

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.

State of Vermont

Part C State Systemic Improvement Plan (SSIP)

Overview

Introduction

Vermont's Part C Early Intervention services are known as Children's Integrated Services-Early Intervention (CIS-EI) services. Vermont CIS-EI supports families with young children who have developmental delays, or who are at risk of having developmental delays due to a medical condition, by providing services in accordance with Part C of the Individuals with Disability Education Act (IDEA). CIS-EI does this in collaboration with a variety of partners. 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 CIS-EI's work, the federal Office of Special Education Programs (OSEP) is requiring every state's Early Intervention program to develop a five-year plan. The state plan, known as the State Systemic Improvement Plan (SSIP), identifies a State Identified Measurable Result (SIMR) that will improve outcomes and the quality of life for infants and toddlers receiving CIS-EI services. Vermont CIS-EI, in collaboration with families and other partners, seeks to do this by supporting families to help their children develop and improve their social and emotional skills.

Supporting social and emotional development fosters positive relationships for children within their families, school and broader community. Doing this will help children now and in the future. Through the SSIP, CIS-EI will implement strategies that directly and positively impact families' ability to support their children's healthy social and emotional development. CIS-EI's goal is to increase infant and toddler's social and/or emotional functional skills.

Vermont's State Part C Program Overview

Vermont's CIS-EI services are part of a statewide system called Children's Integrated Services (CIS). CIS is a program administered by the Agency of Human Services (AHS), Department for Children and Families (DCF), Child Development Division (CDD). Along with AHS, the Agency of Education (AOE) is Vermont's co-lead for Part C services. This relationship is governed by an Interagency Agreement.

CIS provides health promotion, prevention, and early intervention services to pregnant and postpartum women, infants and children birth to age six (6)*, their families and child development providers. CIS services include:

- Maternal-Child Health Nursing;
- Family Support Services;
- Part C Early Intervention;

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- Early Childhood and Family Mental Health; and
- Specialized Child Care Supports (*through age 13).

CIS services are part of a coordinated continuum of care across multiple types of providers and settings. The goal is to improve the health and well-being of pregnant/postpartum women, infants and children through connections with high quality health care and community support services so that progress on maternal and child safety, family stability, and optimal healthy development is achieved. The State of Vermont Child Development Division contracts with 12 regional non-profit entities (often Parent-Child Centers) to deliver CIS-EI services. Vermont CIS-EI serves approximately 1,600 children annually.

Vermont's State Identified Measurable Result

Vermont has chosen the following State Identified Measurable Result (SIMR) to direct the plan: 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 (Part C IDEA/OSEP indicators 4c & 3a). Vermont CIS-EI will provide targeted supports to three regions that were below the state target for indicator 3a (Infants and toddlers substantially improve their social and emotional functional development) in 2013, while also implementing statewide systems-level strategies in Phase II of the SSIP.

Vermont's Coherent Improvement Strategies

One statewide system-level strategy Vermont CIS-EI will pursue is to examine opportunities in Phase II of our State Systemic Improve Plan to align with other state initiatives and programs that seek to impact children's social and emotional development. These include: selected Early Learning Challenge (ELC) grant projects supporting community initiatives and child care program quality; Integrating Family Services (IFS) initiatives looking at improving coordination across programs, and increasing mental health supports for children and families; and aligning with Part B to improve outcomes for children who transition from Part C with social and/or emotional developmental needs. By aligning with these other initiatives and programs, we can maximize resources and unify information disseminated by the State and community partners about the role social and emotional functional skills have in impacting children's overall success across all other developmental domains.

Another state-wide strategy in Phase II is to develop and promulgate a comprehensive system of personnel development (CSPD). Vermont CIS-EI applied for and will receive intensive technical assistance from the Early Childhood Personnel Center (ECPC) to develop a CSPD, which is a federal requirement for Part C. Vermont CIS-EI has always provided on-going professional development opportunities to regional early intervention staff in the form of an annual conference or targeted regional trainings (ex. Ages and Stages Questionnaire administration, writing outcomes, regulations to practice, etc.). Using the Framework developed by the ECPC, Vermont will have a strategically

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designed and documented CSPD, which can be used at the State and regional level to identify, promote and implement best and consistent practice among CIS-EI practitioners.

State and national data show that challenges with the recruitment and retention of qualified practitioners contribute to CIS-EI non-compliance with federal timeline regulations and less progress in outcomes for children and families. Research shows that, in addition to pay, staff retention is affected by access to supervision and ongoing professional development, staff feeling competent to perform their responsibilities, and by high work-loads (Porter, 2012¹; Ellet, et al., 2006²; Peebles and Pedersen, 2004³). A CSPD will enable Vermont to identify and target strategies to improve supports to regional CIS-EI programs and CIS-EI practitioners with the goal to increase practitioner expertise and retention.

Vermont recognizes, based on stakeholder input, the need for CIS-EI to look for opportunities to participate in systems-level discussions and initiatives that impact mental health supports for children and families. Stakeholders described that if the mental health needs of parents/caregivers are not met, parents/caregivers with these needs are less available to learn and implement strategies to help their children develop and learn social and emotional skills. Therefore, CIS-EI at the State and regional levels will seek opportunities to advocate for, identify, and make referrals to mental health resources that support children and their parents/caregivers. A parent/caregiver who is able to get his/her own needs met is better able to provide nurturing attention and meet the needs of his/her children (Center for the Study of Social Policy, Strengthening Families, 2014⁴).

Along with the focus on mental health supports, stakeholders shared the importance of identifying and promoting community activities to families served by CIS-EI. Community activities, such as play groups, dabble-days at the local parent child center, or music in the park, provide families (adults and children alike) the opportunity to make positive social connections with peers. Social connections support children's healthy development, reduce family isolation, and increase natural supports for families. Vermont has identified all of these as factors that may contribute to improving the social and/or emotional functional development of infants and toddlers.

Finally, Vermont will be providing targeted support through Phases II and III of the SSIP to three regions with data results in FFY 2013 that were below the state target for indicator 3a (Infants and toddlers substantially improve their social and emotional functional development). The regions selected will receive targeted technical assistance to review current regional data, assess root causes and select one or two strategies to implement in Phases II and III from those proposed during the Phase I

¹ http://www.childresearch.net/projects/ecec/2012_04.html

² http://www.phoenixsinclairinquiry.ca/pdf/exhibitk_cheryl_regehr.pdf

³ <http://cdd.unm.edu/ecspd/pubs/pdfs/EIProgramsinNewMexicoFINALREPORT.pdf>

⁴ http://www.cssp.org/reform/strengtheningfamilies/2014/The-Strengthening-Families-Approach-and-Protective-Factors-Framework_Branching-Out-and-Reaching-Deeper.pdf

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stakeholder input process. These strategies must be linked to the SIMR by either engaging parents/caregivers in learning strategies to help their infants and toddlers develop functional social and/or emotional skills, and/or by implementing evidence-based approaches to help infants and toddlers substantially improve their social and/or emotional functional development.

Vermont's Process for Developing the State Systemic Improvement Plan

Vermont's relatively small population, coupled with Vermont's CIS-EI program being part of the larger system of CIS services, positions Vermont well to implement state-wide systems-level strategies as well as targeted supports to regions that did not meet targets associated with the SIMR in 2013. Additionally, Vermont has many initiatives under-way through the Early Learning Challenge (ELC) grant and Vermont's Early Childhood Framework and Action Plan (<http://governor.vermont.gov/blog-early-childhood-action-planning-committee>), both of which have projects and activities related to the healthy social and emotional development of children. These improvement efforts provide opportunities to unify messages, leverage resources, and coordinate strategies that will have a broader and positive impact for children and families.

Development of Vermont's Part C SSIP, led by the State CIS-EI SSIP Team, included regular input from the SSIP Workgroup of the Vermont Interagency Coordinating Council (VICC) as well as from the full Vermont Interagency Coordinating Council. These groups included representation from the Agency of Education, CIS-EI regional programs, parents, as well as other CIS-EI partners (membership and involvement is discussed in the Stakeholder section below). Additional input was sought specifically from the CIS-EI regional practitioners to help identify potential root causes and strategies. These groups will continue to participate in evaluating the effectiveness of strategies implemented, making adjustments or expansions to the SSIP, and improving Vermont's SIMR throughout Phase II and Phase III of the SSIP.

Under this State System Improvement Plan Vermont CIS-EI will implement systems-level statewide strategies, support families to access mental health resources and participate in community activities, connect with other State-level initiatives and programs, and provide targeted supports to specific regions. CIS-EI, with stakeholder input, will regularly evaluate the results of these efforts, and, when necessary, adjust the SSIP. This SSIP places a priority on strategies that will directly and positively impact families' ability to help their children develop and learn healthy social and/or emotional functional skills. Vermont CIS-EI will know that this plan is achieving the desired result when there is an increase in the numbers of infants and toddlers who substantially improve their social and/or emotional functional development.

Layout of the SSIP Document

While organized within this document in discreet sections, most of this work overlapped throughout the development of the SSIP. The following sections will provide background on Vermont's process for developing the SSIP, Selecting the SIMR, and

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identifying the coherent improvement strategies to increase the numbers of infants and toddlers who substantially improve their social and/or emotional functional development:

Stakeholder Input into the SSIP: this section describes the stakeholder groups and process for engaging these groups that was used in the development of the SSIP, and identification of Vermont's SIMR, and the Coherent Improvement Strategies.

Data Analysis: while data analysis occurred throughout all aspects of development of the SSIP, this section provides a description of how the State identified and analyzed key data associated with the SIMR and SSIP improvement strategies. These data included, but were not limited to, compliance data from the State's Part C Annual Performance Report (APR), demographic data from the 618 compliance reports, poverty data, and data related to regional CIS-EI personnel data. The quality of Vermont's data will be discussed, including opportunities for improvement. Additional data to be collected in Phases II and III of the SSIP will also be discussed.

Analysis of State Infrastructure: this section provides a description of the capacity of the state's current infrastructure (including programs and initiatives) to support the SIMR and SSIP improvement strategies. Included in this section is a discussion of the state's Early Childhood Framework and Action Plan, associated Early Learning Challenge grant projects, Integrating Family Services effort, and CIS-EI's governance structure, personnel development, and quality improvement processes.

State Identified Measurable Result: this section provides information about the process, using Results Based Accountability (RBA) with stakeholder input, that Vermont followed to identify the SIMR, rationale for Vermont's choice of SIMR, and the alignment of the SIMR with the data and infrastructure discussed in previous sections. This section also describes the targets Vermont has set for the three regions selected for targeted support, and whose data will be reported from child outcome indicator 3a1 (Infants and toddlers substantially improve their social and emotional functional development) to demonstrate Vermont's results on the SIMR.

Selection of Coherent Improvement Strategies: this section provides a description of the process Vermont used to engage stakeholder input into analyzing root causes and identifying rational, logical improvement strategies. The strategies selected to improve the SIMR are identified and described in this section.

Theory of Action: a graphic depiction of the SSIP and conclusion completes the SSIP. This graphic provides a high-level illustration of Vermont's rationale and how the improvement strategies selected will improve results for Vermont's infants and toddlers.

Glossary of Acronyms: at the back of this document is a glossary of the acronyms used throughout the SSIP.

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Stakeholder Input into the SSIP

This section describes the stakeholder groups and process for engaging these groups that was used in the development of the SSIP, selection of the SIMR, root cause analysis, and identification of Coherent Improvement Strategies.

Vermont is a rural state, with a small population. Therefore, Vermont's numbers of primary staff and key stakeholders are limited. As a result, and beneficially, Vermont used the same groups for input into the SSIP. The State SSIP Team used the Results Based Accountability (RBA) process to gather stakeholder input into data analysis, infrastructure analysis, selection of the SIMR, root cause analysis, and identification of coherent improvement strategies. Additionally, based on input from the CIS-EI regional directors and supervisors, input was sought from regional practitioners to identify root causes; gaps in knowledge, skills and resources; and potential improvement strategies.

Vermont had four primary groups of people whose input was instrumental to the development of the SSIP. These four groups will continue to be involved throughout Phases II and III of the SSIP. These groups included individuals with the following roles:

State SSIP Team

Members:

- Vermont CIS Part C Administrator
- Vermont CIS Part C Data Manager
- Vermont CIS Part C Program Associate/Research Associate, University of Vermont
- Vermont CIS Part C Professional Development Coordinator/Research Assistant Professor, University of Vermont
- Vermont CIS Data Evaluation and Quality Assurance Specialist
- Vermont Agency of Education Part B/619 Coordinator
- Vermont CIS Part C Vermont Interagency Coordinating Council (VICC) Coordinator

Vermont has limited staff administering the CIS-EI program due to Vermont's small size. Therefore, the State SSIP Team includes all the individuals who have primary roles within the administration of the CIS-EI program. This group meets weekly, in-person. The State SSIP Team is responsible for coordination, oversight and administration of the SSIP planning and implementation. Members of this team will provide ongoing, in-person, technical assistance to regions selected to receive targeted support during Phase II.

SSIP Workgroup of the Vermont Interagency Coordinating Council

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Members:

- Parent
- President/CEO, Vermont Family Network (Vermont's Parent Training Information Center)
- CIS-EI Autism Consultant and Co-Chair VICC - Vermont Family Network/Burlington CIS Region
- Director, Addison County Parent Child Center, CIS Intake Coordinator/Middlebury CIS Region
- Developmental Educator CIS-EI, Lamoille Family Center/ Morrisville CIS Region
- Vermont Agency of Education Part B/619 Coordinator/State SSIP Team
- Vermont CIS Part C Administrator/State SSIP Team
- Vermont CIS Part C Data Manager/State SSIP Team
- Vermont CIS Part C Professional Development Coordinator /State SSIP Team
- Vermont CIS Data Evaluation and Quality Assurance Specialist/State SSIP Team
- Vermont CIS Part C VICC Coordinator/State SSIP Team
- Vermont CIS Part C Program Associate/State SSIP Team

Membership in this group was selected from among those who attended the kick-off meeting, sponsored by the Northeast Regional Resource Center (NERRC), for the SSIP in spring of 2014, as well as other volunteers from the VICC. This group met bi-weekly in-person (with phone/web-go-to-meeting participation offered as an accommodation to support participation) through the summer of 2014, and then monthly thereafter. The SSIP Workgroup of the VICC advised the work of the State SSIP State Team and helped prepare agendas and materials for input Vermont sought from the full VICC and from the regional CIS-EI practitioners. This group will remain active, with regularly scheduled meetings, throughout Phases II and III.

Vermont Interagency Coordinating Council Members and Other Stakeholders

- Parents (3)
- Director, Vermont Children's Integrated Services
- Coordinator, Vermont Homeless Children and Youth Education Program
- Associate Director, Capstone Community Head Start/Barre CIS Region
- Program Coordinator CIS-EI, The Family Center of Northwestern Vermont/St. Albans CIS Region
- Consumer Services Specialist, Vermont Department of Financial Regulation, Insurance Division
- Director, Essential Early Education (EEE - Vermont's Early Childhood Special Education)/Burlington School District
- CIS Early Interventionist/EI Clinical Supervisor, Winston Prouty Center/Brattleboro CIS Region

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- Director, CIS-EI and Family Support, Rutland County Parent Child Center/Rutland CIS Region
- CIS-EI Specialist, Rutland County Parent Child Center/Rutland CIS Region
- Medical Social Worker, Children with Special Health Needs, Vermont Department of Health/Hartford and Springfield CIS Regions
- Associate Professor, Early Childhood Special Education Programs, University of Vermont
- Director, Children's Mental Health, Washington County Mental Health/Barre CIS Region
- Clinical Care Coordinator, Vermont Department of Mental Health, Children, Adolescent and Family Unit
- Program Manager, Vermont CIS Specialized Child Care Services
- Program Consultant, Vermont Children's Integrated Services
- Director, Head Start State Collaboration Office
- Director, Promise Community Unit, Vermont Child Development Division
- Operations Director, Vermont Department for Children and Families
- Professor, University of Vermont/Executive Director, Center on Disability and Community Inclusion (Vermont's University Center for Excellence in Developmental Disabilities – UCEDD)
- Director, Vermont's Northern Lights Career Development Center
- CIS-EI Developmental Educator and Family Support Nurse, The Family Place/Hartford and Orange CIS Regions
- CIS-EI Administrative Coordinator, The Family Place/Hartford and Orange CIS Regions
- CIS-EI Director, Vermont Family Network/Burlington CIS Region
- Master's Students, Early Childhood Special Education Personnel Preparation Program/University of Vermont
- Physician, Pediatrics and Developmental-Behavioral Pediatrics, Middlebury, Vermont
- Policy and Operations Manager, Vermont Division of Economic Services

The Vermont Interagency Coordinating Council (VICC) is federally mandated under Part C of the Individuals with Disabilities Act (IDEA) (34 CFR § 303.600-605) to advise and assist Part C Early Intervention. VICC members are appointed by the Governor. Since the Vermont's early intervention (CIS-EI) services are part of Vermont's Children's Integrated Services (CIS), the VICC is charged with advising and assisting CIS, providing input into enhancing capacity and coordination of services and supports for children and their families. The VICC meets at least quarterly in person. Additional meetings are scheduled as needed by phone or webinar.

The VICC was instrumental in giving input into key aspects of the SSIP including helping select the SIMR, and developing the high-level message the State SSIP Team and SSIP Workgroup of the VICC uses when talking with stakeholders about the SSIP. The VICC also informed the targets set in both the State Performance Plan (SPP) for federal fiscal years (FFY) 2013-2018 and the SSIP. Finally, the VICC engaged in root

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cause analysis, and recommended improvement strategies, which have been incorporated into the SSIP for implementation or further exploration in Phase II.

