

**State Systemic Improvement Plan (SSIP)
Indicator B-17/C-11 Annual Performance Report (APR)**

Section 1: Theory of Action

The theory of action, uploaded along with Connecticut's logic model, has not changed since the last submission.

Section 2: Status of the State-identified Measurable Result (SiMR)

Current SiMR:						
Has the SiMR changed since the last SSIP submission? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
If "Yes," provide an explanation for the change(s), including the role of stakeholders in decision-making.						
Progress toward the SiMR (see the first bullet under Section 2 instructions):						
	Baseline Data	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022
FFY Target	83.00%	87.00%	89.0%	N/A	N/A	N/A
FFY Data (Actual)		87.50%	89.28%	N/A	N/A	N/A
<p>Has the SiMR baseline data changed since the last SSIP submission? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," provide an explanation for the change, including the role of stakeholders in decision-making.</p> <p>Have SiMR targets changed since the last SSIP submission? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If "Yes," provide an explanation for the change, including the role of stakeholders in the target setting. A target for FFY19 was developed with stakeholder input and was added.</p>						
If applicable, describe any additional data used by the State to assess and describe progress toward the SiMR.						

<p>Additional Data:</p> <ul style="list-style-type: none">• Connecticut developed a Quality Practices Self-Assessment (QPSA) with input from stakeholders and several TA centers (ECTA, NCIS, ECPC, and SRI). Development of the self-assessment aimed to help practitioners identify their strengths and areas for growth in fidelity to quality and best practices in Early Intervention. Data collected from this annual survey will be linked to the SiMR and help programs and the lead agency determine professional development needs. The self-assessment is comprised of five sections: Involving Families, Natural Learning Environment Practices, Coaching, Teaming, and Disposition Knowledge and Values. FFY19 is only the second year of data collection; therefore, Connecticut is just beginning to evaluate system trends.• Connecticut used Electronic Coaching Logs (ECL) to assess fidelity among practitioners trained in Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity with the practices. Connecticut refers to the EBPs as Activity-Based Teaming (ABT).
<p>If applicable, describe any data quality issues specific to the SiMR data and include actions taken to address data quality concerns <u>or</u> check N/A if no data quality concerns were identified for the reporting period.</p> <p><input checked="" type="checkbox"/> N/A</p>

Using data from the FFY19 (July 1, 2019 - June 30, 2020) NCSEAM Family Survey, there were 204 families with children determined to be eligible for Part C based on a diagnosed condition with a high likelihood of resulting in developmental delays. 143 of those families did not answer "Very Strongly Agree" to all the self-assessment items. Of those 143 families, 124 or 86.74% 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."

Section 3: Executive Summary

Connecticut remains focused on the State's original Theory of Action and State identified Measurable Result (SiMR). Connecticut's SiMR is that parents will describe their child's abilities and challenges more effectively because of Early Intervention participation. Connecticut measures the SiMR through several indicators, including Indicator 4 of the Annual Performance Report (APR). As well as tracking changes and improvements to the system through the logic model, which breaks out projects in three tracks; Education and Outreach, Professional Development, and Fiscal Enhancements. Over the last year, several impactful changes occurred within the System, as outlined below.

Education and Outreach:

In the spring of 2020, the Part C Coordinator, along with the 619 Coordinator and Connecticut Parent Advocacy Center (CPAC) Co-Director, presented on the changes that occurred during the Public Health Emergency (PHE) and updates to the extension of Part C supports for children over age three during the summer. Several webinars were held to provide an overview of the quickly changing system throughout the Public Health Emergency.

During FFY19, a legislatively mandated Part C to Part B transition workgroup was convened over 4 sessions. The workgroup included EIS program directors, legislators, the Office of the Child Advocate, Office of Early Childhood staff, and State Department of Education staff. The workgroup explored options for children who were not eligible as well as children who turn three during the summer months. The workgroup recommended an extension of Part C for children who turn three over late spring and summer to provide families with options. The completed report was posted to the Office of Early Childhood's webpage and can be found here: <https://www.ctoec.org/wp-content/uploads/2021/01/Preschool-Special-Education-Working-GroupReport.pdf>.

Due to the PHE, Connecticut's Part C system supported children over three during the spring and summer of 2020 while school systems were closed and unable to determine Part B eligibility. Anecdotal reviews of extending early intervention over three indicated that it was helpful for families, support the extension of Part C over late spring, and summer month birthdays moving forward.

In the fall of 2020, the lead agency hired a new Monitoring and General Supervision Coordinator to take the lead on fiscal and IDEA compliance monitoring. The system will benefit significantly from the person who was hired, as she was an EIS program director for 15 years. Additionally, in the winter of 2020, the lead agency hired an individual to be the Education and Outreach coordinator and to support the Interagency Coordinating Council (ICC). The individual currently in that role is and close to completing TA as a

nationally certified Fidelity Coach in the EBP's being scaled up in CT. She will be moving into a professional development role to sustain the system's efforts in providing evidence-based practices throughout Connecticut.

Professional Development:

As described in the SSIP evaluation plan, the System has trained new coaches over the last year and has brought two additional cohorts of staff, to become Family Coaches, into the Rush and Shelden Evidence-Based Practices training. Training proceeds first with staff working on improving skills as a Family Coach to achieve fidelity in EPBs when working with families. Some staff will move up to Mentor Coaching, previously called Master Coaching, which requires additional training and technical assistance to show fidelity in supporting other Family Coaches. The highest level of training is Fidelity Coach, which involves significant additional training with national experts, leading to certification. The lead agency has two Fidelity Coaches (one certified and one in the process) who are able to train and provide technical assistance to Mentor Coaches. A primary focus this past year has been to scale up the numbers of Mentor Coaches in the programs so that the system and programs can become more self-sustaining. The various levels of training and follow-up technical assistance and training led by lead agency staff and program level training by Mentor Coaches enable the State to scale up evidence-based practices, called Activity-Based Teaming (ABT) in Connecticut. Additionally, it allows the system to bring more Family and Mentor Coaches to fidelity and supports system-wide implementation and sustainability of ABT practices. Moreover, during FFY19, the Lead Agency modified procedures and contracts to emphasize ABT.

