

VT Part C

FFY2017 State Performance Plan / Annual Performance Report

Executive Summary:

Vermont's Part C Early Intervention services are part of Vermont's statewide Children's Integrated Services (CIS) Program. CIS is administered by the Agency of Human Services, Department for Children and Families, Child Development Division. The Agency of Education is Vermont's co-lead for Part C services. This relationship is governed by an Interagency Agreement, revised June 2014, and subsequently approved by OSEP.

CIS is a statewide health promotion, prevention and early intervention system of services intended to:

- Promote a child's healthy growth and development,
- Support parents/guardians and child care providers to prevent health or developmental challenges arising from social and environmental factors,
- Support families with a child from birth to three with a developmental delay or medical condition that may result in a developmental delay,
- Support families prenatally through age six to address factors that can put their child at risk for birth defects, or ongoing health, or developmental issues, including social or emotional health and development,
- Support families and early care and education programs so that children with special health or developmental needs, or involved with Vermont's child protection system, access high quality early care and education programs are able to achieve their full potential.

Vermont's Part C Early Intervention services are known as CIS Early Intervention services. The State of Vermont contracts with 12 regional non-profit, community-based organizations to deliver CIS services. Early Intervention services are most often provided by regionally based parent-child centers under those contracts. Vermont CIS Early Intervention provides some form of service to approximately 2,100 children annually (up from 1,600 in FFY '13).

Vermont's CIS Early Intervention services are delivered as part of the broader CIS multidisciplinary service array. CIS Services are provided to:

1. Pregnant/Postpartum women who desire to stay healthy, promote the health and development of their child, and/or have questions or concerns about a situation impacting their well-being.
2. Children whose parent or caregiver has questions or concerns about a suspected developmental delay or condition.
3. Families who have questions or concerns about their children's behavior, health, mental health, wellbeing, or providing a stable, healthy environment for their family.
4. Early Childhood/Child Care providers who enroll children with specialized health or developmental needs.

CIS provides a systematic referral and intake process that leads to:

1. multidisciplinary and consultative team review, linking with other community resources as needed;
2. comprehensive screening, connected to Vermont's Help Me Grow universal screening initiative and in compliance with Child Abuse Prevention and Treatment Act (CAPTA);
3. multidisciplinary assessment as needed or upon the request of a family;
4. identification of a primary service coordinator who works with families to develop functional outcomes, coordinate needed services, support access/referrals to additional resources as needed, and ensuring timelines and family rights are maintained;
5. regular multi-disciplinary team reviews to assess progress and achievement of goals to promote better outcomes; and
6. supports for families transitioning from CIS services (such as when all outcomes are successfully met, for children at age 3 who have a disability needing Part B services, or for families whose children have aged out of CIS services but who may benefit from other community supports).

CIS services are provided by community-based organizations with qualified and supervised professionals. CIS Early Intervention practitioners have, at a minimum, a bachelor's degree in early childhood special education, social work, or another related human services field. CIS Early Intervention providers performing assessments maintain a CIS Early Intervention Certificate.

CIS home visiting services use evidence-based models. These models are delivered in accordance with standards adopted by Vermont's Home Visiting Alliance in response to Act 66: *An Act Relating to Home Visiting Standards*. They include Parents as Teachers, and the Maternal Early Childhood Sustained Home Visiting model paired with the Family Partnership Model. CIS Early Intervention practitioners use a variety of evidence-based screening and assessment tools to support the identification of developmental delays, development of appropriate outcomes and delivery of strategies to support developmental gains. CIS Early Intervention practitioners may use the Brazelton Touchpoints method, Ages and Stages Learning Activities, and the Early Start Denver Model to support the development of infants and toddlers receiving Part C services.

CIS services, including CIS Early Intervention, are available year-round. Service delivery occurs in the natural environments of the family to the maximum extent possible. This may be the child's home or a community-based program or setting. Services delivered in the natural environment of the child are better able to support families' routines and children's inclusion with typically developing peers.

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The purpose of Children's Integrated Services is to:

1. increase child and family access to high-quality child-development services;
2. promote the health, social and economic well-being of the recipients of these services;
3. provide performance-based contracts for the provision of services to pregnant/postpartum women, children from birth to age six and their families;
4. increase access to health insurance and a medical and dental home;
5. strengthen implementation of CIS with an emphasis on: infrastructure; outreach; referral and intake; multidisciplinary screening and assessment; integrated services planning; service delivery; and transition; and
6. support a more comprehensive approach to service delivery including: supporting timely delivery of direct services, consultation, group education, team and supervision time, documentation, other record keeping requirements, and data collection and reporting.

The CIS Program is overseen by a team that includes: The CIS Director, Data Manager, and Program Coordinators for home visiting (both nursing and family support), early intervention, early childhood and family mental health, and specialized child care services. Data are collected and monitored by this team. This team is responsible for the quality of service provision and general supervision for adherence to Part C of the Individuals with Disabilities Education Act federal regulations and State rules.

Vermont's Early Intervention Program utilizes technical assistance provided by the Office of Special Education Programs (OSEP) and OSEP-funded technical assistance centers to support continuous quality improvement. Additionally, the strategies identified within the State Systemic Improvement Plan (Indicator 11 within the Annual Performance Report) provide a foundation for ongoing improvement. The Vermont Early Intervention Program adopted the following data statement to define the value of data to our ongoing improvement efforts:

Data illuminates solutions to our challenges.

We use data as an essential tool to see the big picture and make intentional decisions that enable us to focus our limited resources to promote positive outcomes for children, families and staff.

We believe in all children reaching their developmental potential.

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General Supervision System:

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

Fiscal Management:

CIS Early Intervention's system of payments adheres to Fiscal Certification 34 CFR §303.202 requirements. This includes ensuring that Part C funds are not used to satisfy a financial commitment for services that would otherwise have been paid for from another private or public source consistent with 34 CFR §303.510. Written parental consent to bill a child's public or private insurance is obtained from a child's family/guardian and provided to all service providers named in the child's individualized family services plan (IFSP) known as the One Plan. A copy of this consent is also kept in the child's file. Families with private insurance can request additional financial assistance to help cover co-pays or deductibles in order to ensure entitled services are provided at no cost to the family.

Supervision and Monitoring:

CIS conducts contract monitoring on three regions annually, resulting in each region being monitored at least once every four years. This monitoring includes client file reviews for adherence to contractual requirements, including the following areas that meet Part C regulations:

1. timeliness of service delivery and transition processes;
2. the provision of services in the natural environment(s) identified by the child's family; and
3. parent/guardian's participation in their child's team and the development of their child's plan, including outcomes that address the family's hopes and priorities.

Regions receive a summary of the contract monitoring visit including identified areas of strength and areas in need of improvement. Regions are required to submit a Quality Improvement Plan to address any areas in need of improvement. This monitoring assures all CIS services are delivered in accordance with the CIS contract. Further, this assures that CIS Early Intervention services are maintained and delivered in accordance with federal IDEA Law and Part C Regulations, and Vermont Special Education Rules within the CIS array.

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CIS Part C community-based organizations are further supervised and specifically monitored as follows:

1. CIS Early Intervention community-based organizations are required by contract to keep copies of the current federal and state laws, regulations, rules and state policies and procedures related to Part C Early Intervention and Part B Special Education for Preschool Children for reference and guidance.
2. Vermont Part C (CIS Early Intervention), in collaboration with Vermont Part B, reviews its current rules, policies and procedures regularly to ensure compliance with the Part C federal regulations and the State of Vermont Special Education Rules. As co-leads, CIS Early Intervention and Vermont's Part B services, which are delivered by the Agency of Education, provide any necessary training and/or technical assistance to regional CIS Early Intervention Programs. The Part C and Part B Program Administrators meet monthly.
3. The State CIS Early Intervention program maintains, and posts for the public (http://dcf.vermont.gov/cdd/reports/IDEA_Part_C) the Vermont Part C Early Intervention State Performance Plan and Annual Performance Report. The State, with the regional, community-based organizations utilize these data for continuous quality assurance.
4. All Monitoring Reports, letters of findings of noncompliance, determination letters, Quality Improvement Plans, and Regional Interagency Agreements are kept on file by the State CIS Early Intervention program.
5. Copies of all monitoring records, Quality Improvement Plans, and any corrective action plans are made available to the CIS State administrative team and key partners who are participating in carrying out the Part C Early Intervention services. The CIS State administrative team and key partners seek input on the status of the region's outcomes by reviewing the publicly reported data, contract monitoring reports, and any other data used to develop regional Quality Improvement Plans, or to maintain, improve and/or correct performance and/or compliance,
6. All required Quality Improvement Plans created by the regional CIS Early Intervention community-based organizations, including activities and evaluation measures are reviewed to ensure all activities are carried out as planned.
7. The State CIS Data Manager reviews all monthly data submitted by the regional contracted CIS Early Intervention programs to ensure data is complete, valid and reliable. Further, the CIS Data Manager monitors these data to ensure any non-compliance is corrected within one year of identification.
8. Vermont Part C has a manual data management system. All data are submitted manually by regions at least once per month and manually entered by State CIS Early Intervention Staff. The State CIS Early Intervention data management system and process enables Vermont to review and verify each data element for the APR and 618 (including Child Count) at the time of entry. If errors (such as missing data, discrepancies or unexplained anomalies) are noted, regions are promptly provided technical assistance to correct their data or their interpretation of Federal regulation and/or State rule to ensure compliance in the delivery of Part C services.
9. The State CIS Early Intervention data management staff reviews regional host agency data at least quarterly to identify any potential noncompliance, any data anomalies, and data trends requiring targeted technical assistance.
10. Annually, child and family outcomes are reviewed as part of the State's determination process. Quality Improvement Plans, with advice and assistance from the Vermont Interagency Coordinating Council, and with technical assistance provided by the State CIS Early Intervention staff are required for CIS Early Intervention host agencies having 'Required Actions' as a result of identified instances of non-compliance.

Stakeholder involvement in Monitoring:

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

In addition, the VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting with the 12 Regional CIS Early Intervention host agencies. The VICC members support the regional host agency staff and any regional CIS Coordinators, or other regional stakeholders who attend, to review their annual data, determinations and any findings of non-compliance. VICC members support regional teams to develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations or State rules.

At this meeting, and afterwards, Regional CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the Regional CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

Procedural Safeguards, Complaints and Dispute Resolution

VT Part C has an agreement with the VT Agency of Education (AOE) to use the Part B Special Education Dispute Resolution process. This process is posted on the web at: <https://education.vermont.gov/student-support/special-education/family-resources>. In addition, information on submitting a complaint and due process rights are available at: http://dcf.vermont.gov/child-development/cis/IDEA_part_C/parental_rights#Complaint.

A database managed by a representative of the AOE is used to track signed, written complaints, including complaints with reports issued, complaints withdrawn or dismissed and complaints pending and the timelines within each action was completed. The AOE database also includes tracking data for due process hearings and mediations.

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The CIS Contracts include language requiring CIS Early Intervention host agencies to assure and document that families are regularly informed of their rights under IDEA, Part C dispute resolution and that staff refer a family to the State office immediately if a complaint is not resolved by the Early Intervention supervisor/director to the family's satisfaction. CIS Early Intervention host agency staff inform families of their rights to file a formal complaint and/or request mediation or a due process hearing during the intake process, and at least at the initial IFSP/One Plan meeting, during annual reviews and at transition. Written materials are given to families at these times and additionally upon request.

Finally, families are informed by CIS Early Intervention host agency staff about and have access to information about Procedural Safeguards online from Vermont Family Network (VFN), Vermont's Parent Training Information Center (<https://www.vermontfamilynetwork.org/resources/archived-webinars/special-education-webinars-archived/>). In addition to written information, VFN has produced a video to support parents' understanding on how to file an administrative complaint: <https://www.youtube.com/watch?v=10Lzcfg3Uil&feature=youtu.be>

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Technical Assistance System:

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

Technical Assistance is provided to the regional CIS Early Intervention program staff as follows:

1. The State CIS Early Intervention hosts monthly teleconferences with the regional CIS Early Intervention host agencies. The teleconferences are used to disseminate information, gather regional feedback or input, and provide technical assistance related to interpretation of federal regulations and/or State Rules to ensure the provision of timely, high-quality Part C services in accordance with IDEA.
2. The State CIS Data Manager provides monthly technical assistance calls with each regional CIS Early Intervention program. The calls are used to support regional understanding of and compliance with required child count data reporting, address any data discrepancies, and support regional correction of findings of non-compliance.
3. The State CIS Early Intervention staff provides on-going technical assistance on site to CIS Early Intervention host agencies experiencing staff or leadership changes, determinations of non-compliance, or in response to questions asked by regional CIS Early Intervention practitioners to support understand of federal regulations, State Rules, or State policies. Technical assistance includes the use of materials, trainings and technical assistance from the Early Childhood Technical Assistance center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), IDEA Data Center (IDC), and the National Center for Systemic Improvement (NCSI).
4. The State CIS Early Intervention staff provides technical assistance to regions based on results of Family Outcomes and Child Outcomes. This includes the following steps:
 1. Inclusion of the regional CIS Early Intervention practitioners in a review of the Outcomes results, so that all practitioners and service coordinators are aware of their region's performance on child and family outcomes and can participate in quality improvement plan development.
 2. Analysis of the data and identification of contributing factors with the regional CIS Early Intervention staff, using ECTA *Contributing Factors tool* (<http://ectacenter.org/topics/gensup/interactive/step3/consider2.asp>) and the *Relationship of Quality Practices to Child and Family Outcome Measurement* (https://ectacenter.org/~pdfs/eco/QualityPracticesOutcomes_2012-04-17.pdf).
 3. Facilitated discussions with regional CIS Early Intervention practitioners during monthly teleconferences around techniques used by CIS Early Intervention practitioners across the state for improving child and family outcomes.

Additionally, to provide effective, evidence-based technical assistance, the State Early Intervention Staff receives ongoing technical assistance from:

1. the Office of Special Education Programs technical assistance and through participation on webinars, at the OSEP Leadership Institute and the DaSy Improving Data, Improving Outcomes conference to improve understanding of federal regulations and improve Vermont's compliance with federal timelines, especially Indicator's 8B and 8C, and performance on Child Outcomes. Strategies the State has implemented or will be implementing are described in greater detail within narratives for Indicators 8B and 8C and Child Outcomes below.
2. the Early Childhood Technical Assistance Center and the Center for IDEA Early Childhood Data Systems to improve Child Outcomes. Strategies the State has implemented or will be implementing are described in greater detail within narratives for Indicator 3 below.
3. the IDEA Data Center to support the State in identifying and implementing strategies to improve compliance with providing timely transition plans, notification to lead education agencies (LEAs) and transition conferences for children may be potentially eligible for Part B services. Strategies the State has or will be implementing are described in greater detail within narratives for Indicator 8

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below.

- the Early Childhood Personnel Center through technical assistance and through participation in the ECPC Leadership Institute to improve recruitment, retention and qualifications of Early Intervention staff. Strategies the State has implemented or will be implementing are described in greater detail within the narratives for the Professional Development System, Indicator 1, and Indicator 11 below.
- the National Center for Systemic Improvement through technical assistance and as a member of the Cross-State Learning Collaborative to improve Family Outcomes. Strategies the State has implemented or will be implementing are described in greater detail within narratives for Indicator 4 and Indicator 11 below.

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Professional Development System:

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

The State CIS contract includes the following language related to professional development:

"All CIS professionals demonstrate competence and adhere to current best practices by participating in ongoing, annual professional development and regular supervision. CIS supervisors will maintain a record of staff professional development for State review upon request. Staff can also elect to document their professional development through the Bright Futures Information System (BFIS). All professional development activities referenced in this contract count toward demonstration of competence..."

All Staff and subcontractors funded through CIS must:

- regularly access the CDD CIS Website (<https://cispartners.vermont.gov/>), CIS Blog (<https://cisvt.wordpress.com/>), and CIS Guidance Manual (<http://cispartners.vermont.gov/manual>) for guidance, forms, and current information;...*

All staff new to CIS shall successfully complete (with an 80% or better quiz score) on-line CIS training modules within 30 days of hire. These training modules are available on: <http://cispartners.vermont.gov/trainings>. These include, but are not limited to:

- CIS Orientation (3 modules)*
- One Plan [IFSP] Orientation (5 modules)*
- Early Intervention Orientation (8 modules) – Required for EI providers only; recommended for all other CIS service providers.*
- Other modules as they become available.*

In addition to professional development required by the service provider's specialty, license or certification; those outlined in the job descriptions in Appendix 1; and trainings required to meet Federal and State requirements, all CIS staff shall attend/complete at least 10 additional clock hours of professional development activities annually from the following;

- the annual CIS Conference (attendance may be limited by the State);*
- scheduled CIS Community of Practice Calls, which will be identified in advance as professional development by the state, and for which participants must complete an electronic evaluation at the conclusion of each call;*
- relevant on-line CIS training modules;*
- other professional development required by CIS State Staff based on contract monitoring activities;*
- other State-sponsored trainings, both core and discipline-specific...."*

Additionally, CIS Early Intervention host agencies are required to submit proof of the staff qualifications the State to assure that all Early Intervention staff meet the Vermont Part C requirement of holding a bachelor's degree in early childhood or a related field. Additionally, CIS maintains a list of all CIS practitioners who have attained and maintain a Vermont CIS Early Intervention Certificate.

The State CIS Early Intervention program provides direct training to regional CIS Early Intervention staff and early childhood professionals as needed related to new initiatives such as the updated State of Vermont Special Education Rules, and Ages and Stages Questionnaire (ASQ) and Ages and Stages Social Emotional (ASQ-SE) trainings to implement the screening requirement for Part C. The State maintains a contract with the Community College of Vermont to provide training in the Assessment, Evaluation, and Programming System for Infants and Children (AEPS), and supports training in other State-approved, evidence-based five-domain assessment tools. The State CIS Early Intervention program provides joint training and Memos to the Field with our Part B/619 partner to address inclusion practices, and Child Find and Transitions requirements within the federal regulations and State rules. The State partners with the Vermont Department of Health to provide training for the evidence-based home visiting models used by CIS. Trainings are provided in person or via webinars.

The State CIS Early Intervention program provides financial support for the annual conference hosted by the Vermont Family Network, Vermont's Parent Training Information Center; and, at times, financial support is provided to the regional CIS Early Intervention programs

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to support needed professional development. Regional CIS Early Intervention programs who mentor bachelor's and master's candidates in field placements receive memberships to the Division of Early Childhood or Zero to Three publications to support their investment in mentoring as well as their own ongoing professional development.

