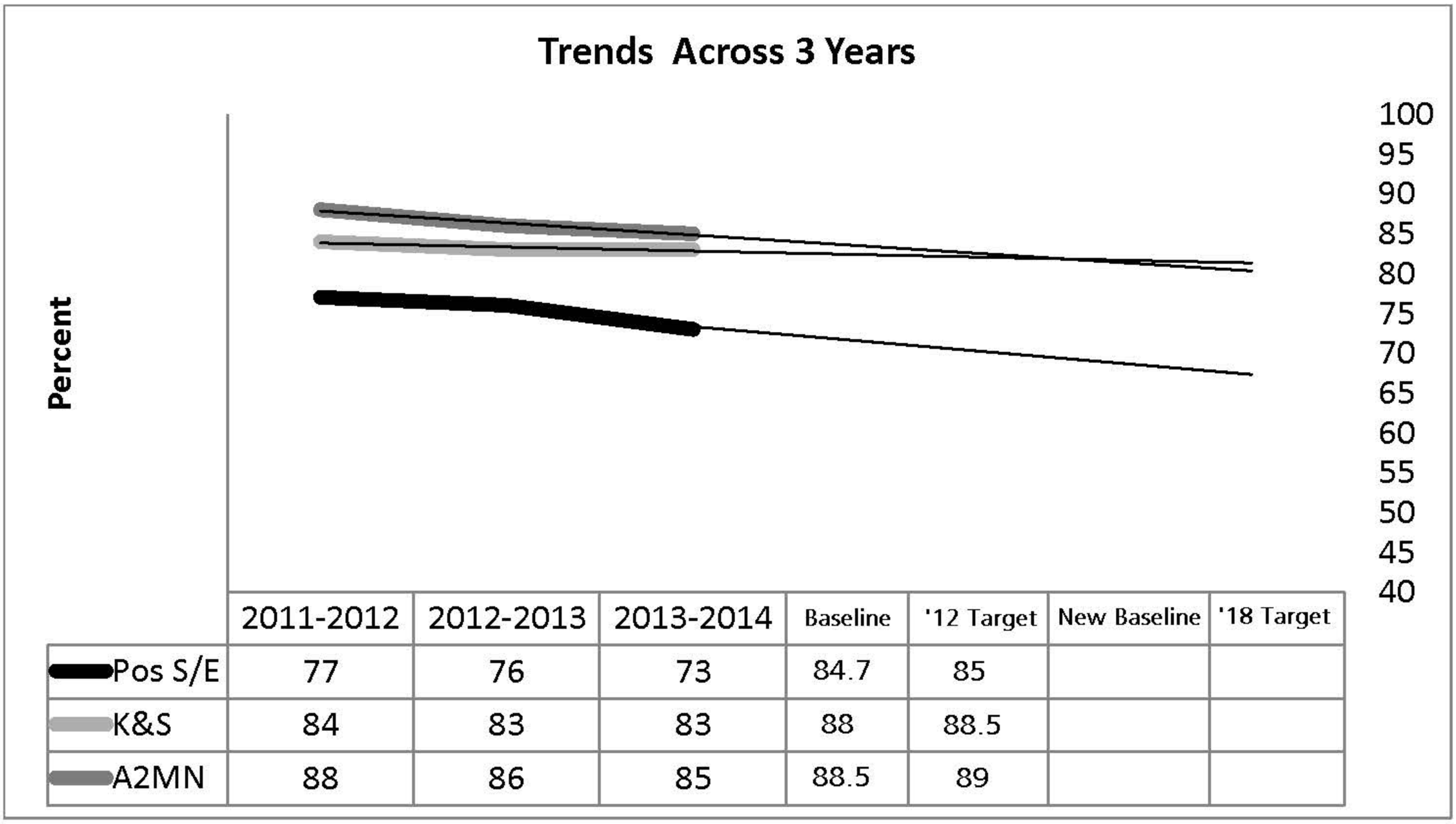
FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	67.00%	67.00%	67.00%	67.00%	67.00%	68.00%
Target A2 ≥	59.00%	59.00%	59.00%	59.00%	59.00%	60.00%
Target B1 ≥	82.00%	82.00%	82.00%	82.00%	82.00%	83.00%
Target B2 ≥	52.00%	52.00%	52.00%	52.00%	52.00%	53.00%
Target C1 ≥	82.00%	82.00%	82.00%	82.00%	82.00%	83.00%
Target C2 ≥	65.00%	65.00%	65.00%	65.00%	65.00%	66.00%

Targets: Description of Stakeholder Input

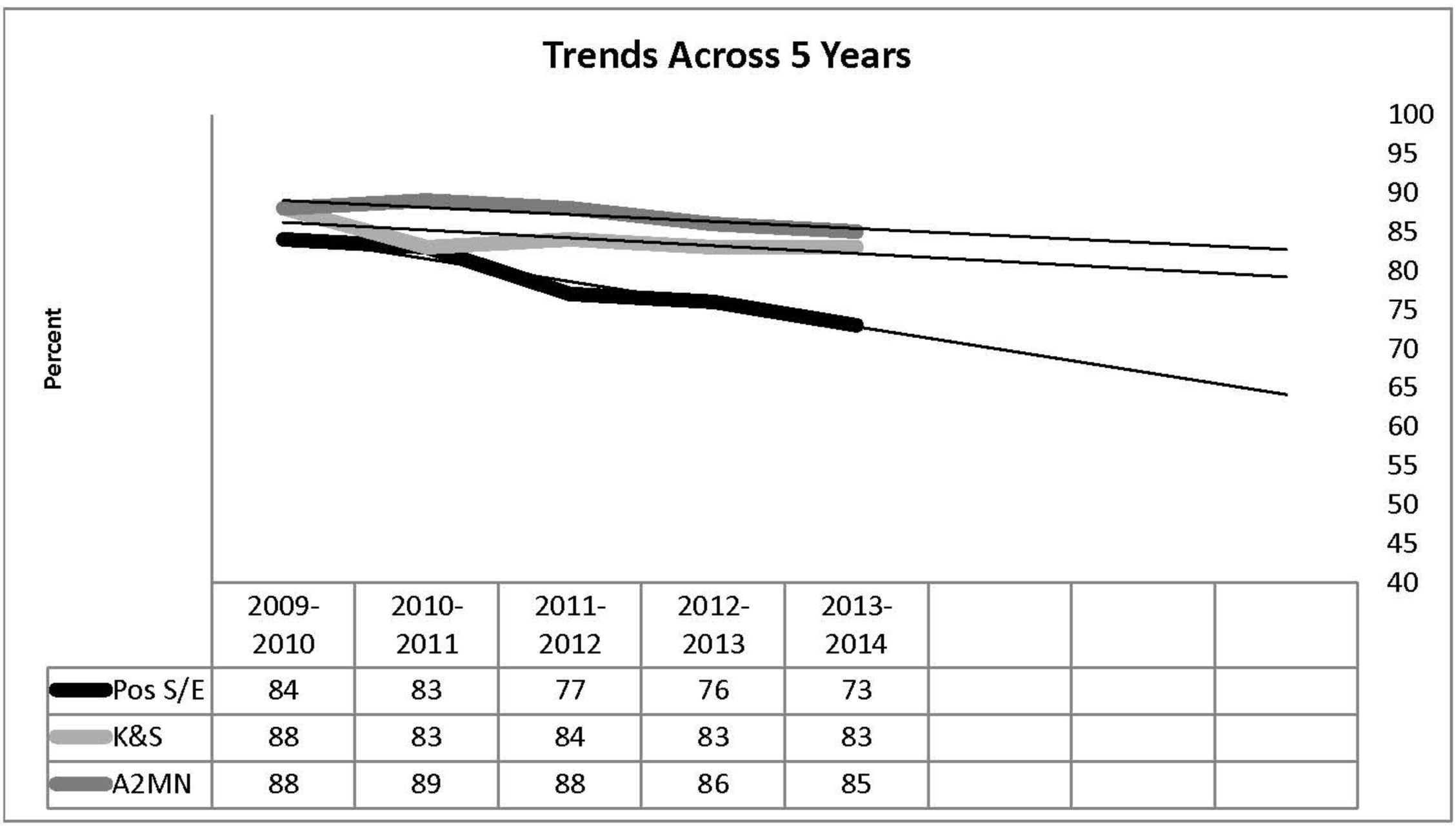
Overall, the stakeholder input for this is the same as that described in the introduction of this report but far more attention was paid to setting baselines and targets for this indicator at a State Interagency Coordinating Council (ICC) meeting on December 8, 2014 than at previous meetings.

While reviewing the past two Annual Performance Reports, stakeholders observed downward trends on most of the sub-indicators in Connecticut as well as nationally and planned in the new State Performance Plan to reset some of the baselines. The description of that process and the rationale for the new baselines and targets are in the FFY13 Data section and attachments that follow (See files named coshistorytrendsss1.pdf, coshistorytrendsss2.pdf, and coshistorycompnational.pdf)

Connecticut Part C Indicator 3 - Child Outcome Data
Summary Statement 1: Greater Than Expected Growth

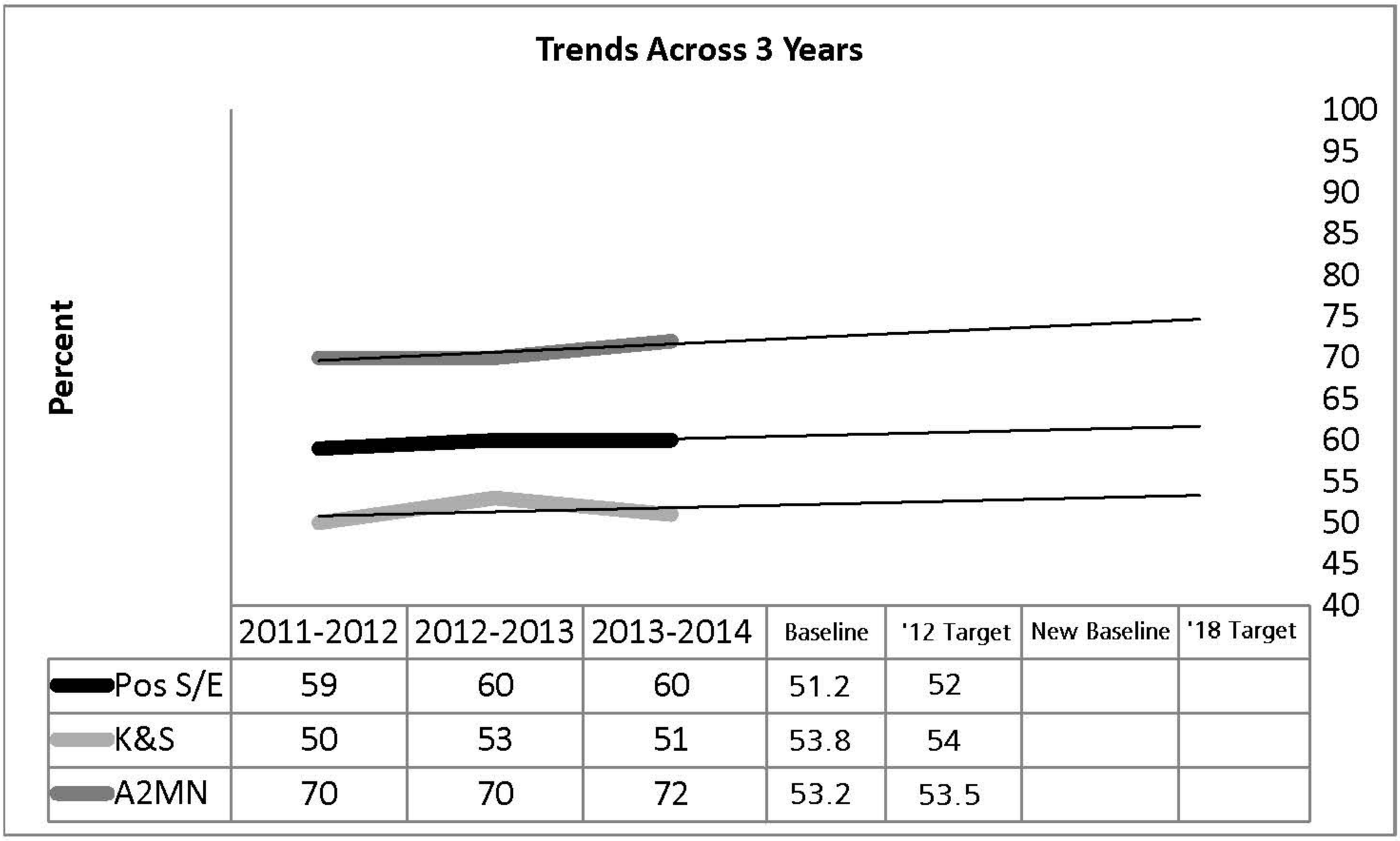


	2011-2012	2012-2013	2013-2014	Baseline	'12 Target	New Baseline	'18 Target
Pos S/E	77	76	73	84.7	85		
K&S	84	83	83	88	88.5		
A2MN	88	86	85	88.5	89		

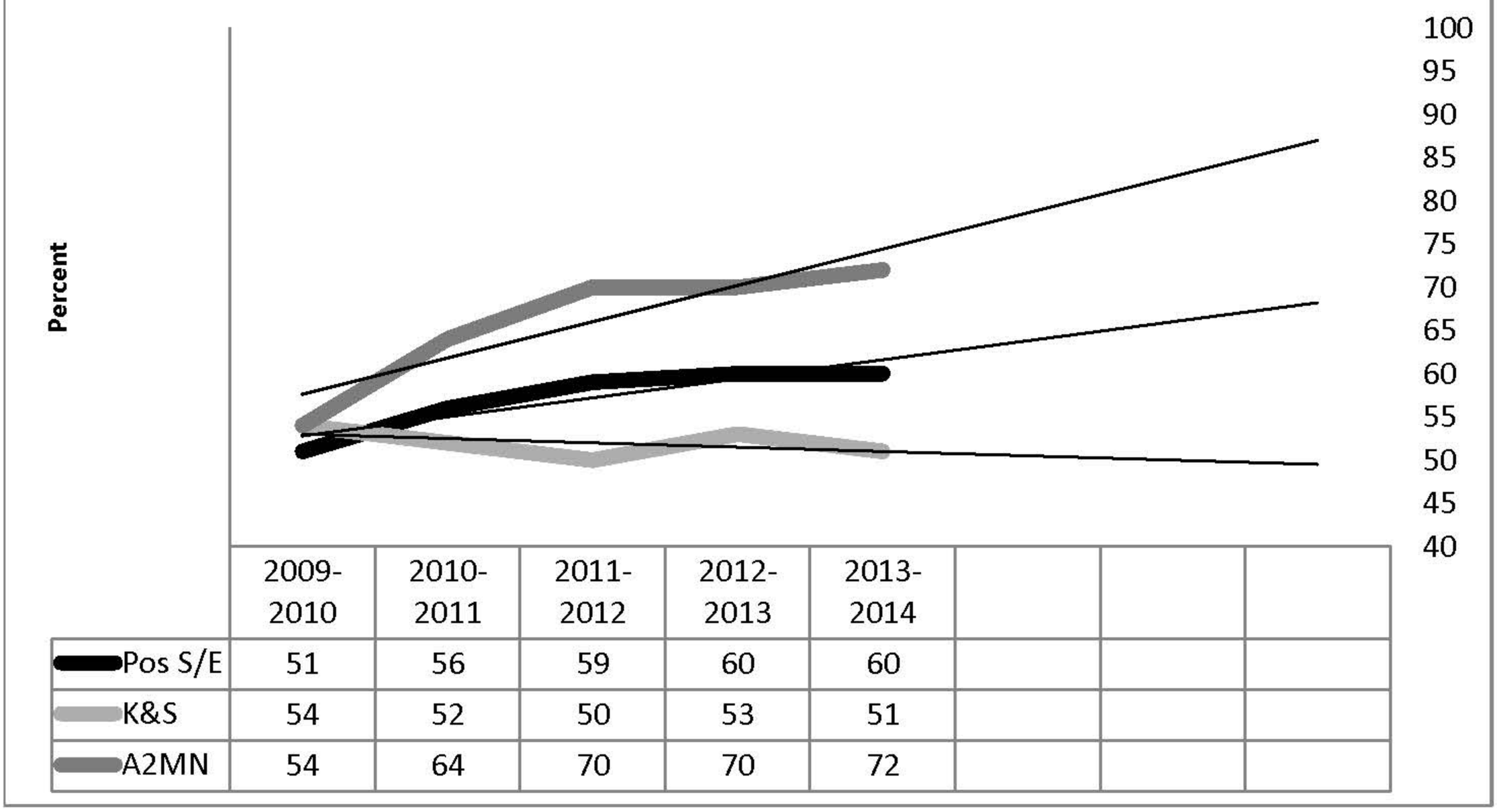


	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014			
Pos S/E	84	83	77	76	73			
K&S	88	83	84	83	83			
A2MN	88	89	88	86	85			

Connecticut Part C Indicator 3 - Child Outcome Data
Summary Statement 2: Exited within Age Expectations



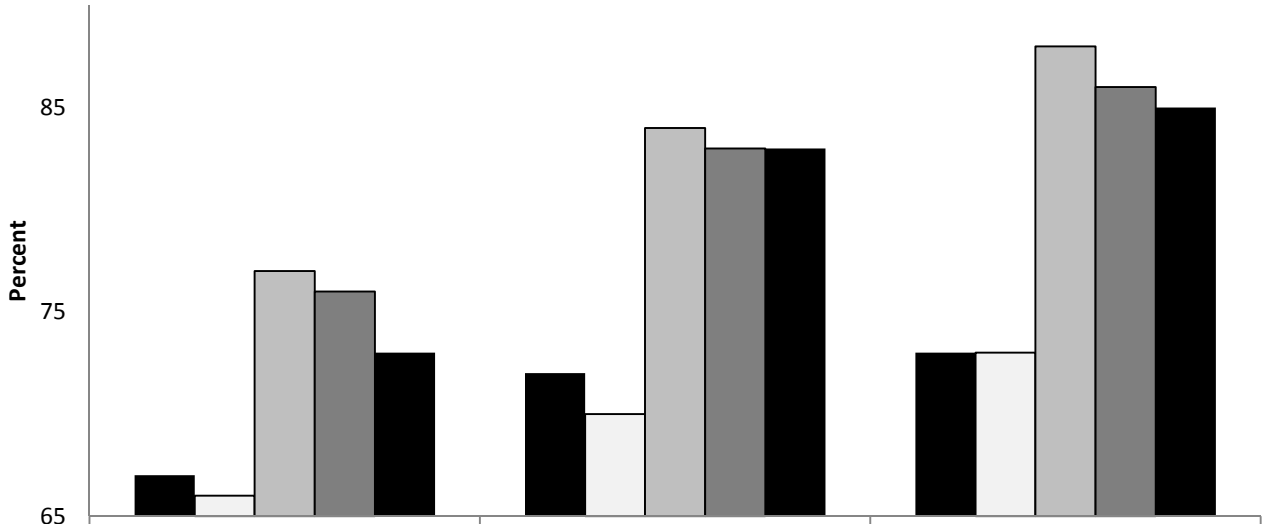
	2011-2012	2012-2013	2013-2014	Baseline	'12 Target	New Baseline	'18 Target
Pos S/E	59	60	60	51.2	52		
K&S	50	53	51	53.8	54		
A2MN	70	70	72	53.2	53.5		



	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014			
Pos S/E	51	56	59	60	60			
K&S	54	52	50	53	51			
A2MN	54	64	70	70	72			