Connecticut was awarded grant 84.325P in the fall of 2020 to support professional development throughout the system, including supporting programs with their use of Mentor Coaches in supporting their Family Coaches. This funding will enable the system to build sustainability of coaches throughout Connecticut and enable more Mentor Coaches and Family Coaches to reach and maintain fidelity. There are numerous benefits to having Mentor Coaches at the program level, with the most significant advantage being the support of coaching within the program. Sustaining coaches' fidelity ties directly with the State's SiMR as coaching supports each family in describing their child.

During the summer of 2020, the second round of data collection occurred through the QPSA. In 2019, baseline data was collected, and the Lead Agency is beginning to compile trend data. Data is collected and results are shared at the beginning of each fiscal year. The system is beginning to look for trends to evaluate how training and coaching impact fidelity of practices, what areas of fidelity to practices are lagging behind others, and any infrastructure changes that may be needed.

During FFY18, the OEC, in partnership with the UConn UCEDD and Part B, was the only early childhood agency to receive an initial 84.325L grant to develop Part C and Part B Early Childhood Intervention (ECI) programs. Connecticut has been at the forefront of this work, and as more early childhood states engage in the 84.325L grant, Connecticut is able to both gain insight from other states and provide guidance into early childhood intervention leadership. During FFY19, Connecticut admitted 19 scholars into the program, 11 from Part C and 8 participating from Part B. The first cohort is diverse, with participants completing outreach and supporting rural, urban, and suburban communities. Combined, the first cohort of leaders brings many years of experience in Early Intervention and Special Education. The minimum amount of experience is four years, and the maximum is 34 years' experience. Leadership is directly related to the sustainability of the SSIP work.

Each scholar participated in a leadership survey to identify areas of weakness and strength. The academy is a participatory method of delivery and participants will provide feedback on implementation for the next cohort. The model will follow the national leadership curriculum model of implementation and be applied to Connecticut's system needs. Course topics to be covered include ethics, leadership, policy, and the history of Special Education. Participants will complete a project over the course of the year for their local programs.

The work of the leadership academy also enables relationships to be formed between Part C and Part B staff, which increases positive transition outcomes and allows the system to sustain evidence-based practices as scholars take part in a curriculum in building leadership capacities and is a critical component of the SSIP logic model.

Fiscal Enhancements:

In the fall of 2019, the Lead Agency published a Request for Proposals (RFP) and released the results in December. On 7/1/20, there was a reduction from 32 programs operated by 27 agencies to 19 programs. Connecticut did not bring on any new agencies. The RFP was heavily weighted towards a deep understanding of ABT and the evidence-based practices being scaled up. The Office of Early Childhood (OEC) is confident that the EIS programs that are continuing will enhance the quality of supports for families. The RFP and awarding new contracts align with our Logic Model as attached in the appendices.

Connecticut has been working diligently with the Department of Social Services (DSS) in drafting a procedure for Remote Early Intervention (EI). This procedure was scheduled to take effect by July 1, 2020, and was quickly approved as of March 16, 2020, in response to the COVID-19 PHE. Providing all Early Intervention Services (EIS) remotely provides the OEC with a unique opportunity to measure the impact of coaching as a style of interaction. Throughout the Remote EI implementation, there has been significant feedback from providers and families as to its benefits. Using Remote EI, enrolled families received support during a

Public Health Emergency in their natural learning environment and practitioners had to use the coaching style of interaction to support them. Families provided feedback to the system including:

- "Although we miss the face-to-face, as she loves Karen, our program has really made it easy to do remote sessions from home while keeping it personable."
- "Last week, we had our first remote experience with Jennifer and my 2-year-old son. I was nervous about how long he would be able to sit still and follow along on the iPad, but he did amazing. He was very excited to see the practitioner that day, and we were able to have a successful remote session for about 30 minutes (my request to shorten from one hour). We were taught some great new tips and tricks that we have been applying for the last week. We were also able to incorporate my two older children (ages 5 and 8) into the session with great ideas and coaching from Jennifer. This process takes a lot of patience and creativity, and I'm thankful she was so flexible and able to adapt very easily to our new environment."

Using the Birth to Three System's transactional database that generates provider invoices and the utilization of data combined with regular reports from the DSS and a billing contractor, the State measures revenue from Medicaid, the State general fund, and commercial insurance monthly to ensure that the resources needed to sustain a high-quality system are available. Due to declining referrals and services provided during the COVID-19 PHE, fiscal concerns are again in the forefront of the State's effort to ensure that there are enough high-quality, evidence-based EIS programs supporting families.

To increase commercial insurance revenue the OEC's worked with its third party billing contractor, Public Consulting Group (PCG), to bill claims using the ICD codes for autism as the primary code in all cases where F84.* is present. This resulted in an increase and will help to stabilize the system.

Connecticut participated in the "Building the Case" TA project which enabled the State to discuss and implement changes to the fiscal system. As a result of this project, Part C staff and PCG met with the Connecticut Association of Health Plans (CTAHP) to address questions related to commercial insurance billing and to begin forming critical relationships to enable the state to maximize revenue for Early Intervention Services.

Section 4: Status of Infrastructure Improvement Strategies

Infrastructure improvements are ongoing and consistently evaluated and modified as needed. Major activities are outlined below and grouped by each implementation strand in the logic model.

Education and Outreach:

Throughout the year, Connecticut faced several challenges, including a public health emergency (PHE). During the PHE, challenges included a significant drop in referrals and moving to remote supports that Connecticut refers to as Remote Early Intervention (EI). As the changes occurred, the Part C Coordinator, Alice Ridgway, with the 619 Coordinator, Andrea Brinnel, worked with the Connecticut Parent Advocacy Center (CPAC) to host webinars for families, providers, and school personnel. The webinars included information such as what to expect with regard to remote EI, how to navigate transitions when many schools were closed and the webinars functioned to communicate the ever-changing information that was being disseminated during an uncertain time.

During March 2020, the system experienced a significant decline in referrals. With this decrease, public awareness and child find efforts increased significantly, including direct emails, meetings with Connecticut Children's Medical Center and local hospitals with NICUs, presentations for CT State Library Association, and flyers and campaigns developed jointly between the OEC and O'Donnell & Company and were sent out to the field. With these child find efforts, referrals began to increase steadily. While that was the primary focus of the activities, it also provided the lead agency with an opportunity to train primary referral sources on what Birth to Three EBPs look like. This is a key outcome in the logic model and will be evaluated after the PHE.

