STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) PHASE III

North Carolina

April 3, 2017

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Introduction

North Carolina's State Systemic Improvement Plan (SSIP) focuses on improving the social-emotional outcomes of infants and toddlers ages birth to three with developmental disabilities or delays and their families, who are enrolled in the North Carolina Infant-Toddler Program (N.C. ITP). The N.C. ITP incorporates herein the Phase I and Phase II SSIP reports that were submitted, respectively, on April 1, 2015, and April 1, 2016. Both reports can be accessed on the N.C. ITP website (www.beearly.nc.gov). This submission uses the Results Driven Accountability Organizational Outline for State Systemic Improvement Plan (SSIP) Phase III.

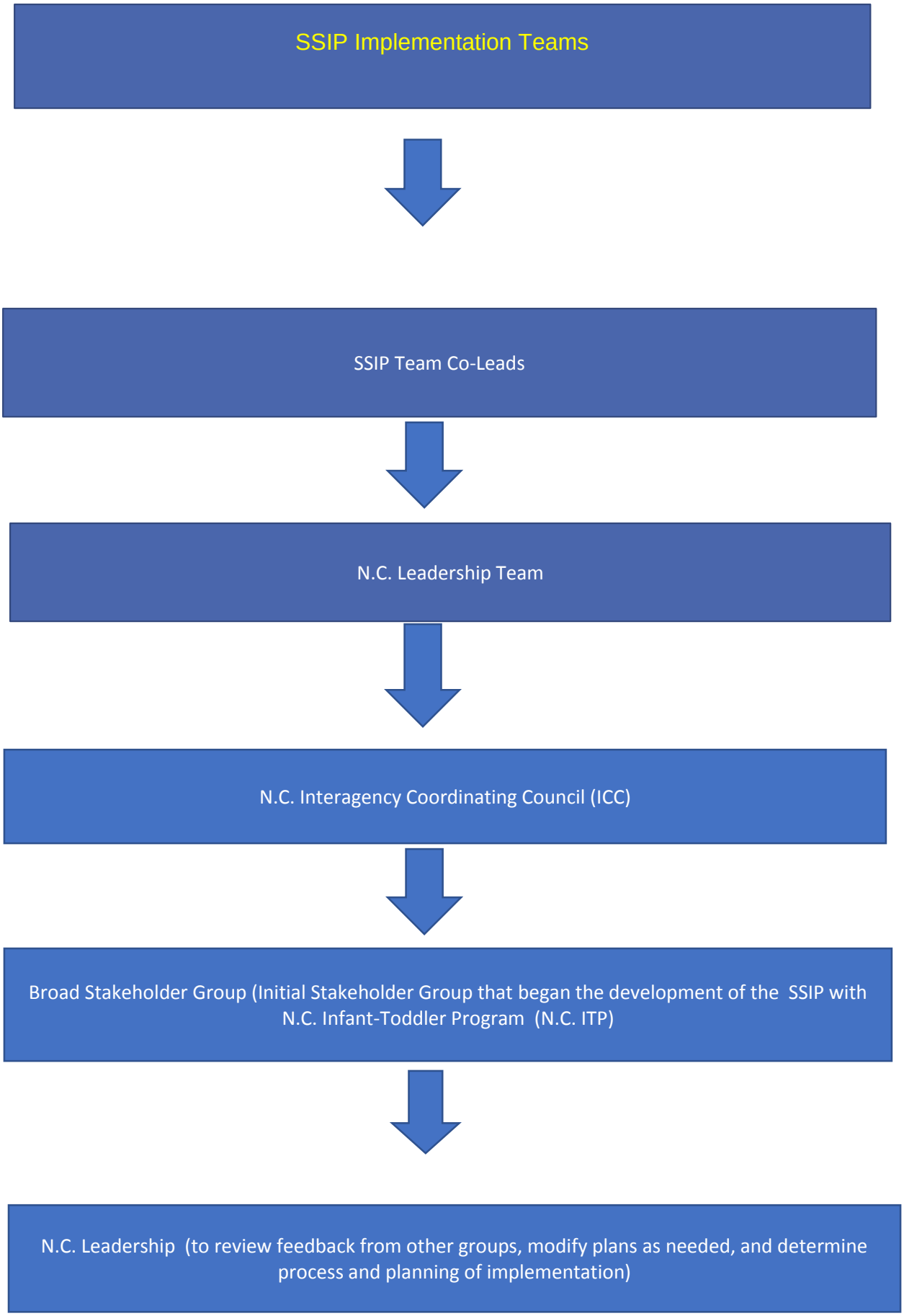
As a reminder, the State-identified Measurable Result (SiMR) is as follows: *North Carolina will increase the percentage of children who demonstrate progress in positive social-emotional skills (including social relationships) while receiving early intervention (EI) services*. The SiMR revolves around Indicator 3A, Summary Statement 1, which looks at the following measure: "Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program." Outcome A measures the *percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (including social relationships).* A discussion of how and why this SiMR was chosen, as well as how the improvement activities were selected, can be found in the Phase I and II submissions.

North Carolina has met several milestones and made significant progress in planning for implementation. Each team met with its diverse stakeholder members at least monthly to develop and plan activities. As each team completed planning and developed recommendations for moving forward, team co-leads presented and obtained feedback first from the other teams, then a process was developed to ensure feedback was obtained from various stakeholders. The State Leadership Team (consisting of Early Intervention Branch staff and directors of the Children's Developmental Services Agencies) developed a Feedback Process Flow Chart, through which all recommendations from SSIP Teams are vetted to obtain stakeholder review and recommendations. The Feedback Process Flow Chart begins with the SSIP Team,

then moves to the SSIP Team Leads, to the State Leadership Team, to the Interagency Coordinating Council (ICC), to the Broad Stakeholder group and last, back to the State Leadership to develop processes and steps for implementation.

The Feedback Process Flow Chart is on the following page.

Table 1: Feedback Process



All SSIP Team leads have been actively involved in cross-state collaborative learning communities and have sought out technical assistance from several local and federally supported Technical Assistance centers (TA Centers), including but not limited to: the Early Childhood Technical Assistance Center (ECTA Center); the Center for IDEA Early Childhood Data Systems (DaSy); and the National Center for Systemic Improvement (NCSI). Additionally, N.C. is involved in several cohort groups and activities both within N.C. and nationally that align with the State's SSIP and provide opportunities to leverage and align with other programs. Some of these additional activities include participation in:

- Cross-state Part C-Part B/619 data-linking cohort (DaSy/ECTA);
- Fiscal TA cohort (Infant Toddler Coordinators Association (ITCA) and DaSy);
- Infant mental health policy academy and intensive TA (Zero to Three);
- Workforce development taskforce (N.C. Infant Mental Health Association);
- Collaboration with N.C. Office of Early Learning (N.C. OEL) and N.C. Division of Child Development and Early Education (DCDEE) related to the Child Care Development Fund (CCDF); and
- Pathways to Reading on Grade-Level by Grade Three, a non-governmental initiative led by the N.C. Early Childhood Foundation.

A. Summary of Phase III

1. Theory of action or logic model for the SSIP, including the SiMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

A.1. Theory of action or logic model for the SSIP, including the SiMR

North Carolina has revised its Theory of Action (ToA) to align with the structure North Carolina has been using to address the SSIP and implementation. For Phase I and Phase II, activities were discussed based on the following five (5) strands of action:

1. Provider network
2. Professional Development and standards
3. State Planning and Dissemination
4. Family Involvement
5. Practice Standards

North Carolina's approach to the SSIP involves implementation teams led by N.C. Early Intervention Branch (EIB) staff who co-lead the teams and develop the activities with team members that were identified for each improvement strategy. During the last two years, the activities have been moved forward based on five (5) implementation teams that have evolved to be defined by the primary work each team is responsible for completing. As such, the strands (and teams) are as follows:

- Infrastructure Team
- Professional Development Team (PD Team)
- Evidence-Based Practices Team (EBP Team)
- Family Engagement Team (FE Team)
- Global Outcomes Integration Team (GO Team).

The teams are referred to this way, internally and across the State, so it was both logical and practical to revise the ToA formally to reflect how N.C. is actually approaching the SSIP. The revised ToA is below (on the next page).

NORTH CAROLINA INFANT TODDLER PROGRAM (THEORY OF ACTION)

Strands of Action	If N.C. ITP . . .	Then. . .	Then. . .	THEN . . .
INFRASTRUCTURE	develops a statewide provider network structure with a system of accountability, incentives and sanctions that promote evidence-based practices, and fortifies the state system for planning and dissemination,	N.C. ITP will be able to ensure that EBPs are being used with fidelity (where applicable); local programs will have greater access to IFSP services; the state will be able to better	providers and CDSA staff will be more knowledgeable of S/E best practices and EBPs, families will be more informed about S/E practices that can impact development, evaluation/assessment of S/E development will be consistently applied at the local level, providers and local programs will use evidence-based practices, particularly around social-emotional development, N.C. ITP and CDSAs will have quality data on the impact of the N.C. ITP on family outcomes, parents will be more likely to report being able to effectively communicate their children's needs, parents will be more likely to report being able to help their children develop and learn,	**N.C. will increase the percentage of children who demonstrate progress in positive social- emotional skills (including social relationships) while receiving N.C. ITP services**
PROFESSIONAL DEVELOPMENT	expands the current professional development system by creating a standardized system of personnel development that increases opportunities for professional growth and knowledge around S/E practices, including consistent standards for evaluation and assessment,	CDSA staff and network providers will have greater access to a consistent set of training and professional development resources; standards in N.C. for		
EVIDENCE-BASED PRACTICES	creates a system to identify and implement the most effective early childhood EBPs targeting S/E development of children with disabilities,	providers and local programs will have access to clearly defined evidence-based practices to use with children and families to promote social-emotional development,		
FAMILY ENGAGEMENT	implements a Family Outcomes Measurement System (FOMS) that collected information that is representative of all N.C. families;	data collected from families will more accurately represent the children and families served in the N.C. ITP,		
GLOBAL OUTCOMES	expands the integrated global outcomes (GO) process; disseminates GO data at the CDSA level,	parents will better understand their child's functioning related to same age peers, including social/emotional functioning; GO summary ratings, otherwise known as COS ratings, will more reliably represent the children served in the N.C. ITP; CDSAs will use data to enhance and sustain program improvements		

Revised March 2017

For reference, the original ToA is in the Appendix. The strategies, activities and evaluation processes remain the same, although some activities have been shifted to a different strand of action without changing any of the intended outputs or outcomes. The one relatively significant change, is that Global Outcomes Integration is a strand of its own, rather than within the Family Engagement strand. The GO and FE Teams have together, devoted time to coordinate activities to integrate the family outcomes survey into established processes of on-going assessments and Individualized Family Service Plan (IFSP) semi-annual reviews to facilitate a more natural and minimally burdensome way of engaging families and obtaining their input and feedback on how the program has supported them, while also facilitating an informal assessment of child global outcomes through observation, discussion and the IFSP process. The GO process differs from the other activities in the SSIP in that it is an expansion of a pilot that was previously implemented and evaluated. The pilot was conducted between November 2013 and June 2015 in two (2) (Greenville and New Bern) Children's Developmental Services Agency (CDSAs) out of N.C.'s sixteen (16) local lead agencies (e.g., CDSAs). On this basis as well, it made sense to pull GO Integration out of the Family Engagement strand, since unlike the other activities, the associated processes for Global Outcomes Integration exist and can be rolled out sooner than some of the strategies in the other strands.

A.2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies

Each of the implementation teams focused on its identified improvement strategies. Generally, short term outputs were completed, although many of the outputs consisted of developing plans, which will require further detail and refinement as a next step. Specific strategies addressed include:

- Centralizing provider network/revising provider agreements
- Creating an Early Intervention (EI) service delivery model of clearly defined practice standards for equal access for children and families
- Exploring Telehealth (Teleintervention) feasibility and processes (if feasible)

- Expanding professional development opportunities and standards
- Overhauling family outcomes measurement process
- Identifying potential evidence-based practices for promoting social-emotional development in young children and creating a plan to disseminate EBPs within a defined service delivery model that promotes social-emotional development with equal access for children and families

The Infrastructure Team identified a way to consolidate relevant information for each community provider into a single resource, so that each CDSA will not have to collect duplicative information from providers who work with more than one CDSA. Plans for access to this resource are still being developed.

The Professional Development Team (PD Team) completed plans for each of the short-term outputs it was assigned. They began by using the ECTA System Framework Self-Assessment Tool (ECTA Tool). The following subparts from the ECTA Tool were completed and used as a starting point for enhancing the N.C. ITP's comprehensive system of personnel development (CSPD): "Leadership, Coordination, and Sustainability; State Personnel Standards; Preservice Personnel Development; In-service Personnel Development; Recruitment and Retention; and Evaluation." Use of this tool helped the team identify priorities and narrow its focus to the most critical State needs. One of the outputs from this was the development of a vision, mission, and purpose for the State's CSPD. The vision, mission, and purpose of the CSPD are as follows:

Vision: C*ross-sector stakeholders will work together to build staff knowledge, family capacity, and every child's potential*.

Mission: *The N.C. ITP's CSPD will support the on-going professional development of qualified personnel in the early intervention system to ensure knowledge and proficiency in the use of evidence-based practices that promote optimal educational outcomes for all enrolled children and their families*.

Purpose: To *enhance staff knowledge, proficiency, and performance while ensuring high standards of service delivery*.