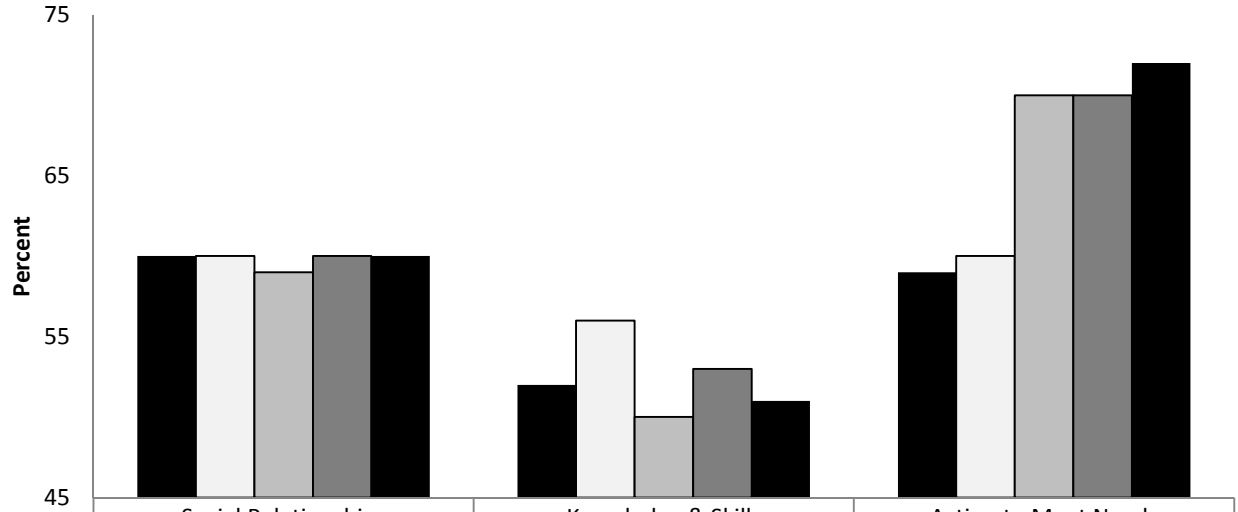
Connecticut Birth to Three System
Three Years of Child Outcome Results Compared to National Data

SS1: Greater Than Expected Growth



	Social Relationships	Knowledge & Skills	Action to Meet Needs
US	67	72	73
Narrow	66	70	73
CT11-12	77	84	88
CT12-13	76	83	86
CT13-14	73	83	85

SS2: Exited within Age Expectations



	Social Relationships	Knowledge & Skills	Action to Meet Needs
US	60	52	59
Narrow	60	56	60
CT 11-12	59	50	70
CT12-13	60	53	70
CT13-14	60	51	72

Indicator 3: Early Childhood Outcomes
FFY 2013 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. **Positive social-emotional skills (including social relationships);**
B. **Acquisition and use of knowledge and skills (including early language/ communication); and**
C. **Use of appropriate behaviors to meet their needs.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	2,426

Does the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? No

Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children
a. Infants and toddlers who did not improve functioning	38
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	448
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	494
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	805
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	641

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1,299	1,785	75.60%	67.00%	72.77%	Met Target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1,446	2,426	59.40%	59.00%	59.60%	Met Target	No Slippage

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

Outcome B. Acquisition and use of knowledge and skills (including early language/ communication)

	Number of Children
a. Infants and toddlers who did not improve functioning	26
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	348
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	816
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	978
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	258

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1,794	2,168	82.80%	82.00%	82.75%	Met Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1,236	2,426	52.40%	52.00%	50.95%	Did Not Meet Target	Slippage

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

Explanation of B2 Slippage

In 2010, the State increased its family cost participation fees by 60%. Since then, there has been an increase in the percent of children found eligible and served based on diagnosed conditions (11% up from 4%). In addition, the percent of families insured by Medicaid has increased over 20% as more families with commercial insurance elect not to participate in Birth to Three and pay fees. Finally, there has been an increase in the number of children in Birth to Three with a diagnosis of autism. Each of these variables could be responsible for any slippage since FFY2012 and support the need to reset the baselines.

The State has been planning to reset the baseline data for the past two years. Based on extensive data analysis, stakeholders have concluded that slippage using the old baseline and targets is most likely due to overestimating results too early in the process of collecting this new data (2009). In addition, much effort has been placed on increasing the quality and consistency of the entry and exit ratings. The State introduced a new form in 2010 that blended the “decision tree” developed by the Early Childhood Outcomes Center (ECO) with the Child Outcome Summary (COS) form. As a result there were still children who exited in FFY13 (7/1/13 – 6/30/14) with entry ratings collected on the old form. Only the FFY14 data will have all data collected at entry and exit on the same form.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	25
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	243
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	410
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,116
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	632

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	1,526	1,794	86.00%	82.00%	85.06%	Met Target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	1,748	2,426	69.90%	65.00%	72.05%	Met Target	No Slippage

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Provide additional information about this indicator (optional)

Connecticut stakeholders believe that a true baseline for this data has not yet been achieved. The new baselines and targets being proposed are based on a combination of 3 and 5 year trend data as well as looking at how Connecticut compares to the national data and data for states with a narrow or restrictive eligibility criteria. (See attached files coshistorytrendsss1.pdf, coshistorytrendsss2.pdf, and coshistorycompnational.pdf.)

Connecticut has been part of the Child Outcome Summary process Data Community of Practice since its inception and regularly completes all of the quality and pattern checks proposed by the ECO Center. There are no current outstanding data quality issues for the state as a whole. An analysis of quality and the patterns expect by the ECO Center identified several outliers and during '13-'14 the State provided targeted technical assistance (TA) and developed an online tutorial to help new providers better understand the process. The effects of that TA may take several years to manifest in exit ratings as children born in 2013-14 had entry ratings completed before the TA was provided and won't turn three until 2016-17.

In addition to the ECO Center data quality and pattern checks the State has analyzed the data by a number of variables including age at referral, ICD9 codes, length of enrollment, region, race/ethnicity, family income, insurance type, language spoken in the home, age at exit, and reason for exit. No one clear reason for the trends were evident and this analysis will continue.

As mentioned above, in 2010, the State increased its family cost participation fees by 60%. Since then, there has been an increase in the percent of children found eligible and served based on diagnosed conditions (11% up from 4%). In addition, the percent of families insured by Medicaid has increased over 20% as more families with commercial insurance elect not to participate in Birth to Three and pay fees. Finally, there has been an increase in the number of children in Birth to Three with a diagnosis of autism. Each of these variables could be responsible for the downward trends.

Since the State is using COS form, the criteria for defining “comparable to same-aged peers” is a rating of 6 or 7.

The percentages for each progress category as required has been included as an attachment (ffy13progresscatpercentages.pdf).

Connecticut Birth to Three System
Child Outcome Summary Process
Exited Between 7/1/13 and 6/30/14 with at Least 6 Months of Service

OSEP Category Totals

Outcome 1 - Positive Social Relationships	Number	Percentage
a: Children who did not improve functioning	38	2%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	448	18%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	494	20%
d: Children who improved functioning to reach a level comparable to same-aged peers	805	33%
e: Children who maintained functioning at a level comparable to same-aged peers	641	26%
total	2426	100%

Outcome 2 - Acquire and Use Knowledge and Skills	Number	Percentage
a: Children who did not improve functioning	26	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	348	14%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	816	34%
d: Children who improved functioning to reach a level comparable to same-aged peers	978	40%
e: Children who maintained functioning at a level comparable to same-aged peers	258	11%
total	2426	100%

Outcome 3 - Take Appropriate Action to Meet Needs	Number	Percentage
a: Children who did not improve functioning	25	1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	243	10%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	410	17%
d: Children who improved functioning to reach a level comparable to same-aged peers	1116	46%
e: Children who maintained functioning at a level comparable to same-aged peers	632	26%
total	2426	100%

Indicator 3: Early Childhood Outcomes

Required Actions from FFY 2012

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. **Positive social-emotional skills (including social relationships);**
B. **Acquisition and use of knowledge and skills (including early language/ communication); and**
C. **Use of appropriate behaviors to meet their needs.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

The State has reported progress data and actual target data for FFY 2013 in this FFY13 APR.

Indicator 4: Family Involvement

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

A. **Know their rights;**
B. **Effectively communicate their children's needs; and**
C. **Help their children develop and learn.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2006	Target ≥				83.00%	83.00%	83.00%	83.00%	83.00%
		Data		79.00%	81.00%	84.50%	84.70%	87.90%	84.50%	91.17%
B	2006	Target ≥				80.00%	80.00%	80.00%	80.00%	80.00%
		Data		75.00%	79.00%	82.30%	82.20%	86.30%	82.70%	89.77%
C	2006	Target ≥				91.00%	91.00%	91.00%	91.00%	91.00%
		Data		87.00%	91.00%	92.90%	91.10%	94.70%	92.30%	95.30%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%
Target B ≥	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
Target C ≥	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%

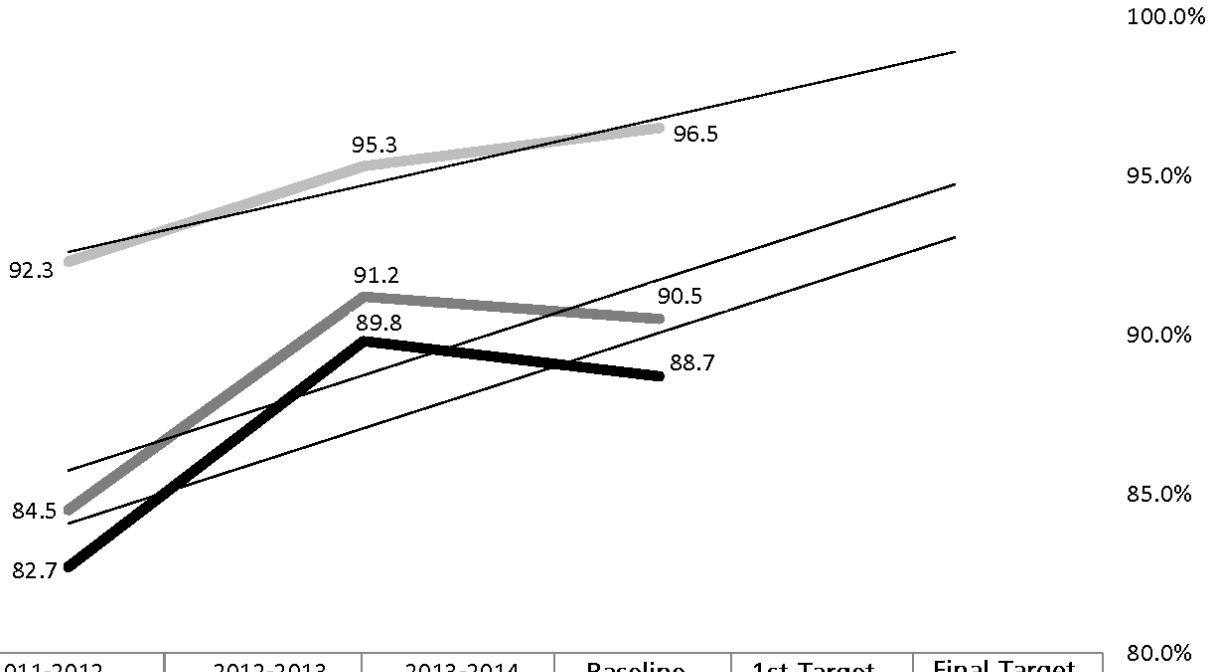
Targets: Description of Stakeholder Input

The stakeholder input was the same as that described in the introduction to this report except that more time was spent reviewing 3 and 5 year trend data for this indicator as well as the averages for 3 and 5 years with a +/- 1 standard deviation range. (See attached files named ind4historywithbaseline.pdf and ind4historyavgsd.pdf.) Stakeholders discussed various targets and determined that the 5 year trend data had too much variability early on when return rates were lower.

Indicator 11 in this report will be aligned with Outcome 4B (effectively communicate their children's needs **and strengths**). As a result stakeholders were confident that, with the lead agency, they will be monitoring performance against the targets selected and that revised targets can be proposed if needed once coherent improvement strategies have been implemented and scaled up with fidelity.

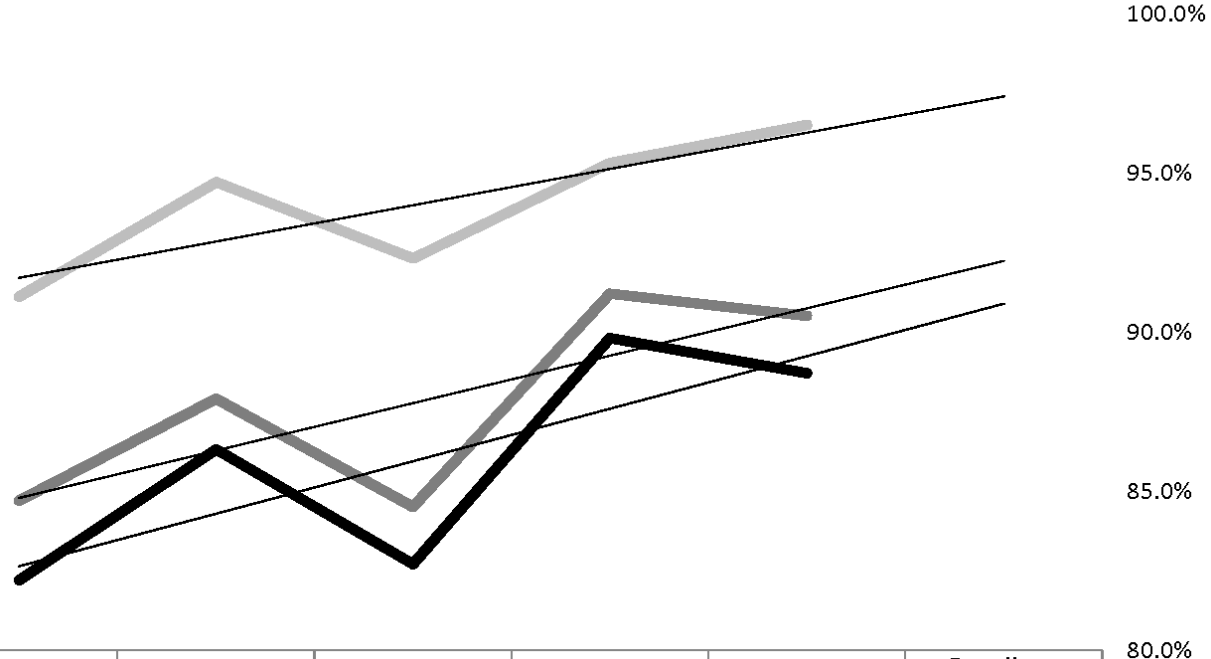
Connecticut Birth to Three System
Family "Outcome" Data

Three Years



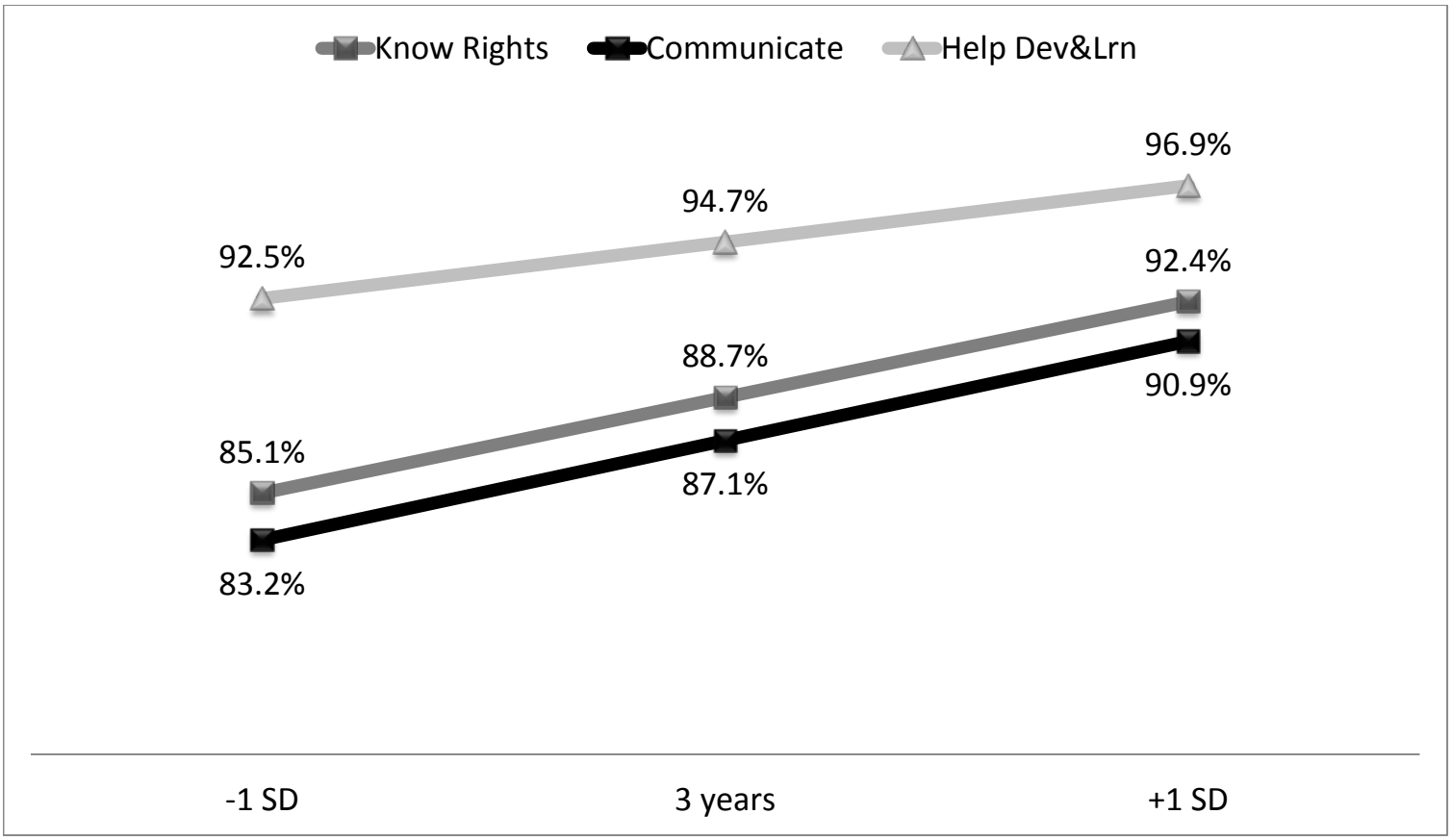
	2011-2012	2012-2013	2013-2014	Baseline	1st Target	Final Target
Know Rights	84.5%	91.2%	90.5%	83%		
Communicate	82.7%	89.8%	88.7%	81%		
Help Dev&Lrn	92.3%	95.3%	96.5%	90%		

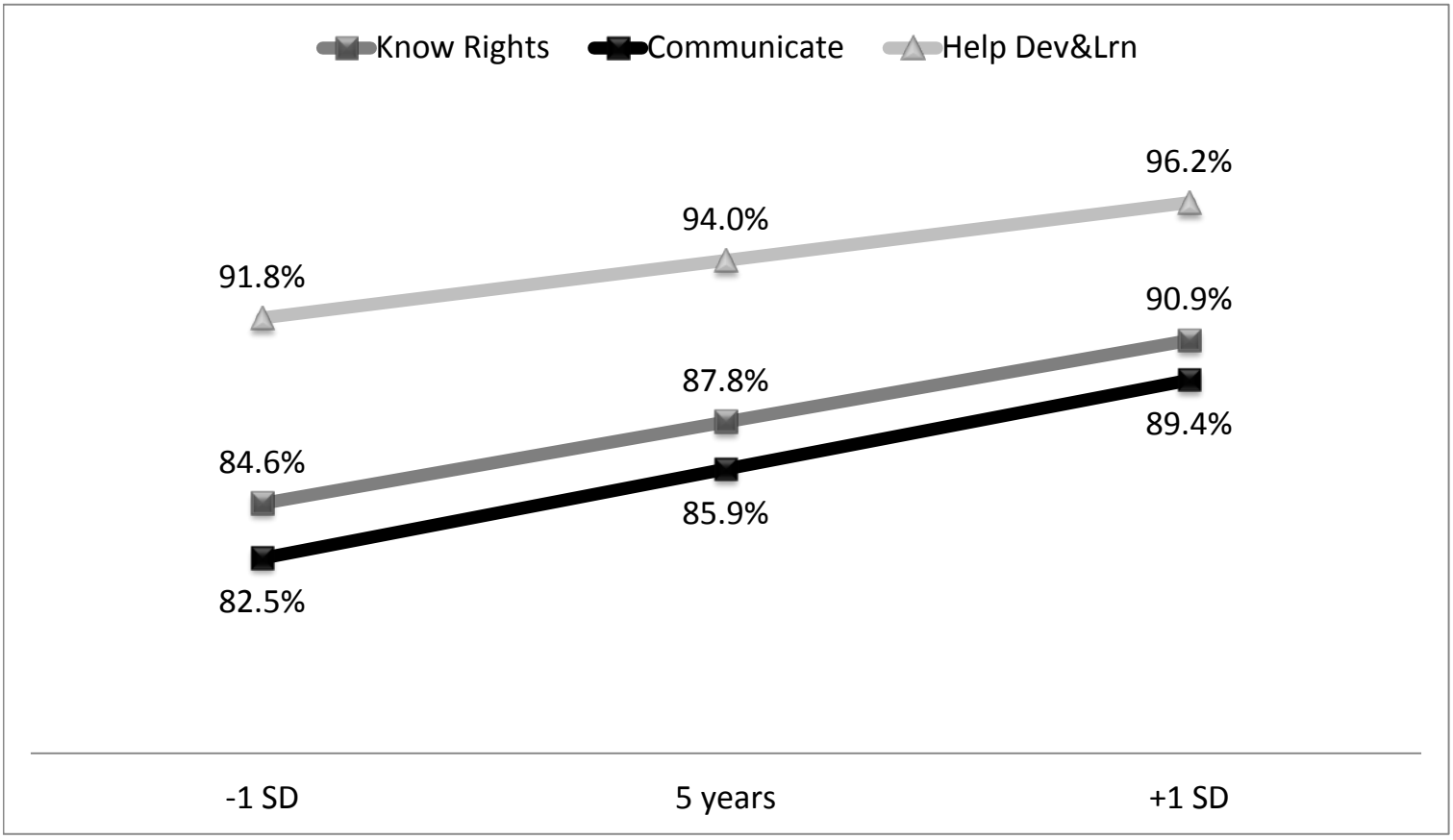
Five Years



	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	Baseline
Know Rights	84.7%	87.9%	84.5%	91.2%	90.5%	83%
Communicate	82.2%	86.3%	82.7%	89.8%	88.7%	81%
Help Dev&Lrn	91.1%	94.7%	92.3%	95.3%	96.5%	90%

Connecticut Part C Family "Outcome" Data - Means and +/- 1 SD Ranges





Indicator 4: Family Involvement

FFY 2013 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

A. **Know their rights;**
B. **Effectively communicate their children's needs; and**
C. **Help their children develop and learn.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	1,426
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,292
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,426
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,266
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,426
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,377
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,426

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	91.17%	86.00%	90.60%	Met 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	89.77%	85.00%	88.78%	Met 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	95.30%	93.00%	96.56%	Met Target	No Slippage

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

Each year, every family with an eligible child on February 1st who has had at least 6 months of support receives a survey (census model). Each survey has a confidential unique identifier so the results can be linked back to the Birth to Three System database. The state compared the percent of responses in the response pool by race / ethnicity and by gender against the census of those to whom the surveys were given and against the "child count" (Section 618 of IDEA) data from 12/1/13. There were no significant differences in survey response patterns.

