

# Vermont State Systemic Improvement Plan (SSIP)

## April 2020 through March 2021

Indicator C-11 Annual Performance Report (APR)

### **Section 1: SSIP Overview – Vermont’s State-Identified Measurable Result (SiMR)**

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.

As Larry Edelman quoted in *A Relationship-Based Approach to Early Intervention* (available at: [http://cacenter-ecmh.org/wp/wp-content/uploads/2012/03/relationship\\_based\\_approach.pdf](http://cacenter-ecmh.org/wp/wp-content/uploads/2012/03/relationship_based_approach.pdf)):

*“The essential features of the environment that influence children’s development are their relationships with the important people in their lives – beginning with their parents and other family members, and extending outward to include child care providers, teachers, and coaches – within the places to which they are exposed – from playgrounds to libraries to schools to soccer leagues.” (National Scientific Council on the Developing Child, 2004, p. 4).*

This ideal was adopted by Vermont’s Interagency Coordinating Council as they worked with the State lead agency and regional CIS-EI providers to develop the SSIP in 2015. At that time, this stakeholder group determined 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. This formed the basis for Vermont’s State Systemic Improvement Plan (SSIP) State Identified Measurable Result (SiMR) as being parent and child focused. The Vermont CIS-EI SiMR is:

*Vermont families help their infants and toddlers develop and learn functional social and emotional skills, and infants and toddlers substantially improve their social and 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.

Vermont CIS-EI measures progress on the SiMR by reporting data 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. Because of the dual focus of our SiMR, Vermont is also monitoring data on family outcome 4C: CIS-EI has helped me to help my child develop and learn. The VICC and regional CIS-EI providers meeting annually to review progress on these indicators and update their continuous quality improvement plans as part of the state's ongoing plan, do, study, adjust cycle. The engagement between the VICC and regional CIS-EI providers has helped increase the regional provider's data literacy and our core value that: data informs practice improvements that support all children to reach their developmental potential.

This report describes Vermont's SSIP activities and results for the period between April 2020 and March 2021. Since 2016, Vermont has been scaling up our implementation of evidence-based strategies, most notably, use of the Ages and Stages Questionnaires: Social-Emotional with families. The goal of using this tool is to address the challenge CIS-EI providers identified during the root cause analysis done at the development of the SSIP: they didn't feel they had a way to effectively engage families to identify and realize the importance of their child's social and emotional development. The ASQ-SE is used to help providers engage families, giving them a way to describing their child's functional developmental skills and helping them choose outcomes with their CIS-EI providers that will support their child's social and emotional development. Training in the use of this tool has been offered over the past year to providers, and most CIS-EI regional programs are using the ASQ:SE in their practice. As a result, Vermont has seen ten of our twelve regional programs exceeding the statewide target for child outcome 3A summary statement 1. This performance led the VICC to incrementally increase the target over next four years.

In spite of the COVID-19 pandemic, Vermont's stakeholder engagement around Early Intervention services and the SSIP has continued. The VICC meetings intended during the spring of 2020 were shifted to being done virtually. These meetings, while shorter in duration, happened with greater frequency, resulting in increased participation of VICC members. Members spent the summer of 2020 analyzing Early Intervention data trends and determining more aggressive targets across indicators for FFY 2020 – 2024.

Following this activity, the VICC decided to continue with bi-monthly meetings with a focus on two workgroup activities directly tied to the SSIP. Specifically, the VICC workgroups focus on fostering family connections and the SSIP evidence-based practices to support practitioner skills associated with the SiMR. This work will continue as planned throughout the current year.

The COVID-19 pandemic has hampered Vermont's professional development efforts over the past year as the annual CIS Institute scheduled for August 2020, was cancelled. This institute was to have focused on developing practitioner's family engagement skills. This training was developed in response to input from providers indicating the need and desire to improve their skills around engaging families in participating in services and learning strategies to support their children's development, which would have supported the SiMR: "Parent's are able to help their child develop and learn functional social and emotional skills."

Since the cancellation of the institute, Vermont has been working with the VICC, with technical assistance from the Early Childhood Technical Assistance Center (ECTA) to identify an alternative method for supporting this skill development among providers. We are currently researching which social and emotional evidence-based models for family engagement around building children's social and emotional skills are most widely used, most appropriate to meet the SiMR, and could most readily be scaled up. Vermont intends to identify evidence-based models that are currently integrated into other VT early childhood programs and develop options for integration and implementation. We want to first look to strategies that have already proved to be effective and are recognizable to VT families and providers.

Vermont has begun the CIS-EI Certificate renewal process, with the first renewal certificates being issued in January 2021. This process, developed with input from CIS-EI stakeholders, as well as the Community College of Vermont, the University of Vermont, and the Vermont Interagency Coordinating Council in 2019. The State adopted the Division of Early Childhood (DEC) Draft Early Intervention / Early Childhood Special Education Personnel Preparation Standards with technical assistance from the Early Childhood Personnel Center. The renewal process requires providers to develop individualized professional development plans (IPDPs), describe the ways they have implemented those plans through their professional development activities, and an observational assessment of their skills in practice by their supervisor. This process aligns with the process used in the child care provider career ladder credentialing as well as aspects of the State's special education endorsement portfolios. These alignments support Vermont's continued steps towards a Comprehensive System of Personnel Development (CSPD) – one of our SSIP strategies.