The State supports the University of Vermont (UVM), Vermont's University Center for Excellence in Developmental Disabilities (UCEDD), to pursue grants that support students attaining special education degrees. The most recent award, which will begin in 2019, supports master's-level interprofessional education across speech language pathology and early intervention/early childhood special education. Students receiving tuition assistance through this grant will have a service obligation following graduation to work in the field. It is hoped that this will support a much-needed gap in capacity for both speech and early intervention. The State Part C Coordinator also presents at UVM to bachelor's and master's students on understanding the documentation requirements for Part C. The State provides a contract to the UVM Center for Disability and Community Inclusion (CDCI) to support training and consultation to regional early intervention teams, including families, to support the development of medically complex infants and toddlers.

The Vermont early childhood system has the following additional resources for professional development:

1. The Child Development Division's Bright Futures Child Care Information System is being examined as an option for tracking CIS professional development in the future
2. UVM's Early Childhood Special Education Personnel Preparation Program
3. The Vermont Higher Education Collaborative and Castleton Summer Institute
4. Early Multi-Tiered System of Supports, in collaboration with Part B/619
5. VT LEND (Leadership Education in Neurodevelopmental and Related Disabilities) program, which provides long-term, graduate level interdisciplinary training and interdisciplinary services and care.

The State CIS program collaborates with the Child Development Division's Statewide Systems and Community Collaboration unit, Northern Lights Career Development Center, and the Agency of Education, with technical assistance from the Early Childhood Personnel Center (ECPC), to optimize Vermont's Comprehensive System of Personnel Development (CSPD). A significant activity that supports Vermont's CSPD is the annual recruitment and retention survey, which is compared against national benchmarks. This survey supports Vermont's understanding of the demographics, needs, and pressures of regional practitioners to support professional development and ongoing strategies by the State to support the recruitment and retention of our workforce. The CSPD work is discussed in more detail in Indicator 11, below.

This State CIS program hosts a CIS Institute annually. The topic(s) of the institute and follow-up supports for incorporation of information into practice are selected with significant input from CIS practitioners. The State seeks to be responsive to the needs of practitioners while providing a high-quality learning opportunity that incorporates best practices in adult learning modalities. A significant focus of the institute for the past few years has been on building practitioner skills on engaging families. Practitioners note that with increasingly complex family constellations and needs, having the skills to effectively engage families is critical to improving outcomes for children and families.

CIS Early Intervention Certification:

The State CIS Early Intervention program has implemented an Early Intervention Certificate, based on review of Early Intervention credentialing in other states. As of June 30, 2016, all regional CIS Early Intervention staff who wish to conduct evaluations for determining eligibility for Part C, are required to hold a CIS Early Intervention Certificate or a Special Education Endorsement. The State CIS Early Intervention program, with input from regional CIS Early Intervention providers and other stakeholders has begun to develop the renewal process for this certification. The goal will be to align renewal requirements with opportunities for professional growth. This is based on evidenced-based effective personnel recruitment and retention practices learned from technical assistance received through the Early Childhood Personnel Center.

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Stakeholder Involvement: apply this to all Part C results indicators

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

The Vermont Interagency Coordinating Council (VICC) functions in an advise and assist role for all of Children's Integrated Services (CIS). This further supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues.

The State CIS Early Intervention program has a position focused on recruitment and retention of members (especially parents) of the

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VICC as well as engagement with parents at a regional level. The VICC has produced an updated outreach rack card, VICC Orientation Manual, and publicly reports VICC information on a new VICC web site (<http://cispartners.vermont.gov/icc>). In addition, in 2018, the VICC engaged with regional CIS Early Intervention programs to host two VICC meetings at a regional level and intentionally outreached to engage parents to participate in these meetings. The meetings were facilitated in a family-friendly manner in order to successfully engage those parents who attended as full participants with the regular VICC members. The success of these meetings was evaluated by the VICC and will inform next steps for future regional meeting strategies.

Vermont's CIS Early Intervention other regional parent engagement activities are coordinated with activities within the scope of Vermont's Early Learning Challenge Grant (which ended on December 31, 2018) and in collaboration with Vermont's Building Bright Futures Early Childhood Advisory Council as these activities seek to engage families around early childhood issues statewide.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the SSIP process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Early Childhood Multi-Tiered System of Supports; Universal Screening; Child and Family Trauma Workgroup; Vt-FACTS (broad health and developmental screening for children involved with child protection); VT Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2016 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2016 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

The State CIS Early Intervention develops all reports and publishes them on line as follows:

- January:** Review the Draft Annual Performance Report with the Vermont Interagency Coordinating Council and finalize with their input for submission to the Office of Special Education Programs in February.
- February:** complete copies of VT Part C's State Performance Plan and Annual Performance Report to the Agency of Human Services/Child Development Division's website: http://dcf.vermont.gov/cdd/reports/part_c. This website link is forwarded to the Vermont Agency of Education and Vermont Family Network for posting on their respective websites and in VFN's statewide newsletter. It is also posted to the CIS blog at: <https://cisvt.wordpress.com/>.
- March/April:** Publicly report VT Part C's statewide and regional EI program data on Agency of Human Services/Child Development Division's website: http://dcf.vermont.gov/cdd/reports/part_c, under the "Public Reporting" link. This [Public Reporting contains data from each regional CIS Early Intervention \(EI\) Program related to compliance and results indicators contained in the State Performance Plan](#).
- August/September:** Regional Early Intervention Programs are provided with statewide and regional data results from the annual family survey conducted between March and June of the present year.
- November:** The Vermont Interagency Coordinating Council and representatives from each of the state's 12 regional Early Intervention Programs meet together. The purpose of this meeting is to discuss progress on the State Performance Plan including statewide and regional Early Intervention Program data collected between July 1st the previous year through June 30th of the current year. These are the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.
- April and November:** Publicly report VT Part C 618/Child Count data on Agency of Human Services/Child Development Division's website: http://dcf.vermont.gov/cdd/reports/part_c.

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Actions required in FFY 2016 response

OSEP Response

The State's IDEA Part C determination for both 2017 and 2018 were Needs Assistance. In the State's 2018 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2017 SPP/APR submission, due February 1, 2019, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

States were instructed to submit Phase III Year Three of the State Systemic Improvement Plan (SSIP) by April 1, 2019. The State provided the required information.

Required Actions

The State's IDEA Part C determination for both 2018 and 2019 is Needs Assistance. In the State's 2019 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2018 SPP/APR submission, due February 3, 2020, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

In the FFY 2018 SPP/APR, the State must report FFY 2018 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2019); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SiMR data.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		86.40%	92.34%	97.00%	98.00%	98.70%	97.70%	97.40%	97.00%	97.36%	97.14%

FFY	2015	2016
Target	100%	100%
Data	93.00%	88.08%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1208	1468	88.08%	100%	89.51%

<p>Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.</i></p>	106
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Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Vermont's CIS Early Intervention program requires that all services be provided to an infant or toddler enrolled in the program within 30 days of the parent/caregiver's signed consent. Enrolled means that the child has been found eligible (due to a diagnosed condition or documented delay identified using a means-tested 5-domain assessment), the parent/caregiver has agreed to engage with their infant/toddler in the program, and has signed their consent to begin receiving services from the program that they agree will help them to help their child develop and learn.

An initial meeting is held with the family to discuss the child's eligibility, review the initial assessment, develop outcomes, including strategies, to address the child's needs, and identify services that the family feels would best enable them to help their child meet the identified outcomes. These decisions may take more than one meeting.

Once the child's family has decided on the plan for CIS Early Intervention Services, they sign the plan giving their consent for those planned services to be initiated. Services must be initiated within 30 calendar days of the parent/caregiver's signed consent, unless they have agreed to a later date (ex. the team with the family may plan on evaluations to be conducted at a later point to determine a child's progress, perhaps 4 months in the future; or for consultation to be provided as needed upon the request of the family).

In calculating this indicator, the State reviews all services for every enrolled child for which a parent/caregiver has provided their consent. The State reports a client case as 'compliant' for this indicator if all services on the child's One Plan (IFSP) have been delivered within 30 days of the date the parent/caregiver provided consent for those services to be initiated. For services planned to begin later than 30 days, the State also reviews to determine that those services were delivered as planned and consented to by the family. The timeliness of these services is also a factor in determining compliance within this indicator.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

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

- State monitoring
- State database

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

The data reported were from the period beginning July 1, 2017 through June 30, 2018.

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

Data Method/Source: Desk audit of entire FFY 2017 Part C State Database, July 1, 2017 through June 30, 2018. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State gathers data monthly for every child served in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
151	151	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Through a desk audit of the State's data system, the State reviewed each instance of non-compliance and analyzed each reason for delay in the delivery of a service in accordance with required timelines. Each case where a delay was due to a circumstance where the provider failed to meet the timeline, the State identified that the reason was due to issues beyond the practitioner's control: typically, this was due to provider capacity. Vermont, like much of the nation, has a significant lack of early intervention and pediatric therapy providers.

Analysis of the data shows that delays due to providers typically occur with early intervention developmental educators and speech language pathologists. These are the two most common services provided to infants and toddlers receiving Part C services in Vermont. Vermont's annual CIS Recruitment and Retention survey data indicate that the state experiences a high degree of turnover of developmental educators. Regional CIS-EI programs also describe an insufficient number of speech pathologists in the state willing to serve pediatric patients, especially when that means serving them in the natural environment for the child and family.

In many regions of the State, our small population of infants and toddlers enrolled in Part C services impacts the retention of therapy providers. When there are too few Part C children to make up a full-time caseload for a therapist, they are unable to prioritize serving this clientele. Therefore, therapist will enter into contracts with public schools or have a clinic-based or adult caseload and not have availability to serve additional infants or toddlers as needed. Rurality also impacts therapist's ability to serve some children. Many times, children who need services may require travel of greater than 50 miles one way. Therefore, traveling to provide home/community-based services is time consuming, with reimbursement being insufficient to cover the actual time the provider puts into serving infants and toddlers.

Due to several years of level funding, salaries for early intervention developmental educators and service coordinators are not able to compete with salaries in other related fields, such as school-based special educators. This makes retaining providers difficult. It also makes it challenging to recruit new providers into the field. Many CIS-EI programs experience perpetual staff vacancies (they may fill a vacancy and simultaneously experience turnover for another staff), or it make take them up to a year to find qualified staff to fill vacancies.

In each instance of non-compliance, services were not provided timely due to providers having an insufficient capacity within their schedules to provide the required service to the infant/toddler within 30 days of the parent's signed consent. Providers clearly identify and report to the State during their monthly data submission when a delay is due to their capacity to provide the service within the

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

timelines required by Part C regulations, indicating they understand the requirements. The State ensures providers understand these requirements by providing technical assistance, written guidance, and by documenting the timeline requirements clearly on all data submission forms, which regions use monthly to submit their CIS-EI data.

However, there are simply too few providers to meet the needs of the increasing numbers of infants and toddlers being found eligible for Part C Early Intervention services. In order for some regions to comply with the requirement that services be provided within 30 days of a parent/guardian's signed consent, they have had to rely on using clinic or hospital-based services in order to support a child's need for developmental therapies. This is evident by Vermont's performance on Indicator 2, as more and more services are delivered in non-natural environments.

One reason for the lack of providers serving pediatric populations are that many speech, physical and occupational therapists are in private practice. The difficulty in billing insurance, and the lower caseloads associated with providing home-based services (because travel time takes time away from client service time) has caused many private providers to limit the number of pediatric patients they see, or to provide services only to schools or through clinic-based settings. The State works with insurance companies and the Department of Vermont Health Access, which oversees Vermont's public insurance, to address billing challenges encountered by service providers. Additionally, as stated in the introduction, Vermont supported a recent OSEP Grant application by UVM to provide tuition reimbursement for masters-level students to earn a degree in Early Childhood Special Education and Speech Pathology in order to support provider capacity in these areas.

In the region where the State noted a history of continued non-compliance, the State provided intensive technical assistance beginning in February 2018, which addresses the OSEP Memo 09-02 requirement that the state 'determine...that the...EIS program is correctly implementing the specific regulatory requirement...' and that 'if needed,...require each EIS program to change policies, procedures, and/or practices that contributed to or resulted in noncompliance.'

Data analysis conducted by the State identified that much of the non-compliance was due to developmental educators, whom that program employed. While there was turnover among the staff at rates similar to the rest of the state, the region's level of noncompliance was higher than any other region. This led the State to provide targeted ongoing, on-site monitoring and technical assistance to that region between February 2018 and June 2018. Through this technical assistance and monitoring, the region identified some root causes, clarified that all staff understood the federal requirements, and implemented improvement strategies. This has resulted in improvement of the region's performance on this indicator. The State continues to provide ongoing, intensive technical assistance to this region in order to support continued improvement in the delivery of early intervention services that are compliant with federal regulations and State rules.

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

Regional early intervention practitioners are required to provide copies of all service grids to the State each month. These service grids document the date of the parent/guardian's signed consent for the start of services. Once services have begun, the actual date that each service was first delivered is documented on the service grid. A copy of that updated service grid is provided to the State. The State enters these data into the State's database and verifies that each service was delivered within 30 days. If services are not delivered within 30 days, the region must provide an explanation along with their data describing the reason for the delay.

If a service is not initially delivered within 30 days of a parent/guardian's signed consent, the State follows up with inquiries to the region until the service is verified as having been delivered and a service grid documenting the initial start date is provided to the State. The State then enters the actual date that the service was first delivered into the State's database, indicates that the service was not compliant and the reason for the non-compliance as documented by the regional CIS Early Intervention practitioner.

In order to 'account for all instances of noncompliance,' as described in the the Office of Special Education Programs' memo 09-02, the State conducted a desk audit of the State's database in December 2019 for the FFY '16 reporting period. The State reviewed all instances where services during that FFY reporting period that were delivered more than 30 days from the date the parent signed on consent for the service to begin. This audit identifies each instance of noncompliance, by child and by service. The State reviewed all instances where services were delivered later than 30 days from the date the parent signed on consent for the service to begin. These data were analyzed by the State to verify that every instance of non-compliance was corrected within one year from the date the State made the findings of non-compliance.

Explanation of Alternate Data

The State was unable to verify correction of these instances on noncompliance as the children exited the program before the service was able to be provided. Because the children exited before the service ultimately be provided, these are no longer considered findings per OSEP Memo 09-02. However, the child's exit occurred after the reporting period and therefore, the State continued to consider this an uncorrected finding for the FFY 2016 reporting period. Since these children subsequently exited, Vermont has cleaned these findings after receiving technical assistance from OSEP on April 15, 2019 to clarify our understanding of OSEP Memo 09-02 and what constitutes a finding.

FFY 2015 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The State verified that the source of each instance of noncompliance is correctly implementing the regulatory requirements by notifying each EI agency of each instance of noncompliance, informing them of the regulatory requirements and monitoring their data submission each month until their data provides evidence that each service that was noncompliant was ultimately provided to each child. The State analyzes the data to determine any whether there are any trends within a region that would indicate the regional Early Intervention providers are not correctly implementing the regulatory requirements. If a trend is identified, the State provides technical

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assistance to that region to ensure that they understand the regulatory requirement and the State rules around the timely provision of early intervention services, including the service coordinator's responsibilities to ensure the services are delivered in accordance with the regulatory requirements.

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

For every child where there was a finding of noncompliance the finding was either corrected or the child exited before the service was able to be provided. Vermont verified this correction or exit through a desk audit of the State's database for the period during in which the finding was made. In FFY 2014 and FFY 2015, the findings period encompassed the full year. Therefore, the State's verification included a review of each service planned for each child. The State's desk audit compared the date of parental signed consent against the date the service was delivered, or the child exited from Vermont Part C. Each instance where a service was not provided to a child within thirty days of the parent's signed consent resulted in a finding. The State notified the regions of each instance of noncompliance and monitored the regional monthly data submissions to verify that the service was ultimately provided, or the child exited from the program.

OSEP Response

The State reported that it was "unable to verify correction of these instances on noncompliance as the children exited the program before the service was able to be provided. Because the children exited before the service ultimately be provided, these are no longer considered findings per OSEP Memo 09-02. However, the child's exit occurred after the reporting period and therefore, the State continued to consider this an uncorrected finding for the FFY 2016 reporting period. Since these children subsequently exited, Vermont has cleaned these findings after receiving technical assistance from OSEP on April 15, 2019 to clarify our understanding of OSEP Memo 09-02 and what constitutes a finding".

OSEP notes that while individual child-level correction may not be possible, the State is not permitted to "clean" findings of noncompliance and is still required to report on how it verified that the source of each instance of noncompliance is correctly implementing regulatory requirements, consistent with OSEP Memo 09-02.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2016, FFY 2015, and FFY 2014 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2016, FFY 2015, and FFY 2014 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

The State must demonstrate, in the FFY 2018 SPP/APR, that the findings identified in FFY 2016, the two remaining findings identified in FFY 2015, and one remaining finding identified in FFY 2014 are corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with remaining noncompliance identified in FFY 2016, FFY 2015, and FFY 2014: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

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**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Services in Natural Environments**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			94.00%	95.00%	95.00%	95.00%	96.10%	96.20%	96.20%	96.40%	96.60%
Data		98.00%	96.17%	97.00%	98.00%	98.00%	99.00%	99.70%	98.70%	98.88%	97.38%

FFY	2015	2016
Target ≥	96.80%	97.00%
Data	96.54%	97.18%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	97.20%	97.30%

Key:

Targets: Description of Stakeholder Input

Stakeholder input: As discussed in the introduction the Vermont Interagency Coordinating Council (VICC) meets at least quarterly to review and advise the State about the SPP and APR targets, APR data submissions, new guidance, or initiatives such as updated State Rules and the State Systemic Improvement Plan, outreach activities, and other CIS system or CIS-EI-specific issues.

At the November 14, 2014, VICC meeting, the Vermont actual and target indicator data from 2005 through 2013 was reviewed and new targets were proposed, accepted, and included here. Data are reviewed annually during the March VICC meeting, with the regional CIS-EI providers in attendance.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,102	1017
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Total number of infants and toddlers with IFSPs	1,234	1039

Explanation of Alternate Data

In preparation of this report, Vermont reviewed data on children found eligible for early intervention services and active on December 1, 2017. These data differed from those numbers in the April 618 child count report. A review of the raw data used by the former Data Manager who submitted that report and the State's database indicate that the error was due to ongoing data validation that began early in 2018. During this time, Vermont had a turnover of the Data Manager. The new Data Manager pulled the April 618 data report during her first few months of employment, at the same time the Data Manager was implementing a long-planned monthly data monitoring program and technical assistance calls with regions. This data monitoring enabled to State to obtain valid data after the 618 report had been submitted in April. Therefore, the State has corrected these data to accurately reflect those infants who were active and receiving early intervention services on December 1, 2017. The State has hard-coded the queries used to report the 618 data, and improved our Standard Operating Procedures to ensure that the State reviews these data for accuracy during the 618 re-submission period to ensure these data are reported reliably and accurately.