The Office of Early Childhood rolled out a new app called SPARKLER in which the Ages and Stages Questionnaires (ASQ) are housed for families to track their child's development. It is anticipated that the app will result in more referrals earlier to Part C. Additionally, with Governor's Education Emergency Relief (GEER) funding, the OEC was able to provide technical support and resources to families enrolled in the Part C to participate in Remote EI when technology was a barrier. Through this funding, approximately 400 iPad's with data plans were distributed to EIS programs for families and included the installation of HIPAA and FERPA compliant synchronous audio-visual communication software.

Professional Development:

Annually since 2015, the State contracted with Doctors Dathan Rush & M'lisa Shelden to provide annual training plus 6-10 months of monthly technical assistance (TA). In 2020, training and TA were provided to two cohorts of EIS program staff. As part of the TA,

the team members write coaching logs detailing their conversations with families. They code their logs in various areas, and reflect on their practices. The logs serve as the basis of an hour-long TA session each month with a national or State level expert who is a Fidelity Coach. The logs and TA sessions are used to determine fidelity with coaching practices. During 2019, Electronic versions of the Coaching Logs (ECLs) were piloted in the State. Stakeholder input from those using the ECLs, as well as the Lead Agency Master Coaches and the States Fidelity Coach, was gathered that led to further modifications of the ECLs during 2020. and during 2020 the ECL's were implemented permanently. ECLs use precise formulas to determine the level of fidelity in 15 aspects related to coaching and natural learning environment practices and include comments from the national and state experts. The ECLs resulted in increased feedback to learners and increased objectivity and clarity of the rating of fidelity. The ECLs have led to significantly more team members achieving fidelity more quickly than in years past.

In December 2020, the Lead Agency created a Mentor Coach Community of Practice (CoP) that regularly addresses Mentor Coach Questions or concerns and ensures Mentor Coaches maintain their own fidelity. It is critical that Mentor Coaches are working at fidelity, as they are responsible for moving the system forward for Family Coaches' fidelity.

Linda Bamonte, PT, DPT, presented at an OSEP MSIP/RTP Early Childhood Collaborative meeting in September. During the presentation, Dr. Bamonte provided an overview of evidence-based practices in Connecticut, as well as a detailed look at the implementation strategies and process for scaling up these practices over the past six years. The presentation included snippets from the field and an overview of the first year's Quality Practices Self-Assessment (QPSA) data and was well received.

Connecticut continued to collect data using a Quality Practices Self-Assessment (QPSA). The QPSA was developed with input from stakeholders and several TA centers and was required of all Early Intervention (EI) Practitioners who provided more than one hour a week of EI. 734 practitioners (100%) completed the self-assessment in 2020, and each discipline working in Connecticut's Birth to Three System was represented. During 2019, 740 practitioners (100%) completed the self-assessment, allowing the State to start identifying trends. Results indicate that those who completed the various training addressing the EBPs and who also received technical assistance in the form of coaching rated themselves at a much higher level of fidelity to EBPs than those lacking the training and technical assistance. The QPSA takes roughly ten minutes to complete and is used annually to provide the data Connecticut needs to measure change over time. De-identified results are shared with programs, and statewide results are presented to programs and the Interagency Coordinating Council (ICC). The analysis continues to incorporate stakeholder input and contribution from the ICC

regarding which data points the system should include. Using unique staff IDs, the Lead Agency is able to link the QPSA data to child and family outcomes, demographics, IFSP, and service delivery data from the Birth to Three Data System.

Fiscal Enhancements:

In 2019, The Lead Agency published a Request for Proposals (RFP) with a heavy emphasis on evaluating each proposer’s deep understanding of the EBPs being scaled up in Connecticut. Based on the RFP, as of 7/1/20, there are 19 programs providing comprehensive Early Intervention Services under Part C. After the current cohort of programs receiving intensive TA completes the TA, 18 of the 19 programs will have at least one trained team and a Mentor Coach. The only program that will not is a program that only specializes in supporting families with children who are deaf/hard of hearing. This program began the Family Coaching training during 2020 and currently has one staff member going through Mentor Coach training who will begin mentoring Family Coaches in their program.

The OEC developed a risk rubric to assess the risk posed to the system by each EIS program as part of its general supervision system. The leadership team completed the rubric in May of 2020 in order to prioritize those programs that might need more TA than others. Risks included fiscal measures as well as how the program was implementing the EBPs. Overall, the system will improve based on individualized, data-informed decisions about the TA that programs need related to the SSIP.

The Office of Early Childhood’s contractor Public Consulting Group (PCG) began billing commercial insurance using the ICDs for autism (F84.*) as the primary code in all cases when that code was present, and the results were extremely positive. There should be a noticeable increase in commercial insurance payments being sent to programs, which will free up funds so the system can focus on the PD priorities of the SSIP.

In addition, communication between PCG, OEC, and the Connecticut Association of Health Plans (CTAHP) began and continued these conversations to identify and evaluate denial data that PCG collects. The collaboration between the agencies will look to further increase insurance revenues paid to programs.

Section 5: Status of Evidence-Based Practices (EBPs)

The implementation of evidence-based practices with fidelity continued to increase over the last year. As addressed in the logic model, the EBPs are woven throughout the three strands of education and outreach, professional development, and fiscal enhancements.

Education and Outreach:

Training for new Service Coordinators and all staff new to Birth to Three was revised entirely and included more emphasis on the EBPs in Early Intervention. Training shifted to online entirely due to the Public Health Emergency. Feedback from evaluations about the changes and content was extremely positive. Updating service coordination training and adding an Initial Birth to Three Certificate is a strategy noted in Connecticut’s logic model and speaks to the sustainability of the programs by attracting new talent to the field and retaining staff.