These align with the State's ToA, in that the CSPD will consist of clear practice standards to facilitate collaborative interactions between families and community service providers, which in turn, should result in maximum impact on social-emotional development. Also, certification standards have been reassessed along with the providers' agreement, which will require community providers to attend or participate through webinars or other training vehicles the same professional development activities that staff from the Children's Developmental Services Agencies (CDSAs) complete. This will facilitate consistent training on evidence-based practices and coaching interaction strategies to promote and encourage family engagement. Specific content will also be developed to support knowledge and competencies. These combined trainings and professional development will ensure that messaging to families will be consistent, which in turn, should result in a more significant impact on building family confidence and competence, as well as supporting improved children's social-emotional development.

The Evidence-Based Practices Team (EBP Team) evaluated other North Carolina early childhood programs' use of evidence-based practices, as well as those used by other States. A comprehensive assessment was completed that resulted in a recommendation of using coaching interaction styles, Natural Learning Environment Practices (NLEP), and the pyramid model developed by the Center for Social-Emotional Foundations for Early Learning (CSEFEL) as foundational reference points to implement evidence-based practices with infants, toddlers, and families enrolled in the N.C. ITP.

The Family Engagement Team (FE Team) developed a system for improved data sharing and better use of family survey results for program improvement, as well as completed an assessment of the survey the N.C. ITP currently uses. The FE Team recommended a change in survey and a more varied method for its administration. A decision has been made to switch from the National Center for Special Education Accountability Monitoring (NCSEAM) survey to the Family Outcomes Survey-Revised

(FOS-R), developed by the Early Childhood Outcomes Center (ECO). As will be explained in more detail, the new survey will be integrated with on-going global outcomes assessment and semi-annual reviews of Individualized Family Service Plans. (IFSPs).

The Global Outcomes integration process is an expansion of a pilot that was previously implemented. The Global Outcomes Integration Team (GO Team) reviewed and revised tools to support this process and is finalizing a new IFSP form along with supporting resources and materials that will lead to improved functional goals that focus on outcomes, rather than specific skills.

A.3. The specific evidence-based practices that have been implemented to date

Each of the SSIP Implementation Teams recognized and simultaneously recommended core strategies that were important for practice change, regardless of what model for early intervention services is chosen. The core strategies that each team independently determined were crucial to a successful program are NLEP and coaching interaction styles. For some families in N.C., this will entail a shift in how they think of early intervention. Many families believe they do not need to be present when service providers come to their homes to work with their children. Although most families are very much involved, there are some who view a service provider as their opportunity to do other things. The N.C. ITP feels strongly that for early intervention to be effective, it must actively involve families/caretakers to effectively build family competence and confidence in their own abilities to promote their children's development. Coaching strategies and NLEP promote these outcomes and support the N.C. ITP's philosophy that services are family led and family-centered.

Training on these practices began between two and five years ago for some of the CDSAs. For example, the Charlotte-Mecklenburg (Mecklenburg) CDSA began using these practices five years ago and has developed a cadre of master coaches and a couple of fidelity coaches who work with master coaches on honing their skills with

those whom they coach. Mecklenburg is helping other CDSAs that are just learning these practices by allowing staff from other CDSAs to shadow Mecklenburg staff and observe these practices in action at home visits. Also, the director of the Mecklenburg CDSA has shared strategies she has used to inform and train her staff, as well as how she informed and engaged community providers.

Three (3) other CDSAs (Shelby, Greenville, and Sandhills) participated in NLEP and coaching interaction styles training in April 2016. These CDSAs have not implemented these strategies fully or as consistently as Mecklenburg has, so for them, some aspects of the training will be more of a refresher or booster training, whereas for others it will seem like a training in new practices.

Recently, three (3) CDSAs have had NLEP and coaching styles of interaction (coaching) training from Drs. M'Lisa Shelden and Dathan Rush (Rush and Shelden), who are working with the N.C. EIB to provide statewide training and support in these practices. The three CDSAs that have completed training are Cape Fear, Western North Carolina (WNC), and Sandhills. Additionally, the Morganton/Hickory CDSA received a truncated training, as it is involved in a pilot to test a model of service delivery. However, this CDSA is scheduled for the full two days of training later on this calendar year (2017). In addition to the CDSAs, community providers have been invited to attend with CDSAs they serve, as space permits. Also, staff from the Early Learning Sensory Support (ELSS) program, which provides special instruction for children who are deaf/hard of hearing and blind/visually impaired, have been included in training. The ELSS program's provision of special instruction for these children and families is the product of an agreement between the two agencies (DPH and the Division of Child Development and Early Education (DCDEE)) to provide teachers who specialize in sensory support areas (hearing/vision) to the N.C. ITP. The remaining CDSAs have been scheduled and will attend the two-day training with Rush and Shelden between April 2017 and January 2018, beginning with the CDSA of the Blue Ridge and additional staff from WNC. Following each two-day training, an additional day of master coach training is also being provided to ensure that there is support for newly trained staff.

Master coaches are all assigned fidelity coaches, and regular meetings that are more like reflective supervision are scheduled between the master coach and his/her assigned fidelity coach. Coaching logs serve as the basis of the reflective supervision sessions (coaching meetings). This will help to ensure sustainability as capacity is built across the State.

A.4. Brief overview of the year's evaluation activities, measures, and outcomes

The Phase II SSIP sets out the following aligned evaluation framework for assessing short-term and long-term outputs and outcomes:

Improvement Strategy – *Centralize provider network/Revise provider agreement*

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Revision of provider agreements to most effectively provide a system of accountability and incentives	Revised provider agreements completed and implemented	Revised provider agreements approved by CDSAs and Stakeholders	Begin: February 2016 Completion: February 2017
Revision and standardization of Interpreter agreement	Revised interpreter agreement completed and implemented	Revised interpreter agreement approved by CDSAs and Stakeholders	Begin: February 2016 Completion: February 2017
Collect and organize all N.C. ITP provider information into a single resource (database, etc.)	Resource created (database, spreadsheet, etc.) and in use	Resource populated with information and usable (to be defined later)	Begin: February 2016 Completion: July 2017

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)

Intermediate Outcome	Providers will be more knowledgeable about accountability and incentives when working with N.C. ITP families	Did the state draft new provider agreements and interpreter agreements? Did the state train providers on new agreements? Do providers understand the new agreements, including accountability and incentives?	Revised provider agreement completed Revised interpreter agreement completed 50% of providers are trained at 3 months 95% of providers trained within 1 year >90% of providers report understanding at 1 year post implementation of new agreements	Agreements (Provider and Interpreter) Documentation of provider signed attestation Provider survey collected every six months for first year	February 2017 Reviewed at 3 months and 1 year post implementation Beginning after trainings completed
Intermediate Outcome	Provider practices will be better understood and will provide the N.C. ITP with the ability to ensure that appropriate EBPs are being used, and fidelity is being met	Did the state collect and organize all provider info into a single Resource (database, spreadsheet, website, etc.)? Can local programs access information on provider practices?	100% of providers are included in the Resource 75% of providers have included information in the Resource on the practices used 100% of local programs have access to the Resource	Reports using developed Resource	July 2017
Long term Outcome	Local programs will have greater access to IFSP services for children with disabilities	Do local programs have greater access to providers after creation of the Provider Resource?	75% of CDSAs report improved provider access after Resource is created and implemented	Pre-post survey of local programs	After implementation of Provider Resource

Improvement Strategy – *Create a system for implementation/dissemination of Evidence Based Practices (EBPs)*

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Review of personnel structure of N.C. ITP to determine resources available	The number of FTEs available for supporting infrastructure changes are known	Personnel Budget completed and approved	Begin: February 2016 Completion: July 2016
Develop an updated list of best practices for dissemination of information at the direct service level	Report of collection of best practices compiled from states and local programs	Summary Document completed and approved	Begin: February 2016 Completion: December 2016
Creation of a system (including information dissemination) which outlines steps and processes for training local program staff and providers	Completed instruction guides/modules are being utilized	Tools/Guides /Modules completed Count of utilization of Tools/Guides/Modules	Begin: August 2017 Completion: December 2019

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Short term Outcome	N.C. ITP staff roles will be more flexible to support recent changes to the state system	Did the state office review the current personnel structure and budget? Is there budget flexibility to allow for new hires to support EBP implementation/ dissemination?	100% of staff roles reviewed	Completed checklist Five-year budget projection Creation of a list of vacant positions	June 2016
Long term Outcome	Provider and CDSA staff will have greater access to best practices and EBPs	Did the state review dissemination best practices from local, state, and federal programs? Did the state develop a system for distribution/ dissemination of EBPs? Were providers and CDSA staff informed/trained on new system?	100% of CDSA staff have been trained on new dissemination best practices within 1 year >75% of providers have been trained on dissemination practices within 1 year	List of evidence-based practices Manual disseminated to all CDSAs Records of group correspondence (letters, email) with providers and local programs Training attendance logs EBPs incorporated into provider agreements	Begin: August 2017 Completion: December 2019

Improvement Strategy – *Explore Telehealth feasibility and processes*

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Short-term Outcome	CDSAs and providers will implement telehealth technology with fidelity	Were CDSAs and Providers needs for telehealth measured? Were providers and CDSAs trained on telehealth technology?	100% of CDSAs respond to needs survey 25% of providers respond to needs survey 100% of participating staff at pilot CDSAs trained on use of telehealth technology 100% of participating providers trained on use of telehealth technology	Needs survey sent to providers and CDSA leadership Implementation checklist (to be developed) Training logs collected at provider and CDSA trainings	Begin: July 2016 Completion: January 2017
Intermediate Outcome	CDSAs and providers will demonstrate the ability to utilize telehealth technology effectively	Were services delivered via telehealth technology?	At least one service (billable or unbillable) provided via telehealth technology at participating CDSAs	Billing notes	Begin: April 2017
Long term Outcome	Increase access to service providers in rural areas of NC	Do CDSAs have increased access to service providers as a result of telehealth implementation?	100% of participating CDSAs will report having increased access to providers	Pre-post survey of participating CDSA staff	Measured before and after implementation of telehealth

The outcomes noted above are aligned to the ToA and were in the Phase II report. Most of the intermediate and long-term outcomes have not yet been realized, however, many of the short-term outcomes either have been accomplished or will be accomplished within the next three (3) to five (5) months, inclusive of stakeholder review and input.

- Provider agreement: The provider agreement has been revised to ensure accountability. Final drafts are in process and will be brought to the full leadership team for review and feedback. Following incorporation of recommended revisions, the revised provider agreement will be taken to stakeholders for review and feedback. (See page 5 for Feedback Process Flow Chart). Once the agreement is finalized, training will be developed and provided to CDSAs so that the CDSA can ensure providers understand the new agreement and its accountability measures.

  Incentives to encourage providers to accept families for services that lived in remote areas were put into effect in the most recent provider agreement revision that began on July 1, 2016. Reimbursement for travel at State rates was offered for distances in excess of 50 miles, when requested in advance.

  Although some minor modifications to the agreement were made last year (such as opportunity to get mileage reimbursement), most changes did not address accountability.

- Interpreter agreement: The Interpreter agreement is also close to being final, but is still in draft. Revisions should be completed within the next 30 days that will incorporate recommendations from the guidance received from attorneys at the North Carolina Office of the Attorney General. Like the provider agreement, the interpreter agreement will need to be reviewed by the full leadership team and any recommended changes will need to be included before it goes to the remaining stakeholders for their review and recommendations, per the Feedback Process Flow Chart.

- Collect and organize N.C. ITP provider information into a single resource: The collection and organization of provider information into a single database has been completed. Different mechanisms and platforms currently are being explored to determine the best way to share this information so that all CDSAs will have access to it.
- Creation of a system for implementation /dissemination of EBPs: There has been an on-going assessment of available full-time equivalent (FTE) positions to support infrastructure changes and a shift in how positions that become vacant are allocated to ensure adequate staff resources remain available to support the CDSAs and that CDSAs have sufficient personnel to implement the N.C. ITP. The N.C. EIB has worked on strategic planning, with assistance from the Early Childhood Technical Assistance Center (ECTA Center), to maximize responsiveness and flexibility to assist CDSAs with issues, clarify policies and procedures, and work collaboratively to problem-solve. These systems are continuously assessed and adjusted to ensure there is adequate support and timely response to all questions and problems as they arise. Work on identifying specific EBPs and developing an effective system for information dissemination and training are activities that have not been addressed yet, but which will be started imminently and worked on over the course of this next year.
- Explore telehealth (teleintervention) feasibility and processes: Activities related to this improvement strategy are still in process. Technology, a provider, and a family have been identified to pilot this process to determine if it is feasible. Aspects of teleintervention that need to be developed include: how to reimburse providers when there are two professionals involved in the provision of a single service at the same time, although serving in different roles, and whether connectivity will be available in remote areas of the State where the necessary infrastructure (e.g., cable, fiber optics, cell towers, etc.) is weak or nonexistent. Also, family perspective on the service delivered in this manner will need to be assessed.