The state is aligning its State-identified Measurable Result in Indicator 11 with Indicator 4b and used broad data analysis of many other variables to confirm that the data are valid and reliable and that they represented the demographics of the families in early intervention who received surveys (census). Some of the variables included return rate and average measure by program, average measure by income level, insurance type, District Reference Group (a comparison of towns with similar economic variables), language in the home, how eligibility was determined, reason for leaving Part C when applicable, and the length of enrollment. This analysis continues to support that the data from surveys returned are valid , reliable and representative.

For over two years the State has been using this results data (the response rate and average measure for each program) as selection criteria for focused monitoring. The results of the visits have consistently demonstrated that programs with low average measures in fact need training and technical assistance about current evidence-based practices. This will be described further as part of Indicator 11.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Provide additional information about this indicator (optional)

Indicator 4: Family Involvement

Required Actions from FFY 2012

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Indicator 5: Child Find (Birth to One)

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		1.05%	1.20%	1.10%	1.10%	1.20%	1.20%	1.20%
Data	0.93%	1.23%	0.94%	1.20%	1.25%	1.19%	1.25%	1.16%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	1.20%	1.20%	1.20%	1.21%	1.21%	1.21%

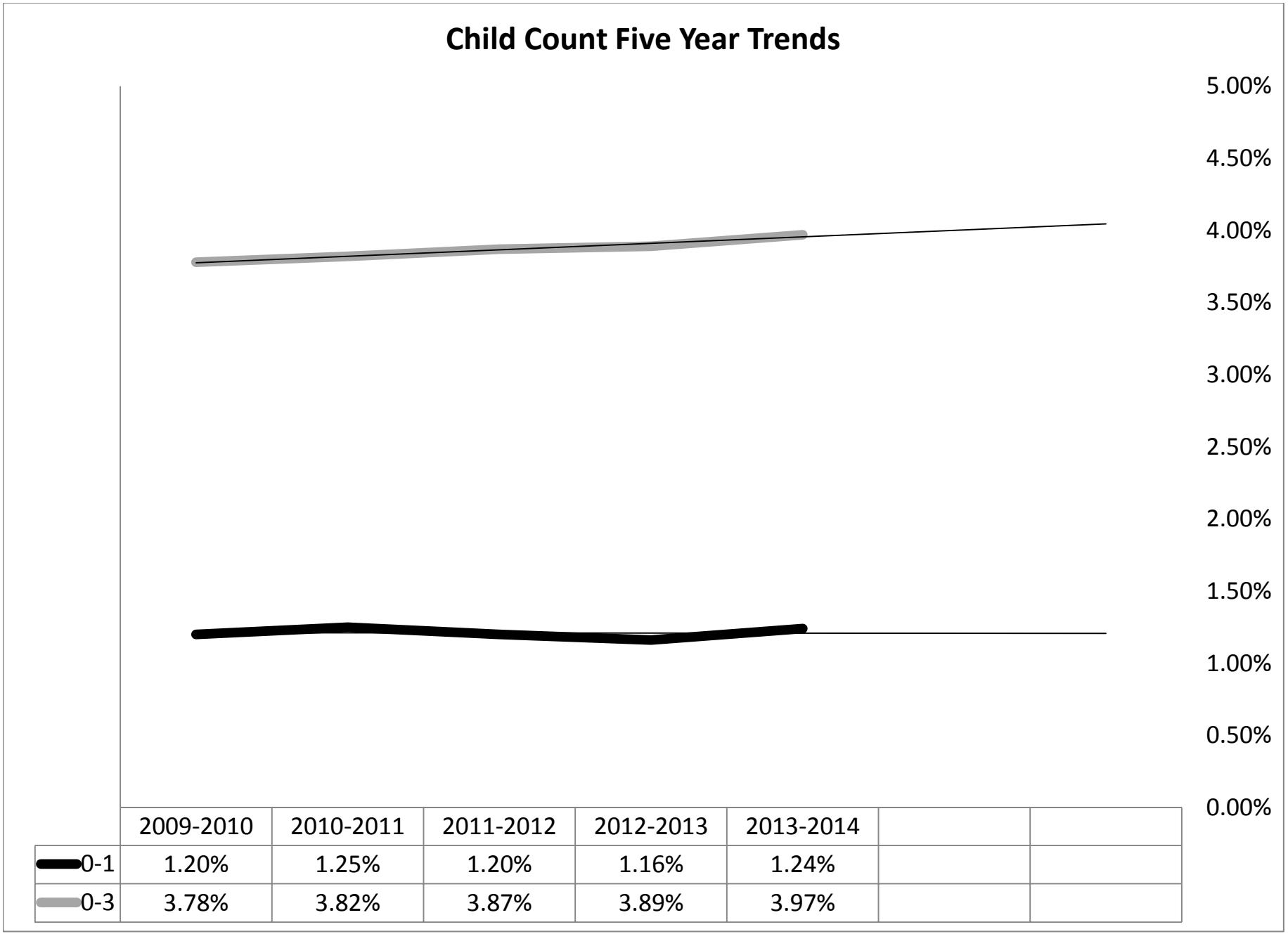
Targets: Description of Stakeholder Input

The stakeholder input for this indicator is the same as that described in the introduction to this report.

Stakeholders chose the average percent served over the last 5 years (1.21%) which is above the state's baseline of 0.93%. (See attached file named ind5-6history.pdf.)

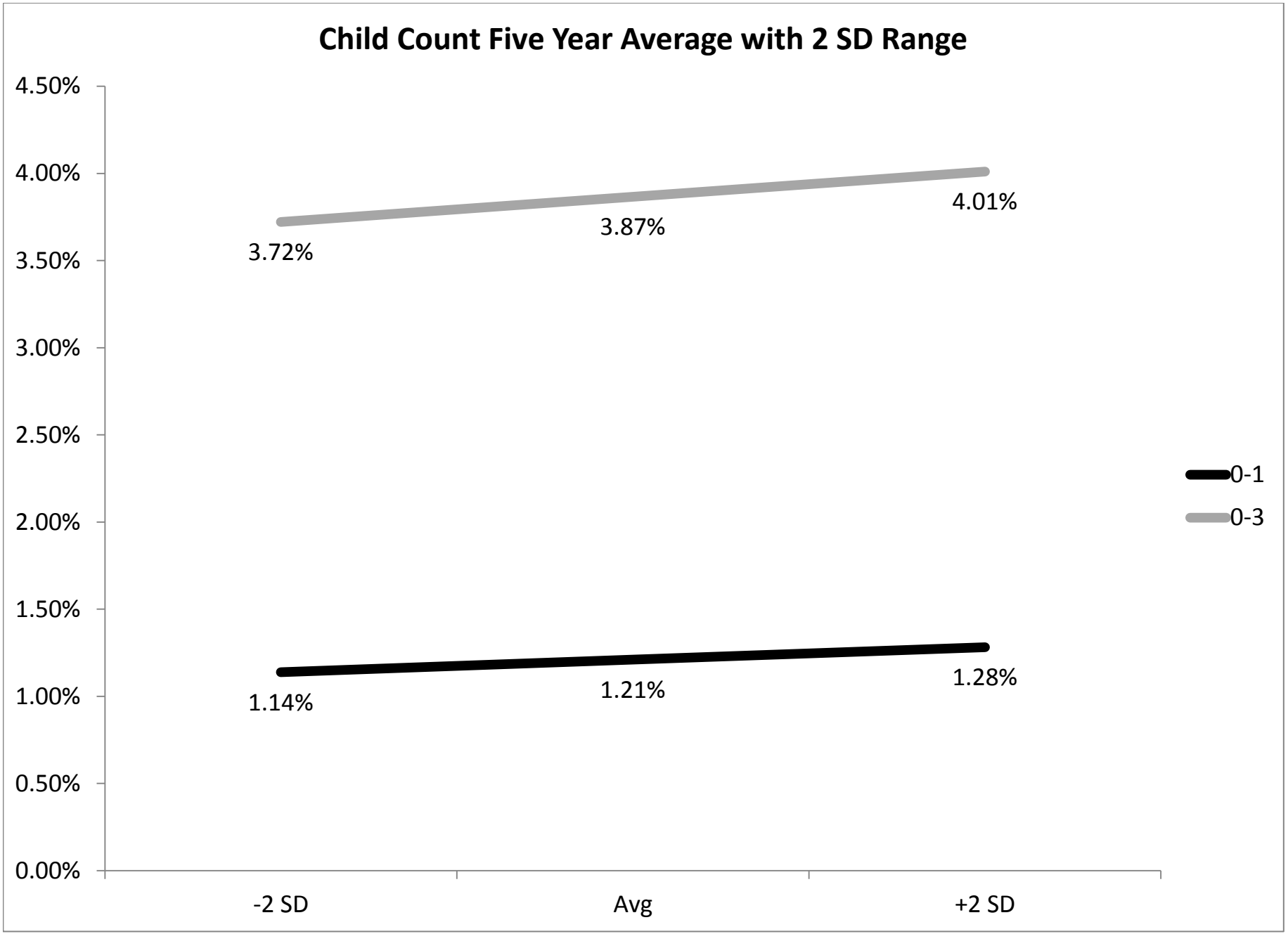
It is also above the '12-'13 national average of 1.06% (http://ectacenter.org/~pdfs/partc/part-c_sppapr_14.pdf#page=13). This was the only national data available when stakeholders met to discuss this.

Connecticut Birth to Three System



	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014		
0-1	1.20%	1.25%	1.20%	1.16%	1.24%		
0-3	3.78%	3.82%	3.87%	3.89%	3.97%		

Connecticut Birth to Three System



Indicator 5: Child Find (Birth to One)

FFY 2013 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	462	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	37,395	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
462	37,395	1.16%	1.20%	1.24%	Met Target	No Slippage

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

Provide additional information about this indicator (optional)

There is unpredictable and slight variability for this data as the percent served it is dependent on the census estimate for the denominator. Connecticut chose this indicator as its "Results Topic" during an OSEP visit in November 2011. In addition, external variables, such as the economy and the State's budgeting process, affect this point-in-time count of children with IFSPs. The State is also in the process of expanding its new Office of Early Childhood. How Part C will be involved has not been determined as of the submission of this report.

Updated '13-'14 national data was made available in January 2015 indicating the national percentage as 1.11% (44,167 / 3,980,071)based all 50 states regardless of eligibility category and includes those states that support families with children who are at risk of developmental delays. Using the national percentage, Connecticut is above that average.

Indicator 5: Child Find (Birth to One)

Required Actions from FFY 2012

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 6: Child Find (Birth to Three)

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		3.10%	3.15%	3.15%	3.15%	3.19%	3.19%	3.19%
Data	3.16%	3.41%	3.35%	3.63%	3.78%	3.82%	3.87%	3.90%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	3.75%	3.75%	3.75%	3.87%	3.87%	3.87%

Targets: Description of Stakeholder Input

The stakeholder input for this indicator is the same as that described in the introduction to this report.

Stakeholders chose the average percent served over the last 5 years (3.87%) which is above the state's baseline of 3.16%. (See attached file named ind5-6history.pdf.)

It is also above the '12-'13 national average of 2.77% (http://ectacenter.org/~pdfs/partc/part-c_sppapr_14.pdf#page=15). This was the only national data available at the time.

Indicator 6: Child Find (Birth to Three)

FFY 2013 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	4,515	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	113,708	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
4,515	113,708	3.90%	3.75%	3.97%	Met Target	No Slippage

** FFY 2012 Data and FFY 2013 Target are editable on the Historical Data and Targets page.*

Provide additional information about this indicator (optional)

There is unpredictable and slight variability for this data as the percent served is dependent on the census estimate for the denominator. In addition, external variables, such as the economy and the State's budgeting process, affect this point-in-time count of children with IFSPs. The State is also in the process of expanding its new Office of Early Childhood. How Part C will be involved has not been determined as of the submission of this report.

Updated '13-'14 national data was made available in January 2015 indicating the national percentage as 2.82% (338,662 / 12,003,322) based all 50 states regardless of eligibility category and includes those states that support families with children who are at risk of developmental delays. Using the national percentage, Connecticut is above that average.

Indicator 6: Child Find (Birth to Three)

Required Actions from FFY 2012

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 7: 45-day timeline

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	95.00%	97.00%	85.00%	99.90%	99.00%	99.90%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Indicator 7: 45-day timeline

FFY 2013 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2013 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
3,673	4,644	100%	100%	99.95%	Did Not Meet Target	No Slippage

** FFY 2012 Data are editable on the Historical Data and Targets page.*

Number of documented delays attributable to exceptional family circumstances (this number will be subtracted from the number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted when calculating the FFY 2013 Data)	969

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

The State did not use monitoring data for this indicator. Monitoring is a tool for verification of data and correction. (This section of the report should not be displaying since the State used its statewide database as the source of the data provided for this indicator.)

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

7/1/13-6/30/14

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data are from the Connecticut Birth to Three data system for the full reporting period and were verified using emails and a variety of general supervision components including on site monitoring, self-assessments, data verification visits, and complaints.

Pursuant to OSEP Memo 13-7, Connecticut is not required to report on progress/slippage or improvement activities for this Indicator for because the state has met its target when rounded to the 10th of a percent (100.0%).

There were two children whose families had their initial IFSP meetings held more than 45 days from referral not due to a documented exceptional family circumstance:

~One was delayed because the family asked that the program reconsider the outcome of the eligibility evaluation that had determined that the child was not eligible. The program sent out staff to do additional testing and the determination was changed to eligible. The IFSP meeting was ultimately held,

although late (113 days).
~The other was late due to staff error (105 days).

Provide additional information about this indicator (optional)

The State has noticed a 3% increase in the percent of delays attributable to exceptional family circumstances since last year and a 7% increase from an apparent baseline of 14% to the current 21%. The data was analyzed by program and other variables including insurance type, income, language in the home, ICD9 codes, and town of residence.

The majority of circumstances included:

- programs being unable to contact the families,
- families choosing to transfer to a different program,
- families not being sure about wanting to start services*,
- families cancelling an array of offered appointments,
- challenges with childcare,
- if a family leaves Birth to Three before the initial IFSP meeting and then comes back, the record can be reactivated within 3 months without an new eligibility evaluation and the original referral date is maintained, and
- parents requesting that the program wait to complete the evaluation or hold the IFSP meeting for various reasons (holidays, summer vacations, major illnesses, and just not being ready).

This last reason is important to acknowledge because families have long reported that the process of evaluation and IFSP can be scary despite Part C being a voluntary, family-centered system. When a family participates in the decision-making process, even by asking for a delay, they are supported by Connecticut's Part C providers.

As a result of CT Public Act No. 13-178, *An Act Concerning The Mental, Emotional And Behavioral Health Of Youths*, Birth to Three has been working closely with Connecticut's Department of Children and Families (DCF) to increase and track appropriate referrals from DCF and to mental health clinicians. Programs have received Devereaux Early Childhood Assessment Infant Toddler training (DECA-IT) and are reaching out to higher risk families in more ways, giving them more options and more time to make decisions which often better meets their needs.

*Programs reported that since the family cost participation fees were increased in 2010, families are taking longer to decide whether they want to proceed to an IFSP meeting.

The lead agency will continue to monitor this possible trend. A specific "Data Verification" table using data from 1st half of the '14-'15 year will be posted on the Birth23.org and outliers will be followed.

Indicator 7: 45-day timeline

Required Actions from FFY 2012

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Indicator 7: 45-day timeline

Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2012

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2012 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8: Early Childhood Transition

FFY 2013 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2013 SPP/APR Data

Number of toddlers with disabilities exiting Part C	4,452
Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	2,754

Provide additional information about this indicator (optional)

Indicator 8A: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	99.90%	99.90%	99.90%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Indicator 8A: Early Childhood Transition

FFY 2013 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2013 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C	4,452	4,218
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	2,754	4,218

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

( ) Yes
(•) No

Please explain

The families of 234 children that exited in FFY13 (7/1/13 - 6/30/14) had their timely initial IFSP meeting held within 90 days of the child's 3rd birthday. 100% of initial IFSPs in Connecticut are held within 45 days of referral.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
4,218	4,218	100%	100%	100%	Met Target	No Slippage

** FFY 2012 Data are editable on the Historical Data and Targets page.*

Number of documented delays attributable to exceptional family circumstances (this number will be subtracted from the number of toddlers with disabilities exiting Part C when calculating the FFY 2013 Data)	0

What is the source of the data provided for this indicator?

( ) State monitoring
(•) State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

7/1/13 - 6/30/14

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data are from the Connecticut Birth to Three data system for the full reporting period and were verified using a variety of general supervision components including email, on site monitoring, self-assessments, data

verification visits, and complaints.

Provide additional information about this indicator (optional)

Transition plans are a required component of the IFSP for all children. Connecticut has a mandatory statewide IFSP form that includes a page for transition planning. The page includes all of the IDEA requirements. All children exiting Part C have comprehensive transition plans regardless of whether they are potentially eligible for early childhood special education.

Some families are referred late to Birth to Three and do not have their initial IFSP meeting until the 90 day deadline for this indicator has passed. The lead agency has confirmed that all 234 families had transition plans in place as soon as the initial IFSP was completed and often this was done as part of a meeting with the family's school district.

