

South Carolina Part C State Systemic Improvement Plan (SSIP): Phase III-Year 1

Overview

South Carolina's early intervention program under the Individuals with Disabilities Education Act (IDEA) Part C is known as BabyNet. In September 2016, Governor Nikki Haley issued an executive order to designate the SC Department of Health and Human Services (SCDHHS) as the lead agency for BabyNet. The lead agency change has resulted in many systemic and programmatic changes over the last few years. Some of those changes have included a new Part C Coordinator/Director, restructuring of state staff within the program, a new fiscal process, and a Corrective Action Plan (CAP) with the Office of Special Education Programs. The Office of Special Education Programs requires all states early intervention programs to develop a State Systemic Improvement Plan (SSIP). This five-year plan shifts the focus from compliance to focusing on improved child and family outcomes.

Summary of Phase I and Phase II

Phase I and II of the SSIP consisted of data analysis, infrastructure, development of improvement strategies, determining the state identified measurable result (SiMR), and creating a theory of action. Initially, the data analysis led the state to focus on improving outcomes for children with Autism Spectrum Disorder (ASD). With the change in lead agencies, the leadership team at South Carolina Department of Health and Human Services (SCDHHS) explained to the BabyNet leadership team new initiatives at the agency and across the state focusing on services for individuals with ASD. The state began to direct their attention on the data, again, and developed alternatives to the original SiMR. After monthly meetings with BabyNet Program Managers and BabyNet State Office, the team began discussing the possibility of changing the focus from child outcomes to family outcomes. Originally, four coherent improvement strategies were identified. These strategies focused on family outcomes surveys, family assessment, public awareness, and implementation of recommended practices. After more work was done with stakeholders and with the guidance of technical assistance providers, the State decided to narrow the focus to include the Family Outcomes Measurement System (FOMS) and the family assessment process as the topics for their two coherent improvement strategies. Based on new data and stakeholder input, and with the approval of the OSEP, the state made the decision to change the state identified measurable result (SiMR) to the following:

Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn.

Summary of Phase III

South Carolina has focused on implementing evidence-based practices to not only build the State’s capacity to support early intervention programs and providers, but also so that families will more effectively help their child develop and learn. Throughout this report, the State will provide updates of the progress that has been made towards meeting our SiMR. This progress shows what has been developed and implemented thus far, the data that has been collected as a result of the work, and the infrastructure improvements and practice developments that have taken place.

