



Wisconsin Department of Health Services

Wisconsin Birth to 3 Program State Systemic Improvement Plan Phase II

Department of Health Services

Division of Long Term Care

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Overview

The Wisconsin Birth to 3 Program has been investing time, energy, and resources into Indicator 11, the State Systemic Improvement Plan (SSIP). The Office of Special Education Programs' (OSEP) vision for Results-Driven Accountability (RDA) is that federal and state programs together will target their work and investments to best support improving results for infants and toddlers with disabilities. Wisconsin has a commitment to provide a high-quality statewide early intervention program to our infants and toddlers with developmental delays and disabilities and their families. We are committed to ensuring every child and family living in Wisconsin has equal access to high-quality early intervention programming. Wisconsin has developed Phase II of our SSIP that addresses the activities, steps, and resources required to implement the coherent improvement strategies to achieve the State Identified Measureable Result (SiMR) of improved social and emotional development (functioning) of infants and toddlers. The SSIP Phase II will support a structure for building a successful and sustainable early intervention system.

The first task of the Birth to 3 Program during Phase II was to create the infrastructure for our program to organize the SSIP Phase II planning process. The state developed the structure for stakeholder input, identifying the initiatives needed to support the outcomes and activities to implement successful coherent improvement strategies and Theory of Action (ToA), and to move the State Identified Measureable Result (SiMR) (Appendix 1), building upon the Phase I report. The system includes the structure for lines of communication and identified implementation teams and their responsibilities. The SSIP Phase II plan is organized to allow for continuous improvement cycles to occur within our system. The SSIP organization structure will allow our system to have a sustainable framework to utilize for both current and future installation and implementation of practices within our system. This SSIP organization structure chart was introduced and presented to our local county programs at the 2015 fall regional meetings.

The Mission, Vision and Guiding Principles are in the forefront of what is being considered to be installed or implemented to support the SiMR. Wisconsin has identified the SiMR as improved social and emotional development (functioning) of infants and toddlers. There are four teams designed and organized to communicate with each other to install practices into our system: 1) State Implementation Team, 2) Evidence-based Practices of Primary Coach Approach to Teaming (PCATT), 3) Social Emotional (SE) and 4) Child Outcomes (CO).

The State Implementation Team (SIT) is responsible for communication, evaluation, and professional development. This team is the purveyor of the overall process, ensuring effective clear, communication between all teams and the purveyors of each focus team. The SIT is also responsible for addressing that planning and implementation stays within the course or scope of the plan.

It is the responsibility of each team's purveyor to have a clear understanding of the implementation drivers for effective leadership and planning within each team and to communicate the work of each team in a communication loop designed to ensure fidelity in process. The SIT uses the information from the individual implementation teams (PCATT, CO and SE) to develop the overarching logic model for the program. The logic model identifies priorities and activities essential for achievement of the SiMR and the core components involved in the realizations and sustainability of the identified changes. Each implementation team uses the logic model to capture the work of the team and to communicate the information with the other teams. The logic model is a working document for the continuation of our work during Phase II and Phase III (Appendix 2, Appendix 7).

During the infrastructure analysis of Phase I of the SSIP, the Wisconsin Birth to 3 Program identified several possible initiatives to align and leverage with the SSIP. This alignment and leveraging of other current Wisconsin early learning initiatives improvement plans was designed during Phase II of the SSIP. The Birth to 3 Program thoughtfully and intentionally invited the participation of stakeholders from various offices and initiatives to engage in our implementation focus teams and workgroups. This engagement of stakeholders was a strategy to build the connection between current statewide initiatives and our Birth to 3 Program to support the social and emotional development of infants and toddlers with disabilities. We are utilizing the knowledge, experience, and lessons learned from other programs to support the Birth to 3 Program implementation and scaling up of evidence-based practices, such as collaborations with the Wisconsin Alliance for Infant Mental Health and Early Childhood Special Education in the Department of Public Instruction. The inputs from the stakeholders are placed into the logic model, which leads to our short, intermediate, and long-term outcomes.

The state identified implementation barriers that were detected during Phase I of the SSIP process and are addressed through workgroups of the implementation focus teams. Some state-identified barriers are addressed at the State Implementation Team level where the process of ongoing review of the working logic model connects to the decision-making process.

The Wisconsin Birth to 3 Program used technical assistance opportunities throughout the Phase II process to support the development of the Phase II plan. These opportunities allowed the Wisconsin Birth to 3 Program staff and engaged stakeholders that attended to be well informed on current trends of practice and initiatives. The information that was learned from these opportunities has been embedded into our Phase II plan.

- IDEA Data Center (IDC) Interactive Institute – May 2015
- OSEP Leadership – July 2015
- National Center for Systemic Improvement (NCSI) Social and Emotional Learning Collaborative – September 2015
- Center for IDEA Early Childhood Data Systems (DaSy) Family Data Institute - October 2015
- DaSy Local Data Use for Program Improvement Conference - November 2015

The plan outlined in this document presents the Wisconsin Birth to 3 Program SSIP Phase II through the lens of Implementation Science (IS). The plan provides a roadmap for the SSIP through the application of IS components and comprehensively addresses all required OSEP evaluation items. The Birth to 3 Program has a commitment to operationalization of IS components throughout the SSIP and for use in the future for implementation of other initiatives or evidence-based practices.

Section One: Usable Interventions

Introduction

The Wisconsin Birth to 3 Program has adopted a set of evidenced-based practices (EBP) that are relationship based and centered on adult learning strategies. These strategies are designed to support both the early intervention practitioner through teaming and coaching practices and the parent or caregiver through coaching. Relationship-based practices are designed to increase the capacity, confidence, and competence of the adult learner who is the primary caregiver(s) in the child's life.

Strain, P. S. and Dunlap, G. in a published abstract titled, *Recommended Practices: Being an Evidence-Based Practitioner*, state that EBP is “the use of interventions, strategies, and supports that have

research documenting their effectiveness.” The reading suggests the following questions are considered prior to selecting any set of practices as “evidenced-based.” The questions are as follows:

1. Has the intervention been evaluated in a peer-reviewed journal?
2. Has the intervention been replicated across investigators, settings, and participants?
3. Are there alternative interventions that are less restrictive, better researched, or perhaps more effective or efficient?
4. Is the intervention within the existing skill set of practitioners, or do they need prior training and consultation?
5. Has the intervention been shown to produce outcomes like the ones intended?
6. How will we evaluate the intervention if we decide to implement?

The Wisconsin Birth to 3 Program had two additional EBP questions to consider during Phase II of the State Systemic Improvement Plan (SSIP). First, will the practices align with our ToA and second, will the practices support meeting our SiMR?

National publications providing supporting documentation of the selected EBP include: 1) *Family-Infant-and-Preschool-Program* at <http://fipp.org/publications/>; 2) *The Division for Early Childhood Recommended Practices* (DEC-RP) at <http://www.dec-sped.org/recommendedpractices>; 3) *the Early Childhood Technical Assistance Center* (ECTACenter) at <http://www.ectacenter.org/>. The following professional organizations have issued statements in support of EBP of coaching, teaming, and relationship-based intervention within a child’s everyday routine, commonly referred to as the Primary Coach Approach to Teaming in Natural Environments: 1) *American Academy of Pediatrics* (AAP) at <http://pediatrics.aappublications.org/content/pediatrics>; 2) *American Occupational Therapy Association* (AOTA) <http://www.aota.org/-practiceadvisory>; 3) *American Physical Therapy Association* (APTA) at <https://pediatricapta.org/includes/fact-sheets/pdfs/Service%20Delivery.pdf>; 4) *American Speech-Language-Hearing Association* (ASHA) at <http://www.asha.org/policy/gl2008-00293.htm>.

