Wisconsin Birth to 3 Program

State Systemic Improvement Plan Phase III Evaluation Report

Division of Medicaid Services

April 3, 2017

P-01941 (08/2017)

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Overview

The Wisconsin Birth to 3 Program Theory of Action is our guide to increasing the state's capacity to build an early intervention system that supports and improves the social emotional development of the infants and toddlers that are touched by our program. With supporting and improving the social emotional development of infants and toddlers, we will see their increased participation in activities within their communities and have better long-term outcomes. The improvement strategies initiated in year one of Phase III will lead us to a comprehensive system across state and local communities with the desired outcome of meaningful and sustainable cross sector work supporting social emotional development.

Year one of Phase III SSIP was focused on initial implementation of improvement strategies as identified during Phase II. We shifted the use of key stakeholders to include the first cohort of counties that would be the first adaptors of the identified strategies. We continued to seek other stakeholder input from all other counties, the Interagency Coordinating Council, and the Bureau of Children's Long Term Support Services leadership to support the outcomes and activities implemented during Phase III. Stakeholder input supported the successful implementation of coherent improvement strategies connected to the Theory of Action (ToA), and to move the State Identified Measureable Result (SiMR).

The logic model was updated to strengthen the identification of priorities and activities essential for achievement of the SiMR and the core components involved in the realizations and sustainability of the identified changes. The logic model is a working document for the continuation of our work during Phase III and moving into the second year of Phase III. (Appendix one)

The evaluation report outlined in this document presents the Wisconsin Birth to 3 Program SSIP Phase III accomplishments through the lens of implementation science. Wisconsin is using implementation science to provide a roadmap for the SSIP components to comprehensively address all required OSEP evaluation items. The Birth to 3 Program has a commitment to operationalization of implementation science throughout the SSIP and for use in the future for implementation of other initiatives or evidence-based practices. The writing of this report is formatted to reflect the continuous quality cycle used during Phase III of Plan, Do, Study, Act (PDSA).

Section One: Progress on Implementing Usable Interventions

OSEP Phase III Evaluation Component 2: Support for EIS Program and Provider Implementation of Evidence-Based Practices

Wisconsin Evidence-Based Practices

The Wisconsin Birth to 3 Program continues to move forward with implementing and tracking progress towards a statewide system of evidenced-based practices (EBP) that are relationship based and designed to increase the capacity, confidence, and competence of adult learners who play a significant role within a child's life.

During year one, Phase III of initial implementation, there was particular emphasis applied to gathering baseline data as it related to and supported our ToA, specifically identifying child outcome practices and ability to support a child's social emotional development. The baseline data was accomplished by gathering data from the cohort one of counties using our on-site visit format to gather system and child level data.

Stakeholder input during Phase II of the SSIP indicated the need for a tool for measuring and enhancing program practices to measure fidelity of practices. The Department of Health Services (DHS) began the development of a fidelity tool with the intention to have the tool ready for initial implementation July 1, 2016. The designing and creation of a fidelity tool was determined to be a larger project that was able to be completed by the timeline established. While DHS staff continued to work on the tool, alternative methods for gathering data were chosen on July 1, 2016.

Child Outcomes

During Phase II the Child Outcomes Implementation Team focused on improving child outcome practices to be incorporated as part of Phase III of the SSIP. The Wisconsin Birth to 3 Program has a draft version of a Child Outcomes Continuum tool developed as part of a 2014-2015 statewide technical assistance and professional development effort. The tool identifies four core components of the child outcomes process with each component broken into four or five subcategory practices. Those four broad components are 1) Functional ongoing assessment, 2) Rating practices, 3) Internal monitoring system and data reporting, and 4) Data analysis. Each broad component has a set of subcategories that define what practices need to be in place to be considered best practice. Each subcategory is rated on a scale from 1 to 4 with 4 being the preferred or desired practice. The Child Outcomes continuum tool provides the roadmap toward best practice for county Birth to 3 Programs around Indicator 3 process and results. Use of the tool supports the continuous quality improvement cycles for the child outcome process for our statewide Indicator 3 data. The intent is that the use of the tool will improve and sustain the quality of Indicator 3 data over time.

During Phase III there was initial implementation of the use of the Child Outcome Continuum by incorporating the child outcomes component of rating practices into the on-site visit with counties. A data collection tool was used that included five sub categories from the Child Outcome Continuum: 1) Team rating process, 2) Decision tree and bucket list, 3) Functional information gathered from parents/primary caregivers, 4) Use of age-anchoring assessment tool, and 5) Cultural responsiveness. The data collection goal was to understand the use of the practices at the local system level and to inform our statewide comprehensive professional development system. The evidence collected on those practices was at both a system level and at a child level. System-level data included written policy and procedures for county Birth to 3 Programs. Child-level data included team meeting notes, case notes, and individualized family service plan (IFSP) documentation. A summary of the findings are found in section 5 of this report. DHS is now studying the full use of the Child Outcomes Continuum tool as part of our monitoring data collection with county Birth to 3 Programs.

Section Two: Implementation Stages

OSEP Phase III Evaluation Component 2: Support for EIS Program and Provider Implementation of Evidence-Based Practices

Introduction

DHS is committed to each stage of implementation of 1) Exploration, 2) Installation, 3) Initial implementation, and 4) Full implementation to assure local Birth to 3 programs are fully engaged and supported by their state lead and RESource technical assistance staff. During each stage of implementation, ongoing communication between state staff, RESource, county Birth to 3 Programs, and other stakeholders are a priority and an important part of the framework for identifying, planning, and installing evidence-based practices.

Exploration Stage

The Wisconsin Birth to 3 Program team analyzed a wide variety of information and topics discussed with the multitude of stakeholders that are listed in the Phase II report 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 directly led to the SiMR, Coherent Improvement Strategies, and ToA.

Installation Stage

Development of key infrastructure components is crucial to ensure support for installing evidence-based practices that result in functional change beneficial to infants and toddlers 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 identified several strategies to install during Phase III. The progress toward the coherent improvement strategies identified for Phase III installation is highlighted below.

Key Statewide Policies

The Wisconsin Birth to 3 Program continues the process of updating key policies to support implementation and sustainability of statewide practices of county Birth to 3 Programs.

- The Wisconsin administrative code has been in revision to better align with the 2011 IDEA Part C regulations. The state policy for rulemaking requires we provide numerous opportunities for stakeholder involvement. Three advisory committee meetings were held to gather feedback regarding recommended revisions being made for the Birth to 3 Program. The Governor-appointed Interagency Coordinating Council (ICC) reviewed the proposed revisions and provided additional input. An internal DHS committee discussed the final changes before submitting the revised language for legal review. Next steps in the revision of Wis. Admin. Code ch. DHS 90 include a public comment period for fiscal impact, an OSEP review process, and public hearings.
- The revision of DHS 90 includes a DHS procedural manual for Birth to 3 Programs. DHS has identified an entity to develop the manual in collaboration with the DHS Birth to 3 Program. Additional stakeholder input will be gathered during the writing of the manual.

- The Wisconsin Birth to 3 Program is writing a practice guide to support county Birth to 3 Programs to reflect on their current practices and procedures and assess how to incorporate updated requirements and implement best practice into their work. The practice guide is in draft form and will be released for public comment as part of the revision of DHS 90 and procedural manual publication.