FFY 2017 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1,017	1,039	97.18%	97.20%	97.88%

Actions required in FFY 2016 response

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none

OSEP Response

OSEP notes that the State's data under this indicator do not match the data collected under section 618 of the IDEA, as required by the measurement table. However, the State reported that it obtained "valid data after the 618 report had been submitted in April" and that "the State has corrected these data [by overwriting the prepopulated data] to accurately reflect those infants who were active and receiving early intervention services on December 1, 2017".

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3: Early Childhood Outcomes**

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2009	Target ≥						71.40%	61.00%	61.20%	61.40%	61.60%	61.60%
		Data					71.20%	60.80%	61.50%	64.20%	67.10%	66.67%	66.88%
A2	2009	Target ≥						66.30%	59.60%	59.80%	60.00%	60.00%	60.00%
		Data					66.10%	59.40%	57.70%	60.70%	62.60%	61.54%	62.13%
B1	2009	Target ≥						79.20%	68.10%	68.30%	68.50%	68.70%	68.90%
		Data					79.00%	67.90%	71.70%	75.90%	74.40%	71.57%	74.56%
B2	2009	Target ≥						58.20%	53.60%	53.80%	54.00%	54.20%	54.20%
		Data					58.00%	53.40%	50.50%	53.80%	54.50%	54.05%	55.20%
C1	2009	Target ≥						77.60%	73.10%	73.30%	73.50%	73.50%	73.50%
		Data					77.40%	72.90%	71.20%	76.50%	74.40%	74.31%	75.84%
C2	2009	Target ≥						65.90%	60.80%	61.00%	61.20%	61.40%	61.40%
		Data					65.70%	60.60%	62.00%	62.30%	62.60%	60.12%	60.21%

	FFY	2015	2016
A1	Target ≥	61.60%	61.60%
	Data	65.13%	60.06%
A2	Target ≥	60.00%	60.00%
	Data	60.90%	57.43%
B1	Target ≥	69.10%	69.30%
	Data	66.07%	65.45%
B2	Target ≥	54.20%	54.20%
	Data	49.21%	46.42%
C1	Target ≥	73.50%	73.50%
	Data	72.98%	69.15%
C2	Target ≥	61.40%	61.40%
	Data	64.01%	66.61%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A1 ≥	61.60%	61.60%
Target A2 ≥	60.00%	60.00%
Target B1 ≥	69.50%	69.70%
Target B2 ≥	54.20%	54.20%
Target C1 ≥	73.50%	73.50%
Target C2 ≥	61.40%	61.40%

Key:

Targets: Description of Stakeholder Input

Stakeholder input: As discussed in the introduction the Vermont Interagency Coordinating Council (VICC) meets at least quarterly to review and advise the State about the SPP and APR targets, APR data submissions, new guidance, or initiatives such as updated State Rules and the State Systemic Improvement Plan, outreach activities, and other CIS system or CIS-EI-specific issues.

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At the November 14, 2014, VICC meeting, the Vermont actual and target indicator data from 2005 through 2013 was reviewed and new targets were proposed, accepted, and included here. Data are reviewed annually during the March VICC meeting, with the regional CIS-EI providers in attendance.

During the VICC meeting on December 7, 2018, these FFY '17 APR data were reviewed and determinations provided to regional Early Intervention Program supervisors and service providers. The VICC facilitated discussions with regional CIS-EI Stakeholders and helped them delve deeper into identification of root causes around these data and determine strategies for continuous improvement.

FFY 2017 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	590.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	5	0.85%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	124	21.02%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	78	13.22%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	148	25.08%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	235	39.83%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	226.00	355.00	60.06%	61.60%	63.66%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	383.00	590.00	57.43%	60.00%	64.92%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	2	0.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	129	21.86%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	141	23.90%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	195	33.05%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	123	20.85%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	336.00	467.00	65.45%	69.50%	71.95%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	318.00	590.00	46.42%	54.20%	53.90%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	4	0.68%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	104	17.63%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	82	13.90%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	195	33.05%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	205	34.75%

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	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	277.00	385.00	69.15%	73.50%	71.95%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	400.00	590.00	66.61%	61.40%	67.80%

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program

The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's part C exiting 618 data	1024
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	366

Please note that this data about the number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program is optional in this FFY16 submission. It will be required in the FFY17 submission.

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? Yes

List the instruments and procedures used to gather data for this indicator.

During the FFY '17 reporting period (July 1, 2017 through June 30, 2018), regional CIS Early Intervention contracted providers were required to submit child outcomes summary ratings using the decision tree developed by the Early Childhood Outcomes Center (https://www.google.com/url?q=http://www.ectacenter.org/eco/assets/docs/Decision_Treeonnumbers.doc&sa=U&ved=0ahUKEwjE_uUkebfAhWpm-AKHd4LDN4QFggQMAY&client=internal-uds-cse&cx=001354871196560068277:y9vhkvi_rsy&usq=AOvVaw0KljdrPSDziXbe12289f8) and promulgated by Vermont's CIS Early Intervention State technical assistance staff. These data are reported for children who have received services within Vermont's CIS Early Intervention Program for at least six months. The data from all infants and toddlers who exited from Vermont's Early Intervention services who received more than six months of services are entered the State's CIS data team and compiled within the Early Childhood Outcomes Child Outcomes Rating Calculator tool developed by the Early Childhood Technical Assistance Center. The results of this compilation are used to develop this report, as well as to inform the root cause analysis performed with stakeholders.

To improve performance on this indicator, Vermont receives technical assistance from the IDEA Data Center. As part of completing the Child Outcomes Self-Assessment Tool, Vermont identified that Child Outcomes data were not being reliably reported for some cohorts of children. One cohort is children who experience a move during their time in the program. These may be planned moves by the family, foster care placement, housing instability, or homelessness. To address this, beginning November 1, 2017, Vermont updated its policy and child outcome ratings are collected on every child who enter the program and receive services, regardless of length of time in the program. This change was to address a issue Vermont was experiencing where ratings were not being received for children who transitioned between communities in the State (causing them to exit one region and enter another), which affected data reliability. By requiring providers to complete child outcomes ratings on every child who receives services, the State is able to ensure 100% data collection for all children who receive at least 6 months of services (cumulatively) regardless of whether they move between regions of the state during their time in Vermont's Part C program.

An added benefit of gathering child outcomes ratings for all children is that Vermont will be able to use these data in the coming year for further root cause analysis to determine how to improve developmental outcomes for all children served by the program.

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2011	Target ≥					80.00%	80.00%	81.00%		78.30%	78.30%	78.30%
		Data			83.00%	80.00%	86.00%	84.30%	79.20%	78.10%	79.43%	76.23%	82.63%
B	2011	Target ≥					85.00%	85.00%	86.00%		86.10%	86.10%	86.10%
		Data			85.00%	85.00%	89.00%	90.70%	87.00%	85.90%	85.11%	83.54%	79.78%
C	2011	Target ≥					85.00%	85.00%	88.10%		81.00%	81.00%	81.00%
		Data			87.00%	89.00%	93.00%	93.40%	78.00%	80.80%	80.43%	82.64%	75.86%

	FFY	2015	2016
A	Target ≥	78.40%	78.40%
	Data	85.27%	81.68%
B	Target ≥	86.10%	86.10%
	Data	88.96%	87.99%
C	Target ≥	81.20%	81.20%
	Data	84.21%	84.98%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	78.50%	78.50%
Target B ≥	86.10%	86.10%
Target C ≥	81.20%	81.20%

Key:

Targets: Description of Stakeholder Input

Stakeholder input: As discussed in the introduction the Vermont Interagency Coordinating Council (VICC) meets at least quarterly to review and advise the State about the SPP and APR targets, APR data submissions, new guidance, or initiatives such as updated State Rules and the State Systemic Improvement Plan, outreach activities, and other CIS system or CIS-EI-specific issues.

At the November 14, 2014, VICC meeting, the Vermont actual and target indicator data from 2005 through 2013 was reviewed and new targets were proposed, accepted, and included here. Data are reviewed annually during the March VICC meeting, with the regional CIS-EI providers in attendance.

Additionally, in 2015, after failing to meet Vermont's response rate targets, the VICC reviewed an updated proposed strategy for survey distribution that Vermont developed with technical assistance from the Center for IDEA and Early Childhood Data Systems (DaSy). With their advice and assistance, Vermont updated our survey distribution method and have seen an increase in our response rate over the past three years. Additional input was received from the regional CIS Early Intervention providers and the VICC, and beginning January 2018 Vermont began to hand deliver survey's to families during their transition processes, in addition to Vermont's current practice of hand delivering to all active families in the spring each year. It is Vermont's hope that this will increase the response rates for those families exiting Part C services, as they account for only 10% of our survey responses presently, and result in a high number of 'undeliverable' surveys being returned by mail.

Hand delivery has increased our response rates from active families as high as 100% in some regions, and nine out of the twelve regional CIS Early Intervention Programs meeting or exceeding the State's target of achieving at least a 50% response rate. It is that personal touch by Early Intervention practitioners and their ability to engage with families and discuss the value and importance of their feedback that seems to have the most significant impact on response rates.

FFY 2017 SPP/APR Data

Number of families to whom surveys were distributed		610
Number of respondent families participating in Part C	58.85%	359
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights		313
A2. Number of responses to the question of whether early intervention services have helped the family know their rights		359

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	332
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	359
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	314
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	359

	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	81.68%	78.50%	87.19%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	87.99%	86.10%	92.48%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	84.98%	81.20%	87.47%

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

Yes

Include the State's analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

The statewide return rate for the FFY 2017 Family Outcome survey was 58.85%, which was an increase over last year's rate of 47.81%. Of the 610 surveys distributed, 359 were returned and were representative of the population of children receiving early intervention services. Six out of twelve regions had greater than a 70% response rate, and only three regions had less than a 50% rate. All narrative comments from families that were submitted with the survey results were analyzed and included into Vermont's consideration of improvement strategies.

The Family Outcome survey is offered annually to all families who have been receiving services for a minimum of 6 months. Vermont changed our survey process with input from our state early intervention providers and participants in the IDEA Data Center Family Outcomes Cross State Learning Collaborative. Vermont reviewed our data for the past two years and determined that we receive less than 10% of surveys back from families who have exited early intervention services. Of those surveys that were returned, several appeared to be providing feedback not on Part C services they had received when their child was under age 3, but rather on the Part B services they are currently receiving since their third birthday. Therefore, Vermont implemented our plan to hand-deliver surveys to families during their transition from Part C services between January 1 and May 30th. Vermont attributes the continued increase in response rates to our prioritization on hand-delivery.

In FFY 2014, Vermont instituted a new process to hand-deliver the Family Survey to Active families, in the hopes of improving the response rate. In FFY 2015 and again in FFY 2016, with additional Technical Assistance from DaSy and input from the VICC, Vermont saw our survey response significantly increase. Vermont's process has been enhanced and includes the following: prior to the first distribution of the survey, all selected families are mailed a postcard with information about the Family Survey and encouragement to respond when they receive the survey. The local CIS-EI service providers will again hand deliver the first pass survey to families. Local providers are also provided with talking points to assist them in encouraging families to respond. Lastly, the Family Survey packet includes a brochure explaining the results of the previous year's survey and the actions the State has taken based on results of the survey. The belief is that if families understand the value of the survey, they will take the time to respond.

Vermont continues to focus on increasing our overall survey response rate to not only meet but exceed our target. The increase in response rate in the past two years is very encouraging. By increasing our overall response rate, Vermont continues to believe we will receive a statistically representative sample of our demographic populations.

Vermont's method of selecting a Family Survey cohort is to select all active clients who have received at least 6 months of service and all clients who have exited the program since October 1 of 2016. By surveying all active clients in this method, Vermont assures that the survey responses are representative of the demographics of the state. Beginning January 2018, Vermont began to also hand-deliver surveys to families during their Transition from Part C to ensure we receive their input as well.

The State shared and discussed the Family Survey data results with Early Intervention regional programs in August of 2018. These discussions helped inform regional practice improvement strategies. The value of family engagement and family input into the State early childhood system is a key strategy in Vermont's State Systemic Improvement Plan (SSIP). Sharing these data in a timely way with regional programs and discussing how these data can inform improvement efforts confirms Vermont's commitment to this SSIP strategy and makes it relevant to early intervention programs.

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Child Find (Birth to One)**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			0.91%	0.93%	0.94%	0.96%	0.98%	0.99%	0.99%	0.99%	0.99%
Data		1.10%	1.29%	1.36%	1.34%	1.12%	1.01%	1.21%	1.30%	1.51%	1.48%

FFY	2015	2016
Target ≥	1.11%	1.11%
Data	1.75%	2.07%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	1.11%	1.11%

Key:

Targets: Description of Stakeholder Input

Stakeholder input: As discussed in the introduction, the Vermont Interagency Coordinating Council (VICC) meets at least quarterly to review and advise the State about the SPP and APR targets, APR data submissions, new guidance, or initiatives such as updated State Rules and the State Systemic Improvement Plan, outreach activities, and other CIS system or CIS-EI-specific issues.

At the November 14, 2014, VICC meeting, the Vermont actual and target indicator data from 2005 through 2013 was reviewed and new targets were proposed, accepted, and included here. Data are reviewed annually during the March VICC meeting, with the regional CIS-EI providers in attendance.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 1 with IFSPs	103	125
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 1	5,835	6,051

Explanation of Alternate Data

In preparation of this report, Vermont reviewed data on children found eligible for early intervention services and active on December 1, 2017. These data differed from those numbers in the April 618 child count report. A review of the raw data used by the former Data Manager who submitted that report and the States database indicate that the error was due to ongoing data validation that began early in 2018. During this time, Vermont had a turnover in Data Manager. The new Data Manager pulled the April 618 data report during her first few months of employment, at the same time the Data Manager was implementing a long-planned monthly data monitoring program and technical assistance calls with regions. This data monitoring enabled to State to obtain valid data after the 618 report had been submitted in April. Therefore, the State has corrected these data to accurately reflect those infants who were active and receiving early intervention services on December 1, 2017. The State has hard-coded the queries used to report the 618 data and improved our Standard Operating Procedures to ensure that the State reviews these data for accuracy during the 618 re-submission period to ensure these data are reported reliably and accurately.

Additionally, the Vermont Department of Health census statistics used for this report differ from those auto-populated in the GRADS system. These statistics were obtained from the State's web site at: <http://www.healthvermont.gov/health-statistics-vital-records/vital-records-population-data/vermont-population-estimates>. Once on this web site, the report can be found by selecting "Vermont Population Data," then selecting "Population of Vermont AHS/VDH District, by Single Year of Age and Sex, 2017 – used the report dated 12/13/18 or 12/11/17."

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
125	6,051	2.07%	1.11%	2.07%

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Compare your results to the national data

Vermont has historically served a higher percentage of infants per capita than the national average, indicating that Vermont has a successful child-find system. Initiatives in Vermont, both publicly and privately funded, help contribute to this success by ensure that early childhood issues remain in the media and public eye. This has been especially true with Vermont's Universal Developmental Screening initiative as part of Vermont's Help Me Grow system (<https://helpmegrowvt.org>). The attached IDEA Infant & Toddler Coordinator's Association Report (<http://www.ideainfanttoddler.org/pdf/2016-Child-Count-Data-Charts.pdf>) demonstrates Vermont's success in this area: the national average is 1.25% and Vermont served 1.77% of infants below the age of one in FFY 17. Vermont's corrected data, which is higher than was reported in April, demonstrates further that Vermont serves a higher percentage of infants and toddlers than the national average (2.07%).

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			3.25%	3.28%	3.30%	3.40%	3.50%	3.50%	3.50%	3.60%	3.60%
Data		3.20%	3.45%	4.00%	3.90%	3.93%	4.23%	4.35%	4.22%	4.38%	4.38%

FFY	2015	2016
Target ≥	3.70%	3.80%
Data	4.96%	5.23%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	3.90%	3.90%

Key:

Targets: Description of Stakeholder Input

Stakeholder input: As discussed in the introduction the Vermont Interagency Coordinating Council (VICC) meets at least quarterly to review and advise the State about the SPP and APR targets, APR data submissions, new guidance, or initiatives such as updated State Rules and the State Systemic Improvement Plan, outreach activities, and other CIS system or CIS-EI-specific issues.

At the November 14, 2014, VICC meeting, the Vermont actual and target indicator data from 2005 through 2013 was reviewed and new targets were proposed, accepted, and included here. Data are reviewed annually during the March VICC meeting, with the regional CIS-EI providers in attendance.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups	7/11/2018	Number of infants and toddlers birth to 3 with IFSPs	1,234	1063
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2017	6/12/2018	Population of infants and toddlers birth to 3	17,724	18349

Explanation of Alternate Data

In preparation of this report, Vermont reviewed data on children found eligible for early intervention services and active on December 1, 2017. These data differed from those numbers in the April 618 child count report. A review of the raw data used by the former Data Manager who submitted that report and the States database indicate that the error was due to ongoing data validation that began early in 2018. During this time, Vermont had a turnover in Data Manager. The new Data Manager pulled the April 618 data report during her first few months of employment, at the same time the Data Manager was implementing a long-planned monthly data monitoring program and technical assistance calls with regions. This data monitoring enabled to State to obtain valid data after the 618 report had been submitted in April. Therefore, the State has corrected these data to accurately reflect those infants and toddlers who were active and receiving early intervention services on December 1, 2017. The State has hard-coded the queries used to report the 618 data and improved our Standard Operating Procedures to ensure that the State reviews these data for accuracy during the 618 re-submission period to ensure these data are reported reliably and accurately.

Additionally, the Vermont Department of Health census statistics used for this report differ from those auto-populated in the GRADS system. These statistics were obtained from the State's web site at: <http://www.healthvermont.gov/health-statistics-vital-records/vital-records-population-data/vermont-population-estimates>. Once on this web site, the report can be found by selecting "Vermont Population Data," then selecting "Population of Vermont AHS/VDH District, by Single Year of Age and Sex, 2017 – used the report dated 12/13/18 or 12/11/17."

FFY 2017 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1,063	18,349	5.23%	3.90%	5.79%

Compare your results to the national data

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Vermont has historically served a higher percentage of infants per capita than the national average, indicating that Vermont has a successful child-find system. Initiatives in Vermont, both publicly and privately funded, help contribute to this success by ensure that early childhood issues remain in the media and public eye. This has been especially true with Vermont's Universal Developmental Screening initiative as part of Vermont's Help Me Grow system (<https://helpmegrowvt.org/>). The attached IDEA Infant & Toddler Coordinator's Association Report (<http://www.ideainfanttoddler.org/pdf/2016-Child-Count-Data-Charts.pdf>) demonstrates Vermont's success in this area: the national average is 3.26% and Vermont served 6.96% of infants and toddlers below the age of three in FFY'17. Vermont's corrected data, while a bit lower, still demonstrates that Vermont serves a much higher percentage of infants and toddlers than the national average (5.79%).