Improvement Strategy: *Expand Professional Development Opportunities and Standards*

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Create a plan to align N.C. ITP certification process with best practices and national standards	Report of collection of best practices compiled from states and local programs	Report completed and approved	Begin: February 2016 Completion: February 2017
Create a plan to centralize the N.C. ITP certification training and standards process	Report of collection of best practices compiled from states and local programs	Report completed and approved	Begin: February 2016 Completion: February 2017
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	Modified plan for standards/ practices completed	Plan completed and approved	Begin: February 2016 Completion: July 2017
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	Multi-year plan is developed CSPD Leadership team identified CSPD Evaluation Plan developed	Checklist of activities	Begin: February 2017 Completion: January 2018
Build a state-wide training network to implement (with fidelity) and to support N.C. ITP's certification process and to disseminate professional standards	Training plan completed Training plan implemented Network collaborative meetings begin	Training modules and tools Attendance checklists Network meeting attendance logs	Begin: July 2017 Completion: June 2018

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Intermediate Outcome	CDSA staff, network providers, and families will have increased access to training and professional development resources (Intermediate Outcome in N.C. Theory of Action	Do staff, providers and families have increased access to ITP training and professional development resources?	100% of staff surveyed will report increased access 50% of providers will report increased access 50% of families will report increased access	Surveys of staff, providers, and families before and after implementation of PD system	Begin: July 2017 Completion: June 2018
Long term Outcome	Standards in the state for evaluation and assessment of S/E development will be more consistent	Are CDSAs more consistent with assessing and evaluating S/E development?	The majority of CDSAs are utilizing similar practices (>50%)	Practice survey post implementation (pre survey conducted in Phase I with pilot CDSAs)	June 2018
Long term Outcome	Families will be more informed about S/E practices that can impact development	Are families better able to help their children develop and learn?	Improvement in APR Indicator 4c over time (year to year)	State Data System	Beginning in February 2017

- <u>Expansion of PD Opportunities and Standards</u>: The certification standards and processes have been reviewed, and a plan has been developed to align certification with best practices and national standards. Similarly, the PD Team has developed: a plan to centralize the N.C. ITP certification training and standards; a set of

standards/practices for training and technical assistance of staff, providers (as appropriate), and families (as appropriate) for implementation of EBPs with a particular focus on social-emotional development; and a plan for a set of standards/practices for training and using evaluation and assessment tools for staff and providers, with a specific focus on social-emotional development. These plans have not been brought to stakeholders for review and feedback yet, although it is anticipated that they will be ready for this next step within the next three (3) to six (6) months. The PD Team has started to develop details for the standards, as well as suggested supports and strategies to ensure staff attain the revised certification standards and program-based competencies.

- **Improvement Strategy –** *Creation of an EI service delivery model of clearly defined practice standards for promoting social-emotional development with equal access for children and families*

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
EI Branch develops a collaborative relationship with existing EBP programs in N.C.	Collaborative meetings occur regularly	Meeting minutes Attendance logs	Begin 2016 Ongoing
EI Branch has an infrastructure and format for ongoing statewide training and coaching in social-emotional development using EBP	Personnel are identified and trained on chosen EBP EBP Trainings developed and delivered	Implementation team minutes Training materials Training logs Attendance logs	Begin: May 2016 Completion: April 2018
EI Branch is able to demonstrate effectiveness of the established system for training and coaching of staff in use of EBP	High attendance at training sessions (>90% capacity) High satisfaction (>75%) with trainings and knowledge received	Attendance logs Knowledge pre/post tests Satisfaction surveys after implementation	Unknown (contingent on earlier step being completed)

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Intermediate Outcome	EI practitioners have improved understanding of social-emotional development for infants and toddlers and ways to promote healthy parent-child relationships	Do practitioners have improved understanding of S/E development? Do practitioners have additional ways to promote health parent-child relationships?	75% of trained practitioners will report improved understanding of S/E development? 75% of trained practitioners will report knowing additional ways of promoting healthy relationships	Provider survey administered pre-post implementation	Pre-survey in Summer 2016
Long term Outcome	EI practitioners implement, with fidelity, relationship-based practices to improve social-emotional development for infants and toddlers	Were practitioners trained on chosen EBPs with fidelity?	100% of relevant CDSA staff trained on chosen EBPs 100% of interested providers trained on chosen EBPs	Training logs Attendance records	Summary of findings after initial round of trainings are completed
Long term Outcome	EI families receive coaching in relationship-based strategies for promoting their child's social-emotional development	Did families receive coaching training?	75% of interested families will receive coaching instruction	Training logs Attendance records	Beginning in July 2017 Ongoing yearly
Long term Outcome	EI Branch is able to demonstrate effectiveness of practices used to promote social-emotional development for enrolled children	Did the State achieve the SiMR goal?	APR Indicator 11 Data Table	Child Outcomes Data from State Data System	Yearly at APR submission beginning in February 2017

- Creation of an EI service delivery model of clearly defined practice standards for promoting social-emotional development with equal access for children and families: The N.C. ITP is fortunate to have numerous collaborative partners within the Department of Health and Human Services (e.g. Division of Medical Services), the Division of Public Health's (DPH) Women's and Children's Health Section (WCH), the Department of Public Instruction (DPI), the Office of Early Learning (OEL), the Division of Childcare Development and Early Education (DCDEE), and Head Start. Several of these programs are focused on social-emotional development, so identifying, collaborating, and leveraging opportunities from other early childhood programs has become routine for the N.C. ITP. When evaluating EBPs to adopt, these collaborating partners were among the first that were reached out to, to determine if and how their initiatives could be coordinated or used for the N.C. ITP. The EBP Team reviewed many practices/models that will be discussed further below. The recommended foundational model for social-emotional development is the CSEFEL model, used by N.C. Pre-K, which is under DCDEE. The 619 Coordinator has worked with the Frank Porter Graham Center (FPG) to develop training modules that are publicly available at no cost. Although this recommendation still needs to go to stakeholders for review and feedback per the Feedback Process Flow Chart, it is expected that this will occur within the next three (3) to six (6) months so that further development of EI specific training can proceed.

Improvement Strategy – *Overhaul Family Outcomes Measurement Process*

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Selection of a Family Outcomes survey instrument	All potential surveys reviewed New survey selected, approved and being used by CDSAs	Summary of all potential surveys to use Approved survey Survey results	Begin: February 2016 Completion: December 2016
Selection of best practice for survey distribution and collection method(s)	All best practices for distribution reviewed Approved survey distribution method being implemented	Summary of distribution best practices Written survey distribution instructions	Begin: February 2016 Completion: July 2017
Increase in family outcomes survey response rate	Increased in new survey response rate	Response rate percentage as determined by returned vs. distributed surveys	Measured at APR every year beginning in 2017
Increase in the number of parents who engage in parent leadership activities	Pool of parent leaders created and meeting	List of potential participants Meeting minutes Attendance logs	Beginning in June 2017 and measured yearly
Creation of a comprehensive and representative family outcomes measurement system that captures families' satisfaction with and progress made in the N.C. ITP	High (>90%) reported satisfaction in parental involvement in the survey process	Satisfaction survey	Survey implemented in 2017 and conducted annually

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Short term Outcome	Data collected from families will more accurately represent the children and families served by the N.C. ITP	Are the family outcomes survey data more representative after survey changes?	Family survey response rate ≥ 50% Demographics of responders will not differ statistically from non-responders	Returned family surveys Demographics from State Data System Pre-post comparison of representativeness	Begin: Family Outcomes Survey Measurement in 2017
Intermediate Outcome	N.C ITP will have better quality data on impact of Early Intervention on Family Outcomes	Did the family outcomes survey response rate increase?	Family response rate increases at least 75% after initiation of new survey/process	Returned family surveys	Begin: Family Outcomes Survey Measurement in 2017
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	Are families more likely to report that they know their rights, effectively communicate their children's needs, and help their children develop and learn?	10% increase in all three family outcomes	APR Data for Indicator 4A, 4B, and 4C over time	Beginning in 2017 family outcomes survey

- Overhaul Family Outcomes Measurement Process: As noted earlier, a new family outcomes survey has been selected, as have different methods for distribution and administration of the survey that will increase the likelihood of obtaining more responses from families. A pilot has been implemented with the new survey and methods of distribution for which data are currently being collected. Initial feedback from CDSAs shows that families are more willing to complete the survey, so if this continues to hold true, the response rate will increase and the data will be more representative of the population served by the N.C. ITP. Additionally, a system for increasing data access and use for program improvement has been developed and will be reviewed by stakeholders and once finalized, the N.C. ITP will begin planning for implementation.

- **Improvement Strategy –** *Continued expansion of Global Outcomes integration pilot/Disseminate child outcomes data at the CDSA level*

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Develop integration implementation plan.	Integration implementation plan completed	Implementation plan	Begin: April 2016 Completion: June 2017
Develop staff, provider and family training with training materials.	Training plans completed Training materials completed and pilot tested	Training plans Training materials	Begin: April 2016 Completion: June 2017

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Intermediate Outcome	Staff will be more knowledgeable about child outcomes integration into the IFSP	Did staff increase knowledge about child outcomes integration into the IFSP?	75% of participating staff will report increased knowledge	Staff survey pre and post implementation	First survey will be administered in July 2016. Follow-up survey in July 2017
Intermediate Outcome	Parents will be more knowledgeable about child outcomes ratings	Did parents increase knowledge about child outcomes integration into the IFSP?	100% of participating families will report increased knowledge	Parent survey pre and post implementation	First survey will be administered in July 2016. Follow-up survey in July 2017
Long term Outcome	The majority of IFSPs will include child outcomes in the IFSP	Do the majority of IFSPs at pilot sites include child outcomes?	>50% of IFSPs contain child outcomes ratings	Manual Review of IFSPs	2018

Long term Outcome	Parents are more likely to report being able to ***Effectively communicate their children's needs*; and**	Are parents more likely to report being able to effectively communicate their children's needs?	10% increase in 4B	APR Indicator 4B pre and post child outcomes integration	Beginning in February 2017
Outcome	Parents are more likely to report being able to ***Help their children develop and learn.***	Are parents more likely to report being able to help their children develop and learn?	10% increase in 4C	APR Indicator 4C pre and post child outcomes integration	Beginning in February 2017

- <u>Continued expansion of Global Outcomes integration pilot/Disseminate child outcomes data at the CDSA level</u>: An integrated implementation plan and adoption of resource materials that the GO Team designed, adapted, or selected to support the Global Outcomes process was completed. The implementation plan addresses: assessment of staff readiness, personnel training, information dissemination, ongoing child assessment, and program evaluation activities. A process to integrate the family outcomes survey with on-going assessments relative to the Global Outcomes Integration process was developed collaboratively by the GO and FE Teams. This will help with survey completion and family participation during on-going child assessments of functional progress, which will simultaneously take place during home visits while conducting children's semi-annual IFSP review meetings.

  While developing these materials, it was recognized that certain trainings would be needed for the integration process to be successful. For example, one of the goals for integrating child outcomes into the IFSP requires including families in the data collection and measurement process of global child outcomes. For this to occur, staff will need to be trained on strategies for interacting with families and caregivers using a coaching interaction style. Additionally, this manner of interaction with families is supported best with the use of reflective supervision by

CDSA supervisory staff. As such, these styles of interaction were identified as critical pre-requisites that staff must learn before they can be expected to effectively facilitate and engage families in the crucial conversations that are foundational to the outcomes integration process. The following trainings also have been identified as essential for successful implementation of the integration process:

- new and/or refresher training on typical and atypical child development;
- use of functional information for assessment, reporting, planning, and developing IFSP outcomes;
- use of facilitation skills for effective IFSP meetings; and
- use of age-anchored assessment tools for the ongoing monitoring of a child's development and progress.

Training staff on these competencies will be needed, either before delving into the actual integration process or as part of the training on the integration processes. The GO Team flagged these specific training topics as important foundations for service coordinators and early intervention service providers to ensure they understand and are able to fully and meaningfully engage families in the global outcomes integration process, educate parents about child development and child outcomes, facilitate parent participation in team discussions, and coach parents' use of effective, evidence-based strategies that are demonstrated, modeled, and supported by providers as an integral part of early intervention services.

A.5. Highlights of changes to implementation and improvement strategies

The most significant changes made to implementation and improvement strategies include the realignment of the ToA, as noted previously, and the Feedback Process Flow Chart to ensure various stakeholders have the opportunity to review and provide recommendations to the N.C. ITP. A small pilot has been added as an activity under the Infrastructure Team to further the process of identifying a service delivery model that can be implemented statewide and which will provide equity in terms of access to

services, regardless of where a family resides. The pilot is exploring the possibility of a Primary Service Provider (PSP) model and is taking place within two counties served by the Morganton/Hickory CDSA. Each Implementation Team has otherwise not changed the improvement strategies or activities that were initially identified. North Carolina realizes that changes or modifications may become necessary as the SSIP unfolds and will make those modifications when and as needed.

Each implementation team continues to coordinate strategies within and across teams to ensure that implementation does not burden or overwhelm CDSAs and their staff. As the teams have move towards implementation, it has become evident that cross-team collaboration is critical for both the SSIP Team co-leads and the CDSAs. Each team is considering the daily, programmatic demands on CDSAs and determining the best way to approach the systematic addition of new practices, trainings, and the need to build and sustain capacity, while also ensuring fidelity in the implementation of new practices along with the expectation that staff will need to learn and develop new sets of skills, knowledge and competencies.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress
    a. Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed
    b. Intended outputs that have been accomplished as a result of the implementation activities

B.1.a. Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed

INFRASTRUCTURE TEAM

The Infrastructure Team had three (3) improvement strategies: Centralize provider network/revise provider agreement; create an EI service delivery model of clearly defined practice standards for equal access for children and families; and explore telehealth (teleintervention) feasibility and processes (if feasible).

1. Centralize provider network/revise provider agreement.

Activity 1: Determine content of provider agreement which most effectively provides a system of accountability and incentives.

