

Overview: California's Part C State Systemic Improvement Plan (SSIP)

Introduction

In Federal Fiscal Year (FFY) 2013 the Office of Special Education Programs (OSEP) added the SSIP as a new requirement of the state's Annual Performance Report (APR) on early intervention services. The SSIP involves identifying steps that can be taken that will result in improved outcomes for children and families. This process involves evaluating possible actions that may provide solutions, learning about what is necessary to effectively implement the actions chosen, developing an implementation plan with stakeholder input, and monitoring the progress and outcomes of implementation. The SSIP extends through 2020 and is comprised of three phases:

- Phase I - due in April, 2015: Data Analysis; identification of the focus for improvement; description of infrastructure to support improvement and build capacity; and, the State's Theory of Action
- Phase II - due in February, 2016: Development of the multi-year plan which includes: infrastructure development; supports for implementing evidence-based practices; and an evaluation plan
- Phase III - due in February, 2017 and annually through February, 2020: Evaluation of the plan and reporting of progress; results of the ongoing evaluation; report on the extent of progress; and, revisions to the plan.

Through the process described in detail later in this document, the State, in conjunction with stakeholders, determined the focus for improvement should result in better outcomes (e.g. increased progress) in children's social/emotional development. This area was chosen due to the linkage of social/emotional development with development and potential improvement in other areas.

In California, the Department of Developmental Services (DDS) is the lead agency in the administration of the Early Start program and maintains a partnership with the California Department of Education (CDE) to coordinate the provision of early intervention services. At the local level, Early Start services are accessed through twenty-one community-based regional centers as well as 125 local education agencies (LEAs), which are responsible for providing services to children with solely low disabilities. In FFY 2013, the California Early Start program provided services to 34,759 children.

Process for Developing Phase I of the SSIP

The State views the SSIP as an opportunity to focus efforts in a meaningful way that will result in tangible improvements for children and their families. Therefore, it was important to ensure that stakeholders were not only well informed but also a critical part of the development of the plan.

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Development of the SSIP began with an initial informational meeting in July 2014. More than 80 stakeholders participated either in person or via webinar. The meeting began with an overview of the requirements of the SSIP to ensure that everyone was knowledgeable about the expectations for the project. Additionally, participants assisted with an initial analysis of the current strengths and weaknesses of the Early Start program.

Subsequently, the State formed an SSIP Task Force to assist in analyzing available data and information and determining the areas for focused improvement and resulting strategies that would result in improved child and family outcomes. The SSIP Task Force includes representatives from DDS and CDE as well as a diverse group of stakeholders, including parents, Part C local agency representatives, the Interagency Coordinating Council's (ICC's) executive committee chair person and early intervention mental health expert, early intervention practitioners, a member of the National Center for Systemic Improvement (NCSI) and Center for Prevention & Early Intervention (CPEI), and an early intervention advocates' representative. Over the course of several all-day meetings beginning in the fall of 2014, the SSIP Task Force completed the activities described in subsequent sections of this report. All materials reviewed by the SSIP Task Force and minutes of the meetings were posted for review on the DDS website.

To further ensure broad stakeholder knowledge of the SSIP process and increase opportunities for input, regular updates were provided to the ICC and various stakeholder groups, including the Association of Regional Center Agencies. In addition to the federally required members of the ICC, California's ICC also receives valuable input and participation from Community Representatives, who expand the knowledge, breadth and diversity of input received.

DDS looks forward to continued assistance from the SSIP Task Force and all stakeholders in the upcoming phases of the SSIP. It's anticipated the SSIP Task Force will reconvene in late Spring or early Summer of 2015 to work on the next steps in this process.

State-identified Measureable Result (SiMR)

California, through the SSIP Task Force, chose to focus efforts on strategies that will result in children showing increased improvement in social/emotional development over the course of their time in the Early Start program. Specifically, the SiMR, which directly aligns with Indicator 3, Summary Statement 1 of the APR states:

“Increase the percentage of infants and toddlers with disabilities in California who will substantially increase their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program.”

SSIP Component 1: Data Analysis

1(a) How Key Data were Identified and Analyzed

California identified and analyzed key data, including data from: the State Performance Plan/Annual Performance Report (SPP/APR) indicators including results from the Family Outcomes Survey (FOS Revised Part C, 2010)¹; 618 data collections; the Early Start Report (ESR); and the Client Master File (CMF). Additionally, compliance data derived through the monitoring process was analyzed.

California conducted a broad spectrum data analysis using the APR as the initial source for data. The APR provided delineated, structured components, as well as pertinent data, areas of concern, and improvement activities already underway. The Early Start staff at DDS carried out the initial broad data analysis, which was followed by sharing with stakeholders and engaging them in the in-depth analysis of the data.

The broad data analysis included a review of child and family outcomes quantitative data available from the State's APR. The State's APR data was compared to national data and Pak 7 data (i.e., data from the seven most populous states). Outcomes data was also looked at over time to identify trends in child and/or the family outcomes. The broad data analysis included a data breakdown by demographic factors including gender, ethnicity, and diagnoses.

With technical assistance (TA) from the Early Childhood Technical Assistance Center (ECTA), DDS Early Start staff developed tools to assist in the broad data analysis. DDS Early Start staff looked at the data in order to identify trends and potential State-identified Measurable Results (SiMRs) for the SSIP Task Force to further examine during in-depth analysis.

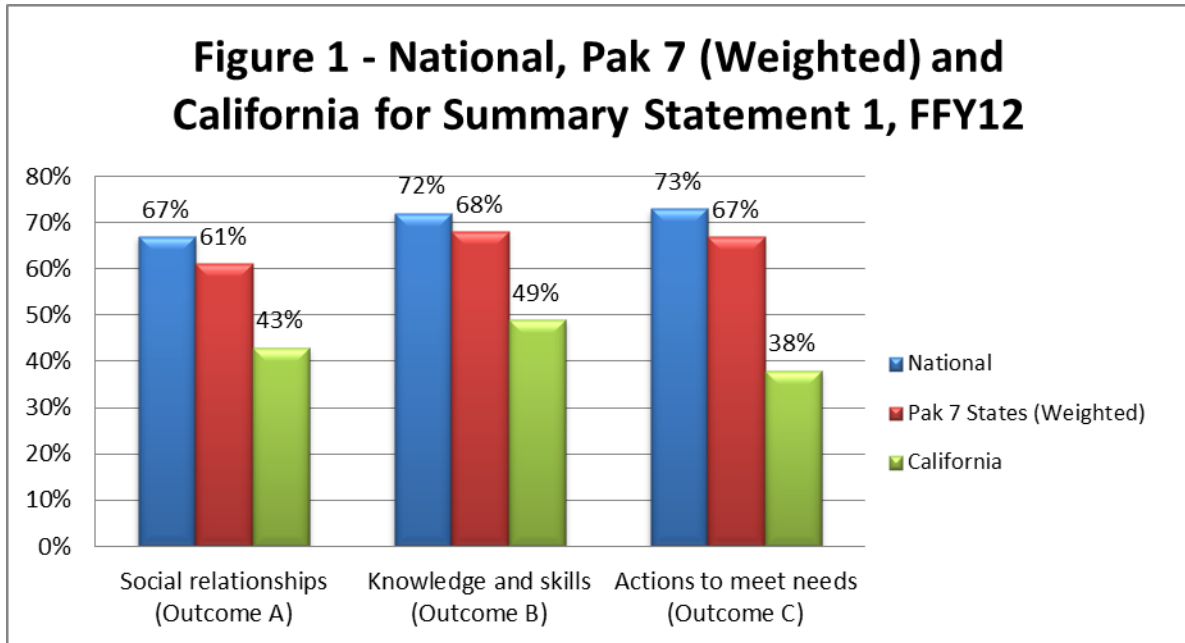
The broad data analysis of child outcomes (APR Indicator 3) illustrated that California performed at or above the national average in all three outcome areas in Summary Statement 2 (SS2): *"The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program."* The same was true when compared to other large state averages.

