

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.

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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/](http://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](https://www.facebook.com/CTBirth23) and [Twitter.com/CTBirth23](https://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 is 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 learning 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 indicator, 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 Statutes.

### **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 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 1<sup>st</sup> 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.

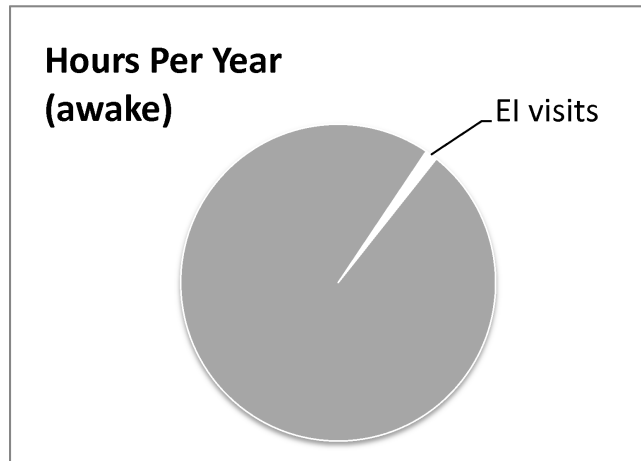
- The SPDG focus has been on working with families of children with challenging behaviors and assisting them to better understand and support their children.
- The CT ELDS are being promoted statewide through the Office of Early Childhood and are statements of

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 Sheldon. 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 they 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.

## CT Part C SSIP Theory of Action

**Knowledge of Evidence Base** by parents, health care providers, and EIS providers

**If**  
....parents, health care providers, and EIS providers all have a shared understanding about the true purpose of early intervention visits to coach families, and

**then**  
....providers will implement research supported 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

**Then**  
... families will be better able to describe their child's abilities and challenges

**Training** for parents, health care providers, and EIS providers

....all training and TA is aligned to support families as decision makers (vs. only providing therapy services to children), and

and

so that  
their children receive individualized services in natural settings and demonstrate improved behavioral and educational results.

**Policy** as reflected in procedures, forms, and service guidelines

....the lead agency and EIS programs revise policies, procedures, and guidelines to focus on supporting families,

...families will learn new skills and understand the unique ways that they can help their children develop and learn.

*"My son learns best by watching, parallel play, and hand over hand when he doesn't know how to move his body."*

*"My son's language is great, but he often needs reminders to take a breath before he speaks so he can be heard."*

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.

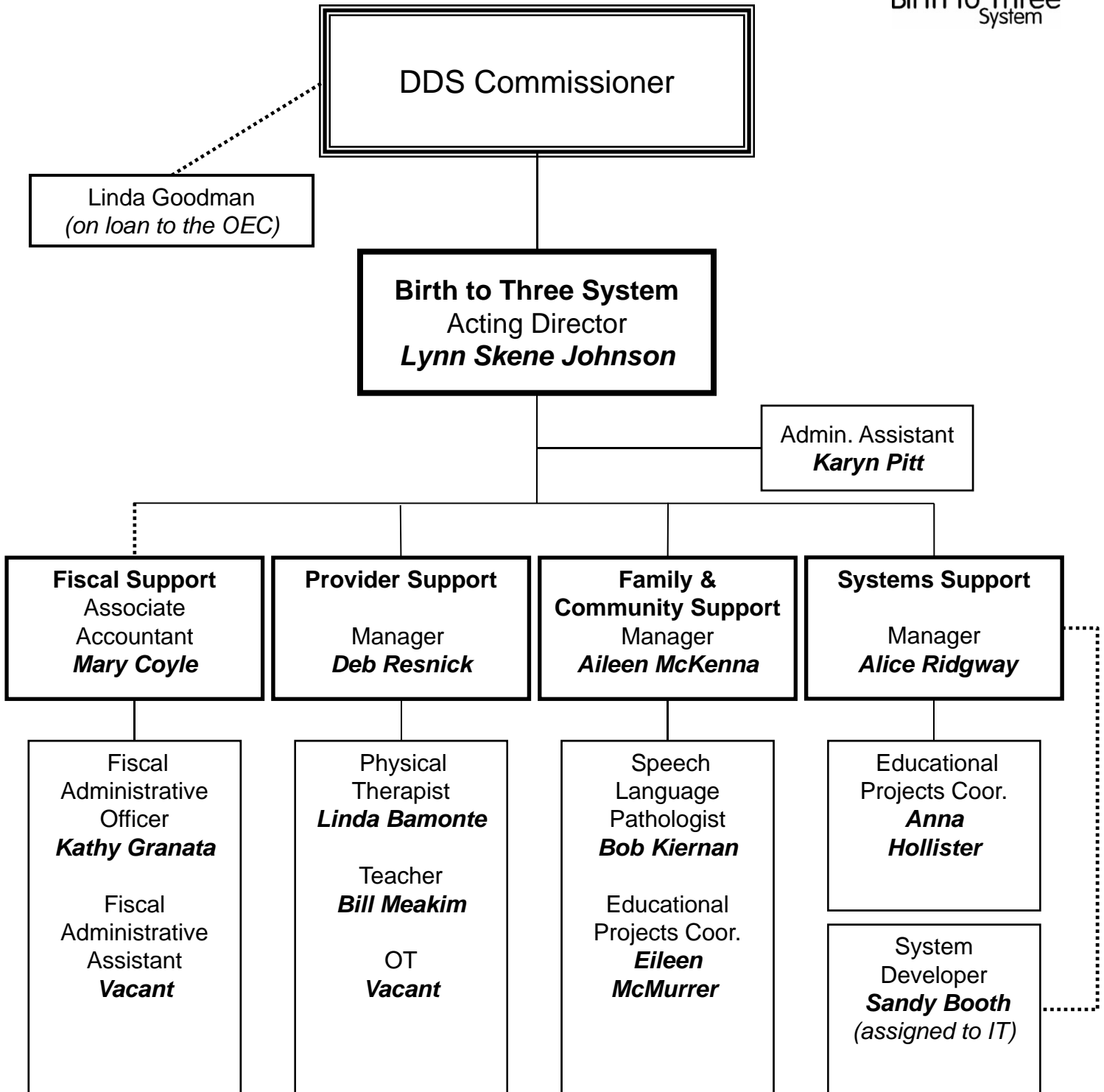
Significant enhancements included collection and incorporation of actual parent statements about their own children, demonstrating their expertise in describing their children's abilities and challenges and modeling achievement of the SiMR. Graphic elements were refined and the wording enhanced based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