Vermont's commitment to improving children's social and emotional functional development is showing promising results. However, the pandemic over the past year coupled with staff turnover has impacted our ability to deliver many of our planned activities. In spite of these impacts, Vermont continued to see improvement in the SiMR. We remain focused on adjusting our activities to account for these impacts, so that we will be able to effectively support our Early Intervention providers and continue to see improvement in the SiMR.

**SiMR:** *Families help their infants and toddlers develop and learn functional social and emotional skills, and infants and toddlers substantially improve their social and emotional functional development.*

## Section 2: Theory of Action

Vermont's strategies will improve the social and emotional functional development of infants and toddlers by: aligning with other State and community initiatives to maximize resources and unify messages about social and emotional development; fostering family connections to increase social interactions and promote family advocacy and leadership skills; and increasing early intervention practitioners' expertise to support families to help their infants and toddlers develop and improve functional social and emotional skills.

**SIMR:** *Families help their infants and toddlers develop and learn functional social and emotional skills, and infants and toddlers substantially improve their social and emotional functional development.*

**Rationale:** Supporting social and emotional development fosters positive relationships for children within their families, school and community. Parents are their child's first and most important teachers. CIS-EI strategies directly and positively impact families' ability to support their children's healthy social and emotional development. All learning happens in the context of relationships. Therefore, CIS-EI believes that, with the help of their families and caregivers, children's social and emotional skills will improve enabling them to form positive relationships with other adults and with their peers, so they can maximize their learning across all developmental domains.

|                                | State Level  | Regional Level  | Practitioner Level  | Family Level  | Child Level  |
|--------------------------------|--|---|---|---|--|
| Alignment Across Initiatives   | ... If CIS-EI aligns with other State & community initiatives associated with improving children's social and emotional development...                                     | ... then regional CIS-EI and their community partners will receive consistent messages, tools and resources associated with children's social and emotional development...  | ... then CIS-EI practitioners will receive consistent messages and resources prioritizing children's social and emotional development across all programs in their community...   | ... then families hear consistent messages across all services, receive parent education and effective strategies for helping their child develop and learn social and emotional skills within the context of their family's natural routines...                    | ... then infants and toddlers will improve their social and emotional functional development to improve their quality of life now and in their future.   |
| Personnel Development          | ... If CIS-EI promulgates a comprehensive system of personnel development with standards associated with family engagement and social and emotional development...         | ... then regional CIS-EI will have a framework to identify trainings for and provide supervision to practitioners around screening, developing outcomes, implementing strategies and engaging families about children's social and emotional development... | ... then CIS-EI practitioners will receive consultation, training, tools, information and supervision. This will increase practitioner's longevity in their positions and increase their expertise to engage with families, interpret screening and evaluation results and identify functional outcomes to improve children's social and emotional development... | ... then families will access resources to learn advocacy and leadership skills to help them provide effective input into the direct services their child receives, and the regional and state-level programs that provide the infrastructure for those services... | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>Ongoing Evaluation</b> </div> <p>Vermont will continually evaluate the effectiveness of planned strategies, making improvements as needed.</p> |
| Fostering Family Connections   | ... If CIS-EI provides a framework prioritizing activities that improve family connections and opportunities to learn advocacy and leadership skills...                    | ... then regional CIS-EI will provide opportunities for families learn advocacy and leadership skills and will partner with families so they are able get family input for program/service improvements...  | ... then CIS-EI practitioners will get input from parents/caregivers about what they need to support their children's healthy social and emotional development...   | ... then families will participate in community activities, expand their natural social connections and supports, and help their children develop social and emotional skills...  |  |
| Targeted Supports For Families | ... If CIS-EI supports 3 regions to implement & evaluate the effectiveness of evidence-based strategies targeted at improving social & emotional functional development... | ... then regional CIS-EI will focus on evidence-based strategies and priorities individualized to their region's strengths and capacity for improvements...   | ... then CIS-EI practitioners will support families using evidence-based approaches that support their children's development and provide opportunities for families and their children to build positive social connections...   |   |  |

### Section 3: Status of the State-identified Measurable Result (SiMR)

**Current SiMR:** *Families help their infants and toddlers develop and learn functional social and emotional skills, and infants and toddlers substantially improve their social and emotional functional development.*

Has the SiMR changed since the last SSIP submission? No

**Progress toward the SiMR** (see first bullet under Section 2 instructions): FFY 2020 and beyond targets not required for the FFY 18 or FFY 19 SSIP submission

SiMR Targets and Actual Data – FFY 2013 to Present

|                                       | Baseline Data FFY 2013 | FFY 2014 | FFY 2015 | FFY 2016 | FFY 2017 | FFY 2018 | FFY 2019 | FFY 2020 | FFY 2021 | FFY 2022 |
|---------------------------------------|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| FFY Target                            |                        | 52.10 %  | 54%      | 57%      | 62%      | 63%      | 64%      |          |          |          |
| FFY Data (Actual) for 3 Pilot Regions | 52.10%                 | 74.14 %  | 76.63 %  | 68.88 %  | 77.06 %  | 69.89 %  | 81.51 %  |          |          |          |
| FFY Data (Actual) for full State      | 66.67%                 | 66.88 %  | 66.07 %  | 60.06 %  | 63.7%    | 64.36 %  | 67.28 %  |          |          |          |

