

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

Historical Information

In September of 2016, Governor Nikki Haley issued an executive order to designate the South Carolina Department of Health and Human Services (SCDHHS) as the new lead agency for South Carolina's I.D.E.A. Part C Program (BabyNet). During the months leading up to the lead agency transfer, key leadership at SCDHHS began meeting with stakeholders to discuss current objectives. SCDHHS leadership explained to the BabyNet state leadership team that there were many new initiatives at the agency and across the state focusing on services for individuals with Autism Spectrum Disorders. Though the original data analysis led to a focus on improving outcomes for children with ASD, leadership charged the team with taking another look at the data and developing possible alternatives. The new lead agency knew much work would need to be accomplished in order to help BabyNet meet federal requirements, and they hoped to gear the SSIP work with other program objectives and initiatives. It was during monthly BabyNet Program Manager, SSIP, and BabyNet State Office staff meetings that the team began discussing the possibility of changing the focus from improving child outcomes to improving family outcomes.

BabyNet introduced the idea of changing the State Identified Measurable Result (SIMR) to South Carolina's OSEP state team and national technical assistance providers during a monthly state call in late 2016. After receiving positive feedback regarding the change in SIMR focus, the BabyNet state team began discussing the process and rationale for changing the focus of the SSIP work from child outcomes to family outcomes. BabyNet state office, BabyNet program managers, and the SC Interagency Coordinating Council reviewed and discussed the requirements and the data analyses related to the SSIP. After much discussion and stakeholder input, the state has decided to change the 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.

I. SSIP COMPONENT: ANALYSIS OF THE DATA

A. Data Analysis Overview

South Carolina uses the family survey developed by the National Center for Special Education Accountability Measures (NCSEAM) to measure family outcomes (Indicator 4) and to measure families' levels of satisfaction with the BabyNet program. A modified survey that includes items from the NCSEAM survey used to measure family outcomes is mailed to each family who has received at least 6 months of services approximately one month after the child exits the program. Families have the option of completing the paper survey and returning by mail or by accessing the survey online. The majority of responses

are submitted on paper by mail. South Carolina also uses a portion of the original NCSEAM survey to measure families’ satisfaction with the BabyNet program. This survey is also mailed to families with an option to complete online, but it is disseminated to all families once a year who have currently enrolled children. There is no minimum program participation requirement for this satisfaction survey. Rasch analysis is used with both surveys. A positive response is indicated when families report that they “strongly agree” or “very strongly agree” with survey items.

Family Outcomes (Indicator 4) data was reviewed for FFY 2013-2016. The team realized quickly that 2016 data looked drastically different than 2013-2015. This discovery prompted the team to investigate previous Indicator 4 data. It was determined that there were errors in the original calculations. Family Outcomes Survey results were recalculated using software and manual calculations by two team members to verify the correct data. The state will work with the Office of Special Education Programs (OSEP) to determine the process for amending previous years’ Indicator 4 data. Table 1 shows correct, verified Indicator 4 data for FFY 2013-FFY 2016.

Table 1			
BabyNet Data for Indicator F4, FFY 2013-2016			
	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%

B. Disaggregation of Data

The Family Outcomes survey collects many variables, such as, the child’s primary diagnosis, age, months of services received, and zip code of residence. The team decided to compare family outcomes results by number of months of BabyNet services the child/family had received and by geographic region of the state (Regions 1-4, see map).



SCDHHS divides the state into four regions. Each of these regions has been assigned a Regional BabyNet Part C Coordinator. After reviewing disaggregated data for FFY 2015 and 2016, it was clear that Indicator 4C had the lowest rating of the three indicators and Region 4 was rated lowest among the four regions.. Indicator 4C in Region 4 was actually the lowest rated outcome of all family outcomes and all regions for all of FFY 2015 and 2016 data, (see Table 2). Based on these results, the team and stakeholders recommended focusing the SIMR on helping families become better able to help their children develop and learn. The team also recommended beginning efforts and strategies in Region 4 and slowly scaling up to statewide implementation overtime.

The other variable that was explored was “number of months families/children received BabyNet services.” There were a few outliers for FFY 2013 and 2015, but “6-12 months” received below average (and usually the lowest) ratings for all four years and across all three outcomes (see Table 2). The team would like families to feel more confident about helping their children learn and develop after participating in the BabyNet program for a shorter period of time. The increased confidence will hopefully allow families to become more engaged team members earlier in the process and allow them to become active participants in their child’s progress throughout their time in the BabyNet system.