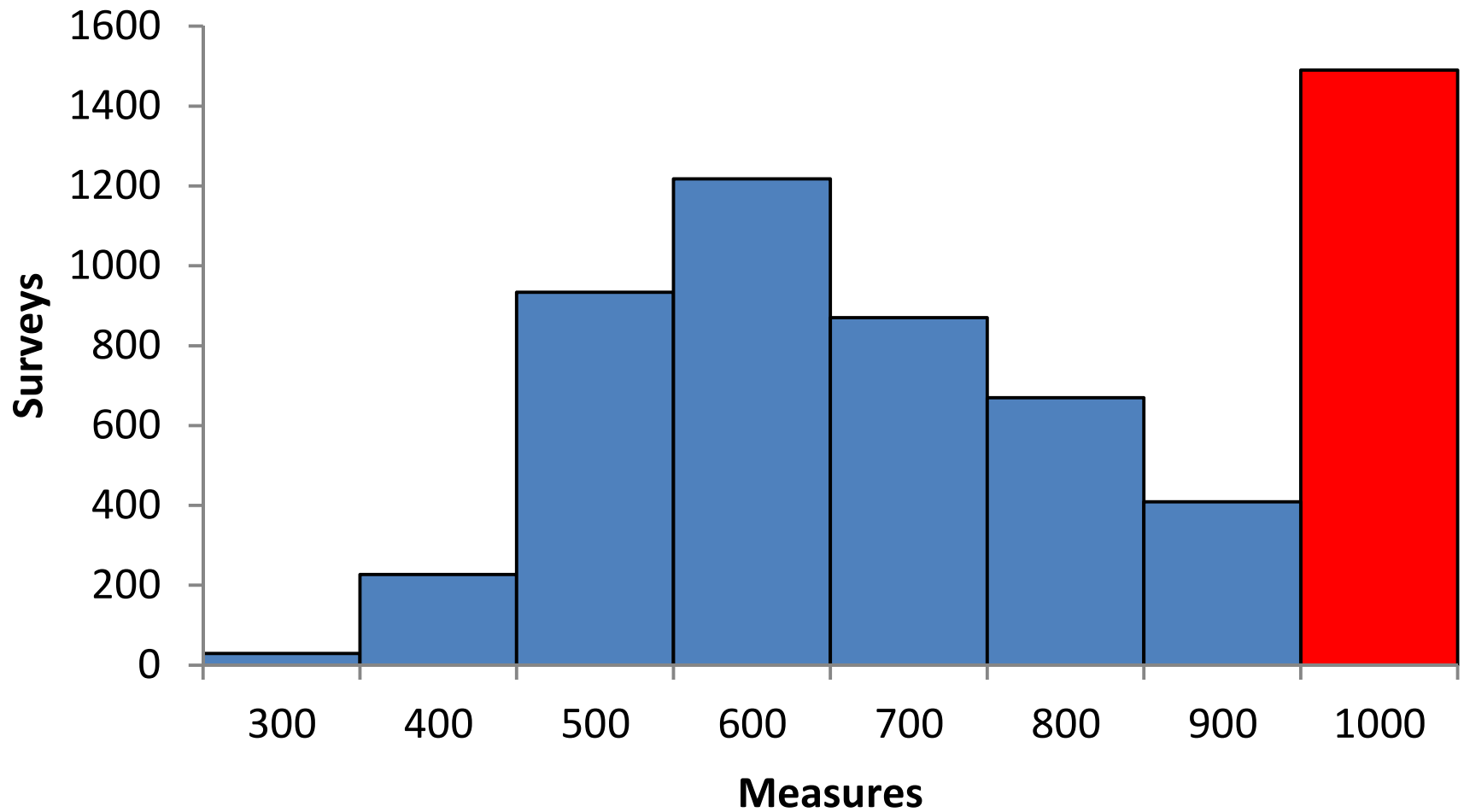
**Research syntheses of parents' interactional behavior with their infants and toddlers and young children with disabilities show that responsiveness to children's behavior has development-enhancing effects.**

