

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: State Systemic Improvement Plan**

**Data and Overview**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Reported Data**

Baseline Data: 2013

FFY	2013	2014	2015	2016
Target		83.00%	84.00%	85.00%
Data	83.00%	83.91%	83.39%	84.98%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**Explanation of Changes**

The FFY16 (July 1, 2016 - June 30, 2017) data was added to reflect the percent of families with children who have diagnosed conditions who completed the NCSEAM family survey. The records used did not include 77 families who selected "Very Strongly Agree" for all the items on the 2017 survey. The 84.98% reflects 198/233 records. The 198 families had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPP/APR Indicator 4b (early intervention services helped the family communicate effectively about the child's needs).

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	86.00%	87.00%

Key: Blue – Data Update

**Description of Measure**

The measure used for this indicator is based on the results from the family survey data that Connecticut collects each year and that is reported under Indicator 4 of this State Performance Plan / Annual Performance Report (SPP/APR). Birth to Three has been using the NCSEAM survey since it was introduced and analyzes the responses to the calibrated items using a Rasch analysis. The result of the Rasch analysis is based on the overall pattern of responses and not one particular item (similar to an SAT score). Then each "score" is compared to national standards for the three sub-indicators.

After an extensive analysis (as described under the Data Analysis section of this indicator) of both the state's child outcome summary (COS) data and the family survey data, stakeholders chose to use data from the family survey for the State-identified Measureable Result (SiMR). For more information about the SiMR please refer to Section 4 of this indicator. Based on a deep understanding of and familiarity with Connecticut's results data and based on the analysis described in the next section, stakeholders elected to focus on the data from two combined subgroups.

First, Part C responses to the survey traditionally and consistently have a very high number of "extreme" measures in that every response selected is Very Strongly Agree. Stakeholders were interested in the responses from families who did not select Very Strongly Agree for each item. As a result of looking at the data with and without extremes, this measure only uses results data from families when the "score" is over 100 and under 1015. See the file named ExtremesHistogram.pdf in previous submissions.

Second, this measure only uses results data for families when the eligible child has a diagnosed condition, as those children have potentially life-long needs and overall had scores that were lower than the state as a whole. This is described in greater detail in the sections that follow.

**FFY13**

The raw numbers for the baseline used FFY13 survey data, (7/1/13-6/30/14) are as follows:

There were 266 families in the combined subgroup as described above. Of those, 221 had a pattern of responses on their 2014 survey that resulted in a measure that met or exceeded the national standard for SPPAPR Indicator 4b (early intervention services helped the family communicate effectively about the child's needs).

**FFY14**

The FFY14 data reflects the percent for 266 / 317 records. The 266 families had a pattern of responses on their 2015 Family Survey that resulted in a measure that met or exceeded the national standard for SPPAPR Indicator 4b (early intervention services helped the family communicate effectively about the child's needs).

For more information about the family survey and the standards, please refer to Indicator 4 in this and earlier State Performance Plans at

FFY15 (previously included under "Explanation of Changes")

The FFY15 (July 1, 2015 - June 30, 2016) data was added to reflect the percent of families with children who have diagnosed conditions. The records used did not include families that selected "Very Strongly Agree" for all the items on the 2016 Family Survey. The 83.39% reflects 271/325 records. The 271 families had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPPAPR Indicator 4b (early intervention services helped the family communicate effectively about the child's needs).

FFY16 (also included under "Explanation of Changes")

The FFY16 (July 1, 2016 - June 30, 2017) data was added to reflect the percent of families with children who have diagnosed conditions who completed the NCSEAM family survey. The records used did not include 77 families who selected "Very Strongly Agree" for all the items on the 2017 survey. The 84.98% reflects 198/233 records. The 198 families had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPP/APR Indicator 4b (early intervention services helped the family communicate effectively about the child's needs).

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).



Enter additional information about stakeholder involvement

*This section was updated for Phase III - Year 2 (P3Y2) to reflect changes staffing at the lead agency. Each outcome addressed in the Phase III section describes P3Y2 stakeholder input in greater detail.*

Multiple internal and external stakeholders were involved in the selection of the data used for the SiMR. This included all members of lead agency Part C staff covering the following areas: fiscal support, provider support (personnel development, training and technical assistance planning), family and community support (dispute resolution, child find, public awareness) and systems support (accountability, monitoring, and data).

From the Part C team, a leadership team was formed to support the external stakeholders and workgroups. The State Interagency Coordinating Council (SICC) was the base of the external stakeholder group. Directors from additional EIS programs were added along with the director of the Connecticut Parent Advocacy Center (CPAC), as the only Parent Training and Information Center (PTI) in Connecticut. The "data manager" for Part B (early childhood through high school) of the Individual with Disabilities Education Act (IDEA) was included since the child specific outcomes of this plan may not be fully realized until the children are older and Connecticut has the ability to track data records over time using a shared unique identifier. The external stakeholder members divided into three workgroups corresponding with each of the SSIP implementation strands

The Office of Early Childhood (OEC) divisions all moved into the same location on February 2, 2017 allowing for greater integration between programs. During FFY16 the Part C Coordinator was a member of the OEC leadership team as the Division Director for Family Support and represented the OEC at internal and external stakeholder meetings.

For more information about how stakeholders were involved in previous phases visit <http://www.birth23.org/ssip/>.

In addition to the formal external stakeholder groups, the lead agency also sought input from all EIS programs quarterly provider meetings, blog posts, phone calls, and emails. Periodic announcements and requests for input were posted on social media sites including [Facebook.com/CTBirth23](https://www.facebook.com/CTBirth23) and [Twitter.com/CTBirth23](https://twitter.com/CTBirth23).

A final draft of this report was posted on Birth23.org in March 2018. This was announced via blog posts and emails. The final draft was edited by the internal leadership team and a subcommittee of the external stakeholder group, as well as staff from the NCSI, ECTA, and IDC TA Centers. A PDF of this final report as submitted was posted on the Birth to Three SSIP webpage and announced through the various social media channels described above until the public facing SPP/APR is available on the GRADs360 site.

**Connecticut is proud of its long history of actively involving stakeholders.**

Overview

*This overview is only about Phase III - Year 2 (P3Y2) - for the overview from previous phases, please email [Alice.Ridgway@ct.gov](mailto:Alice.Ridgway@ct.gov).*

The lead agency for Part C in Connecticut is the Office of Early Childhood. All the divisions are now housed in the same building and efforts continue to integrate staff from Part C into other divisions.

As of the date of this P3Y2 submission, the OEC contracts with 29 agencies that provide comprehensive early intervention services.

The main focus of P3Y2 has been the required fiscal enhancements in the state's SSIP logic model. Even though this was at times all consuming, the lead agency was able to continue scaling up the training of master coaches to fidelity for the evidence supported practices that Connecticut calls Activity Based Teaming (ABT). Education and outreach focused on medical referral sources and

**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

refreshing and updating the Birth to Three Website so stakeholders can better understand what Birth to Three looks like (ABT) and support this SSIP to achieve the SiMR.

Information about progress during P3Y2 for each implementation strand and the related outcomes in the logic model is available in the Phase III sections of this report. The state continues with the same State Identified Measurable Result (SiMR) however some of the timelines for outcomes have been extended.

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

## Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

*The narrative below is from Phase I of the SSIP development. No changes were made to this section during Phase II or Phase III.*

### 1(a) How Key Data were Identified and Analyzed

For many years, Connecticut Part C staff have been active participants on the Infant and Toddler Coordinators Association (ITCA) data committee, the Early Childhood Outcome (ECO) Center's data community of practice and family outcomes framework workgroup, and NECTAS/NECTAC/Early Childhood Technical Assistance (ECTA) Center communities of practice. Last year Connecticut was one of seven "framework states" selected by the Center for IDEA Early Childhood Data Systems (DaSy). All of this activity demonstrates a long-held and deep commitment in Connecticut to having high quality data for decision making.

As a result, a culture of data-based decision-making has been deeply ingrained in all levels of Connecticut's Birth to Three community so that the processes for identifying, selecting, and analyzing key data are already well established. This is evident in the Results Based Accountability (RBA) report card that the lead agency uses with the State General Assembly. It is also seen in reports requested by and shared with the State Interagency Coordinating Council (SICC). The local Early Intervention Service (EIS) or Birth to Three programs regularly access and use data to make decisions to assure high compliance with IDEA and high quality support to families. Connecticut has a robust transactional, statewide, Part C data system and staff who have direct access to the SQL data servers and can easily complete complex analyses. Data from the past five years of State Performance Plans / Annual Performance Reports (SPP/APR) and data collections required by section 618 of the IDEA (child count, settings, exit data, complaints) were linked to child and family demographics using unique identifiers. Multiple years of child and family results data were combined and analyzed to determine means, standard deviations, trends, and year-to-year differences.

Connecticut has been using child and family outcomes data as part of focused monitoring to rank and select programs for on-site visits since 2010. The data from these visits is regularly combined, analyzed and shared with stakeholders. As a result, they were already familiar with much of what was used in the analysis for this plan. The Birth to Three Systems Support Team collected and analyzed data from over five years of focused monitoring rankings and the results from program monitoring visits. This included results from record reviews, family interviews, and staff interviews. One of the notable areas of concern across all three focused monitoring data sources was that the programs were not consistently using research supported practices (RSPs) with fidelity. RSPs include natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. In addition, practitioners coaching families within daily routines and typical settings were not clearly documenting these practices. A measure developed by focused monitoring stakeholders that assesses whether "Families are using strategies between visits" showed that 78% of staff reported that they coach families to use strategies between visits, and 77% of families described that they were coached. In contrast to these measures, only 53% of the visit notes included documentation that this most essential aspect of early intervention was occurring. These results are directly related to the SiMR.

**"I would do anything to help my child be the best he can be, and working together with his Birth to Three service provider gave me the confidence to do just that."**

**– Corinne Greco**

Prior to the SSIP rollout in Spring 2014, the Provider Support Team had been analyzing summary data from technical assistance and workshops that they provided, as well as feedback from training events and needs assessments. Much of these data led the lead agency to initiate a multi-year project, with Dathan Rush and M'Lisa Shelden. Planning the training provided by Rush and Shelden began in FFY2014; and the goals are described further in the infrastructure analysis (Section 2) and the improvement strategies (Section 3). While this is only one path toward improving results, it represents the largest investment by the lead agency toward addressing the State-identified Measurable Result or SiMR.

The Fiscal Support Team analyzed billing data and provided summaries about service levels and billing-related topics that were important to know early on to ensure that the infrastructure could support the stakeholders' recommendations during this planning phase.

The state also reviewed information from the Birth to Three Family and Community Support Team about calls that, while not formal written complaints or requests for mediation, indicated confusion and concerns from families. Early Intervention Service (EIS) providers also contact the family liaison and other lead agency staff to discuss areas of confusion and concern. The topics identified by families and providers were analyzed and considered as part of the initial data analysis to determine whether there was a broad area needing improvement. Much of the confusion was related to being able to clearly describe the needs of the children and how to best address

those needs with a common understanding about the research supported practices.

The only OSEP funded Parent Training and Information (PTI) Center in Connecticut is the Connecticut Parent Advocacy Center (CPAC), and they provided some of the most compelling data. According to the CPAC Director, they reviewed more than 1,000 forms from families in Birth to Three who requested PTI support. The form is included in the Part C family survey each year. A section on the form reads "Describe your child's primary disability", and 30%-40% left that space blank, 10% wrote "reading", "nothing", "???", "will get better", "I don't know", or "my child doesn't have a disability". The primary concern from the PTI for these young families is that they may not know how to describe their child's abilities and challenges. CPAC has a staff of 11 and each has a child with special needs and all but two enrolled in the Birth to Three System. At CPAC, these staff speak to 2500-3000 parents a year and report that families know their child needs "something", but that they are not able to describe those needs clearly. At a regional PTI meeting in Philadelphia in October 2014 the CPAC director spoke with 12 directors from other states. All of them agreed this is a problem for families in their states.

The ICC has three parent members who are also part of a parent leadership training program. When asked how important it was for families to have the ability to describe their child's abilities and challenges, they all agreed that it was a critical outcome. Finally, the PTI director shared that the role of the family in decision-making links a family's ability to communicate about their child to the outcomes for the child. Parents are a critical element of all parts of the IDEA and are expected to have a role in accurate, understandable, and appropriate decision-making for their future involvement within the IDEA process.

This information, along with a long history of commitment to family outcomes, led the stakeholders to a broad focus area examining how families communicate about their children's needs. The multiple data sources described above were then analyzed in greater depth, and the group elected to align the State-identified Measureable Result (SiMR) with the following family "outcome" indicator addressed earlier in this SPP/APR. (See Indicator 4c.)

**The percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.**

The SiMR workgroup requested a variety of analyses over the months as they considered subgroups and root causes for the low performance. Finally, the SiMR workgroup and the Data workgroup shared the attached results with the entire stakeholder group at a meeting in December 2014 and the full group crafted the wording of the SiMR which examines a subgroup of families enrolled in Birth to Three. The subgroup included families with children who have life-long diagnoses as these families will need these skills throughout their life with their child. In addition, data with extreme responses were removed to reflect those families who may have been more discerning when they responded to the survey.

1(b) How Data were Disaggregated

As Phase 1 of the SSIP was not meant to be developed in a linear process, the input from the other SSIP workgroups guided further "drill down" into the data. Stakeholders were informed that Part C has a very high percentage of families who respond to the family survey with every response selected as Very Strongly Agree. (Please see the attached histogram, ExtremesHistogram.pdf.) An analysis of the data was completed with and without these extremes so that stakeholders could determine the impact they have on the actual results for families.

As part of both the broad and in-depth data analyses, the state disaggregated all of the child and family outcome data from five years by the following variables: Early Intervention Service (EIS) program, region, language spoken in the home, race/ethnicity, income levels, insurance types, child's age at referral, referral concerns, how eligibility was determined, ICD-9-CM codes, types and amounts of service in IFSPs, child's age at exit, reasons for exiting, and length of enrollment.

Disaggregating and cross-tabulating the survey and child outcome data on multiple variables often resulted in very low Ns that were not powerful enough for the SiMR. When the CPAC and focused monitoring data were added to the analysis the SiMR became clear. Stakeholders then looked more deeply into the data about families with children who have diagnosed conditions.

