**Ongoing**

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| Outcome / Code: 75% of all EIS providers in CT will have completed the full training and TA |
| Implementation Team /Code | Personnel Development (PD-O-0)\* |
| Milestones Addressed | Foundational training about Natural Learning Environment (NLE) practices will be offered to all EIS providers.Foundational training about the Primary Service Provider (PSP) approach to teaming will be offered to all EIS providers.Training and TA will be scaled up in cohorts of eight EIS team per yearThere will be at least one trained team and one Master Coach per EIS program.EIS Program Master Coaches will assist with training other EIS teams. |
| * Timeline adherence
 | Based on fiscal enhancements, the cost involved with implementing primary service provider teaming to fidelity has resulted in a decision to suspend this requirement until the system is more stable. There have been no other changes to the projected timelines and the scaling up of the EBPs continues as planned. This is a long term, ongoing process. |
| * Infrastructure changes
 | The lead agency is integrating Birth to Three staff into other divisions at the Office of Early Childhood. This has resulted some reorganizing of priorities and the lead agency may need to contract out other training activities however this outcome has not been impacted by the changes.The lead agency is currently exploring how to implement performance based contracting / light touch pay for performance to support this outcome. |
| * Stakeholder involvement
 | The ICC committee that has broad representation from ICC members, families and EIS providers met quarterly to address issues related to this outcome. Primary concerns included changes to the fiscal infrastructure. |
| * Data collection /analysis
 | Data is collected and analyzed from training and coaching log summary reports to determine which EIS providers have reached fidelity and which can proceed to be a Master Coach as determined by the two national leaders hired as consultants. As of March 30, 2018, 180 practitioners have completed the training; 97 (54%) achieved fidelity, 35 (19%) are approaching fidelity and 19 (11%) were determined to have no fidelity. The remaining 16% are still receiving TA. The 180 provide services as part of teams in 19 (59%) of the state’s 32 EIS programs.  |
| * Effectiveness
 | The effectiveness of the practices cannot be adequately measured yet but anecdotal data reports that those who have achieve fidelity see a significant difference in how families learn to communicate about their child’s development and what activities need more support. Thirty practitioners proceeded to Master Coach TA and of those 27 (90%) in 14 EIS programs achieved fidelity which will assist with statewide scale up. |
| * Plans for next year
 | A fourth cohort will be trained and begin intensive TA for 6 months on evidence-based practices. Natural Learning Environment practices training will be offered and in a pre-requisite for every participating team.  |
| * Additional comments
 | Four programs cancelled their contracts with the lead agency related to the payment system changes. Others may discover over time that they cannot continue in this new model. A statewide RFP will be published in Fall of 2019. This will result in a change of programs and some that have completed the training and have master coaches may not apply or be selected. Despite this administrative shift, the EIS providers usually move to other EIS programs in the state so it is anticipated that the skills and knowledge being scaled up will not be lost. The practices being promoted as part of this outcome will be included in the RFP and future contracts with programs.  |