**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.



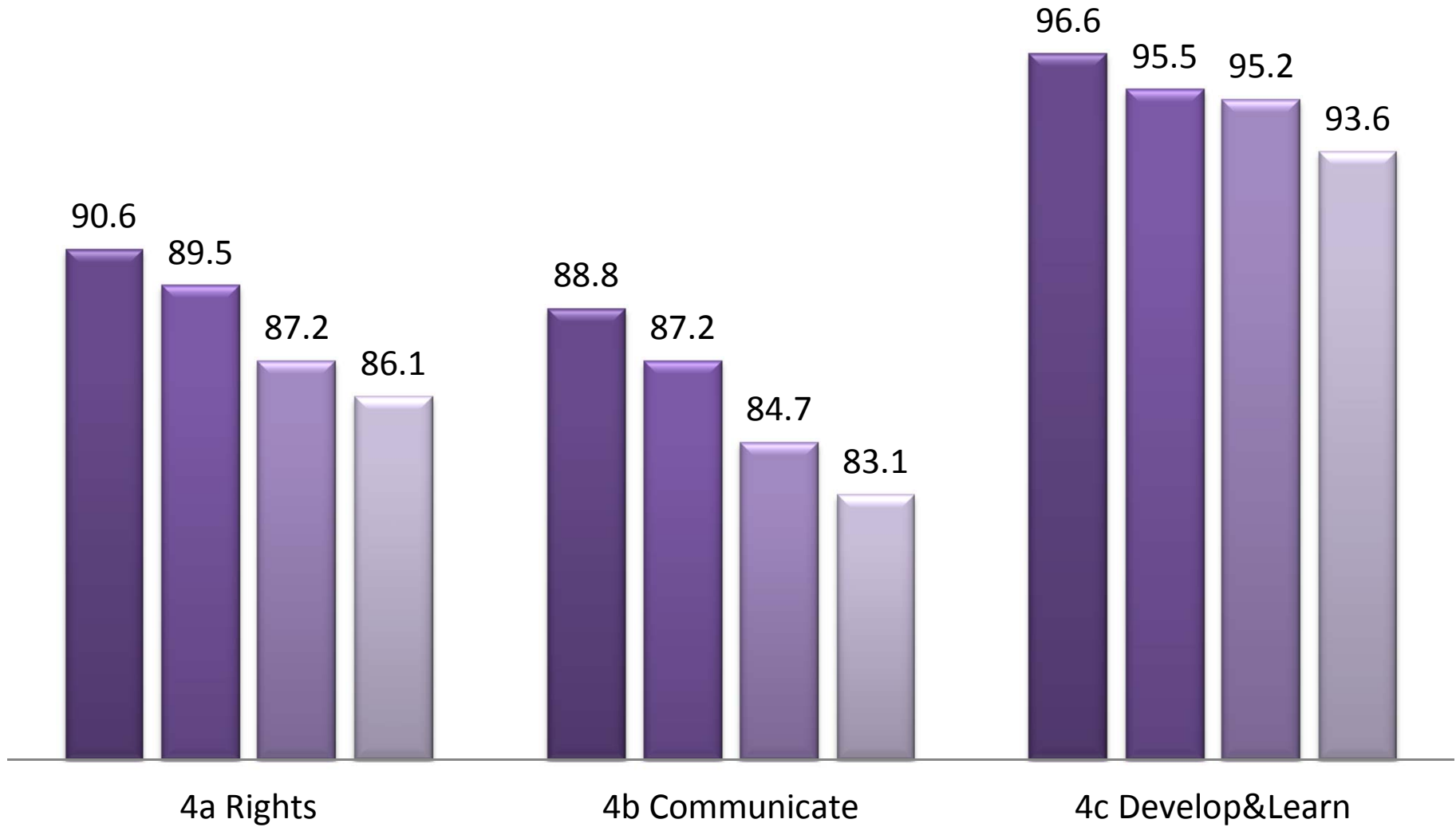
# CT Birth to Three Family Survey Extremes Histogram