Evaluation Related to Theory of Action

Figure 1

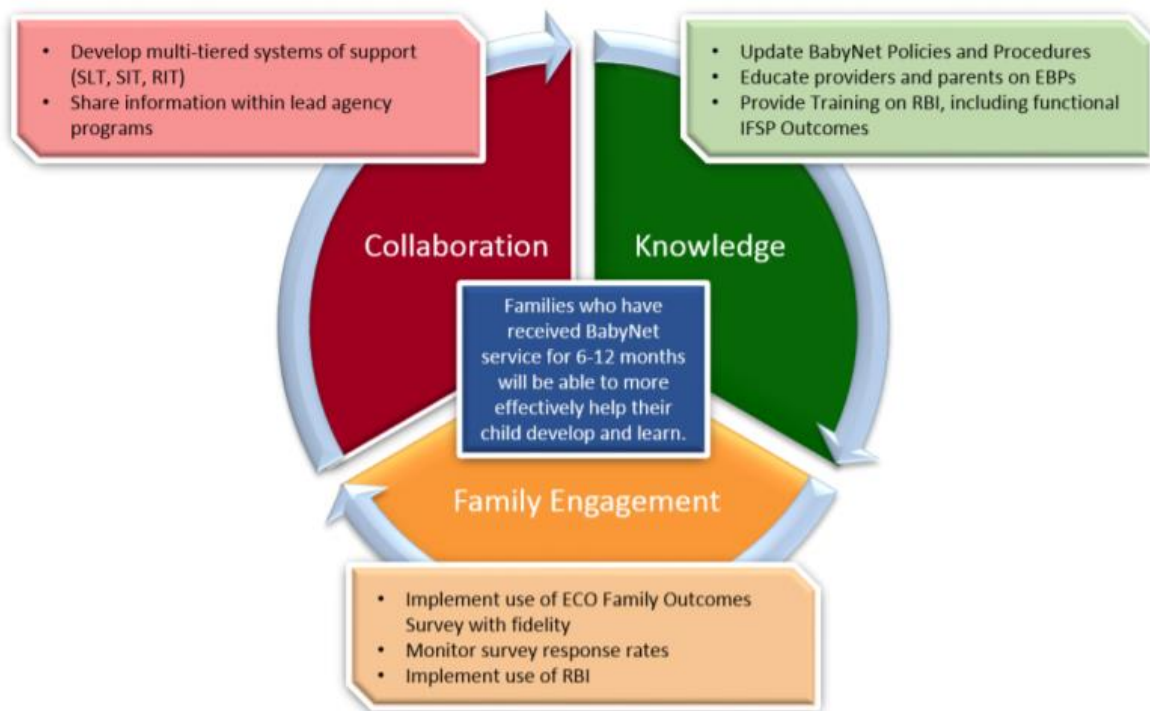
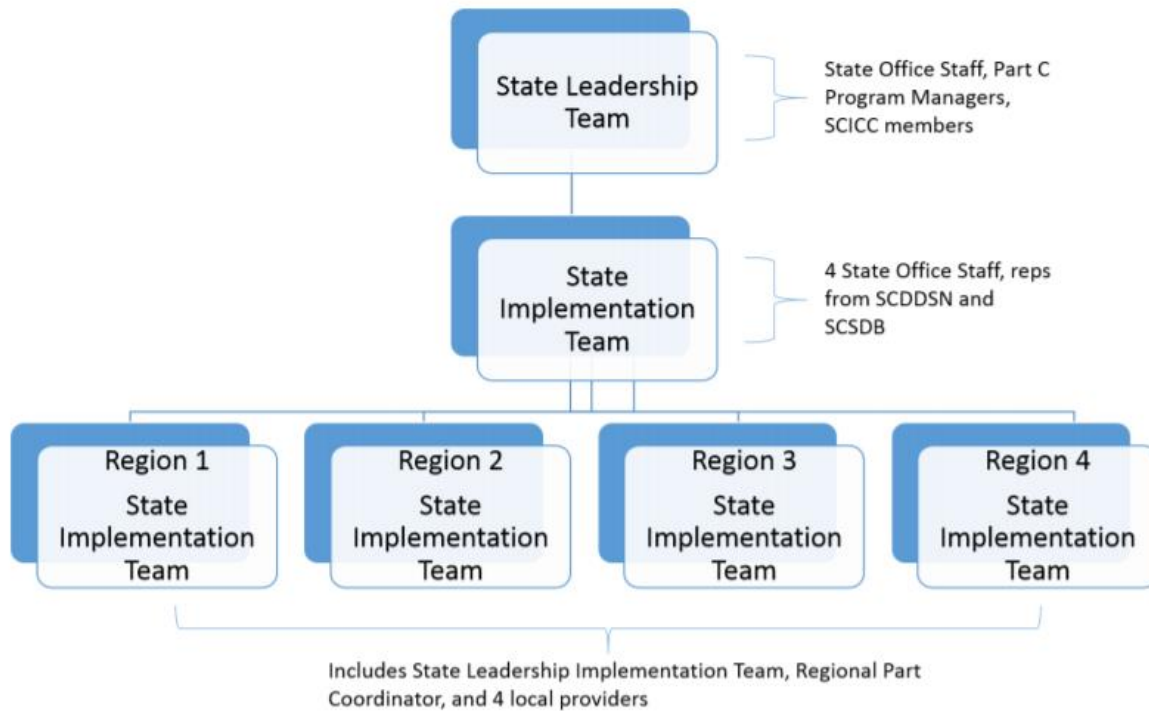


Figure 1 illustrates how specific activities or strategies relate to the Theory of Action. The three broad areas represent the relationship among collaboration, knowledge and family engagement and how each of these improvements will have a positive impact on the SiMR. Among one of the three broad areas, multi-tiered teams were created so that the State can provide more collaboration between various sectors of the early intervention system. Executive leadership with the South Carolina Department of Health and Human Services initially made the decision to utilize an external evaluator for the evaluation plan but later decided the evaluation will be handled by the multi-tiered teams. These teams include the State Leadership Team (SLT), State Implementation Team (SIT) and the Regional Implementation Team (RIT). (see Figure 2)