Wisconsin Evidence-Based Practices

During Phase I of the SSIP we learned through infrastructure analysis the status of our implementation of EBP. Wisconsin’s Birth to 3 Program’s shift from a practitioner and child-centered delivery approach to a relationship-based primary coach approach to teaming in early intervention began as part of professional development with the funding initiatives during the American Recovery and Reinvestment Act (ARRA) of 2010. Tools, such as learning modules, were created to support the sustainability of our practices over time and can provide new staff a foundation to Wisconsin’s EBP. What was not in place was the use of an EBP fidelity tool for use with county Birth to 3 Program Early Intervention Staff (EIS). Wisconsin did not have in place a framework to track and monitor our system’s progress for implementation and sustainability.

This Phase II plan addresses the need to consistently and objectively measure a county Birth to 3 Program’s progress towards implementing EBP. We need to understand, incorporate, and practice implementation science as part of our statewide systems change. An activity identified with stakeholder input is to install a statewide EBP fidelity tool that will be used at the local Birth to 3 Program. The EBP fidelity tool can be utilized to inform the individual about their adaptation of practices. The EBP fidelity tool also helps indicate for the individual and the system what other supports are needed to sustain EBP overtime.

The EBP/Primary Coach Approach to Teaming IT is using three workgroups to review and consider potential strategies to implement EBP with fidelity. One strategy identified as a priority is to align the

fidelity tool completion with the existing annual local Birth to 3 Program self-assessment. The Program in Partnership Plan (PIPP) is an annual local Birth to 3 Program improvement plan based on needs identified during the county self-assessment. The results of the fidelity tool will be incorporated into the PIPP. The implementation of the fidelity process, including the use of a tool with local Birth to 3 Programs, will start with the first cohort on-site reviews starting in July of 2016.

Phase I infrastructure analysis included reviewing the Wisconsin Birth to 3 Program Guiding Principles and compared them to our EBP to determine whether there was alignment. The conclusion was that the Guiding Principles do align with our EBP. The Guiding Principles were written and approved by the State Interagency Coordinating Council (SICC) nearly 20 years ago and the only necessary change will be some minor updates to reflect a more current language. Current work is being done on updating the language of our Guiding Principles.

Phase I analysis included investigation on where the state Birth to 3 Program might align with other statewide initiatives that would strengthen our SSIP, support our EBP framework, and sustain our Theory of Action (ToA) and help us reach and sustain our State-identified Measureable Result (SiMR).

Cross-sector initiatives identified as potential partners and stakeholders are currently part of the IT meetings as stakeholders.

- The first initiative is Wisconsin's Core Competencies, which is a Wisconsin Early Childhood Cross Sector Professional Development Initiative.
http://www.collaboratingpartners.com/documents/WI_EarlyChildhood_Core_Competencies_July_2014.pdf
- The second initiative is the Wisconsin Institutions of Higher Education (IHE). This addresses the need in a Comprehensive Professional Development system that links to the pre-service education institutions. This also supports a credentialing/endorsement process that aligns with both Wisconsin's EBP and the more broad "best practice" research as outlined in DEC-RP.
- The third initiative is identifying strategies to develop a stronger support system around the social and emotional needs of all children and families. Wisconsin has a membership with the Infant Mental Health Association, building a connection for the Birth to 3 Program early interventions and information supported by Wisconsin's Alliance on Infant Mental Health (WI-AIMH)
<http://wiaimh.org/>.
- The fourth initiative is the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program. Fellows who graduate from the program and are employed within the county Birth to 3 Program have the capacity and competence to make system changes within their Birth to 3 Program around supporting social and emotional development in children and families
<http://infantfamilymentalhealth.psychiatry.wisc.edu/>.

Child Outcomes

Wisconsin Birth to 3 Program has continued regular review and quality improvement on the state process of Child Outcomes, including ongoing collaboration with the Department of Public Instruction. Wisconsin Birth to 3 Program provided full-day Child Outcomes professional development opportunities in partnership with Department of Public Instruction in the fall of 2015. The Birth to 3 Program developed a Child Outcomes Continuum of Practices fidelity tool, which is designed on a continuum from "Unacceptable Use in Practice" to "Exemplary Practice," by emphasizing Child Outcomes as a process rather than strictly an "entry" and "exit" rating. The Child Outcomes Continuum of Practices tool is to be used in conjunction with the comprehensive program fidelity tool. The Child Outcomes

Implementation Team is continuing to work on installation of improved Child Outcome practices as part of Phase III of the SSIP, which is described in more detail in Section Three: Implementation Teams.

Section Two: Implementation Stages

Introduction

The Wisconsin Birth to 3 Program state staff is utilizing implementation science to support early intervention services (EIS) providers in applying the evidence-based practices and improvement strategies that are components of the state systemic improvement plan (SSIP). Implementation science provides both a linear concept of an implementation framework and allows for feedback loops integrating data-driven decision making in a continuous manner. The Wisconsin Birth to 3 Program is committed to using systemic implementation practices that are critical to programs using evidence-based practices to improve the ability of children with a developmental delay or disability and their families to participate in activities within the community.

The Vision, Mission and Guiding Principles are the foundation of the program at every level: state, county, and provider. EIS providers are important stakeholders and have been part of every process to develop the Phase II plan that is built on the Wisconsin Birth to 3 Program Vision, Mission and Guiding Principles. Wisconsin Birth to 3 Program has aligned the work of the SSIP with the state system-established decision-making components.

The application of implementation science is supporting the Wisconsin Birth to 3 Program in meeting its established outcomes. Stages of implementation science are 1) exploration, 2) installation, 3) initial implementation, and 4) full implementation. The use of the implementation science stages and processes are now integrated as common language and practice on how the Birth to 3 Program plans, engages, and operates on the state, county, and provider level.

The Department of Health Services (DHS) staff has taken an intentional approach with Birth to 3 Program providers to scale up evidence-based practices in their programs with information gathered from core implementation components or drivers from the implementation science framework. The state, county, and EIS programs are involved in a parallel process of scaffolding engagement through the implementation stages. During each stage of implementation—exploration, installation, initial implementation, and full implementation—the local Birth to 3 programs will be fully engaged and supported by state lead and RESource technical assistance staff. At each stage of implementation ongoing communication between state staff, RESource, EIS, and stakeholders is an important part of the framework for identifying, planning, and installing evidence-based practices.

Exploration Stage

The infrastructure analysis conducted during Phase I was a component of the exploration stage. Guidance was provided to states from the Early Childhood Technical Assistance Center (ECTA) on system framework and the six interrelated components of high-quality systems: governance, fiscal, quality standards, professional development, data, monitoring, and accountability. Each component was analyzed and noted for its identified strengths and identified improvements. State-level improvement plans and other early education and support initiatives that impacted infants, toddlers, and their families were considered for their interrelated potential to sustain current program strengths and support identified areas for improvement listed in the SSIP and SiMR. The following agencies and representatives were referenced in Section 2(e) Wisconsin Part C federal fiscal year (FFY) 2013 SPP/APR as participating in Phase I SSIP Infrastructure Analysis:

- Wisconsin Birth to 3 Program, including REsource and Wisconsin Professional Development Program (WPDP)
- County Birth to 3 Programs
- Interagency Coordinating Council (ICC membership described above)
- Parents, through the ICC Parent Involvement Subcommittee and individual participation
- Parent and family advocacy groups
- Department of Health Services staff, including fiscal staff
- Wisconsin Department of Public Instruction staff
- Additional related initiatives and programs

The key stakeholders involved in the data analysis activities identified below included: Wisconsin Birth to 3 Program DHS Team, REsource team, Child Outcomes Stakeholder Focus Group, ICC members, county Birth to 3 Programs, and DHS fiscal staff. The following activities were completed:

- Reviewed and analyzed quantitative data, including:
 - Child Outcome data
 - Compliance indicator data
 - Results indicator data
 - Program fiscal data
 - Targets for APR
 - SiMR and targets
- Discussed program qualitative data, including:
 - Identified outcomes for children and measurements
 - Identifying outcomes for families and measurements
- Analyzed Child Outcome practices with county Birth to 3 Programs during data discussion and regional meetings, including:
 - Review of fidelity of practices
 - Review of statewide data and trends
 - Recommendations for next steps or areas for development

The Wisconsin Birth to 3 Program team analyzed a wide variety of information and topics discussed with the multitude of stakeholders listed above to identify the trends and common themes across quantitative data, qualitative data, and ongoing discussions. The strengths and areas of improvement identified in the infrastructure analysis and these activities directly lead to the SiMR, Coherent Improvement Strategies, and Theory of Action.