All three of the publications discussed above will provide clear guidance to the county Birth to 3 Programs for a comprehensive view of the implementation of federal indicators within the Birth to 3 Program. The Wisconsin Birth to 3 Program intended to update the Birth to 3 Program Guiding Principles and have them approved by the State ICC by November 2016. However, this was not accomplished during year one of Phase III, but will be completed as part of the DHS 90 revision rollout

Materials for First Implementers

To prepare for the first implementers, the Wisconsin Birth to 3 Program staff created detail in the description of the planning process to ensure that expectations and activities are reasonable and understandable. Ongoing review of the process through the implementation stages and drivers uses assessment, planning, and monitoring to move through continuous quality cycles to full implementation. The work of the implementation teams was carried out by counties included in cohort one identified during Phase I of the SSIP. To conduct the cohort one On-Site Visits as first implementers, the items listed below were installed. The on-site visit monitoring materials were revised to align with the ToA and identified SiMR.

Three checklist tools were selected to gather data for the Birth to 3 Program's process of continuous quality improvement around our ToA.

- Child-Parent Mediated checklist to measure the program's implementation of evidence-based practices, particularly around parent-child interaction and social emotional development.
- Child Outcome Continuum checklist to measure the child outcome rating process.
- File Review checklist to measure the compliance requirements of IDEA Part C Regulations.

Additional materials were revised or developed to support initial implementation for cohort one counties in understanding the purpose and process of the On-Site Visit. These infrastructure changes have provided a means to better engage the local program staff in the monitoring activities and ensure a standardized process to carry out the visits.

- The agenda for the on-site visit.
- A guide to the on-site visit explaining the purpose and parts of the on-site visit.
- A "getting ready" chart outlining the documentation the local program would bring to the on-site visit and work to be completed prior to the on-site visit.
- A suggested script to be used by state leads for describing the SSIP.
- An updated on-site visit report to summarize what was learned about the local program during the on-site visit.

Initial Implementation Stage

Studying the results from the first cohort of counties informed the next improvement steps for scaling up of improving results for all counties and all children. By using the cohort one data to establish proven improvement strategies, the cohort two of counties will implement improved strategies. Several items were identified for initial implementation for the first cohort of counties. Progress toward the coherent improvement strategies identified for Phase III initial implementation is in section five of this report. The Wisconsin Birth to 3 Program hosted an event on June 8, 2016, for cohort one counties. The June 8 meeting had 90 participants, including the stakeholders from the SSIP Phase II planning, the cohort one county Birth to 3 Programs as first implementers, DHS Birth to 3 Program staff, RESource facilitators, and Ardith Ferguson, provider from the National Center for Systemic Improvement (NCSI) as our national technical assistance.

The objectives for the day-long event were met by:

- Pre-event series of regional meetings in May 2016 during which the overall plan for the SSIP Implementation was shared with all counties. The implementation cience graphic of the SSIP implementation plan, the ToA, and the SiMR were presented and discussed. These meetings provided opportunities for counties to further their understanding of the role of cohort one and how the state will roll out full implementation of the SSIP objectives.
- Stakeholders, some of whom were members of the Phase II implementation teams (see section three for a full description), were introduced and asked to share their experience being part of the implementation teams. Throughout the day's event the facilitators incorporated opportunities to recognize the work of the stakeholders in providing input into the SSIP plan and facilitate connections between the stakeholders and local Birth to 3 Programs.
- The SSIP plan was shared for the on-site visit process. Information on the fidelity tool, materials to gather and complete for the on-site visit, agenda, and overall purpose of the on-site visit were reviewed. Feedback gathered from the first cohort of counties at the June 8 event and from a survey they completed after the event identified the need for additional support in understanding the on-site vsit, its purpose, and how to prepare for it.

Initial implementation began with the cohort one counties in July 2016. This cohort is being used to monitor the progress towards meeting the annual SiMR targets identified in the SSIP. An enhanced protocol for on-site evaluation and monitoring of counties was planned for cohort one as part of initial implementation. Based on stakeholder input from the June 8 event, changes were made on the original plan of the protocol for implementation.

- The input provided by participants prompted DHS to conduct further analysis of the fidelity tool to be used during the on-site visits. The analysis revealed the need to complete and finalize the fidelity tool prior to rolling it out, not implement only a section. The items coincided with the initial implementation team recommendations of helping the local programs determine the next steps for continuous quality improvement.
- The original plan for the on-site visit based on stakeholder input was to be a two-day visit. The number of days for the on-site visit changed when DHS considered any potential burden a two-day visit would have on local programs and whether that amount of time was

needed to complete the goals of the on-site visit. DHS reviewed the recommendation of the number of days and came to the conclusion that one day would meet our needs for gathering information on current practices around the ToA and using that information to inform our professional development system.

- An in-person prep day for the local program to meet with the TA facilitator (RESource) was established for the county to prepare for their scheduled on-site visit. The prep day included review and completion of the three checklist tools. County staff was supported by technical assistanceto explore current program procedures against measures of high-quality practices in the child outcome ratings process, intervention with families, and parent participation.

Full Implementation Stage

Full implementation includes sustaining and scaling up practices at all levels including state, local, and provider. Progress toward the coherent improvement strategies initiated in Phase III to full implementation is highlighted below. 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 on-site visits and ongoing improvement strategies, county Birth to 3 Programs will be successful in achieving positive outcome results statewide related to the SiMR.

- Implementing the SSIP activities with cohort two counties will begin July 1, 2017, as the next step in Wisconsin's scale-up plan. The implementation of cohort two counties will begin with a planned webinar to establish understanding of coherent improvement strategies that will occur as part of their on-site visit. Each year another cohort of counties will experience the on-site visit process focusing on the SSIP work and supporting them in moving forward toward the SiMR.
- Cohort one counties shared the benefits of completing the three checklist tools as they provided insights about their program around social emotional development and parent participation not otherwise assessed. Using this feedback information and considering the needs of all counties, DHS decided to make changes starting July 2017 to the annual self-assessment process. The changes will support all county programs to begin their exploration of analyzing their programs through the lens of implementation science and the ToA. The following items are being installed for use by the county programs conducting self-assessments (SA) in 2017:
  - Revised agenda to incorporate assessing practices around social and emotional development, child outcomes, and evidence-based practices that align with the ToA.
  - Revised facilitator's guide for facilitating the conversations in the agenda.
  - Revised SA Summary report completed by the county program to incorporate documentation of the insights learned about the program around the ToA.
  - Revised technical assistance document called Getting Ready for the SA to support clear understanding of the purpose and work of the self-assessment.
  - Revised guidance on the self-assessment and Program in Partnership Plan (PIPP) processes.

Section Three: Implementation Teams

- OSEP Phase III Evaluation Component 1: Infrastructure Development
- OSEP Phase III Evaluation Component 2: Support for EIS Program and Provider Implementation of Evidence-Based Practices

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 implementation team's (IT) structure during Phase III reflects the next stages of implementation science.

- Statewide Implementation Team (SIT)
- Communication Implementation Team (CIT)
- Two current focus implementation teams (FITs) to develop specific processes for implementation

State Implementation Team
The SIT is made up of the following internal members:

- Part C Coordinator
- Section Chief
- 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.
- Assuring the SSIP is completed timely.