However, California performed below national averages (see figure 1) in all three outcome areas in Summary Statement 1 (SS1) of APR Indicator 3: *"Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program."* For this Summary Statement, Outcome A

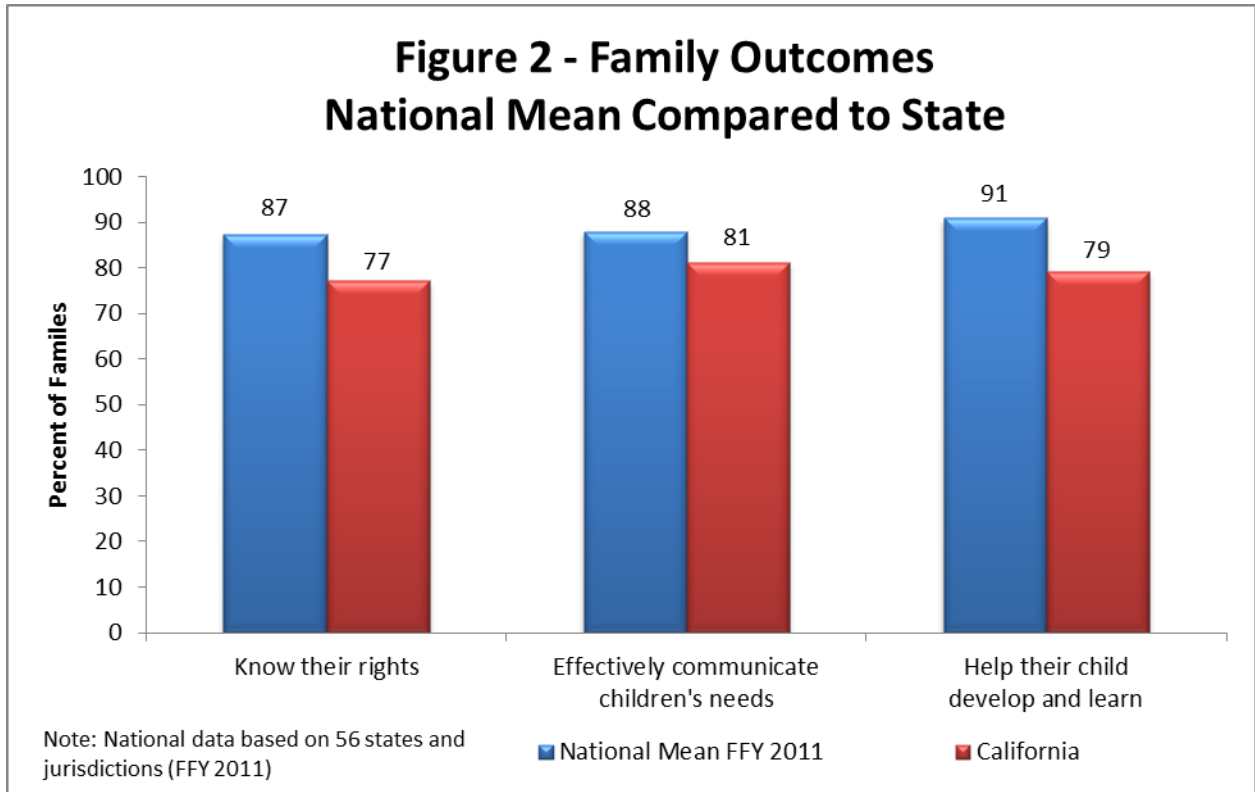
¹ (Bailey, 2006 - retrieved 2009)

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(Positive Social/Emotional Skills Including Social Relationships) showed 43 percent of children substantially increased their rate of growth in this outcome area, as compared to the overall national level of 67 percent and the Pak 7 average of 61 percent. Additionally, in Outcome B (Acquisition of Knowledge and Skills), California is 23 percentage points below the national average and 18 percentage points below the Pak 7 average. Finally, in Outcome Area C (Use of Appropriate Behaviors to Meet Needs), California is 35 percentage points below the national average and 29 percentage points below the Pak 7 average.



To measure family outcomes (APR Indicator 4), the State used results from the Family Outcomes Survey. This survey measures the degree to which families receiving Early Start services feel that early intervention has helped them to (A) know their rights, (B) effectively communicate their child’s needs, and (C) help their child develop and learn. Figure 2 shows a comparison between California’s data and the national data. As illustrated in Figure 2, all three family outcome areas for California are lower than the national percentages. The largest difference between California and the national percentages is in area (C): help their child develop and learn. The state percentage is 12 points below the national data for all families reporting whether early intervention helped their child develop and learn. The state is ten points below the national average in area (A): know their rights; and seven points below the national average in area (B): effectively communicate their child’s needs.



As a result of the broad data analysis, the Early Start staff developed the following questions to guide the direction of further analysis:

- To what degree are the data for child and family outcomes related, and is there a need for improvement?
- To what degree could the strengths and opportunities of California's infrastructure components support improvement in child outcomes?
- Are there leverage points (e.g., buy-in, leadership support, TA support, or local initiatives) in CA that exist to support improvement in the child outcome area?
- Which child or family outcome area should the State prioritize for the SSIP as the SiMR and why?

In order to narrow down the data results, State staff conducted an in-depth data analysis which compared child and family outcomes from the APR. The second lowest scoring response on the Family Outcomes Survey reflected lack of Early Start program helpfulness in providing information about helping the child fulfill his/her needs. Relatedly, the lowest-scoring child outcome reflected low percentages of growth in children's ability to adapt and help themselves. Results of this internal analysis by the State staff led to the proposal of three potential focus areas:

1. Family Outcomes - helping children to fulfill their needs;
2. Child Outcomes – improving outcomes in Use of Appropriate Behaviors to Meet Needs; or

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3. Family Outcomes with complementary focus – providing more information and support regarding transition out of Early Start at age 3.

In October 2014, the SSIP Task Force began meeting to conduct an in-depth analysis and select the SiMR. The SSIP Task Force reviewed available data and discussed their observations on what was, and was not, working effectively in the field. Through use of small group discussions, the SSIP Task Force answered the following questions:

1. To what degree has the data presented around outcomes demonstrated a need?
2. To what degree could the strengths and opportunities of the State’s infrastructure components support improvement?
3. Are there leverage points (e.g., buy-in, leadership support, TA support, and local initiatives) that exist to support improvement?

After examining the data and discussing the relationship between developmental domains and their outcomes, the task force chose to focus on improving child outcomes related to social/emotional development. Stakeholders expressed strong beliefs that infants and toddlers must have their emotional needs met, first and foremost, in order to grow and develop in all developmental domains. The SSIP Task Force agreed with the National Governor’s Association that “Children learn best when they are able to cope with their emotions, control their impulses, when they can relate with and cooperate with their peers, and when they can trust and respond to the adults responsible for their care.”² Therefore, improving development in the social/emotional domain will in turn positively affect the development of the child in all areas. Relationship-based early intervention services and the social and emotional well-being for young children and their families are supported in current initiatives and scholarly documents.³

In-depth discussion and analysis led the SSIP Task Force to establish a focused direction for the development of the SiMR, citing “...social and emotional development forms the basis of children’s knowledge of ‘how to learn.’”⁴ By redirecting the analysis to the area of social/emotional development, the SSIP Task Force began the in-depth data analysis of this domain to identify the population focus, root cause analysis and strategies that led to a theory of action.