Wisconsin Birth to 3 Program staff utilized the exploration stage to garner well-aligned support for the adoption of evidence-based practices to support the SiMR and Theory of Action. County Birth to 3 Program staff readiness to engage in organizational change was evaluated by use of surveys, regional meetings, self-assessments, and onsite visits. The areas of staff behavior, knowledge, and skill set were assessed. County administration and staff participated in formal and informal discussions of possible infrastructure changes, program changes, and behavior changes during self-assessment and onsite visits. A result of these discussions was the creation of new partnerships between local Birth to 3 Programs and other community agencies to strengthen the cross-sector interrelated support systems. Most of the exploration stage activities occurred in Phase I of the SSIP; since implementation is not linear, the exploration stage may be revisited throughout implementation of the SSIP.

Installation Stage

Development of key infrastructure components is crucial to ensure support for installing evidence-based practices that result in functional change beneficial to children with developmental delays or disabilities and their families. This includes structural supports to ensure funding availability, human resources, policy and procedure development, reporting frameworks, and outcome expectations.

The Wisconsin Birth to 3 Program is updating key policies and documents to support county Birth to 3 Programs with initial implementers and program replication throughout the state as a part of the current stage of installation. Statewide key developments and changes include the items listed below, which are described in more detail in Section Four: Implementation Drivers (Infrastructure):

- Revision of DHS 90
- Development of written policies and procedure memos
- Wisconsin Birth to 3 Program Practice Guide
- Development of fidelity measure and enhancement of current monitoring and program self-assessment procedures

The Wisconsin Birth to 3 Program is conducting an extensive review of our fiscal infrastructure:

- Fiscal data collection
- Contracts
- Allocations
- Expenditures

The Wisconsin Birth to 3 Program staff includes intentional detail in the description of the planning process to ensure that expectations and activities are reasonable and understandable for initial implementers. The plan and logic models allow observers and participants to provide feedback regarding direct program and implementation outcomes. Ongoing review of the process through the implementation stages and drivers uses an assessment, planning, and monitoring cycle while in continuous forward movement towards full implementation. The work of the implementation teams will be carried out by counties included in cohort 1 identified in Phase I of the SSIP.

Initial Implementation Stage

During Phase I, the Wisconsin Birth to 3 Program identified and applied an effectual approach to select a subset of populations of Birth to 3 Program to act as initial implementation sites for the SSIP. In 2007, DHS developed a formula that would equally distribute Wisconsin's various demographics by county over a four-year rotation across all 72 counties, by race, ethnicity, and population density. The sampling methodology accounts for the characteristics of the Wisconsin Birth to 3 Program populations and has been determined to be representative of families participating in Birth to 3 Programs statewide. For a full description of the distribution methodology from DHS, refer to the Wisconsin Birth to 3 Program On-Site Visit Schedule (Appendix 3). The subsets of county Birth to 3 Programs are equally matched for demographics of the Wisconsin Birth to 3 Program. Improving results for one of these subsets of counties will support the scaling up of improving results for all groups of counties and all children by using the first cohort data to establish proven improvement strategies.

The Wisconsin Birth to 3 Program will host an event on June 8, 2016, to mark the official commencement for initial implementation. Invited to participate in the kick-off event are the implementation team members, including stakeholders and the EIS from the first cohorts of 16 counties. The objectives for the day-long event are to:

- Present the overall plan for the SSIP implementation in a general overview to all 72 county Birth to 3 Programs in the state. This will be accomplished through a webinar during the morning of the event.
- Provide an opportunity for implementation team stakeholders to receive acknowledgement for their contributions to the Phase II planning process. To support the interrelated and interdependent relationships crucial to the sustainability and success of programs for infants and toddlers in the state of Wisconsin.
- Explain and clarify next steps for first implementers, outlining detailed timelines, supports, and performance expectations for Phase III.

Initial implementation will begin with the first cohort of counties in July 2016. This cohort will be used to monitor the progress towards meeting the annual SiMR targets identified in the SSIP. Counties in cohort one that are a part of initial implementation will participate in the enhanced protocol for on-site evaluation and monitoring. Each county Birth to 3 Program in the first cohort will receive as part of its onsite visit an in-depth and focused analysis of their system to align and identify improvement activities from the state implementation teams with the strengths and areas of improvement and enhancement in their local programs. This cohort of county Birth to 3 Programs will have the most available time to implement the strategies within their local county system to show progress and measurable change for the SiMR.

During the first year of implementation, the Wisconsin Birth to 3 Program staff anticipate ongoing identification of infrastructure support needed at every level of implementation, including state, county, and provider, to address compliance and fidelity of process. The strong communication links must be intentional on the part of state and county Birth to 3 Programs as local programs work to install and implement new practices. Programs will need to be coached and supported by regional technical assistance staff on the use of the implementation drivers to support decision making and planning. The outcomes of implementing the SSIP are reliant on the performance of the overall Wisconsin Birth to 3 Program. Fidelity of the program will be evaluated for context of:

1. What is needed for high-level performance,
2. What must happen that leads to competence, and
3. Compliance and what is the skill of the implementers to deliver compliance.

This evaluation must take place at every level of state, county, and EIS for implementation to be fully successful.

The Wisconsin Birth to 3 Program anticipates an increase in results-driven and compliance-indicator findings in the first round. Data and qualitative information obtained from the onsite visit will inform and guide development of program performance plans and state technical assistance planning. The Wisconsin Birth to 3 Program Team will also use the information to identify and seek access to local and statewide resources that can support program sustainability, training and professional development opportunities for county programs.

Full Implementation Stage

The Wisconsin Birth to 3 Program will implement and scale up the SSIP across all 72 counties over four years using the county Birth to 3 Program cohort groupings. Each year there will be a reoccurrence of the in-person event to mark the official commencement for the next cohort of counties to begin their implementation. The Wisconsin Birth to 3 Program anticipates that over the four-year cycle of onsite visits and ongoing improvement strategies county Birth to 3 Programs will be successful in achieving positive outcome results statewide related to the SiMR.

Each subsequent year at their onsite visit, the next cohort of county Birth to 3 Programs will receive the same individual support to ensure an equally successful implementation of the SSIP. Technical assistance and professional development opportunities will then be individualized according to each county Birth to 3 Program's identified needs. The balance of Birth to 3 Programs will receive an annual self-assessment, an annual data review and additional technical assistance from RESource to directly support their implementation of the SSIP.

Section Three: Implementation Teams

Introduction

During Phase I of the SSIP, the Wisconsin Birth to 3 Program identified the need to incorporate evidence-based practices (EBP) both at the local Birth to 3 Program level with families and at the state level. The local level EBP in Wisconsin is identified as Primary Coach Approach to Teaming in Natural Environments. The state level EBP is identified as Implementation Science. Implementation Science principles and practices are used to support development and delivery of identified changes in our early intervention system for the delivery of EBP at the local level. The SSIP organization graphic (Appendix 1) aligns implementation science with the established SSIP phases. This graphic is used to illustrate the process for statewide implementation of EBP, both at the state and local level.

The Wisconsin Birth to 3 Program has identified and established a structure of implementation teams to deliver the Phase II implementation plan by identifying strategies needed to actualize the Theory of Action. The implementation teams' (IT) structure includes a Statewide Implementation Team (SIT), three focus implementation teams with stakeholders and a Communication Implementation Team (CT) that established communication methods used between all of the implementation teams to support the work of the SSIP.