1(c) Data Quality

The Birth to Three data system is not simply a collection tool. It is an integrated management tool for the lead agency, the central point of intake, EIS programs, the state agency that currently bills Medicaid, and a contractor who bills insurance and families. With all of these uses, the quality of the data, including the child and family data, is important to everyone.

Connecticut has been an innovator in developing and using data quality checks. A culture of data literacy has been developed at all levels such that EIS programs investigate their own data quality without prompting. The lead agency invested in developing Global Reporting, a reporting tool that allows EIS programs to build ad hoc reports and export their own data whenever it is needed. In addition, ad hoc reports are run at the state level so programs can compare their data to other programs and the state as a whole on a wide variety of measures. The family outcome data have been shared with programs since 2008 with online modules that explain ways to analyze these data. In addition, EIS programs can export and use their raw child outcomes data to calculate summary statements using an Excel file developed by the ECO Center.

Overall, stakeholders expressed confidence in the quality of the state's data. Please refer to Indicator 3 of the FFY13 SPP/APR where stakeholders proposed establishing new baselines and targets. Within that indicator, the state described the many quality checks

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

completed annually. Currently, stakeholders have more confidence in the stability of the family survey results than in the child outcome data which, for the most part, continues to trend down. Increases in the number of children with autism spectrum disorders and in the percent of families insured by Medicaid (related to increases to the family cost participation fees in 2010) are thought to be responsible for this trend. Finally, since the family outcome data has been used for focused monitoring rankings and program selection each year since 2010, the quality of these data has been very important to all levels of the system. Last year the return rate was 61%.

### 1(d) Considering Compliance Data

The relationships between compliance data and results data were analyzed to determine whether noncompliance was having an impact on the state's ability to demonstrate improved results for children and families. The state has multiple redundant systems for promoting, monitoring, and ensuring IDEA and state compliance. Because the state used timely new services (Indicator 1), timely initial IFSPs (Indicator 7), and timely transition planning (Indicator 8) as early key priority areas for Focused Monitoring (2005-2010), compliance in Connecticut is very high. For established programs, there is little to no noncompliance and it is very rare when a program does not correct noncompliance in a timely manner. For newer programs, the lead agency pays an experienced program to mentor the new program director and data entry staff. Monitoring visits are completed as early as possible, and technical assistance (TA) is provided to quickly develop systems so the program can maintain stable compliance.

Because Connecticut does not have issues with compliance indicators, there is no connection between noncompliance and the state's ability to achieve the SiMR. A proposed change in the way Medicaid is billed for Part C services in Connecticut may impact compliance. When this happens, the lead agency will respond quickly to identify areas for improvement, and implement needed changes, as it has done in the past.

### 1(e) Additional Data

In reviewing all of the data that are available to the state, there were two areas of data collection that stakeholders identified as needing improvement; what is being measured and how is it used.

The state currently collects information based on a family survey and uses the results in the SPP/APR as "outcomes" data. The NCSEAM survey was developed by an OSEP technical assistance center and approximately 24 states (43%) are using it. However, the results are not truly "outcomes" data. What are collected are families' perceptions about how helpful Birth to Three has been. During Phase II, the state plans to move towards developing a way to measure how families think and act differently as a result of early intervention. Research clearly indicates that the parent should be the focus of early intervention.

**"It has been demonstrated through research that parents are key to enhancing their children's development." - Bruder, M (2010). Early Childhood Intervention: A Promise to the Future of Children and Families. *Exceptional Children***

It is important for Part C to measure what parents are doing differently as a result of the EIS providers coaching families in natural settings within daily routines. This is a more accurate measure of actual outcomes and is more in line with the state's measurable result as described in the sections that follow. To that end, the lead agency is working with the UCONN University Center for Excellence in Developmental Disabilities (UCEDD) to develop a way to measure the effectiveness of the intensive training provided by Dathan Rush and M'Lisa Sheldon (described under improvement strategies).

In order to complete the evaluation phase (Phase II) of this SSIP by February 2016, the lead agency will need to identify or develop a tool or tools which measure actual family outcomes. EIS programs may be asked to complete the tool at the time of the initial IFSP and at exit. This new data will then be linked with all the other data in the state's transactional database and the results will be used to track changes after improvement strategies have been implemented.

With regard to the use of the data, Stakeholders would also like to improve the connection between Part C and Part B data systems. The lead agency registers children eligible for Birth to Three in a Connecticut State Department of Education (SEA) database in order to obtain State Assigned Student Identifiers or SASIDs. The SASID allows for the linking of records among the EIS programs and the SEA and LEAs. The current Memorandum of Understanding allows for the SEA to use the Birth to Three data to match records and report back to the lead agency the results of certain queries (e.g.: the percent of children in Kindergarten without IEPs who had been enrolled in Birth to Three). Data sharing capabilities and practices will need to be enhanced so the SEA can report back information about Kindergarten assessment data or the Part B SiMR, 3rd grade reading, to the lead agency to measure the long term impact of early intervention.

The timeline for this initiative is within the next year or two as the Governor's office has proposed to move the Birth to Three System into the Office of Early Childhood (OEC). At that time, the Birth to Three data can be more readily linked with the Early Childhood Integrated Data System (ECIDS) which is being developed. The OEC is relatively new and part of the SEA for Administrative Purposes Only (APO). Data sharing has yet to be fully addressed. As the ECIDS takes shape, more details will help this SSIP address other child and family outcomes over time.

Stakeholders clearly understand that the ultimate outcome for early intervention is to support families early on. Implementing research supported practices (RSPs), including natural learning environment practices, a coaching style of interaction with families, and the use of a primary service provider team approach will ensure positive outcomes as children develop and learn. In Connecticut, with a parent fee system, the average length of enrollment in Birth to Three is 11 only months. Based on a survey with more than 38 states responding,



**FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

the Infant and Toddler Coordinators Association (ITCA) reports an average length of enrollment of 15 months. Either average is a very short time to expect results in child outcomes which is why stakeholders in Connecticut hold strongly to a SiMR that focuses on results for families. They know that a longitudinal plan to track child outcomes into elementary school can be developed once the state's ECIDS is in place.

1(f) Stakeholder Involvement in Data Analysis

Data analysis was one of the five workgroups of the broader SSIP stakeholder group.

Please refer to the stakeholder input section at the beginning of this indicator and the attached reports that show how stakeholders participated and which perspectives they brought. All stakeholders have committed to support the SSIP through 2019.

The following groups were represented on the Data Analysis workgroup: EIS Providers, Parents, Part B Data Manager, and lead agency staff. In addition, members of the Part C Data Users Group provided input. Input was also collected from individuals not on the Data Analysis workgroup whenever needed. For example, the director of the PTI, CPAC, Inc., was a member of the SiMR workgroup and provided much of the data used to select the measurable result.

The results from the broad analysis through to the in-depth analysis were presented to and discussed by the entire stakeholder group. After each stakeholder meeting slides and charts were shared on the Birth23.org SSIP webpage. In addition, blog posts were written and emailed to more than 800 people and updates were announced on Facebook.com/CTBirth23 and Twitter.com/CTBirth23.

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

### Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

*The narrative below is from Phase I of the SSIP development. No changes were made to this section during Phase II or Phase III.*

Infrastructure analysis is not a one-time activity for Connecticut's Birth to Three System as related to this State Systemic Improvement Plan. It is an ongoing process which allows Connecticut to be ahead of the curve on many issues. As a result, stakeholders were able to begin easily with a broad analysis to help select the focus of the State-identified Measureable Result (SiMR). They then quickly moved to an in-depth analysis to help identify the specific SiMR and determine what would support scaling up these efforts.

#### 2(a) How Infrastructure Capacity was Analyzed

Over the years, Connecticut has consistently engaged in multiple systematic processes to analyze and evaluate the capacity of its infrastructure to support improvement and build capacity for local Early Intervention Service (EIS) programs and other early childhood community efforts.

In November 2011, the state completed an infrastructure assessment as part of an on-site visit from the Office of Special Education Programs (OSEP) staff that included being part of a pilot fiscal review and the new "Results Topic" initiative. The end product concentrated efforts on improving results for Indicator 5 in the SPP/APR (the percent of infants and toddlers birth to one with IFSPs) or "Under One". This topic was selected during OSEP's visit because stakeholders' original goal, to combine child and family outcome data, was not supported by the data available at the time.

In 2013, the Part C Coordinator and her team leaders conducted a "listening tour" across the state by holding six meetings open to all staff from the 39 contracted EIS programs. The purpose was to learn whether the lead agency was meeting its mission and to determine what barriers existed. Transcripts of the meetings were made available publicly and are reviewed regularly by the lead agency staff to identify areas of strength and those needing improvement.

The leaders of the four Birth to Three Support Teams form the Birth to Three Leadership Team and they meet with the EIS program directors quarterly. These meetings are held in two to three regional locations throughout the state to communicate directly with providers, hear their concerns and questions, support continuous improvement, and identify ways to build capacity.

Members of the Family and Community Support Team respond to calls from families, EIS providers, and the broader early childhood community. Information from these calls is reviewed regularly for trends. This team also works with the only Parent Training and Information Center in Connecticut, the Connecticut Parent Advocacy Center, Inc. (CPAC). CPAC played a major role in developing Phase I of this SSIP.

On an ongoing basis, the Provider Support Team conducts periodic needs assessments, training evaluations, and literature reviews on current research supported practice. This is addressed in the introduction to this State Performance Plan.

The Fiscal Support Team has monthly contact with Early Intervention Service (EIS) programs and the billing contractor for third party reimbursement and the family cost participation system. They are part of the lead agency's fiscal division. Recently, Birth to Three completed a "lean" analysis of how the lead agency reimburses EIS programs. Numerous changes were made to streamline the process and reduce waste. Lean Government Services was established in 2004 and has been supported by both Governors since then. Lean is a continuous improvement philosophy in which teams examine an agency's processes, identify root causes of problems, develop their own solutions, and eliminate non-value adding steps to ultimately expedite services for taxpayers while doing more with existing resources.

The Systems Support Team promotes a culture of accountability and data-based decision making at all levels by making data easily available and understandable. Through numerous data requests, this team is able to assess the "hot topics" and adapt the statewide data system as needed. The Systems Support team also completes program monitoring activities and identifies trends. Staff on this team also support the State Interagency Coordination Council (SICC).

By reviewing the combined input from the Birth to Three Support Teams, families, EIS programs, the SICC, and CPAC, stakeholders were given a thorough understanding of Connecticut's infrastructure, including strengths and potential areas of improvement.

As described at the beginning of this indicator, in addition to these processes the SSIP stakeholder group divided into five workgroups. One team focused on completing the following infrastructure analysis, specifically related to achieving the SiMR.



### **Governance**

As described at the beginning of this indicator, the Department of Developmental Services (DDS) is the lead agency, and Birth to Three is part of its Family Support Division. The Part C Director reports directly to the Commissioner and is part of her leadership team. The Governor and the Office of Policy and Management (OPM) work with the Commissioner to support Birth to Three and achieve other state goals, such as the consolidation of early childhood programs under one state agency.

In Connecticut, all of the components of the Part C system are housed within the lead agency except for the central intake office, a billing contractor, and contracted early intervention service (EIS) programs. All the systems are aligned to interact with each other to reach shared goals. Decisions about system improvements are made by the Part C Coordinator with input from the support teams, EIS providers, the SICCC, the PTI, and other contractors. While the Commissioner is informed and her input is sought about major decisions, Part C has functioned with great autonomy in the current lead agency. This has allowed for quick responses and flexibility when directions from the Office of Special Education Programs (OSEP) change.

The support teams and leadership team value close working relationships with each other, their staff, EIS program directors, the SICCC, the Office of Early Childhood (OEC), and other state agencies. While Birth to Three is not currently part of the OEC, the Part C Coordinator is a member of the OEC Leadership Team, and the past Part C Coordinator is at the OEC serving as the Deputy Director.

### **Fiscal**

The lead agency ensures that funds provided by the state, the IDEA Part C federal grant, and the State Department of Education are available to reimburse EIS programs for all required Part C supports. In addition, commercial insurance and parent fees are billed by an outside contractor to offset program costs. Revenue generated by insurance and parent fee collections has a direct impact on state funding. Revenue from public insurance is returned to the state's general fund and does not offset the Part C budget. The Birth to Three Fiscal Support Team is responsible for fiscal reporting, budget projections, expenditure tracking and reconciling invoices submitted for services to the Birth to Three data system. EIS programs have access to fiscal data for program planning, budget development and required reporting. Budget planning including review of program costs, projected revenues and expenditures, and estimated needs occurs monthly. The lead agency also completes a comprehensive financial status report monthly to the State Office of Policy and Management which incorporates the appropriation budget, allotment budget, the combined agency level and project budgets, and the expenditures, encumbrances, and pre-encumbrances year-to-date. The lead agency's financial plan is publicly available and effectively communicated to stakeholders including the State Interagency Coordinating Council (SICC) at every meeting. The budget is reviewed and revised, as necessary including unexpected fiscal changes to ensure that sufficient funding is available to meet changing needs particularly at the end of the fiscal year

### **Quality Standards**

Connecticut has well-documented external policies and procedures including personnel standards to guide the Birth to Three System. The policies and procedures are OSEP-approved and in alignment with Part C regulations and give guidance to all levels of the system on intake, evaluation, assessment, IFSP development and review, family support, child & family rights, maximizing revenue, and transition planning. There are seven Birth to Three Service Guidelines in place about topics such as autism, speech delays, natural environments and assistive technology. In addition to the IDEA, the Birth to Three System is also responsible for upholding Connecticut General Statutes.

### **Professional Development**

Please review the professional development section in the Introduction section of this SPP/APR.

### **Data**

As described in the Data Analysis section, Connecticut has had a robust, transactional, statewide data system since 1998 and converted to a web-based system in 2010. Birth to Three relies heavily on the data that are entered at the program level. Most data elements are required fields and have error checking rules. In order to be confident that the data are correct, data verification activities occur year-round and can be tied to reimbursement of providers. Information from the data system is used for program management, completing required reports including the SPP/APR, Section 618 data collections, making IDEA determinations, and completing state reports (e.g., the annual report card for Results Based Accountability which the lead agency has been giving to the General Assembly since 2007). Finally, data are used for selecting EIS programs for onsite data verification visits and focused monitoring, as well as checking in when questions about the system arise.