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: 45-day timeline**

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		79.80%	79.20%	93.00%	97.00%	97.00%	96.60%	96.80%	96.00%	95.57%	96.62%

FFY	2015	2016
Target	100%	100%
Data	90.76%	95.98%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
858	1,101	95.98%	100%	95.10%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.</i>	189
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What is the source of the data provided for this indicator?

- State monitoring
- State database

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

The data reported were from the period beginning July 1, 2017 through June 30, 2018.

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

Data Method/Source: Desk audit of entire FFY 2017 Part C State Database, July 1, 2017 through June 30, 2018. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
56	56	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The State reviewed each instance of non-compliance and analyzed each reason for delay in the timely evaluation and initial One Plan (Vermont's IFSP) meeting in accordance with required timelines. Each case where a delay was due to a circumstance where the provider failed to meet the timeline, the State identified that the reason was due to issues beyond the practitioner's control: typically, this was due to provider capacity. Vermont, like much of the nation, has a high degree of turnover among early intervention providers.

In each instance of non-compliance, services were not provided timely due to providers not having sufficient capacity within their schedules to conduct evaluations and hold initial meetings with families due to high caseloads (more than 28 children per provider in some regions). Providers clearly identify when a delay is due to their capacity to provide the service within the timelines required by Part C regulations, indicating they understand the requirements.

The State discussed the federal regulations and State Rules around the initial One Plan (IFSP) meeting timelines during a monthly teleconference with regional CIS Early Intervention Programs. The purpose of this discussion was to ensure that providers understood the requirements of an initial meeting. This timeline is part of the State's ongoing monthly data monitoring with regions to ensure providers remain attentive to the requirements in this area, are able to make correction, even if late, and the State is able to improve compliance with this indicator.

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

In accordance with guidance from the Office of Special Education Programs' memo 09-02, the State reviewed all instances where initial One Plan (IFSP) meetings occurred later than 45 days from the date a child was referred to CIS Early Intervention. Regional early intervention programs report data to the State monthly on all children enrolled in the program, including all timeline data associated with this indicator: referral date, evaluation date, and initial meeting date. If a timeline is not met, the State follows up with inquiries to the region until the region verifies that the evaluation has been conducted and the initial meeting has occurred. The State then enters these dates into the State's database, indicates that the timelines were not compliant and the reason for the non-compliance as provided by the regional CIS Early Intervention practitioner.

In order to verify correction of all findings of non-compliance, the State conducted a desk audit of State's database for the period during which the finding was made. The desk audit seeks to verify that each instance of noncompliance is subsequently corrected namely: each child has received an evaluation and an initial meeting to develop the One Plan (IFSP) has been held. The State reviewed all instances where evaluations and initial meetings occurred later than 45 days from the date of a child's referral. These data were analyzed by the State to verify that every instance of non-compliance was corrected within one year from the date the State made the findings of non-compliance, or that the child exited before these activities could be conducted.

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 for this indicator: is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2016 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2016 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8A: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		92.00%	93.00%	100%	99.00%	99.00%	99.00%	99.00%	98.00%	98.88%	100%

FFY	2015	2016
Target	100%	100%
Data	100%	91.24%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

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

Yes

No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
375	590	91.24%	100%	87.29%

Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.</i>	140
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Reasons for Slippage

The State has worked diligently on this indicator over the past few years to ensure regional CIS Early Intervention practitioners understand the federal requirements and State rules around this indicator. During root cause analysis around this indicator during FFY'15, the State identified that practitioners were reporting transition plan dates as the date of a child's exit from Part C services. Further analysis and discussion with regions identified a misunderstanding about transition plans, whereby CIS Early Intervention Practitioners believed that they were in compliance with this requirement by holding transition conferences and developing a plan with families upon their final visit with that family.

The State developed a guidance document, with technical assistance from the DaSy center, to ensure regional CIS Early Intervention practitioners understood and adhered to required timelines for transition. The State required all providers to begin using date counter applications rather than relying on paper calendars for calculating all indicator dates, but especially those dates associated with transition. Regional practitioners indicated that the use of these date calculators have helped them improve compliance with required timelines. The State continues to monitor compliance on a regular basis and addresses further issues of non-compliance by providing regions with their own data on a regular basis so they can monitor and self-correct, even if late. The State is already seeing are already

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seeing improvements as a result of this strategy in the present year.

To further address this non-compliance, in the March of 2018 the State provided a data submission form in Microsoft Excel that included date calculators so that regions could see timelines and their degree of compliance upon entering their data for submission to the State. The regions who are using the spreadsheets with fidelity have seen a significant improvement in their compliance with early intervention timelines. The State will continue to work with regions to fully implement use of this data submission tool.

Additionally, requirements of IDEA around transition plans has been discussed during monthly technical assistance calls with regional CIS Early Intervention Programs. Regions understand that they must develop at least one outcome, with identified steps that support successful transition from Part C services for every child enrolled in CIS Early Intervention services. Regional CIS Early Intervention providers have stated they understand the need to ensure successful transition for every child and their family, not just those who are found to be potentially eligible for Part B services. The State has provided guidance to CIS Early Intervention providers around their additional responsibilities to support successful transition of those children who exit Part C services with a disability to ensure continued support for their developmental needs following their third birthday.

The three of the largest regions in the state have the highest degree of non-compliance with this indicator. As a result, the State met with the Directors and supervisors of these regional CIS Early Intervention programs and provided technical assistance to help them understand the data and degree of non-compliance and to develop improvement strategies to address this non-compliance.

Finally, these timelines are a part of the States monthly data monitoring and technical assistance calls with regional CIS Early Intervention Programs. The State expects to see significant improvement in this area as a result of this ongoing monitoring and technical assistance.

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

- State monitoring
- State database

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

The data reported were from the period beginning July 1, 2017 through June 30, 2018.

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

Data Method/Source: Desk audit of entire FFY 2017 Part C State Database, July 1, 2017 through June 30, 2018. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
157	157	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Root cause analysis conducted by the State with the regional EI providers enabled the State to identify that some regional CIS Early Intervention practitioners were not correctly implementing the regulatory requirements for developing timely transition plans for toddlers exiting Part C services with a disability due to a misunderstanding by these providers of the regulatory requirements. The State provided technical assistance and written guidance around the requirements for developing transition plans to regional EI agencies to ensure all practitioners understand and comply with the federal requirements. Regional agencies with noncompliance with this indicator are required to identify root causes for the noncompliance and implement strategies within their regional continuous Quality Improvement Plans and submit those plans to the State for review and approval. In addition, the State identified that providing a date calculator within the data submission template the region's use to submit their data to the State would help ensure compliance with this requirement by making explicit the date when these transition plans were due.

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

In accordance with guidance from the Office of Special Education Programs' memo 09-02, through monthly desk audits of the State's database, the State reviews all instances where Transition Plans are either not developed or completed less than 90 days from the child's third birthday.

Data in this database are populated by regional early intervention programs reporting data to the State monthly on all children enrolled in the program, including transition plan dates for children who exit the program with a disability, or data indicating a parent/guardian has declined to have a transition plan developed for their toddler. If a timeline is not met, the State follows up with inquiries to the region until the region verifies that the transition plan has been developed, or the family has declined this service. The State then enters these dates/data into the State's database, indicates that the timeline was not compliant and the reason for the non-compliance as provided by the regional CIS Early Intervention practitioner.

In order to verify correction of all findings of non-compliance, the State conducted a desk audit of the State's database and verified that a transition plan was completed for instance of noncompliance for the reporting period or the child had exited. The State reviewed all instances where transition plans were developed less than 90 days from the child's third birthday. These data were analyzed by the State to verify that every instance of non-compliance was corrected within one year from the date the State made the findings of noncompliance.

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 for this indicator: is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2016 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2016 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8B: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		79.50%	94.00%	95.00%	99.60%	99.00%	98.00%	99.00%	99.00%	89.47%	86.71%

FFY	2015	2016
Target	100%	100%
Data	88.31%	90.58%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
435	513	90.58%	100%	84.80%

Number of parents who opted out <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	null
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Reasons for Slippage

The State, with the VICC and regional CIS Early Intervention providers reviewed the data for this indicator and determined that the root cause for non-compliance for this indicator was due to CIS Early Intervention practitioners failing to accurately calculate dates related to timelines for this indicator. This was addressed, as discussed above, by the State requiring practitioners to use date calculators rather than calendars, and the implementation of a Microsoft Excel reporting form, which enables regional CIS Early Intervention programs to see their degree of compliance upon submission of their data.

Another root cause for slippage in the State's performance on this indicator was due to regional CIS Early Intervention providers conducting full evaluations, and ordering specialty evaluations to be performed in order to determine whether a toddler exhibited at least a 25% delay in at least one domain of development in order to be found potentially eligible for Part B services in accordance with Vermont's Special Education Rules. Scheduling these extra evaluations and awaiting timely receipt of reports, as well as scheduling meetings with specialty providers to interpret results and make a determination of potential eligibility resulted in significant delays in determinations of potential eligibility and notification of such being sent to the Lead Education Agencies (LEA) as required by

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regulations.

To address this root cause, in October of 2017, Vermont's Part B and Part C State Coordinators and staff provided training on the Part C regulations under IDEA and State rules around supporting transitions to toddlers with a disability. Over 90% of CIS Early Intervention service coordinators and representatives from supervisory unions from every region of the state attended this training. The State Part C Coordinator provided additional guidance and technical assistance to CIS Early Intervention programs in November and December of 2017 in person and during the monthly technical assistance calls.

Technical assistance provided by the State also reinforced for CIS Early Intervention programs that the use of ongoing assessment documentation as well as the annual evaluations, specialty evaluations, combined with family input, and informed clinical opinion form the basis for determining potential eligibility. Root cause analysis identified that delays in determining potential eligibility most often occur when CIS-EI providers schedule five-domain evaluations and other specialty evaluations strictly to determine potential eligibility. It was determined that when CIS-EI providers comply with Part C regulations performing ongoing assessments to track a child's developmental progress and five-domain evaluations annually to determine continued eligibility for early intervention services, they have the necessary data to effectively determine a child's potential eligibility for Part B services. As such, there should be no delay in determining potential eligibility and notifying the LEA of such. The State provided continued technical assistance to reinforce this requirement throughout FFY'17 in every instance where a CIS-EI provider sought to perform an evaluation for the sole purpose of determining potential eligibility.

Based on these improvement activities, Vermont expects to see continued improvement in the coming federal reporting year.

It is important to note that from FFY'14 to FFY'17 the State has seen an increase of over 100 toddlers being found to be potentially eligible for Part B services. Also, while the State saw slippage in FFY'17, a review of the State's FFY'18 data indicates that regional performance on this indicator has improved. The State is confident that ongoing monthly data monitoring, combined with continued technical assistance will ensure ongoing improvement in compliance with this indicator.

Describe the method used to collect these data

Regional CIS Early Intervention programs are required to send copies of all LEA Notifications to State Education Agency. The State records the data on these notifications and transfers those data electronically to the Agency of Education. Regional CIS Early Intervention programs also send data each month identifying all toddlers who are found potentially eligible for Part B services and the date that the determination of potential eligibility was made.

Do you have a written opt-out policy? No

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

- State monitoring
- State database

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

The data reported were from the period beginning July 1, 2017 through June 30, 2018.

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

Data Method/Source: Desk audit of entire FFY 2017 Part C State Database, July 1, 2017 through June 30, 2018. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as	Findings of Noncompliance Subsequently	Findings Not Yet Verified as Corrected
10/11/2019			

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	Corrected Within One Year	Corrected	
100	95	5	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

Root cause analysis of these data, conducted by the State with the regional EI programs enabled the State to determine that some regional CIS Early Intervention practitioners were not correctly implementing the regulatory requirements for developing timely LEA notifications for toddlers exiting Part C services with a disability who were found to be potentially eligible for Part B services in accordance with State special education rules. The State provided training, technical assistance and written guidance around this indicator to regions to ensure all practitioners understand and comply with the federal requirements. The State monitors regional data around this indicator monthly, ensuring regions make timely correction so that all LEA notifications are sent, even if late, and holds technical assistance calls with each region to address any areas of non-compliance.

Regional agencies with noncompliance with this indicator are required to identify root causes for the noncompliance and implement strategies within their regional continuous Quality Improvement Plans and submit those plans to the State for review and approval. In addition, the State has provided a date calculator within the data submission template the region's use to submit their data to the State. This helps to ensure compliance with this requirement by making explicit the date when LEA notifications are due for each child on a regional EI provider's caseload.

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

In accordance with guidance from the Office of Special Education Programs' memo 09-02, the State conducted a desk audit of the State's database and reviewed all instances where LEA Notifications were either not sent or were sent less than 90 days from the child's third birthday. Regional early intervention programs report data to the State monthly on all children enrolled in the program, including dates children were determined potentially eligible for Part B services as well as copies of all LEA Notifications. If a timeline is not met, the State follows up with inquiries to the region for each instance of noncompliance until the region verifies that the LEA Notification has been sent, provides a copy to the State and provides documentation of the date the child was determined potentially eligible for Part B services. The State then enters these data into the State's database, indicates that the timeline was not compliant and the reason for the noncompliance as provided by the regional CIS Early Intervention practitioner.

In order to verify correction of all findings of non-compliance, the State conducted a desk audit of the State's database, examining the required dates for determination of potential eligibility and LEA Notification in each child's record for the reporting period. The State reviewed all instances where LEA Notifications were sent less than 90 days from the child's third birthday. These data were analyzed by the State to verify that every instance of noncompliance was corrected within one year from the date the State made the findings of non-compliance, or that the child exited.

Explanation of Alternate Data

The State was unable to verify correction of one instance of noncompliance as the child exited the program before potential eligibility could be determined. Because the child exited before potential eligibility was determined, this instance of noncompliance is no longer considered a finding per OSEP Memo 09-02. However, the child's exit occurred after the reporting period and therefore, the State continued to consider this an uncorrected finding for the FFY 2016 reporting period. Since the child subsequently exited, Vermont has cleaned this finding after receiving technical assistance from OSEP on April 15, 2019 to clarify our understanding of OSEP Memo 09-02 and what constitutes a finding.

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Since the implementation of the State's general supervision practice of conducting desk audits of the State's database, as stated above, the State is now able to identify any instance of noncompliance each month. The State then notifies the regional EI program enabling them to correct the noncompliance by determining potential eligibility and notifying the LEA of any child with a disability who will exit on their third birthday who may be potentially eligible for Part B services prior to the child's exit from early intervention. This general supervision practice will ensure Vermont is able to achieve 100% correction of any instance of noncompliance within one year of making a finding.

OSEP Response

The State reported that it was "unable to verify correction of one instance of noncompliance as the child exited the program before potential eligibility could be determined. Because the child exited before potential eligibility was determined, this instance of noncompliance is no longer considered a finding per OSEP Memo 09-02. However, the child's exit occurred after the reporting period and therefore, the State continued to consider this an uncorrected finding for the FFY 2016 reporting period. Since the child subsequently exited, Vermont has cleaned this finding after receiving technical assistance from OSEP on April 15, 2019 to clarify our understanding of OSEP Memo 09-02 and what constitutes a finding".

OSEP notes that while individual child-level correction may not be possible, the State is not permitted to "clean" findings of noncompliance and is still required to report on how it verified that the source of each instance of non-compliance is correctly implementing regulatory requirements, consistent with OSEP Memo 09-02.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2015 and FFY 2016 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2016 and FFY 2015 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

The State must demonstrate, in the FFY 2018 SPP/APR, that the noncompliance identified in FFY 2016 and FFY 2015 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with remaining noncompliance identified in FFY 2016 and the EIS program or provider with the one remaining finding of noncompliance identified in FFY 2015 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. In addition, the State must demonstrate, in the FFY 2017 SPP/APR, that noncompliance the remaining [#] uncorrected [finding/findings] of noncompliance identified in [FFY 2016 (and add other years, as needed)] [was/were] corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2017 and each EIS program or provider with remaining noncompliance identified in [FFY 2016 (and add other years, as needed)]: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8C: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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



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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		83.00%	91.00%	97.00%	98.00%	98.00%	99.00%	99.00%	99.00%	95.76%	96.91%

FFY	2015	2016
Target	100%	100%
Data	92.08%	87.94%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

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

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
336	513	87.94%	100%	89.80%

Number of toddlers for whom the parent did not provide approval for the transition conference <i>This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.</i>	3
Number of documented delays attributable to exceptional family circumstances <i>This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.</i>	122

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

- State monitoring
- State database

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

The data reported were from the period beginning July 1, 2017 through June 30, 2018.

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

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Data Method/Source: Desk audit of entire FFY 2017 Part C State Database, July 1, 2017 through June 30, 2018. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
58	58	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

The State determined that some regional CIS Early Intervention practitioners were not correctly implementing the regulatory requirements for developing timely LEA notifications for toddlers exiting Part C services with a disability who were found to be potentially eligible for Part B services in accordance with State special education rules. This, in turn, delayed the regional scheduling of transition conferences. The State has provided training, technical assistance and written guidance around the transition process, including this indicator to regions to ensure all practitioners understand and comply with the federal requirements. The State monitors regional data around this indicator by conducting a desk audit of the State's database monthly and holds technical assistance calls with each region to address any areas of non-compliance.

Regional agencies with noncompliance with this indicator are required to identify root causes for the noncompliance and implement strategies within their regional continuous Quality Improvement Plans and submit those plans to the State for review and approval. In addition, the State has provided a date calculator within the data submission template the region's use to submit their data to the State. This helps to ensure compliance with this requirement by making explicit the date when transition conferences are due for each child on a regional EI provider's caseload.

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

In accordance with guidance from the Office of Special Education Programs' memo 09-02, The State reviewed all instances where transition conferences were either not held or were held less than 90 days from the child's third birthday. Regional early intervention programs report data to the State monthly on all children enrolled in the program, including dates of transition conferences for every child who exits early intervention with a disability on their third birthday. If the timeline for a transition conference is not held more than 90 days from the child's third birthday, the State follows up with inquiries to the region until the region verifies the date that the transition conference was held, or verifies that the child's parent/guardian declined the conference. The State then enters this data into the State's database, indicates that the timeline was not compliant and the reason for the noncompliance as provided by the regional CIS Early Intervention practitioner.

In order to verify correction of all findings of non-compliance, the State conducted a desk audit of the State's database, examining the required transition conference date or family declination of a conference in each child's record for the reporting period for each instance where the State made a finding of non compliance. These data were analyzed by the State to verify that every instance of noncompliance was corrected within one year from the date the State made the findings of non-compliance.

The State was able to verify that all but five children ultimately had transition conference with the LEA, even if the timeline did meet the federal requirements. The State was not able to verify correction for five of the children for whom the State documented a finding of non-compliance as these children had already exited the program. Because the children exited before a transition conference was held, these instances of noncompliance are no longer considered a finding per OSEP Memo 09-02. However, the child's exit occurred after the reporting period and therefore, the State continued to consider this an uncorrected finding for the FFY 2016 reporting period. Since the child subsequently exited, Vermont has cleaned this finding after receiving technical assistance from OSEP on April 15, 2019 to clarify our understanding of OSEP Memo 09-02 and what constitutes a finding.