The SIT filters the information gathered through the IT system to ensure that the plan is realistic, coordinated, and addresses our SiMR. The SIT provides ongoing clarification of the roles of the two focus ITs.

The SIT continues to meet on a regular basis to monitor the progress of the on-site visit process and continually assess the next steps needed in the installation and initial implementation of the SSIP. The Wisconsin Birth to 3 Program learned from our initial implementation that we need to ensure that more DHS leadership is involved in the planning, development, and

implementation of the SSIP. The role of the section chief was added as a member to the SIT for this purpose.

Activities completed by the SIT in year one of Phase III include:

- The logic model was updated to organize the activities identified by the stakeholders to flow into the desired outcomes. (Appendix one)
- Two members of the SIT attended the NCSI learning collaborative in November 2016 on Results-Based Accountability. The data analyst and one TA facilitator brought back valuable information that is used to support the ongoing implementation of the SSIP.
- A monitoring and supervision cycle document was developed to guide and explain continuous improvement cycles for county reviews. (Appendix two)
- Ardith Ferguson from NCSI is an ongoing participant of our SIT meetings. She is able to support the SIT with resources and references for our quality improvement plan. An example of this type of resource is the terms of reference document, which the SIT and other ITs are engaged in using to guide the work (Appendix three).

Communication Implementation Team

The Communication Implementation Team is made up of the following members:

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

During year one of Phase III, the CIT continued the work on developing communications to inform stakeholders and the public on the progress of the SSIP. After DHS staff vacancies, the professional development coordinator and evaluation coordinator have joined the CIT when the agenda warrants.

Activities completed by the CIT in year one of Phase III include:

- The CIT developed and is in the process of preparing a template for regular posting to the DHS Birth to 3 Program website on the SSIP progress, knowledge gained, and next steps.
- The CIT has developed a tool to support the use of Plan, Do, Study, Act (PDSA) within each of the implementation teams to inform the SSIP process (Appendix four). The tool is used by the implementation team to share with each other and the SIT. The CIT will review the tool after each implementation team meeting to summarize and share the information with the SIT.
- The terms of reference document has also been completed by each implementation team to help support the scope of work for each team.

Two Focus Implementation Teams

Each Focus Implementation Team (FIT) was implemented to install a specific task. Both FITs were developed from the input of the original FITs from Phase II in which the stakeholders identified the two tasks as important first steps for implementing the ToA.

- The Professional Development (PD) FIT was charged with developing a PD system for the Wisconsin Birth to 3 Program. When two state staff vacancies occurred, the PD FIT task was altered to do installation of an ongoing, statewide training (101) for county Birth to 3 Program staff to learn about the program, evidence-based practices, and the SSIP. The training opportunity will be implemented during year two of Phase III of the SSIP.
- Stakeholder input included DHS leadership input into the 101 training planning and development. County Birth to 3 Programs will be given an opportunity to provide input into the 101 training at an upcoming 2017 regional meeting. Evaluation of the initial implementation is being planned as this is implemented in year two of Phase III and will provide additional feedback for our PDSA process.
- The Monitoring and Fidelity FIT is charged with the development of a statewide tool for measuring and enhancing program practices, previously known as the fidelity tool. The tool is referenced in Section 4 of this report.

Section Four: Implementation Drivers (Infrastructure)

OSEP Phase III Evaluation Component 1: Infrastructure Development

Introduction

Infrastructure Analysis Categories and Implementation Science Drivers
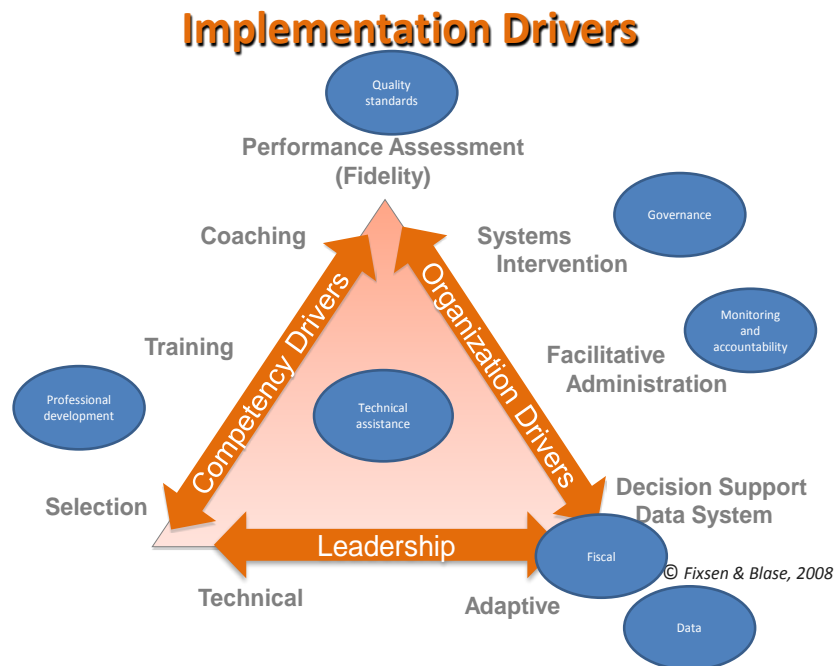
Competency Driver

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

Professional Development

- The original plan of assigning the role of a professional development lead within the DHS Birth to 3 Program team remains a goal to support the strengthening of our statewide comprehensive professional development system. In October of 2016, there were two Birth to 3 Program state leads that left their positions. There has been a delay of the role of professional development lead being filled. The current professional development FIT consists of two RESource technical assistance providers and the Wisconsin Birth to 3 Program supervisor. The plan for year two of Phase III is to recruit additional members of the professional development FIT as embedded stakeholders.
- One of the current focuses of the professional development FIT is revision and development of improved professional development trainings for the Birth to 3 Program. The primary audience of this project remains the new providers; however, it will be open to any Birth to 3 Program personnel. Discussions now include how to make this event more interactive with the participant, identifying the essential topics for new staff, and where to find and navigate the materials and information needed on the Birth to 3 Program website.
- The second current priority is to increase the capacity of our Birth to 3 Program website with a design that is user-friendly, easily navigable, and as intuitive as possible. We are building on stakeholder input given to us during Phase II of the SSIP. We have accomplished adding additional materials and links to the professional development page of our website. Ongoing stakeholder input is being planned for redesign of the website.
- There is an investment of scholarship dollars from DHS to support county early interventionists to attend the University of Wisconsin Infant, Early Childhood and Family Mental Health Capstone Certificate Program. This one-year program provides comprehensive professional development on the social emotional development of infants and toddlers with emphasis on systems to support increased capacity to serve children and families in a relationship-based framework. Each scholarship-supported early interventionist creates a project to support their Birth to 3 Program work. There are currently 47 fellows throughout Wisconsin that impact the statewide system. This professional development supports several of the logic model desired outcomes. (Appendix five)

Quality standards

The Division for Early Childhood (DEC) Recommended Practices was introduced to county Birth to 3 Programs through statewide data discussion. There is a direct link to the DEC Performance Checklists and Practice Guides added to our website under professional development. The DEC Recommended Practices products are intended to illustrate the manner in which different recommended practices can be used by practitioners and parents and to assist professional development and program improvement efforts.

