

**State Systemic Improvement Plan (SSIP)
Indicator B-17/C-11 Annual Performance Report (APR)**

Section 1: Theory of Action

The theory of action has not changed since the last submission. It has been is uploaded along with Connecticut’s logic model.

Section 2: Status of the State-identified Measurable Result (SiMR)

Current SiMR:						
Has the SiMR changed since the last SSIP submission? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
If “Yes”, provide an explanation for the change(s) including the role of stakeholders in decision-making.						
Progress toward the SiMR (see first bullet under Section 2 instructions):						
	Baseline Data	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022
FFY Target	83.00%	87.00%	87%	N/A	N/A	N/A
FFY Data (Actual)		87.50%		N/A	N/A	N/A
<p>Has the SiMR baseline data changed since the last SSIP submission? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If “Yes”, provide an explanation for the change including the role of stakeholders in decision-making.</p> <p>Have SiMR targets changed since the last SSIP submission? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If “Yes”, provide an explanation for the change including the role of stakeholders in target setting.</p> <p>A target for FFY19 was developed with stakeholder input and was added.</p>						
If applicable, describe any additional data used by the State to assess and describe progress toward the SiMR.						

<p>Additional Data:</p> <ul style="list-style-type: none">• Connecticut developed a Quality Practices Self-Assessment (QPSA) with input from stakeholders and several TA centers (ECTA, NCIS, ECPC, and SRI). The self-assessment was developed to help practitioners identify their strengths and areas for growth in fidelity to quality and best practices in Early Intervention. Data collected from this survey will be tied to the SiMR and help with professional development. The self-assessment is comprised of five sections, which include; Involving Families, Natural Learning Environment Practices, Coaching, Teaming, and Disposition Knowledge and Values. It will be sent out on an annual basis, during the month of July via web link to all programs.• Connecticut used electronic Coaching Logs to assess fidelity among practitioners who attended Rush and Shelden's two-day training and received six months of technical assistance.
<p>If applicable, describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns <u>or</u> check N/A if no data quality concerns were identified for the reporting period.</p> <p><input checked="" type="checkbox"/> N/A</p>

Using data from the FFY18 (July 1, 2018 - June 30, 2019) NCSEAM Family Survey, there were 295 families with children who were determined to be eligible for Part C based on a diagnosed condition that has a high likelihood of resulting in developmental delays. 232 of those families did not answer "Very Strongly Agree" to all the items on the self-assessment. Of those 232 families, 203 or 87.50% had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPP/APR Indicator 4b: "Early Intervention services helped the family communicate effectively about the child's needs".

Section 3: Executive Summary

Connecticut remains focused on the State's original Theory of Action and SiMR. Connecticut's SiMR is that parents will be able to describe their child's abilities and challenges more effectively because of their participation in Early Intervention. Connecticut measures the SiMR through several indicators, including Indicator 4 of the APR. As well as tracking changes and improvements to the system through the logic model, which breaks out projects in three tracks; Education and Outreach, Professional Development, and Fiscal Enhancements. Over the last year, several impactful changes occurred within the System, as outlined below.

Education and Outreach:

Throughout the year, several transition workshops were held in order to enhance Local Education Agencies (LEA) understanding about what the Evidence-based Practices (EBPs) in Birth to Three look like. The Part C Coordinator and Part C Data Manager presented with the Part B 619 Coordinator and Part B Data Manager to LEA staff and superintendents. Pre and post data were collected using “consens-o-grams”, and overall feedback about the workshops and presentations was positive. Six regional transition forums, led by the Part C Coordinator, the 619 Coordinator, and the Connecticut Parent Advocacy Center (CPAC) Acting Director, occurred in the spring of 2019. There were over 350 people registered for the forums. Andrea Brinnel and Alice Ridgway are currently evaluating the impact of the forums by collecting feedback and data in terms of how the transition forums affected change in the transition process. These transition forums also addressed the role of the Early Intervention Service (EIS) provider as “coach” in the transition process as a way to support the family communicating effectively about their child.

A legislatively mandated Part C to Part B transition workgroup was convened over 4 sessions. It was comprised of EIS program directors, legislators, the Office of the Child Advocate, Office of Early Childhood staff, and State Department of Education staff. The workgroup explored options for children who were not eligible as well as children who turn three during the summer months. The workgroup recommended an extension of Part C for children who turn three over the summer to provide families options in supports. The report has not been finalized but one of the suggestions for the State’s response to the COVID-19 Public Health Emergency (PHE), supporting children in Part C after age three, is supported by the research completed for this group. This outcome for families is in line with the State's Part C SiMR, as communicating effectively about their children is critical at transition and in special education.

In the fall of 2019, the Lead Agency hired a new Education and Outreach coordinator who will take the Interagency Coordinating Council (ICC) support role at the Lead Agency. The System will significantly benefit from this refilled position as the person hired

has previously worked as an early interventionist and has provided technical assistance (TA) to programs. The new coordinator will further contribute to the strategy about promoting the unified message about Birth to Three as related to the Theory of Action including outreach to primary referral sources with the medical community at large. The Lead Agency hopes this will lead to better and earlier referrals to the System with a shared understanding about what EI really looks like and how it supports families.

Professional Development:

As described in the SSIP evaluation plan, the System has engaged new Master Coaches over the last year and has brought a new cohort of staff into the Rush and Shelden two-day training. The Rush and Shelden training, called Activity-Based Teaming (ABT) in Connecticut, enables the State to scale up evidence-based practices and bring more Master Coaches to fidelity that supports the sustainability of the ABT practices. In addition to this, procedures and contracts were modified to emphasize the evidence-based practices. The Lead Agency has on staff a certified Fidelity Coach, the only one in New England. Having a certified Fidelity Coach allows the State to develop more Master Coaches internally without the need to contract for additional support from national experts. There are numerous benefits to having Master Coaches at the program level, with the greatest benefit being the support of coaching within the program. This ties directly with the State’s SiMR as coaching supports each family in describing their child.

In the summer of 2019, Connecticut collected new data using a Quality Practices Self-Assessment (QPSA). The QPSA was developed with input from stakeholders and several TA centers and was required of all Early Intervention (EI) Practitioners who provided more than one hour a week of EI. 740 practitioners completed the self-assessment and each discipline working in Connecticut’s Birth to Three System was represented. Preliminary results indicated that those who have completed the training provided by Rush and Shelden and received coaching rated themselves across the practices at a much higher rate than those who did not go through the training. The QPSA takes roughly ten minutes to complete and will be used annually to provide the data Connecticut needs in order to measure change over time.