Explanation of Alternate Data

The State was not able to verify correction for one of the children for whom the State documented a finding of non-compliance as this child had already exited the program. Because the child exited before the service could ultimately be provided, this is no longer considered a finding per OSEP Memo 09-02. However, the child's exit occurred after the finding was made and therefore, the State continued to consider this an uncorrected finding for the FFY 2016 reporting period. Since the child subsequently exited, Vermont has cleaned these findings after receiving technical assistance from OSEP on April 15, 2019 to clarify our understanding of OSEP Memo 09-02 and what constitutes a finding.

FFY 2015 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Since the implementation of the State's general supervision practice of conducting desk audits of the State's database, as stated above, the State is now able to identify any instance of noncompliance each month. The State then notifies the regional EI program enabling them sufficient time to correct the noncompliance by planning a transition conference for any child with a disability prior to the child's exit from early intervention on their third birthday. This general supervision practice will ensure Vermont is able to achieve 100% correction of any instance of noncompliance within one year of making a finding.

FFY 2014 Findings Not Yet Verified as Corrected

Since the implementation of the State's general supervision practice of conducting desk audits of the State's database, as stated above, the State is now able to identify any instance of noncompliance each month. The State then notifies the regional EI program enabling them sufficient time to correct the noncompliance by planning a transition conference for any child with a disability prior to the child's exit from early intervention on their third birthday. This general supervision practice will ensure Vermont is able to achieve 100% correction of any instance of noncompliance within one year of making a finding.

OSEP Response

The State reported that it was "not able to verify correction for one of the children for whom the State documented a finding of non-compliance as this child had already exited the program. Because the child exited before the service could ultimately be provided, this is no longer considered a finding per OSEP Memo 09-02. However, the child's exit occurred after the finding was made and therefore, the State continued to consider this an uncorrected finding for the FFY 2016 reporting period. Since the child subsequently exited, Vermont has cleaned these findings after receiving technical assistance from OSEP on April 15, 2019 to clarify our understanding of OSEP Memo 09-02 and what constitutes a finding".

OSEP notes that while individual child-level correction may not be possible, the State is not permitted to "clean" findings of noncompliance and is still required to report on how it verified that the source of each instance of noncompliance is correctly implementing regulatory requirements, consistent with OSEP Memo 09-02.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2016, FFY 2015, and FFY 2014 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that that it verified that each EIS program or provider with noncompliance identified in FFY 2016, FFY 2015, and FFY 2014 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

The State must demonstrate, in the FFY 2018 SPP/APR, that the noncompliance identified in FFY 2016 and the remaining findings of noncompliance from FFY 2015 and FFY 2014 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2016 and with remaining noncompliance from FFY 2015 and FFY 2014 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system.

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2017 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted).

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

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015	2016
Target ≥		
Data		

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥		

Key:

Explanation of Changes

These data were not pre-populated. Therefore, they were manually entered into this APR for submission. OSEP provided the State with technical assistance on 4/15/19 indicating that since the state had fewer than 10 complaints historically targets were not needed, which was why these fields were blank. The State cleared the manually entered targets since they should not have been entered by the State as they were not required.

Targets: Description of Stakeholder Input

The Vermont Interagency Coordinating Council helps to set all required indicator targets when needed.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1(a) Number resolution sessions resolved through settlement agreements	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1 Number of resolution sessions	n	null

FFY 2017 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0			

Actions required in FFY 2016 response

none

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The State reported fewer than ten resolution sessions held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

Required Actions

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**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Mediation**

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥											
Data											

FFY	2015	2016
Target ≥		
Data		

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥		

Key:

Explanation of Changes

These data were not pre-populated. Therefore, they were manually entered into this APR for submission. OSEP provided the State with technical assistance on 4/15/19 indicating that since the state had fewer than 10 complaints historically targets were not needed, which was why these fields were blank. The State cleared the manually entered targets since they should not have been entered by the State as they were not required.

Targets: Description of Stakeholder Input

The Vermont Interagency Coordinating Council helps to set all required indicator targets when needed.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1 Mediations held	n	null

FFY 2017 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0	1			0%

Actions required in FFY 2016 response

none

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

OSEP Response

The State reported fewer than ten mediations held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

**FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: State Systemic Improvement Plan**

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.

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016	2017
Target		52.10%	54.00%	57.00%	62.00%
Data	52.10%	74.14%	76.63%	68.88%	77.06%

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

FFY 2018 Target

FFY	2018
Target	68.00%

Key:

Description of Measure

Vermont CIS-EI measures progress on the SIMR by reporting data on the three regions selected to implement targeted supports. The goal of these targeted supports is to help these regions improve results for child outcome 3A, summary statement 1: the percentage of infants and toddlers with One Plans who demonstrate substantially improved positive social and/or emotional skills by the time they exited Part C services.

Vermont's SIMR is: Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development. Therefore, while only reporting on Child Outcome 3A within the indicator measure, Vermont is monitoring data on both:

Child Outcome 3A summary statement 1: Increasing the percentage of infants and toddlers who show substantial growth in positive social-emotional skills.

Family Outcome 4C: CIS-EI has helped me to help my child develop and learn.

Therefore, in addition to reporting data for Indicator 3A Summary Statement 1 for those regions implementing evidence-based targeted supports, Vermont also will report data for the Indicator 4C for regions implementing the evidence-based targeted supports.

2015, Indicator 4C: 86.1% of families report that Vermont Part C helped them to help their child develop and learn.

2016, Indicator 4C: 85.8% of families report that Vermont Part C helped them to help their child develop and learn.

2017, Indicator 4C: 89.4% of families report that Vermont Part C helped them to help their child develop and learn.

Targets: Description of Stakeholder Input

Vermont Part C CIS-EI relies on stakeholders to examine Vermont's strategies more deeply, identify and implement infrastructure changes and approaches to supporting implementation of evidence-based practices and develop evaluation criteria. Stakeholders involved in implementation of the SSIP include the:

- Vermont Interagency Coordinating Council (VICC)
- Child Development Division (CDD) Vermont Statewide Systems and Community Collaborations Unit
- Agency of Education Part B 619 (AOE)
- Early Learning Challenge (ELC) Grant project coordinators through August 2018
- All CIS-EI Host Agencies, especially the regions implementing evidence-based Targeted Supports
- Building Bright Futures
- Early Childhood Comprehensive System of Personnel Development Core Planning Team (CSPD)
- Agency of Human Services (AHS)
- Integrating Family Services (IFS)
- University of Vermont Early Childhood Special Education Program (UVM ECSE)

It is important to Vermont that Stakeholders are not just informed about the SSIP strategies and progress, but they have a voice in

FFY 2017 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

continuous efforts to achieve outcomes related to the identified strategies. Through monthly calls with the regions, surveys, and periodic in-person meetings, Vermont seeks input around decisions related to the SSIP strategies.

Vermont's strategy of aligning with existing initiatives can help to address this challenge. Last year the Governor charged Vermont's Building Bright Futures (BBF) Statewide and regional councils to make progress on the Early Childhood Action Plan priorities. The SSIP has begun to achieve some results through this emphasis by having the BBF PPD Committee agree to advise and assist the CSPD inservice area. CIS is represented on the BBF Family Engagement committee. Participation with this group provides an opportunity to align with the SSIP Fostering Family Connections strategy, most immediately seeking a broader evidence-based family engagement framework or approach that could be used across early childhood disciplines.

The Part C and Part B 619 Coordinators continue to collaborate on areas of intersection between both Part C and Part B's SSIPs. These areas include sharing data in order to generate statewide longitudinal data for children eligible for Part C and Part B services, which was agreed upon in Vermont's Interagency Agreement (IAA) updated March 14, 2019. Additionally, the IAA solidifies Vermont Part C and Part B lead agencies commitments to working together to develop a Comprehensive System of Personnel Development (CSPD).

The CIS Personnel Development Coordinator meets regularly with the University of Vermont (UVM) Early Childhood Special Education Degree Program Coordinator. Discussions include the personnel development standards and certification, UVM Special Education Program enrollment, data related to Part C staff retention challenges, pre-service training, and ways to increase and support Part C field placements for UVM students. This year, the Part C Coordinator assisted UVM in applying for a grant through the Office of Special Education Programs to provide tuition reimbursement for professionals seeking a master's degree in early childhood special education or speech language therapy to increase capacity in those two critical early intervention fields.

The development of the Comprehensive System of Personnel Development (CSPD) involves diverse stakeholders from across the Early Childhood workforce. For the purposes of CSPD work, the definition of the Early Childhood workforce is any practitioner who works with children and families, prenatal to age 8, across all settings, environments, and disciplines. People in the following roles have been involved over the past year:

- Children's Integrated Services (CIS) Early Intervention (EI) Part C Coordinator,
- CIS Specialized Child Care Program Manager,
- CIS Home Visiting Program Manager,
- Parent involvement from Vermont's Interagency Coordinating Council (VICC),
- Head Start & Early Head Start,
- Faculty from UVM Department of Early Childhood Special Education,
- Child Development Division's Quality and Workforce Development team members,
- AOE Part B Early Learning Team members,
- CIS CSPD Personnel Development Coordinator,
- CIS Family Engagement Coordinator,
- Regional CIS Coordinators
- Vermont's Department of Health,
- Building Bright Future's regional representative and members of the Personnel Preparation and Development Committee,
- Higher Ed Collaborative,
- The University of Vermont Integrated Team Early Intervention Project,
- The Community College of Vermont (CCV) and Northern Lights at CCV Directors,
- Regional CIS-EI Administrators, Supervisors, and practitioners

Vermont continue to broaden our stakeholder input. Some key stakeholders we have sought to involve in the CSPD work in the coming year include: Lyndon State College, Early Childhood Higher Education Committee, home visiting practitioners, specialized child care practitioners, and Early Childhood and Family Mental Health (ECFMH) practitioners.

CIS-EI shares data with and seeks input from the Vermont Interagency Coordinating Council (VICC) on all aspects of the SSIP. During Phase III, the VICC revised their core statement: *Vermont believe in all children reaching their developmental potential. Vermont advise and assist Children's Integrated Services. When children and families thrive, Vermont thrives.*

The VICC was instrumental in providing input into the annual statewide data-sharing and determinations meeting with regional CIS-EI staff on December 7, 2018. The theme the VICC promoted for the meeting for the third year in a row was: "*Data informs practice improvements that support all children to reach their developmental potential.*" This consistency around the VICC's involvement, theme, and process for the meeting has built the data literacy of the regional CIS-EI program Supervisors and direct service staff. There were goals for this meeting: 1) Sharing out regional progress based on their previous year's quality improvement activities; 2) Development of Regional Quality Improvement Plans; 3) Building relationships between VICC and CIS-EI regional staff. Following the meeting, the State SSIP Team and VICC analyzed the effectiveness of the meeting approach and outcomes. Data from this year's meeting will inform activities for next year.

Over 90% of participants indicated on the evaluation that the meeting met the 3 objectives. A sample of comments in the evaluation data for the day in response to the question "What was the most beneficial, helpful, or valuable aspect of the day for you" are as follows:

"It was perfectly structured with sharing, learning, and time to develop QIPs."

"The guidance given by the State CIS team [at our table], and most notably the [Part C Administrator who facilitated the day]."

"Learning from other groups about their successes in various areas, but especially how they creatively worked through barriers!"

"Listening to others and getting some ideas of what other regions have implemented that they found helpful in impacting positively with families."

The CIS-EI SSIP State Team meets monthly by phone with the twelve regional CIS-EI host agencies. These meetings are used to gather input into SSIP strategies, share progress, including data, and provide guidance. The State CIS-EI program continues to support the regions as they develop and implement improvement strategies to address indicators identified in their determinations as requiring improvement, especially those indicators related to Vermont's SiMR: Indicators 3a Summary Statement 1 and 4C. Vermont provides technical assistance to those regions providing Targeted Supports related to the SSIP.

Overview

Vermont's Part C Early Intervention services are known as Children's Integrated Services-Early Intervention (CIS-EI). Vermont CIS-EI supports families with young children who have developmental delays or are at risk of having developmental delays due to a medical condition. Knowing parents are their children's first and most important teachers, CIS-EI partners with families in their homes and community settings to provide services to support children's development.

To enhance Vermont's CIS-EI ideals [1], the State Systemic Improvement Plan (SSIP) defines the State Identified Measurable Result (SiMR) as parent and child focused. The Vermont CIS-EI SiMR is: Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development. To support achieving the SiMR, Vermont has implemented four interconnected strategies:

1. A Comprehensive System of Personnel Development (a framework to improve practitioner expertise and retention of highly qualified practitioners).
2. Fostering family connections to support families to connect with one another and learn advocacy and leadership skills.
3. Implementation of evidence-based strategies targeted to improve Vermont's SiMR, evaluating these strategies for fidelity and to determine that the supports had the intended results.
4. Aligning with other initiatives related to Vermont's SiMR to maximize resources and ensure consistent and uniform information.

CIS-EI's goal is to increase infants' and toddlers' social and/or emotional functional skills, which will be demonstrated by increases in Vermont's performance on the following Federal IDEA Part C Indicators:

Child Outcome 3A summary statement 1: Increasing the percentage of infants and toddlers who show substantial growth in positive social-emotional skills.

Family Outcome 4C: CIS-EI has helped me to help my child develop and learn.

The following report describes Vermont's SSIP activities and results for the period between April 2018 and April 2019.

[1] Edelman, Larry (2004), *A Relationship-Based Approach to Early Intervention, originally published in Resources and Connections, July-September, 2004, Volume 3, Number 2, also at: http://cacenter-ecmh.org/wp/wp-content/uploads/2012/03/relationship_based_approach.pdf*

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.

During the development of the SSIP, the VICC and stakeholders examined child outcome, family outcome and staff retention data to determine root causes for Vermont's performance on child and family outcomes. It was determined from the rate of turnover of CIS-EI providers, assessed through the use of a survey of all CIS-EI regions, was a key contributing factor. This information led the VICC to determine that addressing CIS-EI provider turnover/retention would be important in the SSIP as any evidence-based practices would only be effective if used by qualified, stable staff interacting over time with families. Vermont applied for and received an Intensive Technical Assistance Grant from the Early Childhood Personnel Center (ECPC). The ECPC System Framework was used to determine gaps Vermont's current infrastructure and personnel development system that contribute to or could support improvement to the practitioner turnover rates. This analysis led Vermont to identify the need to improve our Comprehensive System of Personnel Development (CSPD) as a key strategic approach in our SSIP.

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As part of Vermont's CSPD evaluation, we conduct an annual recruitment and retention survey of all CIS providers. Many of the survey questions are aligned to national benchmarks. This year, our 3rd year conducting the survey, Vermont is comparing the survey results with the national benchmark data as planned in our SSIP. These data have confirmed that Vermont has improved in some primary areas where we have focused our resources, to the point where CIS practitioners report higher rates of satisfaction with in-service training for example than the national average for practitioners working for non-profit agencies. We compare our data with the non-profit benchmarks because the State contracts with non-profit agencies to deliver CIS-EI services. Analysis of these data, sharing these data results annually with regional CIS agencies, and use of these data to inform CSPD activities has led to the improvements in CIS practitioner satisfaction and some improvements in retention.

In-service training strategies have been informed by these data as well, including the Vicarious Trauma and Resilience training that was introduced at the May 2018 CIS Institute with ongoing training continued throughout this year. The intention of this training is to support regional practitioner well-being in order to promote retention in their roles.

A comparison of 618 child count data against Child Outcomes data in FFY 2014 found no particular cohort of children standing out as having higher or lower rates of developmental gains across child outcomes based on gender or ethnicity. The State's analysis did find that there was an inverse relationship between length of time receiving CIS-EI services and improved developmental outcomes. Specifically, the longer a child received services, the poorer their developmental outcomes. This was directly correlated to these children having higher rates of medical/neurologically-based diagnoses associated with the reason for their developmental delays, which ultimately indicate a long-term or even life-long need for ongoing developmental supports.

Anecdotal data collected for CIS-EI practitioners indicated that longer duration in the program also correlated to higher risks in families, especially mental health challenges, and other issues related to social determinants of health. A desk audit of CIS data showed that the longer families received services, the higher the rates of 'lost of follow-up.' This has informed regional CIS providers to advocate for more training in family engagement strategies, and the State's interest in identifying a common family engagement framework, model, or approach that could be used across home visiting disciplines, and was instrumental in informing Vermont's Fostering Family Connections strategy.

CIS-EI practitioners also shared that they had difficulty engaging families to identify outcomes associated with improving their child's social and emotional skills. The VICC and stakeholders determined that having a tool to facilitate a discussion with families and engage them in identifying how to recognize and develop a child's functional social and emotional skills would be helpful to get families to agree to have outcomes on their child's One Plan (Vermont's Individualized Family Support Plan- IFSP), so that CIS-EI practitioners could support these outcomes. This anecdotal analysis and conclusion informed Vermont's strategy to have three regions pilot the use of evidence-based targeted supports with families to support identification of outcomes associated with improving children's functional social and emotional skills.

The State has been engaging in improvements to our data collection, monitoring and reporting over the past year. This strategy was identified in the State Performance Plan. As we engaged in the SSIP work, regional CIS-EI Supervisors and Directors, as well as the State Part C Administrator identified the value of being able to monitor progress on child outcomes in 'real time' rather than just annually, as had been Vermont's practice. In the past year, the State developed and implemented a data reporting spreadsheet template for regions who had previously submitted data on hand-written forms. This method has been implemented in 10 out of 12 regions and has resulted in improvements to data quality as regions can self-identify and correct errors in their data. The State has also instituted monthly data cleaning calls with every region to provide technical assistance and ongoing data quality improvement activities. It is believed that improving data collection, and ensuring data are cleaned monthly, will enable the State to provide region's with progress on both Part C timeline data as well as child outcomes over the coming year in order for them to make real-time corrections to practices to improve their performance.

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.

Vermont CIS-EI has made several infrastructure improvements through this Phase of the SSIP. These improvements are directly linked to the identified coherent improvement strategies, namely the addition of a Personnel Development Coordinator and a Family Engagement Coordinator to lead key strategic approaches identified in the SSIP. Additionally, as explained in the State Performance Plan, Vermont's CIS-EI program was part of a significant organizational change in 2006. During that time, Part C services, along with early childhood nursing (well-child home visits), family support social work (to address family risks and parent educational needs, and mental health services (for young children and their parents/caregivers) were integrated into the Children's Integrated Services unit. This re-organization led to significant infrastructure changes to support seamless, integrated service delivery to Vermont infants, toddlers, and preschool children and their families. Having CIS-EI a part of the CIS unit ensures the SSIP work benefits from the input and expertise of these early childhood services.