The Lead Agency, Connecticut Parent Advocacy Center (CPAC), and Connecticut State Department of Education (CSDE) partnered to present to the Connecticut State Library’s first cohort of learners as part of their Early Childhood Initiative called “Set the Stage”. Set the Stage seeks to prepare librarians interested in supporting families of children 0-5. Topics covered included; early childhood development across domains (and associated resources); the referral process and resources related to the state’s Child Development 211 / Ages and Stages Questionnaires / ASQ-SE2 and SPARKLER referenced above; an overview of the Birth to Three system and what EI supports look like; Preschool Special Education and the transition process. In addition, CPAC as Connecticut only Parent Training Institute (PTI) provided additional information about how to have difficult conversations around sensitive topics. Parents as mentors, community, and advocacy supports were also discussed. Post-attendee feedback has indicated these sessions were informative and helpful. Some attendees were unaware of Birth to Three, FAPE, LRE and CPAC supports even though they had been librarians for years. The OEC will continue this partnership and while many have connections with EIS programs, many are excited to develop closer relationships. The logic model connects how helping referral sources to understand the EBPs and what Birth to Three looks with achieving the SiMR

The Lead Agency met with United Way of Connecticut (UWCT) and a contractor, Linchpin, to discuss enhancements to the Birth23.org website. Priorities include file management, menus and navigation, and correctly listing one program by towns by specialty. Providers will be invited to make suggestions as well. The website is a critical tool in scaling up the EBPs and the communities understanding about what Birth to Three hopes to accomplish (SiMR).

Professional Development (PD):

The specific EBPs targeted for the past six years have been Natural Learning Environment Practices (NLEP), coaching as a style of interaction, and a Primary Service Provider (PSP) approach to teaming. Fidelity with these practices builds the confidence and competence of caregivers in assessing their child's strengths, abilities, and challenges. More importantly, the EBPs help families identify successful activities and strategies to address challenges, which makes them the experts and aligns perfectly with Connecticut's Part C SiMR.

The higher the fidelity with implementing the EBPs at the practitioner level, the more likely the State's SiMR will be achieved. In FFY19, the Office of Early Childhood (OEC) offered a two-day team training plus one-day Mentor Coach training in conjunction with mandatory six months of monthly technical assistance (TA) for the team and four to six additional monthly TA sessions for Mentor Coaches. With these trainings, the first training including a cohort of 15 teams (77 staff) from 14 programs and 21 new Mentor Coaches and the second training including a cohort of 13 teams (63 staff) from 13 programs and 29 Master Coaches.

Several EIS programs used their Mentor Coaches to provide monthly TA with their family coaches using the Electronic Coaching Logs (ECLs) described earlier to advance coaching practices. This method for reaching fidelity is labor-intensive. Data about how Master Coaches are used at the EIS programs was collected through interviews of program directors and revealed that many programs were not using Mentor Coaches in this capacity due to the change to a fee-for-service reimbursement system. The ICC PD committee and other interested stakeholders formed a workgroup that is exploring manageable solutions to this problem in implementation. To address this issue in the short term, in August 2020, the lead agency applied for and was awarded an OSEP Recruitment and Retention Grant, 84.325P. Since Mentor Coaching is one strategy to help retain staff, a portion of the funding from this grant will be applied to support the use of a program's Mentor Coaches in advancing the fidelity of additional staff in the program. A new Training and Supervision procedure was developed with an emphasis on programs training and supporting practitioners in using the EBPs.

The Lead Agency continues to offer the one-day NLEP training and added additional training on the EBPs and NLEP to the Initial Birth to Three Certificate developed in FFY19 and required of all staff. An observation checklist was developed to assess coaching practices and distributed to Mentor Coaches and program directors. The Quality Practices Self-Assessment (QPSA) template and other tools for assessment of quality practices were posted on the Birth23.org website for reference. The website also included more information and videos to support independent learning on these EBPs, both for staff and families. A coaching video was developed along with national experts and shared with stakeholders and OSEP's Research to Practice Division. During the COVID-19 PHE, the NLEP Training, through much work of the team, including parents from the Connecticut Parent Advocacy Center (CPAC), the trainings were shifted to virtual training. A survey was disseminated at the end of the training to evaluate the trainers' effectiveness

and responsiveness, and feedback indicated that the training was helpful and cheerful. Many individuals stated that it was just as effective as in-person training and that they would have liked the training to be longer given the new format for further collaboration.

Fiscal Enhancements:

At the beginning of the SSIP, there was much concern about whether in a fee-for-service system there would be enough programs. Every programs with a contract on 7/1/19 applied. The procurement results were announced in December of 2019 and the contract negotiations were under way when the COVID-19 PHE started. The shift in focus moved to increasing referrals as they dropped significantly between March and June 2020. The Part C system is still at about 20% of the child count before the PHE started. Despite this on July 1, 2020, new five-year contracts began with 19 programs.

With sufficient high-quality EIS programs and practitioners, Connecticut will continue to meet the requirements of the IDEA for other Annual Performance Report (APR) indicators, including timely evaluations and Individualized Family Service Plan (IFSP) meetings, timely new services, timely transition planning activities, and child outcomes. In addition, the programs that had contracts renewed and expanded are better prepared to scale up and sustain the EBPs than the programs that were not renewed.

Section 6: Stakeholder Engagement

Stakeholder engagement is something Connecticut prioritizes in every activity completed regardless of the Annual Performance Report (APR) and this SSIP. The State actively engages stakeholders through ICC meetings, Early Intervention Service (EIS) program meetings, and groups such as data users' group, Early Hearing Detection, and Intervention task force, autism specialty "Under 3", Insurance Billing Community of Practice (CoP), and as being part of the broader early childhood community at the OEC. Weekly, the Part C Coordinator sends updates to providers and other stakeholders to update them and gather input on measurable results. Additionally, the State actively engages with stakeholders to review every procedure change and other activities such as the Part C Grant and developing contracts. (See attached feedback loop graphic.)

The ICC committees are aligned with the SSIP logic model strands, and, as such, each team meets 5-6 times per year. As a baseline for tracking progress and change in the Part C infrastructure, all three committees completed all the sections of the Early Childhood Technical Assistance (ECTA) Center / DaSy Self-Assessment. The Self-Assessment was updated as needed and will be completed in whole for the next SSIP over the summer of 2021.