Through in-person meetings, the VICC will continue to receive information about the implementation and evaluation of SSIP strategies, participate in additional root cause analysis, recommend additional improvement strategies after the State Team and SSIP Workgroup of the VICC gather more information, and provide input into any changes to the SSIP throughout Phases II and III. Based on evaluations (written or publicly gathered feedback) conducted at the end of each meeting, it is clear VICC members recognize and value their role in the SSIP process.

Improving Family Engagement in Phase II

Vermont recognizes the need to engage more families throughout Phases II and III of the SSIP. During Phase I, a parent participated in the SSIP Workgroup of the VICC, and the VICC currently has three active parent members. Additionally, the State SSIP Team provided two articles describing the SSIP and the SIMR for publication in Vermont's Parent Training and Information (PTI) Center's newsletter. Engaging families in leadership roles is a priority for Part C of IDEA, and it is a priority for Vermont CIS-EI. Recruitment is underway to hire a recently vacated Family Engagement Coordinator position (formerly the VICC Coordinator position) to be hosted by Vermont's PTI.

The Family Engagement Coordinator will be responsible for coordinating the VICC. Most notably, however, the State has worked closely with the PTI to clearly define this position with a priority on recruiting families, increasing family engagement in leadership activities associated with Part C in Vermont, building families advocacy skills, and helping them make connections with peers. This focus on family engagement will benefit the SSIP process for Phases II and III by increasing family input.

Regional CIS-EI Host Agencies and Community Stakeholders

The State CIS-EI Team holds teleconferences/webinars monthly with the CIS-EI regional directors and supervisors. This monthly meeting provides a forum to keep CIS-EI regional leadership and staff informed and to get their feedback on CIS-EI services on a regular basis.

In fall 2014, the State SSIP Team participated in the CIS-EI monthly teleconferences/webinars to inform the regional leaders about the SSIP and seek their feedback on strategies for gathering input from CIS-EI practitioners. CIS-EI regional leaders asked that the State SSIP Team send focus-group questions to them. These regional leaders then conducted focus groups with the local CIS-EI practitioners and included additional stakeholders. The regions forwarded their responses back to the State SSIP Team for analysis. The State SSIP Team, with the SSIP Workgroup of the VICC, included these data in the SSIP root cause analysis and proposed improvement strategies that were shared in a joint meeting with the VICC and CIS-EI Host Agency

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Directors and Supervisors. Responses from that meeting were incorporated into the SSIP.

In addition to Regional CIS-EI Host Agency staff, the following community partners were identified as having participated in the focus group feedback*:

- Maternal Child Health Director, District Department of Health
- CIS Coordinator
- CIS Child Care Coordinator
- Early Childhood and Family Mental Health clinician, Designated Mental Health Agency
- Nurse Family Partnership Nurse, Visiting Nurse, Home Health and Hospice agency
- Early Childhood Program Teacher
- CIS Family Support Social Worker, Parent Child Center
- Early Head Start Infant Toddler Teacher
- Speech Language Pathologist

** Note: only three regions identified focus group participants*

The CIS-EI Regional Host Agencies will continue to receive information and provide input during the CIS-EI monthly teleconferences/webinars. Information will be shared and input sought about the implementation and evaluation of SSIP strategies, additional root cause analysis, recommend additional strategies after the State Team and SSIP Workgroup of the VICC gathers more information, and will provide input into any changes to the SSIP throughout Phases II and III. The input of the CIS-EI Regional Host Agencies is essential to the successful administration of the SSIP strategies and associated evaluation processes.

Additional State-level Stakeholders

The Vermont CIS Part C Administrator held additional individual meetings throughout development of the SSIP seeking input from the:

- Child Development Division Deputy Commissioner,
- Agency of Education State Special Education Director,
- Vermont Part B Special Education Data Manager,
- Child Development Division Statewide Systems and Community Collaboration Director,
- Early Learning Challenge (ELC) Grant Coordinator, and the
- Promise Community Coordinator (a project of the ELC grant)

Connections with these key stakeholders will continue through formal meetings held by members of the State SSIP Team throughout Phases II and III.

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As Vermont proceeds through Phase II and Phase III of the SSIP, additional connections will be made with others associated with the ELC grant projects. These connections were initiated, but work on the projects was not far enough along for project coordinators to identify appropriate avenues for alignment. Vermont CIS-EI will follow up with ELC grant projects that focus on: Strengthening Families, Vermont Early Learning Standards (these have just been posted for public comment), home visiting, developmental screening and health, and specialized child care.

Beginning in Phase II of the SSIP, based on input from the VICC and Regional CIS-EI Host Agency directors, CIS-EI will meet with the Department for Mental Health, Integrating Family Services (a State effort to coordinate Agency of Human Services programs for families pre-natally and children through age twenty-two), and Building Bright Futures (Vermont's early childhood advisory council). These connections will help facilitate the SSIP strategy to examine how CIS-EI can help Vermont unify messages, tools and resources that support children's social and/or emotional development.

Data Analysis

This section provides a description of how the State identified and analyzed key data associated with the SIMR and SSIP strategies. The quality of Vermont's data will be discussed including opportunities for improvement. Additional data to be collected in Phases II and III of the SSIP will be also discussed.

Identification and Analysis of Key Data

It is important to note that, while data analysis is handled within this document as a discrete process, as with stakeholder involvement, data analysis accompanied and informed each step in the process of the development of Vermont's SIMR and Coherent Improvement Strategies.

In summer 2014, the state conducted a broad data analysis of child and family data to identify a potential State Identified Measurable Result (SIMR) (see appendix attached as a separate document). As this analysis was conducted prior to obtaining the current year's results, FFY 2013 data was incorporated into the analysis of root causes. The purpose of the broad data analysis was to examine data regarding how children are performing as well as how the state is helping families in comparisons to national data, data across years, and data across regions within the state (Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSY), 2014). This broad data analysis also addressed questions derived from Vermont's Results Based Accountability (RBA) process (described below in the "State Identified Measurable Result" section of this SSIP).

Vermont's broad data analysis encompassed the Family Outcomes Survey, both sections A and B, Federal fiscal year (FFY) 2012 and FFY 2013, as well as Child

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Outcomes data. While all family and child outcomes data were reviewed during the SSIP process, reported below are analysis of those data that informed the SIMR, identified root causes, and/or supported coherent improvement strategies.

The Family Outcomes Survey is mailed annually to families who have been in the program a minimum of six months. The survey is also mailed to families who have exited within the past six months who were served by Part C for a minimum of six months. The child outcomes data are gathered for all infants and toddlers who receive Part C services for a minimum of six months. Child Outcomes data are obtained from child entry and exit ratings documented on the Child Outcome Summary (COS) form, used by Vermont to report the percent of infants and toddlers who demonstrated improved development as a result of early intervention services provided by CIS-EI.

Family Outcomes

In order to examine the degree to which Vermont’s CIS-EI services help families, including issues identified in the RBA process, the state examined data from sections A and B of the revised Early Childhood Outcomes (ECO) Center’s Family Outcomes survey (2010).

Family Survey Section A:

Section A of the Family Outcomes Survey contains 24 questions, which focus on the degree to which families feel they are able to support their children’s needs in the following five areas:

- Area 1: Families understand their child's strengths, abilities, and special needs.
- Area 2: Families know their rights and advocate effectively for their child.
- Area 3: Families help their child develop and learn.
- Area 4: Families have support systems.
- Area 5: Families access desired services, programs, and activities in their community.

Of particular note to the State SSIP Team and the SSIP Workgroup of the VICC from Section A of the Family Survey were data indicating the family’s ability to ‘have support systems’ and ‘access the community’. The data from FFY 2012 and FFY 2013 show a high percentage of families may not have adequate support systems. Additionally, while four of the six questions in the ‘Accessing Community’ category relate to a family’s physical needs (e.g., medical care, child care needs, transportation and food and housing), two questions in the section relate to family well-being and child social development. Over the past two years fewer Vermont families responded that they and their children were able do things they enjoyed, as compared to the numbers of families who responded that they were able to get their physical needs met.

	FFY 2012	FFY 2013
Area 4: Families report ‘Having Support Systems’		
Question 16. We are able to talk with other families who have	58.8%	56.4%

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a child with similar needs.		
Question 17. We have friends or family members we can rely on when we need help.	76.1%	79.8%
Question 18. I am able to take care of my own needs and do things I enjoy.	69.6%	73%
Area 5: Families report 'Accessing the Community'		
Question 19: Our child participates in social, recreational or religious activities that we want.	73.9%	77.1%
Question 20: We are able to do the things we enjoy together as a family	81%	83.2%

These data were interpreted by the State SSIP Team and the SSIP Workgroup of the VICC as indicating that families served by CIS-EI may have inadequate support systems and may be isolated. This was validated during the root cause analysis, as stakeholders shared concerns about families having 'empty eco-maps' and family isolation as being a barrier to substantially improving social and/or emotional outcomes for infants and toddlers.

Family Survey Section B:

Section B of the Family Outcomes Survey contains 17 questions, which focus on "...how helpful early intervention has been to you and your family..." in the following three areas:

- Outcome A: Knowing your rights
- Outcome B: Communicating your child's needs
- Outcome C: Helping your child develop and learn.

Vermont families rated all three family outcomes slightly lower than the national average in both FFY 2102 and FFY 2013. Vermont's data trends in Section B were fairly stable across four years for all three family outcomes.

Analysis of data from Section B of the Family Survey indicated fewer families know their rights and were able to help their child develop and learn as a result of CIS-EI services; more families indicated they felt they were able communicate their child's needs. More than 80% of families who answered the survey felt CIS-EI was helpful to them or their child in response to 15 out of the 17 questions asked in Section B of the Family Survey.

Fewer families indicated CIS-EI was helpful in giving them useful information about how to help their child get along with others. This question (# 12) was of particular interest to the SSIP Workgroup of the VICC. Results for the last two years show a decrease as follows:

Family Outcome 4c: Helping your child develop and learn	FFY 2012	FFY 2013
Question 12: How helpful has early intervention been in giving you useful information about how to help your child get along with others?	79.3%	73.8%

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A review of regional performance question #12 shows half the regions were below target for both years. Analysis of the performance across regions shows a range of performance from 50% to 89.5%. These data suggest that a broad disparity exists in regional CIS-EI practitioners' skills at engaging parents and/or providing parent education. Stakeholder input (discussed in the "Regional Focus Group Data" below) indicated the importance of educating families about development and providing strategies supportive of the families own routines. Stakeholder input (discussed in the "Coherent Improvement Strategies" section below) indicated that 'family availability' was a barrier to delivering CIS-EI services.

Child Outcomes

The final section of the broad data analysis addressed SPP/APR Indicator 3: Child Outcomes. As stated above, child outcomes data are gathered for all infants and toddlers served by Part C for a minimum of six months. Child Outcomes data are obtained from child entry and exit ratings documented on the Child Outcome Summary (COS) form, used by Vermont to report the percent of infants and toddlers who demonstrated improved development as a result of early intervention services provided by CIS-EI.

For FFY 2011 and FFY 2012, Vermont, as a whole, has been slightly above the national average for child outcomes. (Note: The most recent available national data is FFY 2012). National data are based on 41 states identified as having highest quality data. Trends in Vermont's data over the past four years show fairly stable child outcomes data. This relatively flat data trend is reflected nationwide and is an impetus behind OSEP requiring states to develop State Systemic Improvement Plans to improve outcomes for infants and toddlers who receive Part C services.

The three child outcomes reported in the APR are the percent of infants and toddlers who demonstrate improved:

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

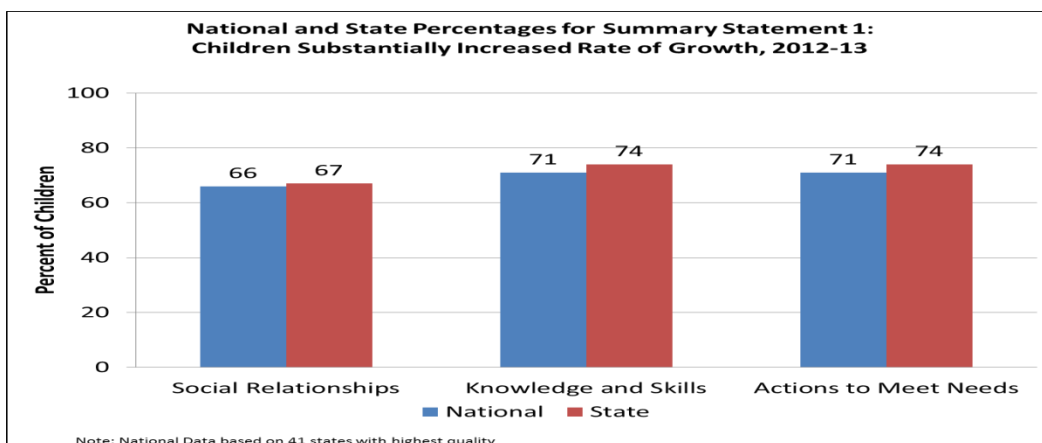
Child Outcomes data are further broken down into two summary statements:

Summary Statement 1: Of those children who entered or exited the program below age expectations for the child outcome being assessed, the percent who substantially increased their rate of growth by the time they turned three years of age or exited CIS-EI services (ie. percentage of children who have substantially increased their functioning).

Summary Statement 2: The percentage of children who were functioning within age expectations in the child outcome being assessed by the time they turned three years of age or exited the CIS-EI services (ie. percentage of children who exit within age expectations).

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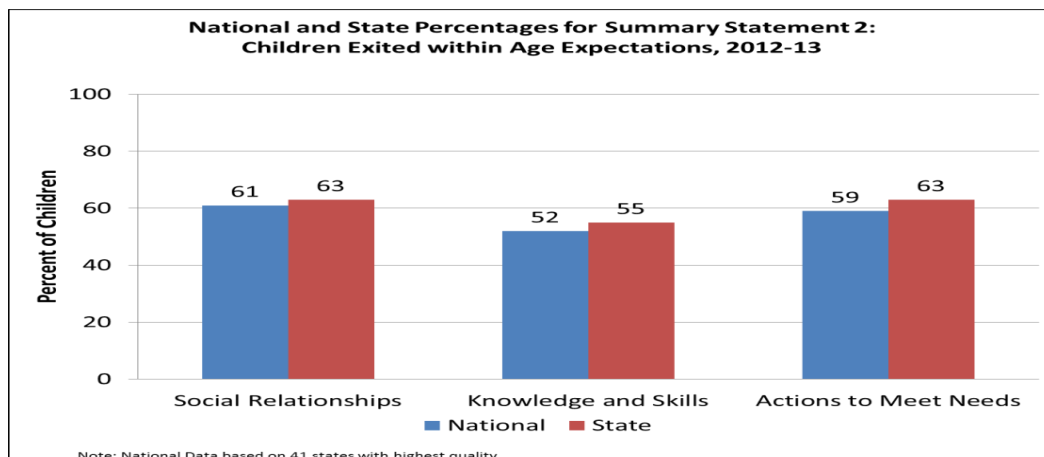
Analysis of these data shows the percentage of children who have substantially increased their rate of growth in positive social-emotional skills (Outcome 3A, Summary Statement 1 – hereafter referred to as Child Outcome 3a1) is lower than children’s acquisition and use of knowledge and skills (Child Outcome 3b) or children’s use of appropriate behaviors to meet their needs (Child Outcome 3c). A regional comparison shows six of Vermont’s 12 CIS-EI regions were below the state target and the national average for Child Outcome 3a1.



Stakeholder input from focus group questions indicates CIS-EI practitioners are using a variety of screening and assessment tools to determine children’s social-emotional development, are uncertain about how to use these tools to talk with families about children’s social and/or emotional development, and yet recognize the need to write functional outcomes, grounded in families’ routines, related to children’s social and/or emotional development.

The State SSIP Team also reviewed data for Summary Statement 2 (the percentage of children who exited within age expectations) for the three child outcomes. This analysis revealed that the percentage of children whose acquisition of knowledge and skills were within age expectations when they exited CIS-EI services was slightly lower than the other two child outcomes.

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As a result of the broad data analysis, the State CIS-EI team and the SSIP workgroup of the VICC identified two SIMRs. These SIMRS were presented to the VICC in fall 2014 for their input into the selection of the SIMR (see below “State Identified Measurable Result” section for more information about Vermont’s SIMR process and selection). The proposed SIMRs were:

1. Families are able to help their infants and toddlers develop and learn positive social and emotional skills and infants and toddlers’ social and emotional functioning improves.
2. Infants and toddlers improve their knowledge and skills and families are able to do the things they enjoy as a family.

Disaggregated Data

Utilizing the RBA process, the VICC chose Vermont’s SIMR (which was refined by the SSIP Workgroup of the VICC following the selection): 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.

This SIMR encompasses the following family and child outcomes:

- Family Outcome 4c: CIS-EI has helped me to help my child develop and learn.
- Child Outcome 3a1: Increasing the percentage of infants and toddlers who show substantial growth in positive social-emotional skills.