Table 2			
FFY 2016 Family Outcomes Survey Results			
Survey Mailed Out: 2160			
Surveys Completed (online and paper): 321			
Response Rate: 15%			
SC DHHS Region	Over the past year, BabyNet services have helped me and/or my family know about my child's and family's rights concerning Early Intervention services. (4A)	Over the past year, BabyNet services have helped me and/or my family communicate more effectively with the people who work with my child and family. (4B)	Over the past year, BabyNet services have helped me and/or my family understand my child's special needs. (4C)
Region 1	69%	69%	65%
Region 2	61%	60%	62%
Region 3	59%	58%	57%
Region 4	66%	61%	56%
Months of Services			
6-12 mos	55%	51%	55%
13-18 mos	69%	66%	73%
19-24 mos	60%	57%	57%
25-30 mos	74%	74%	70%
31-36 mos	67%	67%	67%

Qualitative feedback from Family Satisfaction surveys was also reviewed. The team coded all negative feedback into 4 categories: survey design, lack of understanding (families and/or providers) of requirements, timely service provision, and quality services (see table 3). There were numerous comments made regarding the design of the survey and specific survey items. Many times, families explained that they would have made a different selection if there had been a “not applicable” or “neutral” option. They also commented often that they didn’t understand what specific items were asking (including the demographic section of the survey).

Table 3		
2016/2017 Family Satisfaction Survey		
Surveys Disseminated: 4574	Total Responses: 701	Response Rate: 15%
Free Text Comments (4 Categories)		
Free Response Comments (negative only): 54		
Concerns with survey design	11%	
Lack of understanding of the roles in BabyNet	19%	
Timely delivery of service	33%	

Quality service provision	37%	
2015/2016 Family Satisfaction Survey		
Surveys Disseminated: 3793	Total Responses: 695	Response Rate: 18%
Free Text Comments (4 Categories)		
Free Response Comments (negative only): 69		
Concerns with survey design	7%	
Lack of understanding of the roles in BabyNet	30%	
Timely delivery of service	35%	
Quality service provision	28%	
2014/2015 Family Satisfaction Survey		
Surveys Disseminated: 4049	Total Responses: 662	Response Rate: 16%
Free Text Comments (4 Categories)		
Free Response Comments (negative only): 71		
Concerns with survey design	13%	
Lack of understanding of the roles in BabyNet	28%	
Timely delivery of service	32%	
Quality service provision	27%	
2013/2014 Family Satisfaction Survey		
Surveys Disseminated: 3589	Total Responses: 696	Response Rate: 19%
Free Response Comments (negative only): 67		
Concerns with survey design	22%	
Lack of understanding of the roles in BabyNet	9%	
Timely delivery of service	9%	
Quality service provision	60%	

Much of the negative feedback regarding quality and timely services was related to compliance indicators 1, 7, and 8c. The state believes that as families better understand how services should be delivered and how they (families) should be key team members in helping their child learn and develop, they will be more likely to expect improved child outcomes and high-quality services. As families become more aware of the compliance requirements, they will become better advocates for their children and influence positive compliance improvements. Not only will this result in compliance improvements, but will also strengthen family engagement practices.

The response rates of both surveys are lower than expected when compared to other states. In 2017, the national average response rate for Indicator 4, Family Outcomes Surveys was 37.4%. The response rate for Family Satisfaction surveys is slightly higher than Family Outcomes surveys. That is most likely due to the fact that families complete the satisfaction survey while their child is still enrolled in BabyNet. The state has many ideas on possible strategies for improving response rates.

A workgroup comprised of BabyNet stakeholders collaborated with a national TA provider to discuss the process of analyzing current data sets in South Carolina. There have been opportunities for stakeholder input from all the agencies involved in the process.

Representatives from the Department of Disabilities and Special Needs (SCDDSN), the South Carolina School for the Deaf and the Blind (SCSDB), South Carolina Department of Education (SCDOE), Family Connection of South Carolina have been involved in various discussions and been given multiple opportunities to provide input related to data analysis.

