Connecticut Part C
State Performance Plan
Indicator 11
State Systemic Improvement Plan

Phase II
Connecticut Part C State Performance Plan
Indicator 11 State Systemic Improvement Plan

Phase II
SPP/APR - C11 - SSIP /ehs • sip/

Phase II
<table>
<thead>
<tr>
<th>FY</th>
<th>SPP/APR</th>
<th>Submitted in FY</th>
<th>C11-SSIP</th>
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<tbody>
<tr>
<td>13-14</td>
<td>Year 1</td>
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<tr>
<td>14-15</td>
<td>Year 2</td>
<td>14-15</td>
<td>Phase I - Analysis</td>
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<tr>
<td>15-16</td>
<td>Year 3</td>
<td>15-16</td>
<td>Phase II - Plan</td>
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<tr>
<td>16-17</td>
<td>Year 4</td>
<td>16-17</td>
<td>Phase III - Evaluate</td>
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<td>17-18</td>
<td>Year 5</td>
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<td>18-19</td>
<td>Year 6</td>
<td>18-19</td>
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<td>19-20</td>
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</tbody>
</table>
Phase I
submitted April 1, 2015

-1- Data Analysis
-2- Infrastructure Analysis
-3- Coherent Improvement Strategies
-4- State-identified Measurable Result (SiMR)
-5- Theory of Action Graphic
Phase II
due April 1, 2016

-1- Infrastructure Development
-2- Support to EIS Programs
-3- Evaluation
Phase II
due April 1, 2016

-1- Infrastructure Development
  Fiscal and Systems Support Teams

-2- Support to EIS Programs
  Provider Support Team

-3- Evaluation
  Family and Community Support Team
SiMR

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

Training for parents, health care providers, and EIS providers

Policy as reflected in procedures, forms, and service guidelines

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 all training and TA is aligned to support families as decision makers (vs. only providing therapy services to children), and the lead agency and EIS programs revise policies, procedures, and guidelines to focus on supporting families.

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

Then

...families will be better able to describe their child’s abilities and challenges so that their children receive individualized services in natural settings and demonstrate improved behavioral and educational results.

“My son learns best by watching, parallel play, and hand overhand 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.”
<table>
<thead>
<tr>
<th>Knowledge of Evidence Base</th>
<th>...parents, health care providers, and EIS providers all have a shared understanding about the true purpose of early intervention visits to coach families, and</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>...all training and TA is aligned to support families as decision makers (vs. only providing therapy services to children), and</td>
</tr>
<tr>
<td>Policy procedures, forms, and service guidelines</td>
<td>...the lead agency and EIS programs revise policies, procedures, and guidelines to focus on supporting families,</td>
</tr>
<tr>
<td>System Components*</td>
<td>The State needs to...</td>
</tr>
<tr>
<td>--------------------</td>
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</tr>
</tbody>
</table>

* Governance, Fiscal, Quality Standards, Professional Development, Data, TA, A&M
### Improvement Strategy: Marketing Plan

<table>
<thead>
<tr>
<th>System Components*</th>
<th>The State needs to...</th>
<th>CDI needs to...</th>
<th>Families will...</th>
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</tbody>
</table>

* Governance, Fiscal, Quality Standards, Professional Development, Data, TA, A&M
### Improvement Strategy: Marketing Plan

<table>
<thead>
<tr>
<th>System Components*</th>
<th>The State needs to...</th>
<th>Program Directors need to...</th>
<th>Home Visitors need to...</th>
<th>Families will...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance, Fiscal, Quality Standards, Professional Development, Data, TA, A&amp;M</td>
<td></td>
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</tbody>
</table>

* * Governance, Fiscal, Quality Standards, Professional Development, Data, TA, A&M
• What actions are needed at each level to achieve the SiMR?
• How are those actions specifically aligned with the system components, strengths, areas for improvement, and current state-level improvement plans or initiatives?
• What does success look like?
• How will you know when you’ve accomplished this?
• How is it measured?
Section 6: Child/Family Outcomes

What we want to see for our child or family is

<table>
<thead>
<tr>
<th>How will we know when we are making progress or we are done? These are the steps we will use to measure progress on this outcome.</th>
<th>Expected Timeline</th>
<th>Met / Continue</th>
</tr>
</thead>
<tbody>
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<td>Rev 1</td>
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</tbody>
</table>

What will we do to accomplish this? What strategies can we all use during daily routines or activities to reach this outcome?