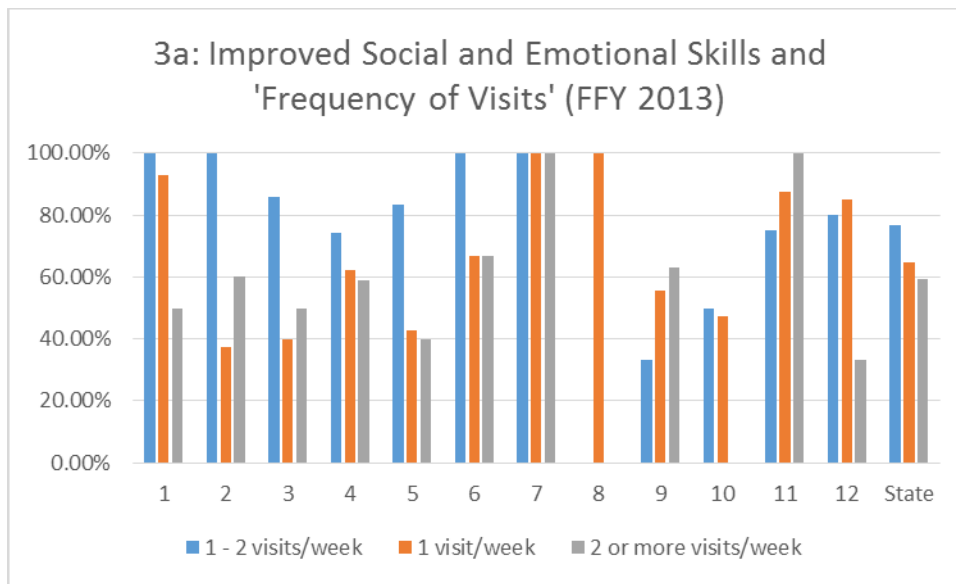
Once this SIMR was chosen by the VICC, a more focused data analysis was conducted by the State SSIP Team. This data analysis sought to identify regions that were low performing in Child Outcome 3a1 and to ascertain potential root causes, based in part on questions identified in the VICC discussions. A review of both quantitative and qualitative data associated with child, family and regional factors informed the State SSIP Team’s identification of possible root causes associated with its SIMR.

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.

Child Factors

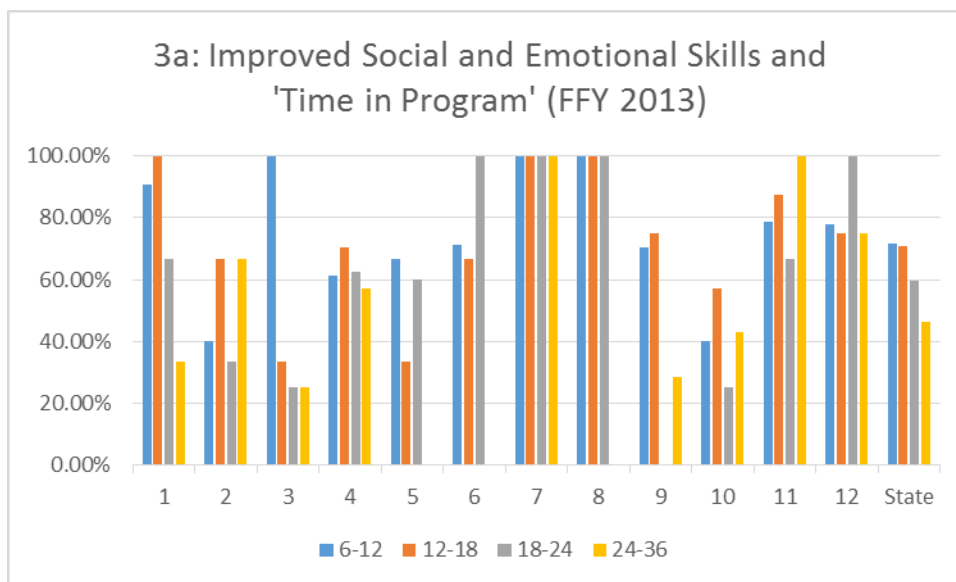
The analysis of child related factors was based on child outcomes data and data were disaggregated by gender, level of service and time spent in program. These data are collected from questions on a cover sheet that is attached to the COS rating form for each child. No effects were found related to gender. When Child Outcome 3a1 data was disaggregated by the level (intensity) of service children received and the length of time children received services (time in the program) an inverse relationship was found.

Level of service is defined as mild (1-2 visits by a CIS-EI practitioner per month), moderate (1 visit by a CIS-EI practitioner per week), and intense (more than 2 visits by a CIS-EI practitioner per week). Data show that as services by a CIS-EI practitioner increased, the percentage of children who substantially improved their social-emotional skills decreased.



The same held true for time in the program. Time in the program is defined as children who have active enrollment in CIS-EI receiving Part C services for 6-12 months, 12-18 months, 18-24 months, and 24-36 months. Data show that as time in program increased, growth in the percentage of children who substantially improved their social-emotional skills decreased.

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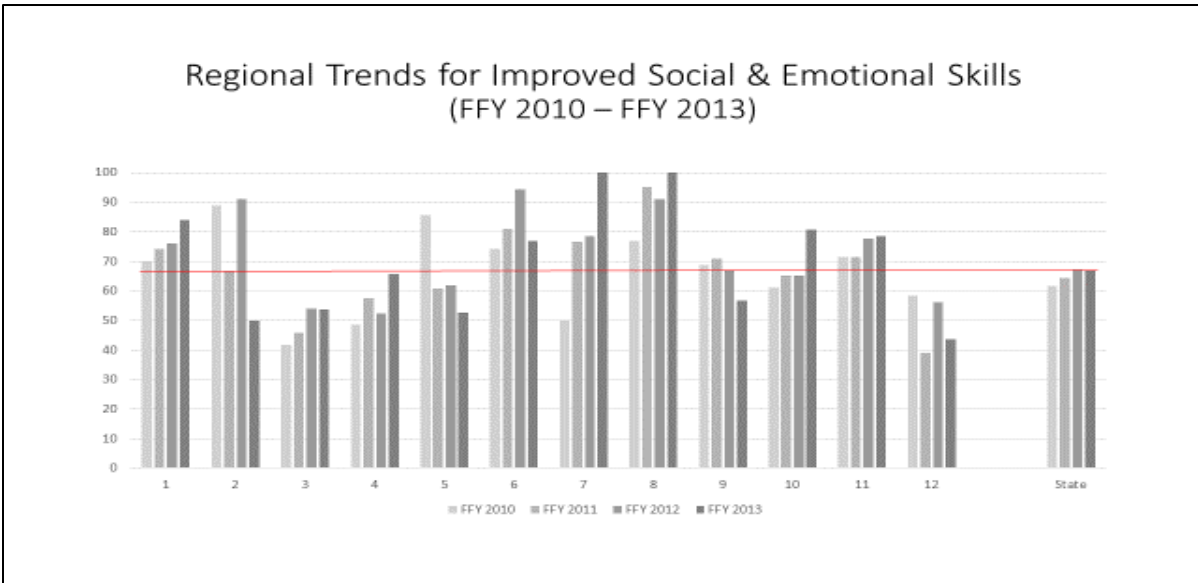


A joint meeting was held with the VICC members and Regional CIS-EI Host Agency Directors and Supervisors to consider potential causes (see the “Regional CIS-EI Host Agencies and Community Stakeholders” section above and the “Selection of Coherent Improvement Strategies” below for more information about attendees, the meeting process, and conclusions). Attendees at this meeting discussed the small demographics encompassed by these data. Also discussed was how the serious nature of disabilities for some children result in Part C services starting earlier and being more intensive. The group speculated how these factors affect the data and ultimately the child outcomes. Nothing definitive was determined and the VICC and the CIS-EI Host Agency Directors and Supervisors recognized the need for collection of additional data (identified at the end of this section in the discussion of additional data).

Regional factors

In regional comparisons, six of Vermont’s twelve regions were identified as being below the State target for Child Outcome 3a1 in FFY 2013 (see chart below). Four of these six regions were below the State target for at least three of the last four reporting years. Five of these six underperforming regions either had significant variations in data over the years or trended downwards. Program size was also considered, but did not yield definitive conclusions.

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CIS-EI Personnel Data

Staff turnover was also identified as a barrier by stakeholders. A ‘Personnel Description’ survey is collected annually to monitor the qualifications, work hours and supervision of CIS-EI personnel. Nine of twelve surveys were returned in time for the writing of this SSIP.

The six underperforming regions show greater staff turnover in comparison to the six higher performing regions. In the underperforming regions, the percentage of staff that have been in their position fewer than two years was 42%, while staff in the higher performing regions that have been in their position fewer than two years was 27%.

Do regional differences in performance on 3a1 relate to EI staffing characteristics?

	1	2	3	4	5	6	7	8	9	10	11	12
# of EIs/FTE		2/2	4/3+	10/9.8	3/2**		5/4.4	2/2.6		6/6	2/2	
Supervision of EI staff hrs/mo		0	4	½	2		2	No info		2	No info	
Degree /Field (if avail)		MS/Ed BA/EEEd	1 MS/PT 2 BA 1 ALA	7 MA 3 BA/ all in ECSE	1 MS/SLP 2 BS		1 MA 2 BS 2 BA	3 BA		1 MA 5 BA	2 BA	
Experience*												
<2		1	2	5	0		2	1		1	0	
>2		1	2	5	3		3	1		5	2	

*Range of Experience: .5 to 18 yrs.; 10 (1 yr. or under); 4 (2yrs); 20 (3 to 18 years)
 ** there are two vacancies

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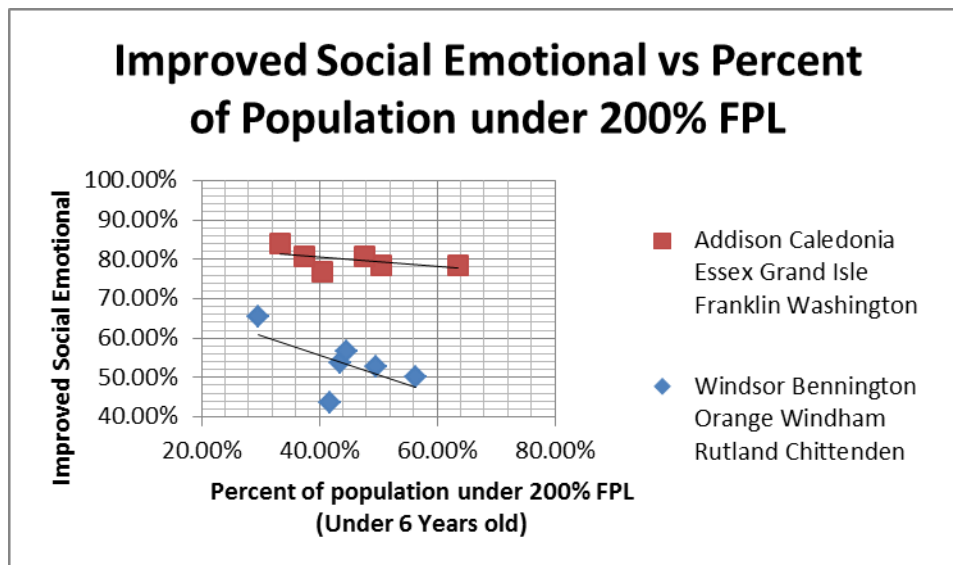
Overall, reports of ‘clinical’ supervision are low, ranging from no clinical supervision to four hours per week. Clinical supervision was defined as: “*Clinical/Practice Supervision means process whereby a qualified senior staff member meets directly with a junior staff member to support, develop, and ultimately evaluate the performance of that junior staff member through a process of inquiry that encourages the junior staff member’s understanding and articulation of the rationale for their own practices.*” (Adapted from: http://ectacenter.org/~pdfs/pubs/ecta-system_framework.pdf). Additional data will be needed to drill down on the expertise of EI staff and supervisory support available to the increasingly demanding role of EI practitioner (see section on Additional Data).

Poverty and Risk Data

Regional Child Outcomes 3a1 data regarding the percentage of children who substantially improved their social-emotional skills were also compared with the following data:

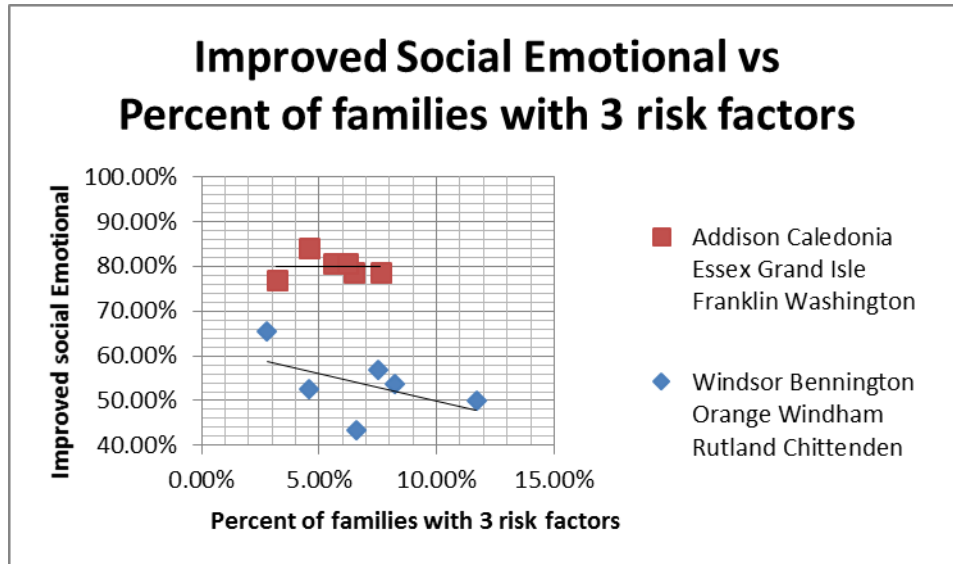
- Number of children under the age of six who live in households at or below 200% of the federal poverty level, by county. These data were obtained from Vermont Insight’s early childhood data (www.vermontinsights.org), and
- Percent of families with three or more risk factors, by county. These data were obtained from KidsCount 2013-2014 data (<http://www.aecf.org/resources/the-2014-kids-count-data-book/>)

The State SSIP Team compared CIS-EI regional performance on Child Outcome 3a1 to Vermont children below the age of six who live in households at or below 200% of the federal poverty level. This data comparison revealed that poverty does not appear to impact the ability of children to show substantial growth in their social-emotional skills.



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Risk factor data was obtained from KidsCount to see if risk factors might indicate a root cause. KidsCount identified these risk factors as: first time mothers, under 20 years of age, who did not yet have a high school diploma. When compared to CIS-EI regional performance on Child Outcome 3a1, these risk factors appeared to only impact children’s ability to substantially improve their social-emotional skills in one CIS-EI region.



Results indicated that neither poverty nor families with three risk factors (i.e., first births to unmarried teenage women with less than 12 years of education) explained the difference in low and high performing regions. This could be due to the fact that these two data sets are not exactly aligned with CIS-EI regions. Although CIS-EI does not currently collect data on socio-economic status, this is under consideration by the VICC and State CIS-EI team.

Regional Focus Group Data

As described in the “Regional CIS-EI Host Agencies and Community Stakeholders” section above, the State SSIP Team sought input from CIS-EI practitioners through focus groups conducted by Regional CIS-EI Host Agency Directors or Supervisors. These regional leaders were provided with two sets of five questions with the following guidance:

Task:

- Invite those working with infants and toddlers and their families to participate in the meeting (ex. EI, EHS/HS, Therapists (OT, PT, SPCH), ECFMH, Child Care Providers, etc.).
- Choose someone to take notes and type and email back to the State.
- Have the note taker document all who attended the meeting.
- In answering the 5 questions below, it may be helpful to remember that the focus of State Systemic Improvement Plan 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.

- Vermont's Children's Integrated Services Early Intervention (CIS-EI) supports families with young children who have, or are at risk of having, developmental delays. CIS-EI does this in collaboration with a variety of partners. 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 our work, the federal Office of Special Education Programs is requiring every state's Early Intervention program to develop a five-year plan. The state plan identifies a measurable result that will improve outcomes and quality of life for infants and toddlers receiving CIS-EI services. Vermont CIS-EI, in collaboration with families and other partners, seeks to do this by supporting families to help their children develop and improve their social and emotional skills.

Supporting social and emotional development fosters positive relationships for children within their families, school and community. This will help children now and in the future. Through the state plan, CIS-EI will support strategies that directly and positively impact families' ability to support their children's healthy social and emotional development. CIS-EI's goal is to increase children's social and emotional skills.

When responding please consider the following:

- Consider using bulleted responses
- Different perspectives can be represented in the responses (don't need consensus, but represent the thoughts of the group, and level of agreement)

The first set of focus group questions asked were (seven regions responded):

- a. Do you consider the child's social and/or emotional development when addressing their needs and writing outcomes to support those needs? Explain your process.
- b. What research-based practices do you use that promote social and/or emotional functional development with infants and toddlers and their families? What is your comfort level with these research-based practices? What skills or competencies are necessary to promote and intervene around social and/or emotional functional development with infants and toddlers and their families?
- c. How do you model, through your interactions with families, healthy social and emotional skills?
- d. What should we be doing to educate parents about the value and importance of healthy social and emotional skill development in infants and toddlers? In what ways might providers effectively educate/inform families about social and/or emotional functional development in infants and toddlers?
- e. Consider the family's you have worked with: what intervention strategies have you seen used to address the child/family needs that ultimately you feel supported healthy social and emotional development?

The second set of focus group questions asked were:

- 1) What do you believe are the top 3 things keeping early intervention across the state from seeing more marked improvements in social and emotional development for infants and toddlers?

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- 2) Describe a performance you wish you could report on for all children you serve that would show how they are developing social and emotional skills?
- 3) Think about your community: What resources do you and families have access to that support social and emotional functional skill development among infants and toddlers? (Consider everything from professional development, funding, respite, mental health practitioners – both DA and private, supportive groups (informal like play groups or more formal like support groups), activities, etc.)
- 4) Identify up to 3 regional gaps or barriers you are aware of among the resource array for addressing the social and emotional functional skills of infants and toddlers? (What do you wish you or families had access to that is not currently available in your community).
- 5) What activities/opportunities have you found helpful at the local and state level to support you to as you work with children and their families around social and emotional functional skill development for infants and toddlers? What other state-sponsored initiatives or activities do you think would be helpful to connect with (either new or existing) that could improve your ability to help families support the social and emotional functional skill development of their infant or toddler?