Figure 2



The SLT includes Part C State Office leadership staff, partnering agency program managers, and members of the SC Interagency Coordinating Council (SCICC). The SIT includes 4 State Office Staff and representatives from SC Department of Disabilities and Special Needs (SCSDN) and SC School for the Deaf and Blind (SCSDB). The RIT includes the 4 Part C Regional Coordinators. The SLT has been responsible for making high-level decisions, such as implementing the Routines-based Interview as the State's family assessment. This team also decided to begin using the Early Childhood Outcomes (ECO) Family Outcomes Survey. The decision to transition from the National Center for Special Education Accountability Monitoring (NCSEAM) survey tool to the ECO Family Outcomes Survey will be important for evaluating progress toward the SiMR because the analysis of the tool is more user-friendly. The State believes this will provide more feedback from families which will result in a higher response rate. New Policies and Procedures were created to give Service Coordinators guidance on how to effectively participate in and monitor early intervention activities. A new Family Guide was developed and will be reviewed with families to make sure they are aware of their role in the program, and to explain how they can engage in and actively participate in early intervention visits. Other materials are being

developed to educate both the Service Coordinators and families on the family outcomes process and the new survey tool.

The first of four Routines-based Interview (RBI) Boot Camps was held in Region 4 of the state in May 2019. The Region 2 Boot Camp was scheduled for March 2020, but had to be postponed due to COVID-19. This session will be rescheduled as soon as it is safe to do so and in conjunction with the availability of our contracted trainer. By implementing the RBI, Service Coordinators will be better able to develop and maintain strong relationships with families. RBI will also allow them to assess the priorities, resources, and concerns of the family, and to identify functional Individualized Family Service Plan (IFSP) outcomes from that information. Through continued and consistent collaboration and partnerships, the multi-tiered system will ensure successful implementation across the state which will give early intervention providers the tools that are needed to support families in helping their children grow and learn.

SSIP Outcomes (goals) or Strategies

The intended results or “outcomes” of the SSIP strategies are outlined below:

(a) Short term outcomes (goals) -- 1 year:

- Implementation sites, training and implementation of Evidence-based Practices (EBPs) (Region 4)

The State began with the short-term goal of implementing EBPs by region. First, the state located and scheduled an implementation site. The original plan was to scale-up implementation of the RBI by training each of the four regions every six months until the entire state was certified, but this plan was executed slower than originally planned due to the alignment of agency data and billing systems. The first RBI training was conducted in Region 4 on May 28-31, 2019. The BabyNet Reporting & Intervention Data Reporting System (BRIDGES) Integration (data system integration) initiative was made a priority by the Lead Agency Director so that existing data systems within SC Department of Health and Human Services could be integrated with the IDEA Part C early intervention data system (BRIDGES) starting in July 2019. Integration became the immediate priority of the SLT, and RBI training and follow-up had to be postponed.

In order to measure the short-term outcome of implementation of EBPs, the State decided to conduct a survey with the Service Coordinators who attended the first training. Since there was only a 19% response rate on the survey, the state decided to hold a live *Lunch and Learn* webinar to receive additional responses. This feedback from the trainees gave the State the knowledge necessary to improve future trainings in other regions, beginning with Region 2. The figure below illustrates that the RBI implementation short-term goal and intermediate goal is in progress and training has started to make a positive impact on Service Coordinators. (*See Figure 3*).

Why is this short-term goal important for the State to reach the SiMR? In order to coach families in a way that provides them with the skills to help their child develop and learn, Service Coordinators must feel confident in the use of a tool that helps them gather the families resources, priorities and concerns. Service Coordinators will have a better understanding of what an entire days' worth of routines and activities look like for a family and their child. Identified areas of improvement in daily routines and activities will help the Service Coordinator and family develop functional IFSP outcomes that will be added to the plan.

(b) Intermediate term outcomes (goals) – 2-4 years:

- Survey response rates will increase statewide.
- Families are better able to identify functional IFSP outcomes based upon their resources, priorities, and concerns.
- Implementation sites, training, and implementation of EBPs (expand regions)

Families being able to better identify functional IFSP outcomes is an intermediate-goal that is currently in progress. As the State continues to scale-up RBI training in Region 2, more Service Coordinators and families will have the resources needed to recognize priorities and concerns. In order to expand regions for the implementation of EBPs, Region 2 RBI Boot Camp training was scheduled for March 2020. Due to COVID-19, Region 2 was postponed and will be rescheduled as soon as it is safe to do so. Some of the barriers towards progress of the SiMR are included in the feedback that was received from Region 4 via survey responses and real-time webinar discussions. (Table 1 shows the results from the survey and the webinar)

