

Thursday, 10 July, 2014

**SWOT Analysis State Infrastructure**

**Part C**

**State Systemic Improvement Plan**

**COMPILATION**

- **Strengths:** characteristics of the program that give it an advantage over others (internal to the program).
- **Weaknesses:** characteristics that place the program at a disadvantage relative to others (internal to the program)
- **Opportunities:** elements that the program could exploit to its advantage (external to the program)
- **Threats:** elements in the environment that could cause trouble for the program (external to the program)

**SSIP Components**

**Governance, Fiscal, Quality Standards, Professional Development, Data ,  
Technical Assistance, Accountability**

**Brief descriptions of each component are included below\*. These are not intended to be all inclusive just to spur thinking about each component.**

**Professional Development:**

Includes:

- Developing a coordinated professional development system that includes:
  - recruitment and retention
  - coordinated system of professional development
  - personnel standards and competencies
  - ongoing systematic professional development strategies (e.g *insert information about state PD system* ) needs assessment or evaluation to make improvements in the professional development system
  - incorporating stakeholder and staff input and data to inform the professional development system.
  - Ongoing, systemic and effective professional/workforce development

Strengths	Weaknesses
-WestEd -Comprehensive Personnel -\$ for RTT -CCS - Desired Results Developmental Profile (DRDP) -Early Childhood Credential -Parent Professional Partnership -ES online -Personnel manual -Relationship with IHE (universities) -Early Start Personnel development manual -Service Coordinator training manual (WestEd) -Transition Manual -WestEd on-going trainings -CDE trainings	-Coordination between state agencies -Special training for special populations should be required by law -Training for parents -Lack of coordination with pre-service prof development -Professional develop needs to be required and on-going -CDE de-funded C-CAP and SEEDS and special education leads at C-PIN -Limited __ -Personnel Manual is recommended only -CPP__ Community College____ -No certification to work in ES -Some of the manuals not implemented -Inconsistencies with training -No mandates for training (EI people don't have the same credentials)
Opportunities	Threats
-DRDP -Relationship with community colleges -Trainings from CDE and DDS good opportunity to connect	-Lack of money translates into recruitment and retention issues and needing more funds for prof develop - State Budget

**Technical Assistance:**

**Includes:**

- Developing capacity around effective systems and implementation of practices.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>-WestEd's work</li> <li>-DRDP</li> <li>-RTT</li> <li>-The MIND and USC SEDS</li> <li>-ES does some TA through monitoring</li> </ul>	<ul style="list-style-type: none"> <li>-TA is limited to monitoring</li> <li>-Lack of money</li> <li>-Guidance is denied when requested (refer to law)</li> <li>-DDS is limited to compliance rather than program develop</li> <li>-Loss of SEEDS TA</li> <li>-Statewide TA gone</li> <li>-Lack of needs assess for TA</li> <li>-Lack of leadership from DDS and CDE</li> <li>-Sometimes different or contrary messages given by CDE and DDS</li> <li>-no clarity on who does what</li> <li>-DDS and CDE and vendors give separate TA</li> <li>-Roles and responsibilities need definitions, especially from the top (DDS) all the way down to the local level</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>-WRRC (Western Regional Center)</li> <li>-SSIP</li> <li>-Grants</li> <li>-CA ES video conference network</li> <li>-Utilize Excel (former CDE model) for supporting leaders and providing TA</li> <li>-TA on natural environments</li> </ul>	<ul style="list-style-type: none"> <li>-Existing __</li> <li>-No funds to support programmatic TA</li> <li>-De-funding the CDE TA</li> </ul>

## **Fiscal**

Includes:

- using fiscal data for program planning, budget management, and reporting.
- developing a finance plan that forecasts a long-term and annual proposed budget to ensure a strong base of financial support is formed.
- securing funds and resources to meet needs.
- coordinating and aligning resources across agencies in order to improve program effectiveness.
- allocating funds and resources equitably to implement high quality programs.
- disbursing funds (e.g. making payments, reimbursing expenses) efficiently and effectively.
- monitoring finances and resources to ensure that spending is in compliance with contract performance requirements and all federal, state and local fiscal requirements