The initial analysis of the QPSA was completed in December 2019. De-identified results were shared with programs, and statewide results were presented to programs and the Interagency Coordinating Council (ICC). The analysis was completed with stakeholder input and with input from the ICC about which data points the System should evaluate. Using staff IDs the Lead Agency will be able to link the QPSA data to child and family outcomes, demographics, IFSP and service delivery data from the Birth to Three Data System. As the children in Part C reach 3rd grade, using a shared ID with the State Dept. of Education, the QPSA results can be linked to the Part B data used for their SiMR.

The OEC in partnership with the UConn UCEDD and Part B was the only early childhood agency to receive an initial 84.325L grant to develop leaders for Part C and Part B Early Childhood Intervention (ECI) programs. Implementation of this grant will aid in attracting and retaining staff, succession plans, and in creating an ECI System in Connecticut.

Fiscal Enhancements:

In the fall of 2019, the Lead Agency published a Request for Proposals (RFP) and released the results in December. All EIS programs with contracts in October applied which was a concern during the change to fee for service payments. Based on the results there will be a reduction from 32 programs, operated by 27 agencies, to 19 programs starting in July 2020. The RFP was heavily weighted towards a deep understanding of the ABT evidence-based practices and the Office of Early Childhood (OEC) is confident that the EIS programs that are continuing will enhance the quality of supports for families.

Connecticut has been working diligently with the Department of Social Services (DSS) in drafting a procedure for Remote Early Intervention (EI). This procedure was scheduled to take effect by July 1, 2020, and was quickly approved as of March 16, 2020, in response to the COVID-19 PHE. Providing all EIS remotely provides the OEC with a unique opportunity to measure the impact of coaching as a style of interaction.

Using the Birth to Three System transactional database that generates provider invoices and the utilization of data combined with regular reports from the DSS and a billing contractor, the State measures revenue from Medicaid, the State general fund and commercial insurance monthly to ensure that the resources needed to sustain a high-quality system are available. Due to declining referrals and services provided during the COVID-19 PHE, the Part C System is once again in situation where fiscal concerns move to the forefront of the state's effort to ensure there are enough high-quality, evidence-based EIS programs supporting families.

Section 4: Status of Infrastructure Improvement Strategies

Infrastructure improvements are ongoing and consistently evaluated and modified as needed. Major activities are outlined below and grouped by each implementation strand in the logic model.

Education and Outreach:

In the spring of 2019, the Part C Coordinator, along with the Part B 619 Coordinator and Connecticut Parent Advocacy Center (CPAC) Acting Director, presented transition forums to school districts to enable the districts to understand Birth to Three better and lead to a better transition process. These forums included an overview of the Part C Evidence-Based Practices (EBPs) being scaled up, Part C to Part B transition requirements, and the roles and responsibilities of families, Part C staff and school districts. The forums were designed to help LEAs fully understand how supports are provided to families before age three. Changes were made to guidance documents and procedures both at the lead agency, the SEA and at LEAs. A collection of online learning modules was developed using Preschool Development Grant (PDG) funds and the content from the forums as shaped with input over the six sessions.

The information collected from the forums will inform a new contract being developed by the Lead Agency and CPAC as the only Parent Training Institute in the state.

A legislatively mandated transition workgroup proposed the extension of Part C services for children with late spring and summer birthdays. The report has not been completed but this infrastructure change is supported on all sides and may be supported financially as part of the State’s response to the COVID-19 PHE.

Professional Development:

After many revisions, which included extensive National TA Center and local stakeholder input, the Quality Practices Self-Assessment was finalized in February 2019. This self-assessment focuses on fidelity to Evidence-Based Practices (EBPs) in Early Intervention, including, Natural Learning Environment Practices (NLEP), Coaching, Primary Service Provider, Family-Centered practices, and Basic Disposition and Knowledge. The QPSA was sent to each EIS program for completion by all Early Intervention Service (EIS) providers and baseline data was collected in August.

Individual EIS provider data rolls up into a program report which summarizes areas of strengths, needs, and potential professional development needs. This self-assessment was sent to programs. The system of collected and sharing results will now start at the

beginning of each fiscal year and the system will look for trends to evaluate how training impacts fidelity of practices, what areas of fidelity to practices are lagging behind others, and any infrastructure changes that may be needed.

Annually since 2015, the State contracted with Rush & Shelden to provide training plus 6-10 months of monthly technical assistance (TA). As part of the TA, the team members write coaching logs detailing their conversations with families. These logs are used to determine their fidelity with coaching practices. Until this year, paper logs were “scored” by national experts based on their rating of the log. This year was the first year that Electronic Coaching Logs (ECLs) were piloted in the State. ECLs use precise formulas to determine the level of fidelity in 15 aspects related to coaching and natural learning environment practices and include comments from the national experts. The logs are used during the monthly TA calls and increase the objectivity of the rating of fidelity. This has led to a greater number of team members achieving fidelity more quickly than in years past. Stakeholder input from those using the ECLs, as well as the Lead Agency Master Coaches and the States Fidelity Coach, was gathered and led to further modifications of the ECLs.

Fiscal Enhancements:

The Lead Agency published a Request for Proposals (RFP) with a heavy emphasis on evaluating each proposer’s deep understanding of the EBPs being scaled up in Connecticut. National experts (Rush & Shelden) provided training and TA each year since 2015. Many more programs expressed interest in receiving training and TA after learning that the RFP was pending in the fall of 2019. The fall training was the largest cohort, with 16 teams from 15 different programs participating in training and 6-10 months of TA. Results from the RFP were released in December of 2019 and the agencies that had participated in past training and TA on EBPs scored significantly higher than those that had not. Based on the RFP results will be 19 programs providing comprehensive Early Intervention Services in CT as of 7/1/20. After the current cohort of program’s receiving intensive TA completes the TA, 18 of 19 programs will have at least one trained team and a Master Coach. The only program that will not is a program that only specializes in supporting families with children who are deaf/hard of hearing. They will be completing training and TA in the new fiscal year.

The OEC developed a risk rubric to assess the risk posed to the system by EIS programs as part of its general supervision system. The RFP reviewers completed the rubric while scoring the RFPs in order to prioritize those programs that might need more TA than others. Overall, the system will improve because of this risk rubric, as the data collected from the rubric will enable the Lead Agency to make data-informed decisions about the TA that programs receive. It will also help to align the Lead Agency limited resources to the needs of programs on an individualized basis.

