Connecticut Part C
State Performance Plan
Indicator 11
State Systemic Improvement Plan
Phase II
## CT Part C SSIP Theory of Action

<table>
<thead>
<tr>
<th>Education and Outreach</th>
<th>Professional Development</th>
<th>Fiscal Enhancements</th>
</tr>
</thead>
<tbody>
<tr>
<td>To referral sources, parents, EIS providers and LEAs</td>
<td>Education and Outreach to referral sources, parents, EIS providers and LEAs</td>
<td>Education and Outreach to referral sources, parents, EIS providers and LEAs</td>
</tr>
<tr>
<td>Professional Development for parents, health care providers, and EIS providers</td>
<td>Professional Development for parents, health care providers, and EIS providers</td>
<td>Professional Development for parents, health care providers, and EIS providers</td>
</tr>
<tr>
<td>Fiscal Enhancements that maximize revenue and support EBPs at high quality EIS programs</td>
<td>Fiscal Enhancements that maximize revenue and support EBPs at high quality EIS programs</td>
<td>Fiscal Enhancements that maximize revenue and support EBPs at high quality EIS programs</td>
</tr>
</tbody>
</table>

### If

- Parents, health care providers, and EIS providers all have a shared understanding about the true purpose of early intervention visits to coach families, and
- All training and TA is aligned to support families as decision makers (vs. only providing therapy services to children), and
- The lead agency and EIS programs revise policies, procedures, and guidelines to focus on supporting families,

### Then

- Providers will implement research supported practices with fidelity including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach, and
- Families will learn new skills and understand the unique ways that they can help their children develop and learn.

### Then

- Families will be better able to describe their child’s abilities and challenges so that their children receive individualized services in natural settings and demonstrate improved behavioral and educational results.

---

“My son learns best by watching, parallel play, and hand over hand when he doesn't know how to move his body.”

“My son’s language is great, but he often needs reminders to take a breath before he speaks so he can be heard.”
Connecticut Birth to Three System – Part C State Systemic Improvement Plan Logic Model

SIMR: Parents of children who have a diagnosed condition will be able to describe their child’s abilities and challenges more effectively as a result of their participation in Early Intervention.

Resources / Inputs
- Political Environment
- State and Federal Budget
- Families
- Providers
- DSS
- MOUs/ MOAs
- Contracts
- Other Stakeholders
- Medicaid Modernization
- Commercial Insurance
- Parent Fees
- Simplify Complex Payment Procedure
- Hard copies of family products
- Birth23.org
- Web / Social Media based Tech support
- PD staff at lead agency
- Training calendar
- 1st Cohort trained in Activity-based Teaming Practices (ABT)
- Established ABT leaders

Strategies/Activities
- Education & Outreach
  A) Development of a unified message about B23 including key principles of Activity-based Teaming (ABT) Practices
  B) Develop a family and community B23 app
- “Personnel” Development
  A) Aligned state and programs level policies, procedures with the ABT practices
  B) Training providers in ABT
  C) Update Service Coordination Training
  D) Develop Systems to include families in training
  E) Develop fidelity checklist and self-assessment
  F) Develop ways for staff to measure how families communicate about their children on a day to day
- Fiscal Enhancements
  A) Payment procedure work group and supporting DSS
  B) Update SPIDER to increase efficiencies and align with MMIS
  C) Communicate about the changes to families and community groups

Outputs
- Unified message communicated through formal and informal processes
- Accessible app about what B23 Looks like, Rights, System of Payment, and web links to other resources about their child
- Policies and procedures will align with Activity-based Teaming Practices
- Staff and programs use the fidelity self-assessment
- Training is accessible in different modalities
- Staff and directors are trained in ABT practices
- A cadre of ABT leaders
- Simple efficient payment procedure that decreases costs for billing with a SPA and Waiver approved by CMS
- Billing training and manual
- SPIDER updates
- “EOBs” for all families

Short-term
- Providers have access to unified message products and share them with families
- BETA test of app
- Resources, policies and procedures support ABT practices
- Increase in the understanding about the connection between ABT and the SIMR at CO and providers
- Increase the number of providers implementing ABT practices
- Families and providers and community are informed about pending fiscal changes
- SPA and waiver are approved

Intermediate
- Community has access to unified message
- Families link to information and social media about Birth23 and their child
- App is enhanced and used
- Increase the number of ABT leaders
- Increase in Parent understanding of ABT practices

Long-term
- Everyone understands the unified message about the CT Birth to Three System
- All programs are implementing Activity-based Teaming practices
- High quality system is sustainable
- Resources support EBPs, Education and Outreach and SPIDER enhancements
- Parents will help their children develop.... SIMR
- Parents have choice among high quality providers
- Billing process is efficient and costs to administer decrease
- ECBs for families

Outcomes
<table>
<thead>
<tr>
<th>Type of Outcome</th>
<th>Outcome Description</th>
<th>Evaluation Questions</th>
<th>How Will We Know the Intended Outcome Was Achieved? (performance indicator)</th>
<th>Measurement/Data Collection Methods</th>
<th>Timeline (projected initiation and completion dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term</td>
<td>EI practitioners have improved understanding of Natural Learning Environment Practices</td>
<td>Did practitioners participating in training master the foundational knowledge required to implement the model?</td>
<td>X% of practitioners passed a basic test of knowledge.</td>
<td>Test of knowledge administered before and after participation in training</td>
<td>July 2015 through June 2016</td>
</tr>
<tr>
<td>Type of Outcome</td>
<td>Outcome Description</td>
<td>Evaluation Questions</td>
<td>How Will We Know the Intended Outcome Was Achieved? (performance indicator)</td>
<td>Measurement/Data Collection Methods</td>
<td>Timeline (projected initiation and completion dates)</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Intermediate</td>
<td>A web-based micro-site application is available to all families about what to expect from Birth to Three.</td>
<td>Do families access and use what is available electronically?</td>
<td>X% of families identify examples of practices that align with the EBPs being scaled up</td>
<td>Pop-up survey of the site, the content and families knowledge</td>
<td>July 2017 through June 2018</td>
</tr>
<tr>
<td>Type of Outcome</td>
<td>Outcome Description</td>
<td>Evaluation Questions</td>
<td>How Will We Know the Intended Outcome Was Achieved? (performance indicator)</td>
<td>Measurement/Data Collection Methods</td>
<td>Timeline (projected initiation and completion dates)</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>Long term</td>
<td>[SIMR] Parents of children with diagnosed conditions will be able to describe their child’s abilities and challenges.</td>
<td>Have more families completing the family survey strongly or very strongly agreed that they can communicate more effectively with the people who work with their child and family?</td>
<td>During the Spring of 2019, 85% of families with children that have diagnosed conditions will complete the family survey with responses that result in a measure that meets or exceeds the standard for effectively communicating about their children's needs</td>
<td>Data reported for APR indicator C4b, which is collected once a year using the NCSEAM survey process</td>
<td>June 2019</td>
</tr>
<tr>
<td>Outcome</td>
<td>Evaluation Questions</td>
<td>How Will We Know</td>
<td>Data to be Collected</td>
<td>Timeline (projected initiation and completion dates)</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------------------</td>
<td>------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Next Steps

- Draft to Website by March 4th
- Overview presented to programs on Mar 9
- Edits to Alice by March 18th
- Submit Phase II by April 1st

- Start collecting results data for Phase III due Feb 1, 2017
Questions?
THANK YOU!