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>-Budget to serve was restored</li> <li>-Fund FRCs (beyond what DDS funds)</li> <li>-Bringing in additional funds through private insurance</li> <li>-Received the most Part C funding federally</li> </ul>	<ul style="list-style-type: none"> <li>-Budget was only partially restored and not enough to fund the need</li> <li>-Vendor rate system, old programs that has been in existence and is locked in at old rates</li> <li>-System doesn't support trans-disciplinary service (vendor system)</li> <li>-No increase to LEA since 1993</li> <li>-High caseloads at RC</li> <li>-Insurance requirements</li> <li>-FRCs are under funded</li> <li>-Early Start is not what it seems</li> <li>-\$ is not distributed properly: accountability of the \$ - where does it go, clarity in the MOU's, discrepancies btw agencies in \$</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>-State budget</li> <li>-Legislature- restoration</li> <li>-MHSA</li> <li>-First 5</li> <li>-Other grants</li> <li>-CCS</li> <li>-Nurse Home Visiting Program</li> <li>-Clarifying their role and coordinate with that system</li> <li>-Better data can justify the ?</li> </ul>	<ul style="list-style-type: none"> <li>-State budget (unstable)</li> <li>-Cuts to higher education and impact to professional development</li> <li>-CCS- potential cuts</li> <li>-Loss of high risk infant funds</li> <li>-RC position on amount of federal funding makes it not worth</li> <li>-Insurance requirement for EI services</li> <li>-availability of State general funds</li> </ul>

## Quality Standards

Includes:

- establishing and supporting the use of 0-5 child level and program level (early care and education) standards to support the implementation of high quality practices
- having child and program level standards that are appropriate for children with disabilities.
- using standards to ensure high quality early intervention and preschool special education services (EI/ECSE).

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>-DRDP (LEA)- for assessing children</li> <li>-SC Handbook</li> <li>-At the start of Part C, there was implemented joint monitoring (it was a past strength that is no longer—there is a model that worked well)</li> <li>-DEC Reco practices</li> <li>-ICC dialogue</li> <li>-ES personnel manual</li> <li>-CA's endorsement for infancy and early childhood providers</li> <li>-Tools and standards exist (CDE)</li> <li>-Pediatricians have their own standards</li> </ul>	<ul style="list-style-type: none"> <li>-Split system for ?</li> <li>-Vendor program standards are based on Lanterman, written prior to Part C and too low</li> <li>-Lack of uniformity throughout RC system</li> <li>-Natural Environment have numerous challenges (costly)</li> <li>-Private insurance- co-pays</li> <li>-Private insurance providers lack expertise in 0-3</li> <li>-Private insurance providers do not provide in NE</li> <li>-Licensed providers are not required to have experience in 0-3</li> <li>-training has not been shared (CDE) with applicable audience</li> <li>-assessments do not cover all children (Assessment is weak, but so is the coverage especially of the 2%)</li> <li>-no communication between the different groups (silos)*</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>-Joint monitoring model</li> <li>-Standards of family-centered care as part of SSIP</li> <li>-Include children in all community settings</li> </ul>	<ul style="list-style-type: none"> <li>-RTT-ELC</li> <li>-Early Learning Foundations</li> <li>-Effective Practices for Family Support</li> <li>-ICC dialogue</li> <li>-Split systems</li> <li>-Limited TA</li> <li>-Each RC does it their own way</li> <li>-Number of children to be served can effect quality without appropriate \$</li> </ul>

\*captured – is it in the correct category?

## Accountability and Quality Improvement

Includes:

- developing an accountability and improvement system at all levels, through use of data and a planning process, that is designed to achieve results for children and families.
- collecting and analyzing data to determine quality of the system and if results are being achieved.
- evaluating programs on an ongoing basis, holding them accountable to agreed-upon standards
- communicating and publicly reporting data and information as appropriate through a variety of methods to document performance and evaluation results
- using strategies or mechanisms to document the need for change, to track progress and to demonstrate improvement.
- enhancing capacity at all levels to use data-informed practices to implement effective accountability and improvement systems.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>-Both systems have data</li> <li>-Used to have system for joint monitoring (model to build on)</li> <li>-Family survey</li> <li>-RC has ES</li> <li>-Have strong family network with FRCs</li> <li>-ICC reviews data with DDS</li> <li>-ES report at entry, middle and on exit</li> <li>-RTT/Early Learning grant is beginning to make inroads on quality for all children</li> <li>-Desired Results Developmental Profile (DRDP) is in place</li> <li>-17 counties /RTT screening to get children into ES program</li> </ul>	<ul style="list-style-type: none"> <li>-2 diff systems and don't measure info the same way (not comparable)</li> <li>-Is APR readable and understandable</li> <li>-No longer doing joint monitoring</li> <li>-Not using qualitative data in monitor process</li> <li>-Weak data collection process per OSEP</li> <li>-Monitor needs to include qualitative measures</li> <li>-No consequences for non-compliance of local</li> <li>-currently data is not captured accurately</li> <li>-inconsistency in capturing data, person inputting changes</li> <li>-DRDP is not used consistently</li> <li>-in the schools when there is non-compliance of corrective actions plan there are no repercussions, no follow-up</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>-RCs to adapt DRDP for one system statewide for child outcomes and progress</li> <li>-Many drafts of monitoring plans for building on and building in transparency and ___</li> <li>-Standardize ___</li> <li>-system of collection may have changed</li> <li>-process for longitudinal data tracking</li> <li>-screening outcomes are successfully addressed</li> </ul>	<ul style="list-style-type: none"> <li>-Both systems are very comfortable with current monitoring systems</li> <li>-Systems have been in survival mode for a long time and need to get out of that</li> <li>-Potential fiscal sanctions</li> <li>-Large number of children that data has to be collected on in CA</li> </ul>