Has the SiMR baseline data changed since the last SSIP submission? No

Have SiMR targets changed since the last SSIP submission? No

FFY 2018 Target: 63% FFY 2019 Target: 64%

FFY 2018 Data: 64.36% FFY 2019 Data: 67.28% exceeding the State's FFY

2019 target

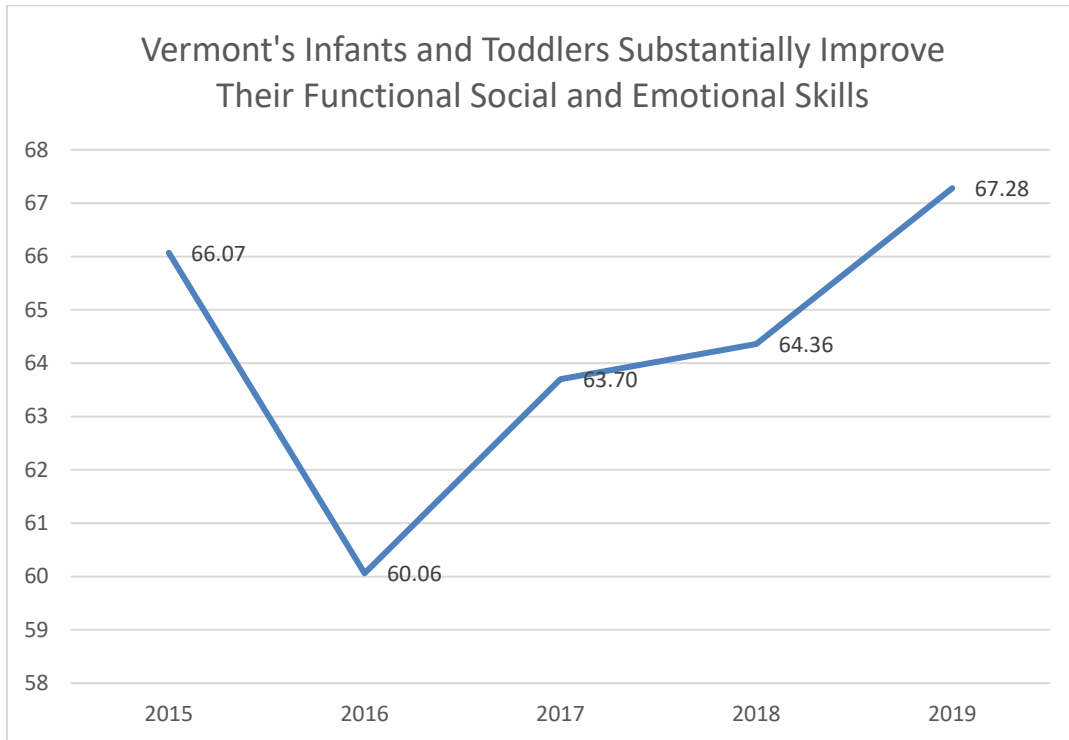
If applicable, describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns or check N/A if no data quality concerns were identified for the reporting period:

Vermont has not identified any data quality concerns for this reporting period.

Data indicates that, since 2016, Vermont has seen over a seven percentage point increase in the percent of children who have substantially improved their functional social and emotional development. This steady upward trend, illustrated in the graph below, indicates that Vermont's SSIP strategies that focus on improving provider practices to screen and engage families to identify outcomes to support their child's social and emotional development are having the desired positive impact.

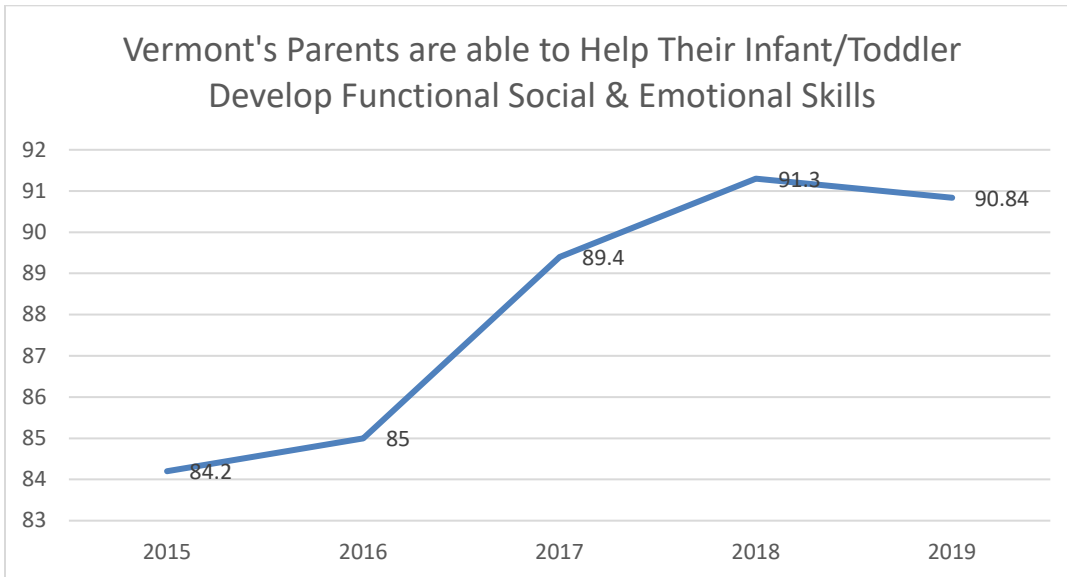
Since beginning to scale up our SSIP activities in 2017, we have seen overall improvement across our regional Early Intervention programs. This improvement is evident when we examine the regional data. In 2016, seven out of the twelve regional Early Intervention programs were below the State target for this indicator. In 2018, only four out of the twelve regions were below target. Data from 2019 show that only two regions were below the state target for this indicator.