State Implementation Team (SIT)

During Phase II, the state Birth to 3 Program team attended the September 2015 Social and Emotional Learning Collaborative event coordinated by National Center for Systemic Improvement (NCSI). The technical assistance support helped us in developing a plan for how the Phase II work is to be completed. A timeline for the Phase II of the SSIP was developed. Following the Learning Collaborative, the SIT was established in September 2015. The SIT is made up of the following internal members:

- Part C Coordinator
- Technical Assistance (TA) Coordinator
- Evaluation Coordinator
- Professional Development Coordinator
- Communication Team (CT)
- Implementation Science (IS) Specialist

The SIT is designed to lead the SSIP process by:

- Coordinating the work of all the focus implementation teams,
- Overseeing the process for developing the plan for installation,
- Determining feasibility and resource availability, and
- Assuring the SSIP is completed timely.

The SIT filters the information gathered through the IT system to ensure the plan is realistic, coordinated and addresses our SiMR. The SIT developed a decision-making process utilized to make ongoing

decisions necessary to ensure barriers identified are addressed, next steps are acted upon, and decisions are finalized. The SIT provides ongoing clarification of the roles of the three focus ITs.

Communication Team (CT)

The Communication Team (CT) is made up of the following members:

- DHS Birth to 3 Program state lead
- RESource staff member
- Professional Development Coordinator
- Evaluation Coordinator

Each of the focus ITs has a primary point of contact from one member of the CT. The CT member gathers information of the IT progress. The CT developed a tool to gather that information from each IT on the activities recommended for the SSIP plan to implement evidence-based practices, move the needle of the SiMR, and ensure evaluation steps are incorporated into our state plan. The CT regularly communicates to the SIT on progress of the focus IT to help identify state trends, gaps, and summaries.

Analysis of how various stakeholders are connected was explored to determine the most efficient way to inform stakeholder groups on the Phase II SSIP progress. The CT developed a plan for informing various stakeholder groups about the SSIP (Appendix 4).

- The CT developed a strategy for state and RESource staff to meet every other week for a phone call to share information learned to keep the state system current and informed.
- The CT developed a handout summarizing the common messages to convey to all stakeholders around 1) implementation science, 2) data, 3) evidence-based practices, 4) SSIP, and 5) roles of the stakeholders.
- The [DHS Birth to 3 Program website](#) is utilized to inform the general public of the next steps in the SSIP work by the Birth to 3 Program.
- Communication to the local Birth to 3 Programs about the SSIP work will be achieved through established communication strategies the Birth to 3 Program uses, such as regional meetings, Part C Administrator Notes, and data discussions.

Three Implementation Focus Teams

Each Implementation Focus Team (IFT) is made up of the following members:

- One DHS Birth to 3 Program state lead
- One RESource staff member
- Variety of invited cross sector of stakeholders

The full state Birth to 3 Program team met to establish each IFT stakeholder invite list. Each IT was to:

- Assess and determine what the program needs to work on, based on current activities and infrastructure.
- Identify tools and activities that will change their system and topic.
- Identify details and steps (task analysis of specific activities).

Stakeholders were intentionally selected for their experience, role and insight into the topic, program implementation, and connection to related programs or initiatives. Rationale parameters included in choosing stakeholders included:

- Current role.
- Unique perspective they would bring.
- Agency or organization they represented.

- Region of the state they resided in.
- Familiarity with the Birth to 3 Program.

The selection process helped ensure a diverse group of stakeholders who would bring a wide range of experience and perspectives to our IT groups.

Stakeholders were invited to participate in an initial full-day meeting to establish the foundation for working together as a team and to achieve congruence in understanding of the SSIP work, the process, and the expected outcomes. Stakeholders participating were provided information about the Wisconsin Birth to 3 Program and the State Systemic Improvement Plan (SSIP), including the State-Identified Measurable Result (SiMR) and Theory of Action (ToA). Stakeholders were asked to fully engage in every step of the process providing input specific to their own perspectives and to commit to working in a specific area of planning, establishing priorities, and identifying resources and relationships needed to support installation of prioritizes. When each of the focus IT identifies priorities, outcomes, and activities for the Wisconsin Birth to 3 Program they are entered into our state SSIP logic model. Stakeholders will continue to be involved in the development and refinement of improvement strategies through May 2016.

Child Outcomes Implementation Team (CO)

SSIP Phase I coherent improvement strategies included a focus on the child outcome rating process to achieve the overall improvement identified in the SiMR and the Theory of Action. The child outcomes implementation team was developed to identify the specific areas related to child outcomes process and practice that would lead to measurable and sustainable change.

The Child Outcomes Implementation Team members include representatives from the following agencies or organizations:

- Birth to 3 Program REsource facilitator
- Children and Youth with Special Health Care Needs Program
- County Birth to 3 Program administration and staff
- Department of Children and Families Child Care Program
- Department of Health Services Area Administration
- Department of Public Instruction staff, including Early Childhood Special Education, Child Outcomes State Coordinator, and local education agencies
- Higher Education
- Parent
- Race to the Top Grant Manager
- Statewide Implementation Team and Communications Implementation Team

The group identified three subtopics of child outcomes for targeted improvement:

Family engagement—Families are active, informed, and engaged participants in supporting their child’s development, especially social and emotional development and, thus, the child outcome process.

Child outcome process and assessment practices—The child outcome process is completed with fidelity across county Birth to 3 Programs and early childhood special education using informed assessment tools and processes that address the social and emotional development of infants and toddlers.

Data—The Wisconsin Birth to 3 Program uses and applies child outcomes data to accurately and appropriately demonstrate the impact of early intervention on children’s development and functioning and informs areas for program improvement.

Evidence-Based Practice Implementation Team (EBP)

SSIP Phase I identified coherent improvement strategy is to implement to fidelity the evidence-based practice (EBP) of Primary Coach Approach to Teaming in Natural Environments (PCATT) to achieve the overall improvement identified in the SiMR and the Theory of Action. The EBP implementation team was developed to identify the specific areas related to PCATT that would lead to measurable and sustainable change.

Evidence-based practices stakeholder members include representatives from the following agencies, organizations, and programs:

- Birth to 3 Program parent
- Birth to 3 Program service providers
- Children and Youth with Special Health Care Needs (CYSHCN)
- County Birth to 3 Program administration
- Early Head Start
- Great Lakes Inter-Tribal Council (GLITC)
- Higher Education-University of Wisconsin Eau Claire
- Regional Enhancement and Support Project (RESource)
- University Centers for Excellence in Developmental Disabilities (UCEDD)
- University of Wisconsin Infant, Early Childhood, and Family Mental Health Certificate holder
- Wisconsin Chapter American Academy of Pediatrics (WIAAP)
- Wisconsin Child Care Resource and Referral Network (CCRR)
- Wisconsin Cooperative Educational Service Agency (CESA)
- Wisconsin Department of Health Services Area Administration
- Wisconsin Vision Forward
- World-Class Instructional Design and Assessment (WIDA)

The three PCATT subtopics identified were a direct result of the work completed in our initial EBP stakeholder meeting held in September of 2014, during Phase I of the SSIP. Each subgroup developed a foundational question in which to guide the work moving forward:

Fidelity of Practice—How do we install the use of “fidelity of practice tool” across the Birth to 3 Program system?

Effective Messaging—How do we install a consistent and clear message regarding Wisconsin’s Birth to 3 Program that aligns with our mission and vision and implementation of evidence-based practices?

Professional Development—How do we install a system of professional development across the Wisconsin Birth to 3 Program that aligns with our vision and mission and supports the implementation of evidence-based practices?

Social Emotional Implementation Team (SE)

SSIP Phase I coherent improvement strategies included a focus on social and emotional development to achieve the overall improvement identified in the SiMR and the Theory of Action. The SEIT was developed to identify the specific areas related to social and emotional development that would lead to measurable and sustainable change.