II. SSIP COMPONENT: INFRASTRUCTURE OVERVIEW

The reputation of the BabyNet program both locally and nationally is one of persistent noncompliance and poor performance. Given that such performance warrants increased scrutiny by grantors and oversight bodies, South Carolina's Part C Program has been one of the most-studied programs in South Carolina state government since 2007. As a result, there is extensive documentation from the U.S. Department of Education, South Carolina Legislative Audit Council, Education Oversight Committee, Office of the Governor of South Carolina, special and ad-hoc committees, technical assistance (TA) providers, and various other external stakeholders that, although in different ways, largely restate the same 3 common deficiencies:

- The program is ineffective at the timely identification and assessment of children who may have developmental delays;
- The program's structural division between the lead agency and the South Carolina Department of Disabilities and Special Needs (SCDDSN) in the middle of the 45-day eligibility process results in impaired hand-offs that further result in service delays;
- The program's lack of core infrastructure across all domains including management, physical facilities, information technology, analytical capacity, and others has resulted in a fragmented system that is inconsistent, highly localized, and ultimately not accountable to a central authority.

A. Governance

The South Carolina Part C early intervention system is comprised of participating state agencies and contracts with private providers, each of which delivers early intervention services to assist the family in supporting attainment of IFSP outcomes, based on the child's assessment information and primary concerns. Partnering agencies including the SCDDSN and the SCSDB together with staff of the Lead Agency, the Part C Data Manager (currently vacant), Training Director, and Family Connection meet on a monthly basis for BabyNet Program Management. BabyNet is additionally represented in the meetings of the state's Early Hearing Detection and Intervention (EDHI) program, the State Department of Education State Advisory Council, as well as the Early Childhood Personnel Center and the work of the South Carolina Pyramid Partnership Leadership Team initiatives. The strengths of the state's system include open communication and ongoing discussion on the part of the agencies that deliver services to children in the BabyNet program, with a focus on issues that affect the system.

From a governance and accountability perspective, our program has struggled. The program has been unable to implement approved policies and procedures, a system of general supervision and has not had a single line of authority since both the South Carolina Department of Disabilities and Special Needs and the South Carolina Department of Mental Health receive their own state appropriations.

Part C services do not fit into many of the programs for early childhood including MIECHV/home visitation, so while we collaborate, program specifics are different. Staff from the partnering agencies attend many of these meetings to gather and share information about young children with special needs, but Part C services tend to be in a silo by themselves. Additional longstanding issues and concerns with governance include:

- Active presence of a fully seated State Interagency Coordinating Council
- Interagency Memoranda of Agreement
- Because approved policies and procedures were never implemented, general supervision and ongoing monitoring of the BabyNet system were never initiated.

B. Fiscal

The BabyNet system currently uses a combination of BRIDGES, a highly-customized case management system, and the Jasper County Disabilities and Special Needs Board to generate payment for services performed by enrolled BabyNet providers for eligible children. Under this system, providers must first bill private insurance, then Medicaid, then BabyNet for services. It is a manual, paper-intensive, fragmented process that operates across several payment systems, and generally lacks effective controls.

The US Department of Education grant funds (original amount):

- 48 % dedicated to services not covered by private health insurance or Medicaid
- 14% supports BabyNet State Office (12 positions)
- 28% in state agency contracts to supplement cost of services for children not eligible for Medicaid

South Carolina is currently working on a grant amendment for FFY 2017. Those new amounts are not included above.

Additional longstanding issues and concerns include the following:

- Non-uniformed payment coordination that exists among several systems, which are fragmented and lack effective controls
- Inconsistent application of BRIDGES procedures, which results in payment inconsistencies
- Inability to differentiate BabyNet eligible children regardless of Medicaid eligibility status in the agency's member eligibility system

C. Quality Standards

A workgroup of stakeholders was formed to discuss the changes that needed to be made to the S.C. Early Learning standards, since the previous set didn't meet ADA requirements. The new standards incorporate recommended practices for inclusion across all environments where young children (birth to five) with and without special needs learn and interact. SC DHHS has not yet reviewed these standards.

D. Professional Development

The state has developed a system of credentialing through the Team for Early Childhood Solutions (TECS) which provides online training required for all service coordinators and providers of Part C services. There are various modules available that can be accessed and completed online by anyone who has a valid log-in. The system also allows credit to be given towards the credential if external or other onsite training is approved.