Part C will be included in the state's Early Childhood Integrated Data System (ECIDS). This will enhance the state's ability to track results for children after focusing on results for families.

### **Technical Assistance**

Please review the Technical Assistance section in the Introduction section of this SPP/APR.

### **Accountability/Monitoring**

Please review the General Supervision section in the Introduction section of this SPP/APR.

## 2(c) Systems Strengths and Areas for Improvement

The SSIP infrastructure workgroup conducted a systemic evaluation including a strengths, weaknesses, opportunities and threats

## **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

(SWOT) analysis as an opportunity to examine strengths and areas for improvement. Connecticut is a national leader in Part C so some of the areas of improvement are based on changes that have been proposed to occur within the next year or two.

The ability of the system to achieve the SiMR is dependent on a number of unknown variables. This is only a snapshot of the current status of the components under the current lead agency with the current Medicaid billing rules. If or when these major changes occur it will require that this analysis be repeated and modified, as needed.

### **Governance**

#### *Strengths:*

The SICC has state agency member representation from more than nine state agencies, as well as legislators, Head Start, parents and providers who provide a strong platform to advise and assist on Birth to Three System activities. The SICC encourages public comment at their meetings and they have has an effective working relationship with the lead agency. The SICC has been very supportive of this new SSIP work as the base of the broad external stakeholder group.

Parents with children in Part C now or previously are represented in all Birth to Three System activities including the SICC, Local ICCs (LICC), monitoring visits, and training/technical assistance activities.

At quarterly provider meetings, the lead agency shares information with EIS program directors and they are able to bring issues to the attention of the Part C leadership.

#### *Areas for improvement:*

The Birth to Three System relies on census numbers for its federal allocation while providing support to a high percentage (3.9%) of families with children under age three. This places a burden on the state budget to support the high quality evident in Connecticut. Part C is still a voluntary program for states to administer and Connecticut's Office of Policy and Management has twice proposed withdrawing from IDEA since 1995. As the cost to the state for the Birth to Three System increases and the federal allocation does not keep pace, the threat of withdrawal is ever present. Concerns about withdrawal from Part C are an organizational stressor.

The proposed changes in Medicaid billing may have an impact on contracts with EIS programs and how the system functions. In addition to that proposed change is the change of lead agency. However, until the General Assembly approves the move and timelines are confirmed, there are many unknowns. The timing of this change makes committing to a clear SSIP challenging for all teams. It is anticipated that the lead agency will change effective July 1, 2015 but the physical move to a building that houses all the divisions of the OEC will not occur until February 2017. Staff will be housed in the current lead agency's buildings until then. A reverse memorandum of understanding and not having ready access to the new lead agency supports (which are still being developed) may prove challenging. These two changes are additional organizational stressors for lead agency staff and EIS programs.

### **Fiscal**

#### *Strengths:*

The State of Connecticut is clearly committed to supporting Part C financially. Despite an increase in the number of families supported and the number of children with autism, the lead agency has repeatedly covered deficits. The state allocation (\$40 million) is over eight times greater than the Federal allocation.

The lead agency has a system of payments that includes family cost participation fees and the billing of commercial health insurance. The EIS programs reduce their monthly invoices by the amount of insurance payments they receive each month.

Funds from the Part C grant have already been allocated to support the Rush and Shelden training described throughout this indicator.

As described in section [2\(a\) How Infrastructure Capacity was Analyzed](#), the lead agency recently underwent a "lean" process to reduce wasteful processes in the timely reimbursement of EIS programs. Part C staff and EIS program staff spent a full week moving through this customer-centric methodology to continuously improve efficiencies and eliminate wasteful efforts. In addition to this, a new process for reviewing invoices was developed that has been well received by providers and has eliminated what was a backlog in the reconciliation of monthly invoices.

#### *Areas for improvement:*

The family cost participation system can have an impact on how families perceive early intervention. Some families have indicated that the higher their monthly fee, the greater the number of service hours they expect. This can inadvertently promote a medical model vs. supporting the research supported practices that encourage increased family competence at helping their child develop and learn.

Families who cannot afford the family cost participation fees either decline Part C services or elect to only receive those services provided at no cost (i.e.: evaluation, IFSP development, service coordination including transition planning, and due process). This may have a long term impact on the child's outcomes.

The state will be changing how it bills Medicaid for Part C services in the next year or two, part of the period covered by the SSIP. The monthly bundled rate will be eliminated and EIS programs will likely be required to bill Medicaid directly. Based on stakeholder feedback these changes will reduce the ability of EIS Programs to hire and retain qualified service providers and meet the requirements of IDEA.

Stakeholders have reminded the lead agency that there will be a fiscal impact on EIS programs and the system due to implementing the

## **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

coherent improvement strategies proposed by the SSIP. The Birth to Three System had a deficit of over \$2 million dollars in FY 13-14 and a deficit of over \$2 million is projected again for FY14-15. There is currently no plan to provide additional funds to program to implement the new strategies so Phase II of this plan will be developed carefully as stakeholders determine the priority and cost of each suggestion.

There had been only a 1% increase to the rate paid to EIS programs in the past seven years.

The recent revision to the statewide IFSP allows service coordinators to more easily understand and incorporate families' priorities and concerns. However, EIS Program staff report that the new IFSP takes longer to complete and is, therefore, more costly, although the unit rate paid for completing the initial IFSP meeting has not changed since the form was modified.

The payment procedure related to reimbursing EIS programs has become unwieldy and needs to be simplified.

### **Quality Standards**

#### *Strengths:*

Connecticut has a long history of effective documentation of current standards. Appropriate and effective procedures and policies are updated as needed with input from EIS Programs. Connecticut has state legislation and contracts to support full implementation of high quality supports to families.

With its current reimbursement system Connecticut EIS programs have been able to maintain highly qualified and skilled staff. The standards are established through the approved personnel standards and ongoing professional development activities support this assertion.

#### *Areas for improvement:*

Changes to Medicaid billing may impact the availability of EIS Programs to hire and retain highly qualified staff.

Policies/procedures that present barriers to full implementation of the coherent improvement strategies proposed to address the SiMR will not be fully known until Phase II of this plan is completed.

The lead agency has identified the need for internal working procedures for succession planning so that all of the efforts that support this SSIP and SiMR will not be lost as staff take new positions at the Office of Early Childhood or resign/retire.

The state's natural environment guidelines need updating to better match the research supported practices (RSPs) being developed in CT under the guidance of Rush and Shelden.

Evaluation, assessment, and report writing guidelines are needed. These will help assure that, from the earliest contacts with Part C, parents will have the language they need to be able to describe their child's abilities and challenges. They will also help families understand that they have a central role as decision-makers and participants in providing early intervention.

The three family handbooks (Referral and Eligibility Evaluation, Orientation to Services, and Transition to Preschool Special Education) are available as paper products and PDFs on the Birth to Three website. This may not be the most effective way to communicate information to young parents.

### **Professional Development**

#### *Strengths:*

The Provider Support Team conducted a system-wide needs assessment of Birth to Three's professional development. More than seven customizable trainings have been developed in the areas of writing functional outcomes, routines-based evaluations, research supported practices in early intervention, and addressing motor, communication and sensory needs within natural daily activities. The training provided by Dathan Rush and M'Lisa Shelden described later in this report promises to result in more EIS programs implementing research supported based 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 to teaming.

The lead agency has focused a significant amount of resources on ensuring that the behavioral health of children is assessed and, when needed, supported by qualified mental health professionals. Training on the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) was provided and will be repeated. Legislation was passed about tracking referrals from and data sharing with the Department of Children and Families (DCF). The lead agency supported reflective supervision groups for an Infant Mental Health endorsement and a learning community about this topic.

#### *Areas for improvement:*

There continues to be a misunderstanding in the medical community about the mission of Birth to Three. The reality of Part C as a system of supports for families is still being described to families by many doctors and nurses as a way to get therapy to fix the child's development. A marketing plan is needed to provide information to referral sources so that they better understand the Birth to Three System and the SiMR.

## **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

The lead agency needs to offer more online training for on demand learning and to reduce EIS program expenses incurred by sending staff to workshops.

Professional development opportunities need to continue to be offered systematically throughout the year so that programs can arrange to have staff participate and still provide the services listed on families' IFSPs.

Experienced families could develop online family stories to share in order to model for newer families how being able to communicate effectively can help them as decision-makers.

The state needs to enhance the extent to which families participate in providing professional development to EIS program staff and other activities such as outreach.

The state's Infant Mental Health endorsement is being underutilized by EIS providers. The training on the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) should be repeated. Families need more guidance about how to understand and support their child's challenging behaviors.

### **Data:**

#### *Strengths:*

The Part C transactional, statewide, web-based data system is easily accessed and EIS programs use it as a management tool. The data system provides critical information for collecting revenue from third party payers.

Having a designated data system developer as part of the Part C staff since 1998 has been a critical component to responding quickly to required changes.

Over the course of the past year Connecticut participated with the DaSy Center to help develop the "Framework" for high quality early childhood data systems. The DaSy Framework will help Connecticut improve its high quality data system and build the Early Childhood Integrated Data System (ECIDS) both of which will help the lead agency track the long term results for families and their children.

#### *Areas for improvement:*

The state needs a better way to measure the effectiveness of the research supported practices regarding how families interact with their children and participate as decision makers. The UCONN University Center for Excellence in Developmental Disabilities (UCEDD) has offered to be of assistance.

Documentation about the Part C data system is not as comprehensive as it could be. A data system procedure is needed using the DaSy Framework components as a basis to address all the elements of quality.

Once the Office of Early Childhood (OEC) is the lead agency, the Part C data will become part of a much larger ECIDS. However, the move to the OEC may result in some of the components being lost, such as, an application described earlier as "Global Reporting" that many EIS programs use to make data-based decisions.

There are occasional issues related to synchronizing family cost participation data between the billing vendor and the EIS programs, this affects the relationship between families and EIS providers when billing errors occur.

The data system must support natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming.

It is anticipated that after the change in lead agency there will be opportunities for better data sharing with the Connecticut State Department of Education data systems. This will assist with longitudinal data analysis, particularly as the effectiveness of early intervention may not be seen in child educational and behavioral outcomes until they are too old for Birth to Three.

### **Technical Assistance (TA):**

#### *Strengths:*

All four support teams provide technical assistance to programs as needed.

Please refer to the Professional Development and TA section of the introduction to this SPP/APR.

#### *Areas for improvement:*

Staff providing TA to EIS programs about the research supported practices (RSPs) including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming need time and experience to ensure implementation with fidelity.

The contract for training by Rush and Shelden is currently supporting only nine of 39 EIS programs and a plan for scale up must be developed.

All providers are not consistently sharing ongoing curriculum data with families as a tool for helping families describe their child's abilities and challenges and next steps in development.

**Accountability/Monitoring:**

*Strengths:*

Connecticut EIS providers are deeply committed to providing high quality supports to families and assuring compliance with the IDEA. They are actively involved in advising the lead agency about ways to make this happen more easily and in a cost effective manner. This close working relationship assures that the lead agency knows the issues and can respond.

The contracts between the lead agency and EIS programs assure that programs are held accountable.

Accountability data is posted on the Birth to Three website and is useful for planning as well as for identifying opportunities for improvement.

The Focused Monitoring (FM) team includes parents who have received Birth to Three services. The protocol used is aligned with child and family outcomes and family survey data.

Please refer to the General Supervision section in the Introduction to this SPP/APR.

*Areas for improvement:*

The self-assessment completed by EIS programs needs to be updated to measure how research supported practices (RSPs) including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming are being provided.

The FM key priority area could be better aligned with the SiMR and, as new tools for measuring effectiveness are developed, they could be integrated into the FM process.

2(d) State-level Improvement Plans and Initiatives

The Office of Early Childhood (OEC) is a state agency created in 2013 with authority over the policy, personnel, budget, and data of all of the state's early childhood programs that have an impact on young children's school readiness and development. The OEC consolidates the personnel, legislation, funding streams, and information of Connecticut's numerous programs that support young children and their families and the providers of those supports that were formerly dispersed across the Departments of Education, Public Health, Social Services, and the Board of Regents. Moving all of these programs to the OEC will enhance the state's ability to coordinate the many initiatives in place for family support and early care and education. This agency is still very new and is still trying to build an organizational structure while collecting all the information about each of the programs being brought together.

Over the past five years the state of Connecticut spent nearly \$1.25 billion on early learning and development programs. This represents a 12.36 percent increase in funding for early learning and development between 2009 and 2013, despite the economic downturn and a very slow economic recovery. Connecticut's investments in early learning and development programs totaled \$267,556,988 in 2013.

Connecticut enacted legislation in 2013, Public Act 13-178, requiring several state agencies to develop and implement a comprehensive approach for improving the mental health and development of children from birth to age five. The legislation calls for a comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional, and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional, and behavioral health issues on children. In CT there is an endorsement in Infant Mental Health that has four levels of attainment based on education and experience. The endorsement signifies that the service provider has expertise in infant mental health and can promote culturally sensitive, relationship focused service specific to infant mental health. The Connecticut Birth to Three System is partnering with the Connecticut Infant Mental Health Association (CT-AIMH) to assist EIS providers. to obtain this endorsement with the hope that each EIS program will have at least one individual on staff who is endorsed. A course on Reflective Consultation is being offered, using Birth to Three funds, to assist providers in achieving this endorsement. Staff from the Birth to Three Family and Community Support Team and the Provider Support Team work closely together on these efforts.

Connecticut uses one universal Early Childhood Health Assessment Record for all programs serving children from birth to kindergarten entry. The record collects and documents health and medical information from families and health providers. The health information conforms to the periodicity schedule for Early Periodic Screening, Diagnosis, and Treatment (EPSDT). The record promotes medical homes and mental health consultations and is a catalyst for connecting children and families to other resources, such as Birth to Three and Home Visiting programs.