**Short Term**

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| Outcome: Referral sources, families, EIS providers, school districts, and the community will understand the EBPs and the unified message. |
| Implementation Team /Code | Education and Outreach (EO-ST-1) |
| Milestones Addressed | Development of consistent talking points about the EBPs.A unified message about Birth to Three that focuses on families.Updated web-site(s) responsive to use on mobile devicesDevelop a database for tracking calls from families |
| * Timeline adherence
 | Presentations to medical providers were held as planned with a focus on both the unified message and the evidence supported practices called Activity-Based Teaming (ABT) in Connecticut. The new Birth to Three website was launched on August 1, 2017.The CT Birth to Three Autism Guidelines were updated and contains a section on using ABT practices with families when their children are children diagnosed with autism.The database to track calls was develop in early FFY16.  |
| * Infrastructure changes
 | Updating the website resulted in some unexpected changes to the location of files in what is a heavy content management system. This has and continues to result in some users not being able to locate the most current versions of files and a number of broken links. The lead agency is working with the United Way of Connecticut to correct these as quickly as they are identified. Personnel changes at Part C include having public awareness and child find responsibilities shifted to a nurse who will also be managing outreach to the medical community. |
| * Stakeholder involvement
 | Families/parents have been recruited to participate in a training on developing family stories for our website. The lead agency is continuing to collect input on the website from families and stakeholders and makes changes to the website based on their input. During this first year the majority of suggestions have been helping the lead agency find broken links in what is a very content heavy website. EIS providers participated in the creation and enhancement of the “Call Tracker” database. They provided suggestions for the reason in the drop down menus and ways to report the data to the ICC that would be formative. There is an ICC committee that focuses exclusively on Education and Outreach as aligned with the SSIP and logic model outcomes. They meet quarterly and have families participate in the decision making process for recommendations to the lead agency. Some examples of the recommendations include planning a Family Story day at an ICC meeting each year and including families as presenters in all EI training. |
| * Data collection /analysis
 | Data was collected about the reach of training provided to medical practitioners about ABT. Over 75 professionals participated in presentations by Part C staff. The plans for pre and post testing were suspended in favor of a more respectful way to assess their acquired knowledge and changes in referral practices. Results from the comment section on the family survey overwhelmingly praise Part C services, negative comments, while few, consistently expressed concerns about ABT and not being able to get the correct services for their child. Google analytics on the new website are routinely reviewed to track the most commonly accessed pages. The data being collected by “Call Tracker” will be available for analysis after its first year of full use to help the lead agency identify trends and issues so the OEC can adjust procedures and change course as needed |
| * Effectiveness
 | The new website was programmed using responsive design to be mobile ready. It features the evidence based practices and what Birth to Three looks like so that families, referral sources and school districts will be in sync about what to expect during an EI visit and the focus on supporting families. While the most “hits” are on the pages with information by town, the lead agency is tracking the change in hits and time spent on the pages that describe what Birth to Three looks like and family stories to determine whether there is an increase in use of this information. To have the maximum impact on the SiMR (families can describe their child’s abilities and challenges) the links to the pages about what Birth to Three looks like were placed in the top left corner of the About Us shade which eye tracking shows is the place first viewed. |
| * Plans for next year
 | The CT chapter of the American Academy of Pediatrics has agreed to host a webinar for a Part C presentation on the unified message and ABT practices. This webinar will be available to all pediatricians and family practice physicians in CT for continuing education.The website will continue to be refined based on stakeholder input and analytics and the lead agency will post several family stories that support this SSIP and the SiMR.School Districts are another group that need to better understand what Birth to Three looks like as the new EBPs are scaled up. Activities for LEAs will be developed and implemented with the new 619 Coordinator. |
| * Additional comments
 | Part C is working with CCMC on a research project that will embeds EIS Providers in medical practices and the data from that project will be available to help shape accurate and timely referrals with an appropriate understanding about how Birth to Three supports families. The many small changes brought about by the major change to how EIS programs are paid had an impact on all the outcomes in the SSIP. |

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| Outcome: EIS providers will understand how to use the new IFSP form. |
| Implementation Team /Code | Personnel Development (PD-ST-1) |
| Milestones Addressed | The statewide database will be updated to include the new IFSP form.Modifications will be made as needed as related to changes in payment. |
| * Timeline adherence
 | The new form has been published and training has been provided as planned. |
| * Infrastructure changes
 | The new form is being used by all programs and is available in the data system |
| * Stakeholder involvement
 | See Phase III – Year 1, providers and families will be included in developing RBA measures about how the IFSP is being used. |
| * Data collection /analysis
 | The form is in the data system. 100% of EIS programs are using it. Data is being collected about EI providers that complete the online IFSP learning module.  |
| * Effectiveness
 | Updated results based monitoring activities will include how the new IFSP is being used to reflect Activity-Based Teaming (ABT) once the baseline self-assessment of the practices is completed (PD-ST-2). The data from those will be linked to IFSP data in the statewide database. |
| * Plans for next year
 | Statewide RFP will likely include samples of IFSP outcomes using the new form and EBPs. |
| * Additional comments
 | The lead agency will always assure families and providers that the IFSP form meets the requirements for IDEA, CMS, DSS and Commercial Insurance as well as promoting the use of the evidence supported practices that are being scaled up. Many small changes continue to be made based on the major change to how EIS programs are paid. |