Current state-level professional development initiatives and partnerships include the Infant and Early Childhood Mental Health committee, Early Childhood Personnel Center and the Pyramid State Leadership team. SCDHHS also plans to conduct Battelle Development Inventory (BDI) training in May 2018 as well as additional training around Routines-Based Interviews to supplement training already conducted for BabyNet state staff.

TECS convened a Comprehensive System of Personnel Development (CSPD) workgroup consisting of representatives of participating state agencies, service coordinators, service providers, and Institutes of Higher Education faculty to review the current personnel qualifications, personnel standards and the South Carolina Part C Credential content and processes. This group made recommendations for CSPD policies and procedures including efficient methods for determining if particular disciplines are related to early intervention, and a tracking mechanism of approved disciplines/fields of study to be shared with supervisors and others responsible for hiring and/or reviewing applications.

E. Data

The State has a data system that has improved visibility among some Part C agencies and the providers, but has also uncovered weaknesses. The system allows online access to the complete record by all IFSP Team Members and state-level staff responsible for accountability and monitoring. Each member of the IFSP team can see the entire child record which will enhance the ability to provide consistent, ongoing support in achieving the desired outcomes for the child. One current issue that South Carolina faces is the refusal of some contracted providers to enter their information into BRIDGES for children who are also Medicaid eligible. At this time, there is nothing that prevents this provider from being paid for services rendered to a BabyNet eligible child. SCDHHS is taking steps to rectify this situation.

There have been longstanding questions and concerns about the validity of the data that South Carolina has reported in previous years APRs, etc. SCDHHS is investing heavily in

the integration of the BabyNet program into existing data systems and is committed to designing new systems that will be more comprehensive in the future.

To ensure performance monitoring occurs in an objective and data-driven manner, SCDHHS is relocating the position of Data Manager, currently vacant, from a contracted entity to state staff. Traditionally used to prepare data for state and federal reporting, the Data Manager will also be tasked with the design, preparation, and analysis of BRIDGES data to evaluate the timeliness and completeness of SPOE eligibility determinations. This data will be used both to assist program management with resource allocation and field management with evaluation of their team and individual staff.

F. Technical Assistance

From a technical assistance perspective, the Lead Agency contracts with the Team for Early Childhood Solutions (TECS) at the Center for Disability Resources, our state UCEDD, to provide training, technical assistance, CSPD, and data management (including Early Childhood Outcomes, Family Outcomes, and Family Satisfaction data) to BabyNet System Personnel across the state. BabyNet also works closely with national technical assistance providers from the Early Childhood Technical Assistance Center (ECTA) and other OSEP funded technical assistance centers.

G. Accountability and Monitoring

With input and feedback from OSEP and our state ECTA contact, the state developed a comprehensive general supervision plan that should address all areas of noncompliance. The goal of this plan was to improve the quality of accountability and monitoring activities and ensure compliance with federal and state laws. This particular plan has not been implemented or reviewed by the new lead agency, but it will be revisited in the coming months and a plan will be implemented as new policies and procedures are introduced.

SCDHHS is performing a regional analysis of workloads to account for regional variations to ensure appropriate resource distribution and fill positions as needed. In addition to staffing levels, SCDHHS is structuring appropriate regional supervision to improve the line supervisor to regional/state supervisory ratio. In the past, some state-level staff have served in an advisory, consulting and performance management capacity. As those positions become available, they will be repurposed to serve in direct supervisory roles so that performance management is integrated with the SPOE supervisory chain.

H. System Strengths: Coordination and Collaboration

Since the transition to the new lead agency, the focus has been centered on initial performance improvement and compliance activities, which should result in improvements in the foundations of internal operations and infrastructure. This includes the referral, intake, eligibility and IFSP origination process which is in the control of the system point of entry staff. SCDHHS plans to focus on front-end processes within the agency's control,

which should have near-term impacts to the overall quality and timeliness of the system. The fidelity of future external performance improvement efforts will be directly related to state staff's ability to implement program standards and policies with consistency and authority.

One strength of the system in South Carolina is the collaboration at the state level. We have ongoing meetings (i.e. Program Manager, SCDDSN Counterpart, Local Early Intervention Systems, other Early Childhood initiatives) as well as several listservs that can be used to facilitate communication. Since the lead agency transition, there has been a concerted effort to make meetings more efficient and focus on actionable items.

I. Current State Improvement Plans and Initiatives

Common goals of reaching children earlier are met as agencies use resources to ensure children are identified and served as early as possible. SCDHHS is working with Family Connection, South Carolina's Parent Training and Information Center, to ensure that families of children birth to three who contact them for guidance are referred to BabyNet immediately.