## Governance

Includes:

- the foundation or authority that underpins the other components of the system.
- the vision and structure of the statewide system, based on legal authority (e.g IDEA)
- administrative structures (e.g. Early Intervention Program) to carry out IDEA through implementation of state policies and the necessary leadership to ensure an accountable system of services.
- state leadership who advocate for and leverage fiscal and human resources to meet needs of system and use strategies that promote collaboration and overall improvement of the early childhood system.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>-DDS is lead agency</li> <li>-Very involved ICC</li> <li>-Very good grass roots advocacy</li> <li>-CA has the FRCs</li> <li>-Prevention Program is now back in place (at 2009 funding level)</li> </ul>	<ul style="list-style-type: none"> <li>-Local perception that DDS and RC don't want ES</li> <li>-ICC public input is limited</li> <li>-ICC is only advisory in nature</li> <li>-Agency support of ICC is inconsistent/unequal</li> <li>-Lack of state rep with MH</li> <li>-CDE and DDS don't work well together which produces mixed messages</li> <li>-OSEP considers ES as needing improvement</li> <li>-Staffing unclear</li> <li>-RCs don't understand IDEA</li> <li>-Turnover in DDS ES</li> <li>-Services vary greatly by RC</li> <li>-hard distinguishing who is accountable for what. Need clarity on who does what</li> <li>-MOUs</li> <li>-lack of information about the FRCs, resulting in a referral to the FRC</li> <li>-representation at ICC from all departments</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>-W/ restructuring (state/DDS), opportunity for positive change</li> <li>-Turnover in staff produces new energy/ideas</li> <li>-If minimum quality standards could be developed</li> <li>-OSEP wanting to see ES improve</li> <li>_Strengthen the MOU language</li> </ul>	<ul style="list-style-type: none"> <li>-No community representatives at ICC</li> <li>-Limited public input at ICC</li> <li>-Availability of funding</li> <li>-OSEP's fiscal sanctions (wants the state to monitor that better)?</li> </ul>

## Data Systems

Includes:

- developing and using hardware, software, and other applications that enable Part C and Part B 619 to collect data about children, families, workforce, and/or program characteristics (e.g., program quality), as well as the analysis, reporting, and information use practices associated with those data.
- describing the purpose and vision of the data system(s) and state's intents and goals for the data system(s).
- ensuring data governance structures exist and roles and responsibilities clearly establish decision-making authority and accountability.
- incorporating opportunities for stakeholders to give input about the data system(s).
- developing a data system that has the capacity to support results driven accountability, program operations and program improvement, and the necessary data elements and features that allow it to do so.
- identifying users and their data needs consistent with the Part C and 619 vision and purpose.
- developing plans for data analysis, product development and dissemination to address intended messages and expectations for use.
- ensuring data are of high-quality, are analyzed and products prepared that promote understanding and inform decision-making and action.
- supporting a culture of data use, including providing professional development and supports to ensure knowledge and skills to access, understand, interpret and use data effectively at all levels.
- using a systematic process to identify enhancements to the technology and content of the data system and generate support to maintain and enhance the data system.

