

NORTH CAROLINA INFANT-TODDLER PROGRAM STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE II *EXECUTIVE SUMMARY*

RECAP OF SSIP PHASE I

The Phase I State Systemic Improvement Plan (SSIP) was the roadmap for North Carolina’s Infant-Toddler Program (ITP) to follow to increase its staff’s and providers’ capacity to assess and make a positive impact on the social-emotional development of the children served and their families.

North Carolina’s State-Identified Measurable Result (SiMR) focuses on one of its performance indicators that measures *the percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who demonstrate improved positive social-emotional skills (including social relationships).*

SiMR - North Carolina will increase the percentage of children who demonstrate progress in positive social-emotional skills (including social relationships) while receiving early intervention (EI) services.

From Phase I, these nine improvement activities/strategies served as the foundation for work that will occur over the next several years:

1. Centralize and expand provider network
2. Expand professional development opportunities and standards
3. Strengthen the State system for planning and dissemination through use of Implementation Science
4. Continue expansion of Integrated Child Outcomes Project
5. Create an EI service delivery model of clearly defined practice standards for equal access for children and families
6. Overhaul family outcomes measurement process
7. Disseminate child outcomes data at the CDSA level and investigate additional/alternative data to measure child and family outcomes
8. Explore and implement telehealth options to increase access to social/emotional experts
9. Capitalize on and expand partnerships with other agencies and stakeholders to meet program needs

SSIP PHASE II

Early Intervention Branch leadership combined these improvement strategies into a manageable number to be undertaken by implementation teams. Previously, the nine improvement activities were combined into five strands of action in the State’s Theory of Action. This helped to identify the five main focus areas that the N.C. ITP would use to achieve the SiMR. Work would begin in the six Children’s



Developmental Services Agencies (CDSAs) to ensure that the Early Intervention Branch could provide adequate support. The six pilot CDSAs are: *Blue Ridge, Cape Fear, Elizabeth City, Greensboro, Sandhills, and Winston-Salem*. The nine improvement strategies fit within the five implementation teams which are:

1. State/Local Infrastructure
2. Professional Development
3. Evidence-Based Practices
4. Family Engagement
5. Global Outcomes Integration

Stakeholder input remains important as it has been from the beginning of the SSIP process. The co-leaders of each implementation team developed their own criteria to recruit team members who might bring the requisite knowledge-base, skill, interest and perspective that would be consistent with that teams’ needs.

1. The implementation teams are categorized by two major activities on which each team focuses: *infrastructure* change and *practice* change. It is helpful to distinguish the two types of change because intended outcomes and the impact on the SiMR will differ based on the type of change.

INFRASTRUCTURE CHANGE FOCUSED	PRACTICE CHANGE FOCUSED
Team 1: <i>Infrastructure</i>	Team 3: <i>Evidence-Based Practices</i>
Team 2: <i>Professional Development</i>	Team 5: <i>Global Outcomes Integration</i>
Team 4: <i>Family Engagement</i>	

IMPLEMENTATION TEAMS FOCUSED ON INFRASTRUCTURE CHANGE

- Infrastructure Implementation Team
- Professional Development Implementation Team
- Family Engagement Implementation Team

One of the advantages in using implementation teams to approach the state’s SSIP work is that they allow each team to target partners and stakeholders specifically aligned to the activities of focus. Each team can then use existing programs and their resources to help create system-level change that will make a positive impact on the N.C. ITP, as well as on external early childhood programs.

Infrastructure Implementation Team

Team members conducted a high impact/likelihood activity and used the results from a self-assessment tool to identify priorities across the key improvement strategies.

1. Improvement Strategy – *Centralize provider network/revise provider agreements*

Type of Output/Outcome	Output/Outcome Description
Short-term output	Revision of provider agreement to provide an effective system of accountability and incentives
Short-term output	Revision and standardization of Interpreter Provider Network agreement
Intermediate output	Collect and organize all N.C. ITP provider information into a single resource
Intermediate outcome	Providers will be knowledgeable about accountability and incentives when working with N.C. ITP families
Intermediate outcome	Provider practices will be better understood and will provide the N.C. ITP with the ability to ensure that appropriate evidence-based practices (EBPs) are being used, and fidelity is being met (Intermediate Outcome in Theory of Action)
Long-term outcome	Local programs will have greater access to IFSP services for children with disabilities

Improvement activities include:

- Determine content of provider agreement which will most effectively provide a system of accountability and incentives
- Determine content of interpreter provider network agreement
- Collect and organize all N.C. ITP provider information into a single resource
- Implement revised, standardized provider agreements statewide
- Disseminate and use provider information resource

2. Improvement Strategy – *Create a system for implementation/dissemination of evidence-based practices (EBPs)*

Type of Output/Outcome	Output/Outcome Description
Short-term output	Review of personnel structure of N.C. ITP to determine resources available
Short-term output	Develop an updated list of best practices for dissemination of information at the direct service level
Short-term outcome	N.C. ITP staff roles will be more flexible to support recent changes to the state system (Intermediate Outcome in Theory of Action)
Intermediate output	Create a system (including information dissemination) which outlines steps and processes for training local program staff and providers