SCDHHS is currently looking at using all available information to increase referrals to the BabyNet system and developing new ways to identify BabyNet eligible children who are already in the Medicaid system. There are additional efforts underway to direct enroll the Service Coordinators who are currently under contract with the South Carolina Department of Disabilities and Special Needs (SCDDSN).

South Carolina has yet to implement the requirements from the IDEA Part C Regulations (2011) for a family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The state plans to implement the Routines-Based Interview (RBI), an interview tool designed to help families and IFSP teams decide on functional outcomes, and to establish a healthy and positive rapport between families and service providers. The goal being to improve family engagement and empower families to use strategies in helping their child learn and develop.

The State Act Early Team, formed in 2009 with support from the Centers for Disease Control and Association of University Centers on Disabilities, represents families, state agencies, and higher education to assist legislators and other policy makers in informed decision-making regarding early identification and referral, building capacity of ASD evaluation centers and providers, and building systems of supports for individuals with ASD from birth through adulthood. The SC Act Early Team support early identification and referral through such initiatives as publication and dissemination of the roadmap to developmental screening, and implementation of Baby Net's presumptive eligibility process for toddlers with ASD.

BabyNet state staff participate in various collaborative efforts with other early childhood leaders in South Carolina. Those efforts include:

- **Early Childhood Personnel Center**-The mission of the ECPC Leadership team is to establish the mentality in South Carolina policy, government and culture that promotes early childhood education for all children as an essential component of school readiness. This work will align efforts of colleges and universities with the performance standards of personnel, early learning standards, quality rating improvement standards and evidence based best practice so that all children can access peers, early learning practices, social-emotional development with responsive caregivers, early intervention, under the guidance of highly trained and capable staff.
- **State Pyramid Leadership Team**-The South Carolina Pyramid Model Leadership Team is dedicated to supporting the social and emotional competence of South Carolina's youngest citizens. We will be establishing a small, statewide Master Cadre Member/Coach of Pyramid Model Training and Technical Assistance (T/TA) providers. Our goal is to improve provider and organization confidence and competence in supporting the social and emotional development of children below age 5, as well as promoting the importance of family engagement.
- **South Carolina Infant-Early Childhood Mental Health Committee**-This group of stakeholders comes together to establish a shared framework across all sectors/disciplines for those staff working with infants/young children and their families. This framework cuts across the full spectrum of service delivery for those working prenatally up to six years with children and their families/caregivers. The application of IECMH principles to any work is intended to promote social-emotional well-being of infants/very young children.

J. Stakeholder Input in Infrastructure Analysis

The original SC Part C SSIP Core Team consisted of staff from the South Carolina Department of Health and Human Services/BabyNet, South Carolina Department of Disabilities and Special Needs, South Carolina School for the Deaf and Blind, University of South Carolina School of Medicine/Team for Early Childhood Solutions (TECS; Part C Data Manager and Training Director), and Family Connection of South Carolina. During the transition to the new lead agency, this team discussed the possibility of changing the focus of the SSIP from child outcomes to family outcomes. A smaller workgroup from the larger core team was formed and began discussing possible alternatives to the SIMR, focusing on family outcomes.

The current infrastructure was discussed during OSEP's visit to South Carolina on February 28, 2018. A smaller workgroup collaborated with a national TA provider to begin the process of analyzing the current infrastructure. There have been multiple opportunities for stakeholder input from all the agencies involved in the process. Representatives from

DDSN, SCSDB, DOE, Family Connection of South Carolina have been involved in various discussions and been given multiple opportunities to provide input related to data analysis and development of a SIMR.

III. SSIP COMPONENT: STATE IDENTIFIED MEASURABLE RESULT (SIMR)

Based upon stakeholder input, South Carolina has decided the SSIP will focus on improving family outcomes. Data analysis led the state to focus the SIMR on Family Outcome 4C (Families will be able to help their children develop and learn). Two variables were selected to complete a deeper analysis of disaggregated data; number of months of BabyNet services a child received and geographic region of the state. Targets have been discussed collaboratively with the SC Interagency Coordinating Council (see Table 4).