Section 5: Status of Evidence-Based Practices (EBPs)

The implementation of evidence-based practices with fidelity continued to increase over the last year. As addressed in the logic model, the EBPs are woven throughout the three strands of education and outreach, professional development, and fiscal enhancements

Education and Outreach:

The recent Preschool Development Grant (PDG) Birth through Five federal funding opportunity recognized Part C as a vulnerable population in the grant. Connecticut Part C, as part of this SSIP work selected the transition between Part C and Part B as a deliverable for that grant. The Part C Lead Agency staff and the Part B 619 coordinator collaborated with the OEC in writing both the PDG-II and PDG-III grants. One of the most significant barriers to Part C and Part B local coordination is staff having time to attend training to gain knowledge about their roles and the roles of other practitioners and families. The OEC contracted with Eastern Connecticut State University and developed an online module for personnel development to improve the understanding about the EBPs being scaled up as a thorough understand by LEAs will help when communicating with families about their children.

Online and in-person training for Service Coordinators were revised entirely and included more emphasis on the EBPs in Early Intervention. Feedback from evaluations about the changes and content is extremely positive. Updating service coordination training is a strategy noted in Connecticut’s logic model and speaks to the sustainability of the programs by attracting new talent to the field and retaining staff.

Some EIS Providers collaborated with the Charter Oak College in Connecticut that offers Child Studies and early childhood education degrees. The activities include helping students to understand the EI and the EBPs being scaled-up. Having the high caliber trainers provide from the field brings a new perspective to the coursed and supports attracting new people to EI and retaining existing staff.

Over the year, the Lead Agency created a number of short online training videos, which were developed with stakeholder input as a collaborative approach. Many of the training videos are also used by providers with families to understand EI Procedures and Forms.

Professional Development (PD):

The specific EBPs targeted for the past five years have been Natural Learning Environment Practices (NLEP), coaching as a style of interaction, and a Primary Service Provider (PSP) approach to teaming. Fidelity with these practices builds the confidence and

competence of caregivers in being able to assess their child's strengths, abilities, and challenges. More importantly, the EBPs help families identify successful activities and strategies to address challenges and this aligns perfectly with Connecticut's Part C SiMR. The higher the fidelity with implementing the EBPs at the practitioner level, the more likely the State's SiMR will be achieved. This year the OEC offered a two-day team training plus one day Master Coach training in conjunction with mandatory six months of monthly technical assistance (TA) for the team and at least four additional monthly TA sessions for Master Coaches. The training was the largest cohort to date with 16 teams from 15 different programs (78 EIS practitioners) plus 20 new Master Coaches. As of this report, 263 EIS practitioners have received this intensive training and TA. Connecticut had 743 EIS practitioners complete the QPSA describe earlier.

Workforce data indicated a substantial increase in the number of practitioners from previous years. This is likely due to the significant increase in the number of children and families supported over the past 18 months. This increase in total EI practitioners affects the percentage of those trained. Currently, 35% of EIS practitioners have completed intensive training and TA. However, since the increase of trained Master Coaches (60 after this last cohort), the EIS programs are now better able to address training internally. The Lead Agency has shared the one-day NLEP training materials as well as the training materials from national experts Rush & Shelden in order for EIS programs to be able to deliver the training via their Master Coaches. The shift to internal training increases the sustainability of the implementation of these EBPs, along with the ability to scale up practices.

Additionally, several programs used their Master Coaches to provide monthly TA with their EIS practitioners using the Electronic Coaching Logs (ECLs) described earlier in order to advance coaching practices. This method for reaching fidelity is labor-intensive. Data about how Master Coaches are used at the EIS programs was collected through interviews of program directors and revealed that many programs do not utilize Master Coaches in this capacity due to the change to a fee-for-service reimbursement system. The ICC PD committee and other interested stakeholders formed a workgroup that is exploring manageable solutions to this issue. Emphasis on training and supporting practitioners in using the EBPS has been included in the new EIS program contracts that will take effect in July 2020. As mentioned earlier instead of 27 agencies Connecticut will 19 programs and 18 (95%) have at least one trained team and one Master Coach. Connecticut will continue to offer team training to programs but the emphasis shift towards supporting the growth and use of Master Coaches. The Education and Outreach coordinator recently hired by the Lead Agency is in the process of completing the Master Coach training, and the team lead for personnel development became certified as a national Fidelity Coach and can train Master Coaches independently. This affords the state greater capacity to support Master Coaches.

The data from the QPSA have provided a clearer picture of where the state stands with fidelity to practices. As hypothesized, the more hours a practitioner worked, the higher the rate of fidelity across practices. In addition, those who went through the two-day training rated themselves higher on the self-assessment than those who did not attend the two-day training. Practitioners who went through the six months of intensive TA and those who are Master Coaches rated themselves higher than those who did not participate.

Data available on ECLs from all 78 team members and 20 Master Coaches provides a wealth of information as to levels of fidelity and common areas that need emphasis in order to achieve fidelity (i.e., NLEP).

The Lead Agency continues to offer the one-day NLEP training and added additional training on the EBPs and NLEP to the Initial Birth to Three Certificate that was developed last year and required of all staff. An observation checklist was developed for the assessment of coaching practices and distributed to Master Coaches and program directors. The Birth23.org website included more information and videos to support independent learning on these EBPs, both for staff and families.

The *Foundations of Coaching* video series available at <https://www.youtube.com/watch?v=4oswcJ4i0xU> is being used for training both in Connecticut and nationally. The Office of Early Childhood coordinated this video with input from national experts Dathan Rush and M’Lisa Shelden, Head Start, UConn UCEDD, EastConn, RESC Alliance, All Our Kin, and with funding through Hartford Foundation for Public Giving. The video thoroughly explains the coaching model that Connecticut has implemented with expert input and views from the field. The video was released at a broader Early Childhood Conversations conference held in Connecticut in March 2019.

Fiscal Enhancements:

The last year was the first year that the System was financially stable since it changed to a fee-for-service reimbursement. The changes in payment have settled out and EIS programs easily track their revenue and fiscal viability.

Once that significant externally imposed infrastructure change stabilized, the Lead Agency published a Request for Proposals (RFP). Every program with a contract in October applied which was a significant concern when the evaluation plan for this SSIP was written. As a result of the RFP, Connecticut will have at least one EIS program covering every town and where possible there will be at least two offering families choice. This may change as the impact of the COVID-19 PHE on EIS programs is significant.

Through regular communication with EIS programs, the Lead Agency will measure the progress toward the outcomes related to enhancing a fiscal system that supports the EBPs in order for the state to achieve its SiMR. Specifically the Lead Agency will work with the Medicaid lead agency in (DSS) and a third party billing contractor (PCG) to propose modifications needed to the financial infrastructure to be able to continue to support high-quality programs.