Help Me Grow (HMG) is a prevention program designed to identify children at risk for developmental or behavioral problems and to connect these children to existing community resources. The Help Me Grow initiative, launched in 2001, helps families access more than 44,000 health, behavioral health, child development, and family support services across the state. It also provides direct access to IDEA Parts B and C and Title V Children and Youth with Special Health Care Needs (CYHCN) through a shared phone line called the Child Development Infoline (CDI). Children likely to meet the eligibility criteria for Parts C, B, or the Title V (CYHCN) programs are referred via the CDI toll-free number for evaluation and services. For at-risk, and vulnerable children unlikely to meet eligibility criteria for these programs, CDI links their families to community-based programs and services included within the HMG resource inventory. Thus, HMG and CDI ensure that all children in Connecticut, not only those meeting program eligibility criteria, have access to the services they



## **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

need to best promote their healthy development. Several hundred pediatric health, family service, and early childhood educators participate in the Help Me Grow system.

CPAC has a number of family support initiatives that are aligned with the SiMR such as supporting the creation of family stories. The lead agency contract with CPAC continues to improve communication and understanding about how the PTI can help with the SiMR.

Recently the state was awarded a Federal Preschool Development Grant in December 2014 for the expansion of high preschool programs.

### 2(e) Representatives Involved

Please refer to the section at the beginning of this indicator under baseline and targets "Targets: Description of Stakeholder Input." That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated, and how they participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf.)

All of the members of the external stakeholder group have committed to participating throughout all phases of the SSIP development and ongoing implementation. Some are members of the ICC and others are past members. The commitment from the provider community has been very strong. Nine EIS programs have committed to participate in the training and programmatic changes as a result of the training led by Rush and Shelden. The directors of those programs will form a community of practice to provide ongoing support to each other and guidance to the lead agency about necessary changes to the infrastructure, as needed, to support the implementation of research supported practices.

### 2(f) Stakeholder Involvement in Infrastructure Analysis

Infrastructure Analysis was one of the five workgroups of the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets "Targets: Description of Stakeholder Input." That section includes the process for identifying and selecting stakeholders. (See the complete list of members and how they contributed in the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf.)

In addition, input was collected from individuals not on the workgroup whenever needed. For example, the Deputy Director of the Office of Early Childhood provided much of the information used in this analysis as related to other state initiatives.

The results of the broad analysis through to the in-depth analysis were presented to and discussed by the entire stakeholder group. After each stakeholder meeting slides and charts were shared on the SSIP webpage on Birth23.org. In addition, blog posts were written and emailed to more than 800 people, and updates were announced on Facebook.com/CTBirth23 and Twitter.com/CTBirth23.



Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

*The following State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families (SiMR) was developed during Phase I of the SSIP development and was not changed during Phase II or Phase III.*

**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.**

Description

#### 3(a) SiMR Statement

Connecticut's SiMR is aligned to SPP/APR indicator 4B

**The percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.**

Stakeholders and Part C leadership are in agreement that the SiMR is focused on an overlooked area of Part C: the ability of parents to describe their child's abilities and challenges. The decision to focus on families with children who have a diagnosed condition stemmed from the consensus that being able to describe their child's abilities and challenges impacts parents across all socio-economic and educational backgrounds. Choosing to focus on families with children with diagnosed conditions would allow a deeper analysis of the data for the segment of Part C families that would most likely be involved in services throughout their life with their child.

Even though the focus of the SiMR is on families with children with diagnosed conditions, all of the coherent improvement strategies described in this report will be implemented throughout the system. All strategies will be implemented to support all families in describing their child's abilities and challenges. Using only the data about families with children who have diagnosed conditions allows the state to focus on a group that appears to need the most improvement.

#### 3(b) Data and Infrastructure Analysis Substantiating the SiMR

Please refer to the Data Analysis and Infrastructure Analysis sections of this Indicator for more detail.

Stakeholders were provided with a wide variety of issues and analyses to identify as a "problem" needing to be addressed or "low performance" needing improvement. Over the course of several meetings, the focus on family outcomes was identified and the SiMR was developed by the entire stakeholder group in December 2014. PowerPoints from each meeting were posted on the Birth23.org SSIP web page.

**"... intervention for children really occurs between home visits..." R. A. McWilliam**

The stakeholder members of the SiMR workgroup agreed that, for many families, having trouble describing their child's abilities and challenges can leave them vulnerable to a "process of powerlessness" and a sense of being isolated.

As described in the Data Analysis section, Connecticut's stakeholders developed the wording of the SiMR based on the following:

- Calls from parents to CPAC
- Discussion/Input from 12 other PTIs gathered at a recent regional meeting in Philadelphia
- Input from the State Interagency Coordinating Council (SICC) parent members
- Review of over 1,000 requests to CPAC for information where parents did not identify their child's needs
- Parent calls to CPAC that reflected a need for help in understanding what their child can and cannot do
- Focused monitoring summary data
- This FFY2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Family Survey data

The FFY2013 SPP/APR Data for indicator 4B shows that while the 2013 target was met, it was the lowest percentage of Indicator 4. This is because, of the three measures, it is the most difficult to achieve based on the calibration of the survey being used (NCSEAM). After broad and in-depth data analysis, two subsets were reviewed, those without the extreme responses as described more fully in the

The SiMR is aligned with the following other state initiatives:

- The State Personnel Development Grant (SPDG) focuses on providing specific training to Birth to Three providers on working with families in challenging situations that may lead to challenging behaviors in their children. These situations include: mental health issues, substance abuse, domestic violence, medically fragile, chronically and terminally ill children, parents with intellectual disabilities, and severe socio-economic issues. Through the use of “experts” and research in the field, providers are given the tools to identify early indicators and red flags, resources and best practice. This information allows families the opportunity to focus on their child’s needs as well as the challenging situations they might be experiencing. This could be the first step for families in developing awareness of their child’s abilities and challenges as well as how to communicate this to others.
- The training led by Rush and Shelden described in previous sections focuses on coaching, mentoring and supporting Early Intervention Service (EIS) providers in the implementation of consistent use of natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. This approach makes families aware of their child’s abilities and challenges during their interactions with them throughout the day. This approach also emphasizes the importance of the family as the foundation of their child’s development.
- The Connecticut Early Learning and Development Standards (CT ELDS) is a statewide initiative through the Office of Early Childhood. Using family friendly language, these standards identify typical developmental milestones of children, birth to five. CT ELDS are being promoted in childcare, preschool and by EIS providers. This coordinated effort facilitates the ability of families to communicate clearly about their children’s’ needs across developmental domains and with consistent language.

The state has the capacity to support intensive training of providers on the implementation of natural environment practices with families from the early contacts, evaluation and assessment, to writing functional outcomes on the IFSP, through jointly developing strategies for learning opportunities within the family’s routines and transition planning.

In addition, resources are available to develop online training modules for parents that highlight the benefits of being able to communicate effectively about their child’s abilities and challenges.

The SiMR would build on existing efforts to increase provider understanding and implementation of research supported practices. It would also dovetail with the current technical assistance initiative with Birth to Three providers supporting the writing of functional outcomes with families.

The lead agency is working to collaborate with the University of Connecticut’s University Center for Excellence in Developmental Disabilities (UCEDD) on these initiatives. In particular, the UCEDD would assist with implementing measurements following the training led by Rush and Shelden and operationalizing the training objectives into measureable outcomes for changes in practice.

### 3(c) SiMR as Child-Family-Level Outcome:

Stakeholder discussion indicated a concern that all families, regardless of socio-economic and education level, struggled with the same issues when they need to describe their child’s abilities and challenges. In particular, for families of children with diagnosed conditions, the need to do this would be a set of skills needed throughout their life with their child.

Families are only in Connecticut’s Part C system for an average of 11 months. In that short time changes in child outcomes are possible, but the biggest impact EIS providers can have is changing how families think about and act with their child. This is not the focus of early childhood special education; the child’s education is. Stakeholders hold strongly to the research base for Part C that positive family outcomes will affect child development more than focusing on child outcomes.

**It has been clearly shown in this study that parents’ use of intervention techniques resulted in child acquisition of behaviors.**

*Bruder, M(1985) Parents as teachers of their children and other parents. JEI, 9 (2) 136-150.*

Lasting and valid positive child outcomes may more readily be seen later in Kindergarten or elementary school as a combined effort of Part C’s focus on families and early childhood special education’s focus on student achievement. For this reason, successful transitions, including how well each family describes their child’s abilities and challenges is critical. When families are clear about what their children need and can communicate that effectively to schools and health care providers, then the plans that are developed will have a higher likelihood of meeting the needs of the children and involving the families. These improved plans will in turn result in positive educational results for the student.

As described above, the focus of the SiMR measure is on families with children with diagnosed conditions, as these families are most likely to be involved in services throughout their life with their child. However, all of the coherent improvement strategies describe in Component 4 of this report will be implemented throughout the system for all families.

### 3(d) Stakeholder involvement in Selecting SiMR:

The SiMR was the focus of one of the five workgroups of the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets “Targets: Description of Stakeholder Input.” That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated and how the participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf)

The early SiMR focus areas were based on broad stakeholder input that started with two key issues:

- Parents seeking support from the only OSEP funded Parent Training and Information Center, Connecticut Parent Advocacy Center

### **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

(CPAC), were able to relay their child's diagnosis but had difficulty articulating their child's abilities and challenges as a result of this diagnosis.

- Some families are unable to articulate why their child should continue in Part C or Part B services and, if their child is eligible for services, they are unable to articulate what services are appropriate for their child. This may result in service plans that do not reflect their child's unique needs.

A workgroup consisting of Birth to Three administrative staff, a provider, a representative from the American Academy of Pediatrics and the executive director of the Connecticut Parent Advocacy Center (CPAC) met after each full stakeholder meeting and at other times in person and by phone to discuss critical issues facing families in Birth to Three. After extensive discussion, parents on the SICC were surveyed for their areas of concerns. In addition, CPAC collected data as described in the sections above.

The results of these activities indicated that parents struggle with describing their child's abilities and challenges and that they need assistance with this.

After multiple meetings and an a final word-smithing discussion at the December meeting, the full stakeholder group reached consensus on the SiMR statement and the results were posted on the Birth23.org SSIP web page to gather further comments.

#### 3(e) Baseline Data and Targets:

Please refer to the Baseline and Targets section of this indicator

The SiMR workgroup proposed initial targets. These targets were then shared with the whole stakeholder group for additional input. The discussion focused on trends and the organizational challenges ahead for Part C but the stakeholders remained firm that families need to be better able to describe their children. The baseline and targets may be reset once the state develops a better way to measure true family outcomes but until then consensus was achieved and the draft targets were set. The draft targets were then posted on the Birth23.org SSIP web page for input. The results of the input were then shared with the entire stakeholder group and final targets were set.

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

### Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

*The broad list of brainstormed strategies listed below were generated during Phase I of the SSIP development. No changes were made to this section during Phase II or Phase III. The strategies were combined and refined in the sections of Phase II and in the logic model and evaluation plan which is being tracked in Phase III.*

#### 4(a) How Improvement Strategies were Selected:

Many of the improvement strategies were selected based on data from monitoring which indicated consistent issues with

- the use of natural learning environment practices,
- coaching as a style of interaction with families, and
- the use of a primary service provider approach to teaming.

This data was supported by interviews with families, EIS providers, and program directors from across the state. As described in the Data Analysis section for this Indicator, additional data from the only OSEP funded Parent Training and Information Center, Connecticut Parent Advocacy Center, Inc. (CPAC), indicated that at transition meetings parents were relying on service coordinators to describe their child's strengths and needs rather than feeling competent and confident in doing it themselves. In addition, parents seeking support from CPAC were able to relay their child's diagnosis but had difficulty articulating their child's abilities and challenges as a result of this diagnosis. Please refer to the first section of this indicator "Description of the Measure" for more details.

The process used to select improvement strategies included; five broad stakeholder meetings, focus groups with EIS program directors, interviews with Part C and EIS program staff, and focus groups conducted by the evaluator of a State Personnel Development Grant (SPDG) all of which identified a lack of consistent understanding and implementation of natural environment practices including coaching interactions with parents. Coaching as a style of interaction with parents is a prominent research supported strategy for increasing a parent's ability to describe their child's abilities and challenges and to interact with their child in ways that will effect change over time.

Additional strategies were identified through reviewing evaluations of training and technical assistance in the system. Also, state forms, policies, procedures and guidelines were reviewed as were the results from a listening tour about the Birth to Three Mission open to all EIS providers.

Proposed improvement strategies that will be used to strengthen the state Part C infrastructure and improve full implementation of research supported practices with fidelity are grouped into three main areas:

- Knowledge (parents, health care providers, EIS providers),
- Training (parents, health care providers, EIS providers), and
- Policy (procedures, forms, guidelines).

The broad improvement strategies listed below will be described in greater detail in Phase II of this SSIP. The implementation framework in that report (due February 2016) will include the reasons each strategy was ultimately selected. Primarily at the early phase, stakeholder input was a guiding principle, as was any aspect of the infrastructure that was described as needing improvement. Strategies linked to initiatives that are already in place were also listed. Finally, as described throughout this report, the Part C is poised for a number of systemic changes which may make selecting firm strategies challenging.

What follows is a list to help Stakeholders keep track of suggestions and discussions. Each item will be more fully evaluated. Items may be grouped differently in Phase II and some may be eliminated due to costs or logistics.

#### **Proposed Coherent Improvement Strategies:**

##### *I. Knowledge: Parents, Healthcare Providers, EIS Program Staff*

1. Educate parents about their role in Connecticut's Birth to Three model of service delivery and the goal of increasing their confidence and competence in being able to describe their child's abilities and challenges as well as their role during transition and at PPT meetings.
2. Revise the Family Handbooks so that they correctly describe what early intervention is while making them more accessible to a generation of parents that text message and read on smartphones.
3. Promote the sharing of online family stories to highlight the benefits of families being able to describe their child's abilities and challenges.

## **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

4. Develop a marketing plan to educate health care providers about how the Birth to Three system uses research supported practices such as natural environment practices including coaching interactions with parents and efforts to empower parents along with highly quality therapeutic strategies.