- Beginning in July 2016, the N.C. ITP implemented a new provider agreement that had a shorter term (one year term with one, one-year renewal) and provisions that were expected to strengthen compliance with requirements. These included, for example: submitting criminal background checks (rather than certifying that one was obtained); holding providers to work in the entire catchment area that was noted on the provider's application and agreement; and requiring that providers refer families to the CDSA, as appropriate, when a child is referred directly to that provider or when the provider observes a child (e.g., in a childcare setting) who is suspected of being potentially eligible for services with the N.C. ITP. Also, the agreements incorporated an incentive for providers to work with families in remote locations by permitting reimbursement for mileage at state rates when travel exceeded 50 miles. This set of changes were designed to be an initial step toward accountability and establishing incentives in locations where providers were hard to find.

- Sanctions were a bit difficult. Attempts to terminate providers for not complying with the agreements were met with hearing requests before the Office of Administrative Hearings (OAH), where the administrative law judges are known to see agencies in an unfavorable light. As a result, the N.C. Office of the Attorney General became involved and helped the Infrastructure Team to draft revisions to the provider agreement that will take effect on July 1, 2017. The

most significant change to the agreement is the removal of provisions of mutual obligations. Instead, the agreement consists of requirements for the provider.

- Training on the new provider agreement needs to be developed and implemented after the current drafts are finalized and reviewed by stakeholders through the established Feedback Process Flow Chart (Table 1). Additionally, procedures for reviewing provider applications for enrollment as a provider with the N.C. ITP need to be written so the agreement will be able to be enforced.

Timeline established: Start February 2016, complete September 2016. This activity began when expected, but it was not completed by September 2016. The first revisions were in place in July 2016, however, the recent revisions will be in effect July 1, 2017.

Activity 2: Determine content of interpreter provider network agreement.

- Revisions were made to the interpreter agreements to standardize expectations and clearly state interpreter responsibilities. These agreements also clearly state that there is no employee/employer relationship and clarifies boundaries, expectations for interpreting, and responsibilities of the interpreter. The agreement also provides detailed information for billing. Training on interpreter expectations, basic information about the N.C. ITP, and on the agreement itself is being developed. A webinar training was developed, however, feedback from CDSA directors and members of the Infrastructure Team required revisions. After the revisions are completed, it will be presented to the stakeholder groups identified in Table 1.

Timeline established: Start February 2016, complete September 2016. Revisions to the interpreter agreements began as planned in February 2016. This activity has taken longer than expected, however, it is anticipated that the new interpreter agreement can be implemented by September 2017.

Activity 3: Collect and organize all N.C. ITP provider information into a single resource (database, etc.)

- This activity has been completed, although there is currently no platform where the resource can be placed that will be accessible to all CDSAs. CDSA directors provided their local directories of providers, which were evaluated to determine common elements. These common elements became the core criteria, to which other elements were added if there were a sufficient number of other CDSAs that wanted the additional elements included. The resource has been developed and will be made available to all CDSAs in a shared workspace, such as Share Point, once one is made available through the Office of Information Technology (OIT).

Timeline established: Start February 2016, complete July 2017. This activity began on time and is expected to be completed (inclusive of a shared work space to which CDSAs have access) as anticipated, by July 2017.

Activity 4: Statewide implementation of revised, standardized provider agreements

- As noted above, it is anticipated that the new revised provider agreement will be implemented statewide starting on July 1, 2017. Training on procedures for reviewing applications for provider enrollment and training on the agreement itself will need to be developed (April to June 2017) and staff will need to be trained.

Timeline established: Start February 2017, complete August 2017. This timeline is expected to be met.

Activity 5: Dissemination and use of provider information resource

- As noted above, once there is a shared space (e.g., Share Point), all CDSAs will have access to the consolidated resource.

Timeline established: Start July 2017, complete June 2018. This timeline is realistic and it is anticipated that it will be met.

2. Create an EI service delivery model of clearly defined practice standards for equal access for children and families.

Activity 1: Review current structure and budget of N.C. Early Intervention Branch (EIB)

- The process of assessing the structure and budget of the N.C. EIB, as well as that of the N.C. ITP, generally, has been a continuous project for the Branch Head/Part C Coordinator. The impact of significant budget and staff cuts from 2014 have forced the need to shift resources and reconsider where and how to allocate positions and other support. Strategic planning took place, with facilitation and TA from ECTA, between September 2015 and February 2016. As a result of the strategic planning, staff roles and responsibilities were reassessed and modified to allow greater flexibility, more consistency, and more timely response to issues and concerns raised by the CDSAs.
- Budget allocation methods are being assessed through North Carolina's involvement in the Fiscal Cohort.
- Staff vacancies are being viewed as program vacancies, rather than location-specific. Thus, if a CDSA has a vacancy, it does not necessarily stay at that particular CDSA; rather it may be shifted to another CDSA that has a more urgent need.

Timeline established: Start February 2016, complete July 2016. This process began prior to February 2016; however, it is not finished yet. It is anticipated that it will be completed by March 2018.

Activity 2: Compile best practices for dissemination of information at the local level

- This specific activity has not been started yet.

Timeline established: Start February 2016, complete December 2016. The first short term output, "Review of personnel structure of N.C. ITP to determine resources available" has been completed, however, the second short term output, "Develop an

updated list of best practices for dissemination of information at the direct service level" has not started yet. A realistic start date is September 2017. Completion is anticipated by March 2018.

Activity 3: Develop a system for distribution of information on EBPs

- This is one activity that the workgroup is still developing.

Timeline established: Start August 2017, complete December 2019. This activity started early and it is expected to be completed by December 2019.

3. Explore telehealth (teleintervention) feasibility and processes (if feasible).

Activity 1: Survey CDSAs and Providers to determine need for telehealth services

- The Infrastructure Team did not conduct a formal survey to determine the need for teleintervention, as interest has been expressed by several CDSA Directors. CDSAs with the most interest, and who also have the highest need are: New Bern, Blue Ridge, and Western North Carolina (WNC). In each of these catchment areas, there exist provider shortages, rural locations, and distances that available providers are reluctant to drive to, even with mileage reimbursement. The accessibility to wire/cable and wireless networks is sporadic in parts of all of these areas, so these are good pilot prospects.

Timeline established: Start February 2016, complete December 2016. As there was not a need to conduct a survey, it was not done. Interest is known to exist among both CDSAs and providers. Families that have been approached have expressed willingness to try, however, two (2) families that showed interest ultimately backed out and declined to participate. There is one family that was scheduled to begin teleintervention for speech/language services in late March or the first week of April 2017.

Activity 2: Develop potential budget for telehealth implementation and maintenance

- A budget has not yet been considered, since feasibility has not been determined yet. Once feasibility is evaluated, budget and cost related questions will be addressed.

Timeline established: Start February 2016, complete February 2017. Because feasibility has not been determined, this time line will need to be extended another year, until March 2018, to allow sufficient time to evaluate whether the pilot was successful.

Activity 3: Explore processes and steps for implementation of telehealth models

- Several members of the Infrastructure Team participated in webinars presented by other states and reviewed numerous articles on teleintervention that the TA centers (NCSI, ECTA) published or that were available through various listservs and internet searches. These resources have been shared widely with those interested in teleintervention and have helped distinguish teleintervention from telehealth. (N.C. has decided to call this method of delivering services teleintervention, rather than telehealth, based on the reviewed resources).
- In N.C., telehealth is developing as a practice model for medicine. For other kinds of services, including mental health and clinical services such as those provided under the N.C. ITP (e.g., speech, occupational, physical therapies), insurance requires two professionals to implement telehealth services, with one profession on-site with the recipient of the service. Both cannot bill for providing the service as systems are currently set up in N.C. There are numerous champions in the State and growing interest in these practices, but the ability to pay both professionals has not been resolved.

Timeline established: Start February 2016, complete February 2017. This activity began as planned in February 2016, but there is additional work that will require the completion date to be extended until March 2018.

Activity 4: Initiate telehealth model pilot process and gradually expand (if determined feasible)

- One of the members of the Infrastructure Team is a community provider who has secured technology to pilot teleintervention. This provider is a licensed speech-language pathologist (SLP) who will be working with an SLP from one of the CDSAs. Several families have volunteered to pilot teleintervention with this provider, but each fell through. Recently another family agreed to participate in this pilot and it will begin either the last week of March or within the first week of April 2017.

Timeline established: Start March 2017, complete January 2018. Planning has been underway for many months, although a trial has not launched yet. We are hopeful the family that agreed to be in the pilot will not back out. It is unlikely that a determination of whether teleintervention is feasible can be based on a pilot involving one family, so an extension for making this decision is warranted. An estimated date for completion is March 2019.

PROFESSIONAL DEVELOPMENT

The Professional Development Team addressed four (4) short-term outputs: Create a plan to align the ITP certification process with best practices and national standards; create a plan to centralize the ITP certification training and standards process; 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; and 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.

Activity 1: Draft a plan based on best practices and national standards for N.C. ITP certification.

- Focused on the *Division of Early Childhood's (DEC) Recommended Practices* and the Council for Exceptional Children's (CEC) *Initial and Advanced*

Preparation Standards and Specialty Sets as guideposts to align with national standards that are relevant across disciplines.

- Reviewed and recommended preparation standards for beginning and advanced level early intervention service providers.
- Revised the criteria and requirements for the ITP certification process to be competency-based.
- Recommended that the certification system should include three (3) levels of competencies for early childhood professionals: foundational, intermediate, and advanced levels.
- Certification process will consist of a state-designed, mandatory orientation, along with competency-driven, in-service training requirements.
- Identified practice implications for early intervention service providers and the need to effectively train appropriate service providers to evaluate and assess social-emotional development.
- Identified the following five (5) areas that specifically support the development of competencies in child development, family engagement, child and family assessments, interdisciplinary family service planning, intervention strategies and professional and ethical practice:
    - Eligibility determination – developmental delay
    - Eligibility determination – established condition
    - Identifying social emotional needs after enrollment
    - CDSA staff training
    - Infant mental health intervention/early intervention services

Activity 2: Draft a plan to centralize the ITP certification training and standards process.

- Contacted early childhood technical assistance providers to obtain information on certification practices and national standards.
- Contacted/explored other early childhood programs to collect information on certification best practices and program-specific national standards.

- Reviewed other states' (e.g., Utah Babywatch, Infant-Toddler Connection of Virginia) early intervention program certification practices and standards and gathered feedback from internal and external stakeholders (e.g., early intervention service providers (both state and contracted), management staff, and other early childhood agency personnel).
- Timeline established: Start February 2016, Complete February 2017
- Assured alignment with the DEC's position statement on Personnel Standards for Early Education and Early Intervention.

Timeline established: Start February 2016, Complete February 2017.

The PD Team continues to work on building a state-wide training network to implement EBPs (with fidelity), to support N.C.'s ITP certification process, and to disseminate professional standards. A modification of the completion timeframe from February 2017 to January 2018 is expected to provide sufficient time to complete the above plans.

Activity 3: Develop standards/practices for training and utilizing evaluation and assessment tools for staff and providers.

- Developed recommendations for evaluation and assessment tools for social-emotional development, to facilitate consistency and effective identification of children and families in need of related support.
- Identified practice implications and recommendations for the initial eligibility determination process and ongoing assessment of social/emotional needs subsequent to program enrollment.

Timeline established: Start February 2016, Complete January 2018. These activities were started in February 2016 and at this point completion is on track for January 2018.

Activity 4: Develop a set of standards/practices for training and technical assistance of staff, providers (when appropriate), and families (when appropriate) for implementation of EBPs particularly focusing on social-emotional development.

- Began compiling a list of social-emotional competencies for in-service personnel development activities.
- Identified a system of technical assistance to support the practices of Early Intervention Service Coordinators (EISCs) and program supervisors.
- Identified best practices for dissemination of training (master trainer model, web-based, external contract).

Timeline established: Start February 2017, Complete January 2018. This set of activities were started as expected and are anticipated to be completed in January 2018.

EVIDENCE BASED PRACTICES

There were four (4) improvement strategies addressed by the EBP Team: explore EBPs currently being used in the State/Nation for promoting social-emotional development in young children; examine evidence of effectiveness of selected EBP; establish a standardized practice model based on recommended EBP; and create a plan for dissemination of the standardized practice model.

Activity 1: Identify EBPs that will be implemented based on need, fit, evidence, resources, readiness, and capacity.