Education and Outreach:

The education and outreach committee, which included parents from the state's Parent Training and Information Center (PTI) Connecticut Parent Advocacy Center (CPAC), Inc, reviewed data and recommend strategies for distributing information about Birth to Three's EBPs.

Connecticut's Office of the Child Advocate and the OEC Commissioner requested data about in-person visits by race and ethnicity, autism and children involved with Department of Children and Families (DCF). The data requests helped answer essential questions about equity within the system. . Follow-up meetings identified next steps to ensure that families who want in-person visits can receive them safely.

During FFY19, the Lead Agency began several communities of practices, including an Autism under 3, which strives to embed evidence-based practices with Applied Behavior Analysis (ABA) and identify strategies for Remote EI assessments. The CoP meets bi-monthly and includes program directors and Lead Agency staff. Identifying autism early and providing supports to families who have children diagnosed with an autism spectrum disorder is essential in positive outcomes and the SiMR.

The Lead Agency continues to engage stakeholders in our data system update efforts. Our current system, SPIDER, is not capturing the needed workforce data and the legacy system is dated. During FFY21, the system will be migrated to a new data system, RAIN for billing purposes, collecting system data, managing enrolled families and collecting workforce data. The Data Users Group comprised of program directors, data entry staff, and practitioners will test and inform the Lead Agency on their needs for data collection and reporting. Each phase of RAIN development includes input from stakeholders, and the Data Users Group tests the system for glitches and problems prior to releasing it system-wide.

Professional Development:

The ICC Professional Development Committee established a workgroup of ICC members, program directors, program staff, and CPAC that focused on a quality workforce and professional development needs, including six additional procedural modules.

The OEC continues to collaborate with agency partners, including Part B and the UConn UCEDD, to implement the 84.325L leadership development grant. Throughout this grant, the OEC has collaborated with Part B partners and UConn UCEDD to review applications, send out acceptance notifications, and implement the course. The 84.325L grant includes an advisory board that includes partners from our Part B colleagues, the Connecticut Parent Advocacy Center, Part C directors, and our ICC chairs.

The OEC also collaborated with partners when applying for the 84.325 P retention and recruitment grant. In September of 2020, the OEC was awarded the grant and began implementing the grant in October 2020. The OEC will work collaboratively with the Connecticut Parent Advocacy Center (CPAC), local Early Intervention programs, the ICC, and community early childhood programs to complete outreach to individuals considering entering the Birth to Three System and those in the system who recruit and retain staff. Additionally, stakeholders will advise and assist the Lead Agency throughout the grant's implementation, including identifying mentor coaches to sustain the current evidence-based practices.

A Mentor Coach CoP was formed that allows Mentor Coaches to come together and discuss challenges and successes. The CoP will work on coding logs and discuss resources to maintain fidelity to practices.

During FFY19 and the onset of COVID-19, many procedures and guidelines needed to be adjusted. Evaluation guidelines, Autism under 3 assessments, EIS over 3, and in-person guidance needed to be developed and distributed to the field. Each guideline's development included stakeholders, including the ICC, program directors, CPAC, and our Part B colleagues. The system needed to

work closely with our 619 coordinators to provide EIS over 3 and guidance to do so while schools were closed successfully. Working closely with DSS, the Lead Agency implemented an interim Remote EI procedure during the PHE and have a permanent procedure approved to continue Remote EI after the PHE ends.

Fiscal Enhancements:

As an interagency system, the OEC regularly collaborates with Connecticut’s Medicaid Lead Agency (DSS) when developing reimbursement rules like those for Remote EI. During the COVID-19 PHE, the OEC implemented Remote EI effectively with reimbursement over one week. This quick approach is a direct result of the collaboration that the OEC shares with DSS and the groundwork that began two years ago. As a direct result of the implementation of Remote EI during the PHE, the providers could remain fiscally afloat and continue to support families throughout the State.

An RFP was posted in 2019, and new contracts were awarded on 7/1/20. Throughout this process, the Office of Early Childhood was exceptionally responsive to stakeholder engagement. During the RFP process, the Lead Agency posted a Bidders Conference for prospective programs to attend, learn about the process, and ask questions. All questions asked during this conference were answered and posted to the Birth to Three website for all interested. Once the RFP was complete, all programs who applied received copies of their results and scores for their records. After contracts were awarded, the OEC responded to all Freedom of Information (FOI) requests, and all information requested was supplied. Additionally, debrief meetings were held with programs who requested. All programs who applied received copies of their results and scores for their records.

Connecticut families and EIS programs know they are critical partners and that they have a meaningful voice. During the early weeks of the COVID-19 PHE, stakeholders were very comfortable reaching out to the OEC Commissioner and Part C Coordinator with suggestions. This "early adopter" approach to stakeholder engagement helps Part C in Connecticut to be flexible, responsive, and prepared.

Additionally, due to COVID-19 and with many stakeholders, the system waved Family Cost Participation fees essential during COVID-19 as many families lost income and would otherwise not be able to access supports. Finally, the Lead Agency was able to work collaboratively with the Office of Policy and Management (OPM) to initiate an emergency General Administrative Payment (GAP) payment to sustain our programs during COVID-19 and a drastic loss in income.

In order to maximize third party revenue, the lead agency started an Insurance Biller Community of Practice (CoP) so that EIS program staff directly working on claims and meet regularly with the OEC and Public Consulting Group (PCG) to ask questions. The CoP helps the OEC and PCG to prioritize modifications to the data systems and rules. As revenue to the system is critical to support not only EIS but also the EBPs to achieve the SiMR, these efforts are essential to the SSIP.

DRAFT

Section 7: Plans for Next Year

The Office of Early Childhood (OEC) responsive to the new landscape in which Early Intervention Services (EIS) are being provided during the COVID-19 Public Health Emergency (PHE). The Evidence-based Practice (EBP) of coaching as a style of interaction will be even more critical during this time.

With the leadership grant, and the new PD grant Connecticut, looks forward to a busy year. Including the refinement of documents and fidelity across practices, broken out by the logic model.

Education and Outreach:

The OEC will continue working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a second cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders early childhood from birth through age five. This will support the SSIP and SiMR by connecting Part B staff with Part C in building valuable relationships. These relationships will enable families to continue to receive supports through Part C, and, if eligible, Part B supports through a smooth transition process.