This improvement indicates that more regions are implementing the SSIP strategies with fidelity and it is having the intended impact on helping children substantially improve their functional social and emotional development.



In addition to tracking and reporting data on Indicator 3A Summary Statement 1 (above), Vermont also tracks data from the family survey, Indicator 4C: the percentage of families who report that Early Intervention helped them help their child develop and learn. These data are important to Vermont since, in our SiMR, we recognize that parents are their child’s first and best teacher. Therefore, a significant focus in our SSIP is to implement strategies to help families learn ways that they can support their child’s healthy social and emotional development. While, as the graph indicates below, Vermont has seen a substantial improvement in this area since 2015 (over 15 percentage points).





The State noted that we have seen substantial consistency across regions in their ability to help parents help their infants/toddlers develop and learn (Indicator 4C) since beginning to implement the SSIP strategies. In 2014, the variability among regional Early Intervention programs was over 60 percentage points. In 2018 the difference between the regional programs was nine percentage points. During this reporting period the variability has increased to just over 13 percentage points. However, we believe a significant cause of this increased variability was that Vermont’s Family Survey response rate was significantly reduced due to the pandemic. The Family Survey was due to begin to be delivered to families on March 15, 2020. The State shut down in-person services on March 17, 2020. Therefore, only 38% of surveys received a response.

To mitigate this factor, Vermont has implemented additional strategies to ensure an improved Family Survey response rate during FFY 2020. We believe that receiving responses from the majority families who received at least six months of services will ensure we get the most valid and reliable data related to this aspect of our SiMR.

Finally, Vermont is seeking to improve provider skills related to helping parents help their infant and toddler’s develop functional social and emotional skills, as indicated in the Overview above and discussed in detail in Section 4 of this report.

## Section 4: Status of Infrastructure Improvement Strategies

### Coherent Improvement Strategy 1: Comprehensive System of Personnel Development:

2020 was a difficult year for CIS Personnel Development. The CIS PD Coordinator position was vacant for almost six months and was finally filled in January 2021. The CIS PD Coordinator has reconvened the Core Planning Team responsible for leading ongoing improvement efforts associated with the Comprehensive System of Personnel Development. This group is reforming after having not met for the past four months. The CIS PD Coordinator is working with the group to identify priorities of focus for the coming year to support CIS-EI's continued personnel development system in line with this SSIP strategy.

In addition, the COVID-19 pandemic had an even more profound impact on planned professional development activities. The CIS Institute, scheduled for August 2020, was cancelled. This institute was planned, with input from CIS providers, including Early Intervention providers. It was intended to provide training to providers around strategies for effectively engaging families in the provision of services to them and their child. This topic was in response to CIS providers indicating that they were having difficulty engaging families in the implementation of the planned strategies developed during team meetings. This supports what Early Intervention providers had identified during root cause analysis for the SSIP. Providers shared that, with the increasingly complex family constellations and needs, having the skills to effectively engage families is critical to improving outcomes for children and families.

Since this training was cancelled, the State regrouped and, with the VICC, has begun working to identify a different approach to meeting this training need identified by CIS providers. The VICC has a workgroup who is focusing on cataloging all evidence-based models used in Vermont's early childhood services to support children's social and emotional development. The services involved in this activity include Part B special education, Head Start, regulated child care, and CIS. Once cataloged, the VICC workgroup will review each model for sustainability and viability for scaling up with an eye to the model that has the most effective family engagement component and currently integrated into other early childhood services. Once identified, the State will, collaborate with key stakeholders, to identify a path forward.

Some trainings were able to be provided virtually during the past year. These trainings included: using telehealth to administer the State-approved evaluation instruments to determine initial and ongoing eligibility for Early Intervention services, collaborative documentation, training additional staff in the Maternal and Early Childhood Sustained Home Visiting model.

Vermont remains committed to the SSIP strategy of a Comprehensive System of Personnel Development. Over the past year, we have continued to collaborate with Help Me Grow and the Vermont Department of Health Maternal Child Health Division to implement trainings for CIS providers on the Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire-Social Emotional (ASQ-SE), and how to use the Vermont Developmental Screening Registry. In January 2021, this group, in collaboration with Head Start, piloted the Vermont Developmental Screening Online Tool to administer ASQ's virtually and have the scores automatically populate the screening registry. The State intends to expand the use of the Online tool to other regions in the coming year. This effort highlights significant ongoing

opportunities for partnerships between CIS and relevant agencies, organizations and providers dedicated to improving outcomes for Vermont's children and families.

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

In addition, the State contracts with the UVM Center for Disability and Community Inclusion (CDCI) to provide training and consultation to regional early intervention teams, including families, to support the development of medically complex infants and toddlers.

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

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

The State CIS program collaborates with the Child Development Division's Statewide Systems and Community Collaboration unit, Northern Lights Career Development Center, and the Agency of Education, with technical assistance from the Early Childhood Personnel Center (ECPC), to optimize Vermont's Comprehensive System of Personnel Development (CSPD).