The broad and in-depth analysis included an examination of potential limitations to the Early Start data that may impact data-informed decision making at both the State and local levels. Limitations identified include:

- As the Early Start Report (ESR) is relatively new, the potential to report on longitudinal outcome results for children is limited.

² (Association, 2005)

³ (Association, 2005)

⁴ (Joni Pictl, 2006)

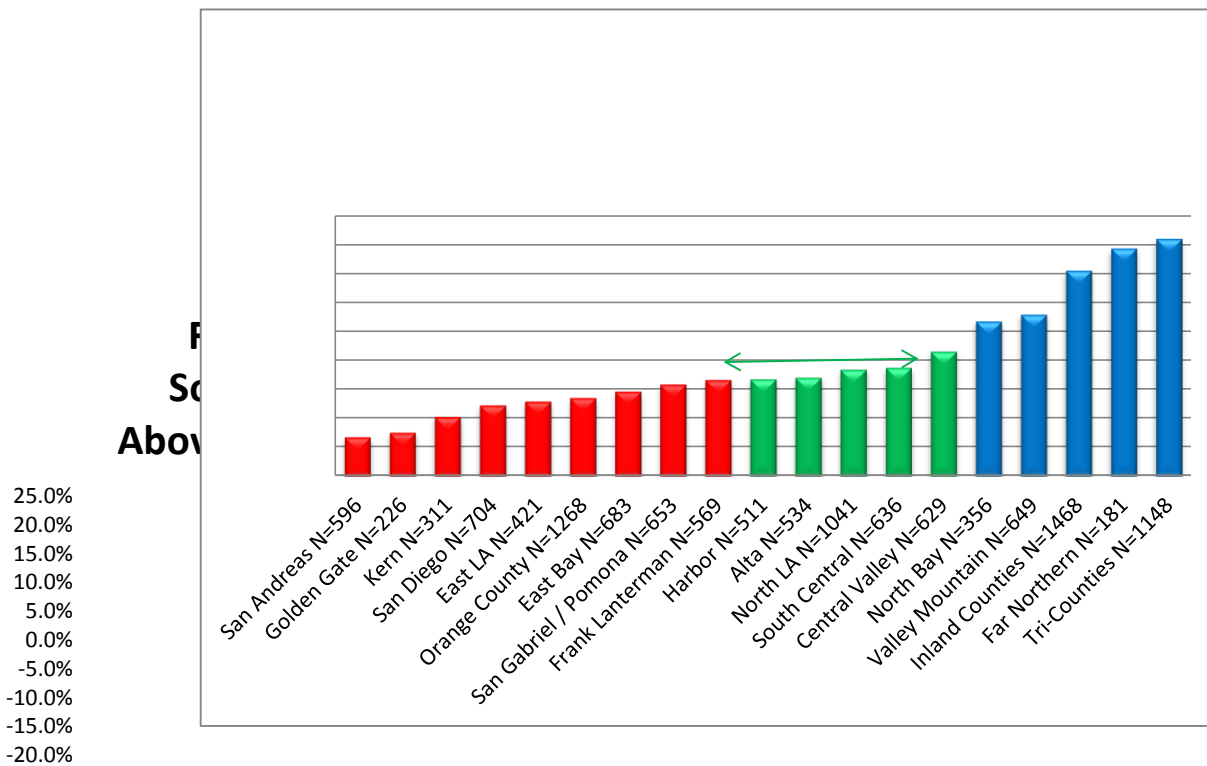
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- Regional centers and local educational agencies (use different data systems.
- Lack of a statewide system for capturing Individualized Family Service Plan (IFSP) child outcome goals or individual plans driving child outcomes.

1(b) How Data were Disaggregated

After looking at California data compared to national averages and the average for the Pak 7 states, child outcomes data was disaggregated across multiple variables for all three child outcome areas as part of the in-depth analysis. This included, but was not limited to, data disaggregated by gender, race, ethnicity, geographic area, and disability category. Family outcomes data was disaggregated according to geographic area.

The data indicated a broad range of results across the demographics of California with no one disaggregate datum standing out to suggest a specific group, or sub-group to focus on. This was determined by the use of the Meaningful Differences Calculator (MDC) tool provided by ECTA. The MDC tool was used to compare state data from year to year, and also for comparison of local program data to state data in a particular year. The results from this tool were provided to the SSIP Task Force to give them more information regarding overall outcomes data. See Figure 3 for an example of California data on Outcome Area A (Positive Social/Emotional Skills Including Social Relationships), disaggregated by local regional centers.



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The SSIP Task Force voiced strong concerns that interventions targeting a pilot group or special sub-group would be inequitable for other children participating in Early Start who would not have the same benefit. Additionally, the time frame for implementing changes presented a potential barrier as well because the time spent scaling up a pilot or targeted intervention to a statewide level could create challenges in realizing significant meaningful improvements within 5 years.

Based upon this information, the SSIP Task Force elected to pursue a broad-based SiMR that would focus on all children served by Early Start in California.

1(c) Data Quality

Data measuring child and family outcomes is derived from two main sources; the Early Start Report (ESR) and the Family Outcome Surveys. The ESR was implemented within the last few years and has proven to be a very useful data gathering tool. It provides the ability to gather and use continuously updated child outcomes data on all children for whom these measurements have been completed. This has significantly expanded the data sample size and currency of data for this measure. Prior to implementation of the ESR, outcomes data was not centrally located and was gathered during on-site monitoring reviews. The significantly increased sample size results in a very high level of confidence that the data is reliable and accurately reflects child outcomes for the children in the Early Start program.

For family outcomes data, the State used results from the Family Outcomes Survey (FOS Revised Part C, 2010)⁵. The sample of respondents was chosen systematically, and the reliability of the sample was calculated using a confidence level of 90 percent, a measure that indicates how likely the results are representative of the entire population of Early Start Families. As a result, the State is confident on the accuracy and reliability of the outcome data used in its analysis.

1(d) Considering Compliance Data

Compliance data was examined as an area that may indicate or lead to improved results for both family and child outcomes. The SSIP Task Force felt that when processes occur in a timely fashion, families are more confident about the services available for their child and could lead to more family participation in the delivery of services. Ensuring family confidence and participation should lead to improved child and family outcomes.

The link between compliance measures and family outcomes was particularly noticeable in the area of transition requirements for those children exiting Early Start. As addressed elsewhere in this APR, the State has identified this as an area of need and taken a

⁵ (Bailey, 2006 - retrieved 2009)

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number of steps to improve compliance in this area. Results from the family surveys may be an indication of the effect of low compliance in this area as the lowest rated question in the survey was related to the transition process. The State will continue to focus on improved compliance in this area and monitor the correlation with family outcomes.

1(e) Additional Data

The SSIP Task Force identified two potential areas for which data may need to be collected during the implementation phases of the SSIP. One area involves gathering more information from local early intervention service providers about the assessment tools that are currently being used. As part of their strategic plan, the ICC discussed the possibility of addressing this data-gathering challenge as a project to support the SSIP. Utilizing the information gained by conducting a survey of the most widely used assessment tools, may guide recommendations by the ICC.