Through the use of Education and Outreach to Connecticut libraries, the Lead Agency will continue to build relationships in order to support a unified message communicated through both formal and informal processes. Including but not limited to, mobile resources about what birth to three looks like, family rights, system of payments, and Local Education Agencies (LEA's).

During FFY20, the Lead Agency will modify the logic model with stakeholder input, as there will be a new SSIP package. Stakeholders will review the current logic model and revise as needed.

Professional Development:

Individualized training and TA plans each EIS program and TA plans for programs identified by the lead agency through the use of the Risk Rubric. Having an additional Lead Agency, staff trained, as a Fidelity Coach will be enhance the LA's capacity to train Mentor Coaches at EIS programs. The Lead Agency will continue to collect and analyze the new Quality Practice Self-assessment (QPSA) data and connect it with family and child outcomes and programmatic and demographic data.

The OEC will review the outcome of supporting mentor coaches at local EIS programs 84.325P grant. Additionally, the OEC will begin revising the Infant Toddler Family Specialist (ITFS) course and will develop a data system that can track recruitment and retention in the field. Reliable Accountable Integrated Network: Building Our Workforce (RAINBOW) system as outlined in the appendices.

Based on stakeholder input, the Lead Agency, in conjunction with the State Department of Education, began efforts to implement a waiver for teachers' certification throughout the State. The waiver will allow teachers who work in RESCs or school programs for Early Intervention to keep the benefits they would receive if working in a school system. This change is influential in the system as it will expand the workforce and enable early interventionists to stay engaged with Birth to Three. Due to the COVID public health emergency, the legislation was not addressed in the last legislative session. The Lead Agency hopes to implement the waiver on July 1, 2021 with legislative approval

Fiscal:

The fiscal impact of the COVID-19 (PHE) fluctuated over the last year. Referrals significantly decreased at the start of COVID-19, and supporting children over three created an additional cost to the system. Over the next year, the OEC will work in child find efforts and continue to bill for F84 as the primary code for commercial insurance reimbursement.

Family Cost Participation (FCP) fees were waived during the PHE. The ICC has raised that restarting the fees could have a destabilizing effect to the system. As a result, the OEC is hoping to continue the waiver so long as remote EI is the primary method of providing support to families. In FFY21, the OEC will update its system of payments if the statute is modified.

Connecticut will continue to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency will gain a deeper understanding of fiscal priorities including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and their partners in order to track the use of funds.

Section 8: Appendices

The Theory of Action graphic, logic model, rainbow logic model, stakeholder feedback loop graphic, evaluation plan, and Quality Practices Self-Assessment have been attached.

DRAFT



IMPORTANT – READ BEFORE BEGINNING

This self-assessment focuses on helping you identify your strengths and areas for growth in fidelity to quality, best practices in Early Intervention. The tool will help you identify areas to focus on for your own learning, and will help your program plan professional development activities.

- **REFLECTION and HONEST ANSWERS are essential to make the tool meaningful to you!**
- **“Families” means parents, foster parents, guardians, caregivers, childcare providers, etc.**
- **Answer each question thinking about ALL of your “families” over the past six months. For example, if you feel you do really well with a practice when working with families, but have considerable difficulty carrying that through in childcare, then rate yourself somewhere in the middle.**
- **You would NOT expect fidelity with all practices initially but want to see GROWTH over time.**

* Email address

* Your Staff ID Number in the Birth to Three Data System is Required (Check with Program Director if you don't know the number)

* How many years have you been working for Birth to Three

* On average, how many hours per week do you work in Birth to Three supporting families?

* What is your discipline (regardless of internship or CFY)?

* Are you only performing evaluations in Birth to Three, with no other family contact?



* What training have you completed?

- Online Modules - Initial 0-3 Certificate
- Natural Learning Environment
- Rush and Shelden - 2 Day Training
- 6 Month Follow-Up Technical Assistance to Rush and Shelden
- Master Coach Training and TA
- Reflective Supervision Training
- Early Interventionist Specialist Course/UCONN
- Service Coordination In-Person Training
- None

* Are you receiving regular reflective supervision from someone endorsed through the Infant Mental Health Association?



1. Involving Families

When answering, think of ALL the “families” you have supported over the past six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

1.1 Review the National Mission and Key Principles of Early Intervention with all families and relate it to supports to be provided?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.2 Integrate the mission and key principles of early intervention throughout your practice?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.3 Thoroughly describe evaluation/assessment process to ensure families' understanding and comfort?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.4 Encourage and support families to actively participate in the evaluation/assessment?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.5 Explain why families' participation is critical throughout all aspects of early intervention?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



1.6 Encourage and support families to describe their child’s abilities and challenges during everyday activities?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.7 Explore what families feel are their strengths and needs in addressing their concerns and priorities?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

1.8 Work with families to develop steps that will ensure smooth, successful transition to special education or community programs?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



2. Natural Learning Environment Practices

When answering, think of ALL the “families” you have supported over the past six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

2.1 Explain to families how the child’s participation in everyday activities can help them achieve the family’s priorities and outcomes?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.2 Work with families in environments that are natural for that family, including community settings frequented by the family?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.3 Only use the family's items (i.e., no use of toy bags)?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.4 Work with families to select activities based on information obtained from the family about their everyday routines?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.5 Regularly explain the critical connection between child interest and learning?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



2.6 Support the family's understanding and use of responsive strategies?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.7 Provide supports in a way that ensures the family is the one primarily interacting with the child during the visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.8 Provide opportunities for family members to practice new skills/strategies during the visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

2.9 Work with families to adapt environments to promote the child's access to and participation in learning experiences?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



3.Coaching

When answering, think of ALL the “families” you have supported over the past six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

3.1 Coach families to develop a plan to address their priorities, needs, and concerns?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.2 Use reflective questions and discussions to elicit family-identified strengths and needs to address their outcomes?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.3 Ask open-ended questions to help families analyze what is occurring during or between visits?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.4 Use reflective questions and discussions with families to assist them in developing strategies based on what the child is doing during everyday activities?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.5 Ask open-ended questions to help families generalize strategies to a variety of daily activities, routines and situations, or to develop alternative strategies?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



3.6 Provide appropriate feedback (Affirmative, Evaluative and Informative) as families implement strategies with their children?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.7 Use directive feedback only in situations of danger?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.8 Use the seven steps of intentional modeling, when appropriate, to assist families' understanding?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.9 Develop a two part joint plan with families which includes a "between visit plan" and "next visit plan"?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

3.10 Develop a two part joint plan that is activity focused rather than only focused on a particular skill or strategy?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



4. Teaming

When answering, think of ALL the “families” you have supported and teams you have worked with over the last six months, including your interactions with parents, caregivers and childcare providers.

