

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

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2013

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

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

Explanation of Changes

Entered Vermont's data for FFY 2017.

FFY 2018 Target

FFY	2018
Target	68.00%

Key: Blue – Data Update

Description of Measure

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

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

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

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

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

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

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

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

Targets: Description of Stakeholder Input

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

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

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- Integrating Family Services (IFS)
- University of Vermont Early Childhood Special Education Program (UVM ECSE)

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

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

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

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

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

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

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

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

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

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

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

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

Having plenty of time to work with my table and our VICC rep on our QIP.

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

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

The CIS-EI SSIP State Team meets monthly by phone with the twelve regional CIS-EI host agencies. These meetings are used to gather input into SSIP strategies, share progress, including data, and provide guidance. The State CIS-EI program continues to support the

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regions as they develop and implement improvement strategies to address indicators identified in their determinations as requiring improvement, especially those indicators related to Vermont's SiMR: Indicators 3a Summary Statement 1 and 4C. Vermont provides technical assistance to those regions providing Targeted Supports related to the SSIP.

Overview

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

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

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

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

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

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

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

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

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Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

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

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

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

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

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

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

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

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Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

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

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

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

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

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

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

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

In January, CIS-EI and the Vermont Department of Health (VDH) partnered to test regionally based assessments with children enrolled in CIS-EI. The goals of this approach are to improve accessibility for families, parental engagement and follow-through in the

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assessment process, and the quality of the assessment. To achieve these goals, the partnership between CIS-EI and VDH leverages autism consultation prior to the assessment, CIS-EI paperwork and direct service providers during the assessment, in a community location in which the family and child are comfortable. We believe this infrastructure change will lead to more families following through and receiving a quality pediatric autism assessment and the recommendations that result from that to inform strategies to support their child's development.

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

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

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

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

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State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

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

Description

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

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

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

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

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Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

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

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

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

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

Vermont found that we experience a high level of turnover among our providers of early intervention services. Adopting and actively working to implement the Early Childhood Personnel Center's framework for a Comprehensive Personnel Development System will ensure Vermont attends to all critical areas of personnel development to recruit, train, and retain highly qualified personnel. When there is a high degree of turnover, services to children may be delayed due to vacancies or are provided by less experienced staff. It can take between one to two years for a new provider to be fully onboarded and proficient in their role (<https://recruitshop.com.au/long-take-employee-fully-productive/>; https://hbr.org/2017/05/onboarding-isnt-enough?referral=03759&cm_vc=rr_item_page.bottom; <https://www.tlnt.com/address-new-hire-gaps-early-to-speed-full-productivity/>). If providers do not get retained beyond their third year, Vermont's children and families are not receiving the full benefit of seasoned professionals who have had both the time and experience to excel in their role. Retaining providers means they stay with families longer, building trusting relationships critical to effective family engagement, so they can help families learn skills to help children improve their social and emotional development. Providing pre- and inservice training related to supporting children's social and emotional development ensure those providers have the skills in this developmental domain.

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

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

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

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Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted



Provide a description of the provided graphic illustration (optional)

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Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Infrastructure Development

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

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

In order to have a CSPD be truly comprehensive across disciplines, a staff role needs to be responsible for coordinating meetings, individuals, and information. By having a dedicated person focused on this strategy, Vermont has been able to realize meaningful progress in this work, not just for CIS-EI, but with our partners. The CIS Personnel Development Coordinator works collaboratively with other partners to leverage training and personnel development activities to maximize resources. Without this position, coordination would be dependent upon individual staff within organizations thinking about their partners each and every time they need or are delivering a training. Over the past year, Vermont experienced turnover of the person in this role. While the vacancy delayed some of our progress, the foundational work over the preceding year and a half enabled us to effectively on-board the new hire and continue to move this strategy forward.

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

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

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

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

Further Alignment Planned in 2019 and Leadership to Implement Infrastructure Changes

In the coming twelve months, CIS will be partnering with the Vermont Department of Health (VDH) home visiting to deliver trainings on the Ages and Stages Questionnaires® (ASQ®) and the Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2). Vermont chose the ASQ® as our universal developmental screening tool for use across disciplines – from children's medical homes to child care providers to home visitors. Because of the results that CIS-EI is seeing with the CIS-EI providers using the ASQ®:SE-2 as part of our targeted supports strategies, CIS advocated that this screener be added to the upcoming trainings. This

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partnership will enable a broad array of service providers to be trained in the use of these tools including CIS Strong Families home visitors and CIS-EI practitioners. By leveraging this partnership with VDH, we will be able to expand the use of this evidence-based screening tool to other CIS-EI regions supporting our SSIP strategy.

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

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

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

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

Involvement of Partners and Stakeholders

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

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

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

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

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

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

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

Evidence-Based Targeted Supports

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

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efficacy of their selected strategy/strategies. The three regions identified their root cause(s) and at least one strategy they are pursuing to address the root cause(s). These regions are evaluating the progress of improvement evidenced through the use of their identified strategies.