A significant activity of Vermont's CSPD is an annual recruitment and retention survey, which is compared against national benchmarks and shared with regional provider agencies. This survey helps Vermont gain understanding of the demographics, needs, and pressures of regional practitioners to support professional development and ongoing strategies for the recruitment and retention of the workforce. This survey is administered annually by the CIS Personnel Development Coordinator, hired through the contract with UVM.

The chart, below, indicates that most CIS providers think their organization is dedicated to their professional development. This satisfaction improved after the survey was implemented in 2016 and shared with regional provider agencies to develop

improvement strategies thereafter. The results have shown a fairly consistent continuing trend of satisfaction, with over 75% of providers agreeing or strongly agreeing that the organization is dedicated to their professional development. We believe this is evidence that Vermont’s strategies related to a comprehensive system of personnel development is paying off. The State has been providing training that is responsive to provider’s stated needs based on surveys and other inputs. In addition, because the results of the recruitment and retention data are shared back with the field, regional agencies are also recognizing the value of professional development and providing that benefit to staff.



While data from the recruitment and retention survey had shown that fewer providers were working more than forty hours per week in previous years, the 2020 data indicates a negative shift for providers. This percentage has increased from 20% of providers in 2019 reporting they worked more than forty hours per week, to over 26% of providers in 2020. The State believes this uptick in hours spent on the job is due to provider turnover and higher caseloads per provider due to the pandemic. We will be watching these data closely in the coming year as provider stress and working more than forty hours per week is a factor connected to higher rates of staff turnover.

One surprise from this year’s recruitment and retention survey was the data around why a person might leave CIS. Low wages remain the primary reason for 49% of respondents as the reason they would choose to leave CIS. What is remarkable is that this is a reduction from over 60% of respondents citing this as a reason in 2019. In fact, 6% more staff this year indicated that they are not planning to leave (37% versus 31% in 2019).

#### CIS Early Intervention Certification:

The State CIS Early Intervention program, with input from regional CIS Early Intervention providers and other stakeholders developed a renewal process for the CIS Early Intervention Certification. The pandemic delayed the implementation of this process, slated to begin in October 2020. However, the first renewals were reviewed and

awarded in January of 2021. The renewal requirements align with opportunities for professional growth and ongoing supervision. The renewal process approach was informed by evidence-based effective personnel recruitment and retention practices learned from technical assistance provided by the Early Childhood Personnel Center.

Developed with input from the Vermont Interagency Coordinating Council, CIS-EI providers, the Community College of Vermont, and the University of Vermont, the renewal process requires providers to demonstrate functional practice skills in at least two areas in each of the DEC/CEC Draft Preparation Standards for Early Intervention / Early Childhood Special Education. The renewal documentation includes practice examples from the provider's caseload, and individualized education plan based upon these standards, and a supervisor's observation of the provider's direct practice. This process took advantage of the efforts over the past four years to develop a Comprehensive System of Personnel Development across the early childhood workforce. With participation from the Agency of Education Early Childhood Special Education 619 Coordinator, the Child Development Division (CDD) Workforce and Systems Unit, CDD's professional development contractor, Northern Lights at the Community College of Vermont, Head Start, and Building Bright Futures, the renewal system aligns with similar renewal processes for child care certifications and special education endorsements.

This alignment helps the State learn from credentialing strategies that have already proven to be effective and are recognizable to providers, laying a strong foundation toward the long-range vision of providing a comprehensive career pathway across the early childhood workforce. Aligning early childhood professional development within the CSPD enables the State to identify common training needs across the workforce and leverage training resources while ensuring Early Intervention practice actually meets the DEC standards which supports Vermont's SiMR and the SSIP theory of action.

## Coherent Improvement Strategy 2: Fostering Family Connections

### BBF Families and Communities Committee & Family Engagement Assessment Project:

For the past year, the Children's Integrated Services Family Engagement Coordinator has held the Provider Co-Chair position for the Building Bright Futures, Vermont Early Childhood Action Plan, Families and Communities Committee. This committee is charged with making recommendations and building systems that support the recognition of family voice as a crucial part of creating an early childhood system that is more equitable, responsive, and accountable to families and communities. The mission of the Committee is:

*We strive to be made up of majority parents and caregivers, with providers in partnership, to help create an early childhood system that mirrors the diverse needs of Vermont families. By providing parents and caregivers opportunities to bring forward thoughts and concerns, and partner in systems conversations and decision-making processes, families become leaders in designing a responsive system that works for them.*

Over the 2020 year, Building Bright Futures and the Families and Communities Committee moved forward a comprehensive Family Engagement Assessment project to inform and improve how people who serve Vermont's children and families respect and engage families as partners. This project was unique in that all the information gathered is from the family (not provider) perspective. A number of key data points and policy recommendations were highlighted from the 424 survey responses that continue to inform Children's Integrated Services family engagement efforts, including:

- 76% of families overall strongly agreed with feeling welcomed and treated with kindness. When disaggregated by race and utilization of 3 SquaresVT Food Assistance (an indicator of family income level) that dips to 55% and 63% respectively.
- 68% of families strongly agree they felt their family's culture and values were understood and welcomed. The highest percent of 'Strongly agree' responses were from child care (72%) while the lowest percent of 'Strongly agree' responses were from families who received 3SquaresVT food assistance due to low household income (54%), families identifying as Black or African American (57%), and families identifying as more than one race (36%).
- 62% of families strongly agree that they were given the opportunity to make decisions about how to best care for their child(ren) and family. As can be seen in Figure 10, when grouped by the characteristics above, the highest percent of 'Strongly agree' responses were from child care (62%) and medical home (69%) settings while the lowest percent of 'Strongly agree' responses were from families who received 3SquaresVT food assistance due to low household income (52%), families identifying as Black or African American (29%), and families identifying as more than one race (36%).