When supporting “families” do you...

4.1 Participate regularly in team meetings that include multiple disciplines and the family (or input from the family), in a manner consistent with coaching practices?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.2 Request information from other team members to support your knowledge and address any questions/concerns?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.3 Share discipline-specific expertise with team members in a way that is consistent with coaching practices?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.4 Request joint visits from other team members to support yourself and families during everyday activities when needed?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.5 Have conversations with families, prior to scheduling joint visits, regarding the issue requiring support and the specific family activity that will be the focus of the joint visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



4.6 Use the Joint Visit Planning Tool prior to the visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.7 Utilize other team members during joint visits in a manner consistent with coaching and natural learning environment practices?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.8 Involve appropriate team members to modify environments and access assistive technology to promote the child's access to and participation in learning experiences?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	

4.9 Reflect on the outcome of the joint visit with families at the end of the visit or on next visit?

I do this so well I could mentor others.	I do this with consistently good results.
I work on this with variable results.	I have beginning competency in this area.
This is an area of completely new learning.	



5. Disposition, Knowledge and Values

Think about yourself over the last six months.

Have you . . .

5.1 Interacted with families in ways that are sensitive and responsive to the families' cultural, linguistic, and socioeconomic characteristics?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.2 Worked to build a respectful and collaborative relationship with families?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.3 Shared complete and clear information with families in a way that matches a family's level of understanding and style of learning?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.4 Acknowledged and managed personal biases that could be detrimental to supporting families and their children?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.5 Supported families by focusing on their values and the strengths they have to achieve their outcomes?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	



5.6 Built the confidence and competence of families through your interactions, rather than fostering dependence?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.7 Linked families with comprehensive, community-based networks of supports and services?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.8 Expanded your knowledge in a variety of aspects and domains related to child development?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	

5.9 Kept yourself current in best practices in your field of expertise?

I consistently show expertise in this practice.	I do this often and well.
I do this but could improve.	I am inconsistent in addressing this practice.
I am not aware of this practice.	



6. Supporting Your Learning

You MUST PRINT (and/or save) this reflection page for future use BEFORE clicking DONE. "CTRL + P" on PC computer; "Command + P" on Apple computer. Thanks!

6.1 In thinking about your responses on this self-assessment, what areas do you feel are your strengths?

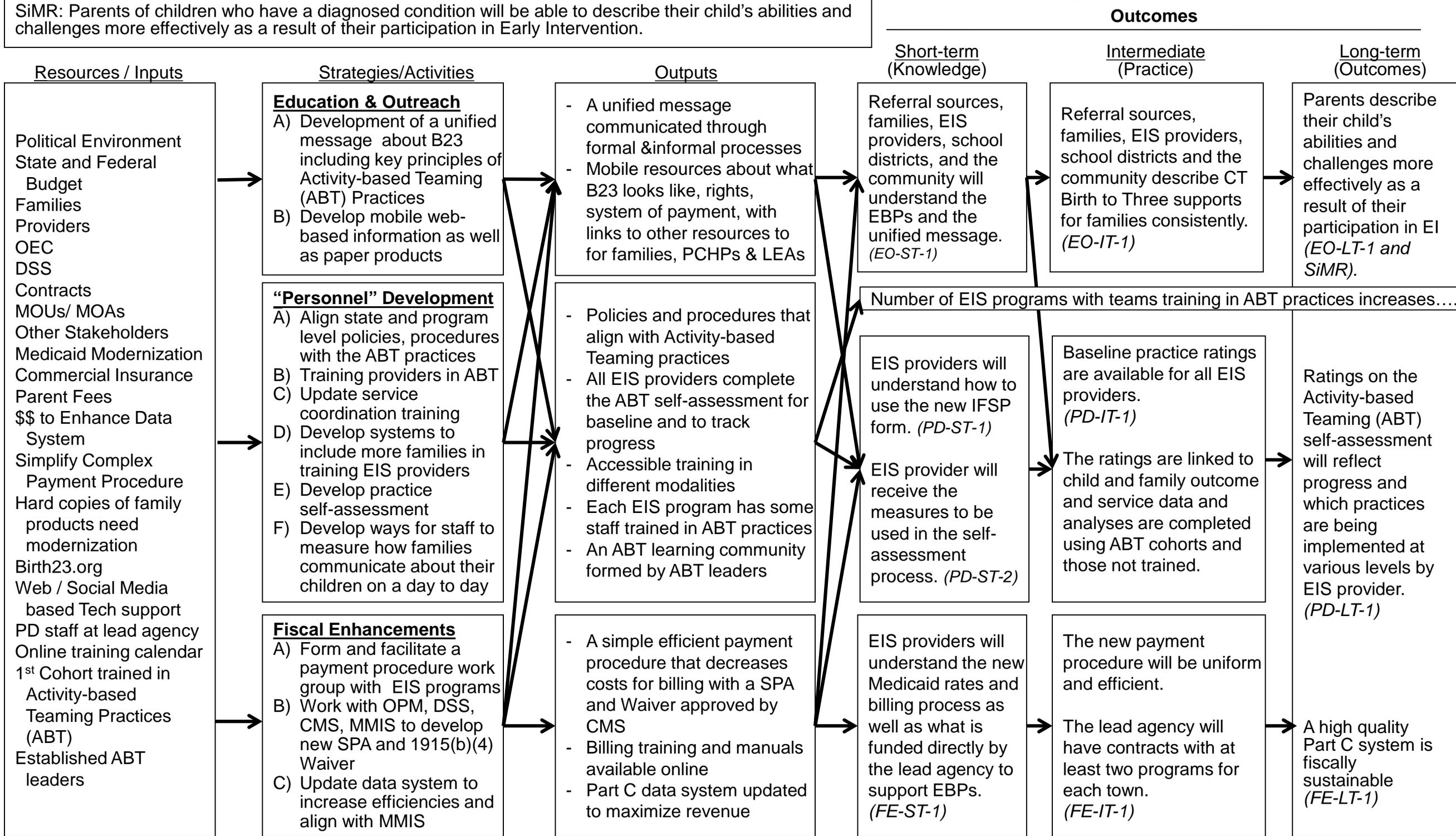
6.2 What area(s) do you want to focus on to support your learning?