The Social Emotional Implementation Team includes representatives from the following agencies or organizations:

- College of Education and Professional Studies UW-Whitewater
- Cooperative Educational Services Agencies CESA (5 and 11) Pyramid Model Trainers and Coordinators
- County Birth to 3 Program and provider staff
- Department of Children and Families, Home Visiting Coordinator-Reflective Supervision Coach
- Department of Health Services Area Administration
- Department of Health Services, Children's Services, Behavioral Health Section Chief
- Department of Public Instruction
- Director of Child Development Services-Child and Family Centers of Excellence
- Director of Cultural Diversity, Milwaukee Center for Independence
- Director of Family Therapy Institute, Aurora Health Care
- Early Childhood Comprehensive Systems Project Manager, Children's Hospital of Wisconsin
- Medical Director—Bureau of Milwaukee Child Welfare
- Parents of children with developmental disabilities
- Regional Maternal and Child Health Needs Coordinator
- Supporting Families Together Association
- UW—Milwaukee School of Education
- Wisconsin Alliance for Mental Health
- Wisconsin Early Childcare Association (WECA) Director
- Wisconsin Sound Beginnings

The SEIT has three subtopics, each of which determined individual workgroup objectives:

Child Find, Referral, Intake, Eligibility, and Child and Family Assessment—Create a cross-sector comprehensive screening, evaluation, and assessment process plan for social and emotional eligibility determination, a plan to identify needs and facilitate referrals for children ages birth to 3 and their families. Plan to identify and develop relationship to promote social emotional service delivery, community partnerships, and collaborations for Birth to 3 programs that build strong families and resilient communities.

Professional Development—Identify evidence-based and culturally competent supports for children and families and develop a plan for early intervention staff that encourages effective staff interactions and parent engagement. Identify social and emotional cross-sector education, training, and support systems that provide quality professional development pathways and opportunities for the early intervention staff to promote confidence and competence for families while providing social and emotional evidence-based practices.

- Child and Family Goals, Strategies and Services, and Transitions—
Utilize the DHS Birth to 3 Program comprehensive integrated data system in planning and decision making to ensure that outcomes are measured and evaluated. Ensure that information is transparent and relevant to families, stakeholders, and communities. Ensure that the program has fidelity measures to monitor program implementation effectiveness of social and emotional measurable result and theory of action.

Section Four: Implementation Drivers (Infrastructure)

Introduction

In Phase I of the SSIP, the Wisconsin Birth to 3 Program described many strengths of the program at both the state and local level. There was also an identified need to focus initiatives and improvements to be more deliberate, intentional, and comprehensive in supporting statewide implementation of initiatives. Statewide implementation also needs to align with Wisconsin's Birth to 3 Program Mission and Guiding Principles. Phase II of the SSIP builds on the data and infrastructure analyses, coherent improvement strategies, SiMR, and Theory of Action developed in Phase I.

The Birth to 3 Program is applying all components of implementation science during Phase II of the SSIP to comprehensively implement identified program initiatives. The State Implementation Team described in Section Three and the Wisconsin DHS Birth to 3 Program team are responsible for implementing the identified changes to statewide infrastructure to successfully implement strategies and improve the social and emotional development (functioning) of infants and toddlers.

This section categorizes the SSIP infrastructure analysis areas into the three implementation science drivers and describes statewide improvements to these three drivers. The improvements listed below, combined with the strengths identified in Phase I and the plan outlined here in Phase II, provide a comprehensive and coordinated state systemic improvement plan to install strategies to support local programs in implementation of evidence-based practices with fidelity.

Infrastructure Analysis Categories and Implementation Science Drivers

A visual of the SSIP infrastructure analysis categories with the implementation science drivers is included below. The three sides of the implementation science drivers triangle, and corresponding infrastructure analysis categories, are integrated and compensatory, meaning that they are interrelated and balance each other in order to have successful and lasting implementation of practices or practice change; some of the infrastructure analysis categories may span more than one side of the implementation drivers triangle.

Implementation Drivers



1. Competency Driver

The Competency Driver addresses the recruitment, preparation, support, and performance of staff to carry out the expectations of Early Intervention.

Professional Development—The following improvements have been made or are in progress specific to Professional Development in order to increase providers’ knowledge and skills in the areas of child outcomes, EBP, and social and emotional development. The purpose of these changes is to provide more comprehensive and integrated support to local Birth to 3 Programs in the area of professional development to support the coherent improvement strategies, SiMR, and Theory of Action.

- DHS consolidated two contracts for professional development and technical assistance into one unified contract to provide continuity between topics, information, or skills presented in professional development and support for implementation of those items in practice through technical assistance.
- Creation of a professional development manager within the DHS Birth to 3 Program team to provide comprehensive oversight to ensure advancement of state-level professional development opportunities that aligns with needed topics as identified by local Birth to 3 Programs.

Quality standards—Quality Standards establish the requirements for county Birth to 3 Program staff and contracted providers to understand and implement those standards in order to comprehensively serve children and families and fulfill state and federal law. This category bridges both Competency and Organization Drivers. The following improvements have been made or are in progress specific to quality standards that will support the activities necessary to implement improvement strategies to support high-quality practice and process within the Birth to 3 Program, including implementation of state and federal requirements, child outcome process and practices, and evidence-based practices.

- A practice guide has been developed and is in the review and approval process within DHS. This guide provides information to support comprehensive and consistent implementation of state and federal requirements by staff across all Birth to 3 Programs.
- Administrative Rule DHS 90 “Early Intervention Services for Children from Birth to Age 3 with Developmental Needs” is currently in revision to comply with changes in the Part C Individuals with Disabilities Act (IDEA) regulations and current program practice.
- The Division for Early Childhood (DEC) Recommended Practices has been introduced to county Birth to 3 Programs through statewide data discussions as a national resource and guide for early intervention practices.
- Strategies and evaluation components to measure implementation of interventions with fidelity are being developed by each SSIP Implementation Team, including Primary Coach Approach to Teaming Evidence-Based Practices, child outcome ratings and assessment practices, and practices specific to identifying and supporting the social and emotional development of infants and toddlers.

2. Organization Driver

The Organization Driver includes leadership teams, data systems, facilitative administrative supports, such as policies and procedures, and systems intervention, such as including evaluating interventions and identifying resources needed for sustainability.

Monitoring and accountability (general supervision)—Monitoring and accountability includes aspects of general supervision that review and assess program implementation and compliance with state and federal law. The following improvements have been made or are in progress specific to monitoring and accountability:

- The state general supervision process is being revised to incorporate key strategies and evaluation measures from the SSIP Phase I and II into the four-year onsite visit cycle and the annual self-assessment processes. Specific strategies will be developed by May 2016.
- In late 2014, changes were made to child find and outreach contracts specific to tribal children and families in Wisconsin, from one centralized contract to individual contracts with the 11 federally recognized tribes and one tribal clinic in Milwaukee, the state’s largest metropolitan area. Individual tribes report using the funds to create more specific and individualized messaging within their communities, enhance local relationships, and develop ways to partner to support families who may be referred to the county Birth to 3 Program. This supports SSIP implementation by ensuring connection with all communities across the state so that all groups have access to comprehensive services to support the social and emotional development of infants and toddlers in their community.

Governance and Leadership—Governance and leadership includes establishment of program requirements and standards, communication of statewide Birth to 3 Program messages and

vision, and facilitation of the state Interagency Coordinating Council (ICC) to advise and assist the program. The following efforts are being made specific to governance and leadership within the Wisconsin Birth to 3 Program:

- The Birth to 3 Program has engaged in a process to develop a statewide vision statement to guide our work and interactions with children and families. These efforts have included engagement and discussion with county Birth to 3 Programs at multiple rounds of regional meetings, with the ICC, and within the Birth to 3 Program team. The draft vision statement is: “Creating early pathways to success,” which was submitted by a parent serving on the Parent Partnership group of the ICC. Next steps in this process include supporting leaders and staff to actively apply the vision to their ongoing work.
- The Parent Partnership group of the ICC has led efforts to increase outreach and connection with parents, including: distribution of a survey to understand current practice, participation at the “It’s About Us, Include Us!” Family Data Institute sponsored by DaSy, and upcoming presentation at a spring statewide disability conference. County Birth to 3 Programs will be invited to make in-person presentations to the ICC with families starting in early 2017. The ICC logo is being reviewed to determine its impact on statewide outreach and communicating the work and relevance of the council.

