

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%	83.00%	83.00%		

Description of MeasureOverview

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 crafting a Theory of Action graphic all occurred simultaneously with each activity informing the other. Connecticut had five workgroups of 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.

Also it is important for the reader to understand Connecticut's Part C or Birth to Three System. Connecticut's "lead agency" or the agency that is in charge of administering the program is the Department of Developmental Services (DDS). An Office of Early Childhood (OEC) was created in 2013 and it is highly likely that the OEC will become the new lead agency but 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 with a team leader that reports to the acting Part C Coordinator. (Please see attached Organization Chart.)

- Family and Community Support,
- Provider Support,
- Fiscal Support, and
- Systems Support.
- The team leaders and the Part C Coordinator make up the Birth to Three Leadership Team.

Connecticut has a contract with United Way for a central point of intake known as Child Development Infoline (CDI). This central intake system was started by Part C early in the '90s and has expanded to include multiple state initiatives as will be described later.

The lead agency has contracts with 39 comprehensive 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 and 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 and hard of hearing and families with children who have autism.

As in all states the Connecticut Interagency Birth to Three Coordinating Council (ICC) meets at least 4 times

per year to advise and assist the lead agency.

As is described in this report, based on broad stakeholder input, Connecticut has a State-identified Measurable Result (SiMR) that focuses on results for families so that the family can support ongoing results for children.

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."

For more information about the SiMR, please refer to Section 4 of this indicator.

This was developed after extensive data analyses (as described in Section 2 of this indicator) including the state's child outcome summary (COS) data, family survey data, monitoring data, data from the state's PTI, and other results-based data as well as the relationships between the data. This has been collected and analyzed for years as a result of having an outstanding data system. The specific data used to set baseline and targets for the SiMR in this plan 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 (like an SAT score). Then each "score" is compared to national standards for the three sub-indicators.

Then 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 response from families that 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 from families when the "score" is over 100 and under 1015. (See the attached histogram named ExtremesHistogram.pdf.)

Second, this measure only uses results for families when the eligible child has a diagnosed condition since 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 named 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, family and community support including dispute resolution, and accountability, monitoring, and data (systems support).

From the full Part C team of 15 staff, a leadership team of 8 staff was formed to support the external stakeholders and workgroups. The State Interagency Coordinating Council (ICC) was the base of the external stakeholder group. Directors from additional Birth to Three 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 32 members attached under Component #1: Data Analysis)

Connecticut has recently developed an Office of Early Childhood (OEC). As of the date of this submission, Part C is not part of the OEC but Part C staff have been fully involved in a variety of OEC teams. The Director of Birth to Three has been on loan to the OEC as its Deputy Director since its inception. The current Acting 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 OEC on the development of Connecticut's Quality Rating Improvement System (QRIS), development of the CT ELDS and associated materials and training, the development of core knowledge and competencies for professionals that work with young children, and building a new state-wide Early Childhood Information System.

The external stakeholder members divided into five workgroups corresponding with each of the SSIP components. How each workgroup involved stakeholders is described in that section of this report. Prior to the large group meeting in February the Stakeholders were sent a draft of this report along with the writing guide developed by OSEP TA centers. At the February meeting feedback was collected and the measureable and rigorous targets proposed by the Data and SiMR workgroups were discussed resulting in the targets proposed above.

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

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/.

A draft of this report was posted on Birth23.org in late February, 2015. This was announced via blog posts and emails to over 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. A PDF of this final report as submitted was posted on the SSIP webpage and announced through the various 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.

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.

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

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.

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.

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

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

>>please refer to the writing guide<<

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

>>please refer to the writing guide<<