6.3 What steps will you take to support your learning?

6.4 What additional resources or supports might you need/want?

Connecticut Birth to Three System – Part C State Systemic Improvement Plan Logic Model

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



CT Part C SSIP Theory of Action

If

....parents, health care providers, EIS providers and LEAs all have a shared understanding about the true purpose of early intervention visits to coach families, and

....all training and TA is aligned to support families as decision makers (vs. only providing therapy services to children), and

....the lead agency and EIS programs revise payment policies and procedures to ensure access to evidence-based practices

then

....providers will implement research supported practices with fidelity including natural learning environment practices, coaching as a style of interaction with families, and the use of a primary service provider approach

and

...families will learn new skills and understand the unique ways that they can help their children develop and learn.

Then

...families will be better able to describe their child's abilities and challenges

so that after their involvement in Part C their children can receive individualized services in natural settings and demonstrate improved behavioral and educational results.

Education and Outreach to referral sources, parents, EIS providers, and LEAs

Personnel Development for EIS providers, parent leaders, and other key stakeholders at the OEC*

Fiscal Enhancements that maximize revenue and ensure adequate provider capacity

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

“My son's language is great, but he often needs reminders to take a breath before he speaks so he can be heard.”

Connecticut Part C - Birth to Three - SSIP Evaluation Plan

As of March 29, 2019

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

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

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

Implementation Team	Personnel Development (PD-O-0)
Assumption / Hypothesis	EIS providers that complete the 6-9 month intensive training and TA associated with scaling up Activity-based Teaming will be better able to guide families to describe their child's abilities and challenges.
Outcome (PD-O-0)	75% of all EIS providers in CT will have completed the full training and TA
Milestones	Foundational training about Natural Learning Environment (NLE) practices will be offered to all EIS providers, and required of those doing intensive training and TA. Intensive Training and TA will be scaled up in cohorts of eight - ten EIS teams 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. Online Required Training/Initial Birth to Three Certificate for all staff Online and in-person training for Service Coordinators addressing EBP in EI. Certification of lead agency staff person as a Fidelity Coach
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 Number of staff receiving TA from Master Coaches in programs Develop and implement Required Training for all EIS providers
Timeline	There are approximately 540 providers in CT at 32 programs. Four cohorts have already completed training and TA and a fifth will start June 2019, but even if 100 people are trained every year it would take over 10 years so a scale up plan will be developed with NCSI support.

SHORT TERM OUTCOMES – Knowledge and Understanding

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

	Number of calls where the family communicates confusion about the purpose of Birth to Three and what to expect from EIS visits.
Timeline	January 2017

SHORT TERM OUTCOMES – Knowledge and Understanding (continued)

Implementation Team	Personnel Development (PD-ST-1)
Assumption / Hypothesis	Modifying the statewide IFSP, including the transition plan, will better support and promote family engagement and the use of the EBPs being scaled up.
Outcome	EIS providers will understand how to use the new IFSP form.
Milestones	IFSP form will be modified including the transition plan Online and in person training materials are available 100% of all service coordinators will be trained or receive TA about using the new form. 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

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

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 state 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 and updated as needed.
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

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	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

Implementation Team	Personnel Development (PD-IT-1)
Assumption / Hypothesis	Completing a Quality Practices 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 Practice Self-Assessment ratings are available for all EIS providers.
Milestones	The Quality Practice Self-Assessment will be developed. The self-assessment will be completed by 100 % 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 Practice 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

Implementation Team	Personnel Development (PD-IT-2) (new P3Y3)
Assumption / Hypothesis	Fiscal and fidelity support to programs will improve use of their Master Coaches and will increase number of EIS providers receiving intensive training/TA
Outcome	Develop process to support Master Coaches with ongoing fidelity and assist program (light touch/pay for performance) for using Master Coaches to train additional EIS providers.
Milestones	Determine how Master Coaches are currently being used in programs Collect ideas from stakeholders on ways to support programs Determine fiscal implications and plan for support Master Coaches are supported in fidelity Programs are supported fiscally to encourage use of Master Coaches
Measures	Gather information from program directors, Master Coaches, national experts, families through interview, survey, workgroups Determine costs and possible incentives for programs to increase use of Master Coaches Collect data on number of additional staff who received intensive training?
Timeline	December 2019

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 and new contracts are in place.
Measures	Number of contracts with EIS Programs by town
Timeline	June 2020

LONG TERM OUTCOMES – Changes in Outcomes

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

Implementation Team	Personnel Development (PD-LT-1)
Assumption / Hypothesis	Completing a Quality Practices 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 Practices Self-Assessment will be developed and integrated into RBA including data about completion of various related trainings. Each EIS provider will complete the Quality Practices 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 QPSA 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

Implementation Team	Personnel Development (PD-LT-2) (New P3Y3)
Assumption / Hypothesis	Having an additional family tool will allow determination if intensive training/TA is having an effect on the family's ability to describe their child's abilities and challenges in a more effective way.
Outcome	Development and use of a family tool to assess progress on SiMR
Milestones	Collect input from appropriate stakeholders such as lead agency staff, families, providers, ICC. Develop tool to be used Pilot tool Implement system wide
Measures	Information gathered from stakeholders Draft tool that will be piloted with families for input Gather family input after trial of tool and revise tool as needed Data collected system-wide from families
Timeline	June 2021

Implementation Team	Fiscal Enhancements (FE-LT-1)
Assumption / Hypothesis	A cost effective and efficient reimbursement system that generates high levels of 3 rd 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

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	Ongoing

Combined Outcome – State Identified Measureable Result using new data

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