3. Leadership Driver

The Leadership Driver includes the methods in which leadership is supported throughout the organization to introduce change, manage continued implementation, and sustain change over time.

Data—The items and initiatives listed below were created to build capacity within Wisconsin’s Birth to 3 Program to be able to provide additional information, professional development, and supports to county Birth to 3 Programs to increase their access, understanding, and application of program data to inform program performance and identify areas for improvement. The following opportunities or initiatives have been attended or initiated:

- DHS has received approval to increase the current part-time data analyst position to a full-time employee (FTE) and is in the hiring process for this position; this position increases the capacity of the Birth to 3 Program team to perform the data analyses required in the SSIP.
- A data community of practice has been created to have a forum for county Birth to 3 Programs to share ways data is currently being used at the local level and identify statewide data needs and enhance the capacity of local programs to access, analyze, and apply their own program data.
- A team attended the “Supporting Local Data Use for Program Improvement” conference sponsored by DaSy, including the state data analyst, state data manager, one regional REsource facilitator, and two county program staff. This group is participating on the data community of practice to share ideas from the conference with other local programs that are implementing SSIP activities and increase the ability of local programs to use their data to identify, implement, and measure program improvement.
- Data is presented and discussed at semi-annual regional meetings and monthly data discussions to engage with county Birth to 3 Programs about data accuracy, trends, and next steps; most recent discussions included enrollment data, such as demographics and trends over time, and fiscal data.
- Two representatives from the ICC Parent Participation group attended the “It’s About Us, Include Us!” Family Data Institute sponsored by DaSy along with the state Data Manager. This team shared information with the larger membership of the ICC, participated in fall 2015

regional meetings, and is presenting a session about family engagement with data at the annual statewide Circles of Life Conference. This has been, and will continue to be, helpful in promoting effective stakeholder engagement during Phase III.

Fiscal decisions—The intention of the items and initiatives listed below specific to the fiscal infrastructure category are to: establish common goals for fiscal administration, align fiscal processes and sources with practice, increase coordination and efficiency for both families and programs, and support fiscal sustainability.

- DHS has allocated a project manager to assist with the exploration, installation, and implementation of fiscal improvement strategies. This process expands the work and ideas started through the state's involvement in the first Infant and Toddlers Coordinators Association (ITCA) fiscal cohort, including the analysis and development of strategies to strengthen each funding source available to Birth to 3 Programs at the state and local levels.
- The Birth to 3 Program is increasing fiscal information gathered from county Birth to 3 Programs to improve accuracy of state fiscal data, evaluate the current state, explore potential for all funding sources, and inform future fiscal decisions; this was implemented through revisions to the annual Birth to 3 Program fiscal reporting process.
- The Birth to 3 Program is partnering with internal and external stakeholders, including DHS Medicaid staff and the Wisconsin County Human Services Association (WCHSA), to develop informed next steps for fiscal sustainability and maximization of all funding sources to support operation of the Birth to 3 Program at both state and local levels.
- DHS is identifying resources to support SSIP work at the local level, including additional facilitator staff time from RESource, the contracted technical assistance support to county programs, exploration of telehealth as a method of service provision, and cost sharing for interpretation and mediation services.

4. Integrated and Compensatory

All of the infrastructure analysis topics and implementation science drivers are supported in an integrated and comprehensive way through the RESource technical assistance contract. RESource's staff provides hands-on support for all of the areas required for implementation of program requirements and long-term sustainability of system improvements. The following changes have been made to the RESource technical assistance contract to enhance existing capacity and services:

- Increased funding has been added to the RESource contract to purchase additional staff time to strategically support implementation of the SSIP.
- The combined contract for technical assistance and professional development enhances the ability of RESource to understand and support implementation of professional development topics and goals with a regional approach for county Birth to 3 Program teams and EI providers.
- RESource staff are co-facilitators in each focus implementation team, and are key contributors to the development of sustainable installation, implementation, and evaluation plans.
- A RESource staff attended the DaSy Local Data Use conference as a part of the Wisconsin Birth to 3 Program team to support the implementation of local data strategies with county Birth to 3 Programs.

Additional activities to improve statewide implementation of the SSIP Phase II will be identified through involvement of internal and external stakeholders, as described in Section Two: Implementation Cycles, Section Three: Implementation Teams, and Section Five: Improvement Cycles.

Section Five: Improvement Cycles, Specifically Evaluation (Study) Logic Model and Evaluation Plan

Overall Evaluation

The Wisconsin Birth to 3 Program contracts with REsource to provide technical assistance for the program. As a part of the SSIP work, an additional, full time staff member will be added to conduct data analysis and evaluation to help support the process and ensure success. The overall strategy of the Wisconsin Birth to 3 Program evaluation plan is to follow the evaluation points based on what part of the adaptive cycle we are in to support the ToA (Appendix 5). As of February 2016, the Birth to 3 Program is currently in the “Installation” phase, meaning that each implementation team is currently working with stakeholders to identify the main outcomes needed to be addressed, and will shortly move to identifying collaborative and innovative ways of working together to make the needed change. Some activities have been identified early on in the process, and the evaluation plan for those activities is available as Appendices 6.a. through 6.c. However, until activities are defined, Wisconsin will use developmental evaluation to support the process and identify areas of continued growth or stagnation, through the IS Plan, Do, Study, Act cycle.

Wisconsin’s three implementation teams, Primary Coach Approach to Teaming in Natural Environments (PCATT), Child Outcomes (CO), and Social and Emotional Development (SE) have begun working on logic models that show what types of short, medium and long-term outcomes they would need to move the needle in the target subpopulation for the SiMR. Because the outcome (SiMR) was known before the individual activities needed to impact the outcome, the Wisconsin Birth to 3 Program is using a logic model that starts with the long-term outcome and then moves to the intermediate and short-term outcomes. From the outcomes, the stakeholders and the Birth to 3 Program will look for activities that support those outcomes, all with the eventual goal of increasing the number of children making progress in their social and emotional development. Appendix 7.a. shows the Birth to 3 Program logic model template, and Appendix 7.b. displays the “final” logic model template, which is automatically filled out as items are added. Appendix 7.b. shows the more traditional format for a logic model, and once complete, will assist the Birth to 3 Program in identifying and addressing any gaps or missing activities. Though not all of the activities have been filled out, each team has developed outcomes that would need to come out of activities identified to “move the needle.” The logic model includes the SiMR as the long-term outcome, and the SIT provides oversight to ensure the short and intermediate outcomes relate to the SiMR and thus the Theory of Action. There are many commonalities to the outcomes across implementation teams, which is to be expected. Some common outcomes include the following:

Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> • Increased cultural competence • Meaningful, sustainable, cross sector relationships • Reflective practice • Increased data utilization and understanding of using data to improve program practices 	<ul style="list-style-type: none"> • Increased fidelity of practice: <ul style="list-style-type: none"> ○ PCATT and EBP ○ Child outcomes ○ Social emotional assessments • Increased family engagement and partnerships 	<ul style="list-style-type: none"> • Changed funding allocations to support the Birth to 3 Program methodology • Culture of data inquiry

<ul style="list-style-type: none"> • Positive, universal message about the Birth to 3 Program 		
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The logic model also provides a location where implementation teams can begin to define what success looks like for each outcome and activity. In this way, the evaluation is being built into the process of creating the activities, to document the formative and summative evaluation marks.

The identified state resources or “inputs” are the following:

- State vision and mission statement to drive the work
- Fidelity of practice requirements
- Funding sources
- State-allocated supports and resources
- Existing research and best practices
- Birth to 3 Program collaboration with other statewide efforts
- Birth to 3 Program staff
- A shared measurement system (Program Participation System)

The rest of the report details additional inputs and resources, as first mentioned in the infrastructure section of the SSIP Phase I plan.