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. During year one of Phase II the following improvements have been made or are in progress specific to monitoring and accountability:

- DHS currently uses a File Review Checklist to monitor and measure compliance of federal indicators. During Phase II there was a need identified to have a statewide monitoring tool for measuring and supporting high-quality early intervention practices. The benchmark tool will support standardization of those practices statewide across our county-based system. A benchmark tool will allow us to have a single point of reference for both compliance and high-quality performance and effectively track statewide progress over time. With the addition of a data analyst on the DHS Birth to 3 Program staff, there was additional guidance and support needed to make this an effective, reliable, and valid tool. The past version of the initial fidelity tool proved to be far too subjective and allowed for too much interpretation on behalf of the evaluator. The data analyst successfully argued that producing a fidelity tool as originally planned would not produce a reliable and valid tool and therefore not provide the data needed to accurately evaluate whether Birth to 3 Programs were implementing EBP and whether they were implementing them with fidelity. The tool currently being developed will reflect items for DHS to use for monitoring and items for the county Birth to 3 Program to use for continuous quality improvement and planning. The original timeline for completing the tool was June of 2016. The timeline was to have the tool developed and utilized as fidelity measures for identifying, tracking, and monitoring cohort one's implementation of EBP. The original timeline was found to be too ambitious to be able to have a tool developed and ready to use. Factors contributing to the revisions included the need for 1) Additional stakeholder input, 2) Recognition that the Wisconsin Birth to 3 Program must monitor and track EBP implementation from the county level rather than the individual provider level, 3) The recent hiring of a data analyst who will support the development of a reliable and valid tool, and 4) The importance of incorporating into the tool both compliance and performance-related content.
- Wisconsin Birth to 3 Program intentionally chose three tools that would evaluate and gather baseline data regarding where programs were in implementing EBP as it related directly to our ToA for initial implementation with the cohort one counties. There was an emphasis on determining 1) The level of team engagement and use of tool by the team that is associated with child outcome rating process, 2) How practitioners were supporting families in the area social emotional development, 3) How well programs were involving families in the IFSP process, and 4) Meeting the compliance indicators outlined in the Annual Performance Report. The three tools used were: 1) Promoting Parent-Mediated Everyday Child Learning Opportunities, 2) the Child Outcomes Continuum for performance-based goals, and 3) The File Review Indicator Checklist.
- The data gathered from using these three checklists and the feedback from county Birth to 3 Program staff on the use of the checklists are being utilized to help inform the development of the benchmark tool. The benchmark tool will be designed to measure progress towards implementation and sustainability of EBP at a county level and to record progress over time. This strategy will allow our technical assistance RESource staff and county leadership to support individual providers in assessing and monitoring their own efforts and effectiveness towards implementing EBP, while having a direct connection to what the state is monitoring at the county system level. During 2017 DHS will include

stakeholders to provide usability and feasibility feedback to improve the tool. January 2018 is the projected date for the benchmark tool to be ready for initial implementation.

- The current process for general supervision of counties includes providing technical assistance to counties in completing an annual self-assessment in conjunction with the development of a Program in Partnership Plan (PIPP). The current PIPP is for a county to document their self-identified improvement strategies in order to meet annual goals established by the county. The PIPP will be improved by including an annual county reporting cycle of PDSA. Starting on July 1, 2017, the cohort one counties will complete a County Performance Plan (CPP) based on the results of their on-site visit from 2016. The county will then use the CPP to guide their quality improvement strategies throughout the year and update the CPP on an annual basis. The use of implementation science components will also be incorporated into the report to align with the use of evidence-based practices. Beginning in 2018 the county program will complete an annual CPP, which will directly connect to the benchmark tool used during their On-Site Visit, which connects to the ToA.

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.

In December 2016, there was a merger of two divisions at DHS. The Division of Long Term Care in which the Birth to 3 Program was part of has merged with the Division of Health Care and Accountability to become the new Division of Medicaid Services. The Birth to 3 Program continues to receive administrative support to reach the goals and outcomes as defined by the SSIP.

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 in year one of Phase III.

- A data community of practice was 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. The DHS Birth to 3 Program will resume the data community of practice following the hire of two new state leads to replace the two who left in the fall of 2016.
- As part of our monthly teleconference with county Birth to 3 Programs, we hold a "Data Discussion" presentation. The 15-minute segment includes the review of each Data Mart indicator report to support Birth to 3 Programs in running and reviewing the data provided

in each of the reports. We also engage Birth to 3 Programs during semiannual regional meetings about data accuracy, trends, and next steps. Our most recent regional meetings included topic discussion around enrollment data, such as demographics and trends over time, and fiscal data.

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. In year one of the SSIP, the following activities were completed or are in progress:

- 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 fiscal sustainability project continues to meet and work on three identified project priorities: 1) Fiscal transparency, 2) Stabilization of funds allocation to county Birth to 3 Program by reviewing allocation formula, and 3) Increasing federal funds available to support the Birth to 3 Program.
- Fiscal transparency was achieved by the creation of a fiscal data report that was sent to each county after annual reconciliation. The county report contained both revenues generated at the local level compared to the state revenues. The report also contained information about the number of children served at the local level compared to the state level. We held a statewide teleconference to review the report with all the counties and had individual follow-up phone calls with counties upon their request. This annual report will be issued each year after the reconciliation process and will serve the purpose of increasing the understanding of how the Birth to 3 Program is funded, the number of children and families served, and the services delivered.
- 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.
- Stabilization of funds to local county programs was achieved by review and study of the current allocation formula used for dissemination of state and Part C federal funds to the local county programs to operationalize the Birth to 3 Program. The outcome of the allocation formula study was to establish a clear path for future dissemination of any increase of funds available to counties to support fiscal stabilization of county Birth to 3 Programs.
- The opportunity to increase federal funds is still in the beginning stages of exploration with the fiscal sustainability project. This work will continue in 2017 to examine and recommend methods to accomplish this outcome.

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 staff provide hands-on support for all of the areas required for implementation of program requirements and long-term sustainability of system improvements. Changes have been made to the RESource technical assistance contract to enhance existing capacity and services by identified resources to support SSIP work at the local level that included additional facilitator staff time from RESource, the contracted technical assistance support to county programs. This increased time is reflected in the description of the on-site visit strategies that were implemented this year.

- Work was completed to support better alignment of our professional development opportunities with identified needs by county administration and early intervention professionals. This alignment will be better equipped to meet the identified needs by collecting data during the on-site visits and reviewing the PIPPs. The analysis of the data will support RESource staff to be able to identify, for county staff, what professional development opportunities are available in our system and/or our state system partners or identify the need to create the opportunity to be responsive to professional needs.
- DHS is currently studying the data collected during 2016 on-site visits to help determine next steps with alignment of the professional development system. See details described in section three of this report.
- 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: Logic Model and Evaluation Results

OSEP Phase III Evaluation Component 3: Evaluation

Logic Model

The Wisconsin Birth to 3 Program Communication Implementation team (CIT) was tasked to update the logic model to reflect current work of the SSIP. The logic model is created to start with the mission and guiding principles of the Birth to 3 Program. The next step in the logic model is the implementation science drivers: 1) Competency, 2) Organization, and 3) Leadership. The Birth to 3 Program state infrastructure is considered in the logic model flow. One or more activities are aligned to each of the state infrastructures. Activities led to the desired outcomes. During the analysis and update of the logic model, the CIT discovered that there were needed revisions in order to make progress towards desired outcomes. Reconfiguring the logic model provided a clearer understanding of the SSIP work that is being done and how it will impact our outcomes. (Appendix one)

Continuous Quality Improvement for Monitoring

To address the state level of the ToA, the Birth to 3 Program identified the need to improve the statewide monitoring system to have a more cohesive and consistent process. The outcome of the monitoring and supervision cycle is to help ensure that no matter what county a child lives in; they have access to high-quality early intervention based on consistent practices and procedures. As part of the evaluator's new role, the improved monitoring and supervision cycle was created.