The Regional CIS-EI Host Agency Directors and Supervisors coordinated and conducted focus groups with the local CIS-EI practitioners and additional stakeholders. The regions forwarded their responses back to the State SSIP Team for analysis. The regional practitioners and stakeholders shared the following themes through their feedback:

<p><u>Screening/Assessment:</u></p> <ul style="list-style-type: none"> a. Look at whole child across environments 	<p><u>Philosophy</u></p> <ul style="list-style-type: none"> a. Discover why behavior is happening in order to address it b. Support strategies family already using that are working c. Validate family's feelings (ex. frustration) d. Meet family where they are at/non-judgmental e. Link development with social and emotional development f. Focus on family's priorities g. Use context of family routines
<p><u>Specific Models/Tools</u></p> <ul style="list-style-type: none"> a. ASQ b. IDA c. RBI d. DECA-C e. Touchpoints f. Eco-maps g. CSEFEL h. Strengthening Families i. ABA 	<p><u>Parent Education</u></p> <ul style="list-style-type: none"> a. Coach b. Educate about appropriate developmental milestones inc. behavior c. Parent groups enable families to connect and share strategies/resources d. Use routines
<p><u>Outcomes</u></p> <ul style="list-style-type: none"> a. Turn a routine that was distressful into a success b. Tailor activities so success can be attained 	<p><u>Process/approaches</u></p> <ul style="list-style-type: none"> a. Focus on parent/caregiver-child relationship b. Active listening c. Get down on child's eye level d. Educate about and Address typical development

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	<ul style="list-style-type: none"> e. Model how to handle difficult behaviors f. Model calm g. Provide info. based on questions/concerns of family (family-driven) h. Listen i. Non-judgmental
<p><u>Specific Practices/strategies</u></p> <ul style="list-style-type: none"> a. Listen to the family first b. Point out attachment when you see it c. Use language of the child’s behavior d. Educate parents about development e. Use non-judgmental statements f. Family Systems Theory g. Behavior analysis h. Recognize and point out strengths i. Model strategies j. Have info. re: resources and help parents access them 	<p><u>Skills/competencies</u></p> <ul style="list-style-type: none"> a. Active listening/good listening skills b. Build trusting relationship c. Foundation in child development d. Know community resources e. Look at whole child/family/community f. Know how assessment can be a tool to engage families g. Strategies to work with behavior challenges h. Attachment i. Family Systems Theory j. Info. delivered clearly so families can understand k. Be non-judgemental/family may have different priorities
<p><u>Other</u></p> <ul style="list-style-type: none"> a. Quality child care b. Community resources 	<p><u>High incidence words:</u></p> <ul style="list-style-type: none"> a. Routines b. Behavior c. Development d. Listen e. Relationship-building f. Meet family where they are at/non-judgmental/their priorities

Assessment Tools

Within the regional focus group responses there was little consistency in the identification of tools that would inform practices around supporting a child’s positive social relationships. Four regions identified the Ages and Stages Questionnaire (ASQ); two specifying the ASQ – Social Emotional (SE). Although the ASQ – SE is an appropriate screening tool, it is not sufficient. While one region did identify the use of an all domain assessment, only two regions identified a tool meant specifically to address social and emotional functioning (i.e., Devereux Early Childhood Assessment).

Using appropriate assessment tools and assessment information to engage families may improve families’ awareness and understanding of how social and emotional functioning can impact all domains of child development. This, in turn, can enable families, with the support of CIS-EI practitioners, to identify and write functional child outcomes to improve social and/or emotional skills of infants and toddlers. As a result of the focus group responses, the State SSIP Team has decided to begin collecting information on the type of assessments conducted in regions to support child outcome ratings and program planning in Phase II of the SSIP. The intent of this data collection is to determine if there is a relationship between the use of appropriate assessment tools and results for Child Outcome 3a1.

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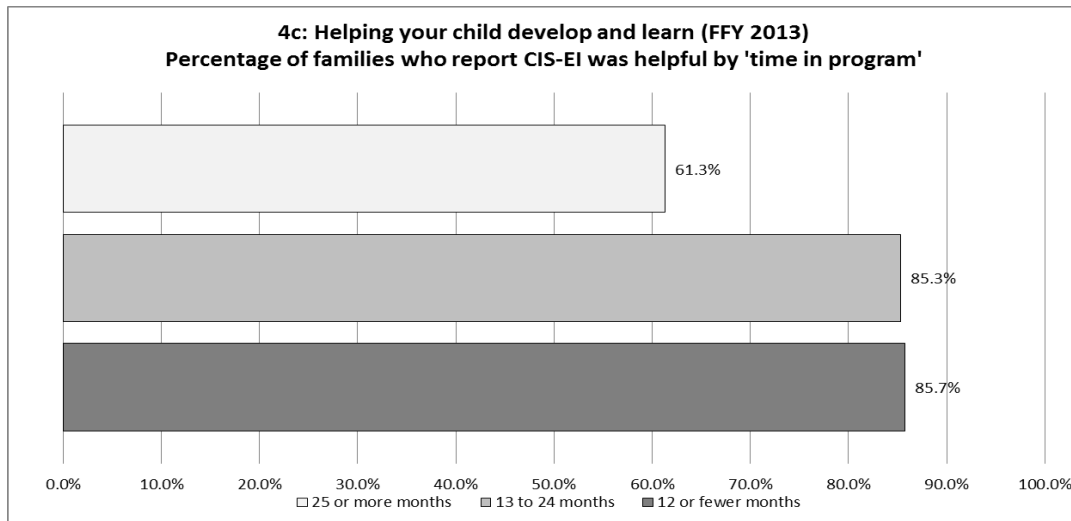
Family Factors

Data related to Family Outcome 4c (CIS-EI has helped me to help my child develop and learn) was compared to the following data* to determine whether these affected a family's ratings:

- gender,
- race/ethnicity,
- time in program, and
- frequency of visits

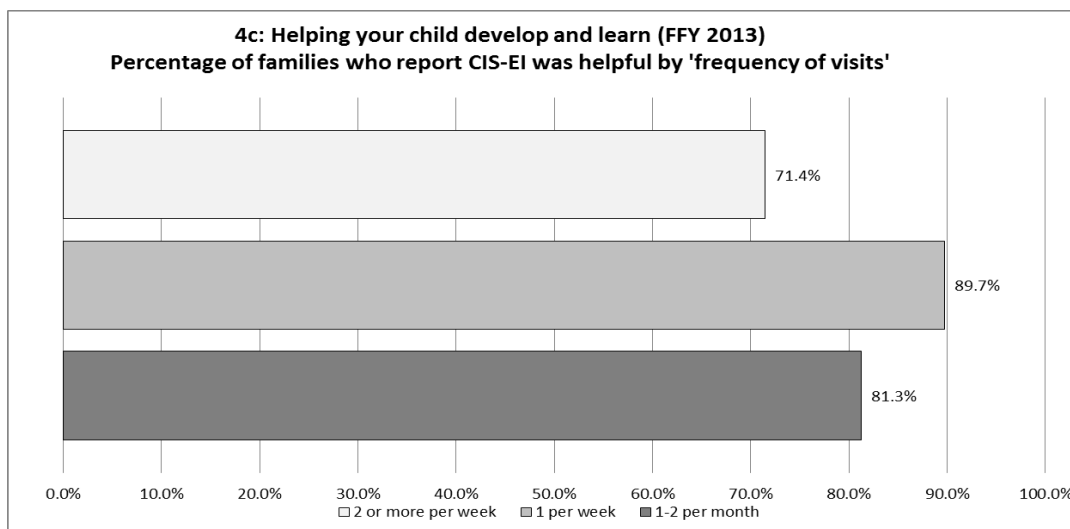
* These data are gathered from families' responses on the Family Survey's cover page.

Gender and race/ethnicity appeared to have no effect on family responses. 'Time in program' and 'frequency of visits' (intensity) appeared to have a similar relationship that was found between these factors and Child Outcome indicator 3a1 (discussed above). Meaning, the longer a child was enrolled in CIS-EI services, the less a family felt that CIS-EI helped them to help their child develop and learn.



A similar, though less significant, inverse relationship was found for 'frequency of visits.' Families whose child received more than two visits per week from a CIS-EI practitioner were less likely to feel CIS-EI helped them to help their child develop and learn.

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These results will need to be explored in order to understand the reasons associated with these findings. It remains to be seen whether the inverse relationships between Family Outcomes and 'time in program' and 'frequency of visits' is related to similar inverse relationships discussed above in the child outcomes. Additional data will be required to understand these relationships. These additional data are identified at the end of the 'Data Analysis' section.

Considering Compliance Data

Compliance data from the following indicators were also compared to regional outcome data:

- Indicator 1: Percent of infants and toddlers with One Plans (the name of VT's IFSP)/IFSPs who receive the early intervention services on their One Plans/IFSPs in a timely manner
- Indicator 7: Percent of eligible infants and toddlers with One Plans/IFSPs for whom an initial evaluation and initial assessment and an initial One Plan/IFSP meeting were conducted within Part C's 45-day timeline, and
- Indicator 8: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has: developed a One Plan/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; notified (consistent with any opt-out policy adopted by the State) the SEA and the 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 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

These indicators relate to the infrastructure of the regions and might prove to be barriers to participating successfully in program improvement strategies. For example, provision

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of timely services (Indicator 1) and the ability to conduct multi-disciplinary assessments within the 45 day timeline (Indicator 7) might speak to personnel issues that keep a region from meeting its obligations to provide timely services to families eligible for services.

Performance on compliance for indicators 1, 7 and 8 did not relate to a region's performance on 3a1. However, of the six regions that were identified as low performing on 3a1, three regions had significantly fewer compliance issues. This strength was considered an important criterion in choosing the regions to receive targeted supports, one of the identified strategies within this SSIP (see the "Selection of Coherent Improvement Strategies" section below).

Data Quality

Child Outcomes Data:

Overall, Vermont believes that its data are of high quality and support the choice of the SIMR. The state's child outcomes data have been shown to be of high quality per The Early Childhood Technical Assistance Center's (ECTA Center's) reports, *State Child Outcomes Data Quality Profiles* (2012-2013 and 2011-2012). Accordingly, the report identifies two main criteria for identifying states with quality data. First, data are complete and include enough children to be a representative sample. In both reports, Vermont was well above the national average for data completion (almost 1 standard deviation). In FFY 2013, child outcomes data were collected on 494 children or approximately 98.6% of the children who exited and who received a minimum of six months of service (n = 501). Vermont has maintained a high rate of data completion over several years. The data management team has reviewed and revised the data collection process to ensure data completion and accuracy.

ECTA's second criterion is that a state's progress categories are within expected patterns and ranges. Vermont's progress categories were consistent with expected patterns on all outcomes, mirroring national trends. In addition, the most recent report showed that Vermont was slightly above the national average on all outcomes across both summary statements in FFY 2012. Data trends over the last four years are relatively consistent with only small variations from year to year, which ECTA notes can be expected.

Questions arise regarding data quality for some regions when the State CIS-EI team examines regional data. Data completion is extremely high in all but one region, which was substantially lower than the state's target. The State is now reviewing data completion on a monthly basis, which will help address and resolve regional issues quickly.

The State CIS-EI team has also identified two factors that are of concern for some of the regional programs. An examination of the regional data for expected ranges and patterns in the progress categories revealed two regions that have data outside the

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acceptable range for progress categories. In addition, patterns in some of the region's progress categories for FFY 2013 do not match the state's pattern (which mirrors the national pattern). Finally, as previously mentioned, several of the low performing regions have inconsistent trends over time in Child Outcome 3a1 data.

The State CIS-EI program has initiated plans to improve data quality in every region. The Child Outcome Summary (COS) form has been revised so that the ratings and decision tree are contained within the same form. The decision tree tool helps practitioners make informed, objective decisions about the COS rating based on their observations, family input, and the assessments performed. Having this tool incorporated into the COS form will facilitate improved data quality by ensuring consistency both within and across teams. Training on the use of this updated form and the process of including families in the rating decisions are incorporated within Vermont's strategies (see the "Selection of Coherent Improvement Strategies" section below).

To support understanding and use of child outcomes data, Vermont reviews the purpose and function of the data and reports results annually at a joint meeting with members of the VICC and Regional CIS-EI Host Agency staff. Regional CIS-EI Host Agencies are also provided with their regional data profiles. For each CIS-EI region, the child outcomes profile includes their rate of data completion, a comparison with state and national data, trends over time, and an analysis of the region's progress categories.

Technical assistance from State CIS-EI staff has been, and will continue to be, provided to regions with low completion rates and those regions that fall below state targets. This year, the state will require Quality Improvement Plans (QIPs) from regions that are below target on child outcomes. The SSIP includes a strategy to provide targeted supports to three regions that were below target for Child Outcome 3a1 in 2013 (see the "Selection of Coherent Improvement Strategies" section below).

Family Survey Quality Improvement

The quality of the Family Outcomes data depends on survey return rate and degree of representativeness. The statewide return rate for the FFY 2013 Family Outcomes survey was much lower than it had been in the past. This year, 30.4% of surveys were returned, which was slightly below our target and well below the return rate of the past two years (42.9% and 41.7%). While in the past, 11 of 12 regions were well above target, this year only half the regions were above target.

In order to examine representativeness of survey data, comparisons between Vermont's 618 exit report and the Family Outcomes survey were made on gender and race/ethnicity. As is the case every year, comparisons indicate data from both sources are similar. Comparisons of race/ethnicity between the two data sets show 9.7% of minority groups are represented in the 618 report while 8.6% are represented in the Family Outcomes survey. For gender, the 618 report shows 64.5% of exits were male and 35.5% were female, while the surveys indicated 55.3% were male and 44.7%,

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female. Therefore, the State CIS-EI concluded that the Family Outcomes survey results were representative of children served by the program.

In order to improve return rates, the State CIS-EI team, with input from the VICC and Host Agency staff has revised its Family Survey distribution method for FFY 2014. As in the past, the Family Survey will be mailed to families whose children have exited CIS-EI within the past six months (and who received a minimum of six months of CIS-EI services). Addresses for these families were collected from the regional CIS-EI host agencies to assure accuracy and to remove any names from the list of children who may have passed away after exiting CIS-EI.

This year, for families whose children are currently receiving CIS-EI services (and have received for at least 6 months), the first distribution of the survey will be hand delivered by the family's CIS-EI Service Coordinator. The survey envelope that will be hand delivered by the CIS-EI Service Coordinator includes a description of the survey's purpose and a review of the multiple ways to return the survey (mail, telephone, or online); the survey itself; and a postage paid return envelope. Each survey will have a unique identifier to correspond with all families who are to receive a survey. This tracking will enable a second distribution to occur by mail six weeks later for surveys that have not been completed and returned to the State office.

The State CIS-EI team worked closely with the regional CIS-EI programs for all mailing addresses, ensuring the survey, if mailed, would not be returned by the post office as "undeliverable." The regional CIS-EI programs also provided the State CIS-EI team with the names of families with English as a Second Language, so the Family Survey can be hand delivered/sent to them in their native language.

The decision to change the distribution method of the Family Survey is four-fold:

- Hand delivering the survey will help to ensure families know which of the services their child/family receives are represented by the survey.
- Checking addresses with regions in advance will reduce mailing to incorrect/incomplete addresses
- Using unique tracking identifiers on the surveys will reduce time and effort in mailing surveys to families who have already filled it out, thus assuring more complete, unduplicated responses.
- Since Vermont has experienced a high level of practitioner turnover in recent years, sharing the responsibility for distribution with regional CIS-EI staff will help remind regions to regularly inform new practitioners about the survey and its purpose.

Just as with Child Outcomes, CIS-EI regions that are found to be below target based on their performance on each of the Family Outcomes over the course of several years will be required to complete a Quality Improvement Plan) with technical assistance and support from the state. Decisions about regional performance for Family Outcomes are made based on trends in the data over time. This method helps to compensate for the small size of Vermont's regional programs.

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A region’s QIP is developed based upon several steps, including data review, identification and prioritization of needs based on the survey results, and an exploration of potential causes for below target results by the regional team. Once these steps are taken, the team identifies outcomes and creates an action plan to meet prioritized needs. In addition to the *Contributing Factor Tool*, the state used the *Relationship of Quality Practices to Child and Family Outcome Measurement Results* with regional teams to help guide identification of issues as well as potential strategies and activities to improve their practice. This year, a quarterly review form was developed to help regions track their progress.

Vermont’s Quality Improvement process established for supporting regional improvement to Child and Family Outcomes will help the State support those regions identified to receive targeted supports as discussed in the “Coherent Improvement Strategies” section below (Strategy #4).

Additional Data to be Collected

Additional Data	Rationale	Method	Timeline
Child factors, including Dual Language Learners, Disability categories, race/ethnicity, refugee status and homeless status, CAPTA referral, other services received, additional assessments tools and strategies	As the population in Vermont changes, EI practitioners need to be able to help all families to support their children’s development. Capturing these data will help the VICC and state CIS-EI team recognize areas needing professional development.	Child Outcome Summary (COS) form cover page	Begins 7/1/2015
<u>Supervision</u> - type (group/individual), highest degree, license and discipline of supervisor, level of experience with EI services <u>EI personnel</u> : field of study; license or certificate	Additional information on EI practitioner qualifications and supervisory support can be linked to child outcomes and will help identify resources needed to make changes in the CSPD system.	Annual CIS-EI Personnel survey	Annually, beginning in FFY 2015
Hours and content of ongoing professional development, including orientations to new staff and those related to the CSPD tool	This information will allow us to monitor how ongoing and responsive PD informs practice, builds a cadre of confident and competent CIS-EI practitioners, and ultimately, positively impacts child outcomes. Ongoing professional development orients new staff to Part C policies and procedures, and ensures all CIS-	Annual monitoring of regional records of professional development activities for CIS-EI practitioners in low performing	Annually beginning FFY 2015

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	EI practitioners understand the mission of Part C and have a family-centered and developmentally appropriate framework and strategies for serving families of eligible children.	regions.	
Current status of CIS-EI practitioners on training and level of expertise in child and family assessment	This information will help the state to build a consistent approach and expertise to screening and assessment of social and emotional skills across the state. Also, these data will allow the state to examine the relationship between assessment expertise and reliably accurate COS ratings.	Needs assessment to field coupled with the annual Personnel survey, updated annually for new staff and those found needing additional training in this area.	Annually, accompanying Personnel survey, begin FFY 2015

The broad data analysis, analysis of disaggregated data, and the analysis of personnel data conducted by the State SSIP Team, as well as the stakeholder input received throughout the data analysis process support Vermont’s choice of SIMR with the goal to improve children’s social and/or emotional functional skills. Given that half of Vermont’s CIS-EI regions are below target, Vermont will be providing targeted supports to improve results for three out of the six underperforming regions (see the “Coherent Improvement Strategies” section below; Strategy #4). Vermont CIS-EI will measure progress on the SIMR by reporting data on the three regions selected to receive 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

Analysis of State Infrastructure

This section provides a description of the capacity of the state’s current infrastructure to support the SIMR and SSIP coherent improvement strategies.