Indicator 8A: Early Childhood Transition

Required Actions from FFY 2012

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Indicator 8A: Early Childhood Transition

Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

The one finding that was identified was based on an onsite record review / data verification visit. The finding was issued based on the quality of the plans. After completing their improvement strategies, the program submitted a required number of plans as a sample of how the plans had been enhanced as a result of technical assistance. The lead agency confirmed that all of the IDEA requirements were met and the quality of the plans had improved.

Describe how the State verified that each LEA corrected each individual case of noncompliance

During a subsequent onsite verification visit, the lead agency also confirmed that in addition to improving the quality of the plans, all of the IDEA requirements were met for each family's plan.

Correction of Findings of Noncompliance Identified Prior to FFY 2012

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2012 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8B: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	100%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Indicator 8B: Early Childhood Transition

FFY 2013 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2013 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	2,754	3,166

Data include notification to both the SEA and LEA

(•) Yes
( ) No

Please explain

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
3,166	3,166	100%	100%	100%	Met Target	No Slippage

** FFY 2012 Data are editable on the Historical Data and Targets page.*

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	0

Describe the method used to collect these data

Data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using a variety of general supervision components including emails, ad hoc and standard data reports, on site monitoring, self-assessments, data verification visits, and complaints.

Electronic notification data is transmitted from the Birth to Three database to the Connecticut State Department of Education (State Education Agency or SEA) and school districts (Local Education Agencies or LEAs) for every eligible child in Birth to Three as soon as the night the child reaches age 30 months and then every night until the family exits.

Over the course of the '13-'14 year, 4452 children exited Birth to Three.
184 of those children were determined to be eligible for Part C within 90 days of age 3 so the timeline for this indicator had already passed.

The families of an additional 1102 children exited Birth to Three before the child reached age 30 months so notification data was not sent about them and they were not considered to be potentially eligible for Part B early childhood special education.

The remaining 3166 that exited in FFY13 after turning age 30 months were considered to be potentially eligible because they had reached age 30 months and were still eligible for Part C. Notification data was transmitted nightly for all 3166 children as described above.

Connecticut does not have a policy where families can opt out of notification but they retain the right to not include their school district in transition planning.

The denominator for this indicator (children who were potentially eligible for early childhood special education notification) is different than the denominator for Indicator 8c (timely transition conferences). This is because some families elect to exit Birth to Three after the electronic notification has been sent at age 30 months but before the transition conference with the school district is due to be held (N=412). In addition, the families of 93 children did not provide approval for the transition conference even though notification data had already been sent to the SEA and the LEA.

Do you have a written opt-out policy? No

Is the policy on file with the Department? No

Policy:
No Policy Submitted No Policy Submitted

Provide additional information about this indicator (optional)

Indicator 8B: Early Childhood Transition

Required Actions from FFY 2012

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Indicator 8B: Early Childhood Transition

Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

Correction of Findings of Noncompliance Identified Prior to FFY 2012

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2012 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 8C: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	98.00%	99.40%	99.60%	99.90%	99.00%	98.00%	99.00%	99.00%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

Indicator 8C: Early Childhood Transition

FFY 2013 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

FFY 2013 SPP/APR Data

Source	Date	Description	Data	Overwrite Data
Indicator 8		Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	2,754	

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

(●) Yes
( ) No

Please explain

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data	Status	Slippage
2,285	2,754	99.00%	100%	99.26%	Did Not Meet Target	No Slippage

** FFY 2012 Data are editable on the Historical Data and Targets page.*

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	93
Number of documented delays attributable to exceptional family circumstances (this number also will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2013 Data)	359

What is the source of the data provided for this indicator?

( ) State monitoring
(●) State database that includes data for the entire reporting year

Describe the method used to select EIS programs for monitoring.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection

from the full reporting period).

7/1/13 - 6/30/14

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data are from the Connecticut Birth to Three data system for the full reporting period (entire reporting year) and were verified using emails and a variety of general supervision components, including onsite monitoring, self-assessments, data verification visits, and complaints.

2754 children were potentialy eligible for Part B early childhood special education.
The parents of 93 toddlers did not provide approval for the transition conference.
This leaves 2661 children who were potentialy eligible for Part B early childhood special education with the approval of the family.
Out of those, 2285 conferences were held on time and
359 were late due to documented delays attributable to exceptional family circumstances.

The families of the remaining 17 children had conferences that were late for the following reasons:

~14 due to program staff errors (Range 89-16 days), and
~3 due to a late referral to B23 (within 1 week of 90 days before age 3).

If the 359 records for the families who had their transition conference late due to documented exceptional family circumstances were kept in the numerator and the denominator, the actual percent for this indicator would be 99.4% which is not significantly different from the current calculation but is how the calculation had been done in the past.

Provide additional information about this indicator (optional)

Indicator 8C: Early Childhood Transition

Required Actions from FFY 2012

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Indicator 8C: Early Childhood Transition

Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. **Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;**
B. **Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and**
C. **Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.**

(20 U.S.C. 1416(a)(3)(B) and 1442)

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

Using its statewide database, the lead agency reviewed a sample of three months of data for the one program with a finding and verified correction in August of 2013. This was a public program that was in the process of being discontinued. The program officially closed in June 2014 and, for the 18 children with conferences due in FFY13 (7/1/13-6/30/14), there was only one late conference. It was late due to documented exceptional family circumstances, thus confirming that the program was implementing the regulatory requirements until it closed.

Describe how the State verified that each LEA corrected each individual case of noncompliance

Using its statewide database the lead agency is able to see the date when each transition conference was held and all those where the conference is missing. The lead agency also collects all of the exit dates when families leave Birth to Three. This is an indicator with a timeline that cannot be corrected retroactively unless a conference was missing and the family was still active in Birth to Three. The lead agency verified that for all 18 children served by this program with conferences due in FFY13 (7/1/13-6/30/14) there was only one late conference and it was late due to documented exceptional family circumstances.

Correction of Findings of Noncompliance Identified Prior to FFY 2012

	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2012 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
None			

Indicator 9: Resolution Sessions

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data:

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

This indicator is is not applicable in Connecticut as the lead agency for Birth to Three, the Department of Developmental Services, did not adopt Part B due process procedures.

Indicator 10: Mediation

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data							0%	

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

The stakeholder input for this was the same as that described in the introduction to this report.

States are not required to establish baseline or targets if the number of mediations is less than ten per year.

Connecticut's Birth to Three System has never had more than ten mediations requests in one year.

Indicator 11: State Systemic Improvement Plan

Baseline and Targets

Monitoring Priority: General Supervision

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

Baseline Data

FFY	2013
Data	83.00%

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	83.00%	84.00%	85.00%	86.00%	87.00%

Description of Measure

SSIP Overview

Prior to describing the measure, it is important for the reader to understand that, while this report is linear, the process of developing Phase I of the State Systemic Improvement Plan was not. Data Analysis, Infrastructure Assessment, developing Improvement Strategies, identifying the Measureable Result (SiMR) and constructing a Theory of Action graphic all occurred iteratively with each activity informing the other. Connecticut had five workgroups within a larger stakeholder group addressing the five sections of this report. There is much cross-referencing in order to make connections between the components while avoiding repetition.

Connecticut's "lead agency", or the agency that is in charge of administering the Part C system, is the Department of Developmental Services (DDS). An new state agency named the Office of Early Childhood (OEC) was created in 2013, and it is highly likely that the OEC will become the new lead agency; however, as of the submission of this report, that has not been finalized.

Within the lead agency, Part C, or "central office" staff, there are four support teams. Each has a team leader, who reports to the Part C Coordinator.

- Family and Community Support
- Provider Support
- Fiscal Support
- Systems Support

The team leaders and the Part C Coordinator comprise the Birth to Three Leadership Team. (Please see the attached table of organization file named CTB23OrgChartJanuary2015.pdf.)

Connecticut has a contract with United Way as the central point of intake for Part C known as Child Development Infoline (CDI). This central intake system was started in the early 1990s and has expanded to include multiple state initiatives as will be described later.

The lead agency has contracts with 39 comprehensive Early Intervention Service (EIS) or Birth to Three programs. Three of the 39 programs are referred to as Hearing Specialty Programs (HSPs) as they

specialize in supporting families with children who are deaf or hard of hearing. Six of the 39 programs are referred to as Autism-specific Programs (AuSPs). The remaining 30 programs support all families including those with children who are deaf or hard of hearing and families with children who have autism.

The Connecticut Birth to Three Interagency Coordinating Council (ICC) meets at least four times per year to advise and assist the lead agency.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The measure used for this indicator is based on the results from the family survey data that Connecticut collects each year and that is reported under Indicator 4 of this State Performance Plan / Annual Performance Report (SPP/APR). Birth to Three has been using the NCSEAM survey since it was introduced and analyzes the responses to the calibrated items using a Rasch analysis. The result of the Rasch analysis is based on the overall pattern of responses and not one particular item (similar to an SAT score). Then each "score" is compared to national standards for the three sub-indicators.

After an extensive analysis (as described under the Data Analysis section of this indicator) of both the state's child outcome summary (COS) data and the family survey data, stakeholders chose to use data from the family survey for the State-identified Measureable Result (SiMR). (For more information about the SiMR please refer to Section 4 of this indicator.) Based on a deep understanding of and familiarity with Connecticut's results data and based on the analysis described in the next section, stakeholders elected to focus on the data from two combined subgroups.

First, Part C responses to the survey traditionally and consistently have a very high number of "extreme" measures in that every response selected is Very Strongly Agree. Stakeholders were interested in the responses from families who did not select Very Strongly Agree for each item. As a result of looking at the data with and without extremes, this measure only uses results data from families when the "score" is over 100 and under 1015. (See the attached histogram named ExtremesHistogram.pdf.)

Second, this measure only uses results data for families when the eligible child has a diagnosed condition, as those children have potentially life-long needs and overall had scores that were lower than the state as a whole. This is described in greater detail in the sections that follow.

The raw numbers using FFY13 survey data, (7/1/13-6/30/14) are as follows:

There were 266 families in the combined subgroup as described above. Of those, 221 had a score that was high enough to meet the standard for Indicator 4B in this SPP/APR. 221 / 266 = 83%. (See attached file, SurveyData-SiMR.pdf.)

For more information about the family survey and the standards, please refer to Indicator 4 in this and earlier State Performance Plans at http://www.birth23.org/accountability/spp/.

Targets: Description of Stakeholder Input

Multiple internal and external stakeholders were involved in the selection of the data used for the SiMR. This included all 15 members of lead agency Part C staff covering the following areas: fiscal support, provider support (personnel development, training and technical assistance planning), family and community support (dispute resolution, child find, public awareness) and systems support (accountability, monitoring, and data).

From the Part C team of 15 staff, a leadership team of eight staff was formed to support the external stakeholders and workgroups. The State Interagency Coordinating Council (SICC) was the base of the external stakeholder group. Directors from additional EIS programs were added along with the director of the Connecticut Parent Advocacy Center (CPAC), as the only Parent Training and Information Center (PTI) in
~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Connecticut. The “data manager” for Part B (early childhood through high school) of the Individual with Disabilities Education Act (IDEA) was included since the child specific outcomes of this plan may not be fully realized until the children are older and Connecticut has the ability to track data records over time using a shared unique identifier. (See the complete list of members and how they contributed in the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf)

Part C staff have been fully involved in a variety of Office of Early Childhood (OEC) teams. The Director of Birth to Three has been on loan to the OEC as its Deputy Director since its inception. The Part C Coordinator is a member of the OEC leadership team and represents the OEC at internal and external stakeholder meetings. Other central office staff participate with the OEC on the development of Connecticut’s Quality Rating Improvement System (QRIS), the CT ELDS (Early Learning and Development Standards), core knowledge and competencies for professionals who work with young children, and a new statewide Early Childhood Integrated Data System (ECIDS). As of the date this report was submitted the Governor’s budget proposes moving the Part C System to the OEC effective July 1, 2015. This will help the Part C system align with other state early childhood initiatives.

The external stakeholder members divided into five workgroups corresponding with each of the SSIP components. How the workgroups involved stakeholders is described under each section of this report and in the attached files. A webpage was developed prior to the first external stakeholder meeting in June 2014 and the content was updated after each meeting that followed. That page can be found at www.birth23.org/accountability/spp/ssip/.

Prior to the large group meeting in February 2015, the Stakeholders were sent a draft of this report along with the writing guide developed by OSEP TA centers. At that meeting, feedback was collected and the measureable and rigorous targets proposed by the Data and SiMR workgroups were discussed and selected.

In addition to the formal external stakeholder group, the lead agency also sought input from all 39 EIS programs through a listening tour, quarterly provider meetings, blog posts, phone calls, and emails. Periodic announcements and requests for input were posted on social media sites including Facebook.com/CTBirth23 and Twitter.com/CTBirth23.

A final draft of this report was posted on Birth23.org in late February 2015. This was announced via blog posts and emails to more than 800 people. Social media was also used to announce the posting of the draft. The final draft was edited by the internal leadership team and a subcommittee of the external stakeholder group, as well as staff from the IDEA Data Center (IDC), the Early Childhood Technical Assistance Center (ECTA), and the National Center for Systemic Improvement (NCSI). A PDF of this final report as submitted was posted on the Birth to Three SSIP webpage and announced through the various social media channels described above.

Connecticut is proud of its long history of actively involving stakeholders.

Indicator 11: State Systemic Improvement Plan

Data Analysis

Monitoring Priority: General Supervision

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

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

1(a) How Key Data were Identified and Analyzed

For many years, Connecticut Part C staff have been active participants on the Infant and Toddler Coordinators Association (ITCA) data committee, the Early Childhood Outcome (ECO) Center's data community of practice and family outcomes framework workgroup, and NECTAS/NECTAC/Early Childhood Technical Assistance (ECTA) Center communities of practice. Last year Connecticut was one of seven "framework states" selected by the Center for IDEA Early Childhood Data Systems (DaSy). All of this activity demonstrates a long-held and deep commitment in Connecticut to having high quality data for decision making.

As a result, a culture of data-based decision-making has been deeply ingrained in all levels of Connecticut's Birth to Three community so that the processes for identifying, selecting, and analyzing key data are already well established. This is evident in the Results Based Accountability (RBA) report card that the lead agency uses with the State General Assembly. It is also seen in reports requested by and shared with the State Interagency Coordinating Council (SICC). The local Early Intervention Service (EIS) or Birth to Three programs regularly access and use data to make decisions to assure high compliance with IDEA and high quality support to families.

Connecticut has a robust transactional, statewide, Part C data system and staff who have direct access to the SQL data servers and can easily complete complex analyses. Data from the past five years of State Performance Plans / Annual Performance Reports (SPP/APR) and data collections required by section 618 of the IDEA (child count, settings, exit data, complaints) were linked to child and family demographics using unique identifiers. Multiple years of child and family results data were combined and analyzed to determine means, standard deviations, trends, and year-to-year differences.

Connecticut has been using child and family outcomes data as part of focused monitoring to rank and select programs for on-site visits since 2010. The data from these visits is regularly combined, analyzed and shared with stakeholders. As a result, they were already familiar with much of what was used in the analysis for this plan. The Birth to Three Systems Support Team collected and analyzed data from over five years of focused monitoring rankings and the results from program monitoring visits. This included results from record reviews, family interviews, and staff interviews. One of the notable areas of concern across all three focused monitoring data sources was that the programs were not consistently using research supported practices (RSPs) with fidelity. RSPs include natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. In addition, practitioners coaching families within daily routines and typical settings were not clearly documenting these practices. A measure developed by focused monitoring stakeholders that assesses whether "Families are using strategies between visits" showed that 78% of staff reported that they coach families to use strategies between visits, and 77% of families described that they were coached. In contrast to these measures, only 53% of the visit notes included documentation that this most essential aspect of early intervention was occurring. These results are directly related to the SiMR.

"I would do anything to help my child be the best he can be, and working together with his Birth to Three service provider gave me the confidence to do just that."
– Corinne Greco

Prior to the SSIP rollout in Spring 2014, the Provider Support Team had been analyzing summary data from technical assistance and workshops that they provided, as well as feedback from training events and needs assessments. Much of these data led the lead agency to initiate a multi-year project, with Dathan Rush and M'Lisa Shelden. Planning the training provided by Rush and Shelden began in FFY2014; and the goals are described further in the infrastructure analysis (Section 2) and the improvement strategies (Section 3). While this in only one path toward improving results, it represents the largest investment by the lead agency toward addressing the State-identified Measureable Result or SiMR.

The Fiscal Support Team analyzed billing data and provided summaries about service levels and billing-related topics that were important to know early on to ensure that the infrastructure could support the stakeholders' recommendations during this planning phase.

The state also reviewed information from the Birth to Three Family and Community Support Team about calls that, while not formal written complaints or requests for mediation, indicated confusion and concerns from families. Early Intervention Service (EIS) providers also contact the family liaison and other lead agency staff to discuss areas of confusion and concern. The topics identified by families and providers were analyzed and considered as part of the initial data analysis to determine whether there was a broad area needing improvement. Much of the confusion was related to being able to clearly describe the needs of the children and how to best address those needs with a common understanding about the research supported practices.

The only OSEP funded Parent Training and Information (PTI) Center in Connecticut is the Connecticut Parent Advocacy Center (CPAC), and they provided some of the most compelling data. According to the CPAC Director, they reviewed more than 1,000 forms from families in Birth to Three who requested PTI support. The form is included in the Part C family survey each year. A section on the form reads "Describe your child's primary disability", and 30%-40% left that space blank, 10% wrote "reading", "nothing", "???", "will get better", "I don't know", or "my child doesn't have a disability". The primary concern from the PTI for these young families is that they may not know how to describe their child's abilities and challenges. CPAC has a staff of 11 and each has a child with special needs and all but two enrolled in the Birth to Three System. At CPAC, these staff speak to 2500-3000 parents a year and report that families know their child needs "something", but that they are not able to describe those needs clearly. At a regional PTI meeting in Philadelphia in October 2014 the CPAC director spoke with 12 directors from other states. All of them agreed this is a problem for families in their states.

The ICC has three parent members who are also part of a parent leadership training program. When asked how important it was for families to have the ability to describe their child's abilities and challenges, they all agreed that it was a critical outcome. Finally, the PTI director shared that the role of the family in decision-making links a family's ability to communicate about their child to the outcomes for the child. Parents are a critical element of all parts of the IDEA and are expected to have a role in accurate, understandable, and appropriate decision-making for their future involvement within the IDEA process.

This information, along with a long history of commitment to family outcomes, led the stakeholders to a broad focus area examining how families communicate about their children's needs. The multiple data sources described above were then analyzed in greater depth, and the group elected to align the State-identified Measureable Result (SiMR) with the following family "outcome" indicator addressed earlier in this SPP/APR. (See Indicator 4c.)

The percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.

The SiMR workgroup requested a variety of analyses over the months as they considered subgroups and root causes for the low performance. Finally, the SiMR workgroup and the Data workgroup shared the attached results with the entire stakeholder group at a meeting in December 2014 and the full group crafted the wording of the SiMR which examines a subgroup of families enrolled in Birth to Three. The subgroup included families with children who have life-long diagnoses as these families will need these skills throughout their life with their child. In addition, data with extreme responses were removed to reflect those families who may have been more discerning when they responded to the survey.

1(b) How Data were Disaggregated

As Phase 1 of the SSIP was not meant to be developed in a linear process, the input from the other SSIP workgroups guided further "drill down" into the data. Stakeholders were informed that Part C has a very high percentage of families who respond to the family survey with every response selected as Very Strongly Agree. (Please see the attached histogram, ExtremesHistogram.pdf.) An analysis of the data was completed with and without these extremes so that stakeholders could determine the impact they have on the actual results for families.

As part of both the broad and in-depth data analyses, the state disaggregated all of the child and family outcome data from five years by the following variables: Early Intervention Service (EIS) program, region, language spoken in the home, race/ethnicity, income levels, insurance types, child's age at referral, referral concerns, how eligibility was determined, ICD-9-CM codes, types and amounts of service in IFSPs, child's age at exit, reasons for exiting, and length of enrollment.

Disaggregating and cross-tabulating the survey and child outcome data on multiple variables often resulted in very low Ns that were not powerful enough for the SiMR. When the CPAC and focused monitoring data were added to the analysis the SiMR became clear. Stakeholders then looked more deeply into the data about families with children who have diagnosed conditions.