Table 1

Satisfaction with Routines-Based Interview Training, 2019			
Surveys Mailed Out: 26			
Surveys Completed (online and paper): 5			
Response Rate: 19%			
Survey Question	No Response	Disagree/Strongly Disagree	Agree/Strongly Agree
The trainer was knowledgeable and well prepared.	100%	---	---
Training materials were helpful during training and afterwards.	100%	---	---
The trainer presented the material in a way I could easily understand.	100%	---	---
The live demonstrations and practice were helpful.	80%	---	20%
I felt ready to begin practicing the RBI after the training.	40%	20%	40%
I used the online communication area set up in TECSBOOK to collaborate with other trainees.	100%	---	---
I thought the communication area was helpful while I was practicing administering the RBI.	60%	20%	---
I am ready to proceed with sending in RBI videos for state certification.	40%	60%	---
I am willing to participate in a follow-up webinar	---	---	100%
Lunch and Learn Webinar			
<p>Provider responses from the Lunch and Learn:</p> <ul style="list-style-type: none"> • Providers stated that seeing an RBI done in person was helpful and expressed that though it was difficult to find families to participate, having families there makes it the most realistic. • Providers expressed that they have not been practicing as much as they planned because they got bogged down in all the BRIDGES Integration and associated billing changes. • Providers also expressed that they have not sent videos in for review and certification as they felt they need more practice. <ul style="list-style-type: none"> ○ The SLT reported that the State is contracting with the RBI trainer so that she can begin reviewing the videos and provide feedback and certification. Since providers expressed the need for a refresher, the SLT stated that Day 1 of the Region 2 training will be opened up for those who completed the full train-the-trainer Boot Camp in Region 4 (approximately 25 staff who will become trainers). 			

- Providers also expressed concern over the video consent form.
 - SCDHHS verified that the video consent form is an agreement between the family and the contracted provider (service coordination agency). SCDHHS provided recommended language companies could use in their form, but will not be developing an official IDEA Part C form for video consent.
- Providers expressed that they would like billing guidance for RBI training.
 - The SLT discussed RBI billing internally and came up with a mechanism for providers to bill which is expected to result in submissions of videos.

Three of the state's largest early intervention providers employ staff who are either already state-certified to conduct RBI training or are in the process of becoming state-certified. Those providers made business decisions to secure contracts with nationally-certified RBI trainers, and in one case, to become a nationally-certified trainer, so they could move forward with implementation of the RBI on their own. There are approximately 6,700 active children receiving early intervention services through BabyNet in the state of South Carolina. Of those active cases, 1,500 are served by those three largest early intervention providers who have moved forward with RBI training. Therefore, 23% of BabyNet eligible children, statewide, are already receiving RBIs as their family assessment. While implementation of the RBI has not scaled-up as quickly throughout the state as originally planned, 23% of families are receiving an evidence-based family assessment. As a result of the President declaring a National Emergency on March 13, 2020 due to COVID-19, the Region 2 RBI Boot Camp training had to be postponed. As soon as it is safe to resume face-to-face trainings with large numbers of staff, the training will be rescheduled. The State has decided to revise the original training schedule to combine Regions 1 and 3 into one final cohort. This will allow the state to stay on track and still have all trainers state-certified by June 30, 2021. There will be separate training events for each region, but they will be held closer together in order for trainees to work towards state-certification at the same time.

The SLT, SIT and RIT are making progress in meeting the intermediate-term goal of increasing response rates for family outcomes surveys. The teams have researched the State Family Outcomes Measurement System (S-FOMS). Portions of the S-FOMS self-assessment have been completed by the teams and other stakeholders to ensure that the State is making the necessary revisions to the current FOMS. The RIT has focused on reviewing other states' Family Outcome survey processes and procedures as well as reviewing *Guidance for States in Documenting Family Outcomes for Early Intervention and Early Childhood Special Education* as well as *Relationship of Quality Practices to Child and Family Outcome Measurement Results*. These useful resources have given the State guidance on the implementation of the family survey and improving the Family Outcome Measurement System, and they will support sustainability of the SSIP. Focusing on the Family Outcomes Measurement System (FOMS) is one of the coherent improvement strategies, so by laying out a timeline for FOMS, the State will be able to measure progress toward the SiMR. Further explanation of how the family survey will be implemented statewide, can be found in **Procedures and Analysis**.