Overview of Process

Vermont Part C State staff began to discuss the elements of the State Systemic Improvement Plan in the fall of 2013 with their designated Northeast Regional Resource

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Center (NERRC) technical assistance provider. As a result of these discussions and in preparation for developing Vermont’s SSIP, the Part C State Administrator identified an initial team of stakeholders to attend the NERRC SSIP Regional Meeting in Springfield, MA, March 19-20, 2014, the formal ‘kick-off’ to developing the SSIP. During this meeting, the team conducted an initial analysis of Vermont’s infrastructure. Following the March 2014 meeting, the team expanded and formally evolved into the SSIP Workgroup of the VICC and the State SSIP Team to provide primary leadership in developing the SSIP.

Since that NERRC SSIP Kick-off meeting, representatives from the Vermont State SSIP Team and the SSIP Workgroup of the VICC have participated in all SSIP technical assistance calls, webinars and meetings (e.g., DaSy conference in fall 2014) provided by OSEP, ECTA, and NERRC. In addition, along with Vermont Part C’s NERRC technical assistance provider, the State SSIP Team and SSIP Workgroup of the VICC participated in the SSIP implementation visit from OSEP in August 2014.

During the May 2014 VICC quarterly meeting, VICC members, together with some Regional CIS-EI Host Agency Directors, Supervisors and practitioners, received a comprehensive overview of the SSIP and the work conducted at the NERRC SSIP meeting. During this VICC meeting, participants reviewed a list of over thirty initiatives, programs, models, etc. that was generated following the NERRC SSIP meeting. This initial and extensive list potentially reflected Vermont’s current infrastructure for supporting improvement and building capacity in CIS-EI practitioners to improve results for infants and toddlers with disabilities.

Ongoing analysis of Vermont’s infrastructure occurred during subsequent weekly meetings of the State SSIP Team and bi-weekly meetings of the SSIP Workgroup of the VICC, and at quarterly meetings of the VICC. All discussions were embedded in the context of the overall SSIP and all five Phase I SSIP components.

Multiple tools were used to analyze Vermont’s current infrastructure to determine what components would support improvement and build/enhance capacity in EI practitioners and programs to achieve Vermont CIS-EI SIMR. After its dissemination to states in early June 2014, ECTA’s *System Framework: Components Descriptions* was a resource for the State SSIP Team and SSIP Workgroup of the VICC in their discussions related to the SSIP and analysis of the infrastructure. Having the SSIP Workgroup of the VICC and State SSIP Team use the SWOT (Strengths, Weaknesses, Opportunities, Threats) resource was a key activity in analyzing Vermont CIS-EI’s current infrastructure and that of the larger Vermont early childhood infrastructure. The SWOT exercise generated a rich discussion and yielded a great deal of valuable information.

SWOT Analysis: Vermont CIS-EI	
<p><u>Strengths:</u></p> <ol style="list-style-type: none"> 1. Families, children and practitioners (dedicated & hardworking) (definition from ECTA) 2. Credential 3. Collaborate with many voices (see #1) 4. We see gaps that we need to improve. 	<p><u>Weaknesses</u></p> <ol style="list-style-type: none"> 1. Manual data tracking-hard to track additional data 2. Historic lack of intentional focus on how to engage/converse with families around child dev and developmentally approp expectations so families are supported in IDing SE goals in the One Plan

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<ol style="list-style-type: none"> 5. Integrated CIS Services with ECFM, consultation to teams 6. VICC 7. Access to Federal resources (ECTA & DASYS) addressing the issues we want to address 8. NCSI & ECTA TA 9. Already improving established systems 10. Vermont Early Childhood Framework & Action Plan 11. Early MTSS reaching broader cadre of practitioners 12. Field is focused on evidence-based practices focused on social and emotional development (National) 13. Shared investment in SIMR with our AOE partners 14. Experience, knowledge, data 15. Resources, assets, people 16. Reliability of data 17. Manual data tracking-we know our data 	<ol style="list-style-type: none"> 3. Statistical data are by county and our data are by AHS region and supervisory union 4. No link between child count data and child and family outcomes and between child and family outcomes 5. Child outcomes aren't currently linked to the One Plan 6. Lack of specific knowledge about/tools to measure skill sets of CIS-EI practitioners and partner providers related to promoting social/emotional development. 7. EI practitioners misunderstand a child's social-emotional issues as the responsibility of mental health 8. Lack of knowledge and skills of many EI practitioners in child development, especially in area of social-emotional development and its impact on other areas 9. Lack of capabilities (new staff, "urban legends"- things people do/ believe over & over, which may not necessarily be right)
<p>Opportunities:</p> <ol style="list-style-type: none"> 1. ELC grant (Help Me Grow, potential for shared professional development and resources, shared data, etc...) 2. Early MTSS reaching broader cadre of practitioners – leverage this to support the SIMR; Home Visiting; will help with system development (regional and program level) 3. Expand community partnerships 4. Development of and training related to CIS-EI Credential and identification/requirements for specific knowledge, competencies and skills for SE dev. 5. Mandated by OSEP to create a comprehensive plan for implementation (and develop it over time) 6. Awareness of the field to the connection between SEB dev and other child outcomes 7. More integrated delivery of services 8. Baby I-Team; partnering with families of infants and toddlers with complex needs and other One Plan team members (training, TA, consultation) 9. CIS Interim solution database 10. \$ in the budget for outside consultation re: evaluation of strategies 11. Focus on stakeholders and collaboration within our SIMR 	<p>Threats:</p> <ol style="list-style-type: none"> 1. Staff turnover 2. Potential lack of capacity and resources to provide necessary professional development. 3. Inability to adequately define and measure what progress in social and emotional development looks like. 4. Teams not being able to have a true One Plan that incorporates all services and supports that will enable a family to help their infant or toddler develop and learn functional social and/or emotional skills. 5. Competing initiatives 6. Low pay, high of expectations and little control

The State SSIP Team conducted conference calls with Vermont's CIS-EI practitioners and sent two focus group questionnaires in late 2014 and early 2015 to the regional CIS-EI Host Agencies. The purpose of these calls and questionnaires was to gather input to inform the root cause and infrastructure analyses. The focus group questions asked the EI practitioners to provide information and give their perspectives about their current capacity to support social and emotional functional development and engage with families to help them support their children's social and emotional growth and development. As part of this process of gathering data from the EI practitioners, the practitioners were asked to invite partner providers to the focus groups to collectively consider and respond to the questions.

The February 2015 webinar [ECTA System Framework: A Tool for Building High-Quality State Part C and Section 619 Systems](#) and the recently-released comprehensive publication *A System Framework for Building High Quality Early Intervention and Preschool Special Education Programs (January 2015)* provided State SSIP Team members additional valuable tools to use in refining its infrastructure analysis and describing its infrastructure.

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Vermont Systems Infrastructure

Early Childhood Framework and Action Plan

In October 2013 after multiple statewide meetings and public input and comment, Vermont's Governor, Peter Shumlin, published Vermont's Early Childhood Framework (<http://governor.vermont.gov/sites/governor/files/VT%20ECH%20Framework.10-29-13.pdf>). This document serves to identify the 'what' that will be done in a broad way to realize the promise of every Vermont child. The following six results are the heart of the Framework:

- Result 1: A Healthy Start for All Children
- Result 2: Families and Communities Play a Leading Role
- Result 3: High-Quality Opportunities for All Children
- Result 4: Invest Now for Our Future
- Result 5: Know We're Making a Difference
- Result 6: An Innovative and Connected System

The statewide Early Childhood Action Plan accompanying the Early Childhood Framework (<http://cdn.buildingbrightfutures.org/wp-content/uploads/2014/03/VT-Early-Childhood-Action-Plan.pdf>), announced by Governor Shumlin in March 2014, is the 'how' and blueprint for policy development at the state and community level, and reflects work already underway in Vermont, including major areas in the Race to the Top-Early Learning Challenge (ELC) grant awarded to Vermont in January 2014.

Vermont's SSIP SIMR and coherent improvement strategies* align with the following conditions of well-being outlined in the Early Childhood Action Plan:

Result #1: All children have a healthy start.

- Support families as children's primary caregivers (SSIP SIMR);
- Establish a voluntary system that connects children birth through 3rd grade (0-8) with the resources they need to support optimal growth and development, including developmental screening (SSIP Strategy #2 and #3);
- Ensure access to prenatal care, child health services, including preventive services and dental care, and support services for adults, including mental health and substance abuse treatment (SSIP Strategy #2 and #3);
- Promote and utilize evidence-based home visiting (SSIP Strategy #1 and #4);

Result #2: Families and communities play a leading role in children's well-being.

- Engage with families as their child's first and most important teacher (SSIP SIMR);
- Develop a statewide approach that enriches and expands family leadership at the provider, agency and community level (CIS-EI recruitment of a Family Engagement Coordinator to increase stakeholder involvement in the SSIP);

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Result #3: All children and families have access to high-quality opportunities that meet their needs.

- Expand access to high-quality services and programs for all families with young children by increasing quality, capacity and affordability (SSIP Strategy #2 and #3);
- Ensure a continuum of holistic, family-centered services for young children who are experiencing, or are at risk for, developmental delays due to behavioral or physical health concerns, including children with chronic health conditions (CIS intent)
- Strengthen the quality of early childhood services throughout the early childhood system through a focus on alignment and best practices (SSIP Strategy #1 and #3);
- Ensure quality by adequately supporting the early childhood workforce (SSIP Strategy #1).

Result #4: Vermont invests in prevention and plans for the future success of children.

- Balance resources for treatment with resources for prevention at the whole-population level, with a focus on children and families (SSIP Strategy #2 and #3);

Result #5: Data and accountability drive progress in early childhood outcomes.

- Enhance data and the use of data to inform policy and practice (SSIP Strategy #3 and SSIP Ongoing Evaluation).

Result #6: The early childhood system is innovative and integrated across sectors in order to better serve children and families.

- Continue to develop, strengthen and align clear structures at the statewide level to ensure coordinated leadership and shared work (SSIP Strategy #3);
- Achieve efficiency and streamline systems to create a seamless experience for families (CIS intent and SSIP Strategy #3);
- Maximize resources and minimize duplication (CIS intent and SSIP Strategy #3).

** For more information on CIS Intent, see “Overview of Vermont’s SSIP” above, “State Identified Measurable Result (SIMR)” below, and “Coherent Improvement Strategies” below.*

Vermont’s CIS-EI services, and CIS as a whole, are an integral part of Vermont’s Early Childhood Framework and its Early Childhood Action Plan and interface with several of the 24 Early Learning Challenge (ELC) grant projects that will support improvement and build capacity statewide, regionally and locally. The ELC grant has infused a substantial amount of resources into Vermont (i.e., over thirty million dollars) to strengthen the early childhood system and enhance coordination/collaboration across agencies, organizations and initiatives to support Vermont’s infants, children and their families and ensure sustainability beyond the life of the ELC grant.

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The ELC grant therefore provides substantial infrastructure support for early intervention/early childhood in Vermont. The 24 projects in the ELC grant potentially 'touch' and benefit Vermont Part C's system and practitioners in multiple and varied ways. Several state Part C staff and SSIP Core Team members are participating in these projects at some level or have strong connections to/are collaborating as partners in these projects. Based on the potential impact of the ELC grant, members of the State SSIP Team met with the Director of the ELC grant and with leaders of the projects with which Part C CIS-EI most directly aligns/interfaces to identify potential ways to collaborate and share resources, technical assistance and training over the next five years.

Since Part C services are part of the comprehensive services of CIS within the Agency of Human Services, Department for Children and Families, Child Development Division, CIS-EI is well-positioned to connect with other programs and initiatives associated with the Early Childhood Framework and the Early Learning Challenge (ELC) grant. This will support CIS-EI's efforts to align with key projects to maximize resources supporting Regional CIS-EI programs and practitioners, and to identify supports relevant to families served by CIS-EI as described within the SSIP strategy #3.

As noted previously in the Stakeholder section, during Phase II of the SSIP the State CIS-EI will seek opportunities to align with other state initiatives and programs that seek to impact children's social and emotional development, including selected Early Learning Challenge grant projects supporting community initiatives and child care program quality. During the infrastructure analysis, the following ELC grant projects were identified as potentially having the greatest impact on supporting one or more of the SSIP improvement strategies:

ELC Grant Projects Aimed at Improving Quality and Access

Project 4 – Expand Strengthening Families Child Care Program

The Center for the Study of Social Policy's (CSSP's) Strengthening Families approach promotes continuity of services and family centered practice and helps providers link families with comprehensive services and empower families to understand and meet the developmental needs of their children. The Strengthening Families Child Care model has expanded to Family Child Care Homes in several regions from its initial implementation statewide in child care centers. Strengthening Families aligns with the Head Start Parent, Family and Community Engagement Framework, both of which were designed to effectively engage parents as partners in supporting young children's learning and development.

Project 8: Children's Integrated Services Specialized Child Care Services

Specialized Child Care Providers care for children who are most at risk, including infants and toddlers receiving Part C early intervention services. Giving these providers the training and support they need to address social and emotional development and enhance the quality of their child care settings will result in better outcomes for these children. In January 2015, a stakeholder group from the Specialized Child Care Providers used the Results Based Accountability model to guide its vision of what high quality specialized

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child care would look like. The CIS Program Manager for Specialized Child Care Services is leading this project and also is collaborating with a Part C colleague in reviewing processes and resources to more effectively support child care providers in accommodating children birth to six with special needs in child care (and through age 13 in after-school care), with a particular focus on children experiencing significant social and emotional needs.

Project 9: Vermont Early Learning Standards (VELS)

The Vermont Early Learning Standards have been revised and Draft 3 was posted for public comment 3-20-15. Prior to revision, the VELS focused on learning goals for four-year olds, with significant value for persons involved with three year olds, and kindergartners as well. The VELS Revision Committee, of which a state Part C staff person has been a member since 2012, adopted a birth through third grade continuum of standards for all children, including children with disabilities and/or developmental delays and Dual Language Learners. Research has proven that when curriculum, instruction, and assessment are linked through the early childhood years, children have better outcomes. The VELS revision helps make sure that children have smoother transitions between their experiences before kindergarten and through grades K-3 and also ensure that the VELS better support children with high needs. Once the VELS are finalized, next steps include developing a family-friendly companion document and conducting training for early intervention/early childhood providers.

Project 11: Evidence Based Home Visiting

The Child Development Division (CDD) and the Vermont Department of Health (VDH) has finalized a data system to track data from both the Parents As Teachers (PAT) and Maternal Early Childhood Sustained Home (MECSH) home visiting models that Vermont is adopting as a result of legislation and recommendations from Vermont's Home Visiting Alliance. It also will track data from the Nurse Family Partnership model that is part of Children's Integrated Services Nursing and is being used in Project LAUNCH (Linking Actions for Unmet Needs in Children's Health – see below). These data will help ensure fidelity to these evidenced-based models and assist in telling the story about the success of coordinated home visiting in Vermont. It is anticipated this data system will be launched in summer/fall 2015.

Project 13: Early Multi-Tiered Systems of Support (MTSS)

This project intersects with work conducted previously in Vermont as a partner state with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL). CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau to disseminate research and evidence-based practices to early childhood programs across the country and is focused on promoting the social emotional development and school readiness of young children birth to age 5. Several of Part C's early intervention providers were trained in the CSEFEL model and are implementing its Pyramid model with evidence-based practices to support the social and emotional competence of infants and young children. The CSEFEL model evolved into Early MTSS and other Part C providers will have opportunities to receive training/coaching through Early MTSS from a state cadre of Early MTSS trainers that currently provides professional development training in the Pyramid Model. Through a Train-Coach-Train model, trainees receive a practice-based coach to ensure pyramid model practices are being implemented to fidelity. In order for programs to build their own capacity and sustain implementation of evidence-based practices, each cohort site also receives an Early MTSS System Coach to support systems building and completion of an Early MTSS Program Inventory. The

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Program Inventory is grounded in the science of implementation, which bridges the gap between evidenced-based practice (EBP) and high fidelity implementation. Use-friendly training materials, videos, and print resources are available directly from the CSEFEL website to support providers in implementing the Pyramid Model. A member of the State Part C Team/SSIP State Team has been, and will continue to be, integrally involved in promulgating Early MTSS throughout Vermont.

ELC Grant Projects Aimed at Empowering Communities

Project 24: Promise Communities

This project will mobilize rural communities with a concentration of children with high needs to work towards the transformation of every aspect of the environment that supports young children and families in order to achieve a high level of school readiness and success.