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| Outcome: Each EIS provider will receive a list of the measures to be used in the fidelity checklist with an overview about the new performance self-assessment process |
| Implementation Team /Code | Personnel Development (PD-ST-2) |
| Milestones Addressed | The checklist will be the basis of a component of the General Supervision system as a self-assessment that will be aligned with DEC Recommended Practices, the Key Mission and Principles of Part C Services, Connecticut’s Core Knowledge and Competencies, Birth to Three Policies and Procedures, and other relevant publications. |
| * Timeline adherence
 | Roll out of the self-assessment tool has been postponed based on input from a TA provider and a national evaluation expert that would make the data collected from the tool more useful. In addition with a statewide RFP planned next fall the EIS programs and providers may change.A new timely for a pilot has been established and is expected to be completed by June 2018.  |
| * Infrastructure changes
 | Fiscal infrastructure changes took priority and was a key driver in the decision to postpone roll-out of the self-assessment. |
| * Stakeholder involvement
 | EI provider and EIS program director input was sought at various stages of development of the tool and will be used as the pilot is completed. Examples of suggestions were to link to the DEC recommended practices, align the process with activities that EIS practitioners are already doing, and to shorten the overall process. ECTA and other TA providers have offered to assist with the pilot and analysis. |
| * Data collection /analysis
 | The tool will be piloted and a statistical analysis of the results will be completed. |
| * Effectiveness
 | Not yet available |
| * Plans for next year
 | The tool will be piloted and a statistical analysis will be undertaken. |
| * Additional comments
 | The many small changes brought about by the major change to how EIS programs are paid had an impact on all the outcomes in the SSIP. |

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| Outcome: EIS providers will understand the new Medicaid rates and billing process as well as what is funded directly by the lead agency to support EBPs. |
| Implementation Team /Code | Fiscal Enhancements (FE-ST-1) |
| Milestones Addressed | SPA (including rates) and Waiver are approved by CMS Medicaid rates and billing process support EIS Programs in providing EBPs.State DSS and OEC Regulations are modifiedTraining materials and activities are available to EIS ProgramsOverall Part C Payment Procedure is revised |
| * Timeline adherence
 | The timeline for this outcome was extended a year due to a variety of issues in finalizing the SPA and Regulations, integrating three data systems and EIS provider advocacy with the legislature and OPM.  |
| * Infrastructure changes
 | The SPA and Waiver were approved by CMS effective October 1, 2017 but the new fee for service system did not start until November 1, 2017. Almost every procedure had to be modified. Contracts were and continue be amended and the Birth to Three data system, the MMIS data system for Medicaid billing and the data system at the 3rd party billing contractor are all still being reprogrammed due to as technical mismatches in the fact the Birth to Three SPA is very unique. |
| * Stakeholder involvement
 | EIS providers have been very involved in voicing their concerns about the readiness of the systems. They also provided feedback to the OEC and DSS about the draft SPA and regulations resulting in the SPA and regs funding joint visits and transition conferences. Members of Connecticut’s General Assembly and the Office of Policy and Management have also played a key role in helping this transition to occur without disrupting supports to families. Cash advances were made to cover the transition period and extended. There is an ICC committee solely focused on fiscal and legislative issues and they have been active. Recently they worked to include language in the state budget implementer bill to protect EIS programs from Medicaid audits for the first six months. The lead agency, working with DSS worked to communicate as much as possible in as timely a manner as possible with all stakeholders. Families as yet have not been directly impacted by the changes unless they were enrolled in one of the four programs that cancelled their contracts. DSS as the lead agency for Medicaid was directly involved in decisions and very supportive of securing funding for the EBPs being scaled up by the OEC. At a recent audit training EIS programs submitted questions to help clarify the DSS audit protocol and as needed regulations. A response is still being prepared by DSS. |
| * Data collection /analysis
 | As of the submission of this report the lead agency has no data about claims that were billed after November 1, 2017 but the three data systems (PCG, DSS and OEC) seem to be transferring the needed data correctly now so it is anticipated that data will be available shortly after April 1st. At that point EIS programs and the lead agency and DSS will be able to evaluate the impact of this change and make adjustments to stabilize the system as a whole until the new statewide EIS program RFP process is completed in Spring of 2019.  |
| * Effectiveness
 | CMS approved a SPA that funds evaluations regardless of whether the child is eligible, assessments, IFSP meetings, and EI “treatment” services. The wording defines EIS as services provided to the caregiver for the benefit of the child and allows for joint visits, even by the same discipline in order to encourage the EDPs called Activity Based Teaming (ABT). The lead agency is also may publish RFPs to select a limited number of programs. The regulations are still being modified to assure that the practices that are known to be most effective in supporting families are permitted. All these changes were not initiated by the lead agency to support the SiMR but instead were mandated by CMS. The lead agency’s primary focus has been to build a new payment system with rules that will ensure that enough EIS programs are available and that they will be reimbursed for providing supports to families in ways that will help families describe their child’s abilities and challenges. |
| * Plans for next year
 | A statewide RFP to select EIS programs  |
| * Additional comments
 | Small adjustments will continue to be made to Part C guidance documents based on feedback collected at a recent DSS Birth to Three Medicaid audit training. |