Over the past year, the early childhood nursing and family support evidence-based CIS and responsive home visiting services within CIS

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were branded under the name Strong Families Vermont: Start at Home (see attached "CIS Continuum Graphic"). Aimed at ensuring CIS was investing in health promotive and prevention strategies that were identifiable and evidence-based, Vermont CIS partnered with the Vermont Department of Health to bring evidenced-based home-visiting services to every region of the state. Nursing services are being delivered using the Maternal Early Childhood Sustained Home Visiting (MECSHv) model. Family support services are delivered using the Parent's as Teachers (PAT) model. Using these evidence-based models, Vermont expects to see better health outcomes for children and their families. These models support the SSIP because they are targeted for families experiencing multiple risk factors which form the social determinants of health. When parents have the support they need to mitigate those factors and families understand how those factors impact their child's development, and they are invested in learning ways they can support their child's healthy development despite these factors.

Information on these models is available at the United States Department of Health and Human Services, Administration for Children & Families' Home Visiting Evidence of Effectiveness web site: MECSHv - <https://homvee.acf.hhs.gov/Implementation/3/Maternal-Early-Childhood-Sustained-Home-Visiting-Program--MECSH--Model-Overview/47> and PAT - <https://homvee.acf.hhs.gov/Implementation/3/Parents-as-Teachers--PAT--Model-Overview/16>.

The Agency of Human Services (AHS) maintains its priority on coordination and collaboration between the six AHS departments in the form of active working groups. The SSIP work remains aligned through the participation of the Part C Coordinator in the statewide Autism Workgroup. The Autism workgroup is focused on a comprehensive, statewide approach to addressing the needs of children with Autism across the age spectrum (infant/toddler through age 22). The regions developing evidence-based targeted supports all noted that children diagnosed with Autism (ASD) or highly suspected of having Autism often end up in their identified cohorts of children with functional social and or emotional developmental challenges. CIS's participation in this work will ensure that the system supports Part C children as effectively as school-aged children and prioritizes their healthy social and emotional development along with other developmental domains.

The Autism Workgroup, whose membership includes representatives from State Agencies, direct service providers, families and advocates, focuses on the following key areas:

1. Increase Partnerships across Family, Private Providers, Schools, State Staff, and Community.
2. Address Capacity Issues especially in Screening and Early Intervention.
3. Understand and Address the needs of older Adolescents with Autism.
4. Deliver Family-Centered Care
5. Learn about Models of Intervention for Autism

In 2018, Vermont's Child Development Clinic, which performs most of the diagnostic assessments in the state, underwent a significant change in delivery model with the unexpected departure of the Developmental Pediatrician. As a result, assessments, which had previously been conducted in eight regional areas of the state, we scaled back to three regions. This created difficulties for families of young children as it required them to travel up to three hours for a diagnostic evaluation. In addition, some evaluations take up to three days to complete under the new model. Challenges for families include transportation barriers, parental availability (time of work), financial resources to travel and lodge, and child comfortability and stamina for such testing. These barriers result in many families not following through with having their toddler assessed for possible autism, limiting their access to appropriate treatment options.

In January, CIS-EI and the Vermont Department of Health (VDH) partnered to test regionally based assessments with children enrolled in CIS-EI. The goals of this approach are to improve accessibility for families, parental engagement and follow-through in the assessment process, and the quality of the assessment. To achieve these goals, the partnership between CIS-EI and VDH leverages autism consultation prior to the assessment, CIS-EI paperwork and direct service providers during the assessment, in a community location in which the family and child are comfortable. We believe this infrastructure change will lead to more families following through and receiving a quality pediatric autism assessment and the recommendations that result from that to inform strategies to support their child's development.

CIS is an active member of the newly formed BBF Family Engagement Workgroup as described above. This group is expected to be an effective broad stakeholder group to involve in the SSIP Fostering Family Connections strategy in the coming year.

Vermont CIS had made infrastructure changes that aim in part to positively impact SSIP implementation, including transitioning the CIS Family Engagement Coordinator role from a contractual position to a State staff member for continuity and sustainability. To accomplish this, the CIS Family Engagement Coordinator role was combined with the Early Learning Challenge Promise Communities Technical Assistant position, the latter of which's duties are phasing down, allowing for a primary focus on CIS activities. The roles have overlapping activities and similar focus on family and community engagement strategies, so the shift tangibly fulfills the SSIP strategy of alignment across initiatives. With this change, regional CIS-EI and community partners, along with families will receive consistent messages, tools and resources to foster family and community connections.

Unfortunately, the person staffing this role resigned the position in late summer. This has left a vacancy the State has not yet been able to fill. This gap in staffing has resulted in many of the Foster Family Connections strategic activities to be on hold until the role is able to be filled, which Vermont hopes to do as soon as possible. Once this position is filled, the Family Engagement Coordinator will resume implementation of the Foster Family Outcomes strategies.

Vermont's CIS Personnel Development Coordinator also experienced staff turnover in the past year. The role was filled four months ago and continues to lead the development of the CSPD. Having a staff person dedicated to lead this activity enables Vermont to take full advantage of the technical assistance provided through the Early Childhood Personnel Center (ECPC). The Personnel Development

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Coordinator engages and communicates with key stakeholders and partners participating in the development of the CSPD. As described in the Stakeholder section above, it is challenging to keep broad groups of stakeholders involved in this work. The Personnel Development Coordinator connects using alternative methods such as email, surveys phone calls, and one-on-one meetings with individuals between or in lieu of their attendance at larger stakeholder meetings.

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

Vermont families are able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Description

Vermont's State Identified Measurable Result (SiMR), was selected by the Vermont Interagency Coordinating Council because we believe that "supporting social and emotional development fosters positive relationships for children within their families, school, and broader community. These positive social connections and skills are a critical foundation that supports children's overall development now and in the future."

CIS-EI's goal is to increase infants' and toddlers' social and/or emotional functional skills, which will be demonstrated by increases in Vermont's performance on the following Federal IDEA Part C Indicators:

Child Outcome 3A summary statement 1: Increasing the percentage of infants and toddlers who show substantial growth in positive social-emotional skills.

Family Outcome 4C: CIS-EI has helped me to help my child develop and learn.

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.

Through four interconnected strategies, Vermont families will be better able to help their infants and toddlers develop and learn functional social and/or emotional skills, and infants and toddlers will substantially improve their social and/or emotional functional development.

In 2015, the Vermont Interagency Coordinating Council selected Vermont's SiMR because we believe supporting social and emotional development fosters positive relationships for children within their families, school, and broader community. These positive social connections and skills are a critical foundation that supports children's overall development now and in the future.

Through a review of our data in 2014-2015, the VICC, along with other key stakeholders identified the following key strategies to achieve Vermont's SiMR (see Vermont's Phase I and Phase II reports for a more robust explanation of these activities):

1. A Comprehensive System of Personnel Development (a framework to improve practitioner expertise and retention of highly qualified practitioners).
2. Fostering family connections to support families to connect with one another and learn advocacy and leadership skills.
3. Implementation of evidence-based strategies targeted to improve Vermont's SiMR, evaluating these strategies for fidelity and to determine that the supports had the intended results.
4. Aligning with other initiatives related to Vermont's SiMR to maximize resources and ensure consistent and uniform information.

Vermont found that we experience a high level of turnover among our providers of early intervention services. Adopting and actively working to implement the Early Childhood Personnel Center's framework for a Comprehensive Personnel Development System will ensure Vermont attends to all critical areas of personnel development to recruit, train, and retain highly qualified personnel. When there is a high degree of turnover, services to children may be delayed due to vacancies or are provided by less experienced staff. It can take between one to two years for a new provider to be fully onboarded and proficient in their role (<https://recruitshop.com.au/long-take-employee-fully-productive/>; https://hbr.org/2017/05/onboarding-isnt-enough?referral=03759&cm_vc=rr_item_page.bottom;

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<https://www.tnt.com/address-new-hire-gaps-early-to-speed-full-productivity/>). If providers do not get retained beyond their third year, Vermont's children and families are not receiving the full benefit of seasoned professionals who have had both the time and experience to excel in their role. Retaining providers means they stay with families longer, building trusting relationships critical to effective family engagement, so they can help families learn skills to help children improve their social and emotional development. Providing pre- and inservice training related to supporting children's social and emotional development ensure those providers have the skills in this developmental domain.

During Vermont's root cause analysis, we realized that we had a lot of information about the areas that were creating barriers to engaging families, namely high staff turnover, increasing child protection involvement, and more challenging family situations including parental substance use and mental health needs. However, we were unsure what providers could do to affect family barriers. A review of CIS data and stakeholder input indicated we had a significant number of families who left services or were 'lost to follow-up' between six and twelve months after their child being determined eligible for Part C services. If we foster effective connections with families at an individual family:provider level, as well as authentically engage families to provide input at community and state levels, we can build consistent and trusting relationships necessary for us to learn from families what they need in order for them to help their children develop and learn functional social and/or emotional skills.

Vermont early intervention providers use evidence-based practices. However, root cause analysis and input from those providers indicated that they are able to engage families in identifying goals to support their children's acquisition of skills, such as communication. Yet, most providers shared that they had difficulty engaging families to identify goals that would support their children's social and emotional development. Three regions were selected to test targeted strategies to address this issue. Finding an effective way for early intervention providers to engage families around understanding what social and emotional skills are and their importance to overall development is critical to improving the SiMR. When families have outcomes targeted at build these skills, then providers can more effectively teach them strategies to improve children's social and emotional development.

These three strategies are inextricably connected. If we retain staff and we train them to implement evidence-based tools, then they will have the time to effectively engage families, and then they can use those tools to train families on ways to improve social and emotional skill development for infants and toddlers enrolled in early intervention. In addition, by working with other initiatives seeking to improve outcomes with children, such as the Autism Workgroup, Building Bright Futures, and the State Child Development Division's Quality and Workforce Development, we leverage those resources to ensure they include infants and toddlers in their focus on the social and emotional developmental outcomes along with older aged children.

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.

[Vermont SSIP Theory of Action](#) Vermont SSIP Theory of Action

 Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

In 2015 the State reviewed contracted positions to determine what resources were needed to support the work of the State Systemic Improvement Plan. The Personnel Development Coordinator position role was expanded during this review from providing direct training, to focusing on coordinating the development of a Comprehensive System of Personnel Development (CSPD) for Children's Integrated Services. This position interacted with the Early Childhood Personnel Center (ECPC) to take advantage of an intensive technical assistance grant to implement this strategy using ECPC's CSPD framework. This position continues to receive ongoing technical assistance from ECPC as they coordinate CIS and key partners including the Child Development Division's Quality and Workforce Development, Part B 619 Coordinator, Community College of Vermont Northern Lights Career Development Center, Head Start, and the University of Vermont (Vermont's University Center for Excellence in Developmental Disabilities).

In order to have a CSPD be truly comprehensive across disciplines, a staff role needs to be responsible for coordinating meetings, individuals, and information. By having a dedicated person focused on this strategy, Vermont has been able to realize meaningful progress in this work, not just for CIS-EI, but with our partners. The CIS Personnel Development Coordinator works collaboratively with other partners to leverage training and personnel development activities to maximize resources. Without this position, coordination would be dependent upon individual staff within organizations thinking about their partners each and every time they need or are

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delivering a training. Over the past year, Vermont experienced turnover of the person in this role. While the vacancy delayed some of our progress, the foundational work over the preceding year and a half enabled us to effectively on-board the new hire and continue to move this strategy forward.

In January of 2017, CIS-EI had achieved having the training in one of the state-approved, evidence-based early intervention five-domain assessment and administration of the CIS-EI Certifications added into the contract for training with the Northern Lights at Community College of Vermont (CCV), which had previously only included trainings oriented to early education (aka child care) providers. This was a significant step in Vermont's CSPD strategy. The CIS PD Coordinator has been instrumental in working with CCV to operationalize the contract expectations since her hire earlier in this reporting period. This spring Northern Lights at CCV will begin to fully administer the CIS-EI certifications and provide the first training in the use of the Assessment, Evaluation, and Programming System for Infants and Children (AEPS®), Second Edition. Having CIS-EI personnel development activities incorporated into this State contract provides necessary infrastructure for ensuring consistency, stability and access for early intervention providers to these personnel development resources.

Additionally, Vermont updated the Part C Interagency Agreement in March 2019. The agreement affirms the Agency of Human Services Part C and Agency of Education Part B 619 commitment to work collaboratively towards a CSPD that supports the IDEA by promoting ongoing recruitment, retention and professional development of early intervention providers.

Another position that was added in 2015 was the contracted State's Family Engagement Coordinator. The State recognized the need to have a position dedicated to leading the strategic work associated with Fostering Family Connections, as well as coordinating the VICC in order to achieve consistency critical to building meaningful and engaging relationships with families. As a result of having a dedicated role for this work, the VICC has increased the numbers of families participating and held two community-based meetings over the past year that included valuable participation and information provided by families from those communities about early intervention services they have received.

As a result of seeing the value of this role in cultivating authentic family engagement, CIS pursued getting a State position for this role in order to ensure more stability as the contracted position was ending. Unfortunately, this has not been possible. The State remains committed to retaining this role, and, under the leadership of the CIS Director, we are currently seeking the best option to staff the Family Engagement Coordinator position again. The extended vacancy in this role over the past year has affected our progress with many of our planned strategic work. However, Vermont continues to have a representative participate in the Building Bright Futures (BBF) Family and Communities Workgroup, so we are able to coordinate with their family engagement focus. We expect to have this role filled within the next six months, at which point they will represent CIS on the BBF workgroup.

Further Alignment Planned in 2019 and Leadership to Implement Infrastructure Changes

In the coming twelve months, CIS will be partnering with the Vermont Department of Health (VDH) home visiting to deliver trainings on the Ages and Stages Questionnaires® (ASQ®) and the Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2). Vermont chose the ASQ® as our universal developmental screening tool for use across disciplines – from children's medical homes to child care providers to home visitors. Because of the results that CIS-EI is seeing with the CIS-EI providers using the ASQ®:SE-2 as part of our targeted supports strategies, CIS advocated that this screener be added to the upcoming trainings. This partnership will enable a broad array of service providers to be trained in the use of these tools including CIS Strong Families home visitors and CIS-EI practitioners. By leveraging this partnership with VDH, we will be able to expand the use of this evidence-based screening tool to other CIS-EI regions supporting our SSIP strategy.

Vermont's CIS Institute being planned for this year will further support the social and emotional development of infants and toddlers with disabilities. Each year, as part of the CIS CSPD, we use data from CIS providers, including CIS-EI practitioners to determine their priorities for training. This year's theme is using play to support children's healthy development. There will be three tracks offered, all of which support CIS-EI practitioner's work on developing social and emotional skills in children by supporting caregivers and families to gain skills in using play to support their children's development.

From Vermont's root cause analysis, as well as the additional evidence gathered from the region using the Self-Sufficiency Outcomes Matrix as a targeted support with their families, and the research behind the Family Partnership Model that forms the basis of the Strong Families Vermont home visiting, we know that families experiencing stress are less emotionally available to be aware of how they can help their children develop and learn. However, we know that these families are very capable of attending to their child's developmental needs when given support. The CIS Institute training will teach concrete tools providers can use with families, foster parents, and child care providers to help them learn to use play to support children's healthy development. Play forms the foundation of children's learning and social relationships (<https://www.naeyc.org/resources/pubs/yc/may2017/case-brain-science-guided-play>; <https://www.frontiersin.org/articles/10.3389/fpsyg.2015.01559/full>). The CIS Institute and follow-up training supports provided throughout the year will ensure that CIS-EI practitioners have evidence-based practices they can use with families to provide them with developmentally appropriate play strategies they can use to support their children's social and emotional development in support of Vermont's SiMR.

Through the CIS CSPD workgroup and the Building Bright Futures (BBF) Families and Communities Workgroup, we will be collaborating throughout the coming year to determine if Vermont can identify a family engagement model or framework. If Vermont can identify a single evidence-based model that could be used across home visiting disciplines (such as Early Head Start and Early Intervention), then resources for training in this model could be leveraged across programs, and families will receive a consistent approach used by the different home visiting services they access within their community. This would reduce the financial burden on any one program, while maximizing the ability to have multiple disciplines using a common approach in their work with families. This

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consistency across programs supports Vermont's SSIP Fostering Family Connections and Alignment Across Initiatives strategies.

The State Child Development Division was awarded a Birth-to-Five Preschool Development Grant (PDG 0-5). This grant will provide an important opportunity to evaluate the personnel development needs across early childhood disciplines on a more granular level. Members of the Comprehensive System of Personnel Development Core Planning Team are participating in the evaluation planning associated with the Division's PDG 0-5. The evaluation is expected to be completed by the fall of 2019.

Involvement of Partners and Stakeholders

The CIS Director and Child Development Division Deputy Commissioner have been meeting with the Agency of Human Services (AHS) Secretary and the Department for Children and Families' (DCF) Commissioner to improve their understanding of CIS, including CIS-EI. These meetings have focused on infrastructure improvements such as the CIS data system needs (to improve data collection, program monitoring, and reporting), funding, and staffing. The AHS Secretary and DCF Commissioner reviewed and approved the Interagency Agreement and will remain instrumental in supporting the other infrastructure improvements described above.

The Vermont Interagency Coordinating Council (VICC) maintains instrumental in reviewing the State's progress on the SSIP strategies. CIS seeks the VICC's input when considering how to address barriers or challenges regarding these infrastructure changes. Members of the VICC participate in the CSPD workgroup, support the annual determinations of regional Early Intervention (EI) programs and facilitate the development of the EI program's Continuous Quality Improvement Plans.

CIS-EI programs participate in monthly calls with the CIS Part C Administrator. These calls are used to inform, provide guidance and technical assistance, and gather input into CIS-EI activities, including those associated with the SSIP. The calls are interactive, with regions sharing information and learning from one another, as well as from the Part C Administrator. CIS-EI providers also receive technical assistance from members of the CIS State Team as needed and provide their input on initiatives via surveys (ex. training priorities and methodologies for the CIS Institute as described above).

Support for EIS programs and providers Implementation of Evidence-Based Practices

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Evidence-Based Targeted Supports

In order to support regions to identify and implement evidence-based practices, the State CIS-EI team began by providing targeted supports to three identified regions during Phase II of the SSIP. However, this focus changed as in Phase III – the implementation and evaluation phase. Through Phase II, the State, with technical assistance from the National Center for Systemic Improvement (NCSI) and IDEA Data Center (IDC), provided targeted support through regular in-person meetings to three regions to help them conduct root cause analysis, identify improvement strategies to implement with a targeted population, and develop an evaluation plan for measuring the efficacy of their selected strategy/strategies. The three regions identified their root cause(s) and at least one strategy they are pursuing to address the root cause(s). These regions are evaluating the progress of improvement evidenced through the use of their identified strategies.