The Governor's Office and the Agency of Human Services released the invitation to apply to be a Promise Community on February 10. Promise Community coaches are currently undergoing training in facilitation, and other frameworks and tools that will help them guide communities in planning for better outcomes for children and families. Following a Request for Proposal process and review of applicants, It is anticipated that the initial three Promise Communities will be announced shortly following submission of this SSIP.

Vermont CIS-EI Systems Infrastructure

The introduction to Vermont's FFY 2013-2018 State Performance Plan (SPP) submitted in February 2015 describes Vermont CIS-EI infrastructure. The State SSIP Team and SSIP Workgroup of the VICC further refined its analysis of VT Part C's infrastructure using the document *A System Framework for Building High Quality Early Intervention and Preschool Special Education Programs (January 2015)*. *Based on this analysis, State SSIP Team members and the SSIP Workgroup of the VICC identified the following components as having the potential to most effectively support improvement and build capacity at the local level to achieve VT Part C's SIMR.*

Governance

As described in the Overview section of this SSIP, Vermont's Part C Early Intervention services are part of a statewide system called Children's Integrated Services (CIS). Children's Integrated Services is administered by the Agency of Human Services (AHS), Department for Children and Families (DCF), Child Development Division (CDD). Vermont's Part C Early Intervention services are known as CIS-EI services. The Agency of Education (AOE) and the Agency of Human Services are Vermont's co-lead agencies for Part C CIS-EI services. This relationship is governed by an Interagency Agreement that was revised June 2014 and subsequently approved by the Office of Special Education Programs. The Child Development Division contracts with twelve regional non-profit entities (often Parent-Child Centers) to deliver CIS-EI services.

Having the AOE and AHS as co-leads for Vermont Part C increases available resources and ensures ongoing communication, a commitment to joint trainings and provision of

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technical assistance where appropriate, and consistent policy and practice related to child find and transition from Part C to Part B. Contracts with agencies within the Vermont Parent Child Center Network ensures a ‘wraparound’ approach to supporting children and their families, including a commitment to implementing the Strengthening Families approach.

Additionally, CIS is part of the AHS Integrating Family Services (IFS) systems change effort. Begun with reorganization of AHS in 2003, IFS aims to create a cultural shift in the way AHS does business. Using Results Based Accountability (RBA), IFS is moving the focus away from counting how much we are doing, to tracking if anyone is better off. This shift is created by making funding more flexible so agencies can offer children, youth and families the right services at the right time.

Also involved in IFS is the Department for Mental Health (DMH), which is a key partner to address the SSIP Strategy #2 and Strategy #3 described below. A DMH Clinical Care Coordinator attends the CIS staff meetings several times a month, and is an active member of the VICC. This DMH colleague has provided valuable input into the development of the SSIP strategies.

Because Part C services are part of the comprehensive services of CIS within the Agency of Human Services, Department for Children and Families, Child Development Division, CIS-EI is well-positioned to connect with other programs and initiatives associated with the Early Childhood Framework and the Early Learning Challenge Grant. This will support CIS-EI’s efforts to align with key projects to maximize resources supporting regional CIS-EI programs and practitioners, and to identify supports relevant to families served by CIS-EI, as described in this section under Vermont Systems Infrastructure and in SSIP improvement strategy #3 under the section ‘*Selection of Coherent Improvement Strategies.*’

Transparency

To ensure transparency, the State CIS-EI office annually:

- Posts complete copies of Vermont Part C’s State Performance Plan and Annual Performance Reports to the Agency of Human Services/Child Development Division’s website http://dcf.vermont.gov/cdd/reports/IDEA_Part_C and forwards the website link to the Vermont Agency of Education and Vermont Family Network (VFN-VT’s PTI) for posting on their respective websites, in VFN’s statewide newsletter, and to the Children’s Integrated Services blog and other relevant statewide early childhood listservs
- Reports out on/discusses the State Performance Plan and statewide and regional CIS-EI program data from the relevant FFY Annual Performance report at a combined meeting of the VICC and Regional CIS-EI Host Agency Directors and Supervisors.
- Publicly reports Vermont CIS-EI’s statewide and regional CIS-EI program data on the Agency of Human Services/Child Development Division’s website: http://dcf.vermont.gov/cdd/reports/IDEA_C/public_reports

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- Publicly reports Vermont CIS-EI's 618/Child Count data on Agency of Human Services/Child Development Division's website:
http://dcf.vermont.gov/cdd/reports/IDEA_C/public_reports

Additional data collected through the SSIP, as a part of the APR, will be posted on the CIS web site. This will ensure transparency of Vermont's improvements to increasing families' ability to help their children develop and learn functional social and/or emotional skills, and infants and toddlers substantially improve their social and/or emotional functional development.

Personnel/Workforce

CIS services are provided by community-based organizations with qualified and supervised professionals. CIS-EI host agencies are required to submit resumes of staff to the State to assure the State of Vermont and the Office of Special Education Programs that all Early Intervention practitioners meet the Vermont CIS-EI requirement of holding at least a Bachelor's degree in early childhood or a related field. However, data presented previously indicate that high staff turnover, variation in staff qualifications and skills, and variations in supervision need to be considered as possible root causes into Vermont's present performance on child and family outcomes associated with the SIMR. The SSIP strategy #1, to create and promulgate a Comprehensive System of Personnel Development will address this factor.

Beginning in State Fiscal Year (SFY) 2016, CIS home visiting service providers are implementing evidence-based home visiting models, i.e., Parents as Teachers (PAT) and Maternal Early Childhood Sustained Home Visiting (MECSH), to be delivered in accordance with standards adopted by Vermont's Home Visiting Alliance in response to Vermont's Act 66: *An Act Relating to Home Visiting Standards*. As a result of this work, the emphasis on evidence-based models/approaches, and input from stakeholders, the State SSIP Team is investigating alignment of current evidence-based/evidence informed models and approaches for consideration in a Comprehensive System of Personnel Development (SSIP Strategy #1).

The State CIS-EI program is in the process of developing a CIS-EI certificate/credential based on a review of EI credentialing in other states. This certificate/credential will be required of regional CIS-EI staff who conduct evaluations for determining eligibility for Part C, and who provide developmental education to children and families. A cohort of regional early intervention practitioners currently is participating in a study to look at a common core competency process for the EI certification or credential. One of the study requirements is that participants evaluate the process to provide input to the statewide CIS-EI Credential/Certificate Committee. Vermont's Early Childhood and Family Mental Health (ECFMH) competencies, which provide the foundation for the competencies, have been adopted as 'core' practices across the five CIS services, and reflect the work in which EI practitioners engage. The ECFMH competencies also have provided the foundation for other states' EI competencies. Using the ECFMH competencies directly

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supports Vermont CIS-EI's improvement efforts related to its SIMR and provides consistency in practice across the five CIS services (see SSIP Strategy #1).

Most importantly in supporting its SIMR (and discussed under the "Coherent Improvement Strategies" section below), Vermont CIS-EI recently received notification that it has been selected to receive intensive technical assistance to develop a comprehensive system of personnel development (CSPD) through the Early Childhood Personnel Center. This intensive technical assistance opportunity will enable Vermont CIS-EI to coordinate its workforce development/improvement activities, coordinate pre-service and in-service personnel development to ensure consistency in practice, and establish a sustained, coordinated and strategically designed system of personnel development. Given the current initiative and study to establish an EI certificate/credential, the need to align/integrate this initiative with the other personnel systems/professional development activities currently in place, and the need to increase the capacity of the state CIS-EI system to improve and support the capacity of regional CIS-EI practitioners to substantially improve children's social and emotional growth, the timing of this opportunity is ideal. This opportunity will be a primary driver of program improvement and enhancement of CIS-EI practitioner capacity to promote the social and emotional growth and learning of infants and toddlers.

The State CIS contract includes the following language related to personnel and 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:

- a. *regularly access the CDD CIS Website (<http://dcf.vermont.gov/cdd/cis>), CIS Blog (<http://cisvt.wordpress.com/author/childrensintegratedservices/>), and CIS Guidance Manual (<http://dcf.vermont.gov/cdd/cis/providers/guidance>) for guidance, forms, and current information:...*
- b. *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://dcf.vermont.gov/cdd/cis/providers/trainings>. These include, but are not limited to:*
 1. *CIS Orientation (3 modules)*
 2. *One Plan (IFSP) Orientation (5 modules)*
 3. *Early Intervention Orientation (8 modules) – Required for EI providers only; recommended for all other CIS service providers.*
 4. *Other modules as they become available...*

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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;

- a. the annual CIS Conference (attendance may be limited by the State);*
- b. 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;*
- c. relevant on-line CIS training modules;*
- d. other professional development required by CIS State Staff based on contract monitoring activities;*
- e. other State-sponsored trainings, both core and discipline-specific....”*

The State CIS-EI program provides direct training to regional CIS-EI staff and early childhood professionals as needed related to new initiatives such as the updated State of Vermont Special Education Rules adopted June 1, 2013, and Ages and Stages Questionnaire (ASQ) trainings to implement the screening requirement for Part C. Additionally, the State CIS-EI program provides technical assistance, joint training and Memos to the Field with Vermont's Part B/619 partner to address child find; child and family outcomes; and transition from Part C to Part B services, including criteria to determine 'potential eligibility' for Part B. These trainings are provided regionally in person or via webinars.

The State CIS-EI program provides financial support for the annual conference hosted by the Vermont Family Network, Vermont's Parent Training Information Center. At times, financial support is provided to the regional CIS-EI host agency staff to attend relevant trainings provided by organizations such as the Division of Early Childhood and the Vermont Higher Education Collaborative.

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

- Through a contract with the Center on Disability and Community Inclusion/University of Vermont, the Vermont I-(Interdisciplinary) Team Early Intervention Project provides interdisciplinary and collaborative training, technical assistance and consultation focused on supporting infants and toddlers with significant and complex needs and their families.
- The Child Development Division's Building Bright Futures database as an option for tracking CIS professional development in the future
- UVM's Early Childhood Special Education Personnel Preparation Program
- The Higher Education Collaborative
- Early Multi-Tiered System of Supports, in collaboration with Part B/619 (as described previously)

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- Vermont LEND (Leadership Education in Neurodevelopmental and Related Disabilities) program provides long-term, graduate level interdisciplinary training and interdisciplinary services and care.

The State CIS program contracts with an individual who coordinates and leads the CIS Professional Development Committee. This committee is composed of CIS-Nursing and CIS-EI State staff and representatives from regional CIS programs and CIS partners, including the Child Development Division's Statewide Systems and Community Collaboration unit, Northern Lights Career Development Center, and the Vermont Department of Health. This committee plans and coordinates the annual CIS Conference, the CIS on-line training modules, and is developing the CIS Competencies and CIS-EI Credential.

To ensure coordination and collaboration across workforce development, State CIS-EI staff are members of professional development committees such as the Child Development Division's Professional Preparation and Development Committee, the Vermont Division for Early Childhood, and the Early Childhood Special Education Advisory Board.

Vermont's foundation in professional development activities and technical assistance, along with early work related to key elements of a Comprehensive System of Personnel Development, provide a strong probability of success for SSIP strategy #1 and the proposed associated impact on the SIMR.

Data Collection

Vermont CIS-EI has a manual data management system, an ACCESS database. All data are submitted manually by CIS-EI regional staff and manually entered by the State CIS-EI data team. This 'paper and pencil' system and process enables Vermont CIS-EI to review and verify each data element for the Annual Performance and 618 Reports 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/performance in the delivery of CIS-EI services. As described below in 'Accountability and Quality Improvement,' The State CIS-EI data team performs desk audits of regional CIS-EI host agencies' data quarterly to identify potential noncompliance, data "anomalies," and data trends requiring targeted technical assistance.

The State CIS-EI Data Manager also reviews the data during a designated period of time annually to identify findings of noncompliance requiring Corrective Action Plans (CAPs) and technical assistance. The electronic statewide billing system (Hewlett Packard Enterprise System-HPES), implemented in 2009, continues to provide a mechanism for verifying that data are complete and accurate. The State CIS-EI data team compare on a weekly basis the data entered into the ACCESS database with data entered into the HPES system to check for accuracy and query for duplicate data.

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Vermont's Part C data collection process and structure provides a benefit to regions selected for Targeted Supports as described in Strategy #4 below. As regions examine root causes, and as they begin to implement select strategies to improve outcomes for infants and toddlers (child outcome 3a1), they can receive more current data, conduct regular review of their data through Phase II to indicate performance, and suggest additional data that may assist the State and regions in measuring progress on key strategies.

Accountability and Quality Improvement

While Vermont's Part C Accountability and Quality Improvement infrastructure is discussed fully within the State Performance Plan, the State SSIP Team and SSIP Workgroup of the VICC considered the following elements during the SWOT analysis as being strengths. Based on the strategies identified with stakeholder input, especially the strategy to provide targeted supports to three regions as described in SSIP strategy #3 below, the following infrastructure components associated with accountability and quality improvement are worth noting:

Public Program Performance Reporting and Regular Regional Monitoring:

The State CIS-EI program reviews and keeps on file, on-site at the regional CIS-EI program, and, as noted previously, posts for the public (http://dcf.vermont.gov/cdd/reports/IDEA_Part_C) the Vermont CIS-EI State Performance Plan and Annual Performance Report. Additionally, any monitoring reports, letters of findings of noncompliance and Corrective Action Plans (CAPs), Determination letters, Quality Improvement Plans (QIPs) and Regional Interagency Agreements (IAAs) are maintained by the State CIS-EI program and available to the public. Copies of all monitoring records and corrective action plans are made available to the regional CIS administrative team and key partners who are participating in carrying out the CIS-Early Intervention services. The regional CIS administrative team and key partners will:

- Seek input on the status of the region's CIS-EI outcomes by reviewing the publically reported data posted annually and other data used to develop regional goals and maintain, improve and/or correct performance and/or compliance,
- Include goals that reference corrective action plans and activities so that non-compliance is corrected within one year of identification.

The State CIS-EI data team conducts desk audits of regional CIS-EI host agencies quarterly to identify any potential noncompliance, any data "anomalies," and data trends requiring targeted technical assistance. The CIS-EI Data Manager also reviews the data during a designated period of time to identify findings of non-compliance requiring Corrective Action Plans.

Regional CIS-EI host agencies with findings of noncompliance must submit a self-

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assessment to the State CIS-EI office and host an on-site monitoring visit by State CIS-EI staff to verify correction of non-compliance to 100% within one year of the date of written notification of the finding of non-compliance. Additionally, the State CIS-EI data team conducts desk audits of updated data as part of the verification of timely correction of noncompliance.

Annually, the Agency of Human Services' Child Development Division, as the administrative agent for Vermont CIS-EI, reviews the performance of each regional CIS-EI Program that carries out early intervention services to determine how well each regional CIS-EI program meets the Individuals with Disabilities Education Act (IDEA) requirements. Based on the review of data that CIS-EI programs submit to the State CIS-EI data team that are aggregated and reported in the APR (along with additional relevant information), Vermont CIS-EI determines annually if a CIS-EI regional program "Meets Requirements," "Needs Assistance," "Needs Intervention," or "Needs Substantial Intervention." Child and Family Outcomes data are included in the data reviewed to make determinations. CIS-EI programs that have 'Required Actions' in any area as a result of the determination process must develop and submit a Quality Improvement Plan and receive technical assistance from State CIS-EI staff.

The Vermont Interagency Coordinating Council role in quality oversight:

Vermont CIS-EI provides the Vermont Interagency Coordinating Council members with copies of the State Performance Plan and Annual Performance Report for their review prior to annual submission. The State CIS-EI program reviews the aggregated statewide data with VICC members annually for their input as part of carrying out their "advise and assist" role. Because of the "advise and assist" function, the VICC was poised to provide an instrumental role in providing stakeholder input in all aspects of Vermont's SSIP. It was also natural for a workgroup of the VICC to be created specifically to address the SSIP development. This workgroup, and the VICC's role in the SSIP process will continue throughout Phases II and III.

Quality Standards

Vermont Early Learning Standards (VELS)

The Vermont Early Learning Standards have been revised and Draft 3 posted for public comment 3-20-15. Prior to revision, the VELS focused on learning goals for four-year olds, with significant value for persons involved with three year olds, and kindergartners as well. The VELS Revision Committee, of which a state CIS-EI staff person has been a member since 2012, adopted a birth through third grade continuum of standards for all children, including children with disabilities and/or developmental delays and Dual Language Learners.

Research has proven that when curriculum, instruction, and assessment are linked through the early childhood years, children have better outcomes. The VELS revision helps make sure that children have smoother transitions between their experiences

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before kindergarten and through grades K-3 and also ensure that the VELs better support children with high needs. Once the VELs are finalized, next steps include developing a family-friendly companion document and conducting training for early intervention/early childhood providers.

Technical Assistance

Technical Assistance is provided to the regional CIS-EI host agency staff as follows:

- The State CIS-EI hosts a monthly call with the regional CIS-EI host agencies. This call is 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.
- The State CIS-EI staff provides more intensive technical assistance to CIS-EI regions as necessary based on results of Family Outcomes and Child Outcomes data, that includes the following steps:
 - Inclusion of the regional CIS-EI team in a review of the results so that all practitioners and service coordinators are aware of their status regarding child/family outcomes and can participate in plan development
 - Analysis of the data and identification of contributing factors with the regional CIS-EI team, using *Contributing Factors tool* and the *Relationship of Quality Practices to Child and Family Outcomes Measurement*
 - Determination of desired results and a plan to address identified contributing factors (including strategies, resources needed, timelines)
 - Quarterly review and revision of the plan
 - Provision of TA as identified in the plan

The State CIS-EI staff provides ongoing technical assistance on-site to Regional CIS-EI Host Agencies that experience staff or supervisor changes, findings of noncompliance, required actions as a result of the annual determination process, and/or in response to questions asked by regional Part C staff. Technical assistance includes the use of materials from ECTA.

