Connecticut Part C - Birth to Three - SSIP Evaluation Plan
As of March 24, 2017

This evaluation plan is part of a larger SSIP report available online at birth23.org/accountability/spp/ssip/. Regular progress updates will be addressed within each implementation team, at State Interagency Council (ICC) meetings and in the Annual Performance Report at Birth23.org/accountability/spp/apr/.

For more detail about the inputs and objectives that will be in place to reach the outcomes below, please refer to the SSIP logic model in the SSIP report referenced above.

BACKGROUND – ONGOING OUTCOME – Scaling up intensive training and TA on the evidence-based practices (EBPs) that make up Activity –based Teaming

Implementation Team	Personnel Development (PD-O-0)
Assumption / Hypothesis	EIS providers that complete the 6-9 month intensive training and TA associated with scaling up Activity-based Teaming will be better able to guide families to describe their child's abilities and challenges.
Outcome (PD-O-0)	75% of all EIS providers in CT will have completed the full training and TA
Milestones	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 year There 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.
Measures	Training logs and coaching log summary reports. Number of EIS providers, teams and programs completing the training and TA Number of EIS programs with a trained master coach
Timeline	There are over 1100 EIS providers in CT at 37 programs. A first cohort has already completed training and a second is about to start but even if 100 people are trained every year it would take over 10 years so a scale up plan will be developed with NCSI support.

SHORT TERM OUTCOMES – Knowledge and Understanding

Implementation Team	Education and Outreach (EO-ST-1)
Assumption / Hypothesis	The evidence-based practices (EBPs) being scaled up and the SiMR will be easier to achieve if referral sources, families, EIS providers, school districts, and the community share a common understanding about what Birth to Three visits look like and the purpose of early intervention to guide families.
Outcome	Referral sources, families, EIS providers, school districts, and the community will understand the EBPs and the unified message.
Milestones	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 devices Develop a database for tracking calls from families
Measures	Online surveys, face to face surveys, pre and post presentation surveys Number of calls where the family communicates confusion about the purpose of Birth to Three and what to expect from EIS visits.
Timeline	January 2017

SHORT TERM OUTCOMES – Knowledge and Understanding (continued)

Implementation Team	Personnel Development (PD-ST-1)
Assumption / Hypothesis	Modifying the statewide IFSP, including the transition plan, will better support and promote family engagement and the use of the EBPs being scaled up.
Outcome	EIS providers will understand how to use the new IFSP form.
Milestones	IFSP form will be modified including the transition plan Online and in person training materials are available 100% of all service coordinators will be trained or receive TA about using the new form.
Measures	Attendance/training logs, coaching log summary reports, sample IFSPs, learning community feedback about understanding by EIS providers
Timeline	June 2016

Implementation Team	Personnel Development (PD-ST-2)
Assumption / Hypothesis	Developing a fidelity checklist and sharing the measures with EIS providers early will give raise awareness about what will be used to track changes in practice.
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
Milestones	The fidelity checklist will be developed and integrated into a performance self-assessment A summary of the new process will be developed The list and summary will be reviewed at an EIS program director meeting with the expectation that each EIS provider will receive copy. Online versions will be posted and blogged
Measures	Number of EIS providers that review the fidelity checklist and new process.
Timeline	January 2017

Implementation Team	Fiscal Enhancements (FE-ST-1)
Assumption / Hypothesis	Implementing EBPs is completely dependent on EIS programs having a stable fiscal infrastructure that supports Activity-base Teaming.
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.
Milestones	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 modified Training materials and activities are available to EIS Programs Overall Part C Payment Procedure is revised
Measures	Feedback from the Center from Medicaid/Medicare Services (CMS) after formal submission and ultimately final approval The state can limit the number of EIS Programs per town to assure quality. EIS programs enroll as performing providers under the new SPA and Waiver
Timeline	July 2017

INTERMEDIATE OUTCOMES – Changes in Practice and Behavior

Implementation Team	Education and Outreach (EO-IT-1)
Assumption / Hypothesis	When referral sources, EIS providers, school districts and the community describe Part C supports consistently families will be more supported in describing their child's abilities and challenges.
Outcome	Referral sources, families, EIS providers, school districts and the community describe Part C supports consistently
Milestones	Online prompts will encourage users of web-based tools to take surveys Referrals for Part C will better align with what families can expect from EIS visits and supports Transition planning activities and documents will support the parent in describing their child's abilities and challenges
Measures	Survey data from online tools as well as those sent to referral sources and LEAs Family interviews about how Birth to Three was explained to them before, and after referral Develop a method to rate interactions between schools and EIS programs at transition to measure the shared understanding about Part C and how it is difference from Part B (619, Early Childhood Special Education)
Timeline	July 2018