1(c) Data Quality

The Birth to Three data system is not simply a collection tool. It is an integrated management tool for the lead agency, the central point of intake, EIS programs, the state agency that currently bills Medicaid, and a contractor who bills insurance and families. With all of these uses, the quality of the data, including the child and family data, is important to everyone.

Connecticut has been an innovator in developing and using data quality checks. A culture of data literacy has been developed at all levels such that EIS programs investigate their own data quality without prompting. The lead agency invested in developing Global Reporting, a reporting tool that allows EIS programs to build ad hoc reports and export their own data whenever it is needed. In addition, ad hoc reports are run at the state level so programs can compare their data to other programs and the state as a whole on a wide variety of measures. The family outcome data have been shared with programs since 2008 with online modules that explain ways to analyze these data. In addition, EIS programs can export and use their raw child outcomes data to calculate summary statements using an Excel file developed by the ECO Center.

Overall, stakeholders expressed confidence in the quality of the state's data. Please refer to Indicator 3 of the FFY13 SPP/APR where stakeholders proposed establishing new baselines and targets. Within that indicator, the state described the many quality checks completed annually. Currently, stakeholders have more confidence in the stability of the family survey results than in the child outcome data which, for the most part, continues to trend down. Increases in the number of children with autism spectrum disorders and in the percent of families insured by Medicaid (related to increases to the family cost participation fees in 2010)

are thought to be responsible for this trend. Finally, since the family outcome data has been used for focused monitoring rankings and program selection each year since 2010, the quality of these data has been very important to all levels of the system. Last year the return rate was 61%.

1(d) Considering Compliance Data

The relationships between compliance data and results data were analyzed to determine whether noncompliance was having an impact on the state's ability to demonstrate improved results for children and families. The state has multiple redundant systems for promoting, monitoring, and ensuring IDEA and state compliance. Because the state used timely new services (Indicator 1), timely initial IFSPs (Indicator 7), and timely transition planning (Indicator 8) as early key priority areas for Focused Monitoring (2005-2010), compliance in Connecticut is very high. For established programs, there is little to no noncompliance and it is very rare when a program does not correct noncompliance in a timely manner. For newer programs, the lead agency pays an experienced program to mentor the new program director and data entry staff. Monitoring visits are completed as early as possible, and technical assistance (TA) is provided to quickly develop systems so the program can maintain stable compliance.

Because Connecticut does not have issues with compliance indicators, there is no connection between noncompliance and the state's ability to achieve the SiMR. A proposed change in the way Medicaid is billed for Part C services in Connecticut may impact compliance. When this happens, the lead agency will respond quickly to identify areas for improvement, and implement needed changes, as it has done in the past.

1(e) Additional Data

In reviewing all of the data that are available to the state, there were two areas of data collection that stakeholders identified as needing improvement; what is being measured and how is it used.

The state currently collects information based on a family survey and uses the results in the SPP/APR as "outcomes" data. The NCSEAM survey was developed by an OSEP technical assistance center and approximately 24 states (43%) are using it. However, the results are not truly "outcomes" data. What are collected are families' perceptions about how helpful Birth to Three has been. During Phase II, the state plans to move towards developing a way to measure how families think and act differently as a result of early intervention. Research clearly indicates that the parent should be the focus of early intervention.

> **"It has been demonstrated through research that parents are key to enhancing their children's development."** - Bruder, M (2010). Early Childhood Intervention: A Promise to the Future of Children and Families. *Exceptional Children*

It is important for Part C to measure what parents are doing differently as a result of the EIS providers coaching families in natural settings within daily routines. This is a more accurate measure of actual outcomes and is more in line with the state's measurable result as described in the sections that follow. To that end, the lead agency is working with the UCONN University Center for Excellence in Developmental Disabilities (UCEDD) to develop a way to measure the effectiveness of the intensive training provided by Dathan Rush and M'Lisa Sheldon (described under improvement strategies).

In order to complete the evaluation phase (Phase II) of this SSIP by February 2016, the lead agency will need to identify or develop a tool or tools which measure actual family outcomes. EIS programs may be asked to complete the tool at the time of the initial IFSP and at exit. This new data will then be linked with all the other data in the state's transactional database and the results will be used to track changes after improvement strategies have been implemented.

With regard to the use of the data, Stakeholders would also like to improve the connection between Part C and Part B data systems. The lead agency registers children eligible for Birth to Three in a Connecticut State Department of Education (SEA) database in order to obtain State Assigned Student Identifiers or SASIDs. The SASID allows for the linking of records among the EIS programs and the SEA and LEAs. The current Memorandum of Understanding allows for the SEA to use the Birth to Three data to match records and report back to the lead agency the results of certain queries (e.g.: the percent of children in Kindergarten without IEPs who had been enrolled in Birth to Three). Data sharing capabilities and practices will need to be enhanced so the SEA can report back information about Kindergarten assessment data or the Part B SiMR, 3rd grade reading, to the lead agency to measure the long term impact of early intervention.

The timeline for this initiative is within the next year or two as the Governor's office has proposed to move the Birth to Three System into the Office of Early Childhood (OEC). At that time, the Birth to Three data can be more readily linked with the Early Childhood Integrated Data System (ECIDS) which is being developed. The OEC is relatively new and part of the SEA for Administrative Purposes Only (APO). Data sharing has yet to be fully addressed. As the ECIDS takes shape, more details will help this SSIP address other child and family outcomes over time.

Stakeholders clearly understand that the ultimate outcome for early intervention is to support families early on. Implementing research supported practices (RSPs), including natural larning environment practices, a coaching style of interaction with families, and the use of a primary service provider team approach will ensure positive outcomes as children develop and learn. In Connecticut, with a parent fee system, the average length of enrollment in Birth to Three is 11 only months. Based on a survey with more than 38 states responding, the Infant and Toddler Coordinators Association (ITCA) reports an average length of enrollment of 15 months. Either average is a very short time to expect results in child outcomes which is why stakeholders in Connecticut hold strongly to a SiMR that focuses on results for families. They know that a longitudinal plan to track child outcomes into elementary school can be developed once the state's ECIDS is in place.

1(f) Stakeholder Involvement in Data Analysis

Data analysis was one of the five workgroups of the broader SSIP stakeholder group.

Please refer to the stakeholder input section at the beginning of this indicator and the attached reports that show how stakeholders participated and which perspectives they brought. All stakeholders have committed to support the SSIP through 2019.

The following groups were represented on the Data Analysis workgroup: EIS Providers, Parents, Part B Data Manager, and lead agency staff. In addition, members of the Part C Data Users Group provided input. Input was also collected from individuals not on the Data Analysis workgroup whenever needed. For example, the director of the PTI, CPAC, Inc., was a member of the SiMR workgroup and provided much of the data used to select the measurable result.

The results from the broad analysis through to the in-depth analysis were presented to and discussed by the entire stakeholder group. After each stakeholder meeting slides and charts were shared on the Birth23.org SSIP webpage. In addition, blog posts were written and emailed to more than 800 people and updates were announced on Facebook.com/CTBirth23 and Twitter.com/CTBirth23.

Indicator 11: State Systemic Improvement Plan

Analysis of State Infrastructure

Monitoring Priority: General Supervision

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

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Infrastructure analysis is not a one-time activity for Connecticut's Birth to Three System as related to this State Systemic Improvement Plan. It is an ongoing process which allows Connecticut to be ahead of the curve on many issues. As a result, stakeholders were able to begin easily with a broad analysis to help select the focus of the State-identified Measureable Result (SiMR). They then quickly moved to an in-depth analysis to help identify the specific SiMR and determine what would support scaling up these efforts.

2(a) How Infrastructure Capacity was Analyzed

Over the years, Connecticut has consistently engaged in multiple systematic processes to analyze and evaluate the capacity of its infrastructure to support improvement and build capacity for local Early Intervention Service (EIS) programs and other early childhood community efforts.

In November 2011, the state completed an infrastructure assessment as part of an on-site visit from the Office of Special Education Programs (OSEP) staff that included being part of a pilot fiscal review and the new "Results Topic" initiative. The end product concentrated efforts on improving results for Indicator 5 in the SPP/APR (the percent of infants and toddlers birth to one with IFSPs) or "Under One". This topic was selected during OSEP's visit because stakeholders' original goal, to combine child and family outcome data, was not supported by the data available at the time.

In 2013, the Part C Coordinator and her team leaders conducted a "listening tour" across the state by holding six meetings open to all staff from the 39 contracted EIS programs. The purpose was to learn whether the lead agency was meeting its mission and to determine what barriers existed. Transcripts of the meetings were made available publicly and are reviewed regularly by the lead agency staff to identify areas of strength and those needing improvement.

The leaders the four Birth to Three Support Teams form the Birth to Three Leadership Team and they meet with the EIS program directors quarterly. These meetings are held in two to three regional locations throughout the state to communicate directly with providers, hear their concerns and questions, support continuous improvement, and identify ways to build capacity.

Members of the Family and Community Support Team respond to calls from families, EIS providers, and the broader early childhood community. Information from these calls is reviewed regularly for trends. This team also works with the only Parent Training and Information Center in Connecticut, the Connecticut Parent Advocacy Center, Inc. (CPAC). CPAC played a major role in developing Phase I of this SSIP.

On an ongoing basis, the Provider Support Team conducts periodic needs assessments, training evaluations, and literature reviews on current research supported practice. This is addressed in the introduction to this State Performance Plan.

The Fiscal Support Team has monthly contact with Early Intervention Service (EIS) programs and the billing contractor for third party reimbursement and the family cost participation system. They are part of the lead agency's fiscal division. Recently, Birth to Three completed a "lean" analysis of how the lead agency reimburses EIS programs. Numerous changes were made to streamline the process and reduce waste. Lean Government Services was established in 2004 and has been supported by both Governors since then. Lean is a continuous improvement philosophy in which teams examine an agency's processes, identify root causes of problems, develop their own solutions, and eliminate non-value adding steps to ultimately expedite services for taxpayers while doing more with existing resources.

The Systems Support Team promotes a culture of accountability and data-based decision making at all levels by making data easily available and understandable. Through numerous data requests, this team is able to assess the "hot topics" and adapt the statewide data system as needed. The Systems Supports team also completes program monitoring activities and identifies trends. Staff on this team also support the State Interagency Coordination Council (SICC).

By reviewing the combined input from the Birth to Three Support Teams, families, EIS programs, the SICC, and CPAC, stakeholders were given a thorough understanding of Connecticut's infrastructure, including strengths and potential areas of improvement.

As described at the beginning of this indicator, in addition to these processes the SSIP stakeholder group divided into five workgroups. One team focused on completing the following infrastructure analysis, specifically related to achieving the SiMR.

2(b) Description of the State Systems

Governance

As described at the beginning of this indocator, the Department of Developmental Services (DDS) is the lead agency, and Birth to Three is part of its Family Support Division. The Part C Director reports directly to the Commissioner and is part of her leadership team. The Governor and the Office of Policy and Management (OPM) work with the Commissioner to support Birth to Three and achieve other state goals, such as the consolidation of early childhood programs under one state agency.

In Connecticut, all of the components of the Part C system are housed within the lead agency except for the central intake office, a billing contractor, and contracted early intervention service (EIS) programs. All the systems are aligned to interact with each other to reach shared goals. Decisions about system improvements are made by the Part C Coordinator with input from the support teams, EIS providers, the SICC, the PTI, and other contractors. While the Commissioner is informed and her input is sought about major decisions, Part C has functioned with great autonomy in the current lead agency. This has allowed for quick responses and flexibility when directions from the Office of Special Education Programs (OSEP) change.

The support teams and leadership team value close working relationships with each other, their staff, EIS program directors, the SICC, the Office of Early Childhood (OEC), and other state agencies. While Birth to Three is not currently part of the OEC, the Part C Coordinator is a member of the OEC Leadership Team, and the past Part C Coordinator is at the OEC serving as the Deputy Director.

Fiscal

The lead agency ensures that funds provided by the state, the IDEA Part C federal grant, and the State Department of Education are available to reimburse EIS programs for all required Part C supports. In addition, commercial insurance and parent fees are billed by an outside contractor to offset program costs. Revenue generated by insurance and parent fee collections has a direct impact on state funding. Revenue from public insurance is returned to the state's general fund and does not offset the Part C budget. The Birth to Three Fiscal Support Team is responsible for fiscal reporting, budget projections, expenditure tracking and reconciling invoices submitted for services to the Birth to Three data system. EIS programs have access to

fiscal data for program planning, budget development and required reporting. Budget planning including review of program costs, projected revenues and expenditures, and estimated needs occurs monthly. The lead agency also completes a comprehensive financial status report monthly to the State Office of Policy and Management which incorporates the appropriation budget, allotment budget, the combined agency level and project budgets, and the expenditures, encumbrances, and pre-encumbrances year-to-date. The lead agency's financial plan is publicly available and effectively communicated to stakeholders including the State Interagency Coordinating Council (SICC) at every meeting. The budget is reviewed and revised, as necessary including unexpected fiscal changes to ensure that sufficient funding is available to meet changing needs particularly at the end of the fiscal year

Quality Standards
Connecticut has well-documented external policies and procedures including personnel standards to guide the Birth to Three System. The policies and procedures are OSEP-approved and in alignment with Part C regulations and give guidance to all levels of the system on intake, evaluation, assessment, IFSP development and review, family support, child & family rights, maximizing revenue, and transition planning. There are seven Birth to Three Service Guidelines in place about topics such as autism, speech delays, natural environments and assistive technology. In addition to the IDEA, the Birth to Three System is also responsible for upholding Connecticut General Statues.

Professional Development
Please review the professional development section in the Introduction section of this SPP/APR.

Data
As described in the Data Analysis section, Connecticut has had a robust, transactional, statewide data system since 1998 and converted to a web-based system in 2010. Birth to Three relies heavily on the data that are entered at the program level. Most data elements are required fields and have error checking rules. In order to be confident that the data are correct, data verification activities occur year-round and can be tied to reimbursement of providers. Information from the data system is used for program management, completing required reports including the SPP/APR, Section 618 data collections, making IDEA determinations, and completing state reports (e.g., the annual report card for Results Based Accountability which the lead agency has been giving to the General Assembly since 2007). Finally, data are used for selecting EIS programs for onsite data verification visits and focused monitoring, as well as checking in when questions about the system arise.

Part C will be included in the state's Early Childhood Integrated Data System (ECIDS). This will enhance the state's ability to track results for children after focusing on results for families.

Technical Assistance
Please review the Technical Assistance section in the Introduction section of this SPP/APR.

Accountability/Monitoring
Please review the General Supervision section in the Introduction section of this SPP/APR.

2(c) Systems Strengths and Areas for Improvement
The SSIP infrastructure workgroup conducted a systemic evaluation including a strengths, weaknesses, opportunities and threats (SWOT) analysis as an opportunity to examine strengths and areas for improvement. Connecticut is a national leader in Part C so some of the areas of improvement are based on changes that have been proposed to occur within the next year or two.

The ability of the system to achieve the SiMR is dependent on a number of unknown variables. This is only a snapshot of the current status of the components under the current lead agency with the current Medicaid billing rules. If or when these major changes occur it will require that this analysis be repeated and

modified, as needed.

Governance
Strengths:

The SICC has state agency member representation from more than nine state agencies, as well as legislators, Head Start, parents and providers who provide a strong platform to advise and assist on Birth to Three System activities. The SICC encourages public comment at their meetings and they have has an effective working relationship with the lead agency. The SICC has been very supportive of this new SSIP work as the base of the broad external stakeholder group.
Parents with children in Part C now or previously are represented in all Birth to Three System activities including the SICC, Local ICCs (LICCs), monitoring visits, and training/technical assistance activities.

At quarterly provider meetings, the lead agency shares information with EIS program directors and they are able to bring issues to the attention of the Part C leadership.

Areas for improvement:

The Birth to Three System relies on census numbers for its federal allocation while providing support to a high percentage (3.9%) of families with children under age three. This places a burden on the state budget to support the high quality evident in Connecticut. Part C is still a voluntary program for states to administer and Connecticut's Office of Policy and Management has twice proposed withdrawing from IDEA since 1995. As the cost to the state for the Birth to Three System increases and the federal allocation does not keep pace, the threat of withdrawal is ever present. Concerns about withdrawal from Part C are an organizational stressor.

The proposed changes in Medicaid billing may have an impact on contracts with EIS programs and how the system functions. In addition to that proposed change is the change of lead agency. However, until the General Assembly approves the move and timelines are confirmed, there are many unknowns. The timing of this change makes committing to a clear SSIP challenging for all teams. It is anticipated that the lead agency will change effective July 1, 2015 but the physical move to a building that houses all the divisions of the OEC will not occur until February 2017. Staff will be housed in the current lead agency's buildings until then. A reverse memorandum of understanding and not having ready access to the new lead agency supports (which are still being developed) may prove challenging. These two changes are additional organizational stressors for lead agency staff and EIS programs.

Fiscal
Strengths:

The State of Connecticut is clearly committed to supporting Part C financially. Despite an increase in the number of families supported and the number of children with autism, the lead agency has repeatedly covered deficits. The state allocation ($40 million) is over eight times greater than the Federal allocation. The lead agency has a system of payments that includes family cost participation fees and the billing of commercial health insurance. The EIS programs reduce their monthly invoices by the amount of insurance payments they receive each month.

Funds from the Part C grant have already been allocated to support the Rush and Shelden training described throughout this indicator.

As described in section 2(a) How Infrastructure Capacity was Analyzed, the lead agency recently underwent a "lean" process to reduce wasteful processes in the timely reimbursement of EIS programs. Part C staff and EIS program staff spent a full week moving through this customer-centric methodology to continuously improve efficiencies and eliminate wasteful efforts. In addition to this, a new process for reviewing invoices

was developed that has been well received by providers and has eliminated what was a backlog in the reconciliation of monthly invoices.

Areas for improvement:

The family cost participation system can have an impact on how families perceive early intervention. Some families have indicated that the higher their monthly fee, the greater the number of service hours they expect. This can inadvertently promote a medical model vs. supporting the research supported practices that encourage increased family competence at helping their child develop and learn.

Families who cannot afford the family cost participation fees either decline Part C services or elect to only receive those services provided at no cost (i.e.: evaluation, IFSP development, service coordination including transition planning, and due process). This may have a long term impact on the child's outcomes.

The state will be changing how it bills Medicaid for Part C services in the next year or two, part of the period covered by the SSIP. The monthly bundled rate will be eliminated and EIS programs will likely be required to bill Medicaid directly. Based on stakeholder feedback these changes will reduce the ability of EIS Programs to hire and retain qualified service providers and meet the requirements of IDEA.

Stakeholders have reminded the lead agency that there will be a fiscal impact on EIS programs and the system due to implementing the coherent improvement strategies proposed by the SSIP. The Birth to Three System had a deficit of over $2 million dollars in FY 13-14 and a deficit of over $2 million is projected again for FY14-15. There is currently no plan to provide additional funds to program to implement the new strategies so Phase II of this plan will be developed carefully as stakeholders determine the priority and cost of each suggestion.

There had been only a 1% increase to the rate paid to EIS programs in the past seven years.

The recent revision to the statewide IFSP allows service coordinators to more easily understand and incorporate families' priorities and concerns. However, EIS Program staff report that the new IFSP takes longer to complete and is, therefore, more costly, although the unit rate paid for completing the initial IFSP meeting has not changed since the form was modified.

The payment procedure related to reimbursing EIS programs has become unwieldy and needs to be simplified.

Quality Standards
Strengths:

Connecticut has a long history of effective documentation of current standards. Appropriate and effective procedures and policies are updated as needed with input from EIS Programs. Connecticut has state legislation and contracts to support full implementation of high quality supports to families.

With its current reimbursement system Connecticut EIS programs have been able to maintain highly qualified and skilled staff. The standards are established through the approved personnel standards and ongoing professional development activities support this assertion.

Areas for improvement:

Changes to Medicaid billing may impact the availability of EIS Programs to hire and retain highly qualified staff.

Policies/procedures that present barriers to full implementation of the coherent improvement strategies

proposed to address the SiMR will not be fully known until Phase II of this plan is completed.