5. Develop a marketing plan for EIS providers so they understand the importance of enhancing the family's ability to meet their child's needs, as well as increasing the family's confidence and competence in describing their child's abilities and challenges.

### *II. Training: Parents, EIS Program Staff, Healthcare Providers*

1. Intensive training and technical assistance (TA) for an initial cohort of nine programs on implementing with fidelity research supported practices (RSPs) including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. Begin with the earliest contacts, and move through the evaluation and assessment process, writing functional outcomes on IFSPs and jointly developing strategies for learning opportunities within the family's routines, and to transition planning.

2. Work with the UCEDD at UCONN to assist with implementation and evaluation following the training led by Rush and Shelden: operationalize the training objectives into measureable outcomes for changes in practice.

3. Support a Community of Practice (CoP) for EIS program leaders in the initial cohort about the implementation of RSPs.

4. Scale up the implementation of the RSPs with the remaining programs.

5. Create online training modules for parents to highlight the benefits of being able to describe their child's abilities and challenges as well as helpful techniques.

6. Continue providing targeted TA about the writing of functional outcomes and objectives with families as well as other topics identified through the general supervision of programs.

7. Provide supervisor training for EIS programs about how to support staff implementing RSPs and to increase knowledge of practices that support achievement of SiMR.

8. Encourage each EIS program to have at least one infant mental health endorsed professional on staff.

9. Offer more opportunities for developing skills to evaluate social and emotional development including the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) training.

10. Offer training over the course of the year in a plan-full way that maximizes staff availability and reduce costs to programs.

### *III. Policy: Procedures, Forms, and Data*

1. Complete the DaSy Center and ECTA Center Framework self-assessments.

2. Meet regularly with the 1<sup>st</sup> cohort of programs Community of Practice to review policies, procedures and forms as well as system issues such a billing and the system of payments policy to remove barriers when possible and streamline processes to make providing RSPs efficient and cost effective.

3. Revise Connecticut's statewide Individualized Family Service Plan (IFSP) form with prompts to encourage more input from parents in describing their child and formulating outcomes. Revise the Outcome page as needed to facilitate improved outcomes, objectives and strategies.

4. Revise Connecticut's Birth to Three Natural Environments Service Guideline to include working in early care and education settings, supporting the family's ability to communicate about their child using common language from the Connecticut Early Learning and Development Standards (CT ELDS) described in the Infrastructure Analysis and SiMR sections.

5. Develop Evaluation/Assessment and Report Writing Guidelines and training to assist families with describing their child's abilities and challenges from their first contacts with the system while making it clear that they have a pivotal role as decision-maker and participant in implementing identified strategies.

6. Enhance EIS providers use of ongoing assessment curricula results with parents in order to inform them about the next steps in development and facilitate a greater understanding by parents about their child's abilities and challenges.

7. Assist the Office of Early Childhood with development of an assessment tool for the CT ELDS and continue to work on improving the relevancy of the CT ELDS as a tool for EIS providers.

8. Consider development of a rating tool to measure how parents describe their child's abilities and challenges with UCONN's UCEDD as part of item II #3 above.

9. Update and modify the self-assessment that EIS programs complete to emphasize how RSPs are being implemented and documented.

10. Better align the priority area, rankings and visit protocol for Focused Monitoring with the SiMR.



## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

11. Enhance the Part C data system to collect ongoing indicators of how the RSPs are being implemented and assure that the ECIS includes critical indicators related to the SiMR for Part C.
12. Improve data sharing and connections with the State Department of Education using an existing common unique identifier to link Part C records to Kindergarten and 3rd grade assessment data as a way to measure long term student educational results since in Connecticut families are only enrolled in Part C for an average of 11 months.
13. Expand user access to the SPIDER data system to allow EIS providers to view and enter information from mobile devices in families' homes.
14. Partner with the Early Childhood Integrated Data System (ECIDS) being developed to allow for longitudinal evaluation of the effectiveness of Early Intervention and this SSIP.
15. Simplify the Payment procedure and revise contracts as needed to support the provision of RSPs such as coaching in natural learning setting with primary services providers and joint visits.
16. Modify how Medicaid revenue is maximized as required by the state without disrupting services to families and while assuring that the RSPs are main drivers.
17. Continue to evaluate the impact of the Family Cost Participation system on families choosing to enroll in Birth to Three as related to assuring that the state can achieve results for all eligible families with infants and toddlers with delays and disabilities.
18. Facilitate a smooth transition to the Office of Early Childhood.

### 4(b) How Improvement Strategies are Sound, Logical and Aligned

Connecticut's stakeholders believe that the improvement strategies selected so far are sound, logical and aligned with each other and with the SiMR. It is understood that they can be modified and more can be added. The current strategies support the system on a variety of levels all leading to improvements in a parent's ability to describe their child's abilities and challenges. The knowledge-based trainings, information sharing, procedure changes, and other initiatives described are multi-tiered and inter-related thus support a systemic approach to addressing the SiMR. This will only be enhanced once Part C becomes part of the new Office of Early Childhood.

All of the efforts listed above are aimed at ensuring that parents, EIS program staff, and healthcare providers understand the importance of increasing parent's confidence and competence in being able to accurately describe their child's abilities and challenges. In addition, the state has strategies in place to ensure that policies and procedures support efforts in this area and do not create barriers to implementation.

The improvement strategies will be supported primarily by allocations from the Part C grant as described in the federal Part C application and by state funds. EIS programs also support them by making staff time available and reimbursing them for attending professional development activities. Each lead agency Support Team leader (Provider, Family and Community, Systems, and Fiscal) has a role in assuring that her budget is in line with the strategies that fall under her team's purview. For more information about the support teams, please refer to the SSIP Overview at the beginning of this indicator and the attached table of organization named CTB23OrgChartJanuary2015pdf.

The state has already committed resources to a large, ongoing training with Dathan Rush and M'Lisa Shelden on research supported practices (RSPs) in home visiting. In order to be selected, the nine EIS programs in the first cohort of this intensive training agreed to commit the time and resources needed to develop the capacity to implement the RSPs with fidelity. Support is provided through webinars, on-site training, and six months of TA follow-up on implementation of the consistent use of natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming.

Where applicable, the strategies will be aligned with other state initiatives such as the State Personnel Development Grant (SPDG), the Connecticut Early Learning and Development Standards (CT ELDS), and other efforts evolving at the Office of Early Childhood.

- The SPDG focus has been on working with families of children with challenging behaviors and assisting them to better understand and support their children.
- The CT ELDS are being promoted statewide through the Office of Early Childhood and are statements of what children from birth to age five should know and be able to do across the earliest years of development. They are written in parent-friendly language and promoted for use in childcare and preschool classrooms. Promoting the use of the CT ELDS by EIS program staff may facilitate parents' abilities to describe their child's abilities and challenges across sectors and with consistent language.
- Shortly before this was submitted, Connecticut received Federal Preschool Development Grant for the expansion of high quality preschool programs

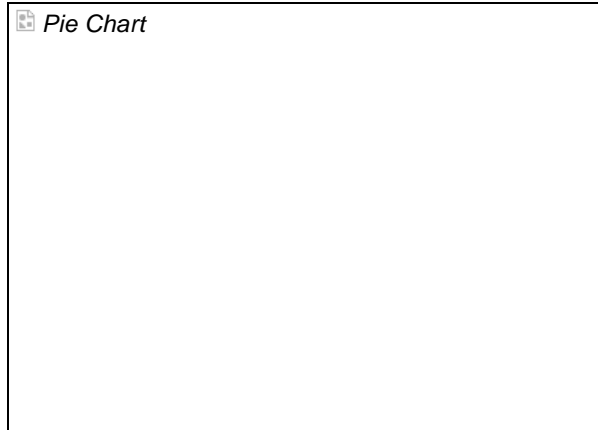
### 4(c) Strategies that Address Root Causes and Build Capacity

The lead agency, with broad stakeholder input, identified the root cause of the concerns expressed by CPAC and as identified through monitoring to be that EIS providers were, to a large extent, still focused on working with the children and not supporting families as decision-makers to be able to describe their children's abilities and challenges. This shift from being an interventionist who "works with kids" to being a coach who helps parents as adult learners is at the very core of the SiMR and the work with Rush and Shelden. The SiMR focuses on measuring results for families with children that have a diagnosed condition since those children have potentially



## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

life-long needs and their families will need to be able to describe their child's abilities and challenges throughout their life with their child. The strategies described above will address the root cause which has led to low performance in this area for this group of parents. It is important to note that the strategies and RSPs will not be used only with families with children who have diagnosed conditions but with all families as the system scales up the use of RSPs with fidelity at all EIS programs over the course of the five years.



*(Tweety Yates, Ph.D. - Together We Will, CT Early Childhood Conference 2015)*

With broad stakeholder input, the state has identified 33 potential coherent improvement strategies. Over the next year, during Phase II of the SSIP development, the strategies will be analyzed using an implementation framework to determine the following:

1. which are doable
2. the financial impact on the system and particularly on programs
3. the order in which it makes the most sense to implement them, and
4. how to evaluate each of the strategies.

The implementation framework will include concepts identified in the principles of Lean Management for Government including Plan, Do, Check, Act (PDCA) to support the lead agency's culture of continuous improvement.

### 4(d) Strategies Based on Data and Infrastructure Analysis

Please refer to the Data Analysis and Infrastructure Analysis sections above.

The coherent improvement strategies are grouped to address training needs of parents and EIS providers, as well as the medical community. Strategies to increase knowledge of parents, providers and the medical community about why parents need to be better able to describe their child's abilities and challenges are included in the proposed list of strategies above and concentrate on the areas that the lead agency and EIS programs can have a direct impact on in order to reach the goal. This includes revising the IFSP form, ensuring that procedures support providers to assist parents to describe their child's abilities and challenges at every opportunity, revising and developing new service guidelines to encourage parent participation, and working with other partners such as CPAC, the Office of Early Childhood, the State Department of Education, and the UCEDD.

The Rush and Shelden training was specifically designed to start with programs that are already early adopters and comfortable with natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach to teaming. It is then envisioned that the programs in the first cohort will assist with scaling up the training to other programs over time. This scale up plan will be addressed in greater detail in Phases II and III of the SSIP.

### 4(e) Stakeholder Involvement in Selecting Improvement Strategies

Coherent Improvement Strategies was one of the five workgroups in the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets "Targets: Description of Stakeholder Input." That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated and how they participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf.)

The workgroup that focused on coherent improvement strategies included two lead agency staff, three EIS program directors, a physician, and the director of CPAC. The group met in person three times and by conference call twice to identify the strategies listed above. In addition, the lead agency staff solicited input from additional EIS program directors and key OEC staff assigned to initiatives relevant to the SiMR.

The results from the broad analysis through the in-depth analysis were presented to and discussed by the entire stakeholder group. After each stakeholder meeting slides and charts were shared on the Birth23.org SSIP web page. In addition, blog posts were written and emailed to over 800 people and updates were announced on Facebook.com/CTBirth23 and Twitter.com/CTBirth23.



Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

### Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

*The text below is from Phase I of the SSIP development. No changes were made to the narrative during Phase II or Phase III. The graphic was changed to include new "strands" so that the names of the strands align with the implementation teams and the ICC committees.*

#### 5(b) How Improvement Strategies will Lead to Improve Results

The graphic representation above illustrates that the basis for achieving improved results lies in improved knowledge and shared understanding about the true purpose of early intervention across parents, health care providers, and EIS program staff working with families. Parents have the greatest daily opportunity and lifelong impact on a child's life. Parents often rely on healthcare providers for valued advice on keeping their children healthy and developing well. This is demonstrated by physicians accounting for the majority of direct and recommended referrals for early intervention every year.

By providing training for parents and health care providers, and having well-trained and EIS program staff who coach families and implement research supported practices with fidelity, families will learn new skills and understand the unique ways that they can help their children develop and learn. This will produce families who are better able to describe their children's abilities and challenges. Ensuring that the Part C policies and practices are revised to focus on supporting families to strengthen their knowledge and apply the skills learned will result in families being better able to describe their children's abilities and challenges. These more accurate, detailed descriptions by parents about their children will support plans that are more likely to produce improved educational results for students long after the children reach age three.

The parent quotes at the bottom were provided by parent stakeholders whose children received Part C support and accurately describe their children's abilities and challenges. These examples illustrate the achievement of success that Connecticut is working toward for all enrolled families.

#### 5(c) Stakeholder Involvement in Developing the Theory of Action

Theory of Action was one of the five workgroups in the broader SSIP stakeholder group.

Please refer to the section at the beginning of this indicator under baseline and targets "Targets: Description of Stakeholder Input." That section includes the process for identifying and selecting stakeholders. Also attached is a list of stakeholders, their roles, on which workgroups they participated and how they participated. (See the following attachments: CTPartCStakeholders.pdf, Workgroups.pdf and HowParticipated.pdf)

Participants on this workgroup initially included staff from the CT University Center for Excellence in Developmental Disabilities (UCEDD) and an early childhood program director. More input from additional parents was sought with the assistance of the Parent Training and Information Center (PTI), CPAC, which shared the series of drafts with parent staff and visitors.

Significant enhancements included collection and incorporation of actual parent statements about their own children, demonstrating their expertise in describing their children's abilities and challenges and modeling achievement of the SiMR. Graphic elements were refined and the wording enhanced based on stakeholders input.

A draft of the Theory of Action was presented to the entire stakeholder group in February 2015. After input was provided and edits were made, a final draft was posted with a draft of this entire indicator on the Birth23.org SSIP web page, blogged, and shared on Facebook and Twitter.

**Research syntheses of parents' interactional behavior with their infants and toddlers and young children with disabilities show that responsiveness to children's behavior has development-enhancing effects.**

**The particular characteristics of a responsive interactional style that are most important in terms of explaining positive child outcomes are the ability to perceive and interpret a child's behavior as an intent to interact or affect an environmental consequence, caregiver contingent responsiveness in amounts proportional to the child's behavior, and joint and reciprocal turn taking during interactive episodes. Behavioral interventions that focus specifically on caregiver awareness and accurate interpretation of, and contingent social responsiveness to, children's behavior have been found to be most effective.**

Dunst, C. ( 2012) Advances in Theory, Assessment and Intervention with Infants and Toddlers with Disabilities In J.M. Kauffman & D.P. Hallahan (Eds.). Handbook of special education: M.A. Conroy (Section Ed.). Early Identification and Intervention. New York: Taylor & Francis.

# FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 11: State Systemic Improvement Plan

## Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

### Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

#### *1(a) Improvements that will be made to the State infrastructure to better support EIS programs and providers:*

Connecticut has a core lead agency SSIP leadership team that supports three implementation teams each of which includes a variety of stakeholders. The names of the implementation teams align with the new strand names in the theory of action graphic that was revised with stakeholder input and the logic model that was developed by stakeholders (See Phase I section 5 and attachments).

- Education and Outreach
- Personnel Development
- Fiscal Enhancements

Each team developed the sections of this report with stakeholder input. Where the sections were different enough to warrant headers, they have been included; where they were not, the content was merged and refers to all three teams.

#### Education and Outreach

Stakeholders included information about how people perceive and describe the Birth to Three System in Connecticut as part of the infrastructure that needs improving. Specifically this includes a unified message that emphasizes caregivers as the intended focus of visits and the use of natural learning environment practices, coaching as a style of interaction with families and the use of a primary service provider approach to teaming.

A messaging campaign will be developed to better describe what Birth to Three looks like in Connecticut based on the Evidence-based practices (EBPs) being scaled up. It will target caregivers, and family members, as well as the medical community, Local Education Agencies (LEAs), early care and learning providers, and other community members such as concerned friends, neighbors, co-workers.

The campaign will include a comprehensive web-based information system for families and the community. This will provide them with information and resources, connect interested families with other families receiving Part C supports, collect feedback from families to improve the system, and provide information and resources to referral sources, community providers and other stakeholders. The six largest family health clinics and pediatric practices in the state will be targeted first.

The lead agency will also be updating all family products to reflect the unified message about Birth to Three to present them to families in their preferred method of communication: paper, electronic, or both.

Stakeholders agree that these changes will help to ensure that all families, Early Intervention Service (EIS) providers, medical community, LEAs, and people in the community receive the same unified message about what to expect from participation in Birth to Three. When this is consistent the challenges that arise from different expectations will be reduced. Understanding what Birth to Three looks like is the foundation upon which joint planning between families and providers is built.

#### Personnel Development

The state wide Individualized Family Service Plan (IFSP) form will be modified to align with the evidence-based practices (EBPs) of using a primary service provider model and coaching practices in natural learning environments.

The contract with EIS programs will be modified to include assurances that providers implement the practices with fidelity over time.

A fidelity checklist will be developed for EIS providers and programs to use as a formative self-assessment. The checklist will ensure that all EIS providers will be able to understand what the system will expect of them.

Despite repeated deficits, the lead agency understands the value in continuing to fund training to EIS providers with follow-up technical assistance. National experts in the field will complete on site training and technical assistance to all EIS programs over 4-6 years.

#### Fiscal Enhancements

As mentioned in Phase I of this SSIP, Connecticut is undergoing a Medicaid modernization process. The changes to how the State and EIS programs bill Medicaid is a critical aspect of the Part C infrastructure. On average 60% of the children in Birth to Three are insured by Medicaid. The lead agency will work with the Department of Social Services (DSS) to develop a State Plan Amendment (SPA) to submit to the Centers for Medicare & Medicaid Services (CMS). The State will also pursue a 1915(b)(4) waiver.

The revised SPA, 1915(b)(4) waiver, rates and a new payment procedure, completed successfully with stakeholder input will ensure that

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

enough high quality EIS programs are available to support families in Connecticut.

Cost basis rate setting and modifications to the Birth to Three data system will also be completed. It is anticipated that the new process will be in place within one year after the SPA is approved.

The lead agency also plans to modify the Part C data system to sync with a contractor for commercial insurance billing. This will maximize insurance revenue while eventually reducing the burden on EIS programs.

At the same time that the Medicaid billing process is being revised, the state will be revising its overall payment procedure. A group of leaders from ten EIS programs and the ICC fiscal committee chair make up a newly formed payment procedure workgroup that will work with the lead agency to ensure that Activity-based Teaming is supported. All the payment related activities are interdependent. The State has determined that the way EIS programs are reimbursed needs to be streamlined and more efficient while supporting and reinforcing the provision of EBPs.

As a baseline for tracking progress and change in the Part C infrastructure, Connecticut has completed all sections of the Early Childhood Technical Assistance (ECTA) Center / DaSy Self-Assessment (see attached summary). This will be updated as the infrastructure changes over time and a final assessment will be completed in the summer of 2019.

*1(b) The steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State:*

The lead agency for Connecticut's Part C system changed on July 1, 2015 to the Office of Early Childhood (OEC). The OEC is the state agency with authority over the policy, personnel, budget, and data for the state's early childhood programs. The lead agency will explore merging the Division of Early Intervention with the Division of Family Support which oversees the MEICHV grant. This merger will place the two largest home visiting programs in the state in the same division and will allow for shared training opportunities for staff and families, and a coordinated referral process between early childhood programs.

The lead agency will also refine the workings of its memorandum of understanding (MOU) with the State Department of Children and Families (DCF), the child welfare agency for Connecticut with regard to CAPTA referrals.

As the lead agency works to create an assessment document for the Connecticut Early Learning and Development Standards it will include how caregivers describe their understanding of their child's abilities and challenges. The tool will also include information about family's natural routines which is aligned with the scaling up of Part C EBPs.

The lead agency is also developing an Early Childhood Integrated Data System (ECIDS) and Birth to Three is now included in the scope of this project.

The fiscal enhancements will assist the new lead agency in maximizing Medicaid and commercial insurance revenue to support the program without deficit appropriations as Birth to Three continues to see increases in the number of families being supported and the number of children with an autism spectrum disorder.

*1(c) Who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts:*

The three implementation teams will each have a Part C manager as the team leader. An internal project management system is in place so that project deadlines and next steps are reviewed every two weeks. In addition to the internal process, each implementation team has a corresponding State Interagency Coordinating Council (ICC) committee to which they report. Updates and opportunities for input will be provided at each ICC meeting (at least 4 times per year).

For a description about who participates on each team and how they participate, please refer to the stakeholder representation attachments.

### Education and Outreach

The timelines for the unified message, new family materials, and referral source and school district (LEA) trainings run in parallel with the other projects that tie back to the State-identified Measurable Result (SiMR). It is anticipated that the new web-based resources will be made available by the end of 2016 with more targeted training for new physicians and LEAs available in 2017 and 2018.

### Personnel Development

Because Connecticut is small and the lead agency has close working relationship with the 36 agencies that run EIS programs, infrastructure changes are implemented regularly as a result of suggestions from the EIS program directors. Those that have been trained on the EBPs being scaled up are part of a learning community that the lead agency looks to for input. It is from this cohort that the lead agency will draw to identify new master coaches to support their colleagues as two lead agency staff will be retiring in June 2016.

### Fiscal Enhancements

The timeline for both the Medicaid modernization and the revisions to the payment procedure is "as soon as possible". It is probable that it will occur no later than June 2017. This is the main priority for the state. It is anticipated that the enhancements to commercial insurance billing will be completed by July 2016



## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

It is unknown at this time what resources the lead agency will need to align the Birth to Three Data System with the Medicaid data system (MMIS). This is critical to the continuation of Part C in the state and all necessary changes will be made to support this initiative.

Once the changes to the overall payment procedure have been finalized, training materials will be developed as quickly as possible including face to face and online tutorials to maximize revenue. It is hoped that this process will begin by July of 2017.

*1(d) How the State will involve multiple offices within the Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure:*

As described in the previous sections the purpose of the new lead agency is to coordinate state early childhood efforts including those funded by Health and Human Services and the US Department of Education. Family engagement has been identified as a priority by the Connecticut State Department of Education (CSDE) Special Education Bureau Chief. As a result of joint OSEP leadership meetings and SSIP training, the Part C leadership team has an excellent working relationship with the CSDE. The state ICC has been very involved with advising the lead agency about infrastructure changes. For more information about how stakeholders have been and will continue to be involved, please refer to the stakeholder input attachments.

### Education and Outreach

This team's primary partners are families, the Parent Training and Information (PTI) Center, Connecticut Parent Advocacy Center, Inc. (CPAC), physicians and the state's central point of intake called Child Development Infoline. School districts will also be closely involved once the team shifts focus from referral to transition.

### Personnel Development

This team's primary partners are EIS providers and staff at the Office of Early Childhood (OEC) that are involved in workforce development. Staff at the Head Start Collaborative office is interested in learning more about the Evidence Based Practices (EBPs) for Part C and how they might apply to Early Head Start. Additionally, the lead agency Commissioner has expressed an interest in learning more about how Part C is using coaching with EIS programs in order to how this approach may be used with other OEC programs.

### Fiscal Enhancements

This team's primary partners are staff from Department of Social Services as the lead agency for Medicaid, EIS program directors, and lead agency fiscal and IT staff. The lead agency is highly motivated to make the required changes to enhance third party revenue as early as possible. In the 15-16 year the lead agency projected a \$4.7 million deficit which is not sustainable. To support the fiscal enhancements the Legislative Liaison and the Fiscal Director of the OEC will be working closely with this team, DSS and EIS programs. The lead agency developed communication tools between EIS programs and DSS including a dedicated web page and regular EIS program meetings with DSS staff.

## Support for EIS programs and providers Implementation of Evidence-Based Practices

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

*2(a) How the State will support EIS programs and providers in implementing the EBPs:*

Each of the three implementation teams addresses supporting EIS programs and providers.

As a baseline for tracking progress and change in supporting EIS programs, Connecticut has completed all sections of the Early Childhood Technical Assistance (ECTA) Center / DaSy Self-Assessment (see attached summary). This will be updated as the infrastructure changes over time and a final assessment will be completed in the summer of 2019.

### Education and Outreach

After identifying a unified message, the lead agency will make changes to all of the family products that EIS programs and providers distribute. Information on Birth23.org will be added or changed to reflect the unified message and new service coordinators will receive training about how to explain what Birth to Three looks like to families. Explaining this well to new families will clarify the importance of family engagement despite what they may have heard from friends, family, and doctors about how Birth to Three works.

Another way that the lead agency will support EIS programs is by working closely with primary care providers, early care and learning programs and school districts to increase their understanding about what to expect from Birth to Three. A mismatch in this understanding can impair the relationship between an EIS provider and a family. Second generation early intervention research is clear that the relationship between the primary service provider and the family is the most important predictor of success.

### Personnel Development

Connecticut identified the three EBPs in Phase I of this report:

- A primary service provider approach to teaming
- Coaching as a style of interaction, and
- Natural learning environment practices.

## **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

In Connecticut, this combination has been named Activity-based Teaming. EIS programs were already well versed in an understanding of natural environments as a setting. Not all providers understood it as a philosophy that is deeply intertwined with coaching and the use of a primary service provider approach to teaming. It became evident that implementing these coaching and primary service provider practices would be difficult for those providers that did not fully understand the basic tenets of natural learning environment practices. This basic training will be offered as a foundation to all programs until the full training can be scaled up as described below.

Teams from nine EIS programs have already been trained in the 1<sup>st</sup> cohort who includes intensive technical assistance from the lead agency training team. As the lead agency moves forward with future cohorts, the training team will be able to consider each program's readiness for implementation. In each cohort the teams being trained will receive intensive technical assistance and each team's leader will then scale up the practices with other teams in their program.

Each EIS program director will be included in the training so they have a clear understanding of the financial and staffing impacts of on-going training and intensive technical assistance and to insure that agency policies and procedures do not limit full implementation. A key to successful implementation of the Activity-based Teaming in Connecticut is the initial intensive technical assistance. During the 6-9 months of TA, providers will be encouraged to use the practices with all of the families on their caseload.

### Fiscal Enhancement

The lead agency has been working closely with the Department of Social Services (DSS) and the Centers for Medicare & Medicaid Services (CMS) and EIS providers to develop a State Plan Amendment (SPA) that truly reflects how evidence-based early intervention supports are provided. A research summary was prepared for this purpose and is attached to this report (see EIS Research for CMS.pdf).

A group of leaders from ten EIS programs and the ICC fiscal committee chair make up a newly formed payment procedure work group that will work with the lead agency to ensure that Activity-based Teaming is supported. As the fiscal enhancements become clearer, the lead agency, DSS and the insurance billing contractor will develop materials and train EIS programs. Online modules will be recorded and posted for future reference and the transactional data system will be modified to capture not only what is needed for billing but to link with which practices are related to positive outcomes. This has been identified as an aspirational question by the Center for IDEA Early Childhood Data Systems (DaSy Center) in their 2015 Critical Questions (1.B.4.c, e and f)

### *2(b) Steps and specific activities needed to implement the coherent improvement strategies:*

The broad list of Coherent Improvement Strategies developed during Phase I of the SSIP have been collapsed and condensed to those which stakeholders feels are the most likely to result in changes to knowledge, practice and outcomes.

### Education and Outreach

The products developed for families will be updated by December 2016 to reflect what evidenced-based practices look like in Connecticut. The lead agency will roll this out so that EIS providers are supported sharing the new products with families including coaching them about how to use the mobile/web-based tools. Video tutorials will be available on Birth23.org for new staff.

Next steps and specific activity time lines are discussed at biweekly Birth to Three leadership meetings and Birth to Three staff meetings. The specific activities and time lines will be delineated on project information forms that are approved by Part C leadership and revisited at the leadership and staff meetings.

Barriers to supporting EIS programs and providers in developing and using the new products will be identified at ICC meetings and at quarterly provider meetings. As part of the Part C project management process, as barriers are identified they will be addressed by the implementation team. Thus far barriers identified include reaching consensus on the unified message, assuring consistent use, possible resistance from families and the medical community about moving from a perceived therapy-based model of service delivery to the Activity-based Teaming that focuses more on supporting families. Additional constraints include the time and expense needed to develop a web-based information system for families and the community. The OEC as a new state agency is still taking shape and trying to hire staff during a fiscally challenging time.