The second area identified by the SSIP Task Force was potentially expanding the collection of IFSP data in order to better evaluate the child and family outcomes that are written into IFSPs. The SSIP Task Force hypothesized that capturing quantitative data on existing practices in addressing social/emotional outcomes on the IFSP would inform the development of professional development strategies to improve child outcomes.

Further steps and timelines for collecting this data will be identified in Phase II of the SSIP.

1(f) Stakeholder Involvement in Data Analysis

Stakeholders with knowledge and expertise in early intervention were involved in every phase of data analysis and participated on the SSIP Task Force. As mentioned previously, a broad stakeholder meeting was held in July to provide background information on the SSIP and to assist in the initial broad analysis of the State's infrastructure. Following the July meeting, DDS formed the SSIP Task Force which includes a wide variety of members with knowledge and experience pertaining to the provision of early intervention services, advocates and parents of children with disabilities. In addition to DDS representatives, members of the SSIP Task Force include California's Part B Coordinator, parents, representatives of Part C local agencies, the ICC's executive committee chair person and early intervention mental health expert, early intervention practitioners, a member of the National Center for Systemic Improvement (NCSI) and Center for Prevention & Early Intervention (CPEI), and an early intervention advocates' representative. The SSIP Task Force had a series of all day meetings to analyze data and complete the other steps necessary to develop Phase I of the SSIP.

California also utilized assistance from the ICC for the coordination of information and data provided to the SSIP Task Force. Initial data was provided to the ICC to develop a

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list of potential areas of focus for the state's SiMR. The ICC was kept informed on the SSIP progress at all ICC meetings. In addition to the federally required members of the ICC, California's ICC also receives valuable input and participation from Community Representatives, who expand the knowledge, breadth and diversity of input received.

SSIP Component 2: Analysis of State Infrastructure to Support Improvement and Build Capacity

2(a) How Infrastructure Capacity was Analyzed

The Early Start staff at DDS began a systematic approach in analyzing the state infrastructure for the purposes of the SSIP and arriving at possible State-identified Measurable Results (SiMRs). DDS staff completed an initial analysis of the State's infrastructure.

Following this internal analysis, DDS engaged its stakeholders in order to ensure a broad infrastructure capacity analysis was completed. .

On July 10, 2014, DDS held an all-day webinar and in-person meeting with approximately 80 stakeholders to 1) provide comprehensive information about Results Driven Accountability (RDA) and the SSIP, and: 2) obtain broad stakeholder input regarding SSIP related activities, data and timelines. Those participating included ICC members, ICC Community Representatives, Part B staff, Family Resource Center (FRC) representatives, early intervention providers, representatives of Part C local agencies, family members and other interested community members. The meeting/webinar included a presentation by the Regional Resource Center Program (RRCP) and ECTA Center Technical Assistance (TA) liaisons. Following the presentation and a question and answer session, the stakeholders engaged in a gallery walk (a process that promotes active engagement of all participants in the activity by giving everyone a chance to provide input on the infrastructure components) for the analysis of the infrastructure components (Governance, Fiscal, Quality Standards, Professional Development, Data, Technical Assistance, and Accountability). In doing so, the stakeholders used the SWOT (Strengths, Weaknesses, Opportunities, and Threats) method to identify internal and external strengths and challenges. In addition to the infrastructure analysis, the participants also provided information on state and local initiatives that might relate to the SSIP work.

This initial broad infrastructure analysis helped inform the in-depth analysis conducted by the SSIP Task Force, as described throughout the SSIP portion of this APR. Consideration of infrastructure strengths, including the opportunities to leverage other State initiative's, was particularly useful in developing potential improvement strategies and the theory of action, discussed in detail in component five of this SSIP section.

2(b) Description of State Systems

Governance

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In California, the Department of Developmental Services (DDS) is the lead agency in the administration of the Early Start program and maintains a partnership with the California Department of Education (CDE) to oversee the provision of early intervention services. In addition to federal requirements, the Early Start program operates under State statutes, promulgated by the legislature and approved by the Governor, as well as State regulations. At the local level, early intervention services are accessed through twenty-one community-based regional centers as well as local education agencies (LEAs).

To ensure services are coordinated and conform to IDEA Part C requirements, each regional center and LEA develops and maintains subcontracts, local interagency agreements, or memorandums of understanding with individual early intervention providers within their geographic area of service.

Fiscal

DDS, as the lead agency, ensures funds made available through the state budgetary process are allocated and invoiced appropriately. The State is committed to the provision of early intervention services as evidenced by the significant State funding contribution. It was noted that the Federal Part C grant covers only approximately 15% of the cost to provide early intervention services. In addition to the services purchased directly by regional centers and LEAs, services are also funded through families' private and/or public health insurance.

Quality Standards

The Early Start Personnel Manual (ESPM) is the quality standard for early intervention service providers in California. The ESPM provides guidance to the regional centers and local educational agencies on the personnel standards, foundational principles, competencies and evidence-based practices needed by Early Start personnel to support effective service delivery. The ESPM Workgroup, whose membership included representatives from the ICC, DDS, CDE, parent leadership, direct service, and higher education, served as the architects of the manual framework and provided critical feedback throughout the process.

[Effective Practice in Providing Family Support: Making It Real for Families of Infants and Toddlers with Disabilities](#) is a quality standard that relates directly to the SiMR on improving social/emotional outcomes for children, as it emphasizes the family centered approach. The guide was developed under the leadership of DDS, , in collaboration with the ICC. Revised in 2012, the guidelines distinguish the following three core concepts that are discussed at length:

- Family-Centered Care: a philosophy and approach to service delivery
- Family Support Services: specific services for families that enhance their child's development
- Family Empowerment: the concept that families are supported and prepared and are offered the opportunity to participate as full partners.

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The CA Collaborative on the Social Emotional Foundations for Early Learning (CSEFEL) is a statewide initiative that provides a quality standard for service providers and includes a focus on social/emotional development. Programs that implement CA CSEFEL comprehensive program-wide approach have a successful and sustainable approach for ensuring healthy social and emotional development of the children they serve. More information about the CA CSEFEL and the Teaching Pyramid can be found at www.cainclusion.org/teachingpyramid/materials/general/WestEdCaseStudyFinalReport.pdf

Through First 5 and the Race to the Top – Early Learning Challenge (RTT-ELC), California supports the Statewide Screening Collaborative (SSC). The SSC is an interagency and multidisciplinary group formed to enhance the capacity of the state to promote and deliver effective health, developmental, and early mental health screenings throughout California. The SSC develops and promotes standard tools and screening protocols for families and children that affect healthy childhood development, setting a quality standard for statewide screening practices.

Professional Development

DDS, contracts with the WestEd Center for Prevention and Early Intervention (CPEI) to assist the State in implementing a Comprehensive System of Personnel Development (CSPD) to ensure that service providers are appropriately prepared and trained to deliver quality early intervention services. WestEd CPEI works with DDS to develop and deliver a comprehensive training curriculum aligned with the personnel competencies and interdisciplinary practice guidelines described in the California ICC-Recommended Early Start Personnel Manual.

Both DDS and CDE are informed about CSPD outreach, development, participation and completion activities through the Early Start Training and Technical Assistance (ES TTA) Leadership Group. Comprised of key DDS, CDE, and WestEd training and technical assistance staff, the ES TTA convenes monthly to review promotional activities, registration, course participation and completion rates.