(c) Long term outcomes (goals) – 5-7 years:

- EBPs implemented statewide
- Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn.

Long-term progress towards reaching the SiMR includes continuing to scale-up the implementation of the Family Outcomes Measurement System (FOMS) and the family assessment process. The State looks forward to measuring the impacts changes in these two areas have on the SiMR. The State will begin measurement of impacts in Region 4 after all Service Coordinators are trained and have begun administering the RBI (expected no later than December 31, 2020). Many program policies and practices have changed as a result of the State's SSIP. Please see the changes in practice in the **Procedures and Analysis**.

Procedures and Analysis

The evaluation plan includes data analysis methods and procedures to evaluate implementation and outcomes of the SSIP. The State's data analysis is focused on the new practices that are being implemented, ECO Family Outcomes Survey and Routines-based Interview.

The Family Outcomes Measurement System has not been revised by the State since its original implementation in 2006. The SLT, SIT, and RIT have had previous discussions with technical assistance providers and decided to transition from the NCSEAM survey tool to the ECO Family Outcomes Survey. The RIT has researched the survey tool, dissemination practices and how practices correlate to response rates. The State has identified strategies to improve the survey process:

- Complete the S-FOMS Self-Assessment
- Create a flyer for families
- Create a document explaining the importance of family outcomes
- Identify the region with the lowest response rates
- Create Family Outcomes Survey policy and procedure
- Develop training materials for early intervention providers on family outcomes, family survey tool, and methods of dissemination
- Post information about family outcomes on website
- Create or use a video about family outcomes
- Post a family outcomes survey link and create an identifier for response rates analysis
- Provide feedback to early intervention providers on response rates and make this competitive to encourage other agencies to have a higher response rate

- Collaborate with Family Connection of South Carolina, the Parent Training and Information Center (PTIC), so they can be used as a resource for families in completion of the survey and to answer related questions

During the research of family surveys, dissemination practices and how practices correlate to response rates, the RIT determined there were many opportunities to improve South Carolina’s current process. Currently, South Carolina sends two different parts of the NCSEAM survey during a family’s time in the program. Part of the NCSEAM is used to measure Family Outcomes (SPP/APR Indicator 4) and disseminated after the child/family exit Part C. The other half of the survey, referred to as the Family Satisfaction survey, is mailed to every family with an eligible child in July of each year. Surveys include a family letter explaining the purpose of the survey, instructions, and a pre-paid envelope for returning the survey. The letter also contains a weblink so the survey can be completed online, if preferred.

Areas targeted for change are improved dissemination practices (how and when), additional training for Service Coordinators, and increased education for families. The RLT’s research found that giving families a flyer about the family survey prior to receiving the survey would increase awareness and provide information on why the survey is important. It was also determined by the RLT that hand-delivering the survey will make it more personal, which should increase the return rate. Going forward, the family will still have the option to complete the survey on paper or online. An identifier will be added to each survey to help measure the response rate. This identifier will help the state to know where to target additional outreach each year. Another big change for the state is when surveys will be disseminated. In order to measure the SIMR, early intervention providers will now give the survey to families at the 6-month IFSP review. They will have two weeks to submit the survey. Service Coordinators will be responsible for following up with families to ensure submission occurred within the specified time frame. Since the ECO Family Outcomes Survey will be new to Service Coordinators, the State is in the process of developing training and guidance that will be implemented statewide.

The State will pilot the survey in one region to examine effectiveness of the new process. Early intervention providers will complete a survey that allows them the opportunity to give feedback to the State on the new process. This survey will have questions related to the new training, flyer, handouts, forms and new dissemination methods and times. This will allow the State to identify strategies to maximize the validity of the data being collected. Table 2 shows correct, verified Indicator 4 data. The State expects improvements in the Family Outcomes process to positively affect Family Outcome 4C.

Table 2.