Currently each county has an on-site visit every four years to monitor compliance at a county system and child level. The addition of a benchmark tool described in section two of this report will support the evaluation of the competency for use of evidence-based practices and compliance at a county level on the ToA. Per the plan, once a county has gone through the process of being assigned a benchmark score, the county will complete a county performance plan (CPP). The CCP will have questions about each section of the benchmark on where and how they need to improve. The CPP will include a PDSA cycle. The county will fill out the CPP and then send it to their state lead for guidance. They will report back to the state lead in one year to go over what was completed in the CPP and what they are still working on. The county will be required to use continued quality improvement strategies to increase their benchmark score every four years. Once revisions are made to the CPP, the county will start the cycle over. Every year the state will expect to see improved scores for counties and improved child outcomes. The benchmark is currently being drafted by the data analyst, a DHS state lead staff, with planned input from technical assistance and stakeholders.

Overall Evaluation

Evaluation must take place at every level, state, county, and provider, for implementation to be fully successful. Fidelity of the program was evaluated with the context of 1) What is needed for high-level performance, 2) What must happen that leads to competence, and 3) Compliance and the skill level needed for implementers to deliver compliance. The five items on each checklist tool was determined to begin the identification of high-level performance. The information on processes used by the local program during the on-site visit informs the state and local program regarding practices that support competence.

An evaluation of the state on-site visit process was conducted during initial implementation through the use of a staff survey and the analysis of the data gathered through the three checklist tools. County and early intervention staff completed evaluations of the local program and practices related to the three checklist tools they completed. The survey application being used to gather the data from county and early intervention staff was decommissioned in November 2016, which interfered with DHS gathering this information from the remaining counties of the first cohort. Work to reinstate the survey was begun but has not been completed for distribution to the remaining counties. The survey will be used again after July 1, 2017, for cohort two counties.

The on-site visits for cohort one were used to gather information on where the local programs are in implementing the three levels of the ToA. Qualitative and quantitative data was gathered and analyzed for validity and reliability. The qualitative information gathered around systems such as fiscal, data, and leadership was determined to not be consistent across state leads and therefore not as informative as hoped to the state professional development system. A script with specific questions is now developed for state leads to gather qualitative information for fiscal, data, and leadership county infrastructure. A need to connect the county's PIPP prompted the technical assistance facilitators to incorporate the implementation science drivers as the conversational guide when developing goals and strategies with the county program, which will help sustain practices and procedures.

Formative

The June 8, 2016, in-person event provided valuable feedback to DHS on the next steps of the initial implementation of SSIP strategies. A survey was executed after the event. Below are the reported results. There were 90 participants and 33 surveys were returned.

Responses: 69% cohort one, 27% stakeholders, 3% ICC members

The majority found that reviewing the vision and mission of why we do the work we do in the Birth to 3 Program to be very helpful in setting the stage for the day.

Review of the Community, Opportunities, Reciprocity and Enjoyment (CORE) materials was noted as very helpful and DHS continues to promote these materials as a resource for the work of the Birth to 3 Programs.

Information regarding the three stakeholder implementation teams from Phase II was noted as very helpful to participants and DHS administration in understanding the structure of this phase of the SSIP.

- The information shared by the stakeholders from the implementation teams was incorporated into the on-site review process.
- A revised approach to data collection was adopted to ensure results-driven accountability.
- Work from the stakeholder implementation teams continues to inform the SSIP process using the implementation science framework.
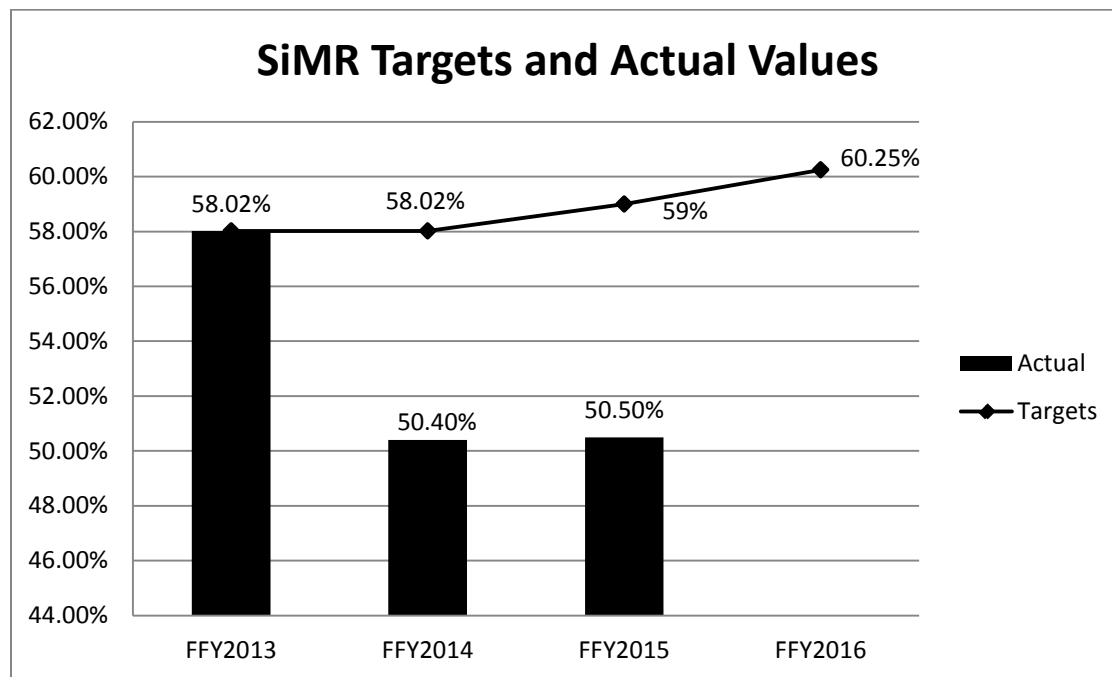
It was clear from the responses that we need to better define a professional development (PD) system that meets the needs of the Birth to 3 Program. An improved professional development

system is needed that is both comprehensive and functional for Wisconsin early intervention providers. During year one of Phase III, the state has made progress toward that goal.

There was noted apprehension from cohort one as they move forward as the first implementers of the state on-site visit review process. It is the intent of the state to ensure that first implementer needs are heard and that support is provided by the RESource team in preparing for their on-site visits.

