Connecticut Part C - Birth to Three - SSIP Evaluation Plan

As of March 29, 2018

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

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

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

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| Implementation Team | Personnel Development (PD-O-0) |
| Assumption / Hypothesis | EIS providers that complete the 6-9 month intensive training and TA associated with scaling up Activity-based Teaming will be better able to guide families to describe their child’s abilities and challenges. |
| Outcome (PD-O-0) | 75% of all EIS providers in CT will have completed the full training and TA |
| Milestones | Foundational training about Natural Learning Environment (NLE) practices will be offered to all EIS providers.  Foundational training about the Primary Service Provider (PSP) approach to teaming will be offered to all EIS providers.  Training and TA will be scaled up in cohorts of eight EIS team per year  There will be at least one trained team and one Master Coach per EIS program.  EIS Program Master Coaches will assist with training other EIS teams. |
| Measures | Training logs and coaching log summary reports.  Number of EIS providers, teams and programs completing the training and TA  Number of EIS programs with a trained master coach |
| Timeline | There are over 1100 EIS providers in CT at 37 programs. A first cohort has already completed training and a second is about to start but even if 100 people are trained every year it would take over 10 years so a scale up plan will be developed with NCSI support. |

**SHORT TERM OUTCOMES – Knowledge and Understanding**

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

**SHORT TERM OUTCOMES – Knowledge and Understanding (continued)**

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| Implementation Team | Personnel Development (PD-ST-1) |
| Assumption / Hypothesis | Modifying the statewide IFSP, including the transition plan, will better support and promote family engagement and the use of the EBPs being scaled up. |
| Outcome | EIS providers will understand how to use the new IFSP form. |
| Milestones | IFSP form will be modified including the transition plan  Online and in person training materials are available  100% of all service coordinators will be trained or receive TA about using the new form.  Result Based Accountability activities will measure how the IFSP is being used to support the EBPs to achieve the SiMR |
| Measures | Attendance/training logs, coaching log summary reports, sample IFSPs, learning community feedback about understanding by EIS providers |
| Timeline | June 2019 |

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| Implementation Team | Personnel Development (PD-ST-2) |
| Assumption / Hypothesis | Developing a fidelity checklist and sharing the measures with EIS providers early will give raise awareness about what will be used to track changes in practice. |
| Outcome | Each EIS provider will receive a list of the measures to be used in the fidelity checklist with an overview about the new performance self-assessment process |
| Milestones | The fidelity checklist will be developed and integrated into a performance self-assessment  A pilot of the self-assessment will be completed and the data analyzed  A summary of the new process will be developed  The list and summary will be reviewed at an EIS program director meeting with the expectation that each EIS provider will receive copy.  Online versions will be posted and blogged |
| Measures | Number of EIS providers that review the fidelity checklist and new process. |
| Timeline | January 2018 |

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| Implementation Team | Fiscal Enhancements (FE-ST-1) |
| Assumption / Hypothesis | Implementing EBPs is completely dependent on EIS programs having a stable fiscal infrastructure that supports Activity-base Teaming. |
| Outcome | EIS providers will understand the new Medicaid rates and billing process as well as what is funded directly by the lead agency to support EBPs. |
| Milestones | SPA (including rates) and Waiver are approved by CMS  Medicaid rates and billing process support EIS Programs in providing EBPs.  State DSS and OEC Regulations are modified  Training materials and activities are available to EIS Programs  Overall Part C Payment Procedure is revised |
| Measures | Feedback from the Center from Medicaid/Medicare Services (CMS) after formal submission and ultimately final approval  The state can limit the number of EIS Programs per town to assure quality.  EIS programs enroll as performing providers under the new SPA and Waiver |
| Timeline | June 2018 |

**INTERMEDIATE OUTCOMES – Changes in Practice and Behavior**

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| Implementation Team | Education and Outreach (EO-IT-1) |
| Assumption / Hypothesis | When referral sources, EIS providers, school districts and the community describe Part C supports consistently families will be more supported in describing their child’s abilities and challenges. |
| Outcome | Referral sources, families, EIS providers, school districts and the community describe Part C supports consistently |
| Milestones | Online prompts will encourage users of web-based tools to take surveys  Referrals for Part C will better align with what families can expect from EIS visits and supports  Transition planning activities and documents will support the parent in describing their child’s abilities and challenges |
| Measures | Survey data from online tools as well as those sent to referral sources and LEAs  Family interviews about how Birth to Three was explained to them before, and after referral  Develop a method to rate interactions between schools and EIS programs at transition to measure the shared understanding about Part C and how it is difference from Part B (619, Early Childhood Special Education) |
| Timeline | July 2019 |