The lead agency has identified the need for internal working procedures for succession planning so that all of the efforts that support this SSIP and SiMR will not be lost as staff take new positions at the Office of Early Childhood or resign/retire.

The state's natural environment guidelines need updating to better match the research supported practices (RSPs) being developed in CT under the guidance of Rush and Shelden.

Evaluation, assessment, and report writing guidelines are needed. These will help assure that, from the earliest contacts with Part C, parents will have the language they need to be able to describe their child's abilities and challenges. They will also help families understand that they have a central role as decision-makers and participants in providing early intervention.

The three family handbooks (Referral and Eligibility Evaluation, Orientation to Services, and Transition to Preschool Special Education) are available as paper products and PDFs on the Birth to Three website. This may not be the most effective way to communicate information to young parents.

Professional Development
Strengths:

The Provider Support Team conducted a system-wide needs assessment of Birth to Three's professional development. More than seven customizable trainings have been developed in the areas of writing functional outcomes, routines-based evaluations, research supported practices in early intervention, and addressing motor, communication and sensory needs within natural daily activities.
The training provided by Dathan Rush and M'Lisa Shelden described later in this report promises to result in more EIS programs implementing research supported based practices with fidelity including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming.

The lead agency has focused a significant amount of resources on ensuring that the behavioral health of children is assessed and, when needed, supported by qualified mental health professionals. Training on the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) was provided and will be repeated. Legislation was passed about tracking referrals from and data sharing with the Department of Children and Families (DCF). The lead agency supported reflective supervision groups for an Infant Mental Health endorsement and a learning community about this topic.

Areas for improvement:

There continues to be a misunderstanding in the medical community about the mission of Birth to Three. The reality of Part C as a system of supports for families is still being described to families by many doctors and nurses as a way to get therapy to fix the child's development. A marketing plan is needed to provide information to referral sources so that they better understand the Birth to Three System and the SiMR.

The lead agency needs to offer more online training for on demand learning and to reduce EIS program expenses incurred by sending staff to workshops.

Professional development opportunities need to continue to be offered systematically throughout the year so that programs can arrange to have staff participate and still provide the services listed on families' IFSPs.

Experienced families could develop online family stories to share in order to model for newer families how being able to communicate effectively can help them as decision-makers.

The state needs to enhance the extent to which families participate in providing professional development to

EIS program staff and other activities such as outreach.

The state's Infant Mental Health endorsement is being underutilized by EIS providers. The training on the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) should be repeated. Families need more guidance about how to understand and support their child's challenging behaviors.

Data:
Strengths:

The Part C transactional, statewide, web-based data system is easily accessed and EIS programs use it as a management tool.
The data system provides critical information for collecting revenue from third party payers.

Having a designated data system developer as part of the Part C staff since 1998 has been a critical component to responding quickly to required changes.

Over the course of the past year Connecticut participated with the DaSy Center to help develop the "Framework" for high quality early childhood data systems. The DaSy Framework will help Connecticut improve its high quality data system and build the Early Childhood Integrated Data System (ECIDS) both of which will help the lead agency track the long term results for families and their children.

Areas for improvement:

The state needs a better way to measure the effectiveness of the research supported practices regarding how families interact with their children and participate as decision makers. The UCONN University Center for Excellence in Developmental Disabilities (UCEDD) has offered to be of assistance.
Documentation about the Part C data system is not as comprehensive as it could be. A data system procedure is needed using the DaSy Framework components as a basis to address all the elements of quality.

Once the Office of Early Childhood (OEC) is the lead agency, the Part C data will become part of a much larger ECIDS. However, the move to the OEC may result in some of the components being lost, such as, an application described earlier as "Global Reporting" that many EIS programs use to make data-based decisions.

There are occasional issues related to synchronizing family cost participation data between the billing vendor and the EIS programs, this affects the relationship between families and EIS providers when billing errors occur.

The data system must support natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming.

It is anticipated that after the change in lead agency there will be opportunities for better data sharing with the Connecticut State Department of Education data systems. This will assist with longitudinal data analysis, particularly as the effectiveness of early intervention may not be seen in child educational and behavioral outcomes until they are too old for Birth to Three.

Technical Assistance (TA):
Strengths:

All four support teams provide technical assistance to programs as needed.
Please refer to the Professional Development and TA section of the introduction to this SPP/APR.

Areas for improvement:

Staff providing TA to EIS programs about the research supported practices (RSPs) including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming need time and experience to ensure implementation with fidelity.

The contract for training by Rush and Shelden is currently supporting only nine of 39 EIS programs and a plan for scale up must be developed.

All providers are not consistently sharing ongoing curriculum data with families as a tool for helping families describe their child's abilities and challenges and next steps in development.

Accountability/Monitoring:
Strengths:

Connecticut EIS providers are deeply committed to providing high quality supports to families and assuring compliance with the IDEA. They are actively involved in advising the lead agency about ways to make this happen more easily and in a cost effective manner. This close working relationship assures that the lead agency knows the issues and can respond.

The contracts between the lead agency and EIS programs assure that programs are held accountable.

Accountability data is posted on the Birth to Three website and is useful for planning as well as for identifying opportunities for improvement.

The Focused Monitoring (FM) team includes parents who have received Birth to Three services. The protocol used is aligned with child and family outcomes and family survey data.

Please refer to the General Supervision section in the Introduction to this SPP/APR.

Areas for improvement:

The self-assessment completed by EIS programs needs to be updated to measure how research supported practices (RSPs) including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming are being provided. The FM key priority area could be better aligned with the SiMR and, as new tools for measuring effectiveness are developed, they could be integrated into the FM process.

2(d) State-level Improvement Plans and Initiatives

The Office of Early Childhood (OEC) is a state agency created in 2013 with authority over the policy, personnel, budget, and data of all of the state's early childhood programs that have an impact on young children's school readiness and development. The OEC consolidates the personnel, legislation, funding streams, and information of Connecticut's numerous programs that support young children and their families and the providers of those supports that were formerly dispersed across the Departments of Education, Public Health, Social Services, and the Board of Regents. Moving all of these programs to the OEC will enhance the state's ability to coordinate the many initiatives in place for family support and early care and education. This agency is still very new and is still trying to build an organizational structure while collecting all the information about each of the programs being brought together.

Over the past five years the state of Connecticut spent nearly $1.25 billion on early learning and development programs. This represents a 12.36 percent increase in funding for early learning and development between 2009 and 2013, despite the economic downturn and a very slow economic recovery. Connecticut's

investments in early learning and development programs totaled $267,556,988 in 2013.

Connecticut enacted legislation in 2013, Public Act 13-178, requiring several state agencies to develop and implement a comprehensive approach for improving the mental health and development of children from birth to age five. The legislation calls for a comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional, and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional, and behavioral health issues on children. In CT there is an endorsement in Infant Mental Health that has four levels of attainment based on education and experience. The endorsement signifies that the service provider has expertise in infant mental health and can promote culturally sensitive, relationship focused service specific to infant mental health. The Connecticut Birth to Three System is partnering with the Connecticut Infant Mental Health Association (CT-AIMH) to assist EIS providers. to obtain this endorsement with the hope that each EIS program will have at least one individual on staff who is endorsed. A course on Reflective Consultation is being offered, using Birth to Three funds, to assist providers in achieving this endorsement. Staff from the Birth to Three Family and Community Support Team and the Provider Support Team work closely together on these efforts.

Connecticut uses one universal Early Childhood Health Assessment Record for all programs serving children from birth to kindergarten entry. The record collects and documents health and medical information from families and health providers. The health information conforms to the periodicity schedule for Early Periodic Screening, Diagnosis, and Treatment (EPSDT). The record promotes medical homes and mental health consultations and is a catalyst for connecting children and families to other resources, such as Birth to Three and Home Visiting programs.

Help Me Grow (HMG) is a prevention program designed to identify children at risk for developmental or behavioral problems and to connect these children to existing community resources. The Help Me Grow initiative, launched in 2001, helps families access more than 44,000 health, behavioral health, child development, and family support services across the state. It also provides direct access to IDEA Parts B and C and Title V Children and Youth with Special Health Care Needs (CYHCN) through a shared phone line called the Child Development Infoline (CDI). Children likely to meet the eligibility criteria for Parts C, B, or the Title V (CYHCN) programs are referred via the CDI toll-free number for evaluation and services. For at-risk, and vulnerable children unlikely to meet eligibility criteria for these programs, CDI links their families to community-based programs and services included within the HMG resource inventory. Thus, HMG and CDI ensure that all children in Connecticut, not only those meeting program eligibility criteria, have access to the services they need to best promote their healthy development. Several hundred pediatric health, family service, and early childhood educators participate in the Help Me Grow system.

CPAC has a number of family support initiatives that are aligned with the SiMR such as supporting the creation of family stories. The lead agency contract with CPAC continues to improve communication and understanding about how the PTI can help with the SiMR.

Recently the state was awarded a Federal Preschool Development Grant in December 2014 for the expansion of high preschool programs.

2(e) Representatives Involved

Please refer to the section at the beginning of this indicator under baseline and targets “Targets: Description of Stakeholder Input.” That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated, and how they participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf.)

All of the members of the external stakeholder group have committed to participating throughout all phases of the SSIP development and ongoing implementation. Some are members of the ICC and others are past

members. The commitment from the provider community has been very strong. Nine EIS programs have committed to participate in the training and programmatic changes as a result of the training led by Rush and Shelden. The directors of those programs will form a community of practice to provide ongoing support to each other and guidance to the lead agency about necessary changes to the infrastructure, as needed, to support the implementation of research supported practices.

2(f) Stakeholder Involvement in Infrastructure Analysis

Infrastructure Analysis was one of the five workgroups of the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets “Targets: Description of Stakeholder Input.” That section includes the process for identifying and selecting stakeholders. (See the complete list of members and how they contributed in the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf.)

In addition, input was collected from individuals not on the workgroup whenever needed. For example, the Deputy Director of the Office of Early Childhood provided much of the information used in this analysis as related to other state initiatives.

The results of the broad analysis through to the in-depth analysis were presented to and discussed by the entire stakeholder group. After each stakeholder meeting slides and charts were shared on the SSIP webpage on Birth23.org. In addition, blog posts were written and emailed to more than 800 people, and updates were announced on Facebook.com/CTBirth23 and Twitter.com/CTBirth23.

Indicator 11: State Systemic Improvement Plan

Measurable Result for Infants and Toddlers with Disabilities

Monitoring Priority: General Supervision

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

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Parents of children who have a diagnosed condition will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention.

Description

3(a) SiMR Statement

Connecticut's SiMR is aligned to SPP/APR indicator 4B

The percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.

Stakeholders and Part C leadership are in agreement that the SiMR is focused on an overlooked area of Part C: the ability of parents to describe their child's abilities and challenges. The decision to focus on families with children who have a diagnosed condition stemmed from the consensus that being able to describe their child's abilities and challenges impacts parents across all socio-economic and educational backgrounds. Choosing to focus on families with children with diagnosed conditions would allow a deeper analysis of the data for the segment of Part C families that would most likely be involved in services throughout their life with their child.

Even though the focus of the SiMR is on families with children with diagnosed conditions, all of the coherent improvement strategies described in this report will be implemented throughout the system. All strategies will be implemented to support all families in describing their child's abilities and challenges. Using only the data about families with children who have diagnosed conditions allows the state to focus on a group that appears to need the most improvement.

3(b) Data and Infrastructure Analysis Substantiating the SiMR

Please refer to the Data Analysis and Infrastructure Analysis sections of this Indicator for more detail.

Stakeholders were provided with a wide variety of issues and analyses to identify as a "problem" needing to be addressed or "low performance" needing improvement. Over the course of several meetings, the focus on family outcomes was identified and the SiMR was developed by the entire stakeholder group in December 2014. PowerPoints from each meeting were posted on the Birth23.org SSIP web page.

"… intervention for children really occurs between home visits..."- R. A. McWilliam

The stakeholder members of the SiMR workgroup agreed that, for many families, having trouble describing their child's abilities and challenges can leave them vulnerable to a "process of powerlessness" and a sense of being isolated.

As described in the Data Analysis section, Connecticut's stakeholders developed the wording of the SiMR based on the following:

- Calls from parents to CPAC
- Discussion/Input from 12 other PTIs gathered at a recent regional meeting in Philadelphia
- Input from the State Interagency Coordinating Council (SICC) parent members
- Review of over 1,000 requests to CPAC for information where parents did not identify their child's needs
- Parent calls to CPAC that reflected a need for help in understanding what their child can and cannot do
- Focused monitoring summary data
- This FFY2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Family Survey data

The FFY2013 SPP/APR Data for indicator 4B shows that while the 2013 target was met, it was the lowest percentage of Indicator 4. This is because, of the three measures, it is the most difficult to achieve based on the calibration of the survey being used (NCSEAM). After broad and in-depth data analysis, two subsets were reviewed, those without the extreme responses as described more fully in the Description of the Measure section and families whose children have diagnosed conditions.

The SiMR is aligned with the following other state initiatives:

- The State Personnel Development Grant (SPDG) focuses on providing specific training to Birth to Three providers on working with families in challenging situations that may lead to challenging behaviors in their children. These situations include: mental health issues, substance abuse, domestic violence, medically fragile, chronically and terminally ill children, parents with intellectual disabilities, and severe socio-economic issues. Through the use of "experts" and research in the field, providers are given the tools to identify early indicators and red flags, resources and best practice. This information allows families the opportunity to focus on their child's needs as well as the challenging situations they might be experiencing. This could be the first step for families in developing awareness of their child's abilities and challenges as well as how to communicate this to others.
- The training led by Rush and Shelden described in previous sections focuses on coaching, mentoring and supporting Early Intervention Service (EIS) providers in the implementation of consistent use of natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. This approach makes families aware of their child's abilities and challenges during their interactions with them throughout the day. This approach also emphasizes the importance of the family as the foundation of their child's development.
- The Connecticut Early Learning and Development Standards (CT ELDS) is a statewide initiative through the Office of Early Childhood. Using family friendly language, these standards identify typical developmental milestones of children, birth to five. CT ELDS are being promoted in childcare, preschool and by EIS providers. This coordinated effort facilitates the ability of families to communicate clearly about their children's' needs across developmental domains and with consistent language.

The state has the capacity to support intensive training of providers on the implementation of natural environment practices with families from the early contacts, evaluation and assessment, to writing functional

outcomes on the IFSP, through jointly developing strategies for learning opportunities within the family's routines and transition planning.
In addition, resources are available to develop online training modules for parents that highlight the benefits of being able to communicate effectively about their child's abilities and challenges.
The SiMR would build on existing efforts to increase provider understanding and implementation of research supported practices. It would also dovetail with the current technical assistance initiative with Birth to Three providers supporting the writing of functional outcomes with families.
The lead agency is working to collaborate with the University of Connecticut's University Center for Excellence in Developmental Disabilities (UCEDD) on these initiatives. In particular, the UCEDD would assist with implementing measurements following the training led by Rush and Shelden and operationalizing the training objectives into measureable outcomes for changes in practice.

3(c) SiMR as Child-Family-Level Outcome:
Stakeholder discussion indicated a concern that all families, regardless of socio-economic and education level, struggled with the same issues when they need to describe their child's abilities and challenges. In particular, for families of children with diagnosed conditions, the need to do this would be a set of skills needed throughout their life with their child.
Families are only in Connecticut's Part C system for an average of 11 months. In that short time changes in child outcomes are possible, but the biggest impact EIS providers can have is changing how families think about and act with their child. This is not the focus of early childhood special education; the child's education is. Stakeholders hold strongly to the research base for Part C that positive family outcomes will affect child development more than focusing on child outcomes.

> **It has been clearly shown in this study that parents' use of intervention techniques resulted in child acquisition of behaviors.**
> *Bruder, M(1985) Parents as teachers of their children and other parents. JEI, 9 (2) 136-150.*

Lasting and valid positive child outcomes may more readily be seen later in Kindergarten or elementary school as a combined effort of Part C's focus on families and early childhood special education's focus on student achievement. For this reason, successful transitions, including how well each family describes their child's abilities and challenges is critical. When families are clear about what their children need and can communicate that effectively to schools and health care providers, then the plans that are developed will have a higher likelihood of meeting the needs of the children and involving the families. These improved plans will in turn result in positive educational results for the student.

As described above, the focus of the SiMR measure is on families with children with diagnosed conditions, as these families are most likely to be involved in services throughout their life with their child. However, all of the coherent improvement strategies describe in Component 4 of this report will be implemented throughout the system for all families.

3(d) Stakeholder involvement in Selecting SiMR:
The SiMR was the focus of one of the five workgroups of the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets "Targets: Description of Stakeholder Input." That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated and how the participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf)
The early SiMR focus areas were based on broad stakeholder input that started with two key issues:

- Parents seeking support from the only OSEP funded Parent Training and Information Center, Connecticut Parent Advocacy Center (CPAC), were able to relay their child's diagnosis but had difficulty articulating their child's abilities and challenges as a result of this diagnosis.

- Some families are unable to articulate why their child should continue in Part C or Part B services and, if their child is eligible for services, they are unable to articulate what services are appropriate for their child. This may result in service plans that do not reflect their child's unique needs.

A workgroup consisting of Birth to Three administrative staff, a provider, a representative from the American Academy of Pediatrics and the executive director of the Connecticut Parent Advocacy Center (CPAC) met after each full stakeholder meeting and at other times in person and by phone to discuss critical issues facing families in Birth to Three. After extensive discussion, parents on the SICC were surveyed for their areas of concerns. In addition, CPAC collected data as described in the sections above.
The results of these activities indicated that parents struggle with describing their child's abilities and challenges and that they need assistance with this.
After multiple meetings and an a final word-smithing discussion at the December meeting, the full stakeholder group reached consensus on the SiMR statement and the results were posted on the Birth23.org SSIP web page to gather further comments.
3(e) Baseline Data and Targets:
Please refer to the Baseline and Targets section of this indicator
The SiMR workgroup proposed initial targets. These targets were then shared with the whole stakeholder group for additional input. The discussion focused on trends and the organizational challenges ahead for Part C but the stakeholders remained firm that families need to be better able to describe their children. The baseline and targets may be reset once the state develops a better way to measure true family outcomes but until then consensus was achieved and the draft targets were set. The draft targets were then posted on the Birth23.org SSIP web page for input. The results of the input were then shared with the entire stakeholder group and final targets were set.

Indicator 11: State Systemic Improvement Plan

Selection of Coherent Improvement Strategies

Monitoring Priority: General Supervision

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

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

4(a) How Improvement Strategies were Selected:

Many of the improvement strategies were selected based on data from monitoring which indicated consistent issues with

- the use of natural learning environment practices,
- coaching as a style of interaction with families, and
- the use of a primary service provider approach to teaming.

This data was supported by interviews with families, EIS providers, and program directors from across the state. As described in the Data Analysis section for this Indicator, additional data from the only OSEP funded Parent Training and Information Center, Connecticut Parent Advocacy Center, Inc. (CPAC), indicated that at transition meetings parents were relying on service coordinators to describe their child's strengths and needs rather than feeling competent and confident in doing it themselves. In addition, parents seeking support from CPAC were able to relay their child's diagnosis but had difficulty articulating their child's abilities and challenges as a result of this diagnosis. Please refer to the first section of this indicator "Description of the Measure" for more details.

The process used to select improvement strategies included; five broad stakeholder meetings, focus groups with EIS program directors, interviews with Part C and EIS program staff, and focus groups conducted by the evaluator of a State Personnel Development Grant (SPDG) all of which identified a lack of consistent understanding and implementation of natural environment practices including coaching interactions with parents. Coaching as a style of interaction with parents is a prominent research supported strategy for increasing a parent's ability to describe their child's abilities and challenges and to interact with their child in ways that will effect change over time.

Additional strategies were identified through reviewing evaluations of training and technical assistance in the system. Also, state forms, policies, procedures and guidelines were reviewed as were the results from a listening tour about the Birth to Three Mission open to all EIS providers.

Proposed improvement strategies that will be used to strengthen the state Part C infrastructure and improve full implementation of research supported practices with fidelity are grouped into three main areas:

- Knowledge (parents, health care providers, EIS providers),
- Training (parents, health care providers, EIS providers), and
- Policy (procedures, forms, guidelines).