**Intermediate**

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| Outcome: Referral sources, families, EIS providers, school districts and the community describe Part C supports consistently. |
| Implementation Team /Code | Education and Outreach (EO-IT-1) |
| Milestones Addressed | Online prompts will encourage users of web-based tools to take surveysReferrals for Part C will better align with what families can expect from EIS visits and supportsTransition planning activities and documents will support the parent in describing their child’s abilities and challenges |
| * Timeline adherence
 | The timeline for this outcome has been extended one year due to technical problems encountered with the conversion to the new site specifically related to file locations and broken links. Plus the overall focus on the many changes to procedures that related to the changes in the fiscal system drew time and resources away from these activities. |
| * Infrastructure changes
 | Part C, in conjunction with the single point of entry, Child Development Infoline (CDI), created a one- page for families of young children. It highlights information about developmental screening, home -visiting, Part C, Early Childhood Special Education and Children and Youth with Special Health Care Needs and directs them to one central number and website, <https://cdi.211ct.org/>. CDI will direct referrals sources to appropriate early childhood program(s). With Part C staff, the CT Parent Advocacy Center (CPAC) Ct’s PTI is planning transition modules and training opportunities throughout the state for parents about transition from Part C.  |
| * Stakeholder involvement
 | Referral sources, families, providers and the public and the ICC Education and Outreach committee will make suggestions about the kinds of questions and data that would best demonstrate changes in how referrals are made to Part C. The OEC has Home Visiting and Part C in one division so Home Visiting stakeholders are always included in discussions and meetings with the CDI about referrals to various programs for families with young children. CPAC staff and volunteer parents actively developed training modules and training for families about transition out of Birth to Three. |
| * Data collection /analysis
 | Google analytics and pop up surveys will provide the data needed to evaluate how the website is used. After the short term education and outreach activities have been implemented for a period of time, CDI and Part C staff will analyze the data collected about new referrals. Training evaluations will be used to evaluate effectiveness of training but after the training has been completed and families understand their role in transition meetings. LEAs will be surveyed to evaluate their understanding about what Birth to Three looks like and what to expect from families if the SiMR is achieved. |
| * Effectiveness
 | The effectiveness of these changes cannot yet be evaluated |
| * Plans for next year
 | Second phase in the website development involves receiving input from stakeholders and bringing in website developers to implement changes based on input. This also will included adding web-based tools to survey families on a variety of Part C issues. Data will be collected and analyzed to determine what families understand about Birth to Three at the very beginning to determine if referral sources are describing the family focus and ABT correctly and not referring for discrete therapies.Transition training and training modules are being fine-tuned and updated and the training will begin. |