- The tools selected for the cohort one on-site visit process were selected in response to feedback from initial implementers, DHS administration, and stakeholders regarding the connection to the ultimate goal of enhancing the social emotional outcomes of children in the Birth to 3 Program and Wisconsin's ToA. Data collection using results driven accountability focused on 15 key items from the three selected tools used during the on-site visit. These 15 areas will not be assessed for the purposes of noncompliance. The three tools selected to be utilized for this initial implementation.
  o Child Outcomes Continuum
  o Parent Mediated Learning Checklist
  o File Review Checklist.
- A preparation day was made available to counties to review and apply these new tools with support from their RESource facilitator. All 17 cohort one counties participated in a prep day for their on-site visit. The Getting Ready for your on-site Visit preparation tool was updated to include the amended process and was used to guide the county staff and RESource facilitator as they work together in preparation for the on-site visit
- PDSA cycle was incorporated by DHS Administration, Birth to 3 Program staff, and RESource to plan for future cohorts of counties as part of this stage of implementation science.

Summative

SiMR Targets and Actual Values

FFY2013: Actual 58.02%, Target 58.02%
FFY2014: Actual 50.40%, Target 58.02%
FFY2015: Actual 50.50%, Target 59%
FFY2016: Target 60.25%

The percentage of children who enter the Wisconsin Birth to 3 Program below age expectations in positive social-emotional skills, including social relationships, will make greater than expected gains by the time they exit the program, as measured by Indicator 3, Outcome 1, Summary Statement 1.

This graph demonstrates the SIMR data for cohort one counties. This upcoming year, Wisconsin will need to examine the SiMR baseline and set targets to determine if the baseline needs to be adjusted to accurately reflect our child outcome data. Although there was movement of the data this year, Wisconsin does not believe that the SiMR data will meet the set targets. We do continue to increase capacity across the state on the child outcomes process to gain accurate and reliable data as described in our FFY 2015 Annual Performance Report.

Methods of Collecting and Analyzing Data

Each on-site visit included an in-depth examination of the local program's current practices around implementation of evidence-based practices focusing on implementation of the Primary Coach Approach to Teaming in Natural Environments, the child outcome rating process, and social emotional development. The examination included the documentation of the evidence that the practices existed at the system and child level. The data was collected using three separate checklist tools. The chart below demonstrates the type of data that was collected. Each color represents each state lead from each review. The numbers in the chart represent the number of child files that were reviewed.

Parent Mediated Checklist

	Parent uses child interests as the basis for selecting everyday activities as contexts for child learning.	Parent selects everyday activities that provide children opportunities to learn socially meaningful and functional behavior.	Parent uses procedures for increasing the number of everyday community activities that serve as contexts for child learning.	Parent encourages the child to use behaviors that are appropriate (generally accepted) for the situation.	Parent recognizes and is aware of the child's emerging interests.	Totals
No	10	13	19	7	13	62
Yes	14	11	5	17	11	58
No	15	15	19	14	8	71
Yes	8	7	3	9	15	42

The data collected was analyzed and revealed some conclusions about the process. When state leads scored the two tools 1) Child Outcome Continuum and 2) Parent Medicated Checklist, they were not consistent in using criteria between state leads to validate the rating. They did not use the same evidence to rate the item as a yes/no or with scoring using the Likert scale.

Without being consistent, the data collected cannot be used to make conclusions about the county performance. The monitoring system needed to have taken more time up front with the checklists and state leads to cross train and create inter-rater reliability. As a result, the state is implementing improved training prodigals for the state leads so they are consistent with rating and scoring the checklists. The goal is to have state leads able to evaluate reliably by year two of Phase III. Cohort two counties will begin their on-site visits July 1, 2017. The outcomes from the logic model of gathering data to inform state and local decisions will be supported during this PDSA cycle.

Section Six: Technical Assistance and Support
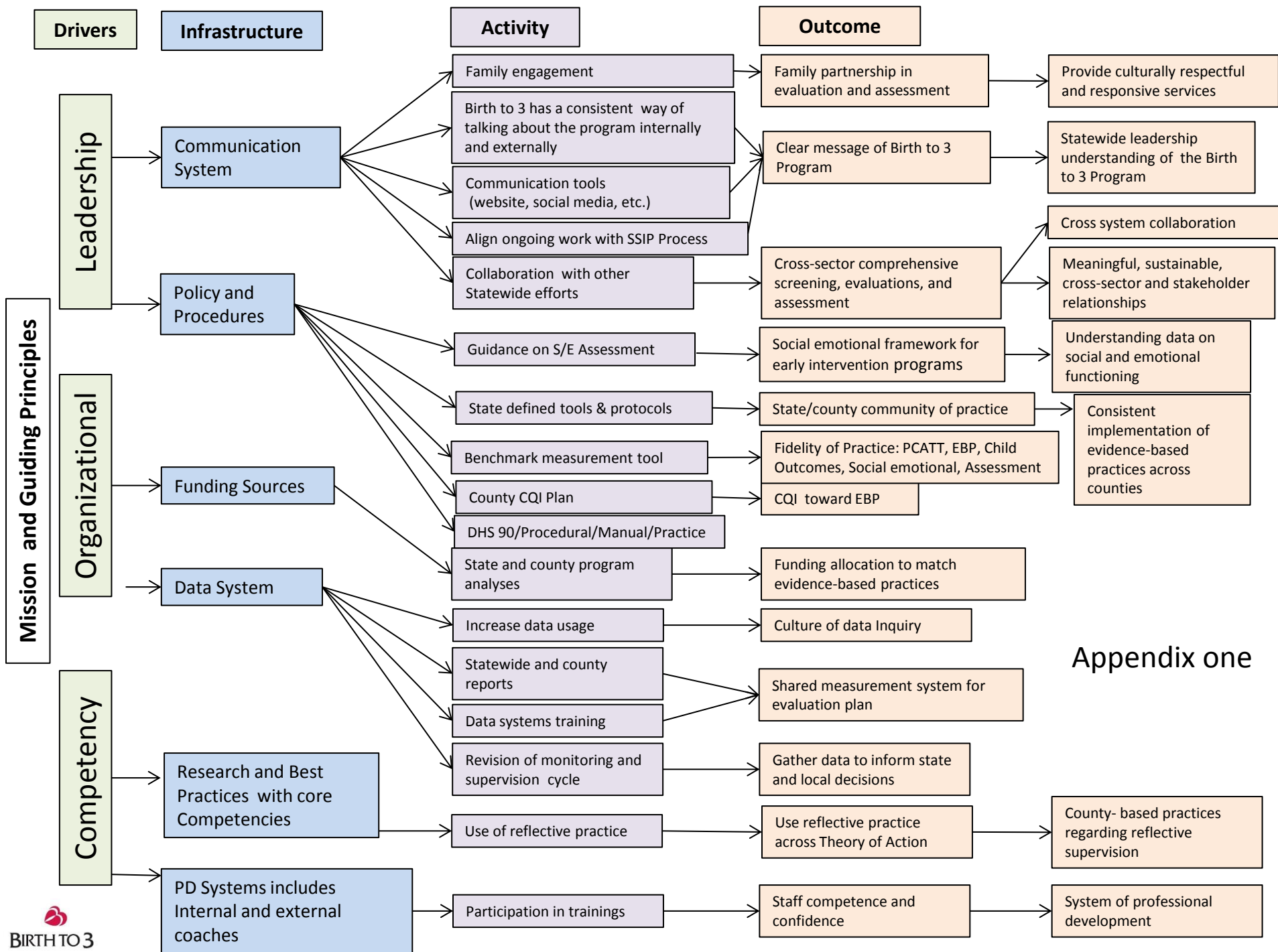
OSEP Evaluation Component: Phase III Technical Assistance and Support

Since Phase II, collaboration in cross sector systems continues to be an important step in the implementation of the SSIP. Collaboration with cross sector systems will enhance the development of the professional development (PD) system and promote cross sector understanding and efficient use of resources. Identifying expert external facilitators will be accomplished through the installation of the PD system developed.