The broad improvement strategies listed below will be described in greater detail in Phase II of this SSIP. The implementation framework in that report (due February 2016) will include the reasons each strategy was

ultimately selected. Primarily at the early phase, stakeholder input was a guiding principle, as was any aspect of the infrastructure that was described as needing improvement. Strategies linked to initiatives that are already in place were also listed. Finally, as described throughout this report, the Part C is poised for a number of systemic changes which may make selecting firm strategies challenging.

What follows is a list to help Stakeholders keep track of suggestions and discussions. Each item will be more fully evaluated. Items may be grouped differently in Phase II and some may be eliminated due to costs or logistics.

Proposed Coherent Improvement Strategies:

I. Knowledge: Parents, Healthcare Providers, EIS Program Staff

1. Educate parents about their role in Connecticut's Birth to Three model of service delivery and the goal of increasing their confidence and competence in being able to describe their child's abilities and challenges as well as their role during transition and at PPT meetings.

2. Revise the Family Handbooks so that they correctly describe what early intervention is while making them more accessible to a generation of parents that text message and read on smartphones.

3. Promote the sharing of online family stories to highlight the benefits of families being able to describe their child's abilities and challenges.

4. Develop a marketing plan to educate health care providers about how the Birth to Three system uses research supported practices such as natural environment practices including coaching interactions with parents and efforts to empower parents along with highly quality therapeutic strategies.

5. Develop a marketing plan for EIS providers so they understand the importance of enhancing the family's ability to meet their child's needs, as well as increasing the family's confidence and competence in describing their child's abilities and challenges.

II. Training: Parents, EIS Program Staff, Healthcare Providers

1. Intensive training and technical assistance (TA) for an initial cohort of nine programs on implementing with fidelity research supported practices (RSPs) including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. Begin with the earliest contacts, and move through the evaluation and assessment process, writing functional outcomes on IFSPs and jointly developing strategies for learning opportunities within the family's routines, and to transition planning.
2. Work with the UCEDD at UCONN to assist with implementation and evaluation following the training led by Rush and Shelden: operationalize the training objectives into measureable outcomes for changes in practice.

3. Support a Community of Practice (CoP) for EIS program leaders in the initial cohort about the implementation of RSPs.

4. Scale up the implementation of the RSPs with the remaining programs.

5. Create online training modules for parents to highlight the benefits of being able to describe their child's abilities and challenges as well as helpful techniques.

6. Continue providing targeted TA about the writing of functional outcomes and objectives with families as well as other topics identified through the general supervision of programs.

7. Provide supervisor training for EIS programs about how to support staff implementing RSPs and to increase knowledge of practices that support achievement of SiMR.

8. Encourage each EIS program to have at least one infant mental health endorsed professional on staff.

9. Offer more opportunities for developing skills to evaluate social and emotional development including the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) training.

10. Offer training over the course of the year in a plan-full way that maximizes staff availability and reduce costs to programs.

III. Policy: Procedures, Forms, and Data
1. Complete the DaSy Center and ECTA Center Framework self-assessments.

2. Meet regularly with the 1st cohort of programs Community of Practice to review policies, procedures and forms as well as system issues such a billing and the system of payments policy to remove barriers when possible and streamline processes to make providing RSPs efficient and cost effective.

3. Revise Connecticut's statewide Individualized Family Service Plan (IFSP) form with prompts to encourage more input from parents in describing their child and formulating outcomes. Revise the Outcome page as needed to facilitate improved outcomes, objectives and strategies.

4. Revise Connecticut's Birth to Three Natural Environments Service Guideline to include working in early care and education settings, supporting the family's ability to communicate about their child using common language from the Connecticut Early Learning and Development Standards (CT ELDS) described in the Infrastructure Analysis and SiMR sections.

5. Develop Evaluation/Assessment and Report Writing Guidelines and training to assist families with describing their child's abilities and challenges from their first contacts with the system while making it clear that they have a pivotal role as decision-maker and participant in implementing identified strategies.

6. Enhance EIS providers use of ongoing assessment curricula results with parents in order to inform them about the next steps in development and facilitate a greater understanding by parents about their child's abilities and challenges.

7. Assist the Office of Early Childhood with development of an assessment tool for the CT ELDS and continue to work on improving the relevancy of the CT ELDS as a tool for EIS providers.

8. Consider development of a rating tool to measure how parents describe their child's abilities and challenges with UCONN's UCEDD as part of item II #3 above.

9. Update and modify the self-assessment that EIS programs complete to emphasize how RSPs are being implemented and documented.

10. Better align the priority area, rankings and visit protocol for Focused Monitoring with the SiMR.

11. Enhance the Part C data system to collect ongoing indicators of how the RSPs are being implemented and assure that the ECIS includes critical indicators related to the SiMR for Part C.

12. Improve data sharing and connections with the State Department of Education using an existing common unique identifier to link Part C records to Kindergarten and 3rd grade assessment data as a way to measure long term student educational results since in Connecticut families are only enrolled in Part C for an average of 11 months.

13. Expand user access to the SPIDER data system to allow EIS providers to view and enter information from mobile devices in families' homes.

14. Partner with the Early Childhood Integrated Data System (ECIDS) being developed to allow for longitudinal evaluation of the effectiveness of Early Intervention and this SSIP.

15. Simplify the Payment procedure and revise contracts as needed to support the provision of RSPs such as coaching in natural learning setting with primary services providers and joint visits.

16. Modify how Medicaid revenue is maximized as required by the state without disrupting services to families and while assuring that the RSPs are main drivers.

17. Continue to evaluate the impact of the Family Cost Participation system on families choosing to enroll in Birth to Three as related to assuring that the state can achieve results for all eligible families with infants and toddlers with delays and disabilities.

18. Facilitate a smooth transition to the Office of Early Childhood.

4(b) How Improvement Strategies are Sound, Logical and Aligned

Connecticut's stakeholders believe that the improvement strategies selected so far are sound, logical and aligned with each other and with the SiMR. It is understood that they can be modified and more can be added. The current strategies support the system on a variety of levels all leading to improvements in a parent's ability to describe their child's abilities and challenges. The knowledge-based trainings, information sharing, procedure changes, and other initiatives described are multi-tiered and inter-related thus support a systemic approach to addressing the SiMR. This will only be enhanced once Part C becomes part of the new Office of Early Childhood.

All of the efforts listed above are aimed at ensuring that parents, EIS program staff, and healthcare providers understand the importance of increasing parent's confidence and competence in being able to accurately describe their child's abilities and challenges. In addition, the state has strategies in place to ensure that policies and procedures support efforts in this area and do not create barriers to implementation.

The improvement strategies will be supported primarily by allocations from the Part C grant as described in the federal Part C application and by state funds. EIS programs also support them by making staff time available and reimbursing them for attending professional development activities. Each lead agency Support Team leader (Provider, Family and Community, Systems, and Fiscal) has a role in assuring that her budget is in line with the strategies that fall under her team's purview. For more information about the support teams, please refer to the SSIP Overview at the beginning of this indicator and the attached table of organization named CTB23OrgChartJanuary2015pdf.

The state has already committed resources to a large, ongoing training with Dathan Rush and M'Lisa Shelden on research supported practices (RSPs) in home visiting. In order to be selected, the nine EIS programs in the first cohort of this intensive training agreed to commit the time and resources needed to develop the capacity to implement the RSPs with fidelity. Support is provided through webinars, on-site training, and six months of TA follow-up on implementation of the consistent use of natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming.

Where applicable, the strategies will be aligned with other state initiatives such as the State Personnel Development Grant (SPDG), the Connecticut Early Learning and Development Standards (CT ELDS), and other efforts evolving at the Office of Early Childhood.

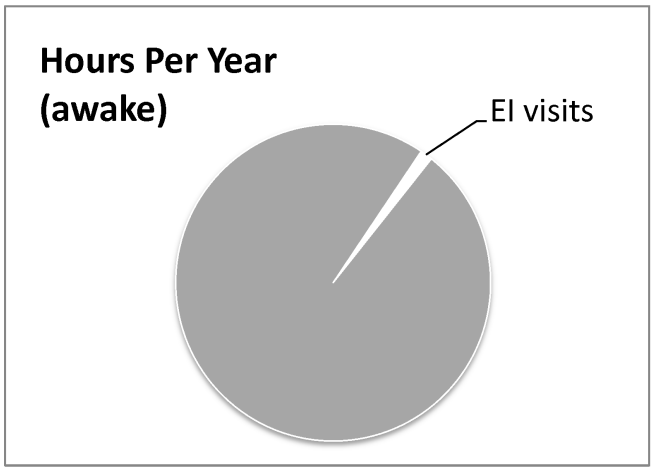
- The SPDG focus has been on working with families of children with challenging behaviors and assisting them to better understand and support their children.
- The CT ELDS are being promoted statewide through the Office of Early Childhood and are statements of

what children from birth to age five should know and be able to do across the earliest years of development. They are written in parent-friendly language and promoted for use in childcare and preschool classrooms. Promoting the use of the CT ELDS by EIS program staff may facilitate parents' abilities to describe their child's abilities and challenges across sectors and with consistent language.

- Shortly before this was submitted, Connecticut received Federal Preschool Development Grant for the expansion of high quality preschool programs

4(c) Strategies that Address Root Causes and Build Capacity

The lead agency, with broad stakeholder input, identified the root cause of the concerns expressed by CPAC and as identified through monitoring to be that EIS providers were, to a large extent, still focused on working with the children and not supporting families as decision-makers to be able to describe their children's abilities and challenges. This shift from being an interventionist who "works with kids" to being a coach who helps parents as adult learners is at the very core of the SiMR and the work with Rush and Shelden. The SiMR focuses on measuring results for families with children that have a diagnosed condition since those children have potentially life-long needs and their families will need to be able to describe their child's abilities and challenges throughout their life with their child. The strategies described above will address the root cause which has led to low performance in this area for this group of parents. It is important to note that the strategies and RSPs will not be used only with families with children who have diagnosed conditions but with all families as the system scales up the use of RSPs with fidelity at all EIS programs over the course of the five years.



(Tweety Yates, Ph.D. - Together We Will, CT Early Childhood Conference 2015)

With broad stakeholder input, the state has identified 33 potential coherent improvement strategies. Over the next year, during Phase II of the SSIP development, the strategies will be analyzed using an implementation framework to determine the following:

1. which are doable
2. the financial impact on the system and particularly on programs
3. the order in which it makes the most sense to implement them, and
4. how to evaluate each of the strategies.

The implementation framework will include concepts identified in the principles of Lean Management for Government including Plan, Do, Check, Act (PDCA) to support the lead agency's culture of continuous improvement.

4(d) Strategies Based on Data and Infrastructure Analysis

Please refer to the Data Analysis and Infrastructure Analysis sections above.

The coherent improvement strategies are grouped to address training needs of parents and EIS providers, as well as the medical community. Strategies to increase knowledge of parents, providers and the medical community about why parents need to be better able to describe their child's abilities and challenges are included in the proposed list of strategies above and concentrate on the areas that the lead agency and EIS programs can have a direct impact on in order to reach the goal. This includes revising the IFSP form, ensuring that procedures support providers to assist parents to describe their child's abilities and challenges at every opportunity, revising and developing new service guidelines to encourage parent participation, and working with other partners such as CPAC, the Office of Early Childhood, the State Department of Education, and the UCEDD.

The Rush and Shelden training was specifically designed to start with programs that are already early adopters and comfortable with natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. It is then envisioned that the programs in the first cohort will assist with scaling up the training to other programs over time. This scale up plan will be addressed in greater detail in Phases II and III of the SSIP.

4(e) Stakeholder Involvement in Selecting Improvement Strategies

Coherent Improvement Strategies was one of the five workgroups in the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets "Targets: Description of Stakeholder Input." That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated and how the participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf.)

The workgroup that focused on coherent improvement strategies included two lead agency staff, three EIS program directors, a physician, and the director of CPAC. The group met in person three times and by conference call twice to identify the strategies listed above. In addition, the lead agency staff solicited input from additional EIS program directors and key OEC staff assigned to initiatives relevant to the SiMR.

The results from the broad analysis through the in-depth analysis were presented to and discussed by the entire stakeholder group. After each stakeholder meeting slides and charts were shared on the Birth23.org SSIP web page. In addition, blog posts were written and emailed to over 800 people and updates were announced on Facebook.com/CTBirth23 and Twitter.com/CTBirth23.

Indicator 11: State Systemic Improvement Plan

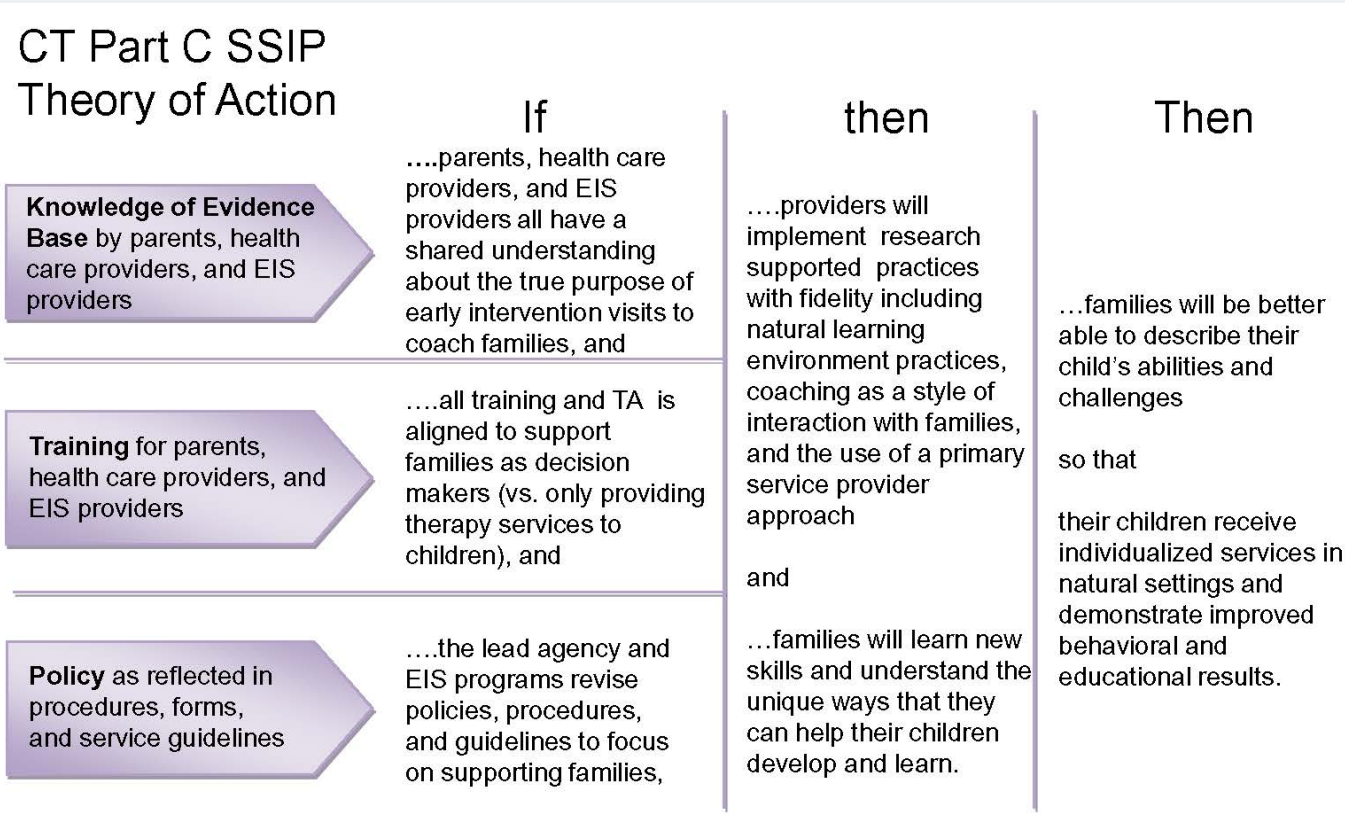
Theory of Action

Monitoring Priority: General Supervision

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

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.



The graphic representation above illustrates that the basis for achieving improved results lies in improved knowledge and shared understanding about the true purpose of early intervention across parents, health care providers, and EIS program staff working with families. Parents have the greatest daily opportunity and lifelong impact on a child's life. Parents often rely on healthcare providers for valued advice on keeping their children healthy and developing well. This is demonstrated by physicians accounting for the majority of direct and recommended referrals for early intervention every year.

5(b) How Improvement Strategies will Lead to Improve Results

By providing training for parents and health care providers, and having well-trained and EIS program staff who coach families and implement research supported practices with fidelity, families will learn new skills and understand the unique ways that they can help their children develop and learn. This will produce families who are better able to describe their children's abilities and challenges.

Ensuring that the Part C policies and practices are revised to focus on supporting families to strengthen their knowledge and apply the skills learned will result in families being better able to describe their children's abilities and challenges. These more accurate, detailed descriptions by parents about their children will support plans that are more likely to produce improved educational results for students long after the children reach age three.

The parent quotes at the bottom were provided by parent stakeholders whose children received Part C support and accurately describe their children's abilities and challenges. These examples illustrate the achievement of success that Connecticut is working toward for all enrolled families.

5(c) Stakeholder Involvement in Developing the Theory of Action

Theory of Action was one of the five workgroups in the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets "Targets: Description of Stakeholder Input." That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated and how they participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf)

Participants on this workgroup initially included staff from the CT University Center for Excellence in Developmental Disabilities (UCEDD) and an early childhood program director. More input from additional parents was sought with the assistance of the Parent Training and Information Center (PTI), CPAC, which shared the series of drafts with parent staff and visitors.

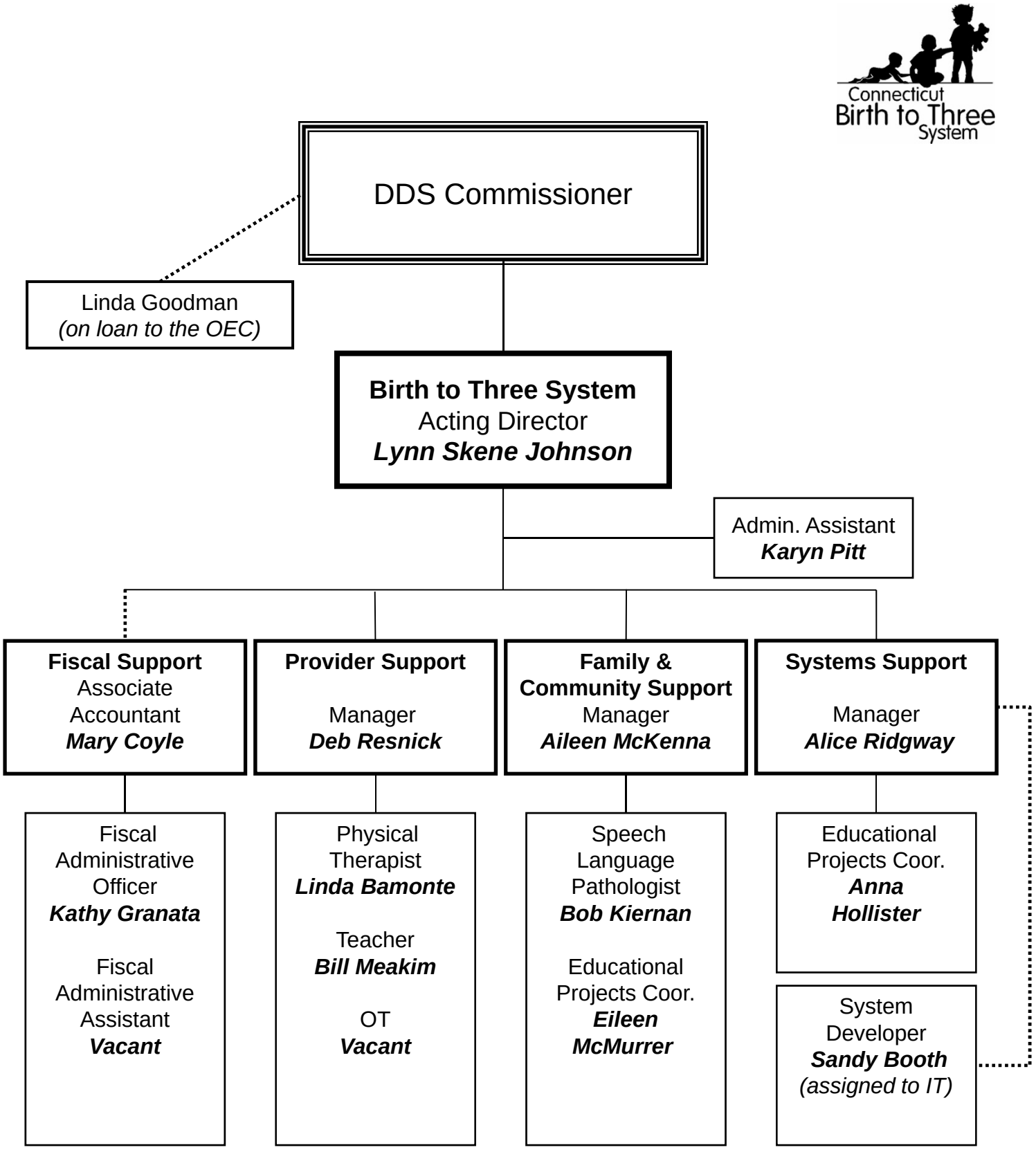
Significant enhancements included collection and incorporation of actual parent statements about their own children, demonstrating their expertise in describing their children's abilities and challenges and modeling achievement of the SiMR. Graphic elements were refined and the wording enhanced based on stakeholders input.