Formative

Options for formative measures are collected in the working logic model (Appendix 7.a.) for each implementation team (IT). For each intermediate, and short-term outcome, the ITs are developing planned activities, and each activity has formative measures that will assess the process to ensure that the activities are being carried out successfully. For example, one outcome defined by the Primary Coach Approach to Teaming (PCATT) IT is that counties have fidelity in PCATT implementation, using this evidence-based practice to support families with a primary coach. Below is a table of the outcomes, planned activities, and then the measurements that can be made (Table 1).

Table 1. Excerpt from the PCATT Implementation Team Logic Model (February 20, 2016)

Logic Model	Description	Plan
Intermediate-Term Outcomes	What are we trying to accomplish? We expect that at the end of this, we will make the following changes in 5-10 years.	Fidelity in PCATT implementation
Short-Term Outcomes	The following will result from our changes, a few months, to a few years down the road.	<ul style="list-style-type: none"> • Counties meet PCATT criteria, by building accountability and measurability • Annual self-assessment process aligns with the completion of the fidelity tool, which defines PIPP development
Activities	In order to address our outcomes, we will conduct the following activities.	<ul style="list-style-type: none"> • Develop tool for self-assessment • Add PCATT measurement to PIPP • Connect other Birth to 3 Programs that are incorporating fidelity process tools/what/how are they doing this/establish a Community of Practice around fidelity process and use of tool
Implementation	Leadership	Organization

Logic Model	Description	Plan
Science Driver	Competency Organization	
Infrastructure	Governance and Leadership Accountability Data Fiscal Professional Development Monitoring and Accountability TA Quality Standards	<ul style="list-style-type: none"> • Data • Monitoring and accountability • Quality standards
Inputs (Resources)	In order to accomplish our Activities, we need the following:	Develop PCATT tool/questions to add to PIPP
Outputs and Evaluation	We expect if some activities are completed, we will have the following as evidence of service delivery:	<ul style="list-style-type: none"> • Data from PIPP regarding implementation of PCATT • Feedback from parents on individual visits • Add question about PCATT to ECO family survey • County-driven data collection
Priority	Rank your activities by priority	TBD

Measuring fidelity of practice, activity delineated above, was brought up by all three of the ITs. Ensuring counties and individual practitioners are following the best available evidence to support children and families is a priority of the Wisconsin Birth to 3 Program. In the above section of the PCATT logic model, only the stream of activities and outcomes at a county level is shown; the state level stream of activities more clearly defines the need to identify a tool, or several tools, counties can use to either self-assess, or through an external evaluator, monitor the progress towards implementing PCATT with fidelity. The Birth to 3 Program is currently considering existing and available tools. Such common activities, such as fidelity to practice, help align all activities to the ToA, and thus to the SiMR. For instance, while the PCATT group aims to increase coaching for parents, they are increasing the likelihood that the parent-child dyad is supported, creating meaningful relationships between infants and their caregiver. That link will support children to make progress while in the Birth to 3 Program, increasing the SiMR. The direct line of logic that links the activity (PCATT implementation) to the final outcome (SiMR) will become clear through the final development of the logic model.

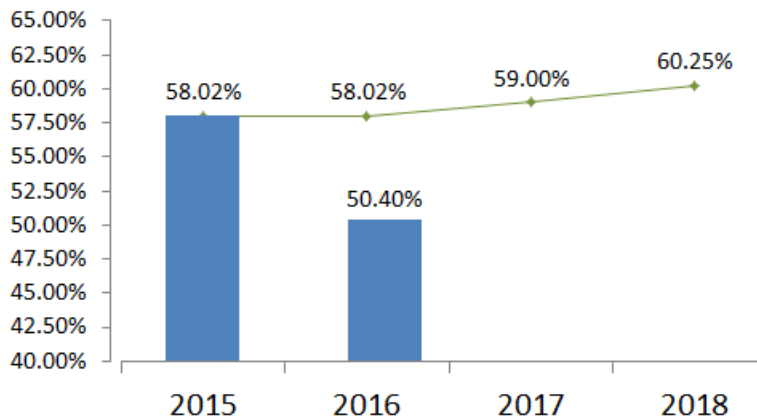
Wisconsin is also working with the ECTA Center and the Division for Early Childhood Recommended Practice (www.dec-sped.org/recommendedpractices) resources to create a Wisconsin-based tool, supported by stakeholders, to assess the extent to which programs and individual practitioners are following the PCATT approach. Additional formative measures are continually added to the logic model as activities and methods of achieving the outcomes are decided upon by the ITs and stakeholders.

The SIT is also conducting a formative evaluation of the Implementation Science process, to ensure that the Birth to 3 Program is completing the required steps to create an effective program. One tool that the SIT has used to measure the progress of the process is the “Stages of Implementation Analysis: Where Are We?” (<http://implementation.fpg.unc.edu/resources/stages-implementation-analysis-where-are-we>, last accessed 3/16/2016). This tool allows the SIT to determine if all activities, for each stage of implementation, have been completed.

Summative

Every six months, the state data analyst will extract data from the Program Participation System to calculate the child outcome Indicator 3, Outcome A, Summary Statement 1 data, both on a statewide level, and for the first cohort of 18 county programs, as defined in the SiMR. This measurement will identify if any changes have been seen for our long-term outcome. Though change is not expected for the first few years, monitoring the measure will be an important part of the metric. The annual SiMR for the Birth to 3 Program for Federal Fiscal Years 2015 and 2016 is included in the graph below. The decrease in results is indicative of many factors involved in this calculation, including the number of children in the program, the diagnosis or eligibility reason, and the services received.

SiMR Targets and Actual Values



Another summative measure that Wisconsin is considering using to measure success of the program includes adding additional questions to the ECO Family Outcomes survey. Adding questions to the ECO Family Outcomes Survey would allow the Wisconsin Birth to 3 Program to identify the impact that changes in practice have had on families, which is another important goal.

Developmental Evaluation

As the formative and summative metrics are continuing to be produced and, in time, measured, a method of tracking the progress of *the process* towards development must be put in place. Measuring the process will be done through various tools from developmental evaluation, throughout the Wisconsin Birth to 3 Program's time in the "Exploration" phase of the Adaptive Cycle (Appendix 5).

Some formative measures will be used as process measures of the SSIP development, such as:

- Sectors of stakeholder involvement (e.g., school system, government, county)
- Number of meetings, communications, and other avenues of input from stakeholders
- Stakeholder understanding of and commitment to the process. More information is included in the Stakeholder Involvement section below and through Stakeholder Sample Feedback Questions (Appendix 8), which was used to gather information from stakeholders at the first meeting dates. The sample questions also assessed the stakeholders understanding of the Birth to 3 Program, and the individual perspective that they bring to the Wisconsin Birth to 3 Program improvement plan.

Stakeholder Involvement

Stakeholders have been involved in the development of the evaluation from the very beginning, as they are asked to provide input as to what success looks like for any particular activity or outcome. Their ideas about what they would like to see have influenced what the Birth to 3 Program will measure. Furthermore, Wisconsin will be applying developmental evaluation to the SSIP in the beginning phases as the three stakeholder workgroups decide on (a) common strategy (ies) to move forward. In this methodology, stakeholders will be involved in the Most Significant Change (MSC) process, providing stories about how their practice has changed throughout their involvement with the Birth to 3 Program SSIP. This evaluation technique allows stakeholders to provide input into the process without the evaluation team expecting any particular result, so that the variety of what stakeholders have found to be the outputs—both expected and unexpected—can be utilized moving forward. MSC is based specifically on stakeholder involvement and feedback. Some particular activities have already been developed, such as a need for additional training, and other cycles of MSC will be employed after these trainings, which will help capture the changes that have occurred at the county and practitioner level.

Providing evaluation feedback to stakeholders is also a crucial part of successful evaluation, and as such, regular reports will be given to each of the stakeholder implementation teams, both on the information and data collected regarding their topic, and for data across the team. The results dissemination plan will always be a part of the evaluation plan for each individual activity, and across the implementation of the SSIP as well. Wisconsin currently has multiple methods of communicating with stakeholders, such as monthly data discussion calls with county programs, quarterly regional meetings, and others, which will continue to be utilized to share information.

