**Connecticut Part C – Birth to Three - Evaluation Plan Tracking**

**As of: 2/27/17**(Please refer to the logic model and evaluation plan submitted in Phase II.)

**Ongoing Outcomes**

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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) |
| Milestone 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
 | On track and ongoing as scale up will take years |
| * Infrastructure changes
 | In order to scale up EBPs the lead agency requested technical assistance from NCSI. Two calls and a WebEx were provided. NCSI staff reviewed the Concerns Based Adoption Model and provided feedback to the lead agency on progress in implementation thus far. Given their knowledge of activities to date and plans for future efforts we were determined to be taking appropriate steps and making good progress. No further TA was required. |
| * Stakeholder involvement
 | The lead agency works with a group of EIS providers call the ABT leadership group. EIS program directors have given voice to their concerns about scaling up a long range and expensive training during a time when the payment procedure is being revised. The State ICC has a subcommittee that is directly linked to this implementation strand. |
| * Data collection /analysis
 | Foundational training has been provided to 417 providers through a full-day Natural Learning Environment Practices training. An additional 200 providers have been trained in these practices through ½ day TA. The full ABT training and 6- 9 months of TA was completed by 82 EIS providers. An additional cohort of 60 providers (10 teams) will begin in Spring 2017. There are 21 Master Coaches in 6 EIS programs.  |
| * Effectiveness
 | It was determined that PSP training should not be provided to teams that have not been through the intensive training and TA as they are lacking in baseline in-depth knowledge. Additionally given the fiscal uncertainties in CT and the initial cost to implement PSP, the lead agency determined that a longer timeline may be necessary to fully implement the PSP approach. |
| * Plans for next year
 | Cohort 3 will begin training and TA in April 2017, continued refinement of the Quality Self-Assessment through June 2017, completion of the Quality Self-Assessment by providers by September 2017, additional providers trained in Natural Learning Environments Practices one-day training, continue meeting and support for Master Coaches, seek advisement from Master Coaches and ICC and other stakeholders.  |
| * Additional comments
 | Given the pending fiscal changes, programs have been be reluctant to participate in new and ongoing training and TA. In addition, programs may choose not to continue to contract with the lead agency. New programs and providers may need to be established and trained on policies and procedures. In that case the priority for the lead agency will be to ensure that children and families receive services, that EIS programs are paid in a timely manner and that IDEA compliance is maintained. |

**Short Term Outcomes**

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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) |
| Milestone Addressed | Consistent talking points/ unified message |
| * Overview
 | Birth to Three held a series of meetings to develop a name for the evidenced-based practices Birth to Three is scaling up, Activity–based Teaming (ABT). A unified message about Birth to Three was also created and approved by the Office of Early Childhood (OEC) commissioner. |
| * Timeline adherence
 | Met |
| * Infrastructure changes
 | All materials changed to include the unified message about what Birth to Three looks like. A one page description was produced to show how to connect with early childhood programs including Birth to Three. |
| * Stakeholder involvement
 | The meetings to develop the unified message included parents and providers who gave voice to how best to communicate what Birth to Three looks like in Connecticut when the evidence-based practices are being fully implemented. The State’s medical advisor provided input on the medical messaging plan. A group including staff from Child Development Infoline (CDI), the Department of Children and Families and the OEC developed a flyer about early childhood referrals and Birth to Three. The State ICC has a subcommittee that is directly linked to this implementation strand. |
| * Data collection /analysis
 | NA yet – surveys of medical practices will be conducted later |
| * Effectiveness
 | The materials and the roll out to referrals sources are the foundation upon which other outcomes are based. These are infrastructure changes. |
| * Plans for next year
 | Expand the roll out of the unified message to school districts. |
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| Milestone Addressed | Updated Website responsive to mobile devices  |
| * Timeline adherence
 | The timeline for was delayed by 6months due contract delays, the recent move of the lead agency and proposed second lead agency change. |
| * Infrastructure changes
 | A RFP was published and a contract developed with a company that will redesign the look and content of the website to make the information about Birth to Three easier to find and more accessible on mobile devices |
| * Stakeholder involvement
 | So far the discussions about the modifications have only been internal but there are plans to broaden the stakeholder input in the near future |
| * Data collection /analysis
 | Website analytics were used to reorder the order and flow of the site and pop-up survey data will be collected to measure how users access information posted that is related to achieving the SiMR. |
| * Effectiveness
 | Not available yet |
| * Plans for next year
 | The new site will launch next year. |
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| Milestone Addressed | Develop database for tracking calls from families by topic |
| * Timeline adherence
 | Met |
| * Infrastructure changes
 | All lead agency staff enter all calls received by the lead agency |
| * Stakeholder involvement
 | As the database was being developed it was presented to providers and at a national TA center walk about and input was collected and changes made.  |
| * Data collection /analysis
 | The first 6 months of data was analyzed and the evidence based practices were less of a concern than parent fees. |
| * Effectiveness
 | This number of calls about this area may be too small to demonstrate effectiveness but the qualitative data about why families call is helpful. |
| * Plans for next year
 | Continue tracking and analyzing the data collected to look for patterns as related to the scale up of the EBPs and changes to how Birth to Three providers are paid  |