Upon review of disaggregated data for FFY 2015 and 2016, the state determined that the SIMR should focus on Indicator 4C, and begin efforts and strategies in Region 4, slowly scaling up to statewide implementation over time. The team would like families to feel more confident about helping their children develop and learn after participating in the BabyNet program for a shorter period of time (within the first 6-12 months of their BabyNet experience). The increased confidence will allow families to become more engaged team members earlier in the process and empower them to become active participants in their child's progress. These improvements should lead to higher rates of families who strongly and very strongly agree that they are able to help their child develop and learn regardless of how many months of services they have received.

State staff have been trained in the use of the RBI, and have drafted a training plan to increase the capacity of the state to be able to fully implement the use of this process. Assessors will be expected to complete initial and follow-up RBI training and work with trainers and state staff to increase the fidelity of their family assessments. This personnel development will begin in Region 4 of the state.

The current infrastructure was discussed during OSEP's visit to South Carolina on February 28, 2018. A smaller workgroup collaborated with a national TA provider to begin the process of analyzing the current infrastructure. There have been opportunities for stakeholder input from all the agencies involved in the process. Representatives from DDSN, SCSDB, DOE, Family Connection of South Carolina and the SCICC have been involved in various discussions and been given multiple opportunities to provide input related to data analysis and development of a SIMR.

	Baseline Year	FFY	2013	2014	2015	2016	2017	2018
4A	2016	Target ≥	86%	86%	74%	74%	74%	87%
		Data	59%	54%	57%	65%		
4B	2016	Target ≥	86%	86%	72%	72%	72%	87%
		Data	59%	55%	59%	64%		
4C	2016	Target ≥	86%	86%	75%	75%	75%	87%
		Data	68%	52%	52%	62%		

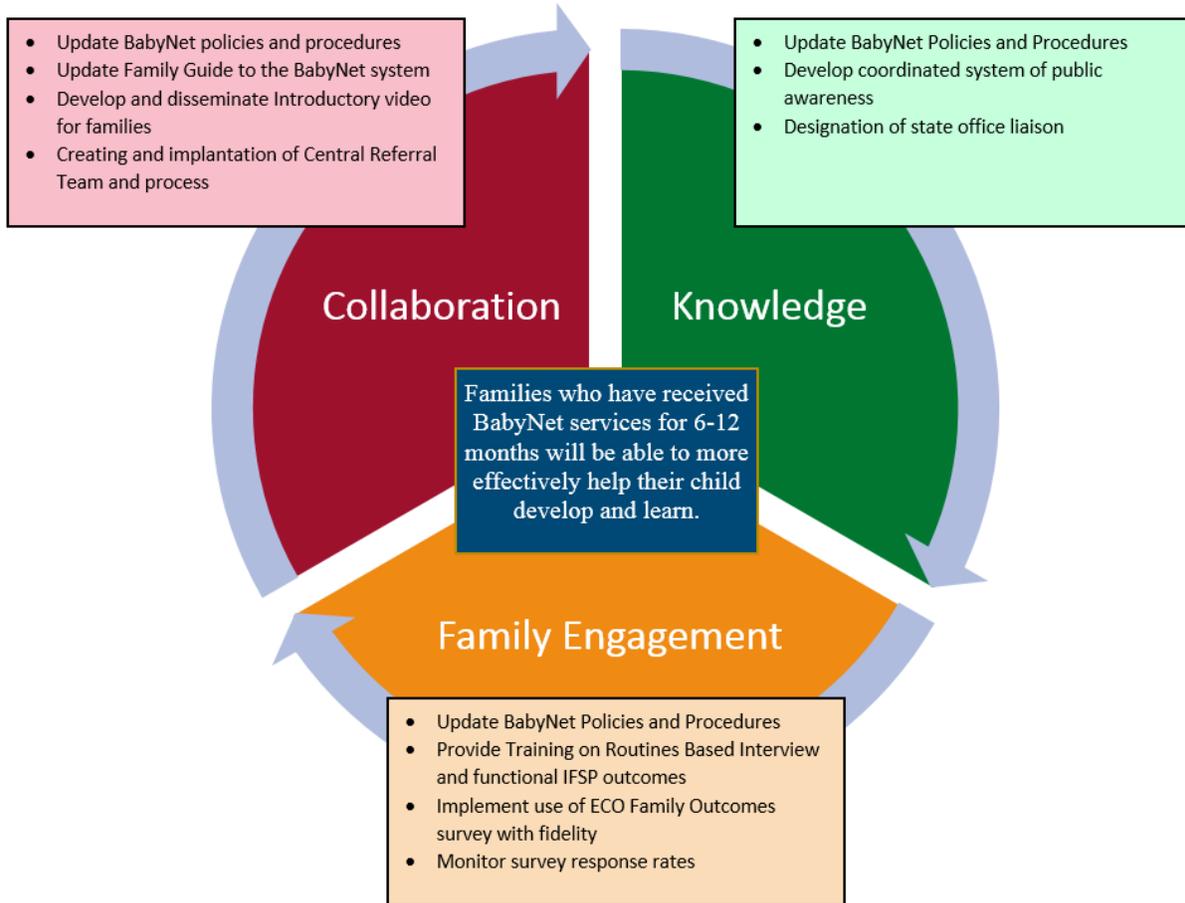
IV. SSIP COMPONENT: COHERENT IMPROVEMENT STRATEGIES