Strategies identified to support family involvement:

- The continued reinforcement of the message that parent and caregiver voice is valued.
- Careful facilitation and maintenance of a parent leader network – using strategies like reimbursement for participation, by reinforcing connections and relationship building, and providing learning and development opportunities – will foster the inclusion of parents and caregivers as key stakeholders and decision-makers across the EC system.
- Utilization of strategies to support consistent meeting attendance, including: allowing children to attend, schedule meetings around naptime and after bedtime, shorten the length of meetings
- Sustained attention should be paid to recruiting, training, coaching and listening to parent perspectives when making decisions about how to convene with families as partners to inform strategies to meet the diverse needs of Vermont's families with young children. (17)

Building Bright Futures' Families and Communities Committee arrived at four policy recommendations based on the survey results and the process of conducting the Family Engagement Assessment.

- A. Use a common definition of family engagement and partnership. a. Increase organizational and agency coordination efforts including the creation of common

language and shared understanding of what success looks like when partnering and engaging with families.

- B. Create meaningful partnerships. a. Increase opportunities for parent and caregiver representatives in leadership and decision making roles to inform local and state policy, practice and resource allocation. (e.g. committees, legislatively mandated study sections, decision-making bodies)
- C. Commit to ensuring that children and families are in all policies. a. Incorporate child development and family well-being into decision-making across sectors, impact areas, and policy areas. Review programs, policies, and new legislation to ensure that revisions and requirements consider the impact and consequences to child development and family well-being at the state-agency, community-based partners level, and at the policy-making level.
- D. Increase understanding of families' experiences and break down barriers created by systemic, institutional, and individual racism. a. Prioritize addressing bias, racial equity, and inclusion across the early childhood system and build it into policies, practices, and operations. Welcome, respect, and value parents and caregivers representing the diversity of the community for their unique contributions.<sup>4</sup> (19)

This data, paired with CIS specific data, will continue to inform and influence family engagement efforts throughout the CIS system.

#### Family Engagement Survey to the field & model exploration:

In the fall of 2020, the CIS State Team launched its own family engagement survey process. Information was sought from CIS providers across the state on what practices of family engagement were going well within their regions, what felt challenging, and what training needs feel most critical around family engagement during this time of heightened stress and changed service delivery due to COVID19.

Survey results showed that, by and large, providers were navigating challenges brought about by tele-service delivery and increased complexity of family need. Providers expressed that the following family engagement practices felt most critical to focus on this year:

- Ability to foster collaborative relationships with families
- Accurately identifying and working on identified family needs/priorities
- Helping families better understand child behavior and development
- Parent-Child relationship

The following training needs were identified by the field which are currently being explored as a more comprehensive and long-term professional development plan is being created for the CIS system:

- Asking families what we need to focus on
- How to engage and maintain engagement with families who are stressed by factors like homelessness, poverty, addiction.
- How to be a "coach" with families and do active listening to really hear what the families are saying. Learn how to ask open ended motivational questions.
- Trauma
- Mental health

- Non-English speakers and those who have diverse cultural values with regard to relationships, development, and education.

CIS continues to research Family Engagement Models/Approaches that would strengthen and unify the comprehensive system of services and supports for families. Survey results indicated that providers agree that a clear definition and consistent practice approach to working with families would improve child and family outcomes, as well as teaming and collaboration among providers.

Vermont Interagency Coordinating Council, Full Council Activities and Family Engagement Workgroup:

CIS' Family Engagement Coordinator supports the Vermont Interagency Coordinating Council (VICC) in understanding and executing their responsibilities. The Council has experienced membership turnover over the 2020 year due to the changing nature of professional and personal responsibilities brought on by COVID. This past year the council has on-boarded three new parent/caregiver members, however, two of those new members have needed to resign in the past two months. The council currently has three family representatives and continues to explore council processes and structures that center, increase, and elevate family voice, connection, and collaboration. The council has formed a workgroup specific to Family Engagement with the priority statement:

*“The VICC assists regions in outreach to families across the CIS system to increase parent and caregiver presence and voice on the council and support family networking at the regional and state level.”*

This workgroup, with full council participation and support has recommended and advised on several improvements that aim to increase awareness and accessibility of family voice as well as partnership opportunities for families throughout the CIS system, including participation and membership on the VICC. These efforts include:

1. Family Recruitment VICC Flier:
  - Council and workgroup members, along with CIS providers, expressed the need for updated council recruitment materials. As a result, a VICC Family Recruitment flier was created. This document is shared with council members, as well as CIS Coordinators on a regular basis to aid in spreading awareness of the council and family engagement opportunities. A series of meetings were also held with regional Intake and Referral teams to share additional ways they can help connect families to the council.
2. Council Website Revision:
  - The council has also advised on a series of updates that could increase council information sharing and accessibility. These revisions include listing current council vacancies, providing more direct pathways for families to get in touch, and specifically calling out the critical role families play on the council. These website updates are scheduled to take place in 2022.