BabyNet Data for Indicator F4, FFY 2013-2018			
Reporting Period	Family Outcome 4A	Family Outcome 4B	Family Outcome 4C
FFY 2013	59%	59%	68%
FFY 2014	54%	55%	52%
FFY 2015	57%	59%	52%

FFY 2016	65%	64%	62%
FFY 2017	65%	61%	70%
FFY 2018	63%	65%	73%

This data, along with the feedback received will be shared with the early intervention providers so that there will be an incentive for other agencies to improve their processes which should result in an overall higher response rate. The Family Outcomes Survey is currently measured using several variables such as the child’s primary diagnosis, age, months of services received and zip code of residence. The comparison of data in the table is by months of BabyNet services the child/family received and by the 4 regions of the state. The variable “number of months families/children received BabyNet services still received the lowest rating among all three outcomes for the “6-12 months” age group. The state believes that as implementation of the new FOMS is scaled-up across the state, this rating will improve. The training on family engagement and the FOMS with Service Coordinators will help to strengthen the relationships among the local agencies and the families/children that they serve. Families will become more aware of their rights in early intervention which will provide them with more support and confidence to become actively involved on their IFSP team and in helping their child to develop and learn.

Table 3.

FFY 2017-2018 Family Outcomes Survey Results			
Surveys Mailed Out: 2505			
Surveys Completed (online and paper): 233			
Response Rate: 9%			
Over the past year, BabyNet services have helped me and/or my family:			
SC DHHS Region	4a: know about my child’s and family’s rights concerning Early Intervention services.	4b: communicate more effectively with the people who work with my child and family.	4c: understand my child’s special needs.
Region 1	57%	51%	48%
Region 2	67%	62%	63%
Region 3	65%	57%	56%
Region 4	61%	55%	60%
Months of Services			
6-12 mos	65%	60%	58%
13-18 mos	71%	63%	61%
19-24 mos	50%	55%	51%
25-30 mos	65%	56%	62%
31-36 mos	69%	67%	67%

The data for the state’s current response rates from FFY 2017-2018 Family Outcomes Survey is presented in Table 3. Because the new process now includes dissemination at the six-month review and at exit, the Family Satisfaction survey will no longer be used. Family Satisfaction (which was part of the NCSEAM) will be measured by incorporating this piece into the ECO survey and by using the results from the six-month and exit surveys for comparison. Families will also be provided the opportunity to give feedback on their early intervention services.

Table 4.

FFY 2017-2018 Family Satisfaction Survey Results				
Surveys Mailed Out: 4952 ¹				
Surveys Completed (online and paper): 735				
Response Rate: 15%				
Over the past year, BabyNet services have helped me and/or my family:				
SCDHHS Region	Family Centered Services	Access to Information and Resources	Quality of Service Coordination Supports	Quality of EIS Providers’ Services
Region 1	62%	53%	61%	70%
Region 2	59%	48%	53%	61%
Region 3	68%	56%	62%	70%
Region 4	57%	52%	57%	61%
Months of Services				
6-12 mos	60%	50%	58%	68%
13-18 mos	62%	52%	57%	66%
19-24 mos	60%	53%	59%	65%
25-30 mos	61%	55%	57%	62%
31-36 mos	74%	70%	71%	75%

¹Estimate based on Child Count December 1, 2017

Once the State has fully implemented the new survey, a Frequently Asked Questions (FAQ) document will be created to maintain consistency across the state. This document will be used for new staff as well as a refresher for current staff.

The State plans to evaluate the progress of the Routines-based Interview by asking these questions:

- Are staff able to conduct RBI confidently? This will be measured by the State Criteria Checklist (See Appendix A)
- Are families recognizing resources, priorities, and concerns? This will be measured by using the Goal Functionality Scale III (See Appendix B) and with the results from the Family Outcomes Survey. The State will measure fidelity of the RBI by requiring Annual RBI refresher trainings through webinars and staff will have to be observed at least once every six months by a state-certified trainer.

Evaluation Questions towards Progress of the SiMR: How will we know when each outcome is met?

- What steps are critical to reach the SiMR?
- What data do we already have and how can it be used?
- How do we measure change in practice?
- What data can we collect and analyze using existing resources?

Table 5.**Evaluation Questions Towards Progress of SiMR: How will we know when each outcome is met?**