- Identified fifteen evidence-based practice models.
- Systematically evaluated each model using the Hexagon Tool (based on work of Kiser, Zabel, Zachik, & Smith (2007) and The National Implementation Research Network (NIRN)) and the DEC Recommended Practices for: Environment, Family, Instruction, Interaction and Teaming.
- The specific DEC practices reviewed were as follows:
  Environment: Practitioners provide services and supports in natural and inclusive environments during daily routines and activities. (**E1)**
  Family: Practitioners engage the family in opportunities that support and

strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences. (**F6)**

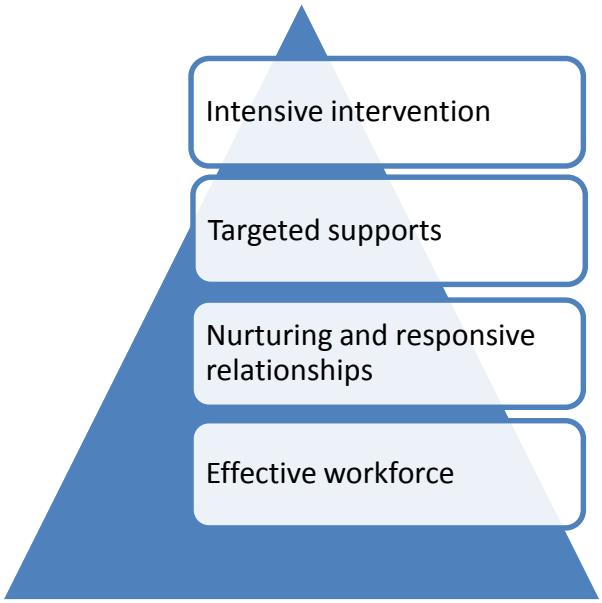
Instruction: Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning. (**INS1)**

Interaction: Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support. (**INT2)**

Teaming: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions. (**TC2)**

- Five (5) models were selected for a more intensive review, which included in-person presentations by professionals currently using the programs. Presenters included N.C. ITP staff and community partners who were participating in the State's SSIP process. The programs/models selected for this intensive review were:
    - Attachment and Biobehavioral Catch Up (ABC)
    - Positive Parenting Program (Triple P)
    - The Incredible Years
    - NLEP
    - CSEFEL
- The EBP Team selected two (2) nationally-recognized practice models to recommend to the N.C. ITP: Natural Learning Environment Practices and the Center on Social-Emotional Foundations for Early Learning (CSEFEL). Additionally, the Team recommended that EBP programs, such as ABC and Triple P, should be used to provide more intensive interventions and as additional resources for staff. The team also recommended that more providers should be trained to implement these programs to increase access and the programs' availability as resources.

- Natural Learning Environment Practices (NLEP) serve to promote parents' use of responsive interactions during daily activities and to support children in the development of competencies to:
    - - manage the regulation of attention and emotions,
    - - label and identify emotional states,
    - - learn and successfully establish healthy relationships and interactions
    - with others,
    - - learn social routines associated with successful communication, and
    - interactions within the family and primary culture.
- The Center on Social Emotional Foundations for Early Learning (CSEFEL) model supports professional awareness and knowledge of infant/toddler social-emotional development. Many early care and education providers, as well as other professionals, are often not well prepared to understand, identify, assess, and address the social-emotional competence of infants, toddlers, and young children. The result of this lack of understanding or knowledge often leads to missed early indicators of social and emotional problems. If left unaddressed, minor problems that are readily resolved if caught early may develop into more significant, complex issues that are more serious and difficult to address. The EBP Core Team recommended that all early intervention staff and providers participate in statewide foundational training using the CSEFEL model, which will facilitate increased knowledge, awareness, and an ability to understand early signs of trouble and provide appropriate types of intervention. Another way to think about infant/toddler social-emotional development is similar to a traditional public health pyramid approach, which is based on levels of care (promotion, prevention, focused intervention, and tertiary (intensive) care). The CSEFEL model is similarly structured for organizing program efforts that promote and support social-emotional development in young children as depicted below.



Timeline established: Start March 2016, Complete June 2016. This activity was started as expected, but was not completed until December 2016.

FAMILY ENGAGEMENT TEAM

The Family Engagement Team accomplished the following activities:

Activity 1: Selection of a Family Outcomes survey instrument.

- Consulted with ECTA to determine the states that have transitioned away from the NCSEAM to another survey and states that had a high response rate using any validated family survey. Reviewed multiple states' Annual Performance Reports (APRs) to determine which survey they used and their respective response rates and performance. Consulted with Idaho ITP on their transition from the NCSEAM to the FOS-R.
- The FE Team assessed the pros and cons of the NCSEAM, FOS (original), and FOS-R and determined that the FOS-R was the best match for N.C. ITP families. The ability to use Section B of the FOS-R resulted in a survey with fewer items and wording that was more in line with N.C. ITP terminology. The survey also has a less

complicated analysis method and is translated into 15 languages in addition to English and Spanish.

- The FE Team is made up of CDSA staff (Director, Assistant Director, Supervisor, and N.C. EIB staff) and parents of currently and formerly enrolled children who have a vested interest in choosing the most appropriate family survey for N.C. ITP. Other stakeholders included parent advocates and academics. All FE Team members were actively involved in the review of surveys and the selection of the FOS-R as a user-friendly and validated instrument to capture families' feedback. CDSA staff were also actively involved in reviewing the survey and supporting its use with families. Also, the team solicited feedback from service coordinators and supervisors from CDSAs for their input on the instrument.
- The FE Team submitted its recommendation to use the FOS-R according to the process outlined in Table 1.
- The FFY 2015 APR included this expected change for Indicator 4. When the FFY 2016 SPP/APR is submitted, a copy of the FOS-R, the sampling plan and baseline data will be provided, along with revised targets, as needed, for the remainder of the current SPP.

Timeline established: Start February 2016, Complete December 2016. This activity began and ended as anticipated.

Activity 2: Determine most effective method(s) for survey distribution to maximize response rates and representativeness.

- Consulted with ECTA staff on national analysis of family survey methodology to determine the methods with the highest response rate. Reviewed multiple states APRs that had a high response rate and utilized either the NCSEAM or FOS-R to determine which distribution and collection method(s) they used. Consulted with Idaho ITP on their methodology since they recently transitioned from the NCSEAM to the FOS-R.

- Discussed changing distribution process within FE Team and with CDSA staff. Decision made to change survey distribution process (in person) and collection process (in person, online, and paper) and integrate with bi-annual IFSP review and on-going child assessments for global child outcomes processes. This is in line with N.C. ITP emphasis on engaging families in determining child outcomes.
- FE Core Team, CDSA Staff and N.C. EIB outlined training needs and developed training to implement changes effective April 2017.
- It was determined in November 2016 that during this transition to the new family survey instrument and process, in part due to the lack of a Data Manager, that an external contractor was needed. A contract between the N.C. ITP and UNC/FPG is in the approval process within DPH that will support the family survey process and outline steps to transition the process to the N.C. ITP. The plan is for the N.C. ITP to distribute the survey and analyze results in FFY 2018.
- N.C. ITP current family survey budget is allocated to the UNC contract with no increase. As we plan to bring the process in-house, these funds will be utilized to cover the costs of a survey platform, data entry, data analysis, training materials, and other supports.
- The new family survey process has been outlined and system changes identified. A training manual and draft of procedures for administering the survey are in the process of being reviewed by key staff who will be responsible for implementation, such as: CDSA supervisors, early intervention service coordinators (EISCs), and data staff. A parent information flier will be developed on family outcomes and provided to parents at intake and prior to the semi-annual IFSP Review.

Timeline established: Start February 2016, Complete July 2017. The activities above have all been completed except for the last activity noted immediately above. These actions are projected to be completed by July 2017.

Activity 3: Create opportunities to engage parents in leadership activities

- The FE Team recommended that the Exceptional Children's Assistance Center (ECAC) conduct five (5) family focus groups across N.C. to gather feedback from families on their experiences with the N.C. ITP, family engagement, and how best to engage them in leadership activities. The focus groups are planned to take place between March and April, with a summary report provided to the N.C. ITP by the end of May 2017.
- The FE Team assessed the current systems used to survey parents on their interest in becoming parent leaders. Currently, N.C. ITP does not have a system to survey parents to determine their interest in becoming involved in decision-making and becoming leaders, other than requesting that CDSAs submit names of families who might be interested in leadership activities. The FE Team suggested additional methods to obtain this information, including adding a comments section to the family survey, conducting parent interviews, and focus groups. A Family Outcomes Measurement System Framework has been drafted and is being reviewed by FE Team members.
- ECAC's contract with N.C. ITP includes building family leadership. Three leadership trainings have been identified for N.C. ITP families for 2017 and ECAC is marketing them through the LICCs and CDSAs. The FE Team will identify additional strategies to include LICCs in supporting EI families with identifying and enhancing their leadership skills.
- Parents are active members of the FE Team (one (1) parent with a currently enrolled child, three (3) parents with children who have aged out); the GO Integration team has 0ne (1) parent whose child has aged-out child; there is one (1) parent with a child who has aged out on the Infrastructure Team, although she has not been able to attend meetings; and neither the PD nor EBP Teams were able to recruit parents to participate on their teams. Parents are represented in the broad stakeholder group and in the ICC, both of which are in the feedback process outlined in Table 1.
- Strategies to identify parent leaders have been identified (question on feedback survey, ask family during focus groups, and supervisor interviews). ECAC is

recruiting families for parent leadership training (offered in 2017). These parents will be asked to continue as parent leaders.

Timeline established: Start February 2017, complete January 2018. As noted above, these outcomes have been completed or will be completed by the projected date of January 2018.

GLOBAL OUTCOMES INTEGRATION TEAM

The GO Integration Team completed all but one (1) activity related to its two (2) improvement strategies, which were to be developed simultaneously.

Activity 1: Develop integration implementation plan

Activity 2: Develop integration implementation plan and develop staff, provider, and family training with training materials.

- Global Child Outcomes Integration Framework & Implementation Plan: Developed Tool of Reference (TOR), GO Implementation Framework and timeline for CDSAs, and developed/adopted an IFSP format that integrates global child outcomes.
- Developed a communication plan identifying purpose, strategies, and suggested communications timeline by target audience
- Designed and developed resources to support the communications strategies and plan (e.g., brochure, flyer, video, audio, etc.)
- Developed a content validated list of competencies required for successful GO implementation focusing on CDSA staff, but also considering EI service providers, parents, and community partners who might participate in the integrated GO process.
- Designed/adopted readiness self- assessment tools for CDSA use.
- Developed a training, TA, and consultation plan, including suggested strategies and resources.
- Developed/adopted resources for CDSA implementation (e.g., talking points, decision tree, others).

- Identify assessment strategies/tools to support ongoing monitoring of a child's development by the IFSP Team.

Timeline established: Start April 2016, complete June 2017. The one set of activities that have not been completed, but which are in process, fall under "child outcome data reliability and utilization" and include developing a strategy to assess data reliability and generating a list of user requirements for data utilization and program improvement. Both activities are expected to be completed by the projected date of June 2017.

B.1.b. Intended outputs that have been accomplished as a result of the implementation activities

INFRASTRUCTURE TEAM

The Infrastructure Team has accomplished the following intended outputs, as a result of the implementation activities:

- Revised provider agreement to most effectively provide a system of accountability and incentives. (short-term output)
- Revised and standardized interpreter providers' network agreement. (short-term output)
- Collected and organized all N.C. ITP provider information into a single resource (database, etc.). (intermediate output)
- Reviewed personnel structure of N.C. ITP to determine resources available. (short-term output)

PROFESSIONAL DEVELOPMENT TEAM

The PD Team has accomplished the following intended outputs, as a result of the implementation activities:

- Created a plan to align the ITP certification process with best practices and national standards pertaining to the educational and intervention strategies proven effective for children and families involved in the early childhood system. (short-term output)
- Created a plan to centralize the ITP certification process. (short-term output)

- Developed recommendations that take into consideration the importance of social-emotional development and practice implications, as well as drafted recommendations for how evaluation and assessment with a specific focus on social-emotional development should be used by early intervention service providers, and provided recommendations for training service providers. *(*short-term output*)*
- Developed standards/practices for training and technical assistance for staff and providers and guided support for families around the implementation of EBPs, with a specific focus on social-emotional development through proposing an infrastructure around the six (6) components of a comprehensive system of personnel development with an initial focus on the following three (3) subcomponents:
    - *Leadership, Coordination, and Sustainability*
    - *State Personnel Standards* and
    - *In-service Personnel Development*.

The team is continuing to work on building a state-wide training network to implement EBPs (with fidelity), to support N.C.'s ITP certification process, and to disseminate professional standards. (short-term output)

<u>EVIDENCE-BASED PRACTICES TEAM</u>

The EBP Team has accomplished the following intended outputs, as a result of the implementation activities:

- Gathered information on EBPs for social-emotional development currently used in N.C. (short-term output)
- Used the Hexagon Tool to evaluate the need, fit, evidence, resources, readiness, and capacity of models being considered. (short-term output)
- Invited representatives of EBP models being considered to participate in the review process. (short-term output)
- Coordinated with the PD Team and Infrastructure Team Leads to ensure efficiency and effectiveness of efforts. (leading to intermediate outcome)

- Coordinated with PD Team and N.C. EIB leadership. (leading to intermediate outcome)

FAMILY ENGAGEMENT TEAM

The FE Team has accomplished the following intended outputs, as a result of the implementation activities:

- Selected a Family Outcomes survey instrument: Family Outcomes Survey-Revised. (short-term output)
- Selected a best practice for survey distribution and collection methods. (short-term output)
- Planned activity that will increase the number of parents who engage in parent leadership activities. (intermediate output)
- Created a comprehensive and representative family outcomes measurement system that captures families' satisfaction with and progress made in the N.C. ITP. (long-term output)

GLOBAL OUTCOMES INTEGRATION TEAM

The GO Integration Team has accomplished the following intended outputs, as a result of the implementation activities:

- Developed integration implementation plan. (short-term output)
- Develop staff, provider, and family training with training materials (short-term output)

B.2. Stakeholder involvement in SSIP implementation

a. How stakeholders have been informed of the ongoing implementation of the SSIP

b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP

B.2. a. How stakeholders have been informed of the ongoing implementation of the SSIP

Each SSIP Team was comprised of stakeholders, including CDSA directors, QA/QI Coordinators, team leads, fiscal officers, community providers, and to the extent available, parents. Many teams also had staff from Institutions of Higher Education (IHEs), other early childhood programs, and personnel from Frank Porter Graham Center (University of North Carolina- Chapel Hill (UNC-CH)). Through monthly meetings, the teams engaged and informed team members about on-going planning and SSIP progress.