### 3. CIS-EI Family Survey Revisions/Updates:

- Acknowledging that the CIS-EI Family Survey is one primary way to connect with, hear from, and potentially recruit families interested in additional engagement opportunities to inform and improve the CIS system, the following questions have been added to the Family Survey:
  - *“I would like to learn more about how I could help improve Children’s Integrated Services programs and service delivery. (opportunities include serving as an advisory council member, developing/reviewing educational materials, sharing more about your experience).”* Over the past month, 21 Parents/Caregivers have checked this box and the Family Engagement Coordinator is reaching out to these families to match their interests with partnership opportunities.
  - *“Tell us about your experience with services during COVID-19?”* From this question, the State has begun to review some of the responses that have been received and have found that, as of this report: 10 respondents have received services only by phone; 30 have received in-person services; 5 have had a combination of modalities; and 19 have received services via the computer with video.

Family statements about the services they have received during the pandemic will be very helpful at assisting the State in analyzing the efficacy of service delivery via telehealth and planning improvement activities.

The following are a sample of some of the feedback families shared:

*“We did some visits via telehealth but were able to get back in person pretty quickly, which we are grateful for as it was so much more beneficial for our child!”*

*“We continued to meet with [provider] via Zoom and progress was being made every week. The feedback and tools she gave were invaluable during this time!”*

*“Our [provider] was lovely to work with, but virtual services were challenging as far as keeping the kids engaged. We found them to be more parent-directed (discussing strategies, progress). It was helpful to learn about skills but wish we could be in a more kid-friendly environment.”*

- After breaking down response rates from families by race and primary language, CIS State Administrators discovered that response rates are not representative of Vermont’s population, with families identifying as Black or African American and families requesting translated versions of the survey being underrepresented. As a result, with the VICC’s assistance, the CIS State Team

will begin tracking this data more closely and will pilot utilizing telephonic interpretation services to support families in completing the survey in their primary/family language. Data will be available on the effectiveness of this strategy in 2022.

- With insights shared from CIS providers, and the support of the VICC, the state team identified that providing a fully electronic option for families to complete the CIS-EI Family Survey may increase response rates from families who a) may be exiting services before a paper version of the survey can be distributed and b) families who prefer electronic modes of communication and c) families who are receiving tele-visits where hand delivering a paper copy of the survey is not an option. Data on the effectiveness of this strategy will be available in 2022.
4. Family Letters in Updated Children’s Integrated Services Guidance Manual
- A series of letter templates are included in the CIS Guidance Manual that can be used by regional teams when trying to connect with families who are not responding to outreach. Providers and families on the family engagement workgroup provided valuable feedback on how to make these letter templates more inviting for families to reengage should they still be seeking services or support.

#### Child Development Division Racial Equity Workgroup:

The CIS Family Engagement Coordinator has assumed a position of sitting on the Child Development Division’s newly formed Racial Equity Workgroup. This is a cross disciplinary group of practitioners, providers and leaders interested in having a exploring ways to collectively and systematically include opportunities to apply a critical equity lens to work supporting Vermont families and providers who work with young children. The CIS State Team is currently drafting a list of equity impact assessment questions that can be reviewed on an ongoing way in an effort to more intentionally explore how policy or program changes can reduce disparities.

## **Section 5: Status of Evidence-Based Practices**

### **Coherent Improvement Strategy 3: Targeted Supports**

CIS partnered 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 all ASQ® trainings, to which VDH agreed.

This partnership has enabled 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 have been able to expand the use of this evidence-based screening tool to other CIS-EI regions, including offering ongoing training throughout the year to ensure that new providers receive the training. As a result, more providers are using the ASQ®:SE-2 to spark conversations with families that lead to the identification of social and emotional functional outcomes for their child. The results of this are emerging with the CIS-EI data, with all but two regions exceeding the State target in 2020.

However, providers continue to share that they are having difficulty engaging some families in the implementation of recommended strategies to support their infant and toddler's development of functional social and emotional skills. From Vermont's root cause analysis, as well as the additional evidence gathered from the region using the Self-Sufficiency Outcomes Matrix with their families, and the research behind the Family Partnership Model that forms the basis of the CIS Strong Families Vermont home visiting, we know that families experiencing stress are less emotionally available to help their children develop and learn. However, we also know that these families are very capable of attending to their child's developmental needs when given support.

Given this knowledge, the State planned to deliver training at the CIS Institute in August of 2020 to providers on effective strategies for engaging families to implement the strategies identified on their child's plans. However, this training was cancelled due to COVID-19. The State regrouped and, with the VICC, has begun working to identify a different approach to meeting this training need identified by CIS providers. The VICC has a workgroup that is focusing on cataloging all evidence-based models used in Vermont's early childhood services to support children's social and emotional development. The services involved in this activity include Part B special education, Head Start, regulated child care, and CIS. Once cataloged, the VICC workgroup will review each model for sustainability and viability for scaling up with an eye to the model that has the most effective family engagement component. Once identified, the State will develop a plan, with key stakeholders, for the best method to scale up the identified evidence-based model. Vermont believes that if providers receive training on how to effectively engage families in the implementation of strategies, parents will be able to help their child develop functional social and emotional skills.