This technical assistance will be further targeted and tailored to support substantial progress in Vermont Part C's SIMR, especially related to Strategy #4 described below.

State Identified Measurable Result (SIMR)

This section provides information about the process for identifying the SIMR, rationale for Vermont's choice of SIMR, and the alignment of the SIMR with the data and infrastructure discussed in previous sections. The targets Vermont has set for demonstrating results on the SIMR are also discussed.

Process for Selecting the SIMR

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Vermont used the Results Based Accountability (RBA) process to develop its SIMR. Like Results Driven Accountability, RBA asks that groups examine what result they want to achieve based on a review of available data that show areas in need of improvement, and then to examine strategies for achieving that result. RBA has three important elements: identification of the result (the condition of well-being for children, adults, families, or communities) to be achieved; identification of an indicator, which is a measure to help tell if you have achieved the result (that is Vermont's SIMR for the SSIP); and finally, the identification of performance measures to show how well a program, agency, or service system is working.

Using RBA, Vermont was charged by OSEP to improve results for infants and toddlers with disabilities and their families. Vermont chose the following State Identified Measurable Result (SIMR) to direct the plan: 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. CIS-EI's goal is to increase infant and toddler's social and emotional skills.

Vermont CIS-EI will measure and report progress on the SIMR by improving child outcome 3a, for summary statement 1: the percentage of infants and toddlers with One Plans who demonstrated substantially improved positive social and/or emotional skills by the time they exited Part C services (referred to as Child Outcome 3a1 in the "Data Analysis" section above).

Vermont's RBA Process

The Vermont State SSIP Team engaged in the RBA process with the SSIP Workgroup of the VICC. Over the course of several meetings this group concluded that the best way Vermont could improve results for children was by engaging with their families. This approach aligns with Vermont's Early Childhood Framework and Action Plan. Therefore, Vermont stakeholders agreed it was important to look at family outcome data in selecting Vermont's child-focused SIMR and to consider strategies related to this family outcome that would positively impact Vermont's SIMR.

The State SSIP Team and the SSIP Workgroup of the VICC met with the entire VICC and presented child and family outcomes data and proposed two SIMR's for consideration:

1. Families are able to help their infants and toddlers develop and learn positive social and emotional skills and infants and toddlers' social and emotional functioning improves.
2. Infants and toddlers improve their knowledge and skills and families are able to do the things they enjoy as a family.

Through a process facilitated by NERRC technical assistance liaisons, the VICC decided on Vermont's SIMR, agreeing that increasing results for children can be best met by prioritizing a focus on increasing the knowledge and skills of their families. It

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was agreed that progress on the SIMR will be measured by improving Child Outcome 3a1: *the percentage of infants and toddlers with One Plans who demonstrated substantially improved positive social and/or emotional skills by the time they exited Part C services.*

Rationale for Vermont's SIMR

Vermont believes that by increasing the number of families with children enrolled in CIS-EI services who indicate that they are able to help their children develop and learn, and by increasing the number of children receiving CIS-EI services who substantially improve their social and/or emotional functional development, Vermont will positively impact results for infants and toddlers. Vermont believes that parents are their child's first and most important teachers. Therefore, Vermont's SSIP improvement strategies will prioritize parent engagement and education strategies, among others. In this way children will be able to receive consistent help from their parents to develop and learn social and emotional functional skills. Vermont's indication of CIS-EI's improvement on the SIMR will be measured by the increase in the percentage of infants and toddlers served by CIS-EI for more than six months who substantially improve their social and/or emotional functional development by the time they exit CIS-EI services.

Research shows that children's social and emotional development impacts their development in all other domains (Cooper, et al, 2009⁵; Early Childhood Learning and Knowledge Center⁶). When children are unable to regulate their emotions, feel comfortable or secure in social situations (interacting with one other person, or with a group), their behaviors may be difficult to manage or they may withdraw. The child's attempt to express their discomfort or cope with their distress interrupts the child's ability to attend to other developmental opportunities (The California Childcare Health Program, 2009⁷). Children's attitudes and expectations are formed in the first months and years of their lives (Szanton, et al, 1992⁸). Neuroscience demonstrates children's early experiences significantly influence their brain development (Zero to Three⁹). Children's first and most important teachers are their parents. Therefore, family focused prevention strategies and family-centered early intervention provide the optimal foundation to help children reach their highest potential throughout their lives.

CIS-EI Data

CIS-EI data analysis revealed that six of Vermont's twelve regions have demonstrated low performance in relation to child outcome 3a1 over the past four years. In addition to being below the State target for child outcome 3a1, these same six regions showed a higher turnover rate of staff (42%) versus the staff turnover rate for the higher

⁵ http://www.nccp.org/publications/pdf/text_882.pdf

⁶ http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Domains%20of%20Child%20Development/Social%20and%20Emotional%20Development/edudev_art_00016_061705.html

⁷ http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA/15_CCHA_SocialEmotional_0406_v2.pdf

⁸ <http://eric.ed.gov/?id=ED352171>

⁹ http://main.zerotothree.org/site/DocServer/Policy_Guide.pdf?docID=8401

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performing regions (27%). These data indicate that staff turnover may have a direct impact on child outcomes.

The Family Outcomes Survey related to “accessing communities” has two questions that specifically relate to family well-being and child social development. These two questions are:

5. Our child participates in social, recreational, or religious activities that we want.
6. We are able to do things we enjoy together as a family.

Family responses to these two questions showed lower percentages over the past two years. These data indicate children and families are not able to do the things or participate in the activities that they want.

Additionally, families responses to whether early intervention has been useful in helping the family help their child develop and learn (Family Outcome 4c) have had lower results in the past two years. Half of the regions have been below target in recent years, and the variation between regional performances has been between 50% and 89.5%. This disparity indicates families in some regions do not feel they are being provided useful information by CIS-EI to help them help their child develop and learn.

Broad State-Level Connections

As described previously, Vermont’s Governor, with significant stakeholder input, developed and published Vermont’s Early Childhood Framework and Early Childhood Action plan to help Vermont realize the promise of every child in the state. These documents provide a blueprint for policy development at the State and community level. The Action Plan reflects work already under way in Vermont such as the Early Learning Challenge (ELC) grant. Vermont’s ELC grant has infused substantial resources into the state to strengthen Vermont’s early childhood system and more effectively ensure coordination and collaboration across programs and initiatives to support Vermont’s infants and their families. A core condition of well-being identified throughout the Action Plan, and the ELC grant projects, is the importance of families and their role as their child’s first and most important teacher.

Therefore, through increasing practitioners’ skills to engage parents, provide educational strategies, and identify outcomes to substantially improve the functional social and/or emotional skills of infants and toddlers, Vermont CIS-EI will be able to optimize the overall development of infants and toddlers enrolled in CIS-EI services.

Baseline Data and Target for Vermont’s SIMR

By implementing coherent improvement strategies to support the SIMR, CIS-EI believes we can achieve the following targets set for the SSIP to increase the percentage of infants and toddlers with One Plans who demonstrate substantially improved positive social and/or emotional skills by the time they exit Part C services.

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The baseline for the three target regions was calculated by combining and averaging the FFY 2013 data from the three regions selected to receive targeted supports (see the “Coherent Improvement Strategy” section below; Strategy #4) for Child Outcome 3a1 (Positive social and emotional skills; summary statement 1) in order to demonstrate improved results to the SIMR.

Summary Statement 1: Of those children who entered or exited the program below age expectations in Outcome 3a (Positive social and emotional skills), the percent who substantially increased their rate of growth by the time they exited the program		
Regions	Number of children	Percentage
Bennington or Region 2	7/14	50%
Brattleboro or Region 3	14/26	53.8%
Hartford or Region 5	10/19	52.6%
Total for subset of target regions	31/59	52.1%

Baseline	Targets				
FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018
52.1%	52.1%	54%	57%	62%	68%*

*statistically significant from baseline

By choosing three regions from the group of six low performing regions, improvements in these regions will contribute to a positive change in statewide data. As improvement strategies are found to be successful, they will be rolled out to other regions in successive cohorts.

FFY 2014 (7/2014 – 6/2015): no increase

- Data for FFY 2014 is already 75% completed, so there is little opportunity to affect this year’s data.
- Use the remaining time (through June, 2015) to introduce the newly designed COS form, which incorporates the decision tree, to target regions and ensure target regional data is quality data (i.e., training).

FFY 2015 (7/2015 – 6/2016): a small increase is expected due to better data quality (note – if there is a data quality issue, it will take time before all data [entries and exits] in region are accurate, high quality data).

- By the end of FFY 2015, target regions will have completed their regional root cause analysis, identified one to two strategies, and may even have begun to implement the strategy(ies).

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FFY 2016 (7/2016 – 6/2017): regional change resulting from targeted supports will begin to affect families leading to slightly larger increase. However, due to Vermont's size, the numbers of children receiving these services who will exit in these three regions will still be proportionately small.

- Also, expect to have larger portion of children with accurate high quality COS ratings.
- Strategies identified within targeted regions may begin to be scaled up during this time.

FFY 2017 (7/2017 – 6/2018)

- Implementation across all practitioners, each with some families, in all 3 targeted regions will result in a higher proportion of children exiting being affected; therefore a more significant improvement should be evident in the data as a result.
- By now all COS ratings should be high quality; plans will be made to ensure new staff receive training.
- Scaling up identified strategies to other low-performing regions begins in earnest.

FFY 2018 (7/2018 – 6/2019)

- Full implementation of identified strategies in the targeted regions across all families
- Scaling up identified strategies proven to positively impact the SIMR to other low-performing regions, and ultimately statewide.

As Vermont CIS-EI provides targeted supports to low-performing regions, it is expected that root causes impacting the SIMR will be identified. Identification of these causes will lead to strategies that have the potential to substantially improve the social and/or emotional functional development of infants and toddlers receiving CIS-EI services. Both the State SSIP Team and stakeholders suspect that there are diverse reasons, specific to regional differences that influence this outcome. Providing targeted supports ensures Vermont has the opportunity to identify these root causes and develop plans that will lead to meaningful change.

During the six-year time period encompassed by the SSIP, Vermont CIS-EI will also be paying attention to data from Family Outcome 4c: Families participating in Part C report that early intervention services have helped the family help their children develop and learn. Vermont's strategy for developing a Comprehensive System of Personnel Development will include professional development for practitioners in order to help them learn how to:

- use assessments to communicate children's social and/or emotional developmental needs to families,
- write functional social and/or emotional goals with families, and
- effectively coach families in strategies to support their child's social and/or emotional development.

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The Vermont State SSIP Team and stakeholders believe that improving practitioners' expertise in helping parents help their children develop and learn will reduce the regional disparity among these outcome results. Since parents are their first and most important teachers, directly and positively impacting families' ability to support their children's healthy social and/or emotional development will result in infants and toddlers substantially improving their social and/or emotional functional development.

Selection of Coherent Improvement Strategies

This section provides a description of the process Vermont used to engage stakeholder input into root causes and rational, logical improvement strategies. The strategies selected to improve the SIMR are identified and described in this section.

Process for Identifying Root Causes and Improvement Strategies

After completing the data and infrastructure analysis described above, the State SSIP Team, in conjunction with the SSIP Workgroup of the VICC, held a full-day meeting that included the VICC members and the CIS-EI Host Agency Directors and Supervisors. The agenda and activities for that meeting were developed with consultation from Vermont's technical assistance liaison from the National Center for Systemic Improvement (NCSI).

During the meeting information was presented about possible root causes evidenced by:

- A comparison of child outcomes data included:
 - child level outcomes to the time in the program and to the intensity of service, and
 - regional level outcomes to poverty demographics and to families experiencing at least three risk factors (unmarried mothers, below the age of twenty, without a high-school diploma);
- family survey data specific to survey return rates;
- family survey data specific to 'helping your child develop and learn' (Family Outcome Section B #3), 'having support systems' (Family Outcome Section A #4), and 'accessing the community' (Family Outcome Section A #5);
- data specific to regional CIS-EI practitioner longevity of employment, level of education, and hours of supervision; and
- themes identified from the regional focus group feedback.

After presenting potential root cause data, attendees broke into small groups. These groups were asked to consider the data presented, as well as their own knowledge and expertise, and to brainstorm the most likely root causes that may prevent Vermont CIS-EI from helping infants and toddlers substantially improve their social and/or emotional functional development.

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The small groups identified a large number of possible root causes. These were written on large papers at the front of the room. Each attendee was then given five stickers. They were asked to use these stickers to vote on which suggested root causes they thought potentially contributed the most to the patterns identified in the data and were most likely to impact the SIMR.

The large group identified the following root causes most likely to impact the SIMR:

- 1) Lack of natural supports for families (“empty eco-maps,” “family isolation”).
- 2) Family availability and capacity (ex. “working parents;” “family challenges” preventing parent/caregiver participation in parent education - such as substance recovery, poverty, un-met mental health needs, etc.; and “parents involved in social media during visits.”).
- 3) Need for more mental health resources for adults.
- 4) CIS-EI Staff turnover.
- 5) Need for caregivers across environments (home and child care) to get the same level of support and information (“many children receive services in child care settings and parents don’t always get the training on the strategies that the child care staff are getting.”)

Next, the small groups were each assigned one of these prioritized root causes. The groups were asked to brainstorm possible improvement strategies. The teams reported out one strategy to the full group. The State CIS-EI team collected all the recommended strategies for later review and consideration by the SSIP Workgroup of the VICC.

Finally, each attendee was given the opportunity to answer the following question on their meeting evaluation form: *If Vermont could pursue just one strategy to improve the social and emotional functional development infants and toddlers, what would you want it to be?* These responses were collected to be compared against the group recommendations.

The SSIP Workgroup of the VICC was scheduled to meet the following week to review the strategies shared by attendees at the VICC joint meeting with the Regional CIS-EI Host Agency Directors and Supervisors. However, none of the SSIP Workgroup of the VICC members were able to attend the meeting. The State SSIP Team reviewed the recommended strategies using a tool provided by Vermont’s NCSI technical assistance liaison. This tool asked that each strategy be considered in relation to the following questions:

1. Who is the target audience for this improvement strategy? If the target audience is a subset of programs or regions, which ones and why?
2. Why is this strategy needed? What root cause does it address?
3. What expected benefit do you feel this strategy will have on the SIMR? What evidence do you have (or do you feel you need) to support that it will?
4. In what ways does the strategy align with current state priorities and initiatives?
5. What resources will this strategy require?

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Coherent Improvement Strategies

Strategy #1 – Comprehensive System of Personnel Development

The CIS-EI State Team noted that the need for professional development for regional CIS-EI practitioners was a theme across all five of the top-priority root causes. To build family capacity, for example, two strategies aligned with areas where professional development can help: “move away from direct service and do more coaching;” and “connect learning that can happen during routines.” Professional development was highlighted in the following recommended strategies: provide professional development to help practitioners write functional, achievable, and measurable goals; and, compensation and professional development opportunities – greater depth and incentive for practitioners.

To address the lack of natural supports for families, the need for professional development was identified to help practitioners understand what resources are available to families. Staff turnover proposed strategies included, in addition to the need for higher pay, alternatives to financial incentives including access to professional development, more time for professional development, and an EI Credential/Certificate that is meaningful and has value to the field.

Therefore, based on the need for more professional development, Vermont CIS-EI will develop and promulgate a comprehensive system of personnel development (CSPD). A CSPD is a federal requirement for Part C. In recognition of the need for a CSPD, Vermont applied for and will receive intensive technical assistance from the Early Childhood Personnel Center (ECPC) to develop the CSPD. This technical assistance will begin in August, 2015.

Using the ECPC framework, Vermont’s CIS-EI CSPD for Part C will include a set of common core competencies, standards for supervision, recruitment and retention strategies, personnel development activities, and a plan for ongoing evaluation. These personnel development strategies will include a CIS-EI Certification program and professional development specifically targeted to Vermont’s SIMR. For example, in Phase II, trainings will be provided to regional EI practitioners on the Child Outcomes Summary ratings using a decision-tree tool.

As stated previously, Vermont CIS-EI has consistently provided on-going professional development opportunities to regional early intervention staff in the form of an annual conference or targeted regional trainings (ex. Ages and Stages Questionnaire administration, writing outcomes, etc.). Using the Framework developed by the ECPC, Vermont will design and document a CSPD, which can be used at the State and regional level to identify, promote and implement best and consistent practice among CIS-EI practitioners.

State and national data show that challenges with the recruitment and retention of qualified practitioners contribute to CIS-EI’s non-compliance with federal regulations

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and impacts the achievement of adequate progress in outcomes for children and families. Research shows that, in addition to pay, staff retention is affected by access to supervision and ongoing professional development, staff feeling competent to perform their responsibilities, and by high work-loads (Porter, 2012; Ellet, et al., 2006; Peebles and Pedersen, 2004). A CSPD will enable Vermont to identify and target strategies to improve supports to regional CIS-EI programs and CIS-EI practitioners with the goal to increase practitioner expertise and retention.

While CIS-EI cannot readily address pay increases to the field, practitioners and other stakeholders have identified that strategic improvements associated with professional development aimed at reducing staff turnover and increasing the numbers of practitioners entering the field who meet a common core set of standards are other ways to ‘reward’ practitioners. A CSPD will provide a framework for practitioners to seek targeted clinical/practice supervision and develop individualized professional development plans to increase their depth of expertise. This strategy to develop a CSPD will address the SIMR by providing a foundation for a stable and expert early intervention workforce. The CSPD will provide a framework at the State, regional and practitioner level for selecting, promoting, or designing trainings that will improve practitioner’s skills related to: family engagement, family education and coaching, and child development strategies. Improving these skills will enable practitioners to better support families understand and learn ways to help their infants and toddlers substantially improve the social and/or emotional functional development.