Connecticut Birth to Three System – FFY18 State Systemic Improvement Plan

With sufficient high-quality EIS programs and practitioners, Connecticut will continue to meet the requirements of the IDEA for other Annual Performance Report (APR) indicators including timely evaluations and Individualized Family Service Plan (IFSP) meetings, timely new services, timely transition planning activities and child outcomes.

Section 6: Stakeholder Engagement

Stakeholder engagement is something Connecticut prioritizes in every activity completed regardless of the Annual Performance Report (APR) and this SSIP. The State actively engages stakeholders through ICC meetings, Early Intervention Service (EIS) program meetings, and groups such as data users group, Early Hearing Detection and Intervention task force, autism specialty “Under 3”, and as being part of the broader early childhood community at the OEC. Weekly, the Part C Coordinator sends updates to providers and other stakeholders to update them and gather input on measurable results. Additionally, the State actively engages with stakeholders to review every procedure change and other activities such as the Part C Grant and developing contracts. (See attached feedback loop graphic.)

The ICC committees are aligned with the SSIP logic model strands and, as such, each team meets 5-6 times per year. As a baseline for tracking progress and change in the Part C infrastructure, all three committees completed all the sections of the Early Childhood Technical Assistance (ECTA) Center / DaSy Self-Assessment. The Self-Assessment will be updated as the system changes over time with a final assessment to be completed in the summer of 2020.

Education and Outreach:

The education and outreach committee, which included parents from the CPAC PTI, reviewed data and recommend strategies for distributing information about Birth to Three’s EBPs.

Feedback at and collected after the regional transition forums was used to share future training and presentations as well as the online learning modules. These regional LEA and EIS program meetings will be continued to deepen the conversation about how Birth to Three is scaling up the EBPs in order to achieve its Part C SiMR and what how that might impact transition. Legislation was proposed in February of 2019 dictating the role of EIS providers at Individualized Education Program (IEP) meetings. The raised bill did not proceed beyond the committee level, but the OEC will be addressing the concerns raised as part of the ongoing Part C SSIP Education and Outreach efforts along with the State Department of Education, CPAC and other parent advocacy groups.

The legislatively mandated transition workgroup report will be finalized after the COVID-19 PHE.

Professional Development:

The Quality Practices Self-Assessment (QPSA) described earlier was developed with stakeholder and OSEP funded TA center input. Connecticut sent the QPSA to stakeholders for their input as it was being developed. A group of EIS practitioner completed the QPSA as a pilot and data as collected about the experience. Changes were made based on the feedback before the QPSA was finalized. The ICC PD committee and EIS programs and the PTI, CPAC, informed the lead about which data points from the QPSA should be evaluated.

The ICC Professional Development Committee is actively working on developing a brochure and the development of a workgroup with a focus on a quality workforce and the development of Birth to Three.

The OEC also collaborated with agency partners, including Part B and the UConn UCEDD, when applying for the 84.325L leadership development grant.

Fiscal Enhancements:

As an interagency system, the OEC regularly collaborates with Connecticut’s Medicaid Lead Agency (DSS) when developing reimbursement rules for Remote EI. New to the stakeholder list are commercial insurance payers and re-pricers as the OEC seeks to maximize this revenue source.

Fiscally, the OEC engaged stakeholders through several workgroups, including a deaf and hard of hearing workgroup and a transition workgroup that addressed options for funding Part C after age three. Each group included various state agencies, legislators, nonprofits, EIS programs, and the public who brought valuable insight into the system and promoted change. Targeting workgroups are a way for multiple stakeholders to discuss challenges and recommend systematic changes related to funding. Additionally, workgroups provide ways in which the Lead Agency can gain insight into procedural changes that occur before implementation.

Connecticut families and EIS programs know they are critical partners and that they have a meaningful voice. During the early weeks of the COVID-19 PHE, stakeholders were very comfortable reaching out to the OEC Commissioner and Part C Coordinator with suggestions. This “early adopter” approach to stakeholder engagement helps Part C in Connecticut to be flexible, responsive and prepared.

Section 7: Plans for Next Year

The Office of Early Childhood (OEC) is being responsive to the new landscape in which Early Intervention Services (EIS) are being provided during the COVID-19 Public Health Emergency (PHE). The Evidence-based Practice (EBP) of coaching as a style of interaction will be very important while EIS are provided remotely.

With new contracts being developed, the new leadership grant, and PDG grant awards, Connecticut, looks forward to a busy year. This includes the refinement of documents and fidelity across practices, broken out by the logic model as follows.

Education and Outreach:

The OEC will be working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) to implement a leadership course developed under grant 84.325L, working closely with Part B and CPAC, to develop leaders in early childhood from birth through age five. The goal of this course will be a starting point for other leadership development opportunities, including a Part B leadership course if awarded other grants.

The OEC, as part of the second PDG grant, will use funds to translate documents within the agency. Birth to Three will have flyers about the EBPs and forms translated into ten languages using data about languages spoken by families in Part C.

The Lead Agency will deepen the conversation about the EBPs and how families are the focus of EIS at regional meetings about transition and with online learning modules. This shared understanding is critical for parents to be able to take the skills they learned from coaching in EI and apply them when working with their school districts.

Professional Development:

Because the recent Request for Proposals (RFP) resulted in fewer programs providing supports in expanded areas, Technical Assistance (TA) will be provided to ensure that the EBPs in Connecticut are provided consistently and to fidelity with families. Individualized training and TA plans will be developed for each EIS program. Additional Lead Agency staff trained as Master Coach(es) and/or Fidelity Coach(es) will be pursued to enhance the capacity of the Lead Agency to support the EBPs. The Lead Agency will continue to collect and analyze the new Quality Practice Self-assessment (QPSA) data and connect it with family and child outcomes with as well as programmatic and demographic data.

Based on stakeholder input the Lead Agency began efforts to implement a waiver for certification of teachers throughout the state. The waiver will allow teachers to work in Early Intervention while keeping the benefits that they would receive working in a school system. This change is influential in the system as it will expand the workforce and enable early interventionists to stay engaged with Birth to Three. The Lead Agency looked to implement the waiver on July 1, 2020 before the COVID-19 PHE but it will continue to be a focus regardless of the extended timeline.

Fiscal:

The fiscal impact of the COVID-19 (PHE) cannot fully understood at this time. The Lead Agency is rapidly working to support EIS programs and families. Based on stakeholder input, changes to policies and procedures are being made to assure that the Birth to Three System remains fiscally viable in order to continue to make progress towards its SiMR.

However, given the disruption caused by the change to a fee for service reimbursement model, the Request for Proposal, the change in the number of EIS as well as their size and catchment areas, the COVID-19 PHE will likely have an impact on the State's ability to achieve its SiMR.