Every stakeholder involved in the SSIP work has and will provide some input, either directly, or indirectly, on the evaluation plan, as they describe their answer to the question “what defines success.” At each stage of implementation, from beginning to end, and at each level, from state program, down to the local level and on to the family, the Wisconsin Birth to 3 Program will continue to ask “what defines success.” This question will ensure that we have the crucial pieces of evaluation in place to measure changes based on the SSIP.

Stakeholders have the opportunity to create the evaluation questions at each meeting in which they create the types of interventions they deem necessary for the Wisconsin Birth to 3 Program. While the actual evaluation tools, surveys, and results will be created and compiled by the Birth to 3 Program data analyst, stakeholders will be asked to respond to the following types of questions when determining which activities they would like to see implemented:

- “How would you measure success for this activity?”
- “On what timeframe would you expect results to be seen for this activity?”

The IT schedule has set up regular meetings for the teams to gather and provide input, both on program activities as well as evaluation activities. Certain types of evaluations with shorter data collection to data dissemination cycles (such as a pre- and post-survey around a webinar or day-long training) will allow for results to be brought to the stakeholders to identify if the desired results were produced, and what, if any, unintended results came out of the activity.

Multiple methods of quantitative and qualitative data collection will be employed throughout the next few years as the Wisconsin Birth to 3 Program implements the activities, as described in previous sections. While the particular questionnaires have not yet been developed, as the training materials for the required trainings are still being developed, some methodology has been decided upon to collect

information at various stages. See Appendices 6.a. through 6.c. for the activity, evaluation technique, timeline, and results dissemination plan of preliminary activities.

In the process of developing the various activities that Wisconsin aims to implement, the SIT has also started collecting data of process measures. The Wisconsin Birth to 3 Program is using implementation science to develop meaningful, lasting initiatives, and is currently in the initial implementation stage, in which stakeholders are invited to provide information about the issues they see with early intervention and the Birth to 3 Program in particular, and what their ideas are on how to address the issues. Some process measures that indicate success throughout the early phases of implementation science include the number of people who have been to the initial meetings, as well as their continued participation (Table 2).

Table 2. Participation in Implementation Teams

Implementation Team Implementation Groups	Initial Involvement	Secondary Phone Call(s)
Child Outcomes <ul style="list-style-type: none"> • CO Process • Data • Family Engagement 	# Invited = 19 # Attended = 16	# Invited = 8 # Attended = 5
		# Invited = 8 # Attended=6
		# Invited = 5 # Attended = 4
Primary Coach Approach to Teaming <ul style="list-style-type: none"> • Professional Development • Fidelity • Message 	# Invited = 30 # Attended = 21	# Invited = 7 # Attended =5
		# Invited = 6 # Attended = 4
		# Invited = 8 # Attended = 8
Social Emotional Development <ul style="list-style-type: none"> • Group 1 • Group 2 • Group 3 	# Invited = 25 # Attended = 22	# Invited = 9 # Attended = 9
		# Invited = TBD # Attended=TBD
		# Invited = 5 # Attended = 5

The initial stakeholder meetings have also provided preliminary results regarding messaging and the overall Birth to 3 Program. Out of the Social Emotional stakeholder group of 17, six participants increased their knowledge

Methods of Collecting and Analyzing Data

The Wisconsin Birth to 3 Program already has in place a statewide data collection system that gathers many important pieces of information regarding referred and enrolled children, called the Program Participation System (PPS). This system will be used to gather additional data on children to ensure that all information about a child is kept in the same location, both for analytical and practice purposes.

Additional existing sources of PPS data collection include: Select Survey, an online data collection tool that currently houses the ECO Family Survey Data; notes from implementation teams/facilitators; stakeholder feedback through emails, phone calls, and in-person meetings; and calls and meetings with county staff regarding their practices.

Additional data will be collected to measure access to services, including through the use of website statistics, and training module surveys. These will allow the state and county staff to moderate how many people are accessing specific tools or trainings, to identify if additional resources are needed to publicize the availability of such tools.

Another possibility for data collection comes through the Program in Partnership Plan (PIPP), which is a document that each county fills out with their RESource regional staff person and state lead, as a means to identify strengths and weaknesses in the program. Currently, this tool is filled out on paper, but a method of putting it online is being explored so that data could be trended and aggregated. Information from the county's PIPP would allow the Birth to 3 Program to assess to what extent county programs are focusing on particular parts of their program (such as PCATT implementation or the Child Outcomes process). Additional questions may be added to measure practices such as teaming, to help the state assess fidelity across the state.

Analytical Plan for Cohort One

Cohort one includes the counties or providers in Appendix 9. This is a representative sample of counties and Wisconsin Birth to 3 Program participants, in breakouts of numbers, county size, rural versus urban, racial, and diagnoses breakdowns. The analysis comparing this cohort to other cohorts was discussed in SSIP Phase 1.

Information about the referral, enrollment, disenrollment, and progress (based on Child Outcome Ratings) will be used to measure the "life-line" of children in the cohort, as seen in Appendices 10.a. through 10.h. These measurements will be made semiannually, on the Federal Fiscal Year calendar. Reviewing this data will serve as a method to keep a pulse on the program and potential shifts in data that might need to be addressed.

In addition to the overall data that will be reviewed and analyzed by the state data analyst, additional information will be collected from the counties involved in cohort one following the Outcome Mapping (International Development Research Center, 2001) process. Outcome Mapping is a contribution analysis tool used to support systems thinking. Appendix 11 contains the Outcomes Journal for counties to fill out, from which data will be aggregated at a state level to identify practices that counties and local program are using to effectuate change. This technique will identify all outcomes that arise from the movement towards better data collection, better practices, and more family-oriented programs, as are being developed through the SSIP process.

Section Six: Technical Assistance and Support

The support needed to continue development and successful implementation of the SSIP is based on the need to increase effort in collaboration in cross sector systems. Strengthening the relationships between early childhood systems needs to be a priority, so children and families can be supported in any system that might touch their lives. In building collaborative systems, there is a need for expert external facilitators that can lead groups to open communication, seek common goals, and work on common outcomes and action steps. It is often difficult to participate in statewide change when you are also the

organizer of the meetings. There is a need for continued opportunity for Part C and 619 programs to connect in Wisconsin as the programs are operationalized in two state departments.

National technical assistance can provide valuable input regarding the validity of fidelity tools and sharing of resources being used by other states for implementation of EBP. For example, technical assistance agencies can help reduce the duplication of efforts by facilitating the sharing and leveraging of resources for fidelity measures of EBP that are being implemented across states, such as PCATT, or assisting the Part C program in identifying and implementing fidelity tools for use with county Birth to 3 Programs.

There is a need to have common work and language about Part C nationally and defining what and how best practices are delivered as an effective early intervention system. When we have a strong voice in early intervention, we can gain increased understanding from our other early childhood systems on how to join together for a common vision for children.

Leadership support is needed by states to provide the leaders a place to explore the challenges of system redesign. Mindful Leadership is a framework that is built on the principles of Reflective Supervision. It provides the needed place where job a-like roles can support each other in the difficulties we face with large system change. Turnover in leadership roles of Part C coordinators often prevents initiatives to be effective because of the lack of leadership at the state level. The Infant and Toddler Coordinators Association (ITCA) provides support to new as well as ongoing leaders; they are an invaluable resource and support for state Birth to 3 Programs.

In addition, Part C programs need support and coaching in the application of Implementation Science frameworks, both at the state and local levels. The Wisconsin Department of Public Instruction is currently receiving national technical assistance, but these resources were not provided or applicable to Part C programs. Any resources provided to the Part C Program in Wisconsin would be shared with other state programs that serve infants and toddlers, such as the Children and Youth with Special Health Care Needs Program, which is also beginning to apply the IS frameworks. Wisconsin Birth to 3 Program is ready and prepared to take on the challenges of Results Driven Accountability. We look forward to partnering with our Wisconsin state partners, other state Part C programs, and OSEP to accomplish the positive outcomes for infants and toddlers with disabilities and their families.