<p>| | | |</p>
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Active Implementation Hub

http://implementation.fpg.unc.edu/

The AI Hub is developed and maintained by the State Implementation and Scaling-up of Evidence-based Practices Center (SISEP) and the National Implementation Research Network (NIRN) at The University of North Carolina at Chapel Hill's FPG Child Development Institute. Content is added and updated regularly. For more information, contact sisep@unc.edu
## Improvement Strategy Structures

**Critical components of the improvement strategy clearly defined**
- Practice profile to operationalize and replicate critical components

**Fidelity measure**
- Fidelity measure identified
- Schedule for use of measure maintained

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Adapted from Sugai, G., Horner, R., Lewis-Palmer, T., & Rossetto Dickey, C., 2011. The State Implementation & Scaling-up of Evidence-based Practices Center
## Practice Profile Planning

<table>
<thead>
<tr>
<th>Core Component</th>
<th>Contribution to the Outcome</th>
<th>Expected Use in Practice</th>
<th>Developmental Use in Practice</th>
<th>Unacceptable Use in Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of this component</td>
<td>Describe why this core component is important to achieving the outcome</td>
<td>Description of practitioner behavior</td>
<td>Description of practitioner behavior</td>
<td>Description of practitioner behavior</td>
</tr>
</tbody>
</table>
### Practice profile, Critical Component Example: Accountability Mechanisms

<table>
<thead>
<tr>
<th>Critical Component</th>
<th>Expected Implementation</th>
<th>Developmental Variation</th>
<th>Unacceptable Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish accountability mechanisms to support implementation efforts</td>
<td>Utilizes tools such as practice profiles or implementation fidelity checklists to ensure practices are being implemented as intended/designed in order to produce the desired outcomes</td>
<td>Works towards developing skills to utilize tools such as practice profiles or implementation fidelity checklists to ensure practices are being implemented as intended/designed in order to produce the desired outcomes</td>
<td>Relies solely on staff reports to ensure practices are being implemented as intended/designed in order to produce the desired outcome</td>
</tr>
</tbody>
</table>
OSEP Funded TA Centers

- NCSI
- ECTA
- IDC
- DaSy

MAKING THE RIGHT CALL: Improving State Capacity to Meet the Data Collection and Reporting Requirements

The Office of Special Education Programs (OSEP) has funded four national technical assistance (TA) Centers to offer resources and TA to help improve the capacity of states to meet the Individuals with Disabilities Education Act (IDEA) data collection and reporting requirements. The TA Centers focus on distinct but also overlapping areas. Most importantly, we are working together to make sure that each state receives the best TA we can provide. This document is meant to help states better understand the content focus of the four TA Centers whose support will build state capacity to use high-quality data to improve outcomes for children with disabilities:

- Center for IDEA Fiscal Reporting (CIFR)
- Center for the Integration of IDEA Data (CID)
- IDEA Data Center (IDC)
- The Center for IDEA Early Childhood Data Systems (DaSy)

The table below summarizes the goals and focus areas of each of the four OSEP TA Centers responding to state requests for TA on collecting, reporting, and analyzing IDEA data.