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

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

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

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

In order to scale up these evidence-based approaches, the CIS Personnel Development Coordinator conducted a feasibility review and is working with partners to determine methods for leveraging training opportunities to promote scalability. A primary partner for this work is the Vermont Department of Health. As described above, in the coming twelve months, CIS will be partnering with the Vermont Department of Health (VDH) home visiting to deliver trainings on the Ages and Stages Questionnaires® (ASQ®) and the Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2). Because of the results that CIS-EI is seeing with the CIS-EI providers using the ASQ®:SE-2 as part of our targeted supports strategies, CIS advocated that this screener be added to the upcoming trainings. This partnership will enable a broad array of service providers to be trained in the use of these tools including Head Start, child care providers, Part B special educators, CIS Strong Families home visitors, and CIS-EI practitioners. Leveraging this partnership with VDH will expand the use of this evidence-based screening tool to other CIS-EI regions supporting our SSIP Targeted Supports strategy.

Evaluation

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

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

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

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

Comprehensive System of Personnel Development

In the past two months, under the leadership of the CIS Personnel Development Coordinator, the Comprehensive System of Personnel

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

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

In-Service Personnel Development

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

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

Recruitment and Retention

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

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

Evaluation

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

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

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

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

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

Some areas of improvement noted in the past three years that indicate the CSPD strategies are having a positive impact on staff morale and will ideally lead to improved retention of practitioners. Specifically, inservice training strategies associated with the CIS Institute

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trainings and follow-up supports (the topic and focus of which are directly informed by stakeholders), as well as regional strategies prompted from the state sharing the recruitment and retention data and facilitating regional discussions around these data have been identified from our analysis to be linked to these areas of improvement (Figure 5):

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

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

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

Evidence-based Targeted Supports

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

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

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

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

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

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

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

Even though this region has experienced some staff turnover in the past year, the agency in which the CIS-EI services are operated has embedded the Brazelton Touchpoints approach across all of its programs, staff trainings, supervision and culture. The region used the pre and post Touchpoints Training Survey to assess practitioner attitudes and manner of interacting with families. Initially, the staff demonstrated 32 points out of 40 in using the Touchpoints attitudes in practice prior to receiving training in the approach. Following

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training, in 2017 these staff demonstrated 39 out of 40 points in using the Touchpoints attitudes. The survey has now been embedded into the annual staff performance evaluation process. Upon their last performance evaluation, the CIS-EI staff who were trained in Touchpoints demonstrated between 37 and 39 points out of 40 in their attitudes in practice.

Technical Assistance and Support

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

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

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

While the Family Engagement Coordinator Position has been vacant since August of 2018, Vermont has not been able to participate effectively in the National Center for Systemic Improvement sponsored Family Outcomes Cross-State Learning Collaborative (CSLC). We expect to be able to participate in this CSLC once the position is filled. Vermont has realized significant benefits from our participation historically, including the CSLC being a valuable resource to on-boarding and leadership development skill-building for the Family Engagement Coordinator into the IDEA Family Outcomes and introducing Vermont activities other states are using to improve family engagement and family outcomes. This position, once fully onboarded, will continue to access the benefits of the CSLC as they continue to implement Vermont's Foster Family Connections strategies in a statewide approach that enriches and expands family leadership at the provider, agency, and community level.

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Phase III submissions should include:

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

A. Summary of Phase 3

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

See *Vermont's SSIP Theory of Action* attached above.

Coherent Improvement Strategies and Activities during the past year:

Comprehensive System of Personnel Development

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

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

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

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

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

Fostering Family Connections

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

However, as described above, CIS is represented on the BBF Family Engagement committee. Participation with this group provides an opportunity to align with the SSIP Fostering Family Connections strategy, most immediately seeking a broader evidence-based family engagement framework or approach that could be used across early childhood disciplines. A review of CIS data showed that the longer

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families received services, the higher the rates of 'lost to follow-up.' This has informed regional CIS providers to advocate for more training in family engagement strategies, and the State's interest in identifying a common family engagement framework, model, or approach that could be used across home visiting disciplines.

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

Evidence-Based Targeted Supports

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

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

B. Progress in Implementing the SSIP

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

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

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

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

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

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

C. Data on Implementation and Outcomes

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

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

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Input" above for an explanation of stakeholder involved in the SSIP evaluation.

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

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

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

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

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

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

E. Progress Toward Achieving Intended Improvements

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

Instructure Improvements

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

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

Information on these models is available at the United States Department of Health and Human Services, Administration for Children & Families' Home Visiting Evidence of Effectiveness web site: MECSHv - <https://homvee.acf.hhs.gov/Implementation/3/Maternal-Early->

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

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

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

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

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

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

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

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

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

Evidence-Based Targeted Supports

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

Full implementation of evidence-based strategies targeted to improve Vermont's SiMR within three CIS-EI regions began July 1, 2017, and now have over a year of data. Over the past year the three regions participated in an additional Plan-Do-Study-Act cycle to evaluate data and progress and adjust strategic plans or evaluation measures as needed. All three regions report progress on families identifying social emotional outcomes for their infant/toddler, and infants and toddlers making progress on these outcomes. While the

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data set is still small for these three regions, notable results have been found beyond the results shared above for the Child Outcome 3a Summary Statement 1 (3aSS1).

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

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

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

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

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

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

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

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

F. Plans for Next Year

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

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

The state would benefit from technical assistance for scaling up the use of the ASQ®:SE-2 across the state following this training. CIS-EI

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

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

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

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