If:	The state improves the Family Outcome survey tool and dissemination methods
Then:	The response rate will increase and provide the state with a more robust and accurate description of how families feel they are able to help their child(ren) develop and learn.
Components:	<ul style="list-style-type: none"> • The state will implement use of the ECO Family Outcome survey created by the Early Childhood Outcome Center, including the developers’ recommended dissemination practices and methods. • Monitor the survey response rates in each region of the state to determine the effectiveness of new dissemination practices.
Related Activities:	Review of dissemination practices and methods for states who currently utilize the ECO Family Outcome Survey tool.
PD Plan:	<ul style="list-style-type: none"> • Webinar trainings for ongoing BabyNet Service Coordinators on survey dissemination practices. • Dissemination of training materials and written procedures, based on Evidenced Based Practices related to survey design and dissemination.
TA Plan:	Develop and maintain a Frequently Asked Questions document to assist ongoing BabyNet Service Coordinators.
If:	BabyNet System Personnel use effective practices in family assessment.
Then:	Families will become more engaged in the identification of their resources, priorities and concerns and will improve their ability to help their child develop and learn.

Components:	Evidenced Based Practices and service delivery of: <ul style="list-style-type: none"> • Routines Based Interview • Development of family identified, functional IFSP outcomes • Identification of supports, strategies and services by IFSP team members
Related Activities:	Changes to BN Policies and procedures
PD Plan:	Evidenced Based Practice training on: <ul style="list-style-type: none"> • Routines Based Interview • Functional IFSP Outcomes
TA Plan:	Use of the Routines Based Interview Implementation Checklist with fidelity Guidance documents for ongoing BabyNet Service Coordination Supervisors to support their staff at the local level
If:	The BabyNet system collaborates more frequently with pediatric service and healthcare providers (private and public) and providers are able to educate families
Then:	Families will have a better understanding of the purpose of BabyNet, South Carolina’s Part C system.
Components:	Coordinated system of public awareness Referral follow-up State office liaison for primary referral sources
Related Activities:	Improving relationships with primary referral sources. Identification of state staff liaison
PD Plan:	Continued collaboration with partnering agencies to increase public awareness.
TA Plan:	None
If:	BabyNet eligible families are supported with information and resources regarding use of evidence-based practices and Part C system requirements in identification and delivery of early intervention services
Then:	Families’ expectations and understanding of the roles of BabyNet System Personnel will improve their involvement in the IFSP process.
Components:	The Family Guide to the BabyNet System Introductory video for families Central Referral Team
Related Activities:	Continued collaboration with PTI Center and other agencies for training and dissemination of resources for families Central referral phone line Online referral portal

PD Plan:	Using appropriate adult learning strategies, develop materials addressing referral to BN through transition that are accessible to families via multiple media Training on Policies and Procedures related to a central referral system. Training for PTI in evidence-based practices
TA Plan:	Guidance documents on EBP and Part C Requirements for all stakeholders

V. SSIP COMPONENT: THEORY OF ACTION



REFERENCES

- Baker, J. D., Mr. (n.d.). *SCDHHS Report on BabyNet Federal Compliance Efforts* (pp. 1-11, Rep.).
- Colgan, S., Raspa, M., & Lester, A. (2017, October 30). *Family Survey Highlights FFY 2015*.
- Musick, K., Ms. (n.d.). *South Carolina Part C State Systemic Improvement Plan (SSIP)* (pp. 1-28, Working paper).