Section 8: Appendices

The Theory of Action graphic, logic model, stakeholder feedback loop graphic, evaluation plan, and Quality Practices Self-Assessment have been attached.

CT Part C SSIP Theory of Action

If

....parents, health care providers, EIS providers and LEAs 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 payment policies and procedures to ensure access to evidence-based practices

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 after their involvement in Part C their children can receive individualized services in natural settings and demonstrate improved behavioral and educational results.

Education and Outreach to referral sources, parents, EIS providers, and LEAs

Personnel Development for EIS providers, parent leaders, and other key stakeholders at the OEC*

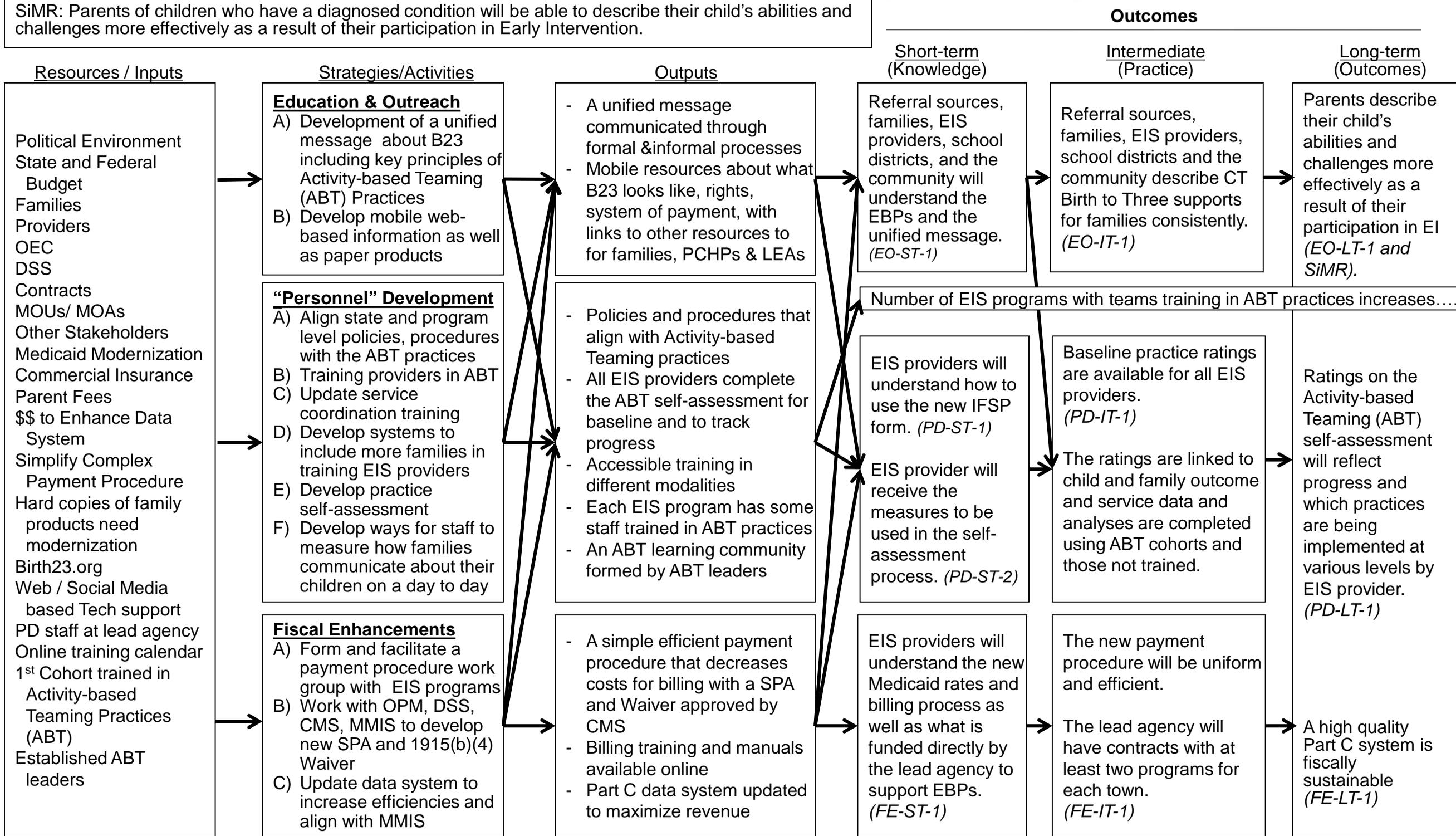
Fiscal Enhancements that maximize revenue and ensure adequate provider capacity

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

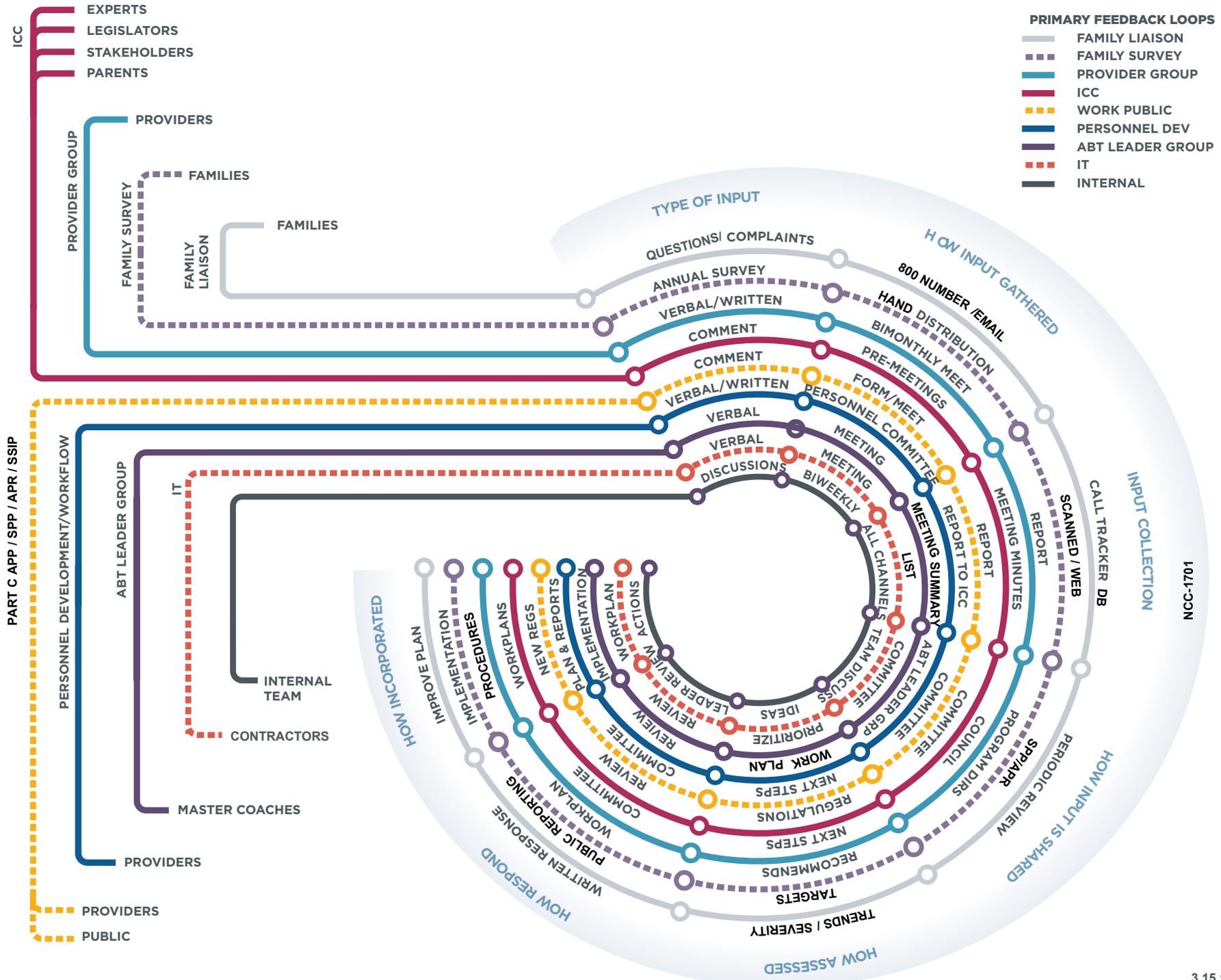
“My son's language is great, but he often needs reminders to take a breath before he speaks so he can be heard.”