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| Outcome: Baseline Quality Self-Assessment ratings are available for all EIS providers. |
| Implementation Team /Code | Personnel Development (PD-IT-1) |
| Milestones Addressed | The Quality Self-Assessment will be completed and rolled out so that all EIS providers in CT have time to submit their data. Progress on the scales in the tool will be used as to measure the fidelity of implementation of the evidence-based practices (ABT). Results will be compiled to inform program’s about their performance A data file of ratings and training will be maintained with a unique staff ID so that the data can be grouped and linked to IFSP services and child and family outcome data |
| * Timeline adherence
 | The timeline for this was extended to June 2019 |
| * Infrastructure changes
 | Once programs are selected after a statewide RFP process, any programs that are having their contract renewed will be asked to complete the self-assessment. |
| * Stakeholder involvement
 | As this is an intermediate outcome, the stakeholder involvement buils on the previous outcomes. Please review those for more information about how EIS providers, the quality subcommittee of the ICC, and national TA centers have been included in the development and will be included in the role out of this new tool. |
| * Data collection /analysis
 | Baseline data will be collected by having as many of the EIS providers as possible complete the Quality Self-Assessment at the same time. Then progress data will be gathered at intervals based on training and TA requests. This data will be linked to family outcome data and service delivery data as well as child, family and program variables. |
| * Effectiveness
 | Not available yet |
| * Plans for next year
 | Publication and use of Quality Self-Assessment by all providers and collection of baseline data |
| * Additional comments
 | Work continues on development of the self-assessment to insure that it results in the collection of quality data. Several revisions of the indicators and the measurement scale were completed.  |

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| Outcome: The lead agency will have contracts with at least two programs for each town. |
| Implementation Team /Code | Fiscal Enhancements (FE-IT-1) |
| Milestones Addressed | Payment procedure is modified with EIS provider inputContracts are revised to reflect new proceduresRFP published to select programs |
| * Timeline adherence
 | While the payment procedure modified prior to November first, many revisions were required as unforeseen arose. The billing data systems created a backlog of claims and the data was not available to publish an RFP in the Spring of 2018 as planned. As a result the timeline for this outcome has been extended to June 2019.  |
| * Infrastructure changes
 | Contracts were initially amended and extended one year to support a fee for service system. They are being amended and extended one more year due to the delays mentioned above.  |
| * Stakeholder involvement
 | Provider input and comment is sought on all procedure and policy changes. EIS providers were very vocal about delaying the RFP needed to make progress on this outcome. The CT OPM however would not approve the amendments to the current contracts extending them to June of 2019 with a procurement plan for Fall 2018 RFP in process. |
| * Data collection /analysis
 | Thus far 13 out of 35 procedures have been impacted by the change in payment system. Four of 36 EIS programs cancelled their contracts before the new payment system began on November 1st. Five month cash advances were provided to 24 of the 29 agencies that run the 32 remaining programs. Three hearing specialty programs are being hardest hit by the changes and two have proposed modifying their coverage (towns served or population supported).  |
| * Effectiveness
 | Until the billing data is available EIS programs cannot decide whether to continue their contracts with the OEC. The OEC also cannot write and publish a new RFP without the billing data that will allow the lead agency to make accurate budget projections. The effectiveness of the efforts towards achieving this outcome cannot be evaluated at this time. |
| * Plans for next year
 | The RFP has to be published in the Fall of 2018 so that new contracts may be negotiated in the Spring and fully executed by June 30, 2019. The lead agency hopes to continue supporting programs so that the RFP timeline is not moved up due to programs cancelling their contracts early and other programs not being willing to cover the towns left.  |
| * Additional comments
 | The priority for the lead agency is that all families have at least one EIS program available to complete timely evaluations, IFSP meetings and EI services.  |

**Long Term**

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| Outcome: Ratings on the Quality Self-Assessment will reflect which practices are being implemented and progress at various levels by EIS provider. |
| Implementation Team /Code | Personnel Development (PD-LT-1) |
| Milestones Addressed | Baseline data will be collected. |
| * Timeline adherence
 | The timeline for this outcome has been extended to June of 2019 for existing programs with contracts that are renewed after the RFP and to January of 2020 for brand new EI programs. |
| * Infrastructure changes
 | The lead agency has been working with TA centers on Results Based Accountability (NCSI) and evaluating personnel development (ECTA) |
| * Stakeholder involvement
 | Providers, program directors, and an evaluation expert have been consistently involved throughout the project. |
| * Data collection /analysis
 | Not available |
| * Effectiveness
 | Not applicable |
| * Plans for next year
 | A pilot will be completed and the data will be analyzed to determine if further adjustments are needed prior to the baseline assessment in Spring of 2019 |
| * Additional comments
 | The many small changes brought about by the major change to how EIS programs are paid had an impact on all the outcomes in the SSIP. |