Data

California relies on multiple data sources to provide consistent reliable data regarding the children served by Early Start. Data sources used to construct the SiMR, include:

- IDEA Section 618 Data – The data reflects child count, exit data, mediation data and settings data.
- Client Master File – Initial input software used to assign a unique identifier to accurately track all children served by Early Start, and record basic client information and demographics.
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- ESR software application – The ESR provides the computed data for the Child Outcomes Data. Information for the children served is entered directly into the application by the coordinators at each of the Regionals Centers.

Data verification activities occur on a routine basis. The data is also used for compiling required State and Federal reports.

Technical Assistance

The State has long maintained a strong TA capacity for the regional centers, family resource centers, LEAs, service providers, and the public. Additionally, DDS draws on WestEd to provide the necessary TA.

Specific examples of activities include the provision of TA for regional center, Early Start managers on ESR data collection, quality and child outcome measures. Ongoing TA includes discussions on using ESR reports for supervision and the completeness of data collection. By providing guidance to Early Start management and service providers on the importance of child outcomes and quality data, providers are better able to identify and correct incomplete data. These methods of TA have resulted in a continuous improvement in the validity and reliability of child outcomes data. TA topics and strategies for improving the quality and quantity of completed child outcomes records continue to be addressed.

State Early Start staff also provides TA to the Early Start community on Early Start/Part C policy related to program compliance and improvement.

On behalf of DDS, WestEd provides TA through some of its Special Topic Activities - special topic trainings to address specific topical, regional, or programmatic needs. Early Start Institutes - live training events that support guided practice and exploration, facilitated interaction, and personal planning for integration of knowledge and skill into real work activities. These TA activities will be geared toward the SiMR and designed to address improving the social/emotional outcome for children and the role of the family in the improvement of their child.

Accountability and Monitoring

As described elsewhere in the APR, the State has a process for routine monitoring of local programs. This monitoring includes children who are currently receiving Early Start serviced as well as those who have transitioned out of the program to evaluate compliance with state and federal regulations regarding Early Start. Results of the monitoring reviews are reported in the Annual Performance Report.

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As observed during the stakeholder engagement process, the stakeholders are familiar with the State’s accountability and monitoring process. The knowledge of the stakeholders is primarily due to a couple of facts. First, Early Start program staff have provided trainings statewide to regional center staff, and discussed the process at various stakeholder meetings. Additionally, some members of the ICC have in the past participated in the monitoring visits of the regional centers.

2(c) Systems Strengths and Areas for Improvement

The Infrastructure Analysis Summary included ideas that stakeholders felt would directly or indirectly leverage or hinder improvement in relationship to our SIMR, social-emotional development. The direct leverages and hindrances are discussed here as the main strengths and areas for improvement that were identified.

- **Strengths**

California stakeholders identified the following four system components of the infrastructure as the areas of strength and opportunities:

Governance

With leadership from DDS and the support of the ICC, the State governance has strengthened the collaboration between the various entities and stakeholders in the Early Start community.

Professional Development

DDS contracts with the WestEd CPEI to assist the State in implementing a Comprehensive System of Personnel Development (CSPD) to ensure that Early Start personnel are appropriately prepared and trained to deliver quality early intervention services. WestEd CPEI works with DDS to develop and deliver a comprehensive training curriculum aligned with the personnel competencies and interdisciplinary practice guidelines described in the California ICC-Recommended Early Start Personnel Manual.

The evaluation of Early Start CSPD activities measures both the effectiveness and impact of training content and delivery through a combination of quantitative and qualitative strategies employed before and after each activity, which are aggregated for reporting in the annual report. The goal is to evaluate the effectiveness of trainings conducted as part of the improvement strategies specific to social/emotional child outcomes through monitoring and evaluation in Phase II..

Typically within a given year, 92-99% of CSPD participants report training activities to be *extremely effective* or *very effective* and to be *extremely satisfied* or *very satisfied* with the relevancy of the content. When data analysis uncovers patterns that indicate

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effectiveness of some component can be improved, Early Start CSPD implements investigation and improvement strategies to identify and address possible causes.

Quality Standards

Below are three examples of quality standards with meaningful impact on the SiMR:

1) The guidebook [Effective Practice in Providing Family Support: Making It Real for Families of Infants and Toddlers with Disabilities](#), is a quality standard that relates directly to the SiMR on improving social/emotional outcomes for children, as it emphasizes the family centered approach.

The intent of these guidelines is to ensure that the concepts are operationalized in daily practice to provide more effective early intervention services to infants and toddlers and their families..

2) The CA Collaborative on the Social Emotional Foundations for Early Learning (CSEFEL) project leadership team includes many state agencies and their training partners. CA CSEFEL's comprehensive program-wide approach is a quality standard with the focus on social emotional teaching strategies and building relationships and creating supportive environments. As a quality standard, the modules clearly reinforce California's SiMR with a successful and sustainable approach ensuring healthy social and emotional development of the children.

3) California's Statewide Screening Collaborative (SSC).

The SSC has developed an Early Care and Education Screening Guide which provides quality standards in early intervention screening practices. The Guide was developed to share information and resources that will increase awareness of and access to screening, services and supports, and referral resources across the state. The Guide includes an overview and discussion of the provider's role in screening and monitoring within the context of early care and education settings, including the differences between screening and monitoring, when and why to screen, and how to engage and support families in the process, as well as a comprehensive list of best practices and resources for developmental and behavioral screening, referral and follow-up available on-line. The Guide is planned for dissemination in spring 2015.

Technical Assistance

The Early Start program staff draw on WestEd for technical assistance to the regional centers, other state agencies, and advocacy groups as the need arises. WestEd, is a nonprofit research and development agency working at the national, state, and local levels, for more than four decades, and is on contract with DDS for many years. WestEd

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is also on the National Center for Systemic Improvement (NCSI), Center for Prevention & Early Intervention. The State looks to WestEd’s staff and subject matter experts on child social-emotional outcomes for TA related to the SiMR.

In light of WestEd’s many years of experience, the high quality of the training institutes and the foundation institutes, and the knowledge of their subject matter experts, the stakeholders and DDS are confident that West Ed and the technical assistance it provides in course of the implementation strategies for the SiMR, is regarded as strength.

- **Areas for Improvement**

The stakeholders identified the following three system components of the infrastructure as the areas for improvement.

Accountability/Monitoring

In relation to monitoring, the main issue as identified and cited by the stakeholders is the system of administering the early Start program through two lead agencies. The stakeholders expressed concern that DDS and CDE do not always measure and collect information the same way, and that the information and data systems do not interface. On the accountability front, the stakeholders perceived there was a lack of consequences for non-compliance at the local level that should be evaluated further as DDS and CDE embark on the subsequent SSIP phases.

Data

Stakeholders identified several areas in which the data entry, retrieval and compilation processes currently in use could be strengthened. The Early Start Report (ESR) is a fairly new application. It became clear that with 21 regional centers entering data into one system, discrepancies in process and interpretation need to be addressed.

Fiscal

The state general fund is the primary source of funding for the Early Start services in California as appropriated through the budgetary process. The periodic State budget hardships were noted by the stakeholders as a challenge to implementing statewide improvement strategies.

2(d) State-level Improvement Plans and Initiatives

The SSIP task Force identified a number of initiatives that could impact the capacity of the local programs and the Early Start providers in implementing strategies that lead to a measureable improvement in the SiMR. Some of the initiatives discussed include:

Strengthening Families

- The Strengthening Families Initiative, through the California Department of Social Services (CDSS), promotes practices that help families thrive and build

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protective factors needed to nurture young children effectively. This initiative is currently being implemented by the Family Resource Centers and other community agencies.