Connecticut Birth to Three System – Part C State Systemic Improvement Plan Logic Model

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.



FEEDBACK LOOP MAPPING // CT BIRTH TO THREE



Connecticut Part C - Birth to Three - SSIP Evaluation Plan

As of March 29, 2019

This evaluation plan is part of a larger SSIP report available online at birth23.org/accountability/spp/ssip/. Regular progress updates will be addressed within each implementation team, at State Interagency Council (ICC) meetings and in the Annual Performance Report at Birth23.org/accountability/spp/apr/.

For more detail about the inputs and objectives that will be in place to reach the outcomes below, please refer to the SSIP logic model in the SSIP report referenced above.

BACKGROUND – ONGOING OUTCOME – Scaling up intensive training and TA on the evidence-based practices (EBPs) that make up Activity –based Teaming

Implementation Team	Personnel Development (PD-O-0)
Assumption / Hypothesis	EIS providers that complete the 6-9 month intensive training and TA associated with scaling up Activity-based Teaming will be better able to guide families to describe their child's abilities and challenges.
Outcome (PD-O-0)	75% of all EIS providers in CT will have completed the full training and TA
Milestones	Foundational training about Natural Learning Environment (NLE) practices will be offered to all EIS providers, and required of those doing intensive training and TA. Intensive Training and TA will be scaled up in cohorts of eight - ten EIS teams per year There will be at least one trained team and one Master Coach per EIS program. EIS Program Master Coaches will assist with training other EIS teams. Online Required Training/Initial Birth to Three Certificate for all staff Online and in-person training for Service Coordinators addressing EBP in EI. Certification of lead agency staff person as a Fidelity Coach
Measures	Training logs and coaching log summary reports. Number of EIS providers, teams and programs completing the training and TA Number of EIS programs with a trained master coach Number of staff receiving TA from Master Coaches in programs Develop and implement Required Training for all EIS providers
Timeline	There are approximately 540 providers in CT at 32 programs. Four cohorts have already completed training and TA and a fifth will start June 2019, but even if 100 people are trained every year it would take over 10 years so a scale up plan will be developed with NCSI support.

SHORT TERM OUTCOMES – Knowledge and Understanding

Implementation Team	Education and Outreach (EO-ST-1)
Assumption / Hypothesis	The evidence-based practices (EBPs) being scaled up and the SiMR will be easier to achieve if referral sources, families, EIS providers, school districts, and the community share a common understanding about what Birth to Three visits look like and the purpose of early intervention to guide families.
Outcome	Referral sources, families, EIS providers, school districts, and the community will understand the EBPs and the unified message.
Milestones	Development of consistent talking points about the EBPs. A unified message about Birth to Three that focuses on families. Updated web-site(s) responsive to use on mobile devices Develop a database for tracking calls from families
Measures	Online surveys, face to face surveys, pre and post presentation surveys

	Number of calls where the family communicates confusion about the purpose of Birth to Three and what to expect from EIS visits.
Timeline	January 2017

SHORT TERM OUTCOMES – Knowledge and Understanding (continued)

Implementation Team	Personnel Development (PD-ST-1)
Assumption / Hypothesis	Modifying the statewide IFSP, including the transition plan, will better support and promote family engagement and the use of the EBPs being scaled up.
Outcome	EIS providers will understand how to use the new IFSP form.
Milestones	IFSP form will be modified including the transition plan Online and in person training materials are available 100% of all service coordinators will be trained or receive TA about using the new form. Result Based Accountability activities will measure how the IFSP is being used to support the EBPs to achieve the SiMR
Measures	Attendance/training logs, coaching log summary reports, sample IFSPs, learning community feedback about understanding by EIS providers
Timeline	June 2019

Implementation Team	Personnel Development (PD-ST-2)
Assumption / Hypothesis	Developing a fidelity checklist and sharing the measures with EIS providers early will give raise awareness about what will be used to track changes in practice.
Outcome	Each EIS provider will receive a list of the measures to be used in the fidelity checklist with an overview about the new performance self-assessment process
Milestones	The fidelity checklist will be developed and integrated into a performance self-assessment A pilot of the self-assessment will be completed and the data analyzed A summary of the new process will be developed The list and summary will be reviewed at an EIS program director meeting with the expectation that each EIS provider will receive copy. Online versions will be posted and blogged
Measures	Number of EIS providers that review the fidelity checklist and new process.
Timeline	January 2018

Implementation Team	Fiscal Enhancements (FE-ST-1)
Assumption / Hypothesis	Implementing EBPs is completely dependent on EIS programs having a stable fiscal infrastructure that supports Activity-base Teaming.
Outcome	EIS providers will understand the new Medicaid rates and billing process as well as what is funded directly by the lead state agency to support EBPs.
Milestones	SPA (including rates) and Waiver are approved by CMS Medicaid rates and billing process support EIS Programs in providing EBPs. State DSS and OEC Regulations are modified Training materials and activities are available to EIS Programs Overall Part C Payment Procedure is revised and updated as needed.
Measures	Feedback from the Center from Medicaid/Medicare Services (CMS) after formal submission and ultimately final approval The state can limit the number of EIS Programs per town to assure quality. EIS programs enroll as performing providers under the new SPA and Waiver
Timeline	June 2018