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>-Both DDS and CDE have a data collection process and software</li> <li>-Valid and reliable family surveys</li> <li>-DDS is improving the data collection system</li> </ul>	<ul style="list-style-type: none"> <li>-CDE and DDS data systems don't talk/haven't merged</li> <li>-CDE doesn't have a validated family survey</li> <li>-No uniformity of data collection among RCs</li> <li>-Different assessment tools used for reporting o</li> <li>-The ESR is incomplete</li> <li>-Need for disaggregated data to be available by RC/catchment areas/diagnosis publically/web</li> <li>-Need for policy development (DDS is currently inconsistent)</li> <li>-Quality/validity/current status of data is subpar</li> <li>-Very little transition data</li> <li>-Handwritten data is not collected unless it</li> </ul>

	<p>is input into system (IFSP) after the fact</p> <ul style="list-style-type: none"> <li>-How is data collected and by who?</li> <li>-Data is not always collected consistently, appropriately and/or clearly</li> <li>-Families are often over-surveyed (SLI) by DDS and CDE</li> <li>-Data needs to be focused to see if you accomplished what you were trying to do</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>-ICC to gain input for survey data</li> <li>-Interdepartmental data sharing</li> <li>-Family survey to be validated at CDE</li> <li>-DDS to consider the DRDP</li> <li>-Expand on family survey (data, reports)</li> <li>-Data collection structured to reflect the results</li> </ul>	<ul style="list-style-type: none"> <li>-Administration</li> <li>-Data collection for medically fragile isn't valid, reliable, sensitive</li> <li>-Gathering of data isn't efficient</li> </ul>

**Initiatives (for more investigation)**

- RTT/Early Challenge grant
- Infant Mental Health Initiative
- First 5 (however need to distinguish what services children can access)
- State Council on Developmental Disabilities (grant distribution)
- CA Comprehensive Early Learning Plan
- Early Head Start
- CHVP
- Expanded preschool
- ABA Therapy
- MHSA
- EBP- CIMH
- CSEFEL
- Statewide Screening Collaborative
- Early Learning Development (CDE)
- local initiatives are all over the state, problem is the State is so large, they are hard to find

**Top Two Points from both groups**

**Technical Assistance:**

1. Lack of available and consistent guidance/TA by both lead agencies to local level regarding how to implement the law (response is to “read the law”)... taking care of this will take care of many other problems
  - IT IS NOT ALWAYS CLEAR WHO IS DOING THE TA AND THERE IS NOT ANY CONSISTENCY
  - ROLES AND REponsibilities

**Professional Development:**

1. Build on the work that WestEd has been doing (including face-to-face)

2. Need some personnel standards to be required rather than just recommended for EI birth to three (adoption of)
  - LACK OF CONSISTENCY AND A BUDGET TO DO THE TRAININGS
  - TRAININGS ARE STRONG AND APPLICABLE FOR OUR AUDIENCE

**Data Systems:**

1. Expanding on the Family Survey
2. Standardizing data and data systems/data elements/assessment tools

ONE IN THE SAME-

- DDS AND CDE HAVE TWO DATA COLLECTING SYSTEMS AND IS THE DATA THEY ARE COLLECTING THE SAME?

**Governance:**

1. Need for better communication from the Department (from all levels) to the field
2. Strengthening the ICC with public reps/voice (reconstituting the ICC with community representation and public input)

CA HAS THE FRCS

- NEED TO BROADEN ACCESS TO FRCS, AND NEED TO CLARIFY WHO DOES WHAT (RESPONSIBILITY)

**Fiscal:**

1. Vendor rate system
  2. Private insurance mandates
- ISSUES WITH ACCOUNTABILITY WITH USE OF FUNDS FROM PART C
  - STRENGTHENING OF MOUS ON HOW FUNDS ARE USED

Accountability and Quality Improvement:

1. Opportunity for joint monitoring (DDS and CDE) w/ qualitative measures (to include improvement beyond compliance... making qualitative measures meaningful)
  2. Lack of apparent consequences when local programs (RCs, LEAs, vendors) are not complying
- A NUMBER OF GOOD DATA COLLECTION PROGRAMS
  - NO DATA COLLECTION FOR WHAT HAPPENS TO CHILDREN AFTER THEY LEAVE EARLY START

**Quality Standards**

1. Lack of uniformity across RCs
  2. Make the use of developed standards (those endorsed by ICC) a mandate/requirement (DDS policy) rather than a recommendation and utilizing existing materials consistently (lack of use of program and personnel standards)
- THERE ARE TOOLS AND STANDARDS
  - THEY HAVE NOT BEEN ADOPTED STATEWIDE