Center on the Social and Emotional Foundations of Early Learning (CA CSEFEL)

- The CA CSEFEL initiative provides a conceptual framework for promoting social and emotional competence in infants and young children. The model is adapted from the National Center on the Social and Emotional Foundations for Early Learning. This initiative is currently being implemented by CA Early Head Start, Licensed Child Care Providers, and Family Resource Centers.

California Race to the Top, Early Learning Challenge, Quality Rating and Improvement Systems (QRIS)

- The QRIS is designed to assess and improve the quality of early childhood settings.
- Research shows that high-quality early childhood programs produce better child outcomes.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

- MIECHV supports at-risk parents of children from birth to kindergarten entry, by accessing the resources and skills necessary to raise children who are physically, socially and emotionally healthy and ready to learn.

California Infant Mental Health Initiative

- The California Infant Mental Health initiative provides an endorsement process for Practitioners working with young children, and their families.
- This endorsement is based on evidence based practices that result in positive outcomes for young children and their families.

Mental Health Services Act (MHSA) grants

- DDS provides grants to regional centers to develop and oversee innovative projects focusing on mental health.

2(e) Representatives Involved

Please refer to the description of stakeholder involvement section below for the listing of stakeholders involved and why they were selected for participation. The members of the SSIP Task Force have committed to continuing to provide assistance in developing Phase II of the SSIP.

2(f) Stakeholder Involvement in Infrastructure Analysis

Stakeholders with knowledge and expertise in early intervention were involved in every phase of the development of the SSIP, including the infrastructure analysis. As

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mentioned previously, a broad stakeholder meeting was held in July to provide background information on the SSIP and to assist in the initial broad analysis of the State's infrastructure. Following the July meeting, DDS formed the SSIP Task Force which includes a wide variety of members with knowledge and experience pertaining to the provision of early intervention services, advocates and parents of children with disabilities. In addition to DDS representatives, members of the SSIP Task Force include California's Part B Coordinator, parents, representatives of Part C local agencies, the ICC's executive committee chair person and early intervention mental health expert, early intervention practitioners, a member of the National Center for Systemic Improvement (NCSI) and Center for Prevention & Early Intervention (CPEI), and an early intervention advocates' representative. The SSIP Task Force had a series of all day meetings to analyze data and complete the other steps necessary to develop Phase I of the SSIP.

SSIP Component 3: State Identified Measurable Result (SiMR)

3(a) SIMR Statement:

Based upon the data and infrastructure analysis and input from stakeholders, California has selected its SIMR to be: *"Increase the percentage of infants and toddlers with disabilities in California who substantially increase their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program."*

The focus of the SiMR is statewide. The SiMR is directly aligned to Indicator 3 (child outcomes) in the State Performance Plan/Annual Performance Report (SPP/APR). The targets set for Indicator 3 in the SPP/APR will be used to evaluate progress on the SiMR. Due to the strong link between the child's social-emotional skills (including social relationships) and family relationships, it is expected that gains will also be made in Indicator 4: family outcomes, as outlined in the Theory of Action.

3(b) Data and Infrastructure Analysis Substantiating the SIMR:

(Refer to the Data and Infrastructure Analysis sections of this SSIP for more detailed descriptions.)

The SSIP Task Force conducted broad and in-depth data analysis in the development of the SiMR. The analysis of outcome data clearly supports the need to focus the SiMR in the area of improving children's social/emotional development by the time they exit the Early Start program. The data showed the State was 24 percentage points below the national average when measuring the percent of children who substantially increased their rate of growth in this area. Discussion with stakeholders reinforced the belief that social/emotional development was crucial in order for children's needs to be met.

Additionally, the initiatives identified that are aligned closely to the SiMR were the CSEFEL and MIECHV (see component 2d for details). These initiatives are based on evidence based practices that focus on promoting the importance of the parent-child relationship. As evidenced by the initiatives discussed, California has a solid foundation in the promotion of social/emotional development in young children.

California has the capacity to support improved results and the implementation of the identified improvement strategies. For example, the analysis of the infrastructure identified strengths in the training and other activities coordinated by WestEd through a contract with DDS. The expertise and experience of WestEd in developing multi-modal training opportunities will be invaluable in supporting an increasing in family and provider knowledge.

3(c) SiMR as Child-Family Level Outcome

California's SiMR is focused on improving outcomes in social/emotional development for infants and toddlers in the Early Start program. Implementation of improvement strategies that target children's social/emotional skills will not only improve results for Early Start children, but should also improve family outcomes due to the close link between a child's social/emotional wellbeing and family relationships.

The focus of implementation in California will include the entire state rather than a subset of local programs or populations. The SSIP Task Force concluded that in line with the principle of equal access for all children, the SiMR and resulting improvement strategies should be implemented statewide and that the state will aim for social-emotional improvement for all children in the Early Start program.

3(d) Stakeholder involvement in Selecting SiMR

Stakeholders participated in the selection of the SiMR through the SSIP Task Force (described previously) which includes a wide variety of members with knowledge and experience pertaining to the provision of early intervention services, advocates and parents of children with disabilities. In addition to DDS representatives, members of the SSIP Task Force include California's Part B Coordinator, parents, representatives of Part C local agencies, the ICC's executive committee chair person and early intervention mental health expert, early intervention practitioners, a member of the National Center for Systemic Improvement (NCSI) and Center for Prevention & Early Intervention (CPEI), and an early intervention advocates' representative. The SSIP Task Force had a series of all day meetings to complete the steps necessary to develop Phase I of the SSIP, including selection of the SiMR.

3(e) Baseline Data and Targets

The targets for the SSIP are based on child outcomes in the area of Positive Social/Emotional Skills Including Social Relationships and are aligned with Indicator 3, Outcome Area A, Summary Statement 1 of the APR. This means capturing the percent of infants and toddlers with IFSPs who entered early intervention below age expectations and substantially increased their rate of growth in positive social-emotional skills (including social relationships) by the time they turned 3 years of age or exited the program. The statewide baseline data, 44.32%, reflects this percentage for Federal fiscal year (FFY) 2013.

Targets are static through 2015 due to the time needed for implementing the improvement strategies. The target for the SiMR increases each year thereafter in accordance with stakeholder-approved measurable and rigorous targets. The yearly increase of two percentage points is based on consideration of the capacity of state and local agencies, as well as the information reported by stakeholders in the field. These targets were discussed and agreed upon by the SSIP Task Force and the ICC.

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FFY 2013 - FFY 2018 Targets

FFY	2013-Baseline	2014	2015	2016	2017	2018
SiMR Target	44.32%	44.32%	44.32%	45.00%	47.00%	49.00%

SSIP Component 4: Selection of Coherent Improvement Strategies

4(a) How Improvement Strategies were selected

The Broad Improvement Strategies as selected and developed by the SSIP Task Force are:

1. Develop and implement sustainable outreach, education, and training strategies through the Early Start Comprehensive System of Personnel Development (ES CSPD) for the entire Early Start community, including families and service providers, on evidence-based practices and family-centered philosophy.
 - (a) Promote and implement sustainable, evidence-based training strategies for the entire Early Start community on social/emotional development, evidence-based assessments and parent-child relationships.
 - (b) Leverage effective, evidence-based practices of regional centers and local educational agencies (LEAs) or other entities in engaging families in the social/emotional development of the child through enhanced parent-child relationship.
2. Identify and partner with statewide collaboratives to disseminate information on the importance of parent-child relationships and social/emotional development with the Interagency Coordination Council as the lead.