Through activities such as developing the vision, revising the guiding principles, developing a script for how to describe the SSIP, and revising DHS 90, the Wisconsin Birth to 3 Program has been working to portray the concept of a statewide program called the Wisconsin Birth to 3 Program. This work outlines what an early intervention system is and is not, helps to clarify how it is different from other programs available to families, and how the program promotes a common vision for children and families.

The Wisconsin Birth to 3 Program continues to learn about implementation science as we move through the implementation stages and conduct PDSA. The state requests support around child outcomes process and child outcomes data analysis in regards to determining our SiMR baseline and targets. We anticipate a connection between our SiMR target and other child outcomes data in our system regarding the children that are served by the Wisconsin Birth to 3 Program. Sustainability of our PD system supporting best practices for the child outcomes process needs to be a priority as we enhance our monitoring and supervision procedures. Additional guidance and technical assistance from OSEP will be used to strengthen our system.

We need continued support from Ardith Ferguson, our national technical assistance provider from the National Center for Systemic Improvement (NCSI). She provides ongoing and consistent feedback to us about our process, including resources that increase our capacity to make statewide improvements. Our involvement in the NCSI Learning Collaborative is also important to bring together other states to learn from each other and share in system building.

Drivers | **Infrastructure** | **Activity** | **Outcome**

Mission and Guiding Principles

Leadership

Communication System
- Family engagement → Family partnership in evaluation and assessment → Provide culturally respectful and responsive services
- Birth to 3 has a consistent way of talking about the program internally and externally
- Communication tools (website, social media, etc.) → Clear message of Birth to 3 Program → Statewide leadership understanding of the Birth to 3 Program
- Align ongoing work with SSIP Process

Policy and Procedures
- Collaboration with other Statewide efforts → Cross-sector comprehensive screening, evaluations, and assessment → Cross system collaboration
  - Meaningful, sustainable, cross-sector and stakeholder relationships
- Guidance on S/E Assessment → Social emotional framework for early intervention programs → Understanding data on social and emotional functioning
- State defined tools & protocols → State/county community of practice → Consistent implementation of evidence-based practices across counties
- Benchmark measurement tool → Fidelity of Practice: PCATT, EBP, Child Outcomes, Social emotional, Assessment
- County CQI Plan → CQI toward EBP
- DHS 90/Procedural/Manual/Practice

Organizational

Funding Sources
- State and county program analyses → Funding allocation to match evidence-based practices

Data System
- Increase data usage → Culture of data Inquiry
- Statewide and county reports → Shared measurement system for evaluation plan
- Data systems training
- Revision of monitoring and supervision cycle → Gather data to inform state and local decisions

Competency

Research and Best Practices with core Competencies
- Use of reflective practice → Use reflective practice across Theory of Action → County-based practices regarding reflective supervision

PD Systems includes Internal and external coaches
- Participation in trainings → Staff competence and confidence → System of professional development

Appendix one

BIRTH TO 3
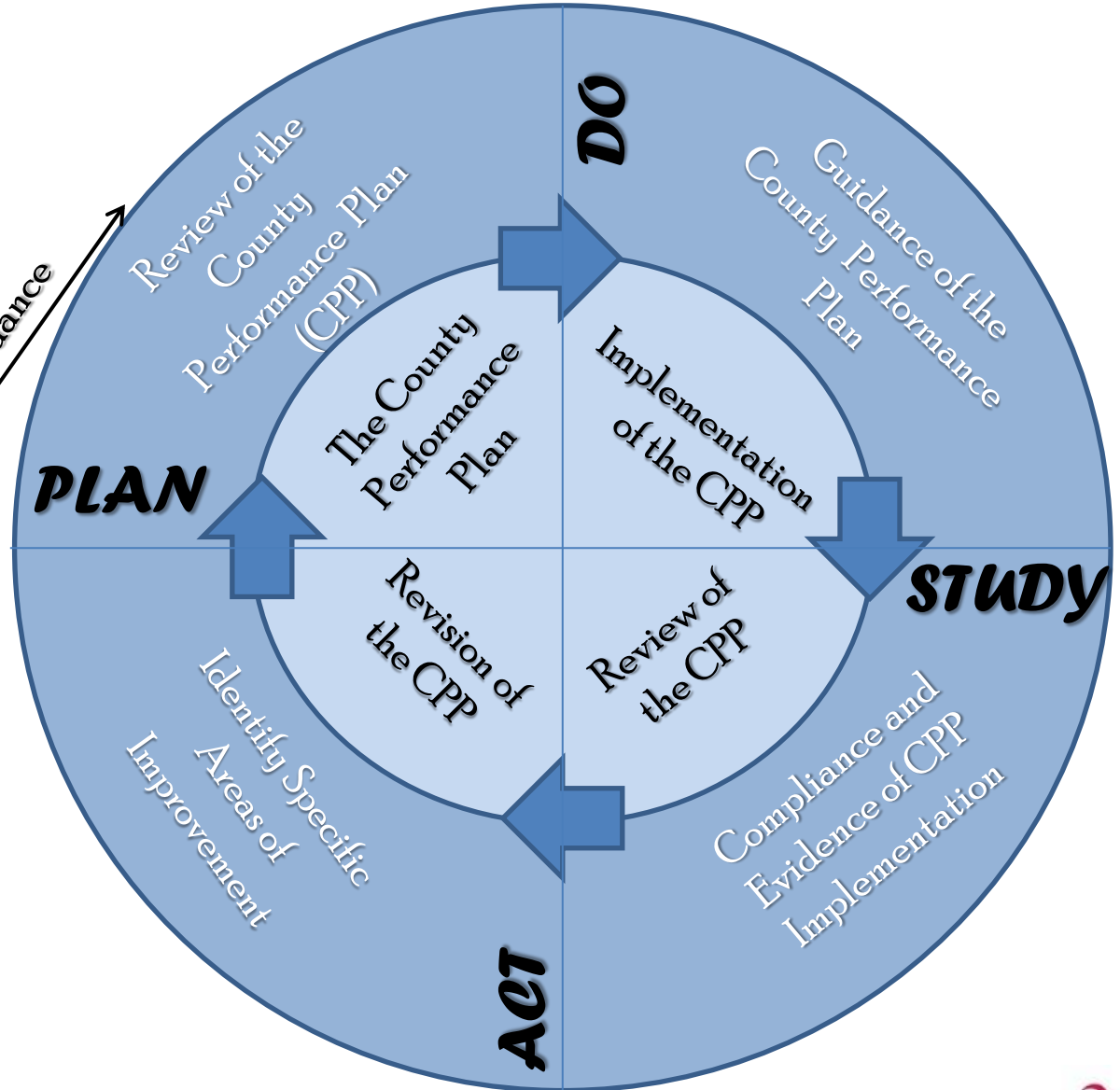
Wisconsin Birth to 3 Program Monitoring and Supervision Cycle