Long-term outcome	Provider and CDSA staff will have greater access to best practices and EBPs
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Improvement activities include:

- Review current structure and budget of N.C. EI Branch
- Compile best practices to disseminate information at the local level
- Develop a system to distribute information on EBPs

3. Improvement Strategy: *Explore telehealth feasibility and processes*

Type of Output/Outcome	Output/Outcome Description
Short-term outcome	CDSAs and providers will implement telehealth technology with fidelity
Intermediate outcome	CDSAs and providers will demonstrate the ability to use telehealth technology effectively
Long-term outcome	Increase access to service providers in rural areas of N.C.

Improvement activities include:

- Survey CDSAs and Providers to determine need for telehealth services
- Develop potential budget for telehealth implementation and maintenance
- Explore processes and steps for implementation of telehealth models

Sampling of available resources: ECTA Center; Family Support Network (FSN); Exceptional Children’s Assistance Center (ECAC); Local Education Agencies (LEAs); Institutes of Higher Education; Center for IDEA Early Childhood Data Systems (DaSy)/Frank Porter Graham Child Development Institute; Family, Infant and Preschool Program (FIPP); and the National Center for Systemic Improvement (NCSI) Cross-State Social and Emotional Outcomes Collaborative.

Professional Development Implementation Team

The team determined that by working within a Comprehensive System of Personnel Development (CSPD) framework, as outlined by the Early Childhood Personnel Center (<http://ecpcta.org>), that the N.C. ITP will be more effective in ensuring that staff have the requisite knowledge and skills to address the developmental needs of enrolled children and their families.

Three components of a CSPD that are high priorities for the N.C. ITP include:

- Leadership, coordination and sustainability
- State personnel standards
- In-service training

1. Improvement Strategy: *Expand Professional Development Opportunities and Standards*

Type of Output/Outcome	Output/Outcome Description
Short-term output	Create a plan to align ITP certification process with best practices and national standards
Short-term output	Create a plan to centralize the ITP certification training and standards process
Short-term output	Develop a set of standards/practices for training and utilize evaluation and assessment tools for staff and providers, with a specific focus on social-emotional development
Short-term output	Develop a set of standards/practices for training and technical assistance of staff, providers (when appropriate), and families (when appropriate) for implementation of EBPs, with particular focus on social-emotional development
Intermediate output	Build a state-wide training network to implement (with fidelity) and to support N.C.’s ITP certification process and to disseminate professional standards
Intermediate outcome	CDSA staff, network providers, and families will have increased access to training and professional development resources
Long-term outcome	Standards in the state for evaluation and assessment of social-emotional development will be more consistent
Long-term outcome	Families will be more informed about social-emotional practices that can impact development

Improvement activities include:

- Draft a plan based on best practices and national standards for ITP certification
- Draft a plan to centralize the ITP certification training and standards process
- Develop standards/practices for training and using evaluation and assessment tools for staff and providers
- Develop standards/practices for training and technical assistance for staff, providers (when appropriate), and families (when appropriate) for the implementation of EBPs, particularly focusing on social-emotional development
- Develop a training structure

Sampling of available resources: The North Carolina Infant Mental Health Association (NCIMHA); Early Childhood Personnel Center; Race to the Top-Early Learning Challenge (RTT-ELC); Exceptional Children’s Assistance Center (ECAC); Parent Training and Information Center (PTI); the N.C. Division of Public Health, Children and Youth Branch: Maternal, Infant and Early Childhood Home Visiting Program.

Family Engagement Implementation Team

Team members completed a gallery walk exercise to generate a list of existing resources and gaps relative to N.C.’s family engagement and outcomes measurement system. This exercise helped the team prioritize opportunities, develop areas of focus, and set additional goals and objectives.

1. Improvement Strategy: *Overhaul family outcomes measurement process*

Type of Output/Outcome	Output/Outcome Description
Short-term output	Selection of a Family Outcomes survey instrument
Short-term output	Selection of best practice for survey distribution and collection method(s)
Intermediate outcome	Data collected from families will more accurately represent the children and families served by the N.C. ITP
Intermediate output	Increase family outcomes survey response rate
Intermediate output	Increase the number of parents who engage in parent leadership activities
Intermediate outcome	N.C. ITP will have better quality data on impact of Early Intervention on Family Outcomes
Long-term output	Creation of a comprehensive and representative family outcomes measurement system that captures families’ satisfaction of and progress made in the N.C. ITP
Long-term outcome	CDSAs will more effectively engage families in best practices for expanding family involvement in decision making at the CDSA and statewide levels

Improvement activities include:

- Select a Family Outcomes Survey Instrument
- Determine most effective method(s) for survey distribution to maximize response rates and representativeness
- Create opportunities to engage parents in leadership activities
- Provide more detailed data to local programs, CDSAs, on the results of family outcomes and other methods of feedback from families

Sampling of available resources: CDSAs; Parents - four parents are on the FE Team who currently have enrolled infants and toddlers in the ITP or have a child who has aged out or have developmental delays; Federal TA Centers, such as Frank Porter Graham Child Development Institute and the ECTA Center; ECAC, Family Support Networks (FSN) of NC; N.C. Interagency Coordinating Council (ICC).