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| Outcome: A high quality Part C system is fiscally sustainable |
| Implementation Team /Code | Fiscal Enhancements (FE-LT-1) |
| Milestones Addressed | Feedback will be gathered from the EIS providers about the cost effectiveness and efficiency of the new billing system.After an initial adjustment period, the annual state allocations for Birth to Three System will cover the expenses to run the program and support the EBPs |
| * Timeline adherence
 | Even though this is a long term outcome the timeline has not been extended since the lead agency and EIS programs will need this data as part of the RFP process. |
| * Infrastructure changes
 | This entire implementation strand is one massive infrastructure change that has caused significant organizational stress for providers and lead agency staff in Part C in Connecticut.  |
| * Stakeholder involvement
 | EIS programs, staff from the lead agency and the lead agencies 3rd party billing contractor as well as staff from DSS and the DSS billing contractor will all be directly involved in collecting and analyzing this data in order to quickly make adjustments as needed to ensure the stability of the system. |
| * Data collection /analysis
 | Monthly fiscal invoices from EIS programs, and reports about claims from the 3rd party billing contractor, and DSS about reimbursement for Part C supports as well as allocations from the state and federal government will all be used. |
| * Effectiveness
 | Not available yet |
| * Plans for next year
 | Quickly analyze the available data to make adjustments that support programs and to write a coherent RFP. |
| * Additional comments
 | The many small changes brought about by the major change to how EIS programs are paid had an impact on all the outcomes in the SSIP. |

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| Outcome: Using available data for the SiMR Parents of children with diagnosed conditions will be able to describe their child’s abilities and challenges |
| Implementation Team /Code | All Three (Preliminary SiMR) |
| Milestones Addressed | NA see above  |
| * Timeline adherence
 | This was changed to 2020 as it is ongoing beyond this SPP/APR cycle |
| * Infrastructure changes
 | The lead agency is pursuing hiring a research analyst since the Part C Data Manager is now also the Part C coordinator. |
| * Stakeholder involvement
 | See above as all the outcomes in the logic model and all the stakeholder involvement described above will lead to this outcome.  |
| * Data collection /analysis
 | Family Survey data from families with children that have diagnosed conditions not including those with “Very Strongly Agree” on all responses collected once a year using the NCSEAM survey process will demonstrate 85% of families have a pattern of responses that result in a measure that meets or exceeds the national standard. |
| * Effectiveness
 | Not yet available |
| * Plans for next year
 | The state is still hoping to identify a better way to measure this family outcome. |
| * Additional comments
 | The many small changes brought about by the major change to how EIS programs are paid had an impact on all the outcomes in the SSIP. |

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| Outcome: Caregivers of children with diagnosed conditions will describe their child’s abilities and challenges with EIS providers and at transition meeting with their school. |
| Implementation Team /Code | All Three (SiMR with better data) |
| Milestones Addressed |  |
| * Timeline adherence
 | This is beyond the current SPP/APR cycle but is still a priority for the state one the system stabilizes after being completely redesigned. |
| * Infrastructure changes
 | All the changed mentioned above impact the decisions that will be made about how to bet measure this outcome. |
| * Stakeholder involvement
 | See above as all the outcomes in the logic model and all the stakeholder involvement described above will lead to this outcome.  |
| * Data collection /analysis
 | Not as yet determined |
| * Effectiveness
 | Not available |
| * Plans for next year
 | Continue to participate in Cross State Learning Collaboratives about family outcomes and results based accountability as well as the Family Outcomes Data learning community and Pay for Success workgroup. |
| * Additional comments
 | The many small changes brought about by the major change to how EIS programs are paid had an impact on all the outcomes in the SSIP. |

\*The codes align with the Logic Model.