Type of Outcome	Outcomes to Reach SiMR	Evaluation Questions	Measurement/Data Collection Method	Timeline of Initial and Completion Dates
Short-term	RBI Implementation site, training, implementation (Region 4)	Are staff able to conduct RBI confidently? Are families recognizing resources, priorities and concerns?	State Criteria Checklist for RBI Family Outcomes Survey	May 28, 2019
Intermediate	Survey response rates will improve	Is the ECO Family Outcomes Survey being used? Have early intervention providers and families been educated on family outcomes?	Family Outcomes Survey Response Rates Survey to families by Family Connection	September 1, 2020 (Originally 7/1/2020, but extended due to COVID-19 restrictions)
Intermediate	Families are better able to identify functional outcomes based on priorities, resources and concerns	Is the RBI being used? Are IFSP outcomes functional?	State Criteria Checklist IFSP Functional Outcomes Ratings	September 2020
Intermediate	RBI Implementation sites, training and implementation (expand regions)	Are staff able to conduct RBI confidently? Are families recognizing resources, priorities and concerns?	State Criteria Checklist IFSP Functional Outcomes Ratings	September 2020

			Family Outcomes Surveys	
Long-term	Evidence-based Practices (statewide)	Is RBI conducted with fidelity? Is the Family Outcomes Survey disseminated (statewide)	IFSP Functional Outcomes Ratings Improved Family Outcomes Survey Response Rates	January 2022
Long-term	Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn (SiMR)	Are families able to more effectively help their child develop and learn?	Family Outcomes Survey Results and Increase in Response Rates Family Satisfaction Survey Results and Increase in Response Rates	January 2022

Methods of Communicating Information

- Progress that is made toward meeting the SiMR is shared with the public through our website during each phase of the SSIP.
- Each phase of the SSIP is shared with South Carolina’s Interagency Coordinating Council (ICC) as needed throughout the year.
- Information about implementation of strategies in the SSIP is shared with local early intervention providers through the Local Early Intervention System (LEIS) meetings.
- Progress is continuously discussed and shared among the SLT, SIT, and RLT.

Resources for Collecting Data

The State’s current method of collecting data is through our existing web-based data system, the BabyNet Reporting and Intervention Data Gathering Electronic System (BRIDGES). The State partners with the Team for Early Childhood Solutions (TECS) at the University of South Carolina (USC) to collect and analyze results from the family surveys using the Class Climate survey tool. With the assistance of the Lead Agency, additional data has been generated through the Data Governance Office, a team within the SC Department of Health and Human Services (SCDHHS). SCDHHS recently completed the procurement process to establish a contract with Therap to develop a new Part C data system for South Carolina. The State will

maximize all opportunities to include child and family outcomes during the Therap requirements gathering process.

Benchmarks (Decision Points)

- Agencies/Regions who are unable to meet State criteria for the Routines-based Interview will be provided additional technical assistance and training and then a corrective action plan will be created.
- Calls will be made to families served by agencies/regions with low survey response rates so they can provide feedback on their knowledge of early intervention services. Technical assistance and training will be offered to Service Coordinators.
- Agencies/Regions who do not have functional IFSP outcomes will be provided technical assistance and training and then a corrective action plan will be created.

Plans for SSIP Phase III, Year Two

1. Activities to be implemented according to the timeline:
 - The State will continue training on RBI in Region 2
 - Flyer and training materials for improved family outcomes survey
 - Training on Family Outcomes Survey and family survey process
2. Evaluation Activities for data collection and expected outcomes
 - Observations of Trainees by State Certified Staff on RBI
 - FOMS Self-Assessment
 - Family Outcome Surveys
 - Monitor RBI training using the State Criteria Checklist
3. Barriers and Steps to Address the Barriers
 - Providers expressed that there is no billing guidance for RBI training. The SLT discussed RBI billing internally and have determined a mechanism to allow billing, as well as a guidance document for providers.
 - After RBI training is complete, there is a risk for staff turnover. To address staff turnover, SLT will provide technical assistance and training throughout the year.
4. Additional Support and/or Technical Assistance
 - Continued support from national technical assistance centers and the Office of Special Education Programs

Conclusion

In conclusion, implementation of the coherent improvement strategies identified during Phase I of the SSIP, and later revised in Phase II, is well underway in South Carolina. Despite roadblocks and delays caused by data system integration, billing system changes, and most recently, COVID-19, the State has a solid plan to make positive impacts on the SiMR. One of 4 regions in the state has begun the process of preparing staff to become RBI state-certified trainers. This group of trainers will be responsible for training all Service Coordinators in Region 4. The next cohort of trainers will begin the certification process as soon as social distancing restrictions are loosened enough to allow for large group assemblies. Research and planning have been completed to allow for drastic changes in the State's Family Outcomes Measurement System. The state expects the new surveys to begin to be disseminated no later than September 1, 2020. South Carolina looks forward to monitoring these new processes and reporting improved data in the coming years.