## **Section 6: Stakeholder Engagement**

Vermont Early Intervention 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)
- Head Start
- All CIS-EI Host Agencies
- Building Bright Futures
- Early Childhood Comprehensive System of Personnel Development Core Planning Team (CSPD)
- Agency of Human Services (AHS)
- University of Vermont Early Childhood Special Education Program (UVM ECSE)
- University of Vermont Center for Disabilities and Community Inclusion (UVM CDCI)

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 regional CIS Early Intervention programs, surveys, and periodic in-person meetings, Vermont seeks input around decisions related to the SSIP strategies and our regular review and adjustment of planned activities.

Vermont's strategy of aligning with existing initiatives helps CIS make meaningful connections with important stakeholder groups. In 2018, Vermont's 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 achieved some results through this emphasis by having the BBF Professional Preparation and Development 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. 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. This grant runs through 2022.

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

CIS-EI shares data with and seeks input from the Vermont Interagency Coordinating Council (VICC) on all aspects of the SSIP. The VICC developed and adopted the following core statement:

*Vermont believes in all children reaching their developmental potential. The VICC advises and assists Children's Integrated Services. When children and families thrive, Vermont thrives.*

The VICC is instrumental in providing input into the annual statewide data-sharing and determinations meeting with regional CIS-EI staff on November 15, 2019. The theme the VICC

promoted for the meeting for the fourth 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.

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

## **Section 7: Plans for Next Year**

### **Coherent Improvement Strategy 4: Alignment Across Initiatives**

While alignment across initiatives has been embedded in all of our strategies discussed above, Vermont’s sustainability and continued growth connected with our SSIP is dependent upon this strategy. As such, we are continuing our work with the Building Bright Futures (BBF) Families and Communities workgroup. It is our goal with this group to understand what parents need in order to effectively and consistently participate in leadership and systems-building roles, such as the VICC.

The partnership with BBF, which has coordinators in every community, will help leverage the strategies identified by the Statewide Families and Communities workgroup at the local level to build family participation in CIS-EI systems-building activities. These may be local parent cafes or other family focus groups or helping to increase parental involvement in the VICC. Through the BBF council, the VICC is determining new strategies to identify ways to have meaningful family input in the coming years. What families are able to provide input and feedback, we are better able to learn what works best for them and adjust our SSIP strategies to more successfully meet their needs to help them help their children develop and learn.

Vermont will also continue to work with the Statewide BBF Professional Preparation and Development (PPD)workgroup and the Child Development Division (CDD) Statewide Systems Unit to expand our Comprehensive System of Professional Development (CSPD) by aligning with other early childhood professional development initiatives. One area we will be expanding this year, in collaboration with the BBF PPD and CDD Systems Unit is to partner more closely with Help Me Grow, 211, and the Vermont Department of Health (VDH) to expand the use of the on-line screening registry through the use of the on-line ASQ and ASQ-SE.

By aligning across these stakeholder groups, providers will receive consistent messages about the use of these screening tools, and the registry, which is set up to hold the record of screenings for every child. Providers will more readily and effectively implement the use of the screening tool, using the on-line technology provided by VDH and Help Me Grow, and either identify the latest screening that a child received, or administer one if needed. In this way, children will receive regular screenings at the recommended frequency whether by their child care provider, CIS-EI provider, or medical homes, ensuring any developmental delays are detected early. As a result of this Universal Screening approach, families will become familiar with screening and understand how this supports their parenting, while also helping them access developmental supports in a timely way should screening detect any delays.

Normalizing screenings and responses by providers helps support parents to understand that their child's development is a progression and intervening early can support a positive developmental trajectory.

Finally, that State is seeking to identify an evidence-based model or approach that can be used across early childhood home visiting programs in CIS, including CIS-EI to support children's social and emotional development. The ideal model will have a family engagement component. As described above, we believe that aligning across initiatives ensures consistent messages to regional service providers, who, in turn, provide consistent service delivery to families. Selecting an evidence-informed model or approach that all CIS home visiting programs use will also help us leverage our professional development resources. We will be able to train all CIS providers minimizing training and funding invested, while maximizing the ability for providers to support one another as they implement the practice with shared families. We intend to begin this work by identifying evidence-based models that are currently successfully integrated into other VT early childhood programs and develop options for integration and implementation. We want to first look to strategies that have already proved to be effective and are recognizable to VT families and providers.

The State anticipates that we will need technical assistance from the Early Childhood Personnel Center and the Early Childhood Technical Assistance Center to identify effective models and approaches that will work for Vermont's early childhood field as defined in our CSPD. In addition to support from these TA centers, depending on the model or approach selected, the State may seek support from the IDEA Early Childhood Data Systems Center to

identify effective measurement methodologies for determining whether it is being implemented with fidelity and assess practice change. We expect to identify and select an approach within the next year, and develop a training, implementation, and evaluation plan over the following two to three years.

The State believes that if we implement a common approach across CIS home visiting providers, services to families will be more collaborative, and families will experience consistency of methodologies regardless of the type of home visiting service they receive. This consistency will ensure that families feel their expertise is central to the intervention they receive, and they are empowered by their home visiting provider(s) to grow their skills to better enable them to help their child(ren) develop and learn. This will support Vermont's SiMR as more children receive screenings that help families identify social and emotional developmental outcomes and learn strategies to help their child develop functional social and emotional skills to support that development.