### Personnel Development

The lead agency will support at least three full time employees who are trained Master Coaches and who will oversee the training and fidelity of implementation. Additionally, national experts will be consulted and on contract to provide training and technical assistance. Some EIS program level Master Coaches will support implementation and fidelity within their EIS programs as well as other programs in the system. This will result in an increase in the number of EIS providers who have been trained.

To ensure that the activities will be implemented with fidelity, the lead agency will develop a fidelity checklist that will be piloted with programs and staff that have and have not been directly trained in the EBPs. After piloting, the checklist will be blended with an overall formative performance self-assessment. For the items related to Activity-based Teaming it is expected that programs will show improvement over time as they move towards fidelity. Barriers will be identified by the EIS program Master Coaches from the 1<sup>st</sup> cohort and strategies will be developed to address them.

The lead agency will invite members of the ICC committee that aligns with personnel development and other stakeholders to assist and advise on implementation and scaling up of Activity-based Teaming. Members of this implementation team will participate in the development of an ongoing training plan to ensure that all EIS providers are eventually trained and supported.

### Fiscal Enhancements

## **FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)**

EIS programs are very interested in the fiscal enhancements since the outcome directly impacts their ability to provide evidence-based practices. Much of what is part of the Medicaid modernization is out of the hands of the lead agency but the lead agency will work with DSS to hold regular meetings so providers can be informed about the process. The 1914(b)(4) waiver will require a public hearing as will anticipated changes to state regulations.

The overall payment procedure will be revised by a work group made up of EIS program directors and lead agency staff. Members of the work group will communicate with their constituents about proposed changes and will gather suggestions. The ICC will be kept apprised of proposed changes through their fiscal and legislative committee. Updates will be provided at each ICC meeting. The goal is to align the payment process with the decisions made related to Medicaid while simplifying and reducing wastes (muda, mura, muri), many of which were previously identified using a lean-government management process. Throughout the change process, EIS programs will provide critical input about how to support them to provide Activity-based Teaming. The time line for this process will mirror that of the Medicaid revisions since the decisions made during the required Medicaid modernization are key drivers for the payment procedure.

For more information about stakeholder involvement, please refer to the attachments about how stakeholders have participated. This strength in Connecticut will continue as it has for over 20 years (see stakeholder participation summary attachments).

*2(c) How the State will involve multiple offices within the Lead Agency (and other State agencies such as the State Education Agency (SEA)) to support EIS providers:*

The lead agency Commissioner and Early Care and Education Division Director will stay informed about the activities occurring that are supporting the scale up and implementation of EBPs through the Part C Director's weekly participation in leadership team meetings.

Once fully merged with the Family Support Division in July 2016, Part C will more easily have access to resources related to home visiting, inclusion, family engagement and other topics critical to both Health and Human Services and the US Department of Education.

### Education and Outreach

The lead agency website will include links to the newly revised Birth to Three family products including social media and mobile web-based tools.

Meetings will be held with physicians from practices and hospitals throughout Connecticut to share knowledge about the research supporting the EBPs that drive Birth to Three supports to families.

The lead agency will continue to work with the Connecticut State Department of Education early childhood special education (IDEA Section 619) coordinator and the Early Care and Education Division of the lead agency to disseminate information to early childhood special education staff, early care and learning providers and parents. This information will be helpful in ensuring a smoother transition from children and families exiting Birth to Three.

The team leader for Education and Outreach is also a member of the CT Home Visiting Consortium Infrastructure Development Work group

### Personnel Development

In addition to Birth to Three supporting EIS programs and providers, alliances with other home visiting programs within the Office of Early Childhood will strengthen primary referral source's and school district's understanding of Activity-based Teaming. Meetings will be held with physicians from practices and hospitals throughout Connecticut to share knowledge about the research supporting the EBPs that drive Birth to Three supports to families.

The team leader for Education and Outreach is also a member of the CT Home Visiting Consortium Workforce Development Work group

### Fiscal Enhancements

The Department of Social Services, the lead agency fiscal office, and the IT department at the State Department of Education will all work quickly to ensure that the new systems are operational, productive, and cost effective for EIS programs and the lead agency to administer. Everyone at the lead agency understands the importance of maximizing third party revenue, coming into compliance with Medicaid billing as quickly as possible while minimizing the impact on EIS programs and the families they support. The OEC legislative liaison has also played a critical role in supporting Part C through these changes.

Once the changes are in place and stable it is anticipated that the increased 3<sup>rd</sup> party revenue and decreased time and cost for billing the lead agency will result in EIS programs being more able to afford making more staff available for the training and TA needed to scale up Activity-based Teaming.

## **Evaluation**

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

*3(a) How the evaluation is aligned to the theory of action and other components of the SSIP:*

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

At the first stakeholder meeting after Phase I of this report was submitted, the theory of action was revised slightly by renaming the three strands to better align with the three implementation teams and the three ICC committees.

As a baseline for tracking progress and change in the Part C infrastructure, Connecticut has completed all sections of the Early Childhood Technical Assistance (ECTA) Center / DaSy Self-Assessment (see attached summary). This will be updated as the system changes over time and a final assessment will be completed in the summer of 2019.

With help from the Early Childhood Technical Assistance Center (ECTA), the National Center for System Improvement (NCSI), and the IDEA Data Center (IDC) a logic model (attached) was developed with stakeholder input on December 1, 2016.

On February 28, 2016 at a final combined meeting of all the stakeholders involved on each implementation team, draft evaluation plans were developed in line with the revised theory of action and logic model. The plans were shared and shaped further with cross-team input and resulted in the final evaluation plan summary document (attached). As part of each implementation team's work plan, the lead agency will be doing much more than is included in this brief summary of the major outcomes and milestones.

### Education and Outreach

The use, quality, and impact of the new mobile/web-based interface for family products will be measured using random short online surveys. Users will give input on the message delivery and comprehension of the message.

The medical community and school districts will receive questionnaires before and after presentations to determine what the audience understood before the presentation and after the presentation.

The extent to which families report that the person who referred them to Birth to Three accurately described what to expect will be included in the intake process. The measurement for this data has not yet been developed but is critical for laying the foundation for Activity-based Teaming. A parent call database will be developed to track when families have a mismatch between their understanding about what to expect from Birth to Three and the unified message.

At transition, EIS providers and school district staff may elect to rate the process and the extent to which both teams accurately discussed what to expect when a referral for early childhood special education comes from Birth to Three. In Connecticut the difference between Part C and Part B (section 619) of the IDEA are significant and must be explained clearly to avoid confusion. The lead agency has discussed working with the University of Connecticut's University Center for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) to develop ways to have families reflect on how they communicated with their school district about their child at transition and early IEP meetings.

### Personnel Development

The evaluation of the implementation of EBPs will be completed through the collection of data related to training and implementation within programs. Data on the number of staff trained, number of Master Coaches, and progress on fidelity checklists will be collected. Ultimately all EIS programs in Connecticut will have at least one team and one Master Coach trained by national experts. Additionally, Birth to Three will track the extent to which resources, policies, and procedures support the EBP practices being scaled up.

Stakeholders agree that EIS providers who are trained in the EBPs will be more likely to support families in understanding their role in assessing and describing their child's challenges and abilities

### Fiscal Enhancements

Many of the outcomes are finite products like an approved State Plan Amendment, a 1915(b)(4) waiver, new rates, and a new payment procedure. The long term measures of success will be an increase in Medicaid revenue and a stable, high quality EIS provider base. Without the revenue to support a stable and affordable highly qualified workforce, families will not receive the evidence-based practices that the professional development implementation team is scaling up. In addition, many of the outcomes of the education and outreach implementation team rely on the predictability of Connecticut maintaining a high quality Part C system. If the fiscal enhancements result in the lead agency repeatedly returning to the General Assembly for deficit appropriations each year, neither professional development nor education and outreach will matter and the entire system will be at risk. Appropriate fiscal enhancements will support all the other activities that will lead to the state's SiMR. Therefore the progress and outcomes of this aspect of the SSIP is being very closely scrutinized by all stakeholders.

#### *3(b) How the evaluation includes stakeholders and how information from the evaluation will be disseminated:*

The implementation teams sought new members for Phase II since each team had a more narrow focus than during Phase I. The lead agency completed a similar survey of all the stakeholders as was completed for Phase I and the results can be found in the stakeholder participation summary attachments.

The results of both formative and summative evaluations will be shared within each implementation team. The teams are broad and include families, EIS providers, non-Part C OEC staff, and other state agencies.

Because the SSIP implementation teams align with the ICC committees, at each ICC meeting there will be an opportunity to share results as they become available and gather input as needed.

Parent members of the Education and Outreach Implementation team have attended workshops provided by TA centers including one about using data by the Center for IDEA Early Childhood Data Systems (DaSy Center) and one about measuring family outcomes by the National Center for System Improvement (NCSI). This has prepared them to participate in the formative and summative evaluation of the

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

SSIP. EIS Providers and lead agency staff have also actively participated in TA about evaluating the SSIP.

Information regarding the evaluation of the implementation of EBPs will include stakeholders through the related ICC committees and the learning community. In addition, as they scale up the practices, members of the learning community will be gathering input from families about their experiences.

Each implementation team developed sections of the evaluation plan with their team's stakeholders and with input from other teams at a broad SSIP stakeholder meeting. Updates to the formative and summative processes will be shared with stakeholders via the B23 blog, website, face to face meetings and at ICC meetings as well as through the APR public reporting process.

*3(c) The methods that the State will use to collect and analyze data to evaluate implementation, progress and outcomes of the SSIP:*

Please refer to the attached logic model and evaluation plan..

The state completed the ECTA/DaSy Framework Self-Assessment with stakeholder input. This will be updated throughout the SSIP as a way to measure needed changes to the infrastructure. Since the Birth to Three system had just newly been added to the Office of Early Childhood when the first self-assessment was completed, the lead agency will also be able to measure how Part C is better aligned with current OEC initiatives over time.

### Education and Outreach

Online surveys will be developed with stakeholder input to examine whether families, EIS providers, health care providers, school district staff and other community stakeholders have a shared understanding and use about the how the evidence-based practices are being implemented in Connecticut. Pre-and post- presentation questionnaires will also be developed with input from health care providers and early childhood special education staff to measure understanding and use.

### Personnel Development

Data will be collected through training records to count the number of EIS programs and providers who complete training. A fidelity checklist data will be developed and the results from EIS providers will feed into their EIS program level rating. Progress data will be available at the staff, program, and state level. All EIS programs will be expected to show improvement from year to year.

### Fiscal Enhancements

Many of the measures for the fiscal enhancements needed to achieve the SiMR have criteria that are present or not present without respect to fidelity. For example the Medicaid State Plan Amendment (SPA) and waiver (1915(b)(4) will either be approved or not. The lead agency will develop systems to ensure that families, EIS providers and community are informed about pending changes. Families will continue to have a choice between high quality providers. The extent to which the billing process is efficient and the costs associated with billing the lead agency decrease will be assessed in 2018 after the changes take effect in 2017.

Using the Birth to Three transactional database that generates provider invoices and utilization data combined with regular reports from the DSS and a billing contractor, the state will measure revenue from Medicaid and commercial insurance monthly and chart the trends to ensure that the resources needed to sustain a high quality system are available. If the number of EIS programs decreases, an RFP will be published to maintain family choice.

The state will also use other Indicators in the APR to ensure that IDEA compliance and results remain high through the transition to a new reimbursement system.

*3(d) How the State will use the evaluation data to examine the effectiveness of implementation and progress.*

All of the implementation teams are well versed in the process of "plan, do, study, act" and will follow that cycle making modification to their evaluation plans as needed.

### Education and Outreach

This implementation team will meet quarterly to look at the data received from online surveys, presentation questionnaires, and input from families and EIS providers. Information from these reviews will be used to revise strategies used for distributing information about Birth to Three.

### Personnel Development

The effectiveness of training and TA will be evaluated by change in practice which will be noted on fidelity checklists as well as on coaching log summary sheets used by Master Coaches when assessing adherence to practice. This data will be linked to IFSP data and Child and Family Outcome data (see DaSy Center Critical Questions 1.B.4.c, e, and f)

As needed, modifications will be made to the training and TA provided including, who provides it, and how long it is needed in order to ensure fidelity. The lead agency is aware that learning about and implementing new practices may place a strain on EIS providers and EIS programs. Individualized TA will be provided when possible without compromising fidelity to the practices.

### Fiscal Enhancements

As changes are implemented to the payment procedure, the Birth to Three fiscal office will track the impact with monthly reports. Through regular communication with EIS programs the lead agency will measure the progress toward the outcomes related to enhancing a fiscal system that supports the EBPs in order for the state to achieve its SiMR. As a result of data reviews, the lead agency will work with DSS, CMS and a billing contractor to propose modifications needed to the fiscal infrastructure to be able to continue support high quality



programs.

Other indicators in the APR will also be a measure of success. If there are sufficient high quality EIS programs and providers, Connecticut will continue to meet the requirements of the IDEA for timely IFSPs, new services and transition planning activities.

Overall the state will analyze data from the APR Indicator 4b for families with children with diagnosed conditions, not including respondents that marked "Very Strongly Agree" on all survey items. This is the data that will be reported in the APR for indicator 11 each year. As needed, the SSIP will be modified within the APR process with stakeholder input based on regular progress reports.

#### **Technical Assistance and Support**

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

With recent fiscal challenges at all levels of government, the lead agency will be reaching out to NCSI to explore ways to scale up the EBPs when lack of funding is the reason that programs are not applying for training and intensive TA offered by the lead agency.

The state will continue working with the National TA Center and with other states to forge better ways to measure family outcomes. The current Family Outcomes APR measure based on the NCSEAM Impact on Families survey is a measure of the parents perception of how helpful Birth to Three has been. It is possible that when all high quality EIS providers are implementing the practices of coaching, joint planning, using primary service provider teams and natural learning environment practices that families will perceive that they were truly equal team members and that the ideas for how to help their children were their own. This could inadvertently impact how they perceive the helpfulness of the EIS providers. If this is the case the state will pursue how to measure true family outcomes (how they think and act differently as a result of EI) and TA will be needed for that.