A draft of the Theory of Action was presented to the entire stakeholder group in February 2015. After input was provided and edits were made, a final draft was posted with a draft of this entire indicator on the Birth23.org SSIP web page, blogged, and shared on Facebook and Twitter.

Research syntheses of parents' interactional behavior with their infants and toddlers and young children with disabilities show that responsiveness to children's behavior has development-enhancing effects.

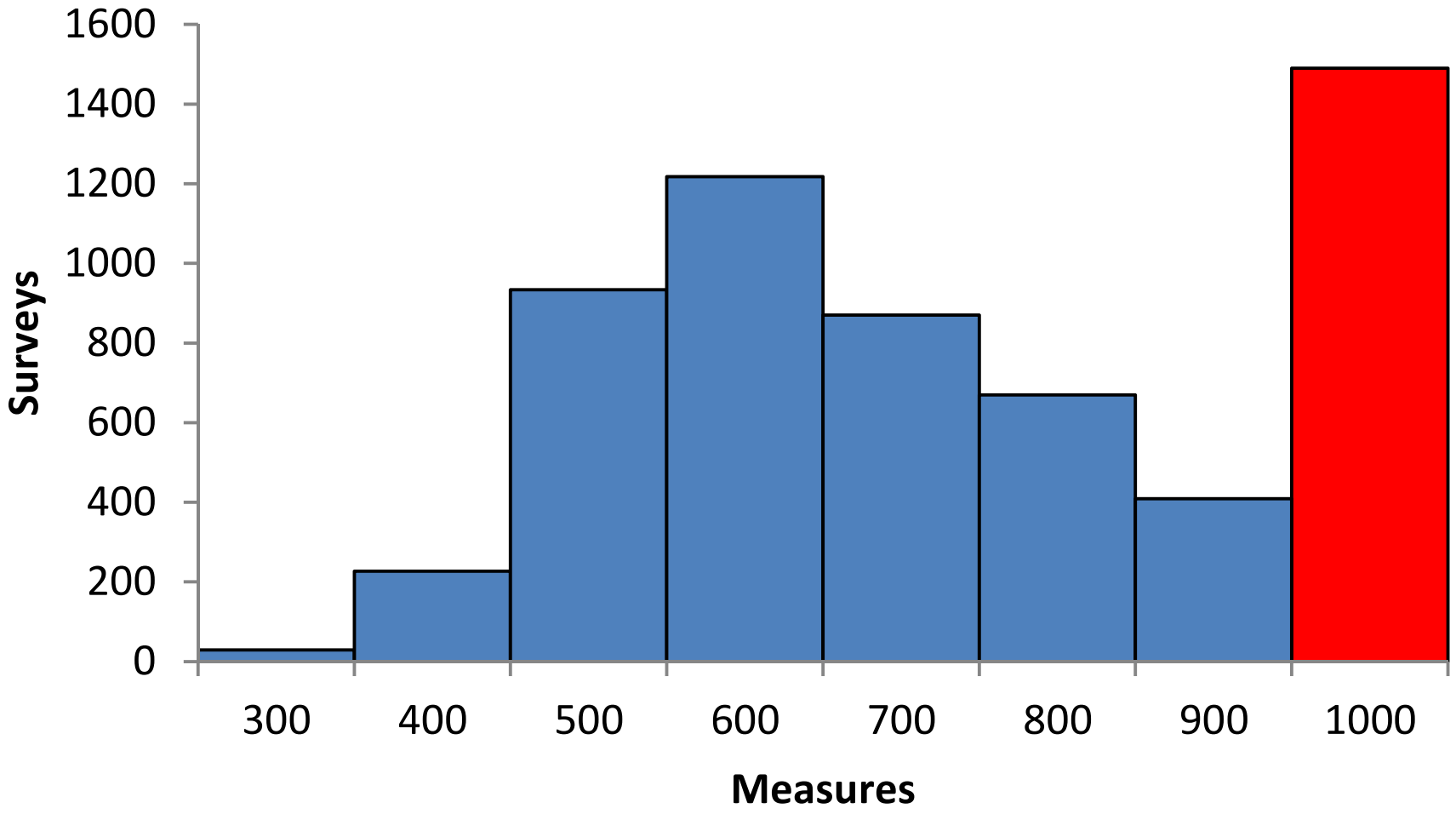
The particular characteristics of a responsive interactional style that are most important in terms of explaining positive child outcomes are the ability to perceive and interpret a child's behavior as an intent to interact or affect an environmental consequence, caregiver contingent responsiveness in amounts proportional to the child's behavior, and joint and reciprocal turn taking during interactive episodes. Behavioral interventions that focus specifically on caregiver awareness and accurate interpretation of, and contingent social responsiveness to, children's behavior have been found to be most effective.

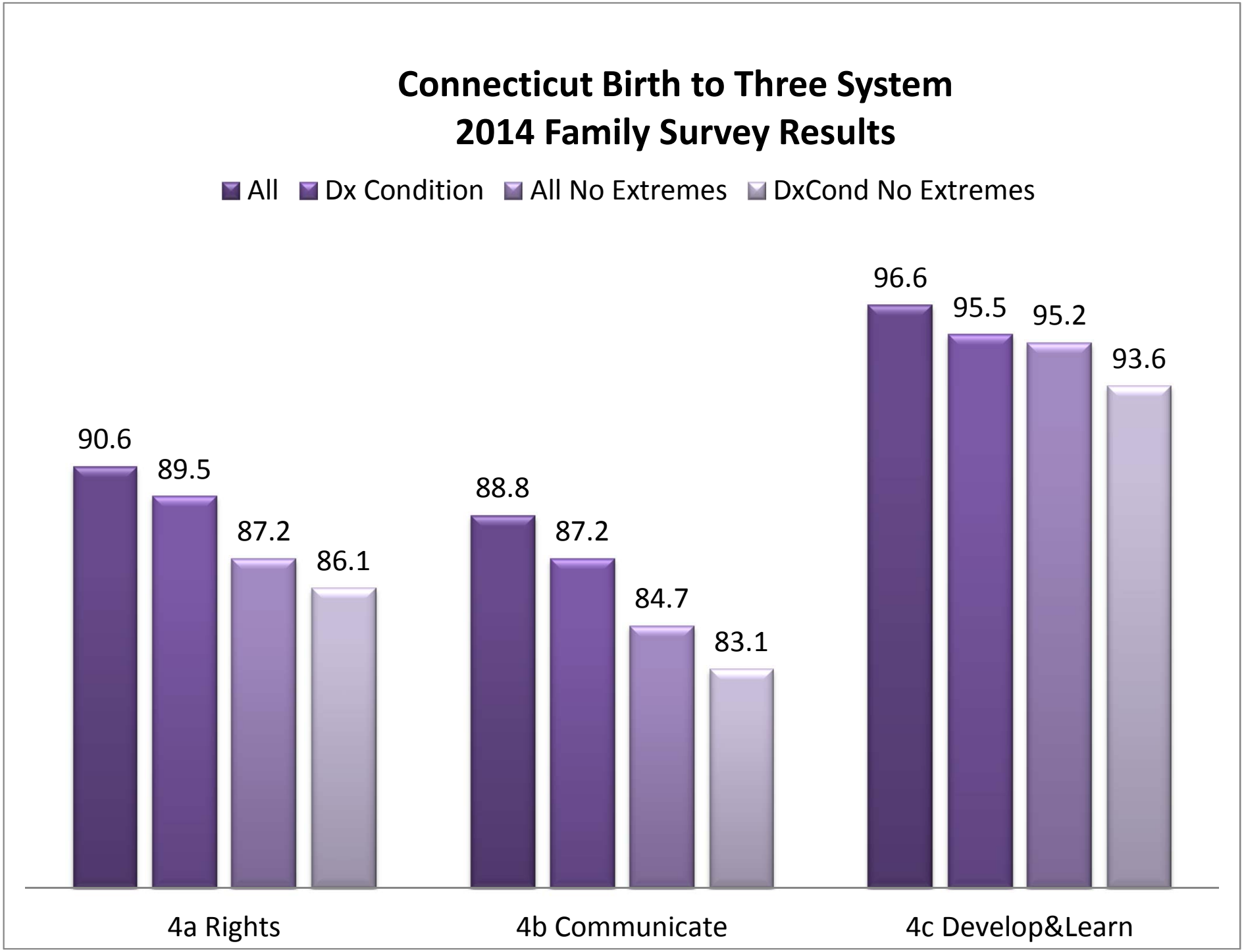
Dunst, C. (2012) Advances in Theory, Assessment and Intervention with Infants and Toddlers with Disabilities In J.M. Kauffman & D.P. Hallahan (Eds.). Handbook of special education: M.A. Conroy (Section Ed.). Early Identification and Intervention. New York: Taylor & Francis.



As of January 8, 2105

CT Birth to Three Family Survey Extremes Histogram




Connecticut Birth to Three System
2014 Family Survey Results
All
Dx Condition
All No Extremes
DxCond No Extremes
90.6
89.5
87.2
86.1
88.8
87.2
84.7
83.1
96.6
95.5
95.2
93.6
4a Rights
4b Communicate
4c Develop&Learn

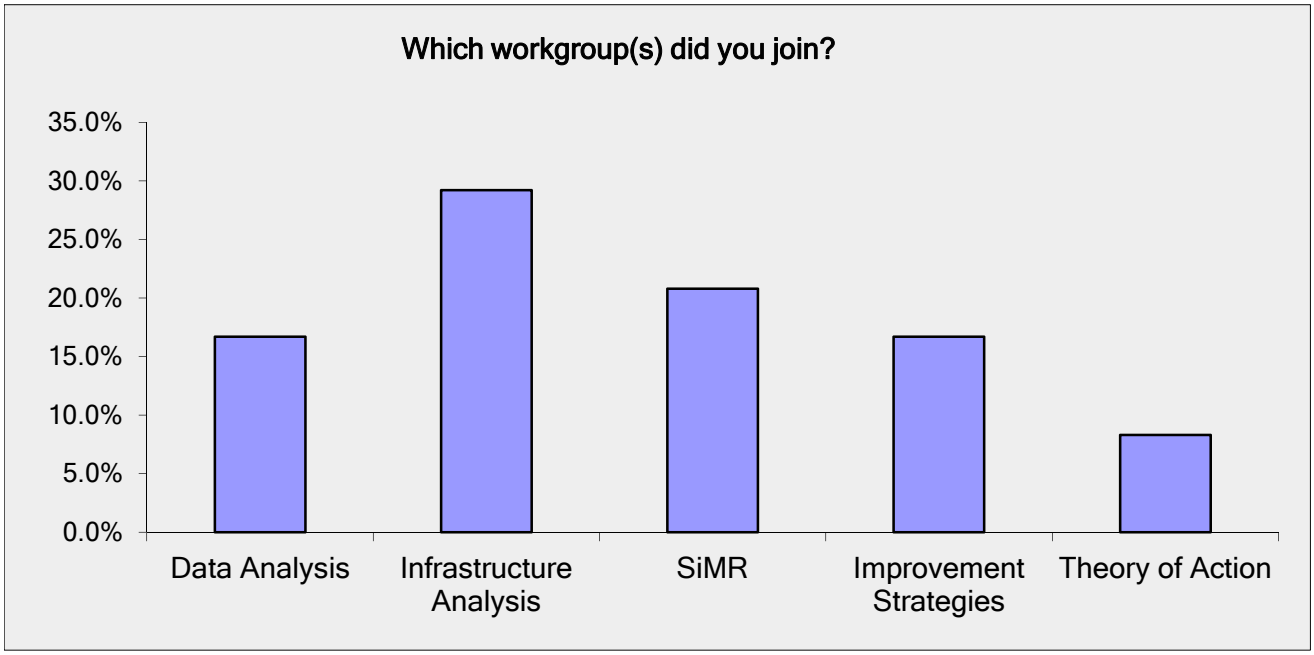
Connecticut Birth to Three System
Part C State Systemic Improvement Plan
External Stakeholder Group for all Three Phases

Agency / Affiliation	Role
Current ICC Members	
Families in Birth to Three	Parent
Families in Birth to Three	Parent
Families in Birth to Three	Parent
Pediatrician	ICC Chair
Pediatrician	Academy of Pediatrics Representative
Department of Children and Families	Manager
Department of Developmental Services	Acting Part C Coordinator / OEC Ldrshp
Department of Public Health	Family Health Services Manager
Department of Social Services	Medicaid Consultant
Office of Protection and Advocacy	Human Services Advocate
CT Dept. of Education	EC Special Education Consultant
CT Dept. of Education	Homeless Education Consultant
ACES Early Childhood Services	Head Start Manager
American School for the Deaf	Birth to Three Program Director
Children's Therapy Services	Birth to Three Program Owner/Director
Education Connection	Early Childhood Program Manager
Rehabilitation Associates	Co-Owner/Director
SARAH, Inc - Kidsteps	Birth to Three Program Director
Past ICC Members	
Pediatrician	ICC Member Emeritus
Abilis	Executive Director
McLaughlin & Associates	Birth to Three Program Owner/Director
Additional Stakeholders	
PTI CPAC, Inc.	Director
UCONN UCEDD	Educ., Research, Svce. Int. Director
United Way of CT	Child Development Infoline Director
Building Bridges B23 program	Birth to Three Program Owner/Director
Cheshire Public Schools	LEA and B23 Program Director
Theracare	Birth to Three Program Director
CT Dept. of Education	Part B Data Manager
B23 Family & Comm. Support Team	Manager
B23 Provider Support Team	Manager

Beyond this external stakeholder group, the lead agency included staff and leaders from the Office of Early Childhood, all the Early Intervention Service (EIS) Program Directors, and families not on the ICC through CPAC. Dathan Rush and M'Lisa Shelden are also key stakeholders as they are training state staff and EIS program directors as part of the State's primary improvement strategy initiative.

SSIP Phase I Stakeholder Participation

Which workgroup(s) did you join?		
Answer Options	**Response Percent**	**Response Count**
Data Analysis	16.7%	4
Infrastructure Analysis	29.2%	7
SiMR	20.8%	5
Improvement Strategies	16.7%	4
Theory of Action	8.3%	2

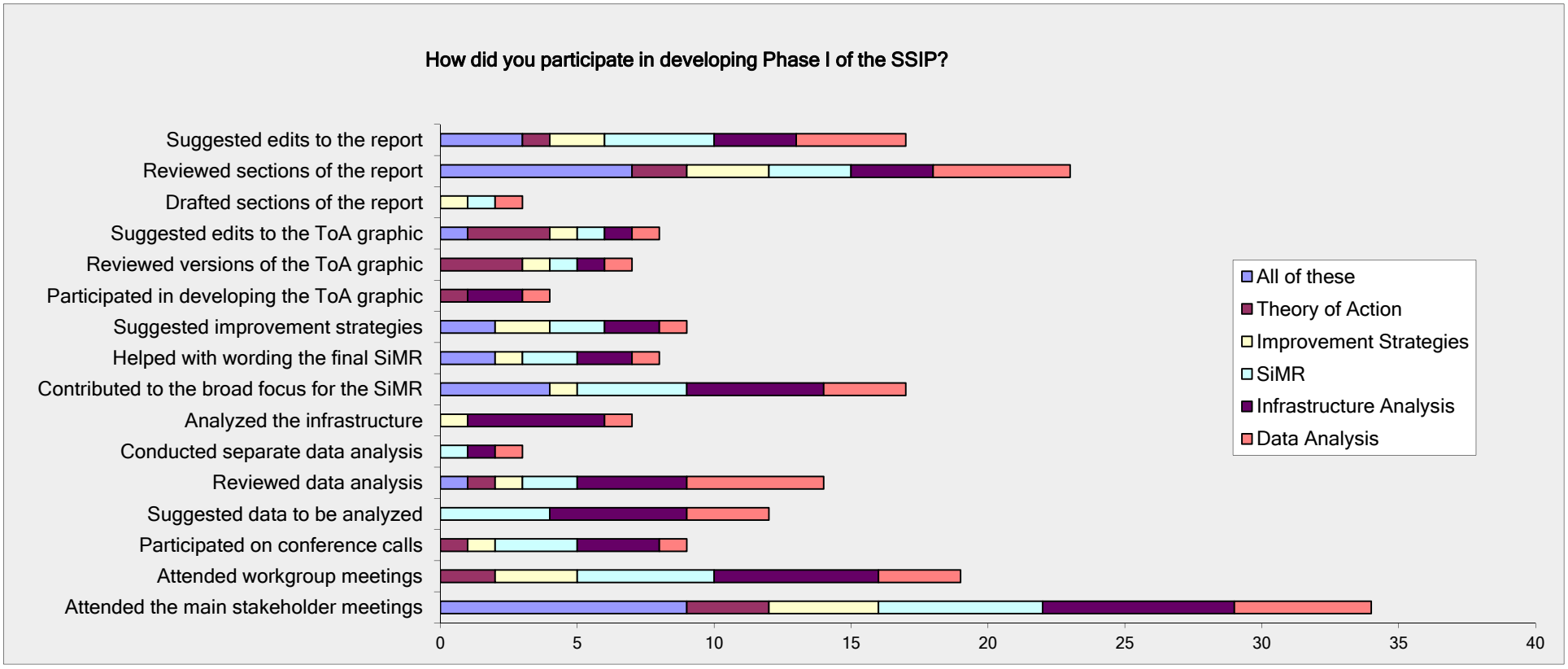


Connecticut Part C SSIP - Phase I

SSIP Phase I Stakeholder Participation

How did you participate in developing Phase I of the SSIP?

Answer Options	Data Analysis	Infrastructure Analysis	SiMR	Improvement Strategies	Theory of Action	All of these	Response Count
Attended the main stakeholder meetings	5	7	6	4	3	9	20
Attended workgroup meetings	3	6	5	3	2	0	17
Participated on conference calls	1	3	3	1	1	0	7
Suggested data to be analyzed	3	5	4	0	0	0	12
Reviewed data analysis	5	4	2	1	1	1	13
Conducted separate data analysis	1	1	1	0	0	0	3
Analyzed the infrastructure	1	5	0	1	0	0	7
Contributed to the broad focus for the SiMR	3	5	4	1	0	4	16
Helped with wording the final SiMR	1	2	2	1	0	2	8
Suggested improvement strategies	1	2	2	2	0	2	9
Participated in developing the ToA graphic	1	2	0	0	1	0	4
Reviewed versions of the ToA graphic	1	1	1	1	3	0	7
Suggested edits to the ToA graphic	1	1	1	1	3	1	8
Drafted sections of the report	1	0	1	1	0	0	3
Reviewed sections of the report	5	3	3	3	2	7	13
Suggested edits to the report	4	3	4	2	1	3	10



Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Designated by the Lead Agency Director to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Alice E. Ridgway

Title: Systems Support Team Manager

Email: alice.ridgway@ct.gov

Phone: 860-496-3073