In Phase III, "Targeted Supports" acquires new meaning. For Phase III, Vermont's strategy of targeted supports refers to the supports these regions are targeting to implement with identified cohorts of infants, toddlers and their families. Therefore, the measures reported in the evaluation section reflect the measures of the targeted supports that are being implemented with infants and toddlers and their families within the three selected regions.

The targeted support strategies identified by the regions to use with defined cohorts of infants and toddlers and their families include:

- administration of the Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ@:SE-2, <https://agesandstages.com/products-pricing/asqse-2/>);
- administration of the Social, Emotional Assessment Measure (SEAM: <https://agesandstages.com/products-pricing/seam/>);
- identification of functional goals to promote social and/or emotional development where these skills are significantly below the expected range for the child's chronological age; and
- Brazelton Touchpoints Approach (<https://www.brazeltontouchpoints.org/family-resources/>);
- use of a family risk/needs assessment tool to address family factors that may impact the parent/caregiver's ability to effectively support their child's social and/or emotional skill development.

The State CIS Part C Administrator and Data Manager provide ongoing support and technical assistance to these three regions as they continue to implement their identified targeted supports.

In order to scale up these evidence-based approaches, the CIS Personnel Development Coordinator conducted a feasibility review and is working with partners to determine methods for leveraging training opportunities to promote scalability. A primary partner for this work is the Vermont Department of Health. As described above, in the coming twelve months, CIS will be partnering with the Vermont Department of Health (VDH) home visiting to deliver trainings on the Ages and Stages Questionnaires® (ASQ®) and the Ages and

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Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2). Because of the results that CIS-EI is seeing with the CIS-EI providers using the ASQ®:SE-2 as part of our targeted supports strategies, CIS advocated that this screener be added to the upcoming trainings. This partnership will enable a broad array of service providers to be trained in the use of these tools including Head Start, child care providers, Part B special educators, CIS Strong Families home visitors, and CIS-EI practitioners. Leveraging this partnership with VDH will expand the use of this evidence-based screening tool to other CIS-EI regions supporting our SSIP Targeted Supports strategy.

Evaluation

- Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SiMR(s) for infants and toddlers with disabilities and their families.
- Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SiMR(s).
- Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

The SiMR data reflects improvements to child outcomes for those regions implementing targeted supports for improving children's social and emotional functional skills to a greater degree than the overall state performance. The regions selected to implement targeted supports were regions who had demonstrated past success, had higher degree of staff stability (ie. lower rates of turnover) and had slippage in their child outcomes prior to implementation of targeted supports. In all three regions, who began full implementation of identified targeted supports on July 1, 2017, we see marked improvement in children's social and emotional skill development (Figure 1). It is believed this improvement is related to the targeted supports since these were the only changes these regions implemented in the course of the last year.

The data show that the three regions engaged in implementing targeted supports to improve children's social and emotional development also showed some improvement in families' reporting that the program helped them to gain skills to support their child's ability to develop and learn (Figure 2). While these gains are not as notably different than the rest of the state, the graph below demonstrates that these three regions did achieve a higher than average response rate from families, reflecting greater family engagement and commitment from providers to receive these performance data from families (Figure 3). We expect to see their data reflect even greater improvements to family outcome 4C for these three regions based on the implementation of their targeted supports in the coming year.

Evaluation of the progress of the regions provided evidence-based targeted supports to families is aligned with the State's theory of action. We believe that if CIS-EI practitioners have evidence-based tools to guide intentional, targeted conversations with families about their children's functional social and emotional development, then families will be able to identify outcomes and strategies they feel would help them support their children's development in this domain. By focusing on social and emotional development with families, children will improve their social and emotional skills. The identified targeted tools also help CIS-EI practitioners identify developmental improvements children are making or areas of skill-gaps while the child is still enrolled in early intervention, rather than waiting to assess their progress using the Child Outcomes Rating form upon the child's exit from services. In this way, CIS-EI practitioners can support families to continually review their child's skills and implement appropriate strategies to support the child's progress.

Comprehensive System of Personnel Development

In the past two months, under the leadership of the CIS Personnel Development Coordinator, the Comprehensive System of Personnel Development Core Planning Team (CPT) (formerly known as the Integration Workgroup) reformed after having been on hiatus during the vacancy in the coordinator position. The first activity the CPT engaged in was completing the Early Childhood Personnel Center (ECPC) CSPD Self-Assessment. This assessment is a critical evaluation tool, as well as being used as a strategic planning tool. Unfortunately, the tool underwent a revision in the past year by ECPC, so the numerical results cannot be compared against previous years. However, functionally all of the elements remain in place, and Vermont was able to identify that the State has 8 out of 12 elements at least partially in place, an increase from 7 out of 12 during the previous reporting year.

Additionally, a preliminary review of the self-assessment data during the last meeting resulted in the CPT identifying the following priorities for the group's strategic planning in the coming months:

In-Service Personnel Development

Quality Indicator PN7: A statewide system for in-service personnel development and technical assistance is in place for personnel across disciplines.

- A statewide system for in-service personnel development is aligned to national professional organization personnel standards across disciplines
- A statewide system for in-service personnel development is aligned to state personnel standards across disciplines.
- In-service personnel development is coordinated across early childhood systems and delivered collaboratively, as appropriate.
- In-service personnel development employs evidenced-based professional development practices that incorporate a variety of adult learning strategies including job embedded applications such as coaching, reflective supervision and supportive mentoring.

Recruitment and Retention

Quality Indicator PN9: Comprehensive recruitment and retention strategies are based on multiple data sources and revised as necessary.

1. Strategies are based on data, current research, and stakeholder input.
2. Strategies target discipline-specific shortages.
3. The effectiveness of strategies is tracked, reviewed annually, and updated as appropriate based on data, current research, and stakeholder input.

Evaluation

Quality Indicator PN11: The evaluation plan for the CSPD includes processes and mechanisms to collect, store, and analyze data across all subcomponents.

1. Decisions regarding priorities for evaluation questions to be addressed and data to be collected are identified when developing the CSPD plan.
2. Multiple processes, mechanisms, and methods to collect data are identified and established based on the need for the information, usefulness of potential findings, and burden on respondents and systems.
3. Quality review processes for data collection, verification, storage and management, and analysis are defined and implemented regularly.

Further, the CPT believes that partnering with the Child Development Division's Birth-to-Five Preschool Development Grant (PDG 0-5) will provide an important opportunity to evaluate the personnel development needs across early childhood disciplines on a more granular level. Members of the CPT are participating in the evaluation planning associated with the Division's PDG 0-5. The evaluation is expected to be completed by the fall of 2019.

Ongoing evaluation of the State's progress on elements of the CSPD enable the state to focus our strategic activities and remained aligned with the theory of action. The CSPD strategies provide a framework for helping CIS practitioners identify training needs and implement strategies to effectively engage families in improving their children's social and emotional development. The CSPD provides the necessary infrastructure to leverage resources across agencies and maximize the ability of the State to ultimately align standards, curriculum and provide effective career pathways, preservice and inservice training across early childhood disciplines. These strategies will improve recruitment, retention, and skills for CIS-EI practitioners along with other early childhood disciplines, leading to greater stability of the workforce. Ongoing evaluation is essential to ensuring these strategies are making a difference.

The State's annual recruitment and retention survey results identify areas of marked improvement, as well as issues that contribute to practitioner turnover across the CIS disciplines. Compensation and paperwork were the highest areas of dissatisfaction noted in the survey results. While the State cannot immediately improve the reimbursement for CIS-EI practitioners (and ongoing cause of high turnover among this workforce) (see Figure 4), these data have helped to inform the need for the State to address the long-standing level funding of these services. To that end, the State applied for and will receive assistance from the Department of Vermont Health Access on completing a cost study, which will form the basis for evaluating possible changes to the CIS rates, including the funding for CIS-EI services.

Some areas of improvement noted in the past three years that indicate the CSPD strategies are having a positive impact on staff morale and will ideally lead to improved retention of practitioners. Specifically, inservice training strategies associated with the CIS Institute trainings and follow-up supports (the topic and focus of which are directly informed by stakeholders), as well as regional strategies prompted from the state sharing the recruitment and retention data and facilitating regional discussions around these data have been identified from our analysis to be linked to these areas of improvement (Figure 5):

Vermont's "strongly agree" numbers have spiked recently and are double the national percent. Likewise, Vermont's "strongly disagree" numbers are steadily decreasing, and the national percent is 5 times more than Vermont. Associated with this measure is the following, which also indicates increased satisfaction among practitioners (Figure 6):

Further, it is clear from the data that CIS practitioners feel their work is valuable (Figure 7). Vermont's "strongly agree" numbers are 50% higher than national data. In Vermont 99% of respondents answered either "strongly agree" or "agree", compared with only 74% nationally.

However, these positive beliefs in the value of the work and satisfaction with the improvements around inservice training that the State has implemented over the past two years of the SSIP have not significantly impacted staff retention as shown by the following chart (Figure 8). The CPT continues to be informed by this and seek additional activities to mitigate this trend, as does the State CIS unit of the Child Development Division.

Evidence-based Targeted Supports

Full implementation of evidence-based strategies targeted to improve Vermont's SiMR within three CIS-EI regions began July 1, 2017, and now have over a year of data. Over the past year the three regions participated in an additional Plan-Do-Study-Act cycle to evaluate data and progress and adjust strategic plans or evaluation measures as needed. All three regions report progress on families identifying social emotional outcomes for their infant/toddler, and infants and toddlers making progress on these outcomes. While the data set is still small for these three regions, notable results have been found beyond the results shared above for the Child Outcome 3a Summary Statement 1 (3aSS1).

Region 1 uses the Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2) for every child whose entry COS

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rating for 3aSS1 is a 5 or lower, indicating the child's social and emotional skills are not at the developmental level of their peers. Since April 2018, this region was able to complete at least two consecutive ASQ®:SE-2's screenings (six months apart) on ten children. The results indicate significant gains in social and emotional functional skills for nine out of these ten children (Figure 9).

These data indicate that use of the ASQ®:SE-2 supports the theory that CIS-EI practitioners have a tool that assists them to engage families in having meaningful conversations about their child's functional social and emotional skills, identifying outcomes and strategies targeted at improving these skills, which then result in significant developmental improvements in this domain.

As a result of the last meeting of these three regions using the PDSA approach, Region 3 determined that they could not reasonably sustain the use of the Social and Emotional Assessment/Evaluation Measure™ (SEAM) due to the lack of resources to train new staff, time it took to administer the tool with fidelity and implement the planned activities. As a result, the region reassessed their strategic plan and determined that, because of the success identified by Region 1, they could realize similar results in identifying outcomes and strategies with families by using the ASQ®:SE-2. This tool is more sustainable as the region has a staff member who can train and support others in the use of the ASQ®:SE-2, along with the trainings offered by the State. As of January 1, 2019, Region 3 will administer the ASQ®:SE-2 for every child whose entry COS rating for 3aSS1 is a 5 or lower, similar to Region 1.

Between April 1 and December 31, 2018, four out of the six children in this region's cohort demonstrated a reduction in socially maladaptive behaviors. However, almost all of the children in the region's cohort were suspected of or ultimately diagnosed with autism. This caused the region to adjust their cohort and as of January 1, 2019, Region 3 will administer the ASQ®:SE-2 for every child whose entry COS rating for 3aSS1 is a 5 or lower, similar to Region 1. The region has determined that they will continue to use the SEAM Family Profile, as they have found it helps them to have critical conversations with families to support them in identifying barriers to their ability to help their child develop and learn social and emotional skills.

Region 2 utilizes the Brazelton Touchpoints approach and administers a self-sufficiency Outcomes Matrix (SSOM), which uses questions adapted from the Strengthening Families Survey. The region asserts that by using the SSOM they are able to 'identify those factors that could interfere with a family's ability to be available to support their child's development and offer appropriate supports to decrease those stressors. At every six-month/annual review the SSOM is re-administered, and the review begins with reviewing the outcomes the family identified on their One Plan (Vermont's IFSP) and asking the family to describe what they do at home to support their child in that outcome area.

At initial implementation of these strategies in 2017, only 24% of families had family goals identified on their One Plan. Currently 35% of families have family goals on their one plan. These are goals that are oriented to address the factors that could interfere with the family's ability to be available to support their child's development. Often these outcomes are associated with addressing social determinants of health such as housing and food instability, family health or mental health challenges, and substance addiction. Of the families who have been enrolled in CIS-EI in this region for more than 6 months (enabling the region to have two SSOM scores to assess for improvement), nine out of ten families showed a reduction in family stressors.

Even though this region has experienced some staff turnover in the past year, the agency in which the CIS-EI services are operated has embedded the Brazelton Touchpoints approach across all of its programs, staff trainings, supervision and culture. The region used the pre and post Touchpoints Training Survey to assess practitioner attitudes and manner of interacting with families. Initially, the staff demonstrated 32 points out of 40 in using the Touchpoints attitudes in practice prior to receiving training in the approach. Following training, in 2017 these staff demonstrated 39 out of 40 points in using the Touchpoints attitudes. The survey has now been embedded into the annual staff performance evaluation process. Upon their last performance evaluation, the CIS-EI staff who were trained in Touchpoints demonstrated between 37 and 39 points out of 40 in their attitudes in practice.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

The State continues to access technical assistance from the Early Childhood Personnel Center (ECPC) to implement Comprehensive System of Personnel Development strategies. The ECPC tools have been instrumental in helping engage stakeholders and key partners in collaborative activities to improve coordination and move Vermont toward a truly Comprehensive System of Personnel Development. The ECPC framework provides common language for the CIS Personnel Coordinator to use with our partners to communicate about the need to coordinate personnel standards and training activities. In addition, the ECPC framework provides a way to educate our partners on the difference between a 'personnel system' and the activities around professional development. By our partners understanding this distinction they are able to move beyond offering trainings and thinking about standards in a siloed way oriented toward limited populations of service providers and realize that personnel development issues are common across the early childhood disciplines. This has led to Vermont beginning to realize progress on our CSPD strategies as described above.

Over the past year, Vermont had intended to partner with Part B 619 to host the Early Childhood Technical Assistance Center (ECTA) Child Outcomes Modules so we could track CIS-EI provider's training. Unfortunately, the State has not been able to identify an entity to host these modules, so this strategy has not been able to move forward. However, many CIS-EI regions have shared that they access the ECTA modules for staff training as part of their Continuous Quality Improvement Plans to improve their child outcomes rating fidelity. Therefore, while it is disappointing to not be able actually track provider's access to these training modules, it is clear Vermont's CIS-EI practitioners are accessing this valuable training resource.

While the Family Engagement Coordinator Position has been vacant since August of 2018, Vermont has not been able to participate

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effectively in the National Center for Systemic Improvement sponsored Family Outcomes Cross-State Learning Collaborative (CSLC). We expect to be able to participate in this CSLC once the position is filled. Vermont has realized significant benefits from our participation historically, including the CSLC being a valuable resource to on-boarding and leadership development skill-building for the Family Engagement Coordinator into the IDEA Family Outcomes and introducing Vermont activities other states are using to improve family engagement and family outcomes. This position, once fully onboarded, will continue to access the benefits of the CSLC as they continue to implement Vermont's Foster Family Connections strategies in a statewide approach that enriches and expands family leadership at the provider, agency, and community level.

Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

See Vermont's SSIP Theory of Action attached above.

Coherent Improvement Strategies and Activities during the past year:

Comprehensive System of Personnel Development

As described above, in January of 2017, CIS-EI had achieved having the training in one of the state-approved, evidence-based early intervention five-domain assessment and administration of the CIS-EI Certifications added into the contract for training with the Northern Lights at Community College of Vermont (CCV), which had previously only included trainings oriented to early education (aka child care) providers. This was a significant step in Vermont's CSPD strategy. The CIS PD Coordinator has been instrumental in working with CCV to operationalize the contract expectations since her hire earlier in this reporting period. This spring Northern Lights at CCV will begin to fully administer the CIS-EI certifications and provide the first training in the use of the Assessment, Evaluation, and Programming System for Infants and Children (AEPS®), Second Edition. Having CIS-EI personnel development activities incorporated into this State contract provides necessary infrastructure for ensuring consistency, stability and access for early intervention providers to these personnel development resources.

Additionally, Vermont updated the Part C Interagency Agreement in March 2019. The agreement affirms the Agency of Human Services Part C and Agency of Education Part B 619 commitment to work collaboratively towards a CSPD that supports the IDEA by promoting ongoing recruitment, retention and professional development of early intervention providers.

The May 2018 CIS Institute focused on Vicarious Trauma and Resilience. This content was determined through the input of the CIS Practitioners. This theme supports the SSIP the contributing factor analysis performed by the Vermont Interagency Coordinating Council to determine the SSIP and strategies by addressing practitioner burnout, a key contributing factor to turnover as identified in the annual Recruitment and Retention Survey administered by Vermont as part of our CSPD strategic activities. The data from this training will not be finalized until May 2019. However, anecdotal evidence from CIS practitioner indicates that this theme and follow-up training and supports have been very valuable to improving their outlook on the work. This sentiment is also evidenced in Recruitment and Retention data collected in December of 2018 (see the 'Evaluation Section' above and attached for more details).

Regional stakeholder input was again used to determine the theme for the CIS Institute being planned for June 2019. This year the theme will be using play to support children's healthy development. There will be three tracks offered, all of which support CIS-EI practitioner's work on developing social and emotional skills in children by supporting caregivers and families to gain skills in using play to support their children's development, which supports Vermont's SiMR.

CIS also administered annual Recruitment and Retention survey as planned in the fall/early winter of 2018. These data are still being analyzed and have not yet been shared with the VICC and other stakeholders as the meeting planned for March 2019 was cancelled due to inclement weather. These data will be shared with the VICC during the May meeting. Preliminary analysis of the data seems to reflect positively on Vermont's strategic activities as having an impact on CIS practitioner satisfaction and attitudes (see the 'Evaluation Section' above and attached for more details). We are hopeful that these continued CSPD activities will bend the curve on the high turnover rates of CIS practitioners.

Fostering Family Connections

Vermont experienced turnover in this position in August 2018. Unfortunately, this turnover and efforts to obtain a permanent State Employee position has delayed hiring for this role. The lack of staffing in the role has forestalled many of the activities associated with this strategy. The State is committed to seeking the best option to staff the Family Engagement Coordinator position again.

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However, as described above, CIS is represented on the BBF Family Engagement committee. Participation with this group provides an opportunity to align with the SSIP Fostering Family Connections strategy, most immediately seeking a broader evidence-based family engagement framework or approach that could be used across early childhood disciplines. A review of CIS data showed that the longer families received services, the higher the rates of 'lost to follow-up.' This has informed regional CIS providers to advocate for more training in family engagement strategies, and the State's interest in identifying a common family engagement framework, model, or approach that could be used across home visiting disciplines.