<table>
<thead>
<tr>
<th>Center</th>
<th>Program</th>
<th>Goal</th>
<th>Content Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIFR</td>
<td>IDEA Part B</td>
<td>Improve state capacity to collect and report accurate data on IDEA Part B.</td>
<td>Fiscal reporting, data quality</td>
</tr>
<tr>
<td>CID</td>
<td>IDEA Part B</td>
<td>Enhance state capacity to report high-quality data for IDEA Part B.</td>
<td>Integration with SLDs, data linkages, IDEA data systems, federal reporting, IDEA mandated data definitions, data quality</td>
</tr>
<tr>
<td>IDC</td>
<td>IDEA Parts B &amp; C</td>
<td>Improve state capacity to meet data collection and reporting requirements.</td>
<td>Data quality, data systems, data use</td>
</tr>
<tr>
<td>DaSy</td>
<td>Part C &amp; Part B Section 619</td>
<td>Assist state agencies in creating and expanding early childhood integrated data systems that include the Early Intervention (Part C) and Preschool Special Education (Section 619) data needed to collect, analyze, and report high quality data required under IDEA.</td>
<td>Early childhood data systems, data quality, data linkages, data use</td>
</tr>
</tbody>
</table>
ECTA / DaSy Self Assessment

Self Assessment for the ECTA/DaSy System Framework

- **Governance**
  - GV Subcomponent: Vision, Mission, and/or Purpose
  - GV Subcomponent: Legal Foundations
  - GV Subcomponent: Administrative Structures
  - GV Subcomponent: Leadership and Performance Management

- **Finance**
  - FN Subcomponent: Finance Planning, Process, and Forecasting
  - FN Subcomponent: Risk Based FN
  - FN Subcomponent: Procurement
  - FN Subcomponent: Resource Allocation, Use of Funds and Disbursement
  - FN Subcomponent: Monitoring and Accountability of Funds and Resources

- **Personnel/Workforce**
  - PN Subcomponent: Leadership, Coordination, and Sustainability
  - PN Subcomponent: State Personnel Standards
  - PN Subcomponent: Preserve Personnel Development
  - PN Subcomponent: Inclusive Personnel Development
  - PN Subcomponent: Recruitment and Retention
  - PN Subcomponent: Evaluation

- **Accountability and Improvement**
  - AC Subcomponent: Planning for Accountability and Improvement
  - AC Subcomponent: Collecting and Analyzing Performance Data
  - AC Subcomponent: Using Results for Continuous Improvement

- **Quality Standards**
  - CS Subcomponent: Child Level Standards
  - CS Subcomponent: Program Level Standards

- **Data Systems**
  - DS Subcomponent: Purpose and Vision
  - DS Subcomponent: Data Governance and Management
  - DS Subcomponent: Stakeholder Engagement
  - DS Subcomponent: System Design and Development
  - DS Subcomponent: Data Use

- **Comprehensive Data and Elements (SD Q1.4a)**

Self Assessment Participants

1. Identify the participants by name and title who participated in the self-assessment of one or more components.
2. Place an X in the column representing the component in which each participant participated.
3. Use the optional data table to note the date on which the self-assessment was conducted.
Connecticut Part C
Administration Priorities

• New Payment System (Medicaid Changes)
• Marketing Birth to Three (More Family Support)
• Efficient Internal Processes / Evaluation
• Inclusion in the OEC
Connecticut State ICC Priorities

- Quality
- Legislative / Fiscal
- Communication and Education
Similar Priorities

• New Payment System ~ Legislative / Fiscal
• Rebranding B23 ~ Communication / Education
• Efficient Processes ~ Quality
Initial Brainstorming of Coherent Improvement Strategies:

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.

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 learning. 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.

Policy: Procedures, Forms, and Data
1. Complete the DaSy Center and ECTA Center Framework self-assessments.
2. Meet regularly with the 1st cohort of programs Community of Practice to review policies, procedures, forms and processes as well as system issues such including the method of payment 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 National 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 participate 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 UCEDO 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 grade assessment data as a way to measure long term student educational outcomes in Connecticut families are only enrolled in Part C for an average of 11 months.
13. Expand the sharing of online family stories to increase knowledge of practices that support achievement of SIMR.
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.
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.
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 measurable 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.
Policy: Procedures, Forms, and Data

1. Complete the DaSy Center and ECTA Center Framework self-assessments.

2. Meet regularly with the 1st cohort of programs Community of Practice to review policies, procedures and forms as well as system issues such as 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.
Next Steps

• Component Team Leaders
• Other Stakeholders
• Timeline
  – TRULY Final Draft by March 1
  – Drafts by January 1 (seriously)
  – Roughed out by October
• August Meeting
THANK YOU!