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| Implementation Team | Personnel Development (PD-IT-1) |
| Assumption / Hypothesis | Completing a Quality Self-Assessment will set a baseline for all EIS providers which can then be used over time to track progress as practices change. |
| Outcome | Baseline Quality Self-Assessment ratings are available for all EIS providers. |
| Milestones | The Quality Self-Assessment will be developed.  The self-assessment will be completed by 90 % of providers  Data will be gathered regarding completion of related trainings.  Results will be compiled to inform program’s about their performance  A data file of ratings and training will be maintained with a unique staff ID so that the data can be grouped and linked to IFSP service and child and family outcome data |
| Measures | Percent of EIS providers that completed the Quality Self-Assessment  Relationship between completion of ABT training and selected variables including IFSP hours, hours provided, number and type of interventionists, child outcome data, family survey data |
| Timeline | June 2019 |

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| Implementation Team | Fiscal Enhancements (FE-IT-1) |
| Assumption / Hypothesis | The long standing value of family having a choice between EIS programs will be supported by the revised payment procedures. |
| Outcome | The lead agency will have contracts with at least two programs for each town. |
| Milestones | Payment procedure is modified with EIS provider input (payment procedure workgroup)  Contracts are revised to reflect new procedures  RFP published to select programs |
| Measures | Number of contracts with EIS Programs by town |
| Timeline | June 2019 |

**LONG TERM OUTCOMES – Changes in Outcomes**

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| Implementation Team | Education and Outreach (EO-LT-1) |
| Assumption / Hypothesis | Because referral sources, EIS providers, school districts and the community all have a shared understanding about the purpose of Birth to Three supports, families will describe their child’s abilities and challenges as a natural part of the conversation about their child’s health and education. |
| Outcome | See SimR below |

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| Implementation Team | Personnel Development (PD-LT-1) |
| Assumption / Hypothesis | Completing a Quality Self-Assessment early on, even before formal training will help describe what is expected and will establish a baseline for tracking changes in practice which can then be linked to data about services and child and family outcomes. (see DaSy Critical Questions 1.B.4.c, e and f). |
| Outcome | Ratings on the Quality Self-Assessment will reflect which practices are being implemented and progress at various levels by EIS provider. |
| Milestones | The Quality Self-Assessment will be developed and integrated into a performance self-assessment including data about completion of various related trainings.  Each EIS provider will complete the Quality Self-Assessment.  A data file of ratings and training will be maintained with a unique staff ID so that the data can be grouped and linked to service and child and family outcome data |
| Measures | Percent of EIS providers that completed the fidelity checklist (unique staff ID).  EIS Provider, Team and Program baseline ratings and then progress updates.  Completion of related ABT trainings. |
| Timeline | Baseline by June 2019, progress and linking to services/outcomes by June 2020 |

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| Implementation Team | Fiscal Enhancements (FE-LT-1) |
| Assumption / Hypothesis | A cost effective and efficient reimbursement system that generates high levels of 3rd party reimbursement will help to assure that Part C does not have repeated deficits each year. |
| Outcome | A high quality Part C system is fiscally sustainable |
| Milestones | Feedback will be gathered from the EIS programs about the cost effectiveness and efficiency of the new billing system  After an initial adjustment period, the annual state allocations for Birth to Three System will cover the expenses to run the program and support the EBPs |
| Measures | Monthly fiscal invoices from EIS programs, and reports from a commercial insurance contractor, the DSS and CMS about reimbursement for Part C supports |
| Timeline | 2019 |

**Combined Outcome – State Identified Measureable Result using available data**

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| Implementation Team | All three (SiMR) |
| Assumption / Hypothesis | Improving how Birth to Three supports are understood, implementing Activity-based Teaming and a stable fiscal infrastructure to support EIS providers will lead to families being more engaged. |
| Outcome | Using available data for the SiMR Parents of children with diagnosed conditions will be able to describe their child’s abilities and challenges |
| Measures | Family Survey data from families with children that have diagnosed conditions  Data reported for APR indicator C4b, which is collected once a year using the NCSEAM survey process will demonstrate 85% of families have a pattern of responses that result in a measure that meets or exceeds the national standard. |
| Timeline | 2020 |

**Combined Outcome – State Identified Measureable Result using new data**

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| Implementation Team | All three (SiMR) |
| Assumption / Hypothesis | A survey about family’s perceptions of the helpfulness of EIS does not accurately reflect the SiMR as an outcome. |
| Outcome | Caregivers of children with diagnosed conditions will describe their child’s abilities and challenges with EIS providers and at transition meeting with their school. |
| Measures | Number and percent of families that show and increase in a rating yet to be developed that corresponds to these skills.  Possible self-assessment entry and exit ratings (to be determined) |
| Timeline | 2021 |