Vermont CIS-EI is currently engaged in a study with CIS-EI practitioners from the field. This study is intended to help CIS-EI obtain practitioner feedback to develop a process for demonstrating how practitioner education and experience aligns with a common core set of competencies. The goal is to have a process to evaluate and grant practitioners an Early Intervention Certificate that effectively sets a minimum standard for CIS-EI qualifications in Vermont. Vermont’s proposed common core competencies are based on Vermont’s Early Childhood Mental Health Competencies, which were developed for Vermont home visitors in 2007. This initiative will help Vermont meet the requirements described in the ECPC Framework for “State Personnel Standards.”

Vermont’s Part C Administrator is participating with Agency of Education personnel to update the Special Education Licensing Standards in order to ensure that there is alignment across the CIS-EI Common Core and Special Education Standards where relevant. Alignment across these sets of competencies ensures higher education can effectively develop curriculum to prepare practitioners for both Part C and Part B employment. During a recent meeting of the Early Childhood Special Education Advisory Board, which Vermont’s Part C Administrator and Part C Professional Development Coordinator attended, participants brainstormed ways to facilitate more CIS-EI practica placements to increase college students’ education about and interest in pursuing a career in Early Intervention following graduation.

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Strategy #2 – Parent Availability and Access to Resources

Vermont recognizes, based on stakeholder input, the need for CIS-EI to look for opportunities to participate in systems-level discussions and initiatives that impact mental health supports for children and families. Stakeholders stated that if the mental health needs of parents/caregivers are not met, parents/caregivers with these needs are less available to learn and implement strategies to help their children develop and learn social and emotional skills. This need was identified during the VICC/Regional CIS-EI Host Agency joint meeting and in the responses to the regional focus group questions. The need increase family's access to community supports was also evident in the family outcomes data (discussed in the data section above).

Therefore, CIS-EI at the State and regional levels will seek opportunities to advocate for and identify mental health resources that support children and their parents/caregivers. This, in turn, will translate to improving awareness for practitioners through dissemination of information, during supervision, and in professional development opportunities. By increasing practitioner knowledge about community resources and how to engage parents/caregivers to identify and disclose their own mental health needs, practitioners will be better able to make appropriate referrals for parents/caregivers. A parent/caregiver who is able to get their own needs met are better able to provide nurturing attention and meet the needs of their children (Center for the Study of Social Policy, Strengthening Families, 2014¹⁰).

Along with the need for mental health resources, stakeholders shared the importance of identifying and promoting community activities to families receiving CIS-EI services. Community activities, such as play groups, dabble-days at the local parent child center, or music in the park, provide families (adults and children alike) the opportunity to make positive social connections with peers. Social connections support children's healthy development, reduce family isolation, and increase natural supports for families. Stakeholders identified that when families have healthy social connections; these connections contribute to improving the social and emotional functional development of infants and toddlers.

As a result of the recommendation to identify and promote community activities, the State SSIP Team, with input from the SSIP Workgroup of the VICC, and with the CIS-EI Common Core set of competencies as a framework, will examine ways to increase family involvement in community activities. Vermont has a robust parent child center (PCC) network that facilitates playgroups, including playgroups specifically designed for fathers, and other family activities in every CIS region. Vermont has public parks in almost every community and many State park-lands. Community and State parks regularly offer free or low-cost family-oriented events in the summer. Vermont's early childhood quality rating system (QRIS) has an arena where child care programs can gain recognition for "Interaction with and overall support of children, families and communities." This arena enables child care programs to earn quality points by

¹⁰ http://www.cssp.org/reform/strengtheningfamilies/2014/The-Strengthening-Families-Approach-and-Protective-Factors-Framework_Branching-Out-and-Reaching-Deeper.pdf

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providing social events for families, and opportunities for families to participate in the program throughout the year.

In spite of these and many other family events that occur in Vermont communities, it is unclear from stakeholder input, and the State SSIP Team's root cause analysis, what the potential barriers to accessing community activities are for families. Questions raised during the VICC/Regional CIS-EI Host Agency meeting included: are there enough year-round activities that are accessible to all families in all regions? Is transportation or costs a barrier? Do families know about community activities?

During Phase II of the SSIP, Vermont will do more root cause analysis to help identify what strategy/strategies Vermont CIS-EI can engage in to impact family involvement in community activities. Stakeholders and research both note that having social connections promotes a sense of connectedness that enables parents/caregivers to feel secure, confident and vested in helping themselves, their family, and others in their community (Center for the Study of Social Policy's Strengthening Families, 2014¹¹). When families feel that they are a part of their community, when they know about resources that can help them, and when they are able to interact with others, families are able to see a variety of parenting styles and parent child interactions, gain knowledge, and/or access resources to support them to help their children develop and learn social and/or emotional functional skills.

Strategy #3 – Infrastructure Alignment

During Phase II of the SSIP, the State CIS-EI will seek opportunities to align with other state initiatives and programs that seek to impact children's social and emotional development. These include:

- selected Early Learning Challenge grant projects supporting community initiatives and child care program quality, as described previously;
- Integrating Family Services initiatives looking at improving coordination across programs, and increasing mental health supports for children and families;
- Building Bright Futures (Vermont's early childhood advisory council), which has assumed a leadership role in coordinating Vermont's Early Childhood Action Plan, Vermont's blueprint for policy development at the State and community level; and
- aligning with Part B to improve outcomes for children who transition from Part C with social and/or emotional developmental needs.

Strategically aligning with other initiatives and programs will offer opportunities to maximize resources and unify information disseminated by the State and community partners about the role social and emotional functional skills have in impacting children's overall success across all other developmental domains. In determining what constitutes an appropriate initiative to align with, CIS-EI will consider how the initiative

¹¹ Ibid

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will contribute to the CSPD; increase or inform mental health resources for parents/caregivers; increase, inform or promote community activities for families; and/or support the social and/or emotional development of infants and toddlers.

All alignments with other programs/initiatives will be made with the intent to positively and strategically impact the other strategies described within this SSIP. At the conclusion of Phase II of the SSIP, CIS-EI will clearly identify the initiatives and programs most clearly aligned with the SIMR, the rationale, and describe how these connections will impact other SSIP improvement strategies.

Strategy #4 – Targeted Supports

Finally, Vermont will provide targeted support to three regions that were below the state target in FFY 2013 for Child Outcome 3a1 (*Infants and toddlers substantially improve their social and emotional functional development*). The three regions selected will receive targeted technical assistance from a member of the State SSIP Team to review current regional data, assess root causes and select one or two strategies from those proposed during the Phase I stakeholder input process to implement in Phase II. These strategies must be linked to the SIMR by either engaging parents to learn ways to help their infants and toddlers develop functional social and/or emotional skills, and/or by implementing evidence based approaches to help infants and toddlers substantially improve their social and/or emotional functional development.

The criteria used to select the regions for targeted support were:

1. Regions were below target in 2013, but were not the lowest performers
2. Regions experience higher levels of poverty based on census data
3. Regions have strong leadership
4. Regions are responsive to State requests for additional data
5. Regions demonstrate trends of/a high level of compliance over several years
6. Regions meet the state target for child outcome returns
7. Regions are willing to receive targeted supports that include examining root causes and identifying one or two strategies for improvement

Strategies recommended include (but are not limited to):

- Identifying targeted professional development to build/enhance practitioner expertise around: engaging families, writing functional outcomes with strategies embedded in the families' routines to improve social and/or emotional skill development, using assessments to engage families in identifying social and emotional functional outcomes, coaching skills, etc...
- Using evidence-based approaches or models for engaging families and promoting children's healthy social and emotional development. Vermont is currently implementing the Parents as Teachers (PAT) and Maternal Early Childhood Sustained Home-visiting (MESCH) within CIS. Various CIS-EI host agencies also indicated an interest in Touchpoints, Center for the Social and

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Emotional Foundations for Early Learning (CSEFEL) family coaching, and the Early Head Start home visiting model. CIS is currently cross-walking these models with the Common Core competencies to identify areas of alignment.

- Increasing or improving supervision to support practitioners to reflect on and improve their practice.
- Providing targeted technical assistance on the Child Outcomes Summary rating process.
- Identifying specific areas for targeted technical assistance and/or professional development that directly align with strategies identified in the SSIP or that promote the SIMR through improving families' ability to help their infant or toddler develop and learn social and emotional skills, or by helping infants and toddlers substantially improve their social and/or emotional functional development.

The CSPD will address root causes related to staffing and practitioner expertise. Increasing knowledge about and resources for family access to mental health supports and community activities will address root causes associated with parent availability and access to resources. Aligning with other initiatives and programs will support the other coherent improvement strategies.

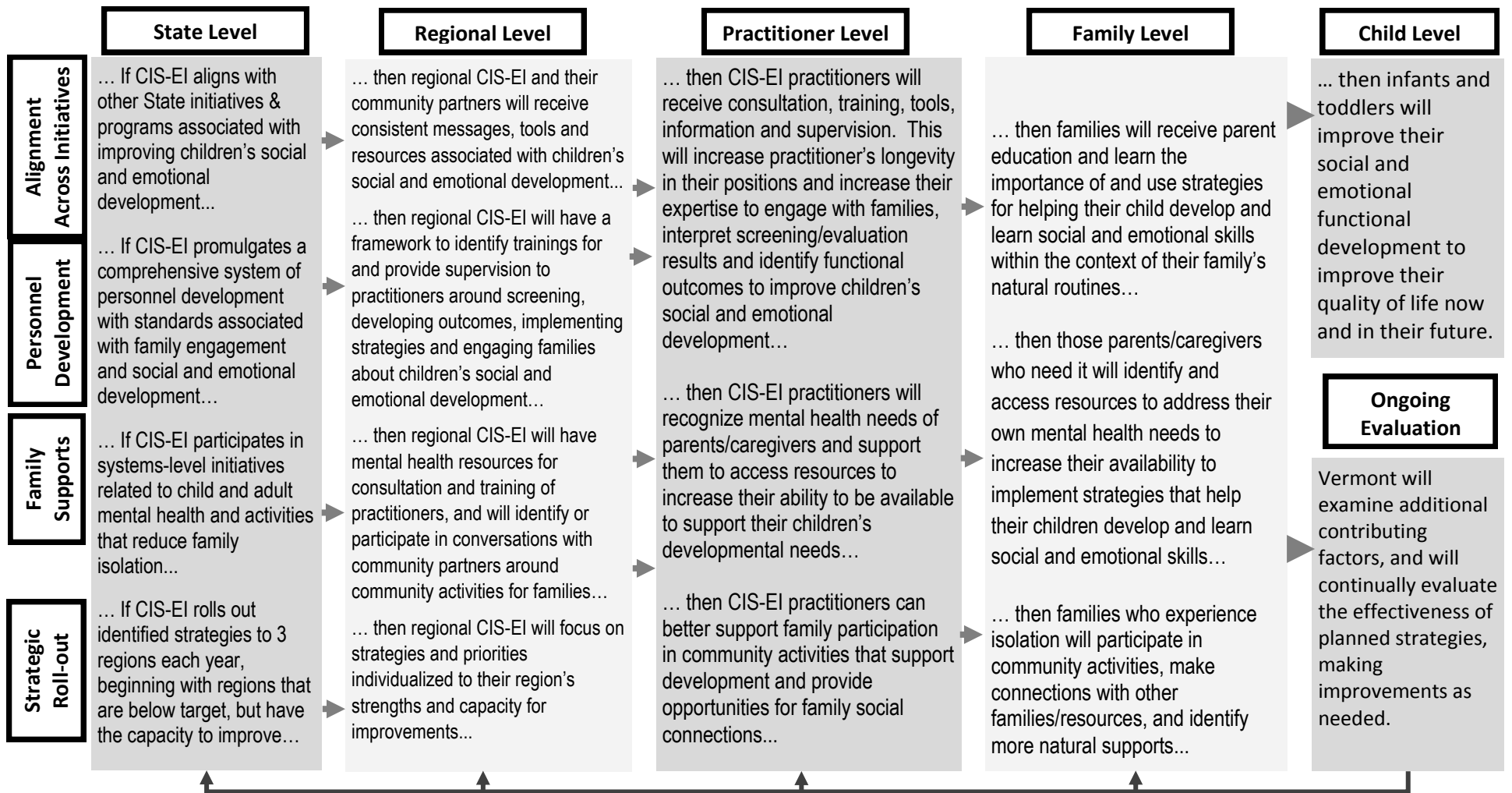
However, regional differences in data and stakeholder input did not identify one clear underlying root cause impacting the SIMR. Therefore, the CIS-EI State Team believes that providing targeted supports to three regions that did not meet the State target in 2013 will provide opportunities for conducting a more in depth analysis of root causes that can be extrapolated statewide. By doing this, targeted strategies can be identified, implemented and evaluated to determine which have the greatest impact on the SIMR. The strategy/strategies that show the most significant impact can then be scaled up to the other low performing regions the following year and ultimately statewide through Phase III.

Theory of Action

Vermont's Theory of Action illustrates how Vermont's infrastructure, strategies and approaches at the State, community and family level will improve the social and emotional functional development of infants and toddlers by: aligning with other State initiatives and programs associated with improving children's social and emotional functional development; connecting families with community resources; and increasing the expertise of regional early intervention practitioners to support families to help their infants and toddlers develop and improve functional social and emotional skills.

SIMR: 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.

Rationale: Supporting social and emotional development fosters positive relationships for children within their families, school and other community settings. This will help children now and in the future. Knowing parents are their children's first and most important teachers, CIS-EI will support strategies that directly and positively impact families' ability to support their children's healthy social and emotional development. Although CIS-EI data show that 83% of families feel they have the skills to help their children develop and learn, CIS-EI data indicates only 67% of enrolled children are improving their social and emotional skills. CIS-EI stakeholders identified that family engagement, isolation, availability and parent/caregiver mental health issues impact families' abilities to help their children develop and learn social and emotional skills.



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Conclusion

Vermont's SIMR will improve outcomes and quality of life for infants and toddlers receiving CIS-EI services. Vermont CIS-EI, in collaboration with families and other partners, seeks to do this by supporting families to help their children develop and improve their social and emotional skills. Supporting social and emotional development fosters positive relationships for children within their families, school and community. This will help children now and in the future.

Vermont has chosen the following State Identified Measurable Result (SIMR) to direct the plan: 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.

SSIP strategies are aimed at directly and positively impacting families' ability to support their children's healthy social and emotional development. CIS-EI's goal is to increase infant and toddler's social and emotional skills.

Vermont CIS-EI will be providing targeted supports to three regions that were below the state target for indicator 3a (Infants and toddlers substantially improve their social and emotional functional development) in 2013. Data for child outcome 3a1 will be reported for Indicator 11 for the regions receiving these targeted supports.

Vermont has a broad Early Childhood Framework and targeted action plan to improve the overall well-being of Vermont's children. Under this plan are projects and activities related to the healthy social and emotional development of children. By aligning across programs and initiatives CIS-EI will be able to promote a unified message, leverage resources, and coordinate strategies that support families to help their infants and toddlers substantially improve their social and/or emotional function skills.

Vermont will continue to engage the VICC and Regional CIS-EI Host Agencies in evaluating the effectiveness of strategies implemented, making adjustments or expansions to the plan, and improving Vermont's SIMR throughout Phase II and Phase III of the SSIP.

By implementing and continuously evaluating systems-level statewide strategies, supporting families' access to community supports and activities, connecting with other State-level initiatives and programs, and providing targeted supports to specific regions, in order to directly and positively impact families' ability to help their children develop and learn healthy social and emotional skills, Vermont CIS-EI will increase the numbers of infants and toddlers who substantially improve their social and/or emotional functional development.

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Glossary of Acronyms

Acronym:	
AHS	Agency of Human Services
AOE	Agency of Education
APR	Annual Performance Report
ASQ	Ages and Stages Questionnaire
BFIS	Bright Futures Information System
CAPs	Corrective Action Plans
CDD	Child Development Division
CIS	Children's Integrated Services
CIS-EI	Children's Integrated Services-Early Intervention
COS	Child Outcomes Summary
CSEFEL	Center for the Social and Emotional Foundations for Early Learning
CSPD	comprehensive system of personnel development
DCF	Department for Children and Families
DMH	Department of Mental Health
EBP	Evidence Based Practice
ECFMH	Early Childhood and Family Mental Health
ECO	Early Childhood Outcome
ECPC	Early Childhood Personnel Center
ECTA	Early Childhood Technical Assistance Center
ELC	Early Learning Challenge
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
HPES	Hewlett Packard Enterprise System-HPES
IAAs	Interagency Agreements
IDEA	Individuals with Disabilities Education Act
IFS	Integrating Family Services
IFSP	Individualized Family Service Plan
Indicator 1	provision of timely services
Indicator 3a1	Infants and toddlers substantially improve their social and emotional functional development
Indicator 4c	Has EI helped the family to help their child develop and learn
Indicator 7	multi-disciplinary assessment conducted and initial One Plan/IFSP meeting held within the 45 day timeline
LEND	Leadership Education in Neurodevelopmental and Related Disabilities
MECSH	Maternal Early Childhood Sustained Home Visiting
NCSI	National Center for Systemic Improvement
NERRC	Northeast Regional Resource Center

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Glossary of Acronyms - Continued

OSEP	Office of Special Education Programs
PAT	Parents as Teachers
PCC	Parent Child Center
PTI	Parent Training and Information
QIP	Quality Improvement Plan
QRIS	Child care quality rating system
RBA	Results Based Accountability
SE	Social Emotional
SIMR	State Identified Measurable Result
SPP	State Performance Plan
SS1	Summary Statement 1
SS2	Summary Statement 2
SSIP	State Systemic Improvement Plan
SWOT	Strengths, Weaknesses, Opportunities, Threats
TA	Technical Assistance
VELS	Vermont Early Learning Standards
Vermont I Team	Vermont Interdisciplinary Team
VFN	Vermont Family Network
VICC	Vermont Interagency Coordinating Council