Implementation Team	Personnel Development (PD-IT-1)
Assumption / Hypothesis	Completing a Quality Self-Assessment will set a baseline for all EIS providers which can then be used over time to track progress as practices change.
Outcome	Baseline Quality Self-Assessment ratings are available for all EIS providers.
Milestones	The Quality Self-Assessment will be developed. The self-assessment will be completed by 90 % of providers Data will be gathered regarding completion of related trainings. 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 service and child and family outcome data
Measures	Percent of EIS providers that completed the Quality Self-Assessment Relationship between completion of ABT training and selected variables including IFSP hours, hours provided, number and type of interventionists, child outcome data, family survey data
Timeline	January 2018

Implementation Team	Fiscal Enhancements (FE-IT-1)
Assumption / Hypothesis	The long standing value of family having a choice between EIS programs will be supported by the revised payment procedures.
Outcome	The lead agency will have contracts with at least two programs for each town.
Milestones	Payment procedure is modified with EIS provider input (payment procedure workgroup) Contracts are revised to reflect new procedures RFP published to select programs
Measures	Number of contracts with EIS Programs by town
Timeline	January 2018

LONG TERM OUTCOMES – Changes in Outcomes

Implementation Team	Education and Outreach (EO-LT-1)
Assumption / Hypothesis	Because referral sources, EIS providers, school districts and the community all have a shared understanding about the purpose of Birth to Three supports,

	families will describe their child's abilities and challenges as a natural part of the conversation about their child's health and education.
Outcome	See SimR below

Implementation Team	Personnel Development (PD-LT-1)
Assumption / Hypothesis	Completing a Quality Self-Assessment early on, even before formal training will help describe what is expected and will establish a baseline for tracking changes in practice which can then be linked to data about services and child and family outcomes. (see DaSy Critical Questions 1.B.4.c, e and f).
Outcome	Ratings on the Quality Self-Assessment will reflect which practices are being implemented and progress at various levels by EIS provider.
Milestones	The Quality Self-Assessment will be developed and integrated into a performance self-assessment including data about completion of various related trainings. Each EIS provider will complete the Quality Self-Assessment . 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 service and child and family outcome data
Measures	Percent of EIS providers that completed the fidelity checklist (unique staff ID). EIS Provider, Team and Program baseline ratings and then progress updates. Completion of related ABT trainings.
Timeline	Baseline by September 2017, progress and linking to services/outcomes by June 2019

Implementation Team	Fiscal Enhancements (FE-LT-1)
Assumption / Hypothesis	A cost effective and efficient reimbursement system that generates high levels of 3rd party reimbursement will help to assure that Part C does not have repeated deficits each year.
Outcome	A high quality Part C system is fiscally sustainable
Milestones	Feedback will be gathered from the payment procedure workgroup about the cost effectiveness and efficiency of the proposed 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
Measures	Monthly fiscal invoices from EIS programs, and reports from a commercial insurance contractor, the DSS and CMS about reimbursement for Part C supports
Timeline	2019

Combined Outcome – State Identified Measureable Result using available data

Implementation Team	All three (SiMR)
Assumption / Hypothesis	Improving how Birth to Three supports are understood, implementing Activity-based Teaming and a stable fiscal infrastructure to support EIS providers will lead to families being more engaged.
Outcome	Using available data for the SiMR Parents of children with diagnosed conditions will be able to describe their child's abilities and challenges
Measures	Family Survey data from families with children that have diagnosed conditions Data reported for APR indicator C4b, which is 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.
Timeline	2019

Combined Outcome – State Identified Measureable Result using new data

Implementation Team	All three (SiMR)
Assumption / Hypothesis	A survey about family's perceptions of the helpfulness of EIS does not accurately reflect the SiMR as an outcome.
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.
Measures	Number and percent of families that show and increase in a rating yet to be developed that corresponds to these skills. Possible self-assessment entry and exit ratings (to be determined)
Timeline	2021