As noted in Table 1, the State Leadership team developed a process to ensure various stakeholder groups have the opportunity to provide feedback and recommendations to the N.C. ITP. Key stakeholder groups that the N.C. EIB has committed to meet with and provide updates to include the ICC and the Broad Stakeholder group that participated in the initial planning for the SSIP. Opportunities to share and receive feedback from various new groups of stakeholders emerge regularly, which are leveraged as much as possible. In addition, progress is shared with community partners through invitations to speak and membership on committees that have standing agenda items related to updates on N.C. ITP. The Early Intervention Branch Head/Part C Coordinator is on several interagency groups within the N.C. Department of Health and Human Services, Division of Public Health's, Women's and Children's Health Section. The Women's and Children's Health Section includes: EI, the Women's Health Branch (WHB), the Children and Youth Branch (C&Y), Immunization Branch,

and Nutrition Services Branch (NSB). The C&Y Branch has several programs that intersect with EI (e.g., Early Hearing Detection and Intervention (EHDI); Maternal, Infant and Early Childhood Home Visiting (MIECHV); Family Nurse Partnership (FNP); Branch Family Partnership (BFP); etc.) that the EI Branch Head attends and at which she provides routine updates on the SSIP and the N.C. ITP. Additionally, updates are provided at several group meetings across the state, including local ICCs, Smart Start, the Assuring Better Child Health and Development (ABCD) Advisory Board, the EHDI Advisory Board, the N.C. Department of Public Instruction's (DPI) Deaf-Blind Advisory Board, and many other groups that touch on early childhood programs. Communication with CDSAs is also done through a monthly newsletter, *Buzzworthy News*, which began as way to keep CDSA staff informed about various updates on topics of interest, including, for example, a new performance management system, budgetary issues, State initiatives, and now, routinely, SSIP progress. This newsletter is intended for internal use and is generally distributed to staff at the CDSA level by each CDSA director.

Each of the Implementation Teams had slightly different approaches to how they engaged and used stakeholders, as well as which stakeholders they recruited and how they continued to keep stakeholders up to date. For example, the PD Team engaged a wide range of stakeholders, including: EI Branch staff; CDSA staff (directors, program supervisors, QA personnel); community providers; personnel from IHEs; and personnel from the Child Care Services Association. Members of the EBP team included stakeholders such as individuals from a variety of early childhood programs across the state, including: personnel from IHEs; CDSA staff (directors, QI coordinators, Early Intervention Service Coordinator (EISC) Supervisors, EISCs, N.C. EIB staff, and clinicians); provider agency clinical staff; and other community partners.

The FE Team engaged: Parents; N.C. EIB staff; CDSA staff (directors, program supervisors, EISCs, QI coordinators); personnel from IHEs (from early childhood departments); parent advocates from ECAC and the Family Support Network; and

Smart Start. Members from IHEs participated on the team and shared their expertise from two perspectives: one was as an expert in early childhood and the other as an expert in curricula for pre-service training. The FE Team's approach for involving stakeholders included using a core team for design, research, and the development and monitoring of a scope of work to complete tasks related to: overhauling the family outcomes measurement system; utilizing family outcomes data effectively; and increasing advocacy and leadership opportunities for parents. Workgroups were used to plan the activities needed for each of these tasks. Additionally, the FE Team membership was chosen to ensure participation of families and parent support centers (ECAC and Family Support Network).

Varying methods were used for sharing information with the FE Team members, including: in-person meetings, webinars, conference calls, and sharing of resources such as the HHS and Department of Education joint policy statement on Family Engagement. Training resources, such as *The Story of Data: An Early Childhood Tale,* were also shared.

The FE Team also gathered feedback from the CDSA Directors and N.C. EIB staff on "what they wanted to know from parents", their input on suggestions about effective methods to gather feedback from families, and ideas on strategies to use data more effectively. Technical assistance was obtained from ECTA, NCSI (cross state collaboratives), and Frank Porter Graham Institute (UNC-CH).

The FE Team members determined that to create a comprehensive and representative family outcomes measurement system that captures families' satisfaction with the N.C. ITP and how the program helped their children's progress, it was imperative to have a survey that addressed what stakeholders of the N.C. ITP want to know from families. This question "what do we want to know from families" was asked of the CDSA directors in a survey (March 2016) and of the N.C. EIB staff (August 2016). The common elements that emerged were compared with a gallery walk held by the FE core team

members in January 2016, which resulted in a recommendation from stakeholders to conduct family focus groups. Staff from the ECAC who are skilled facilitators will conduct five (5) family focus groups in the next two months (April and May 2017).

The FE co-lead presented the family outcomes recommendations to the ICC, which outlined barriers to the current system, provided information on the recommended new family survey, and the proposed new methodology for administering the survey.

The Global Outcomes Team consisted of stakeholders who were from each of the pilot CDSAs (Blue Ridge, Winston/Salem, Elizabeth City, Greensboro, Cape Fear, and Sandhills), as well as staff from New Bern and Greenville who had been in the initial Global Outcomes pilot in 2014. Members of the GO Team were kept informed of the ongoing progress of the SSIP through team meetings, email messages, and phone calls. The State Leadership Team were kept abreast of implementation activities through meetings, planned and impromptu discussions, presentations, and through consultations with the Branch Head/Part C Coordinator. CDSA directors have had input regarding the GO integration process and will be directly involved in all aspects of roll-out logistics.

As each Implementation Team was ready to make recommendations, requests were made to discuss the recommendations at the next quarterly ICC meeting to obtain this group's feedback. A Broad Stakeholder's meeting was scheduled in March, but needed to be cancelled. Another meeting will be scheduled soon so that the Broad Stakeholders group can provide feedback on processes and activities that are ready to proceed.

B.2.b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP

North Carolina has continued to engage stakeholders at all levels through participation in each of the implementation teams. This past year, as previously noted, a feedback process was initiated to ensure multiple stakeholder feedback. (See Table 1). Also, as indicated above, each Implementation Team includes stakeholders who participated in all aspects of development for SSIP activities, including: identification of EBPs, Competencies, Standards, components of resources, provider and agreements, and when any SSIP related process or plan is put into place.

C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan.

a. How evaluation measures align with the theory of action

b. Data sources for each key measure

c. Description of baseline data for key measures

d. Data collection procedures and associated timelines

e. [If applicable] Sampling procedures

f. [If appropriate] Planned data comparisons

g. How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements

C.1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan

North Carolina's ITP has two (2) SSIP Implementation Teams that have moved from planning to implementation and have developed mechanisms for measuring effectiveness. The teams are: Family Engagement and Global Outcomes.

FAMILY ENGAGEMENT TEAM

The ToA related to family involvement is: If N.C. ITP examines the current family outcomes data collection methods, then parents will better know how to communicate their child's needs and progress, and data collected from families will more accurately represent the children and families served in EI, and N.C. ITP will have better quality data on impact of EI on family outcomes.

The evaluation measures that support the ToA include: number of families who were offered FOS-R at the semi-annual IFSP review, all FOS-R surveys completed, survey data is more representative of N.C. ITP enrollment, increase in FOS-R response rate, families increase performance on Indicator 4 subscales (families report that they know their rights, effectively communicate their child's needs, and help their children develop and learn), parent attendance at leadership trainings, and list of potential parent leaders.

Please refer to the table on the next page for the data sources for: each key measure, the description of baseline data for key measures, the data collection procedures and associated timelines.

Table 2			
Key Measure	**Data Source**	**Description of Baseline Data**	**Data Collection Procedures and Associated Timelines**
Number of families who were offered FOS-R at the Semi-Annual IFSP Review	Report generated in Client Services Data Warehouse (CSDW) from HIS data – enrolled children who are scheduled for their Semi-Annual IFSP Review	For FFY15: Children enrolled in N.C. ITP for at least 6 months as of 12/1/16 = 5296 For FFY16: Children due their Semi-Annual IFSP Review in April, May & June 2017 for 9 CDSAs = approximately 1600 For FFY17: Children due their Semi-Annual IFSP Review in July 2017 thru June 2018 for all CDSAs	Client Services Data Warehouse (CSDW) Report; Created Jan2017
All FOS-R surveys completed	FOS-R Survey Data Base with families' ratings of all items (17) coded with	For FFY15: Families identified above who completed the NCSEAM = 696	Returned family surveys; results due Dec 2017

Table 2			
Key Measure	**Data Source**	**Description of Baseline Data**	**Data Collection Procedures and Associated Timelines**
	unique ID for each child scheduled for a Semi-Annual IFSP Review	For FFY16: Families from 9 CDSAs who completed the FOS-R over 3-month period For FFY17: Families from all CDSAs who completed the FOS-R over 12-month period	
Survey data is more representative of N.C. ITP enrollment	FOS-R Survey Data Base – demographics of families who responded for survey period compared to demographics of total enrollment of children in N.C. ITP	FFY 15 = See demographic data in the “EI Family Survey Results” report, Dec 2016 FFY16 Demographics of the families from 9 CDSAs who completed the FOS-R during April – June 2017	Demographics from State Data System Pre- and Post-comparison of representativeness; results due Dec 2017

Key Measure	Data Source	Description of Baseline Data	Data Collection Procedures and Associated Timelines
Increase in FOS-R response rate (family response rate increases at least 75% after initiation of new survey & process; 75% increase of 13% is ~10% increase or a target of 23% response rate; Year 2 of FOS-R = 50% increase from year 1; Year 3 = 50% increase from year 2)	Number of families offered FOS-R compared to number of families who completed it	FFY15 response rate = 13.1% FFY16 response rate (75% Inc) = 23% FFY17 response rate (50% Inc) = 34.5% FFY18 response rate (50% Inc) = 51.75%	Response rate percentage as determined by returned vs distributed surveys; Results Dec 2017
Families increase performance on Indicator 4	FOS-R Survey Data Base – APR Data for Indicator 4A, 4B, and	FFY15 (NCSEAM APR Targets & Actuals) 4A Target = 75%	APR Data for Indicator 4A, 4B, and 4C over time; Results Dec 2017

subscales: families report that they know their rights, effectively communicate their child's needs, and help their children develop and learn Long term outcomes = 10% increase in all three sub-indicators	4C ratings analyzed in each subscale for all families who responded Due to change in survey in FFY16 and first year of all CDSA data in FFY17, we would expect to see an increase in indicator 4 performance in FFY18	Actual = 75.5% 4B Target = 72% Actual = 72.5% 4C Target = 84% Actual = 83.1% FFY16 (A new baseline will be established with FFY 2016 data because of the new survey. New targets will need to be set based on the revised baseline data.) 4A Target = 75% (adjust) Actual = TBD 4B Target = 72% (adjust) Actual = TBD 4C Target = 84% (adjust) Actual = TBD FFY17 (Targets will be reset from new FFY 2016 baseline)	

Key Measure	Data Source	Description of Baseline Data	Data Collection Procedures and Associated Timelines
List of potential parent leaders	Parents on ICC; names submitted by ECAC and CDSAs of parents who have participated in parent leadership trainings, focus groups, and other leadership activities	Parent Leaders 2016 include parents on ICC (7) and parents who participated in focused monitoring in 2014 (5)	List of parents on ICC List of parents on Focused Monitoring or other EI monitoring activities List of parents who have participated in parent leadership trainings, focus groups, and other leadership activities

The sampling procedures for family outcomes are as follows:

- For FFY16: Families from nine (9) CDSAs (Concord, Durham, Greenville, Mecklenburg, Morganton, New Bern, Raleigh, Shelby, and Western NC) will be offered the FOS-R (Section B) at their Semi-Annual IFSP Review in April, May, and June 2017 (approximately 1600 families compared to ~5300 families offered the survey in FFY2015). Families who would not have a semi-annual IFSP review (aged out, lost to follow up, child deceased) would not be included in the total number of families offered the survey.
- For FYY17-18, all children scheduled for a semi-annual IFSP Review throughout the fiscal year (July 2017 – June 2018) for all local programs (16). Families who would not have a semi-annual IFSP review (aged out, lost to follow up, child deceased) would not be included in the total number of families offered the survey.
- The planned data comparisons for family outcomes include:
  - Demographics (race, ethnicity, survey language, child gender, child eligibility category) from the returned families' surveys will be compared to the demographics for all enrolled families in the N.C. ITP;
  - Local programs (CDSA) response rate and performance on Indicator 4A – C will be compared to the statewide response rate and performance scores.
  - Indicator 4A, 4B, and 4C will be compared to NC established targets.

Comparing the response rate against N.C. ITP targets and performance on Indicator 4 against APR targets will inform us on our progress toward achieving intended improvements.

GLOBAL OUTCOMES INTEGRATION TEAM

Outputs

The short-term outputs for the GO Integration Team included an implementation plan and a plan for personnel training with materials. To monitor progress toward achieving these outputs, the GO Integration Team first identified associated resources and materials that were needed for implementation and training. This allowed the team to track progress against the list of identified resources and materials on a regular basis during team meetings. Progress toward achieving these outputs was also discussed with the N.C. EI Branch Head and the SSIP Team Leads during regular meetings.

More information about the outcomes that will be measured by the GO implementation team is provided in Section F.2 of this report.

C.2. How the State has demonstrated progress and made modifications to the SSIP as necessary

a. How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR.

b. Evidence of change to baseline data for key measures.

c. How data support changes that have been made to implementation and improvement strategies.

d. How data are informing next steps in the SSIP implementation.

e. How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path.