INTERMEDIATE OUTCOMES – Changes in Practice and Behavior

Implementation Team	Education and Outreach (EO-IT-1)
Assumption / Hypothesis	When referral sources, EIS providers, school districts and the community describe Part C supports consistently families will be more supported in describing their child's abilities and challenges.
Outcome	Referral sources, families, EIS providers, school districts and the community describe Part C supports consistently
Milestones	Referrals for Part C will better align with what families can expect from EIS visits and supports Transition planning activities and documents will support the parent in describing their child's abilities and challenges
Measures	Survey data from online tools as well as those sent to referral sources and LEAs Family interviews about how Birth to Three was explained to them before, and after referral Develop a method to rate interactions between schools and EIS programs at transition to measure the shared understanding about Part C and how it is difference from Part B (619, Early Childhood Special Education)
Timeline	July 2019

Implementation Team	Personnel Development (PD-IT-1)
Assumption / Hypothesis	Completing a Quality Practices Self-Assessment will set a baseline for all EIS providers which can then be used over time to track progress as practices change.
Outcome	Baseline Quality Practice Self-Assessment ratings are available for all EIS providers.
Milestones	The Quality Practice Self-Assessment will be developed. The self-assessment will be completed by 100 % of providers Data will be gathered regarding completion of related trainings. Results will be compiled to inform program's about their performance A data file of ratings and training will be maintained with a unique staff ID so that the data can be grouped and linked to IFSP service and child and family outcome data
Measures	Percent of EIS providers that completed the Quality Practice Self-Assessment Relationship between completion of ABT training and selected variables including IFSP hours, hours provided, number and type of interventionists, child outcome data, family survey data
Timeline	June 2019

Implementation Team	Personnel Development (PD-IT-2) (new P3Y3)
Assumption / Hypothesis	Fiscal and fidelity support to programs will improve use of their Master Coaches and will increase number of EIS providers receiving intensive training/TA
Outcome	Develop process to support Master Coaches with ongoing fidelity and assist program (light touch/pay for performance) for using Master Coaches to train additional EIS providers.
Milestones	Determine how Master Coaches are currently being used in programs Collect ideas from stakeholders on ways to support programs Determine fiscal implications and plan for support Master Coaches are supported in fidelity Programs are supported fiscally to encourage use of Master Coaches
Measures	Gather information from program directors, Master Coaches, national experts, families through interview, survey, workgroups Determine costs and possible incentives for programs to increase use of Master Coaches Collect data on number of additional staff who received intensive training?
Timeline	December 2019

Implementation Team	Fiscal Enhancements (FE-IT-1)
Assumption / Hypothesis	The long standing value of family having a choice between EIS programs will be supported by the revised payment procedures.
Outcome	The lead agency will have contracts with at least two programs for each town.
Milestones	Payment procedure is modified with EIS provider input (payment procedure workgroup) Contracts are revised to reflect new procedures RFP published to select programs and new contracts are in place.
Measures	Number of contracts with EIS Programs by town
Timeline	June 2020

LONG TERM OUTCOMES – Changes in Outcomes

Implementation Team	Education and Outreach (EO-LT-1)
Assumption / Hypothesis	Because referral sources, EIS providers, school districts and the community all have a shared understanding about the purpose of Birth to Three supports, families will describe their child's abilities and challenges as a natural part of the conversation about their child's health and education.
Outcome	See SiMR below

Implementation Team	Personnel Development (PD-LT-1)
Assumption / Hypothesis	Completing a Quality Practices Self-Assessment early on, even before formal training will help describe what is expected and will establish a baseline for tracking changes in practice which can then be linked to data about services and child and family outcomes. (see DaSy Critical Questions 1.B.4.c, e and f).
Outcome	Ratings on the Quality Self-Assessment will reflect which practices are being implemented and progress at various levels by EIS provider.

Milestones	The Quality Practices Self-Assessment will be developed and integrated into RBA including data about completion of various related trainings. Each EIS provider will complete the Quality Practices Self-Assessment. A data file of ratings and training will be maintained with a unique staff ID so that the data can be grouped and linked to service and child and family outcome data
Measures	Percent of EIS providers that completed QPSA checklist (unique staff ID). EIS Provider, Team and Program baseline ratings and then progress updates. Completion of related ABT trainings.
Timeline	Baseline by June 2019, progress and linking to services/outcomes by June 2020

Implementation Team	Personnel Development (PD-LT-2) (New P3Y3)
Assumption / Hypothesis	Having an additional family tool will allow determination if intensive training/TA is having an effect on the family's ability to describe their child's abilities and challenges in a more effective way.
Outcome	Development and use of a family tool to assess progress on SiMR
Milestones	Collect input from appropriate stakeholders such as lead agency staff, families, providers, ICC. Develop tool to be used Pilot tool Implement system wide
Measures	Information gathered from stakeholders Draft tool that will be piloted with families for input Gather family input after trial of tool and revise tool as needed Data collected system-wide from families
Timeline	June 2021

Implementation Team	Fiscal Enhancements (FE-LT-1)
Assumption / Hypothesis	A cost effective and efficient reimbursement system that generates high levels of 3 rd party reimbursement will help to assure that Part C does not have repeated deficits each year.
Outcome	A high quality Part C system is fiscally sustainable
Milestones	Feedback will be gathered from the EIS programs about the cost effectiveness and efficiency of the new billing system After an initial adjustment period, the annual state allocations for Birth to Three System will cover the expenses to run the program and support the EBPs
Measures	Monthly fiscal invoices from EIS programs, and reports from a commercial insurance contractor, the DSS and CMS about reimbursement for Part C supports
Timeline	2019

Combined Outcome – State Identified Measureable Result using available data

Implementation Team	All three (SiMR)
Assumption / Hypothesis	Improving how Birth to Three supports are understood, implementing Activity-based Teaming and a stable fiscal infrastructure to support EIS providers will lead to families being more engaged.
Outcome	Using available data for the SiMR Parents of children with diagnosed conditions will be able to describe their child's abilities and challenges
Measures	Family Survey data from families with children that have diagnosed conditions Data reported for APR indicator C4b, which is collected once a year using the NCSEAM survey process will demonstrate 85% of families have a pattern of responses that result in a measure that meets or exceeds the national standard.
Timeline	Ongoing

Combined Outcome – State Identified Measureable Result using new data

Implementation Team	All three (SiMR)
Assumption / Hypothesis	A survey about family's perceptions of the helpfulness of EIS does not accurately reflect the SiMR as an outcome.
Outcome	Caregivers of children with diagnosed conditions will describe their child's abilities and challenges with EIS providers and at transition meeting with their school.
Measures	Number and percent of families that show and increase in a rating yet to be developed that corresponds to these skills. Possible self-assessment entry and exit ratings (to be determined)
Timeline	2021



IMPORTANT – READ BEFORE BEGINNING

This self-assessment focuses on helping you identify your strengths and areas for growth in fidelity to quality, best practices in Early Intervention. The tool will help you identify areas to focus on for your own learning, and will help your program plan professional development activities.