Having a common, evidence-based family engagement framework, model, or approach that can be used across home visiting disciplines integrates the Fostering Family Connections strategy with the CSPD strategy. With a common approach, resources for training and providing ongoing support to implement an identified evidence-based family engagement practice can be shared across agencies and organizations that fund and support home visiting services such as CIS, the Vermont Department of Health, and Head Start. This integration and alignment would not only enable Vermont to maximize our resources but would also ensure that families receive a consistent approach from those home visitors with whom they interact over time, leading to improved confidence and engagement with home visiting services.

Evidence-Based Targeted Supports

The regions piloting the use of evidence-based targeted supports have continued to implement the Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2), The Social Emotional Assessment/Evaluation Measure (SEAM), the Brazelton Touchpoints approach, and the Self-Sufficiency Outcomes Matrix (SSOM). Each region has identified progress in outcomes achieved by families and children with whom they are using these evidence-based supports. The state's progress on this strategy is explained in greater detail within the 'Evaluations Section' above and attached.

The regions implementing evidence-based targeted supports participated in one additional plan-do-study-act cycle. For two out of the three regions, this review validated their strategic plan and evaluation measures. For the third, it resulted in them adjusting their strategic plan and measures. The region had been using the SEAM, but staff turnover and the cost of ongoing training in the use of the SEAM made it prohibitive to continue to use this tool with fidelity. Additionally, the length of time to complete the tool was also prohibitive as this region continues to see the highest rate of referrals for children to CIS-EI. Since the SEAM was developed by the authors of and aligns with the ASQ®:SE-2, and because the region using the ASQ®:SE-2 reported positive results, this region chose to switch to using the ASQ®:SE-2 rather than the SEAM. See the 'Evaluations Section' above and attached for more information.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

See above "Summary of Phase 3," for a description of the State's SSIP implementation progress.

Vermont Part C CIS-EI relies on stakeholders to examine Vermont's strategies more deeply, identify and implement infrastructure changes and approaches to supporting implementation of evidence-based practices and develop evaluation criteria. Stakeholders involved in implementation of the SSIP include the:

- Vermont Interagency Coordinating Council (VICC)
- Child Development Division (CDD) Vermont Statewide Systems and Community Collaborations Unit
- Agency of Education Part B 619 (AOE)
- Early Learning Challenge (ELC) Grant project coordinators through August 2018
- All CIS-EI Host Agencies, especially the regions implementing evidence-based Targeted Supports
- Building Bright Futures
- Early Childhood Comprehensive System of Personnel Development Core Planning Team (CSPD)
- Agency of Human Services (AHS)
- Integrating Family Services (IFS)
- University of Vermont Early Childhood Special Education Program (UVM ECSE)

It is important to Vermont that stakeholders are not just informed about the SSIP strategies and progress, but they have a voice in continuous efforts to achieve outcomes related to the identified strategies. Through monthly calls with the regions, surveys, and periodic in-person meetings, Vermont seeks input around decisions related to the SSIP strategies.

See "Description of Stakeholder Input" above for more information.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

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See “Evaluation Section” above and attached (to see graphic representation of the data) for an explanation of how the State measured outputs and demonstrated progress or made modifications to the SSIP during this phase. See also the “Description of Stakeholder Input” above for an explanation of stakeholder involved in the SSIP evaluation.

It is important to note that the regions currently piloting the evidenced-based targeted supports are responsible for tracking and reporting their fidelity and progress on the evidence-based methodologies they have chosen. These data are reviewed with the State CIS Part C Administrator and Data Manager at least every six months. These regions have shared data reporting methodologies, and received direct technical assistance as needed from the Data Manager to improve their data collection procedures and tools. Because these data samples are so small, and regions do not have formal data systems, data are collected and reported on Microsoft Excel spreadsheets primarily. However, child outcome data are reported to the state using state-approved reporting tools (a written data submission form or Microsoft Excel Template), which are used by every regional CIS-EI program.

D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

Vermont’s cohorts for the evidence-based targeted supports remain small. While results are promising, it makes it difficult to extrapolate these results for an indication of how these evidence-based targeted supports might benefit children on a statewide level. Following the training in the use of the ASQ®:SE-2 later this spring the State will examine methods for tracking results to determine if the use of this screening tool results in similar progress for a broader group of children.

Vermont anticipates that ongoing monthly data cleaning efforts will also lead to progress in children’s social and emotional outcomes. When we are able to provide regional CIS-EI programs their child outcomes data quarterly, they will be able to assess their progress and make mid-course corrections based on this data analysis. Currently, the regions engaged in piloting the evidence-based targeted supports demonstrate a higher rate of child outcomes rating completion than the statewide average (96% for these regions, versus 89.7% for the state). As regions see the value of receiving and reviewing their data in real time to inform performance reviews and improvement opportunities, it is believed that they will subsequently be motivated to improve their fidelity of data completion and reporting.

Vermont has targeted improvements to Family Outcomes data by focusing on improving our response rate to this survey. Since 2014, Vermont has improved the Family Survey response rate by over 27 percentage points. The State with the VICC has worked hard during the annual VICC Data and Determinations meeting to improve data literacy among the regional CIS-EI programs. As a result, regions are demonstrating an increase investment in improving their data reporting and using data to inform practice improvements in their regional Continuous Quality Improvement Plans. The improved Family Survey response rate is evidence of that improved commitment as regional CIS-EI programs hand-deliver these surveys and have provided input into the ongoing improvement activities. The Family Survey is used to collect data on Family Outcome 4c, which is part of Vermont’s SiMR: Families are able to help their child develop and learn social and emotional skills.

E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SIMR, sustainability, and scale-up
2. Evidence that SSIP’s evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets

Infrastructure Improvements

Vermont CIS-EI has made several infrastructure improvements through this Phase of the SSIP. These improvements are directly linked to the identified coherent improvement strategies and will be discussed within those strategies below. Additionally, as explained in the State Performance Plan, Vermont’s CIS-EI program was part of a significant organizational change in 2006. During that time, Part C services, along with early childhood nursing (well-child home visits), family support social work (to address family risks and parent educational needs, and mental health services (for young children and their parents/caregivers) were integrated into the Children’s Integrated Services unit. This re-organization led to significant infrastructure changes to support seamless, integrated service delivery to Vermont infants, toddlers, and preschool children and their families. Having CIS-EI a part of the CIS unit ensures the SSIP work benefits from the input and expertise of these early childhood services.

Over the past year, the early childhood nursing and family support evidence-based and responsive home visiting services within CIS were branded under the name Strong Families Vermont: Start at Home (see the “CIS Continuum” document attached). Aimed at ensuring CIS was investing in health promotive and prevention strategies that were identifiable and evidence-based, Vermont CIS partnered with the Vermont Department of Health to bring evidenced-based home-visiting services to every region of the state. Nursing services are being delivered using the Maternal Early Childhood Sustained Home Visiting (MECSHv) model. Family support services are delivered using the Parent’s as Teachers (PAT) model. Using these evidence-based models, Vermont expects to see better health outcomes for children and their families. These models support the SSIP because they are targeted for families experiencing multiple risk factors which form the social determinants of health. When parents have the support they need to mitigate those factors and families understand how those factors impact their child’s development, and they are invested in learning ways they can support their child’s healthy development despite these factors.

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Information on these models is available at the United States Department of Health and Human Services, Administration for Children & Families' Home Visiting Evidence of Effectiveness web site: MECSHv - <https://homvee.acf.hhs.gov/Implementation/3/Maternal-Early-Childhood-Sustained-Home-Visiting-Program--MECSH--Model-Overview/47> and PAT - <https://homvee.acf.hhs.gov/Implementation/3/Parents-as-Teachers--PAT--Model-Overview/16>.

The Agency of Human Services (AHS) maintains its priority on coordination and collaboration between the six AHS departments in the form of active working groups. The SSIP work remains aligned through the participation of the Part C Coordinator in the statewide Autism Workgroup. The Autism workgroup is focused on a comprehensive, statewide approach to addressing the needs of children with Autism across the age spectrum (infant/toddler through age 22). The regions developing evidence-based targeted supports all noted that children diagnosed with Autism (ASD) or highly suspected of having Autism often end up in their identified cohorts of children with functional social and or emotional developmental challenges. CIS's participation in this work will ensure that the system supports Part C children as effectively as school-aged children and prioritizes their healthy social and emotional development along with other developmental domains.

The Autism Workgroup, whose membership includes representatives from State Agencies, direct service providers, families and advocates, focuses on the following key areas:

1. Increase Partnerships across Family, Private Providers, Schools, State Staff, and Community.
2. Address Capacity Issues especially in Screening and Early Intervention.
3. Understand and Address the needs of older Adolescents with Autism.
4. Deliver Family-Centered Care
5. Learn about Models of Intervention for Autism

In 2018, Vermont's Child Development Clinic, which performs most of the diagnostic assessments in the state, underwent a significant change in delivery model with the unexpected departure of the Developmental Pediatrician. As a result, assessments, which had previously been conducted in eight regional areas of the state, were scaled back to three regions. This created difficulties for families of young children as it required them to travel up to three hours for a diagnostic evaluation. In addition, some evaluations take up to three days to complete under the new model. Challenges for families include transportation barriers, parental availability (time of work), financial resources to travel and lodge, and child comfortability and stamina for such testing. These barriers result in many families not following through with having their toddler assessed for possible autism, limiting their access to appropriate treatment options.

In January, CIS-EI and the Vermont Department of Health (VDH) partnered to test regionally based assessments with children enrolled in CIS-EI. The goals of this approach are to improve accessibility for families, parental engagement and follow-through in the assessment process, and the quality of the assessment. To achieve these goals, the partnership between CIS-EI and VDH leverages autism consultation prior to the assessment, CIS-EI paperwork and direct service providers during the assessment, in a community location in which the family and child are comfortable. We believe this infrastructure change will lead to more families following through and receiving a quality pediatric autism assessment and the recommendations that result from that to inform strategies to support their child's development.

CIS is an active member of the newly formed BBF Family Engagement Workgroup as described above. This group is expected to be an effective broad stakeholder group to involve in the SSIP Fostering Family Connections strategy in the coming year.

Vermont CIS had made infrastructure changes that aim in part to positively impact SSIP implementation, including transitioning the CIS Family Engagement Coordinator role from a contractual position to a State staff member for continuity and sustainability. To accomplish this, the CIS Family Engagement Coordinator role was combined with the Early Learning Challenge Promise Communities Technical Assistant position, the latter of which's duties are phasing down, allowing for a primary focus on CIS activities. The roles have overlapping activities and similar focus on family and community engagement strategies, so the shift tangibly fulfills the SSIP strategy of alignment across initiatives. With this change, regional CIS-EI and community partners, along with families will receive consistent messages, tools and resources to foster family and community connections.

Unfortunately, the person staffing this role resigned the position in late summer. This has left a vacancy the State has not yet been able to fill. This gap in staffing has resulted in many of the Foster Family Connections strategic activities to be on hold until the role is able to be filled, which Vermont hopes to do as soon as possible.

Vermont's CIS Personnel Development Coordinator also experienced staff turnover in the past year. The role was filled four months ago and continues to lead the development of the CSPD. Having a staff person dedicated to lead this activity enables Vermont to take full advantage of the technical assistance provided through the Early Childhood Personnel Center (ECPC). The Personnel Development Coordinator engages and communicates with key stakeholders and partners participating in the development of the CSPD. As described in the Stakeholder section above, it is challenging to keep broad groups of stakeholders involved in this work. The Personnel Development Coordinator connects using alternative methods such as email, surveys phone calls, and one-on-one meetings with individuals between or in lieu of their attendance at larger stakeholder meetings.

Evidence-Based Targeted Supports

See also "Evaluation Section" above and attached for more information and to see the graphical representation of the data.

Full implementation of evidence-based strategies targeted to improve Vermont's SiMR within three CIS-EI regions began July 1, 2017, and now have over a year of data. Over the past year the three regions participated in an additional Plan-Do-Study-Act cycle to evaluate

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data and progress and adjust strategic plans or evaluation measures as needed. All three regions report progress on families identifying social emotional outcomes for their infant/toddler, and infants and toddlers making progress on these outcomes. While the data set is still small for these three regions, notable results have been found beyond the results shared above for the Child Outcome 3a Summary Statement 1 (3aSS1).

Region 1 uses the Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2) for every child whose entry COS rating for 3aSS1 is a 5 or lower, indicating the child's social and emotional skills are not at the developmental level of their peers. Since April 2018, this region was able to complete at least two consecutive ASQ®:SE-2's screenings (six months apart) on ten children. The results indicate significant gains in social and emotional functional skills for nine out of these ten children (Figure 9).

Figure 9 is available in the attached "Evaluation Section" document

These data indicate that use of the ASQ®:SE-2 supports the theory that CIS-EI practitioners have a tool that assists them to engage families in having meaningful conversations about their child's functional social and emotional skills, identifying outcomes and strategies targeted at improving these skills, which then result in significant developmental improvements in this domain.

As a result of the last meeting of these three regions using the PDSA approach, Region 3 determined that they could not reasonably sustain the use of the Social and Emotional Assessment/Evaluation Measure™ (SEAM) due to the lack of resources to train new staff, time it took to administer the tool with fidelity and implement the planned activities. As a result, the region reassessed their strategic plan and determined that, because of the success identified by Region 1, they could realize similar results in identifying outcomes and strategies with families by using the ASQ®:SE-2. This tool is more sustainable as the region has a staff member who can train and support others in the use of the ASQ®:SE-2, along with the trainings offered by the State. As of January 1, 2019, Region 3 will administer the ASQ®:SE-2 for every child whose entry COS rating for 3aSS1 is a 5 or lower, similar to Region 1.

Between April 1 and December 31, 2018, four out of the six children in this region's cohort demonstrated a reduction in socially maladaptive behaviors. However, almost all of the children in the region's cohort were suspected of or ultimately diagnosed with autism. This caused the region to adjust their cohort and as of January 1, 2019, Region 3 will administer the ASQ®:SE-2 for every child whose entry COS rating for 3aSS1 is a 5 or lower, similar to Region 1. The region has determined that they will continue to use the SEAM Family Profile, as they have found it helps them to have critical conversations with families to support them in identifying barriers to their ability to help their child develop and learn social and emotional skills.

Region 2 utilizes the Brazelton Touchpoints approach and administers a self-sufficiency Outcomes Matrix (SSOM), which uses questions adapted from the Strengthening Families Survey. The region asserts that by using the SSOM they are able to 'identify those factors that could interfere with a family's ability to be available to support their child's development and offer appropriate supports to decrease those stressors. At every six-month/annual review the SSOM is re-administered, and the review begins with reviewing the outcomes the family identified on their One Plan (Vermont's IFSP) and asking the family to describe what they do at home to support their child in that outcome area.

At initial implementation of these strategies in 2017, only 24% of families had family goals identified on their One Plan. Currently 35% of families have family goals on their one plan. These are goals that are oriented to address the factors that could interfere with the family's ability to be available to support their child's development. Often these outcomes are associated with addressing social determinants of health such as housing and food instability, family health or mental health challenges, and substance addiction. Of the families who have been enrolled in CIS-EI in this region for more than 6 months (enabling the region to have two SSOM scores to assess for improvement), nine out of ten families showed a reduction in family stressors.

Even though this region has experienced some staff turnover in the past year, the agency in which the CIS-EI services are operated has embedded the Brazelton Touchpoints approach across all of its programs, staff trainings, supervision and culture. The region used the pre and post Touchpoints Training Survey to assess practitioner attitudes and manner of interacting with families. Initially, the staff demonstrated 32 points out of 40 in using the Touchpoints attitudes in practice prior to receiving training in the approach. Following training, in 2017 these staff demonstrated 39 out of 40 points in using the Touchpoints attitudes. The survey has now been embedded into the annual staff performance evaluation process. Upon their last performance evaluation, the CIS-EI staff who were trained in Touchpoints demonstrated between 37 and 39 points out of 40 in their attitudes in practice.

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

In the coming twelve months, CIS will be partnering with the Vermont Department of Health (VDH) home visiting to deliver trainings on the Ages and Stages Questionnaires® (ASQ®) and the Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2). Vermont chose the ASQ® as our universal developmental screening tool for use across disciplines – from children's medical homes to child care providers to home visitors. Because of the results that CIS-EI is seeing with the CIS-EI providers using the ASQ®:SE-2 as part of our targeted supports strategies, CIS advocated that this screener be added to the upcoming trainings. This partnership will enable a broad array of service providers to be trained in the use of these tools including CIS Strong Families home visitors and CIS-EI practitioners. By leveraging this partnership with VDH, we will be able to expand the use of this evidence-based screening tool to other CIS-EI regions supporting our SSIP strategy.

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The state would benefit from technical assistance for scaling up the use of the ASQ®:SE-2 across the state following this training. CIS-EI has learned a significant number of strategies related to implementation science from our participation in various trainings and learning collaboratives over the past several years as part of the SSIP technical assistance opportunities. However, scaling up the use of the ASQ®:SE-2 will present challenges in some regions due to readiness and performance issues. Trouble-shooting these potential barriers with technical assistance providers will help us retain a needed perspective uncolored by our history with these regional CIS-EI programs.

The State Child Development Division was awarded a Birth-to-Five Preschool Development Grant (PDG 0-5). This grant will provide an important opportunity to evaluate the personnel development needs across early childhood disciplines on a more granular level. Members of the Comprehensive System of Personnel Development Core Planning Team (CPT) are participating in the evaluation planning associated with the Division's PDG 0-5. The evaluation is expected to be completed by the fall of 2019. The CPT believes that partnering with the Child Development Division's Birth-to-Five Preschool Development Grant (PDG 0-5) will provide an important opportunity to evaluate the personnel development needs across early childhood disciplines on a more granular level.

The State is pursuing filling the Family Engagement Coordinator role in the coming year. Once this role is filled, they will represent CIS on the Building Bright Futures (BBF) Families and Communities workgroup, which is seeking to identify a seeking an evidence-based family engagement framework or approach that could be used across early childhood disciplines (home visitors such as CIS and Head Start). An approach should be identified over the next year and implementation plan identified. CIS is and will remain involved, including determining how this integrates with the CSPD strategy as it relates to inservice training for the various disciplines that would benefit from the identified family engagement approach.

While the Family Engagement Coordinator Position has remained vacant, Vermont has not been able to participate effectively in the National Center for Systemic Improvement sponsored Family Outcomes Cross-State Learning Collaborative (CSLC). We expect to be able to participate in this CSLC once the position is filled. Vermont has realized significant benefits from our participation historically, including the CSLC being a valuable resource to on-boarding and leadership development skill-building for the Family Engagement Coordinator into the IDEA Family Outcomes and introducing Vermont activities other states are using to improve family engagement and family outcomes. This position, once fully onboarded, will continue to access the benefits of the CSLC as they continue to implement Vermont's Foster Family Connections strategies in a statewide approach that enriches and expands family leadership at the provider, agency, and community level.

OSEP Response

Required Actions

This indicator is not applicable.