C. 2. a. How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SiMR.

Implementation of many of the improvement strategies are still being developed, so most of the key data collected include meeting minutes, attendance logs, survey results that were used to inform development of products, and some products (e.g., draft provider and interpreter agreements, centralized provider resource, PD competencies and standards, GO resources, etc.). These data have been shared and discussed at monthly meetings for the five (5) SSIP Team leads and co-leads. As each team delved deeper into developing plans and materials, it became evident that there were common and overlapping themes that needed coordination. The N.C. ITP sought TA from the ECTA Center and NCSI to help facilitate and organize the cross-team coordination of activities. It also became clear that expecting staff to learn multiple new practices and strategies is overwhelming and must be done with staff resources and staff readiness in mind. Critically, how and what gets implemented must be prioritized and properly

sequenced. There are several questions associated with implementation that will need to be addressed as planning proceeds, including the following:

- Of all the recommendations that will be implemented, how should roll-out to the CDSAs be sequenced to ensure that foundational activities are implemented first?
- How do we ensure we are building capacity and providing necessary resources to support other recommendations that will be implemented later, prior to scaling up?
- How often can a new or modified early intervention practice be introduced to the workplace and still ensure the fidelity and sustainability of all practices being implemented? (How much time should be given between introduction of new strategies/practices)
- Given that training sometimes requires staff to be away from their usual responsibilities for one or two days at a time, how do we balance the need to ensure training is provided for multiple new practices/strategies without impacting services to children and families (e.g., necessary follow-up by service coordinators, providing services, conducting timely evaluations, transition planning conferences, etc.)?
- When implementing multiple practice changes simultaneously or consecutively, how do we single-out one practice from the others as being “the effective practice” when evaluating improvement to the SiMR (or other intermediate measures)?

These questions and others that will undoubtedly arise will help guide the SSIP Implementation Teams planning for implementation, training, roll-out of the expansion of Global Outcomes, and continuing to ensure that there is coordination and collaboration across the teams.

C.2. b. Evidence of change to baseline data for key measures.

FFY	2014	2015
Target	**65.67%**	**66.84%**
Data	**67.27%**	**69.32%**

In FFY 2014, the SiMR target was 65.67%, with actual data reported at 67.27%. For FFY 2015, the target was 66.84%, which was met with actual data of 69.32%. The N.C. ITP cannot attribute this increase in percentage to implementation, as discussed in the preceding and following sections of this SSIP report. As described in the section immediately above, much of the data for key measures consists of plans, meeting minutes, and other qualitative data that are still in the early stage of collection. Accordingly, there is not any change to baseline data for any of the key measures.

C.2. c. How data support changes that have been made to implementation and improvement strategies.

Since implementation is just beginning or will begin shortly in at least two of the strands, there have not yet been any changes to implementation or improvement strategies.

C.2. d. How data are informing next steps in the SSIP implementation.

North Carolina is just about to begin implementation. When data begin to come in, the N.C. ITP will assess and determine whether and where changes might need to take place.

C.2. e. How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path.

The N.C. ITP cannot at this time respond to this section as implementation has not started. This past year was spent planning, with significant progress made toward short term objectives in virtually all areas N.C. is addressing in its SSIP. Training for the new survey was just completed. The first sampling of the family outcomes survey (FOS-R) administered as described earlier began within two weeks of the submission due date for the SSIP, so there are insufficient, if any, data to suggest, support, or justify modifications.

C.3. Stakeholder involvement in the SSIP evaluation

a. How stakeholders have been informed of the ongoing evaluation of the SSIP

b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

C.3. a. How stakeholders have been informed of the ongoing evaluation of the SSIP

The N.C. ITP set up an evaluation structure that allowed for multiple levels of review and input from stakeholders. A three-level evaluation design had been outlined in N.C.'s Phase II SSIP, which is shown 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	- Meets monthly - Reviews evaluation data quarterly and as needed

	additional data collection/analysis	
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

Parts of this design remain. The overall structure of the three groups and their respective roles have remained relatively unchanged. There have been some modifications that occurred as shown in the chart below:

Group	Role	How often?	Progress Update
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	• New Data Manager starting April 27, 2017 • Gathering data as requested by individual implementation teams (FE and GO teams)
Implementation Teams	• Review data reports • Discuss findings • Makes recommendations for additional data collection/analysis	• Meets monthly • Reviews evaluation data quarterly and as needed	• Met monthly, or more often with smaller team subcommittees • Implementation team co-leads discuss findings in monthly SSIP co-lead meetings • SSIP teams shared their recommendations with the SSIP co-lead team

Broad Stakeholder Group	• Reviews recommendations and provides feedback and suggestions for change as needed • Reviews findings • Makes recommendations for program changes based on evaluation data	• Meets bi-annually • Reviews evaluation data bi-annually and as needed	• Update meeting held July 2016 • Meeting scheduled for March but canceled with a new meeting date TBD.

At the ICC meeting in July 2016, each SSIP team gave an overview of its team's work and issued a call for volunteers, especially parent volunteers. At each quarterly ICC meeting, updates are provided on the SSIP and other N.C. ITP activities. As another avenue to inform stakeholders about the SSIP, a *Fact Sheet Brief* of Phases I and II was distributed to ICC members that provides quick facts about the SSIP process and its timeline progression. Members of the ICC also have been given copies of the Phases I and II Executive Summaries. The *Fact Sheet Briefs* (Phase I http://www.beearly.nc.gov/data/files/pdf/SSIPBrief1.pdf; Phase II http://www.beearly.nc.gov/data/files/pdf/SSIPBrief2.pdf) and Executive Summaries (Phase I http://www.beearly.nc.gov/data/files/pdf/SSIPExecutiveSummaryPhaseI.pdf; Phase II http://www.beearly.nc.gov/data/files/pdf/SSIPExecutiveSummaryPhaseII.pdf), as well as the full Phase I and Phase II documents are posted on the N.C. EIB website (www.beearly.nc.gov) to allow access to more stakeholders to obtain information about the state's SSIP process.

In addition to these strategies for obtaining stakeholder input, communication with community partners about the SSIP has been on-going. The Early Intervention Branch Head/Part C Coordinator is on several interagency groups within the N.C. Department of Health and Human Services' Division of Public Health (DPH). Early Intervention (EI) is one of five (5) branches within DPH's Women's and Children's Health Section. These five (5) branches are: EI, the Women's Health Branch (WHB), Children and Youth Branch (C&Y), Immunization Branch, and Nutrition Services Branch (NSB). The C&Y Branch

has several programs that intersect with EI (e.g., Early Hearing Detection and Intervention (EHDI); Maternal, Infant and Early Childhood Home Visiting (MIECHV); Nurse Family Partnership (NFP); Branch Family Partnership (BFP); etc.), as does the WHB. The EI Branch Head attends several cross-branch meetings and is on several workgroups due to the intersecting work within the section. Most of these meetings allot time to discuss branch updates, which provides opportunities to share SSIP updates and receive feedback from other community stakeholders. Additionally, SSIP updates are routinely provided at other meetings outside of the agency, including at Local Interagency Coordinating Council (LICC) meetings, the Assuring Better Child Health and Development (ABCD) Advisory Board, the EHDI Advisory Board, the N.C. Department of Public Instruction's (DPI) Deaf-Blind Advisory Board, and many other groups that touch on early childhood programs. Another method used to ensure internal stakeholders are continually updated and have opportunities to participate is through a monthly newsletter, *Buzzworthy News*, which began as way to keep CDSA staff informed about various issues within the N.C. ITP, including, for example, a new performance management system, budgetary issues, State initiatives, and SSIP progress. This newsletter is intended for CDSAs and it is sent out to all CDSA directors.

As described previously, a Feedback Process Flow Chart was developed by the N.C. ITP leadership that has multiple layers of review and recommendations by stakeholders before planning logistics for implementation takes place. (See **Table 1**).

C.3.b. How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

As provided in section B, related to stakeholder engagement and how the N.C. ITP has kept stakeholders up to date, the same principles and methods are equally applicable to providing stakeholders a voice and involvement in decision-making related to evaluation of the SSIP. Each Implementation Team will continue to share information with their teams as the SSIP implementation begins ramping up. The Feedback Process will be used to ensure key stakeholders are fully included, know the measures being

evaluated, and participate in decisions based on data and other measures. Members of the State Leadership, the ICC, and Broad Stakeholders groups will continue to be instrumental in how the N.C. ITP implements, modifies, measures, and assesses progress and practice change.

D. Data Quality Issues

D.1. Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR due to quality of the evaluation data

Historically, administration of the N.C. Family Outcome Survey has yielded very low response rates. This has made it difficult to extrapolate meaningful information from the survey for local program improvement. To remedy this situation, the SSIP FE Team has worked to develop a new process for surveying families that integrates survey administration into the semi-annual IFSP review process. A pilot of the new survey process will begin in April 2017.

In preparing for implementation of the new family survey process, the FE Team found that the N.C. ITP electronic health information system (HIS) did not support all the data requirements for tracking survey administration results. Currently, HIS does not have a data field available for the N.C. ITP to track whether the survey was offered to a family during the semi-annual IFSP review process. This data field is needed to monitor practice fidelity. The electronic system does not have a field available to capture the data needed to monitor the delivery method chosen by the family to receive the survey, e.g., paper, website, phone, electronic tablet. This data field is important for identifying the method(s) that provide the most effective delivery system for improving a family's ability to access and complete the survey. Additionally, HIS cannot easily generate a unique identifier for a child that would allow the family survey to be confidential, while at the same time allowing N.C. ITP the ability to match data for the purposes of analysis of demographic data and program evaluation. These data concerns have required the development of work-arounds to capture or generate the needed information.

Another data concern relates to global child outcomes ratings, which are key data points for the SiMR. In the initial two pilot sites, the GO data revealed a slight decrease in the progress of children enrolled in the N.C. ITP at those sites. While these decreases in GO ratings did not affect State performance overall, individual implementation sites associated with the SSIP can probably expect to see a similar decline in child progress. While this trend of declining child progress appears consistent with what other states using these processes have seen, N.C. is continuing to watch the GO data from the original pilot sites to see if the decline in child outcomes scores level off and begin to increase within the next one to two years. The N.C. ITP believes that the reduction in the GO ratings once the new processes are implemented is likely due to an increase in accuracy of children's development data and increased inter-rater reliability due to: increased staff knowledge of child development (typical and atypical), inclusion of parents in the rating process, and the standardization of ongoing child assessment and rating methodology. While it is ultimately the goal of the SSIP to improve the social-emotional outcomes of children, the data will likely not show improvement for three or more years.

Another effort to ensure data quality associated with GO ratings and other data collected and reported by the State is the recent requirement for CDSAs to have a Data Quality Management (DQM) Plan. The N.C. EIB designed a DQM template with instructions that include 19 queries that CDSA personnel can run from the N.C. ITP's client services data warehouse (CSDW), including queries related to GO data. CDSA management have been asked to assign each query to a CDSA staff member who will be responsible for regularly reviewing and correcting data for their assigned query. Establishing a DQM plan is a first step toward ensuring that quality data are available for routine review and local program improvement.

E. Progress Toward Achieving Intended Improvements

E.1. Assessment of progress toward achieving intended improvements

a. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up.

b. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects.

c. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR.

d. Measurable improvements in the SiMR in relation to targets.

E.1. a. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up

Substantial progress has been made as each of the five (5) Implementation Teams have worked toward achieving intended improvements. The various improvement strategies and related activities are outlined in preceding sections of this document.

Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SiMR, sustainability, and scale-up have been discussed and addressed on some level by each of the five (5) implementation teams.

<u>INFRASTRUCTURE TEAM</u>

The Infrastructure Team was originally charged to meet five (5) goals and objectives stemming from Phase I of the SSIP process. The infrastructure improvement strategies that were initially identified to support the SiMR included: centralizing the provider network; revising provider agreements; examining and revising (if necessary) ITP staff roles; creating a system of implementation/dissemination of EBPs; and exploring telehealth feasibility and processes (if feasible). Since the identification of improvement strategies and completion of Phase I, the Infrastructure Team has also taken on the

task of creating a service delivery model of clearly defined practice standards for equal access for children and families. As previously stated, work in these areas is not yet fully accomplished, however, significant strides have been made.

- Development of a central provider network to simplify record-keeping for the CDSAs and providers.
- Revised provider and interpreter agreements that support accountability, consistency, continuity across the State.
- Creation of a service delivery model that promotes equal access for children and families.
- Exploration of the feasibility of telehealth to increase access to service providers in remote, rural areas.
- Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects.

EVIDENCE-BASED PRACTICES

After the initial exploration of 15 evidence-based practice programs, the EBP Team narrowed its focus and conducted more in-depth analysis of five (5) specific programs. The EBP Team decided on two (2) compatible programs to put forth for recommendation. Components of Natural Learning Environment Practices and the Center on Social Emotional Foundations for Early Learning (CSEFEL) model were unanimously agreed upon as the team's model recommendation due to NLEP's focus to promote parents' use of responsive interactions during daily activities and practices supporting children's development of social-emotional competencies. The CSEFEL model further supports professional awareness and knowledge of infant/toddler social and emotional development.