These improvement strategies were established in direct response to the root cause analysis that the SSIP Task Force completed after selecting the SiMR. These strategies were selected from others identified due to their achievability, sustainability, and measurability. These Improvement Strategies were specifically developed to address a number of inconsistent elements that currently exist within California's Early Start system including the implementation of a family-centered approach, professional development, interagency collaboration, and best practices in screening, referral, and evaluation.

Each improvement strategy takes a different approach to arrive at the same outcome, which is improved engagement of families. A relationship-based approach is essential to early intervention services, and the parent-child relationship is important to all aspects of development, including social/emotional development⁶. The provider-parent relationship

⁶ Edelman, L. (2004). A Relationship-Based Approach to Early Intervention. Resources and Connections, Volume 3, Number 2, July-September 2004.
<http://www.eicolorado.org/index.cfm?fuseaction=home.fileopen&id=39&chk=97232D3B29D51A3248C830E4B33AABA7>

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is also crucial to successful early intervention⁷. Therefore, the Improvement Strategies selected by the SSIP Task Force aim to promote best practices in providing family-based services and support providers and families in strengthening the parent-child relationship as well as the provider-parent relationship in order to improve outcomes in social/emotional development for Early Start infants and toddlers.

4(b) How Improvement Strategies are Sound, Logical, and Aligned

The improvement strategies were selected in part because they leverage existing resources, are achievable within the timeframe of the SSIP, and are sustainable within the California Early Start system. These strategies leverage successful practices already in place as well as existing partnerships in order to gather, provide and disseminate best practices in family-centered intervention throughout the Early Start community. Rather than representing stop-gap quick fixes, the improvement strategies present the opportunity to affect positive and lasting change that will result in improved child outcomes for infants and toddlers in California.

By scaling up existing procedures and practices that are already successful, California can implement evidence-based practices that have the buy-in of current leaders and stakeholders within the Early Start community.

4(c) Strategies that Address Root Causes and Build Capacity

Each improvement strategy was developed and selected in order to address the root causes identified by the SSIP Task Force using the Root Cause Analysis method. The root causes identified by the SSIP Task Force are:

- Inconsistent implementation of family-centered approach, awareness of and appreciation for the parent-child relationship as the core of social/emotional development which includes attachment, self-regulation, caregiver-child interaction and peer interaction;
- Inconsistent professional development in the area of social/emotional development for those who provide early intervention services;
- Inconsistent interagency collaborations that focus on strengthening and prioritizing supports for parent-child relationships and young children's social/emotional wellbeing; and
- Inconsistent approaches to screening, referral, evaluation and assessment of social/emotional development of Early Start children and their families.

The core strategy of developing and implementing sustainable outreach, education, and training strategies for the entire Early Start community addresses the lack of family and provider awareness of and appreciation for the parent-child relationship as the core of

⁷ Kalmanson, B. & Seligman, S. (1992). Family-provider relationships: The basis of all interventions. *Infants & Young Children*, Volume 4, Issue 4.

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social/emotional development. Leveraging effective practices of regional centers and LEAs or other entities in engaging families in the social/emotional development of the child also addresses this root cause. These strategies target both families and providers to increase knowledge and focus on the parent-child relationship as it relates to social/emotional growth. Leveraging existing State initiatives and practices builds capacity by working with structures already in place rather than building something new.

The strategy to promote and implement sustainable, evidence-based training strategies for the entire Early Start community on social and emotional development, evidence-based assessments, and parent-child relationships addresses the inconsistent implementation of the family-centered approach in early intervention and the inconsistent professional development in the area of social/emotional development for those who provide early intervention services. This strategy focuses on bringing practitioners in the Early Start field up to date on best practices in social/emotional development, particularly family-centered interventions.

Identifying and partnering with statewide collaboratives to disseminate information on the importance of parent-child relationships and social/emotional development addresses the inconsistent interagency collaborations that focus on strengthening and prioritizing supports for parent-child relationships and young children’s social/emotional wellbeing. This strategy leverages existing collaborative groups such as the ICC in order to capitalize on interagency collaborations and promote best practices in social/emotional development to the entire Early Start community.

The SSIP Task Force considered research evidence in crafting these strategies. The parent-child relationship has been shown to be critical to early development, including social/emotional development.^{8,9,10} Family-centered early intervention strategies work to strengthen the relationships between the family and the service provider and between the family and the child to enhance developmental outcomes¹¹. All improvement strategies address the strengthening of the parent-child relationship through family-centered intervention approaches. The SSIP Task Force also considered implementation frameworks and tools when identifying improvement strategies, and will continue to incorporate these frameworks into Phase II.

⁸ Cook, G. A., Roggman, L. A., & Boyce, L. K. (2011). Fathers’ and mothers’ cognitive stimulation in early play with toddlers: Predictors of 5th grade reading and math. *Family Science*, 2 (2), 131-145.

⁹ Shonkoff, J. P. 2004. *Science, Policy and the Developing Child: Closing the Gap Between What We Know and What We Do*. Washington, DC: Ounce of Prevention Fund.

¹⁰ Bhattacharjee, Y. (2015, January). *The First Year*. National Geographic. Retrieved from <http://ngm.nationalgeographic.com/2015/01/baby-brains/bhattacharjee-text>

¹¹ WestEd (2011). *A Family-Centered Approach to Early Intervention*. R&D Alert, Vol. 12, No. 3.

4(d) Strategies Based on Data and Infrastructure Analysis

Results from the data analysis informed the selection of these strategies. DDS Staff used the Meaningful Differences Calculator to compare local program data to state data and identify local programs that have a statistically significant difference in the percentage for all three Outcome areas as compared to the State Average. These results showed that about half of the regional centers were performing at or above the state average for child outcomes in positive social-emotional skills, including social relationships. This finding informed one of the improvement strategies which involves identifying and leveraging the successful practices from those regional centers who are performing well.

In the data analysis phase, California also identified several successful statewide efforts to improve social/emotional outcomes, including the Strengthening Families Model, CA Collaborative on the Social Emotional Foundations for Early Learning (CSEFEL), California Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), and First 5 Initiatives. While these initiatives already focus on aspects of social/emotional wellness for children and families in California, more targeted strategies are necessary to achieve success in the SiMR. The SSIP Task Force developed statewide strategies that include ICC collaboration with these initiatives while focusing on increasing provider competency and capacity to provide evidence-based family-focused interventions, as well as empowering and educating parents on the importance of the parent-child relationship.

The SSIP Task Force also used findings from the Infrastructure Analysis to guide their discussion and selection of the improvement strategies. In developing these strategies, the SSIP Task Force included elements from the Governance component of California's infrastructure. The ICC's role of support and advocacy was leveraged into an Improvement Strategy placing ICC at the lead for coordinating the dissemination of effective practices in family-centered intervention. Regional centers and LEAs, will also play a role in the sharing of successful practices in engaging families to improve the parent-child relationship.

The Infrastructure Analysis also identified an area of strength in California's Professional Development system. Leveraging this effective and impactful system of professional development is at the heart of the first improvement strategy, which involves using this system for training and outreach to the Early Start community on the principles and best practices of the family-centered philosophy.