# Connecticut Birth to Three System 2014 Family Survey Results

■ All ■ Dx Condition ■ All No Extremes ■ DxCond No Extremes



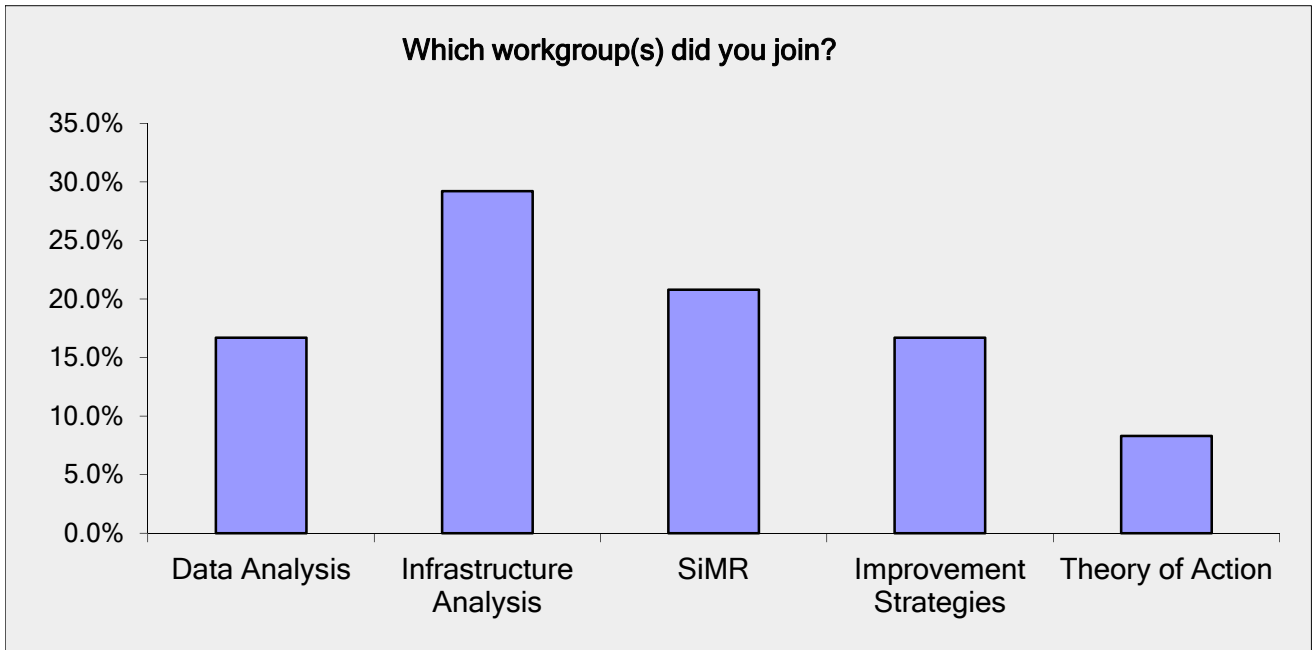
**Connecticut Birth to Three System  
Part C State Systemic Improvement Plan  
External Stakeholder Group for all Three Phases**

| <b>Agency / Affiliation</b>          | <b>Role</b>                            |
|--------------------------------------|----------------------------------------|
| <i>Current ICC Members</i>           |                                        |
| 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        |
| <i>Past ICC Members</i>              |                                        |
| Pediatrician                         | ICC Member Emeritus                    |
| Abilis                               | Executive Director                     |
| McLaughlin & Associates              | Birth to Three Program Owner/Director  |
| <i>Additional Stakeholders</i>       |                                        |
| 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             |