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Phase III submissions should include:**

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

**A. Summary of Phase 3**

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

FFY16 Phase III report:

The state's SiMR, Theory of Action Graphic remain unchanged. The logic model however was modified since the state has determined with TA provider and stakeholder input that a true fidelity checklist will not be used as planned. Instead the fidelity checklist was used as the basis for the ratings that practitioners will use to document progress toward fidelity over time using a self-assessment tool.

FFY16 was a year in which the lead agency focused primarily on the Fiscal Enhancements implementation strand as the system moved from a "pay and chase" unit rate payment process to a "chase and pay" fee for service model. This one change, initiated by the Center for Medicaid/Medicare Services (CMS) has resulted in changes to almost every Birth to Three procedure. It is as if Connecticut's Birth to Three System from 1996-2017 no longer exists and the state is starting a whole new system. The organizational stress on the lead agency and providers has been significant.

Despite this upheaval, the Professional Development implementation team continued to provide training on the evidence-based practices (called Activity Based Teaming or ABT in Connecticut) and works to develop the self-assessment needed to measure impact. The Education and Outreach implementation team completely modified the Birth to Three website and reached out the medical referral sources to better align their understanding of what Birth to Three looks like with the ABT being scaled up.

Each activity is described in greater detail in the evaluation plan tracking and progress report that is attached and aligned with the logic model and the theory of action to achieve the SiMR.

This uniform message, aligned with the SiMR is the driver for all that this plan hopes to achieve:

**Birth to Three: Supporting families in enhancing the development of their children and connecting to their communities.**

FFY15 Phase III report: *This was unchanged and is included to provide the reader with context from previous submissions.*

The state's SiMR, Theory of Action Graphic, and logic model addressed under Phase I and Phase II of this report (and attached) remain unchanged.

The coherent improvement strategies or principle activities employed during the year and described further in the attached Evaluation Plan Progress Tracking tool were:

- scaling up the training of providers in Activity Based Teaming (ABT),
- revising the statewide IFSP form and process to align with ABT,
- developing a unified message about what Birth to Three supports will look like to support the SiMR,
- rolling out a medical messaging plan to referral sources,
- contracting to modify the Birth to Three website,
- finalizing the draft State Plan Amendment (SPA), and
- contracting with a vendor to bill third party payers and families to support ABT.

The specific evidence-based practices that are being scaled up include coaching as a style of interaction, natural learning environment practices, and a primary provider approach.

The wording was changed for two outcomes (PD-IT-1 and PD-LT-1) in the evaluation plan (attached). With stakeholder input, the state determined that the fidelity checklist would be used as the basis for a more in-depth quality self-assessment or practice profile and the milestones for that new process were added.

A detailed evaluation plan progress tracking document that helps the implementation teams track and measure progress on the evaluation plan is attached and includes the year's evaluation activities, measures, and outcomes as well as changes to implementation and improvement strategies.



**B. Progress in Implementing the SSIP**

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.

2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

FFY16 Progress

Despite the disruption caused by a complete change to the foundation of Birth to Three in Connecticut (how providers are reimbursed), the state has carried out the activities identified in the logic model (attached) as follows. For more detail please refer to the attached Evaluation Plan Progress Tracking form.

*Education and Outreach*

The main milestone that was achieved was the redesign of the website to make it responsive to mobile devices and to highlight the evidence supported practices that the state is scaling up. By doing this it is expected that families, referral sources and school districts will have a better understanding about what to expect from Part C services. That will support achieving the SiMR because all three groups will spend less time shifting perceptions and communication will be more clear.

Another milestone that was achieved was the development of enhanced outreach to medical practices and referral sources for the same reason listed above.

*Personnel Development*

The lead agency continues to contract with Dathan Rush and M'Lisa Sheldon to train EIS Providers and Master Coaches. The practices identified earlier in this report are key to achieving the SiMR. See attached charts about the scale up process.

The state continues to develop a method for evaluating progress towards fidelity and collecting the data in a way that will allow the lead agency to link the results to IFSP and service delivery data as well as other child, family and program variables.

*Fiscal Enhancements*

This implementation strand in the logic model for this SSIP has been the primary focus of everyone at the lead agency, the ICC and the EIS programs. The very foundation of a 20 year old system was changed and it impacted numerous other procedures that were all built based on a "pay and chase" unit based payment system. Although later than expected, a new State Plan Amendment (SPA) as approved by CMS. This SPA allows Medicaid to pay programs for many of the evidence supported practices. For example the EI Services are provided to the parent or caregiver for the benefit of the child, joint visits are permitted to allow for teaming with the family and to support the primary service provider approach. The SPA covers evaluations even if the child is not eligible and IFSP meetings as well as Transition Conferences. In addition to the SPA the lead agency and DSS applied for a 1915(b)(4) waiver so only select programs may provide EI Services.

FFY16 Stakeholder involvement

Provider input and action was most visible as it related to the Fiscal Enhancements strand as members of Connecticut's provider community are excellent advocates. Regular meetings and email progress updates were provided by the lead agency which helped the providers to request and receive an extension of the start date of fee for service billing until November of 2017. The EIS programs also secured six months of protection from Medicaid audit extrapolation in the state's budget implementer bill since the rules for billing Medicaid were still being developed by the state's Medicaid lead agency. A new Commissioner was appointed to the lead agency and he has been very supportive of the EIS programs and has met with them on many occasions to hear their concerns about the fiscal changes. Connecticut's Department of Social Services as a new stakeholder and key player in Connecticut's, now more interagency, effort was intimately involved in each step and very supportive in assuring that the State Plan Amendment, 1915(b)(4) Waiver and Regulations support the evidence supported practices (ABT) that the lead agency is promoting to achieve its SiMR. One group of stakeholders has not been directly involved in the fiscal changes and that has been families. This was intentional on the part of the lead agency and EIS programs. As the payment system and procedural changes occur, it should not impact how supports are provided to families nor their confidence in the system. Early concerns in the media about Birth to Three being eliminated were quickly dispelled and most EIS providers clearly compartmentalized their own concerns so that families would not have to worry about the stability of Part C in Connecticut.

Other stakeholders such as the Connecticut Parent Advocacy Center (CPAC, Inc., the only PTI in Connecticut), the United Way of Connecticut, local and national TA providers and other programs at the Office of Early Childhood regularly met with the leaders of the other implementation teams to make suggestions and to plan how they can support the activities in the logic model.

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FFY15 report: *This was unchanged and is included to provide the reader with context from previous submissions.*

The implementation of the State's SSIP as outlined in evaluation plan submitted during Phase II and the extent to which the implementation teams carried out the planned activities is attached. It includes what has been accomplished, which milestones were addressed, and whether the intended timelines were followed. Stakeholder input is described throughout the review of each outcome.

The State ICC subcommittees align with the implementation strands in the logic model so each ICC meeting was an opportunity to inform EIS providers, families and other agency stakeholders about progress on the outcomes. The committees then provided feedback during breakout sessions. The state used social media and a blog to communicate with a wider audience. EIS provider meetings were held quarterly. At these meetings providers gave voice to their concerns and suggestions. Whenever possible parents and EIS providers

were directly involved in decision making for each team.

### **C. Data on Implementation and Outcomes**

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SiMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

#### FFY16 report:

The theory of action and the logic model are aligned into three implementation strands. The logic model and attached, updated, evaluation plan document how each strand will be implemented and outcome that will be measured. The data sources when available, are listed in the plan and on the attached Evaluation Plan Progress Tracking report. Much of the data being collected at this point is qualitative as the state scales up training need to measure broad fidelity. As previously mentioned during the past year the state underwent a significant infrastructure change. Fiscal data about the impact of the change in payment to programs was not available as of the date this report was submitted. As soon as claims data is available, the lead agency and her partner agency, DSS, and EIS programs will seek to quickly evaluate whether there are any needed changes to assure a stable provider base and Part C system.

Each outcome in the logic model and evaluation plan is coded to align with the progress reporting. The flow arrows for the three strands are interwoven as they all align and contribute to achieving the SiMR. This year the fiscal enhancement outcomes took lead and as a result of delays implementing the new payment system and getting the three related data systems to communicate, timeline for all the other outcomes were also extended.

Stakeholders including staff at the Department of Social Services, leaders at the Office of Policy and Management, and representatives in the Connecticut General Assembly have all been very involved in this significant change to the infrastructure of the Part C system and very supportive. EIS providers as strong advocates for the families they support were also very vocal and on many occasions changed the start dates of key external deadline to allow the lead agency time to prepare. It was the provider community that more often than not identified small changes in seemingly unrelated procedures that were directly related to payment. The lead agency is grateful for their commitment and support. The ICC, fueled by public comment and provider members supported the lead agency with committees that align with each implementation strand in the logic model.

See attached progress report for more details about how each outcome was monitored, modified and how stakeholder participated.

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FFY15 report: *This was unchanged and is included to provide the reader with context from previous submissions.*

When available, for each outcome the evaluation plan progress tracking tool includes how each outcome was monitored and how outputs were measured to assess the effectiveness of the planned activities including how the measures align with the theory of action, which data sources were used, baseline data when applicable, procedures and timelines for collecting data and how the data was managed and analyzed to assess progress toward achieving the intended improvements. Early in the process of change much of the data is qualitative or baseline is still being collected.

Improvements to the state infrastructure, how the data support changes that have been made to implementation and improvement strategies and informed next steps in the SSIP implementation are addressed under each outcome in the evaluation plan tracking tool. Planned modifications to intended outcomes when applicable are also addressed under each outcome including, when available, the data that related to the changes. How stakeholders were informed about the ongoing evaluation of the SSIP and how they had a voice in decision-making regarding the ongoing evaluation of the SSIP is also addressed as it varied by implementation team.

### **D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SiMR**

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

#### FFY16 report:

As of the submission of this report the critical 3rd party revenue "claims" data is still not available. This foundational data is essential for many EIS programs to determine if they will apply for the RFP to continue as providers in Fall of 2018. Because this data was not available, everything was delayed and all the SSIP timelines were extended.

The Part C Data Manager is now also Connecticut's Part C Coordinator and is participating in a number of TA cross state learning collaboratives and communities of practice related to the SSIP, Family Outcomes Data, Results Based Accountability and Pay for Success. The state also is working with ECTA and others to develop a quality self-assessment that will provide data about the progress toward fidelity of the evidence supported practices being scaled up. This data, once collected can then be linked to child, family and program variables.

The one area of data collection that the state still views as limited is the actual measurement of how families think and behave differently as a result of their involvement in Part C. The family survey data is used as a proxy for that but other measures would be more informative. Once the system stabilizes, this will once again become the focus of measuring the impact of this plan.

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FFY15 report: *This was unchanged and is included to provide the reader with context from previous submissions.*

## FFY 2016 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

The primary concern for the quality of the data related to the SiMR remains as was identified in Phase I. It is how the state measures actual changes in the behavior and knowledge of parents as a result of early intervention. To help address this, the Assistant Part C Coordinator is co-chairing a taskforce for the Infant Toddler Coordinators Association (ITCA) with the Early Childhood TA Center (ECTA) to review family outcomes data quality and make recommendations about using the existing data and transforming what is collected to better reflect outcomes for families.

As this is a long term project and it is still early in the process of change, the state will continue to report progress on implementing the activities in its evaluation plan and will continue to use the NCSEAM family survey data to address progress towards its SiMR until a better alternative is developed.

During FFY16 ('16-'17) the state received TA from the DaSy Center about including its IFSP in the Part C Data system and a methodology was developed to link the results from the quality self-assessment (how the state measures the implementation of the evidence based practices) to planned service data, actual services delivered, as well as child outcome and family survey data.

### E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR
4. Measurable improvements in the SiMR in relation to targets

#### FFY16 report:

Changing the infrastructure of how EIS programs are paid has been the main focus of the SSIP this year. Each outcome listed in the logic model and on the evaluation plan and evaluation plan progress tracking report also has infrastructure changes such as redesigning the website to better communicate about the evidence supported practices and the actual trainings that have been occurring to scale up the number of Master Coaches in Connecticut.

It is still too early to report on the effects of implementing practices with fidelity on a large scale. A report about those who have achieved fidelity thus far is attached. For details about measurable improvements and progress toward the outcomes in the evaluation plan, refer to the attached evaluation plan progress report.

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FFY15 report: *This was unchanged and is included to provide the reader with context from previous submissions.*

Within the summary of each outcome on the evaluation plan progress tracking attachment, changes to the infrastructure that support SSIP initiatives, including how system changes support the achievement of the SiMR, sustainability, and scale-up are addressed when available. For most outcomes it is too early in the process of change to report evidence that the SSIP's evidence-based practices are being carried out with fidelity and having the desired effects. However, outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR are each addressed in detail.

### F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

#### FFY16 report:

Overall the next year will be another year of upheaval as the lead agency is required to complete a statewide RFP for EIS programs. It is hoped that the changes to the payment system will not force programs to cancel their contracts before that RFP cycle is completed so that the lead agency does not have to struggle to assure that every family has a timely evaluation, IFSP and services. As soon as the fiscal data is available there will be a great deal of analysis to aid with planning and to make needed changes to stabilize the system. The lead agency commissioner, the DSS, the state's Office of Policy and Management, the Connecticut General Assembly and the EIS provider community have all been very supportive and patient with this difficult change. National TA providers have also been supportive.

Once new five year contracts are in place (June 2019) additional support will be needed to help with measuring true family outcomes and the effect of implementing the evidence-based practices that are being scaled up.

**Connecticut Part C is still committed to supporting families for the benefit of the children as it's primary objective.**

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FFY15 report: *This was unchanged and is included to provide the reader with context from previous submissions.*

The review of each outcome in the state's evaluation plan progress tracking tool includes additional activities to be implemented next year including data collection, measures, anticipated barriers when known and steps to address those barriers.

Connecticut has a long history of active engagement with national TA centers and seeks this support on an ongoing basis. Currently, Connecticut is participating with the Early Childhood Personnel Center (ECPC) and on two NCSI Cross State Learning Collaboratives; Family Outcomes and Results Based Accountability (CLSC-FO and CSLC-RBA). In addition the Part C coordinator is the president of the Infant Toddler Coordinators Association (ITCA) and the Assistant Part C Coordinator is co-chairing the Early Childhood TA Center (ECTA) and the Infant Toddler Coordinators Association (ITCA) task force on family outcomes data.