IMPLEMENTATION TEAMS FOCUSED ON PRACTICE CHANGE

- Evidence-Based Practice
- Global Outcomes Integration

Evidence-Based Practices Implementation Team

The Evidence-Based Practices (EBP) team assessed current EBPs used in N.C. and explored the potential development of additional resources. One of the EBPs that the team identified that warranted expansion is coaching, an adult learning strategy that builds a person’s capacity to improve existing abilities, develop new skills, and gain a deeper understanding of his or her abilities for use in current and future situations.

1. Improvement Strategy – *Identification of potential evidence-based practices for promoting social emotional development in young children and creation of plan to disseminate EBPs within a defined service delivery model that promotes social emotional development with equal access for children and families*

Type of Output/Outcome	Output / Outcome Description
Short-term output (system)	N.C. ITP develops a collaborative relationship with existing EBP programs in N.C. for addressing social-emotional health in young children to assist in the implementation of a statewide EI service delivery model.
Short-term outcome (practice)	N.C. ITP practitioners have improved understanding of social-emotional development for infants and toddlers and ways to promote healthy parent-child relationships.
Intermediate outcome (system)	N.C. ITP has an infrastructure and format for ongoing statewide training and coaching in social-emotional development using EBP.
Intermediate outcome (practice)	N.C. ITP practitioners implement with fidelity relationship-based practices to improve social-emotional development for infants and toddlers.
Long-term outcome (system)	N.C. ITP Branch is able to demonstrate effectiveness of the established system for training and coaching of staff in use of EBP.
Long-term outcome (practice)	N.C. ITP is able to demonstrate effectiveness of practices used to promote social-emotional development for enrolled children.
Long-term output (families)	N.C. ITP families receive coaching in relationship-based strategies for promoting their child’s social-emotional development.

Improvement activities include:

- Identify EBPs that will be implemented based on need, fit, evidence, resources, readiness, and capacity
- Develop communication protocols for sharing information and decisions
- Develop implementation teams and criteria for selecting sites
- Develop tools to measure implementation with fidelity

Global Outcomes Integration Implementation Team

This team will work with the six pilot CDSAs to ensure that:

- global child outcomes are integrated into Individualized Family Service Plans (IFSPs)
- the IFSP team discusses global child outcomes with parents
- parents are working with local program (CDSA) staff and service providers to complete the child outcomes ratings.

1. Improvement strategy - *Continued expansion of child outcomes integration project /Disseminate child outcomes data at the CDSA level*

Type of Output / Outcome	Output / Outcome Description
Short-term output	Develop integration implementation plan

Short-term output	Develop staff, provider and family training with training materials
Intermediate outcome	Staff will be more knowledgeable about child outcomes integration into the IFSP
Intermediate outcome	Parents will be more knowledgeable about global child outcomes
Long-term outcome	The majority of IFSPs will include global child outcomes in the IFSP
Long-term outcome	Parents are more likely to report being able to effectively communicate their children's needs
Long-term outcome	Parents are more likely to report being able to help their children develop and learn.

Improvement activities include:

- Global child outcomes integration framework and implementation plan
- Communications with CDSA staff, families, EI service providers, and community partners regarding the integration of global child outcomes into the IFSP process
- Readiness self-assessment and staff preparation
- Global outcomes implementation process supports (training, TA, and consultation)
- Child outcomes data reliability and use
- Ongoing child assessment

EVALUATION

Evaluation helps determine if the planned improvement activities will achieve the intended outputs and outcomes. The evaluation structure of the SSIP Evaluation Plan is multi-leveled and provides the opportunity for review and input from multiple staff and stakeholders. The state will employ a three-level evaluation design as outlined below.

Group	Role	How often?
Evaluation Team	- Prepares data reports - Disseminates data reports - Presents evaluation data to teams and broad stakeholder group	- Meets bi-monthly - Prepares reports quarterly and as needed
Implementation Teams	- Review data reports - Discuss findings - Makes recommendations for additional data collection/analysis	- Meets monthly - Reviews evaluation data quarterly and as needed
Broad Stakeholder Group	- Reviews recommendations - Approves findings - Makes recommendations for program changes based on evaluation data	- Meets bi-annually - Reviews evaluation data bi-annually and as needed

The ultimate goal of the evaluation plan is to determine if the improvement activities and action plans achieve the intended impact, which is change to the infrastructure and program practices to improve child social-emotional outcomes (including social relationships).