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| **Outcome: EIS providers will understand how to use the new IFSP form.** |
| Implementation Team /Code | Personnel Development (PD-ST-1) |
| Milestone Addressed | The statewide IFSP was revised to better align with the Evidence-Based practices (EBP) being scaled up to reach the SiMR.Online and in person training materials were developed and made available |
| * Timeline adherence
 | Met |
| * Infrastructure changes
 | The new form was posted online and required of all EIS program as of 7/1/16. An archived webinar reviewing the changes to the IFSP was posted online and reviewed changes made to the form as well as the rationale for each. An online learning module provided more in-depth understanding about how to complete each section of the form to meet the needs of existing and new providers in the system and to expand their understanding of EBPs. In-person training has been and will continue to be provided through Service Coordination training, technical assistance to programs, and other system-wide trainings. |
| * Stakeholder involvement
 | A workgroup of stakeholders participated in assisting to identify areas that needed change in the IFSP and in subsequent meetings worked towards aligning the new form with EBP. |
| * Data collection /analysis
 | Online training LMS records when EIS providers watch the new training. To date 191 providers have individually taken the module and several programs have used the module during group team trainings. 100% of EIS programs have switched to the new IFSP form. |
| * Effectiveness
 | The IFSP form aligns with the theory of action by prompting providers to encourage parents to describe their child’s abilities and challenges, as well aligning with the evidence-based practices. EIS providers have shared that the new form encourages the parent’s participation in the IFSP process. A group of ABT leaders regularly provide feedback. |
| * Plans for next year
 | The statewide database will be updated to include the new IFSP form.Modifications will be made as needed as related to changes in payment. |

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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) |
| Milestone Addressed | The fidelity checklist will be developed and integrated into a performance self-assessment |
| * Timeline adherence
 | Met |
| * Infrastructure changes
 | A fidelity checklist was completed and posted on the CT Birth to Three website in May 2016 and EIS Programs were notified how it will be used. |
| * Stakeholder involvement
 | Considerable stakeholder involvement was sought from EIS program directors, EIS providers, lead agency staff, parents and national experts to assure that the tool reflected best practice and overall quality of early intervention. Based on stakeholder input and changes to the Birth to Three System’s General Supervision System  |
| * Data collection /analysis
 | Program directors were encouraged to use the checklist as a learning tool to help staff progress in their understanding of EBPs and to identify areas for technical assistance. |
| * Effectiveness
 | The ABT leader group and other EIS program directors informed the lead agency that the helps to prepare EIS providers not yet trained. |
| * Plans for next year
 | 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. |

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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) |
| Milestone Addressed | The State Plan Amendment (SPA), including rates and waiver are approve by CMS |
| * Timeline adherence
 | This process has been delayed and is out of the control of the lead agency. The current timeline for complete approval by CMS of the SPA package is now July 1, 2017. |
| * Infrastructure changes
 | An RFP was published and a new contract developed with a vendor to bill Medicaid, Commercial Insurance and families for the EIS programs.  |
| * Stakeholder involvement
 | EIS programs (and their state representatives), the ICC, the state Office of Policy and Management ,and the Department of Social Services (DSS) regularly provide input to the lead agency about a wide variety of issues related to changing how the state bills Medicaid including the fee for service approach and the rates. The Part C payment procedure workgroup which includes EIS program directors met three times during the year. An EIS program director was on the RFP review team for the third party billing contractor evaluation and selection. The State ICC has a subcommittee that is directly linked to this implementation strand. |
| * Data collection /analysis
 | The Department of Social Services (DSS) regularly requested data from the lead agency for a variety of rate setting models but as of the submission of this report proposed rates were not available. |
| * Effectiveness
 | None of these infrastructure changes to support the SiMR have occurred. The organizational stress of not being able to adequately plan budgets is having a unsettling effect on EIS programs. |
| * Plans for next year
 | The SPA, including rates and Waiver will be approved by CMS |
| * Additional comments
 | The Governor’s budget for 17-18 and 18-19 proposes changing the lead agency to DSS which is the lead agency for Medicaid in Connecticut. |