- **REFLECTION and HONEST ANSWERS are essential to make the tool meaningful to you!**
- **“Families” means parents, foster parents, guardians, caregivers, childcare providers, etc.**
- **Answer each question thinking about ALL of your “families” over the past six months. For example, if you feel you do really well with a practice when working with families, but have considerable difficulty carrying that through in childcare, then rate yourself somewhere in the middle.**
- **You would NOT expect fidelity with all practices initially but want to see GROWTH over time.**

* Email address

* Your Staff ID Number in the Birth to Three Data System is Required (Check with Program Director if you don't know the number)

* How many years have you been working for Birth to Three

* On average, how many hours per week do you work in Birth to Three supporting families?

* What is your discipline (regardless of internship or CFY)?

* Are you only performing evaluations in Birth to Three, with no other family contact?



* What training have you completed?

- Online Modules - Initial 0-3 Certificate
- Natural Learning Environment
- Rush and Shelden - 2 Day Training
- 6 Month Follow-Up Technical Assistance to Rush and Shelden
- Master Coach Training and TA
- Reflective Supervision Training
- Early Interventionist Specialist Course/UCONN
- Service Coordination In-Person Training
- None

* Are you receiving regular reflective supervision from someone endorsed through the Infant Mental Health Association?



1. Involving Families

When answering, think of ALL the “families” you have supported over the past six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

1.1 Review the National Mission and Key Principles of Early Intervention with all families and relate it to supports to be provided?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.2 Integrate the mission and key principles of early intervention throughout your practice?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.3 Thoroughly describe evaluation/assessment process to ensure families' understanding and comfort?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.4 Encourage and support families to actively participate in the evaluation/assessment?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.5 Explain why families' participation is critical throughout all aspects of early intervention?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



1.6 Encourage and support families to describe their child’s abilities and challenges during everyday activities?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.7 Explore what families feel are their strengths and needs in addressing their concerns and priorities?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.8 Work with families to develop steps that will ensure smooth, successful transition to special education or community programs?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



2. Natural Learning Environment Practices

When answering, think of ALL the “families” you have supported over the past six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

2.1 Explain to families how the child’s participation in everyday activities can help them achieve the family’s priorities and outcomes?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.2 Work with families in environments that are natural for that family, including community settings frequented by the family?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.3 Only use the family's items (i.e., no use of toy bags)?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.4 Work with families to select activities based on information obtained from the family about their everyday routines?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.5 Regularly explain the critical connection between child interest and learning?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



2.6 Support the family's understanding and use of responsive strategies?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.7 Provide supports in a way that ensures the family is the one primarily interacting with the child during the visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.8 Provide opportunities for family members to practice new skills/strategies during the visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.9 Work with families to adapt environments to promote the child's access to and participation in learning experiences?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



3.Coaching

When answering, think of ALL the “families” you have supported over the past six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

3.1 Coach families to develop a plan to address their priorities, needs, and concerns?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.2 Use reflective questions and discussions to elicit family-identified strengths and needs to address their outcomes?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.3 Ask open-ended questions to help families analyze what is occurring during or between visits?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.4 Use reflective questions and discussions with families to assist them in developing strategies based on what the child is doing during everyday activities?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.5 Ask open-ended questions to help families generalize strategies to a variety of daily activities, routines and situations, or to develop alternative strategies?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



3.6 Provide appropriate feedback (Affirmative, Evaluative and Informative) as families implement strategies with their children?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.7 Use directive feedback only in situations of danger?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.8 Use the seven steps of intentional modeling, when appropriate, to assist families' understanding?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.9 Develop a two part joint plan with families which includes a "between visit plan" and "next visit plan"?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.10 Develop a two part joint plan that is activity focused rather than only focused on a particular skill or strategy?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



4. Teaming

When answering, think of ALL the “families” you have supported and teams you have worked with over the last six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

4.1 Participate regularly in team meetings that include multiple disciplines and the family (or input from the family), in a manner consistent with coaching practices?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.2 Request information from other team members to support your knowledge and address any questions/concerns?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.3 Share discipline-specific expertise with team members in a way that is consistent with coaching practices?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.4 Request joint visits from other team members to support yourself and families during everyday activities when needed?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.5 Have conversations with families, prior to scheduling joint visits, regarding the issue requiring support and the specific family activity that will be the focus of the joint visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



4.6 Use the Joint Visit Planning Tool prior to the visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.7 Utilize other team members during joint visits in a manner consistent with coaching and natural learning environment practices?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.8 Involve appropriate team members to modify environments and access assistive technology to promote the child's access to and participation in learning experiences?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.9 Reflect on the outcome of the joint visit with families at the end of the visit or on next visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



5. Disposition, Knowledge and Values

Think about yourself over the last six months.

Have you . . .

5.1 Interacted with families in ways that are sensitive and responsive to the families' cultural, linguistic, and socioeconomic characteristics?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.2 Worked to build a respectful and collaborative relationship with families?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.3 Shared complete and clear information with families in a way that matches a family's level of understanding and style of learning?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.4 Acknowledged and managed personal biases that could be detrimental to supporting families and their children?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.5 Supported families by focusing on their values and the strengths they have to achieve their outcomes?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	



5.6 Built the confidence and competence of families through your interactions, rather than fostering dependence?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.7 Linked families with comprehensive, community-based networks of supports and services?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.8 Expanded your knowledge in a variety of aspects and domains related to child development?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.9 Kept yourself current in best practices in your field of expertise?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	



6. Supporting Your Learning

You MUST PRINT (and/or save) this reflection page for future use BEFORE clicking DONE. "CTRL + P" on PC computer; "Command + P" on Apple computer. Thanks!

6.1 In thinking about your responses on this self-assessment, what areas do you feel are your strengths?

6.2 What area(s) do you want to focus on to support your learning?

6.3 What steps will you take to support your learning?

6.4 What additional resources or supports might you need/want?