Prep Day and Activities leading up to Prep Day

↓

On-Site

↓

Continued Quality Improvement Benchmark(s)

Year One and Year Five

Appendix two

Review and Guidance Revision

DO

PLAN

STUDY

ACT

Review of the County Performance Plan (CPP)

Guidance of the County Performance Plan

The County Performance Plan

Implementation of the CPP

Revision of the CPP

Review of the CPP

Identify Specific Areas of Improvement

Compliance and Evidence of CPP Implementation

Year Two through Year Four

BIRTH TO 3

Terms of Reference (ToR) for the Implementation Team (IT)
1/23/17

Component	Guiding Questions	Potential ToR Components
Vision	What is the vision for the implementation team? Does the vision of the IT align with that of the Theory of Action?	
Goals and Objectives	What are the main purposes of the IT?	•
Scope and Boundaries	What are the boundaries related to the roles of the IT?	•
Roles and Responsibilities	Who are the necessary participants? What is their function on the implementation team? When/How/Who are other stakeholders involved in this IT?	•
Communication Protocols	How does the team communicate with each other? How does the team	Communication plan

Appendix three

	communicate with the State Implementation Team and/or other ITs?	
Resources available/needed to complete the IT work	What resources can be used to support the work of the IT? What resources are needed to support the work of the IT?	●
Authority	Over what decisions or processes does the IT have authority? If the IT does not have the authority who does?	
Deliverables	What are the product(s) the IT will complete or deliver? And the timeline(s)	
Implementation Plans	What is the intent /result of the Plan Do Study Act cycles?	

Appendix three

PDSA (plan-do-study-act) Summary

Implementation Team: *Date:*

PLAN

We plan to:

We hope this produces:

Steps necessary:
   1.
   2.
   3.

What data needs to be collected to evaluate this plan?

DO

What have you observed?

- **"Work-a-rounds" that have been developed**
- **Variations that occurred**
- **Duplicate or unnecessary steps**
- **Points where breakdowns occur**

STUDY

What were the results?

What did you learn? (unintended consequences, surprises, successes, failures)

What does your data tell you about this PDSA?

What did you conclude from this cycle?

ACT

What modifications are needed?

Adapt – modify the changes and repeat PDSA cycle.
Adopt – consider expanding the changes in your organization to additional residents, staff, and units.
Abandon – change your approach and repeat PDSA cycle.

Appendix four

Wisconsin Infant Mental Health Fellows Birth to 3 Program 2010-2017 (N=47)

Western Region (N=7)

Douglas County
Kathleen Ronchi (2010-2011)

Eau Claire County
Elizabeth Glomski (2016-2017)

Jackson County
Anita Leis (2011-2012)

Lacrosse County
Tara Opelt (2012-2013)
(Formerly in Clark)
Susan Fossen
(2013-2014)

Pepin County
Tammy Stearns
(2015-2016)

Washburn County
LeAnn Johnson
(2010-2011)

Northern Region (N=2)

Marathon   County
Susan Lisch   (2015-2016)

Sawyer County
Donna Tveten (2016-2017)

Northeastern Region (N=8)

Brown County
Lori Bertolini (2016-2017)

Calument County
Kathleen Stock (2011-2012)

Fond du Lac County
Heather Reilley (2010-2011)

Marquette County
Jenny (Rieson) Diamond
(2013-2014)

Waupaca County
Nicole Lauretzen (2015-2016)
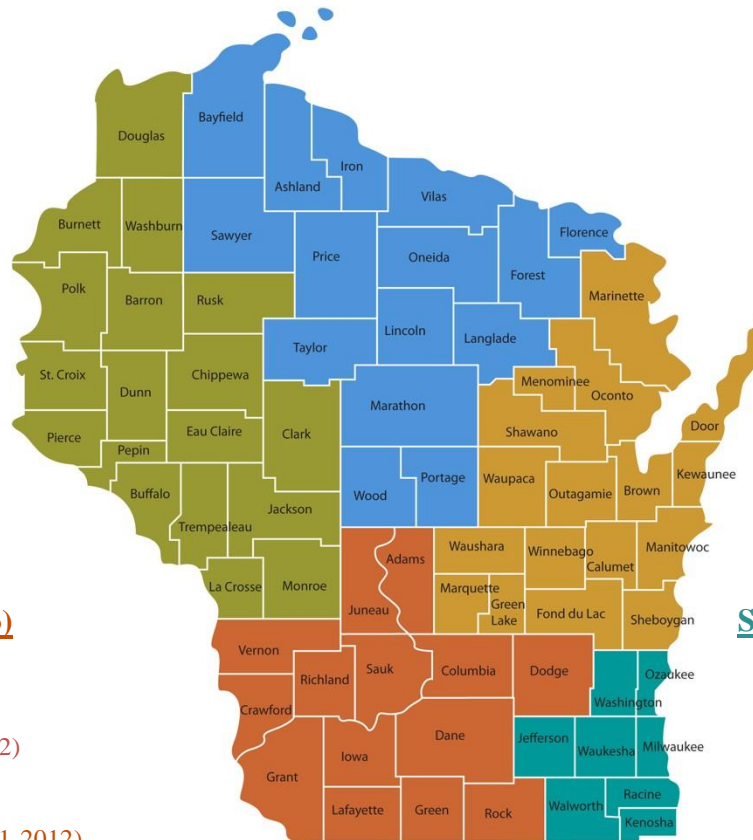
Waushara County
Sherri Nichols (2013-2014)
(Now in Waupaca Co)
Lindsay Ebben Campbell
(2016-2017)

Winnebago County
Kristen Baumann (2013-2014)

Southern Region (N=13)

Columbia   County
Bonnie Erickson
(2010-2011)
Sarah Kravick (2011-2012)

Dane County
Rebecca Gray-Jerek (2011-2012)
Yvonne Hiebert (2011-2012)
Laurie Pinkert (2015-2016)
Lynn Phillips (2010-2011)
Deirdre Rice (2016-2017)
Sara Tortomasi (2014-2015)
(also Rock)
Bridgette M. White (2010-2011)

Rock County
Anna Fuller (2010-2011)

Sauk County
Cindy Schick (2014-2015)

Waisman Center
Carol Noddings Eichinger
(2010-2011)
Elizabeth Wahl (2013-2014)

Southeastern Region (N=17)

Jefferson County
Elizabeth Boucher (2014-2015)
Jillian VanSickle (2016-2017)

Milwaukee County
Emily Fredricksen (2015-2016)
(Now in Waukesha)
Krystal Klapatch (2013-2014)
Jennifer McBride (2010-2011)
Maria Salcido (2011-2012)
Sarah Wittmann (2010-2011)
Christine Wittwer (2012-2013)
Tracey Martin (2013-2014)

Ouzakee
Cynthia Michalak (2011-2012)

Walworth County
Sarah Greene (2011-2012)

Washington County
Amy Burmeister (2011-2012)
Michael Hoffman (2010-2011)
Billy Hurst (2015-2016)
Ashley Smith (2011-2012)
Cassi Drury (2014-2015)

Waukesha County
Amanda Smith (2012-2013)