**Intermediate Outcomes**

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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) |
| Milestone Addressed | Referrals for Part C will better align with what families can expect from EIS visits and supports |
| * Timeline adherence
 | On track |
| * Infrastructure changes
 | The approach of assessing the understanding by medical referral sources pre and post training was modified based on initial data and stakeholder input. The referral source community in the state is broad and it will take time to see the changes reflected in actual referrals |
| * Stakeholder involvement
 | The medical advisor for the lead agency suggested not “testing” medical providers. Also the fluidity of attendance at the workshops at medical clinics does not lend itself to that approach. |
| * Data collection /analysis
 | Pre and Post workshop data is available for the preliminary workshops and the data was determined not to be usable so a new survey will be developed. EIS programs have provided data to the lead agency about specific practices to target when the recommendations at referral are not aligned with the evidence-based approaches being scaled up. IFSPs not signed by primary care physicians in a timely manner could indicate that they do not have a clear understanding about the Birth to Three EBPs. |
| * Effectiveness
 | Not yet available |
| * Plans for next year
 | A new survey approach will be develop as will a way to measure how Birth to Three is described to families at referral by medical providers.  |
| Milestone Addressed | Online prompts will encourage users of web-based tools to take surveys |
| * Timeline adherence
 | The redesign of the website is still on target |
| * Infrastructure changes
 | In order to update the website to be more responsive and mobile friendly and to better reflect what families can expect from Birth to Three in CT, the content management system has to be redesigned.. |
| * Stakeholder involvement
 | The only input at this level of review has been from the contractor and the director of IT for the United Way in Connecticut who partners with the lead agency on a variety of tasks. Once the site infrastructure is set up content managers, families, referrals sources, and EIS providers will be asked to provide feedback on the flow of the site and the information available. |
| * Data collection /analysis
 | Website analytics have been and will be the primary data used during the initial phase of the redesign. Once this project moves into gathering broader stakeholder input, the data from that process will be reviewed and decisions made so that the outcome is achieved a well as possible. |
| * Effectiveness
 | NA |
| * Plans for next year
 | The content and look of the website will be finalized and a roll out plan will be developed for the beta site. |

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| **Outcome: Baseline Quality Self-Assessment ratings are available for all EIS providers.** |
| Implementation Team /Code | Personnel Development (PD-IT-1) |
| Milestone Addressed | The Quality Self-Assessment will be developed. |
| * Timeline adherence
 | On track for January 2018 |
| * Infrastructure changes
 | The fidelity checklist was distributed to providers to help them, especially those who have not yet been trained, have some basic understanding of the depth of practices but not to serve as a baseline for rating their level of competency. Work began on a detailed Quality Self-Assessment. It was determined that baseline ratings would not be gathered using the fidelity checklist and baseline will be determined using the Quality Self-Assessment. Additional data noted in the milestones will be gathered after completion of the baseline. |
| * Stakeholder involvement
 | Stakeholders indicated that it was not feasible to require completion of the checklist prior to all related training. In addition, there would be need to be more descriptive information regarding the EBPs in order for providers to accurately rate their practice. |
| * Data collection /analysis
 | Baseline data will be collected by having all EIS providers complete the Quality Self-Assessment at the same time. Then progress data will be gathered at intervals based on training and TA requests. |
| * Effectiveness
 | The tool is not yet complete. |
| * Plans for next year
 | 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 |

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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) |
| Milestone Addressed | The payment procedure has not yet been modified and there is no need for an EIS provider RFP at this time. |
| * Timeline adherence
 | This dependent on the Short Term Fiscal Outcome |
| * Infrastructure changes
 | Provider contracts are being extended since the payment procedure has not changed |
| * Stakeholder involvement
 | See FE-ST-1 above |
| * Data collection /analysis
 | NA |
| * Effectiveness
 | NA |
| * Plans for next year
 | Provider contracts will be amended once the modifications to Medicaid billing are complete and the payment procedure changed |

**Long Term Outcomes**

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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) |
| Milestone Addressed | Ratings on the Quality Self-Assessment will reflect which practices are being implemented and progress at various levels by EIS provider. |
| * Timeline adherence
 | Baseline Changed to September 2017 |
| * Infrastructure changes
 | Changes to the intermediate term outcome necessitated changes to the wording of this long term outcome. A “fidelity checklist” will no longer be used to address this outcome. Instead a more in depth Quality Self-Assessment is being developed and will be used to address long term progress towards implementing Activity-Based Teaming.  |
| * Stakeholder involvement
 | Stakeholders indicated that the timeline was too tight considering the number of providers that need to complete the baseline. The timeline was adjusted to reflect this. |
| * Data collection /analysis
 | The new tool will be available by September 2017 |
| * Effectiveness
 | NA |
| * Plans for next year
 | The Baseline data will be collected. |

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| **Outcome: A high quality Part C system is fiscally sustainable** |
| Implementation Team /Code | Fiscal Enhancements (FE-LT-1) |
| Milestone Addressed | Feedback will be gathered from the payment procedure workgroup about the cost effectiveness and efficiency of the proposed billing systemAfter an initial adjustment period, the annual state allocations for Birth to Three System will cover the expenses to support the EBPs |
| * Timeline adherence
 | This long term outcome is completely dependent on the prior outcomes |
| * Infrastructure changes
 | There have been none yet. |
| * Stakeholder involvement
 | See FE-ST-1 |
| * Data collection /analysis
 | NA |
| * Effectiveness
 | NA |
| * Plans for next year
 | The lead agency will continue to work with providers, the general assembly, the governor’s office and the Department of Social Services to make sure that the modifications to how the state bills Medicaid for EI services do not destabilize the system.  |
| * Additional comments
 | The State was given a designation of needing Intensive TA in the fiscal area and this TA is welcome as soon as it is available. |

The SiMR is the main long term outcome and it is currently being measured using data from the NCSEAM Survey as previously described in this report. Data quality and a better measure of true family outcomes will continue to evolve with state and national stakeholder input as described in Phase III.