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.

Outcomes

Resources / Inputs	Strategies/Activities	Outputs	Short-term (Knowledge)	Intermediate (Practice)	Long-term (Outcomes)
Political Environment State and Federal Budget Families Providers OEC DSS Contracts MOUs/ MOAs Other Stakeholders Medicaid Modernization Commercial Insurance Parent Fees $$ to Enhance Data System Simplify Complex Payment Procedure Hard copies of family products need modernization Birth23.org Web / Social Media based Tech support PD staff at lead agency Online training calendar 1st Cohort trained in Activity-based Teaming Practices (ABT) Established ABT leaders	**Education & Outreach** A) Development of a unified message about B23 including key principles of Activity-based Teaming (ABT) Practices B) Develop mobile web-based information as well as paper products	- A unified message communicated through formal &informal processes - Mobile resources about what B23 looks like, rights, system of payment, with links to other resources to for families, PCHPs & LEAs	Referral sources, families, EIS providers, school districts, and the community will understand the EBPs and the unified message. *(EO-ST-1)*	Referral sources, families, EIS providers, school districts and the community describe CT Birth to Three supports for families consistently. *(EO-IT-1)*	Parents describe their child's abilities and challenges more effectively as a result of their participation in EI *(EO-LT-1 and SiMR).*
	"Personnel" Development A) Align state and program level policies, procedures with the ABT practices B) Training providers in ABT C) Update service coordination training D) Develop systems to include more families in training EIS providers E) Develop practice self-assessment F) Develop ways for staff to measure how families communicate about their children on a day to day	- Policies and procedures that align with Activity-based Teaming practices - All EIS providers complete the ABT self-assessment for baseline and to track progress - Accessible training in different modalities - Each EIS program has some staff trained in ABT practices - An ABT learning community formed by ABT leaders	*Number of EIS programs with teams training in ABT practices increases....* EIS providers will understand how to use the new IFSP form. *(PD-ST-1)* EIS provider will receive the measures to be used in the self-assessment process. *(PD-ST-2)*	Baseline practice ratings are available for all EIS providers. *(PD-IT-1)* The ratings are linked to child and family outcome and service data and analyses are completed using ABT cohorts and those not trained.	Ratings on the Activity-based Teaming (ABT) self-assessment will reflect progress and which practices are being implemented at various levels by EIS provider. *(PD-LT-1)*
	Fiscal Enhancements A) Form and facilitate a payment procedure work group with EIS programs B) Work with OPM, DSS, CMS, MMIS to develop new SPA and 1915(b)(4) Waiver C) Update data system to increase efficiencies and align with MMIS	- A simple efficient payment procedure that decreases costs for billing with a SPA and Waiver approved by CMS - Billing training and manuals available online - Part C data system updated to maximize revenue	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. *(FE-ST-1)*	The new payment procedure will be uniform and efficient. The lead agency will have contracts with at least two programs for each town. *(FE-IT-1)*	A high quality Part C system is fiscally sustainable *(FE-LT-1)*