Since the goal of Phase I was to develop broad improvement strategies, Phase II of the SSIP will focus on developing more detailed steps to implementation. The SSIP Task Force identified some practices that will need to be scaled up as part of these broad improvement strategies. One of these practices is the sharing and replicating of

effective, evidence-based strategies that are currently in place. Additionally, training and outreach strategies on family-centered philosophy and best practices will need to be expanded.

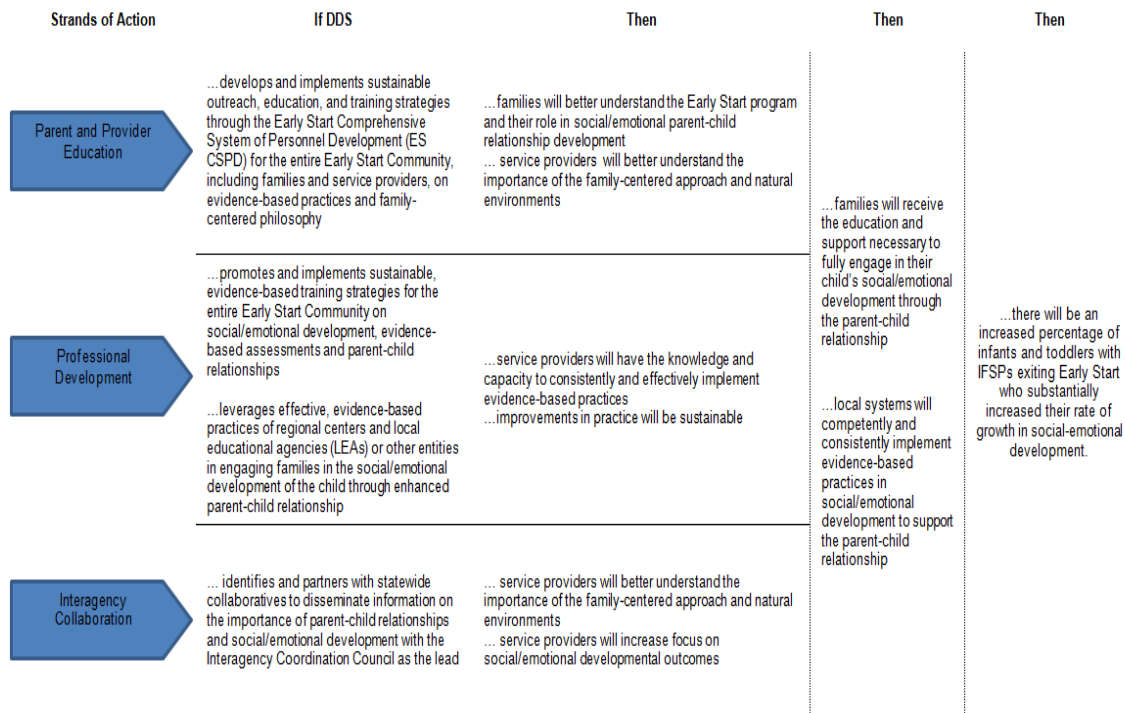
4(e) Stakeholder Involvement in Selecting Improvement Strategies

Stakeholders with knowledge and expertise in early intervention were involved in every phase of the SSIP, including the selection of improvement strategies. As mentioned previously, a broad stakeholder meeting was held in July to provide background information on the SSIP and to assist in the initial broad analysis of the State's infrastructure. Following the July meeting, DDS formed the SSIP Task Force which includes a wide variety of members with knowledge and experience pertaining to the provision of early intervention services, advocates and parents of children with disabilities. In addition to DDS representatives, members of the SSIP Task Force include California's Part B Coordinator, parents, representatives of Part C local agencies, the ICC's executive committee chair person and early intervention mental health expert, early intervention practitioners, a member of the National Center for Systemic Improvement (NCSI) and Center for Prevention & Early Intervention (CPEI), and an early intervention advocates' representative. The SSIP Task Force had a series of all day meetings to analyze data and complete the other steps necessary to develop Phase I of the SSIP.

SSIP Component 5: Theory of Action

5(a) Graphic Illustration:

State-identified Measurable Result: California Theory of Action



5(b) How Improvement Strategies will Lead to Improved Results

As identified in the graphic illustration, the foundation for achieving improved results is improving the knowledge of parents and providers and ensuring information is widely available to all involved with the Early Start program. Therefore, California will implement strategies in these areas to increase education and offer support to both families and service providers. As a result of implementation of these strategies, families will be knowledgeable and empowered to focus on the parent-child relationship as a means to increase their child's social-emotional development. Additionally, the professional development, education and collaboration of providers statewide will lead to a heightened awareness of the importance of social-emotional development and increased skills in improving this area of development. Ultimately, the increased education and support to families and service providers will result in achievement of the SiMR for children and their families.

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Parent and Provider Education. Families must be aware of the importance of the parent-child relationship in social-emotional growth, and by extension, their role in their child's social-emotional development. By increasing their knowledge about the family-centered philosophy and associated practices, families will be empowered to take an active role in their child's social-emotional development by making the parent-child relationship a priority, leading to measurable improvements in social-emotional development.

This improvement strategy also targets early intervention providers by increasing their knowledge and training in effective practices in Early Start and the family-centered philosophy. The goal of this strategy is to increase the ability of service providers to support families by tailoring their interventions to ensure a focus on the family and natural environments. By educating providers on the importance of the family-centered philosophy, families will have better support in their role of improving their child's social-emotional development, and as a result, children will show increased growth in social-emotional development.

Professional Development. The goal of this strategy is to increase provider knowledge and competency in social-emotional development and associated practices, evidence-based assessments of social-emotional development, and the role of parent-child relationships. This strategy also includes leveraging and learning from effective practices already in place in some locales that have resulted in successfully engaging families to focus on the parent-child relationship and therefore are showing increased improvement in social-emotional development for the Early Start children they serve. In conjunction with increased training on social-emotional development, sharing these successful practices will increase their knowledge and skillset in the area of social-emotional development and enhancing the parent-child relationship.

Interagency Collaborations. With the Interagency Coordinating Council (ICC) as the lead, DDS will identify and partner with statewide Early Start collaboratives to gather and disseminate information to early intervention service providers on the importance of parent-child relationships in social-emotional development. As a result, service providers will have increased knowledge and awareness of the important role that parent-child relationships play in social-emotional development, and providers will increase their focus on social-emotional development outcomes on the Individualized Family Service Plan (IFSP). Since the parent-child relationship is such a crucial component to successful social-emotional growth, and this strategy will further enable providers to support families in improving the parent-child relationship, the ultimate result of this strategy will be an increase in the number of Early Start children who demonstrate measurable improvements in social-emotional development.

5(c) Stakeholder Involvement in Developing the Theory of Action

Stakeholders with knowledge and expertise in early intervention were involved throughout the development of the SSIP and participated on the SSIP Task Force. As

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mentioned previously, a broad stakeholder meeting was held in July to provide background information on the SSIP and to assist in the initial broad analysis of the State's infrastructure. Following the July meeting, DDS formed the SSIP Task Force which includes a wide variety of members with knowledge and experience pertaining to the provision of early intervention services, advocates and parents of children with disabilities. In addition to DDS representatives, members of the SSIP Task Force include California's Part B Coordinator, parents, representatives of Part C local agencies, the ICC's executive committee chair person and early intervention mental health expert, early intervention practitioners, a member of the National Center for Systemic Improvement (NCSI) and Center for Prevention & Early Intervention (CPEI), and an early intervention advocates' representative. The SSIP Task Force had a series of all day meetings to analyze data and complete the other steps necessary to develop Phase I of the SSIP.