While statewide training has been rolled out on NLEP and coaching interaction style strategies, there have been a number of other related practices identified by the various implementation teams for further support of the SiMR. The recommendations submitted for evidence-based practice models because of the EBP Core Team's work are pending State leadership approval. Therefore, implementation of practice models has not yet

begun. Additionally, recommended practices that will further guide service delivery in N.C. are being considered across teams as a means to sharpen focus for a cohesive plan and effective implementation of evidence-based practice models. Guidelines provided by the National Implementation Research Network (NIRN) are being used to structure planning for implementation.

E.1. b. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR

The five (5) Implementation Teams will begin working collectively to achieve intermediate and long-term objectives that will bring the N.C. ITP to:

- Achieving consistent evaluations and assessments of social-emotional development across all CDSAs;
- Families that are better informed about social-emotional practices that can impact development;
- Greater access to best practices and EBPs for providers and CDSA staff;
- N.C. ITP will be more capable of supporting CDSAs for training and TA, particularly around social-emotional outcomes; and
- N.C. ITP will have better quality data on the impact of the program on family outcomes.

As detailed earlier, many of the short-term objectives leading to the SiMR have been achieved. Provider and interpreter agreements have been revised to ensure more accountability for complying with N.C. ITP policies and procedures, including clarification of obligations and consequences for not complying with program requirements. Expectations for interpreters have been clarified, as well, and the agreement is more standardized than it had been in the past. The provider agreements require training that meets N.C. ITP standards, including mandatory attendance for face-to-face training once per year. The PD standards for certification, along with adopted foundational EBPs (e.g., CSEFEL) and practice strategies (e.g., NLEP and coaching), will increase the use of evidence-based practices with fidelity.

Information on providers has been put into a centralized format that all CDSAs will be able to access soon. This will help with cross-state communication of information on quality as it relates to providers. When providers are known to be non-compliant with N.C. ITP policies and procedures and/or with the terms of the agreement, it will be easier to obtain consistency.

Additionally, as the plan for Certification standards is developed fully and specific standards that are aligned with national standards and the DEC Recommended Practices are adopted, staff will have increased knowledge and higher levels of competency in critical areas such as social-emotional development. All staff and providers will have solid knowledge of typical and atypical development, which will increase consistency, accuracy, and inter-rater reliability on child global outcomes.

Through this collaborative effort, improved services will be accessible to all children and families. Families will understand provider practices, as the approach to providing services will be consistent across providers and across all CDSAs. The N.C. ITP then will be able to ensure that appropriate evidence-based practices are used with fidelity. As the CSPD is enhanced, training and professional development resources will be more readily accessed and all providers, inclusive of CDSA staff, will be familiar with State standards for the evaluation and assessment of social-emotional development. As such, there will be consistency across the State in assessing children's social-emotional development. Once social-emotional concerns are identified, there will a framework and identified practices that can be used to support children and families. Model practices will become more routine for EI service providers as professional development becomes more consistent and accessible.

Critical deliverables demonstrating progress toward short-term and long-term objectives related to the CSPD are:

- A vision, mission, and purpose of the CSPD
- A plan and scope of activities for the identified CSPD Leadership Team

- A comprehensive list of personnel competencies to guide in-service training and the N.C. ITP certification system
- Key considerations for statewide training and TA system
- Listing of initial PD needs
- A modified personnel certification process based on national standards
- Standards for use by institutions of higher education (IHEs) to prepare professionals for the EI workforce (and support an initial knowledge of social-emotional development)

The N.C. ITP CSPD will include the following elements:

- A cross-sector leadership team to set priorities and provide advice on policy, governance, and finances related to the personnel system
- A written multi-year plan to address all sub-components of the CSPD
- State personnel standards across disciplines that are aligned to national professional personnel standards (including licensing/certification board standards as appropriate)
- Criteria for state certification that is aligned to state personnel standards and national professional organization personnel standards across disciplines.
- A statewide system for in-service personnel development and technical assistance for personnel across disciplines.
- A statewide system for in-service personnel development and technical assistance that is aligned and coordinated with IHE programs and early childhood curricula across disciplines.
- An evaluation plan for the CSPD that includes processes and mechanisms to collect, store, and analyze data across subcomponents.
- An evaluation plan that is implemented, continuously monitored and revised as necessary based on multiple data sources.

Specific outcomes regarding progress toward short-term and long-term objectives relative to the FE and GO Integration Teams are as follows:

Family Engagement:

The FE Team has been able to achieve short-term outcomes and begin implementation of mid-range outcomes, as well as outline frameworks for long-term outcomes as evidenced by:

- Selection of a new family outcomes survey, the FOS-R.
- Selection of new methodology to distribute and collect the surveys (offer the survey in person and provide multiple submission options such as online and paper).
- Train service coordinators and supervisors at nine (9) CDSAs on the new family survey and process.
- Initiate shift from family outcomes being a separate, disconnected process to its being an integrated, organic process that engages families and empowers them to provide feedback to the program on the helpfulness of the program
- This shift to family outcomes integration into the semi-annual IFSP review will automatically engage more families so that our survey response rate will increase, as well as the representativeness of the responses.
- With a higher response rate, the program will be able to assess how families respond to the SiMR.
- Establish technology infrastructure (survey link on EI website and service coordinator access to tablets) to implement the new survey and process effective April 1, 2017 for 9 CDSAs
- Changes to how the NCITP utilizes the family outcomes data will also support progress toward our SiMR as seen by CDSAs having timely access to program level data so they can monitor their response rate and families' performance on family and child outcomes.

Global Outcomes:

The GO Integration Implementation Team has worked to plan implementation and to develop the information, strategies, tools, and materials that will be used for implementation and personnel training. The following list of products developed or adopted by the team provide evidence of the progress made on the short-term outputs identified for this activity:

- Terms of Reference (TOR)
- GO Integration Implementation Plan and Framework
- Standard IFSP template that incorporates the three global child outcomes
- Standard definitions for the seven (7) COS ratings
- Decision Tree to help the IFSP team make more accurate and consistent COS rating decisions
- Talking Points for educating parents about global child outcomes and including parents in the ongoing data gathering and rating process
- Age-anchoring tools to help CDSA staff educate parents about typical child development and growth
- Child Assessment Tools to be used for ongoing monitoring and review of a child's developmental progress throughout program enrollment
- Readiness Assessment Tools for use with the CDSA for the purpose of local planning and pre-post evaluation of the GO integration process
- Personnel competencies for successful implementation of the GO integrated process
- Training Plan and selected course outlines
- GO integration workflow from referral to program exit
- Communication Plan and resources
- Brochure explaining the three child outcomes (for families)
- Standard letters for physicians and other primary referral sources explaining the CDSA's move to integrated global child outcomes within the context of the IFSP process

- COS quality and fidelity assessment tool for performance monitoring and evaluation

E.1. c. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SiMR.

The N.C. ITP has achieved very few outcomes at this stage, since the majority of effort has been spent planning and developing components needed for implementation within each strand. For the improvement strategy "creation of an EI service delivery model of clearly defined practice standards for equal access for children and families", one short-term outcome has been achieved, although it was accomplished through strategic planning. The outcome reached is increased flexibility of staff to support recent changes to the state system. To that end, staff have been assigned as liaisons to two CDSAs and serve in this capacity very much like the TA Center contacts for states. This helps ensure timely and consistent responses to questions. The N.C. ITP also established subject matter experts based on common subjects that arise related to early intervention. EIB staff maintain a tracking log on a shared drive that all liaisons and subject matter experts can access before responding to questions or seeking out a subject matter expert to respond to a question.

E.1. d. Measurable improvements in the SIMR in relation to targets

Measurable improvements in the SiMR in relation to targets are not yet ready to be reported, since implementation is just beginning. As noted throughout this SSIP report, progress has been made on developing activities and systems in preparation for moving forward with implementation. In addition to the work activities previously outlined for the Infrastructure Team, the FE Team has completed training efforts for the implementation of a new family outcomes survey that will begin in April 2017.

F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline.
2. Planned evaluation activities including data collection, measures, and expected outcomes.
3. Anticipated barriers and steps to address those barriers.
4. The State describes any needs for additional support and/or technical assistance.

F.1. Additional activities to be implemented next year, with timeline.

INFRASTRUCTURE TEAM

The Infrastructure Team will focus attention on developing procedures and training materials for the provider and interpreter agreements. The expected start date is April 2017 and completion is projected to be in June 2017. Training will be provided to CDSA directors in June 2017 so they can ensure providers and interpreters, as needed, understand expectations if they decide to enroll as providers.

Assessment of staff utilization will continue and be reviewed with N.C. ITP Leadership to ensure responsiveness and support are adequate to sustain the program. This process is not expected to reach a state of “completion”; rather it is anticipated that it will continue to be an area that requires continuous review and assessment to be flexible to address program needs, including that of the CDSA directors and staff.

The Infrastructure Team will also be turning attention to identifying and compiling best practices for dissemination of information, as well as developing a system for distribution of information on EBPs. Plans are currently underway to obtain TA to coordinate activities between and across the multiple Implementation Teams. A team lead meeting is scheduled for June 1, 2017.

PROFESSIONAL DEVELOPMENT TEAM

Once recommendations and revisions to drafted plans and procedures have been presented to stakeholders, feedback recommendations incorporated, and drafts finalized, the PD Team will start to develop an effective training and TA system for the statewide implementation of evidence-based practices to improve results for children and families. Steps for implementation will include an evidence-based approach to professional development geared towards adult learning strategies (e.g., awareness level training, training of mentors, and skill building). In the immediate future, the team will continue work to determine certification training and TA needs related to N.C. ITP certification roll-out for CDSAs/providers by Fall 2017.

The PD Team expects to implement the following activities over the next year:

- Work with program leadership to leverage partnerships with other early childhood systems by Spring 2017.
- Determine appropriate personnel and/or resources needed to support the centralized ITP certification process by Fall 2017.
- Design a system of technical assistance to support the practices of service coordinators and program supervisors by Fall 2017.
- Develop strategies for monitoring and evaluating PD activities by Fall 2017.
- Plan best practices for dissemination of specific training (master trainer model, web-based, external contract) in coordination with the Infrastructure Team, by Winter 2017-18.
- Execute plans for phased implementation by Spring 2018.

EVIDENCE-BASED PRACTICES TEAM

The following activities from the EBP Team Action Plan will take place in the following year (Phase III/year 2):

- Develop communication protocols for sharing information and decisions about EBPs.

- Utilize communication methods already in existence rather than create new ones (if effective).
- Align organizational structures and resources to support the EBP being implemented.
- Coordinate with the Infrastructure and PD Teams to ensure efficiency and effectiveness of efforts.
- Develop tools to measure implementation with fidelity.
- Collaborate with other SSIP teams to create evaluation/assessment tools for standards/practices for implementation of EBP model.
- Develop a communication plan to identify purpose, strategies, and suggested communications timeline for target audiences.
- Develop resources to support the communications strategies and plan, e.g., brochure, flyer, video, audio, etc.
- Develop a validated list of competencies required for successful EBP implementation, focusing on CDSA staff and EI service providers, parents, and community partners.
- Develop a training, TA, and consultation plan, including suggested strategies and resources.

FAMILY ENGAGEMENT TEAM

Once recommendations and final revisions to drafted plans and procedures, the FE Team expects to continue work on its family outcomes measurement system, family outcomes data plan, and implementing strategies from its Family Engagement Framework. The following activities are planned for Phase III, Year 2:

- Training on the changes to the family survey process for nine CDSAs in March for Phase I and May for Phase II, including training of service coordinators and program supervisors.
- Operationalize online access on the EI website (link to survey on the site) for families by April 2017.

- Provide access to family survey on tablets provided to CDSAs by September 2017.
- Implement additional feedback methods for families to provide input on the helpfulness of EI services to their families:
    - comment field added to survey (target = 4/1/17)
    - comment box added to N.C. ITP website (target = 4/1/17), family focus groups (target – 6/1/17 with focus groups facilitated yearly), parent interviews (target = January 2019).
- Assist in development of a text policy for N.C. ITP families with projected distribution of the policy by January 2018.
- Implementation of the Family Outcomes Survey-Revised/Section B for nine CDSAs in FFY 2016-17, to families, with evaluation of roll out.
- Results obtained for Family Outcomes for FFY 2016-17 and issued by October 2017.
- Statewide implementation of the Family Outcomes Survey-Revised/Section B for all 16 CDSAs in FFY 2017-18.
- Interim results obtained for Family Outcomes for July through December for FFY 2017-18 by March 2018.
- Approve the use in November 2017 of FOS-R/Section A during the Family Assessment, train staff, and implement by June 2018.
- Family focus groups facilitated at five (5) CDSAs in Spring 2017 with results submitted in June 2017.
- Transition family survey process from UNC-FPG to N.C. EIB by March 2018.
- Family Outcomes Data Plan discussed with N.C, ITP Leadership and strategies approved and implemented.
- Provide family leadership training to N.C. ITP families through ECAC (Basics of Early Intervention, Parents as Collaborative Leaders, and Serving on Group that Make Decisions) through 2017.
- Family Engagement training will be provided to all staff and embedded in the new CSPD system.

- Implement strategies outlined in the Family Engagement Framework to encourage families to be advocates, decision-makers and leaders.

GLOBAL OUTCOMES INTEGRATION TEAM

As a next step, the State Leadership Team will review the GO Implementation Plan and provide input on the logistics of statewide roll out of the GO integration process. The team will also continue to develop or finetune materials and carry out the implementation plan and timeline for roll-out.

The implementation plan calls for the creation of CDSA implementation teams to be trained on the integration process and materials. With expert guidance, CDSA implementation teams will complete the readiness assessments and begin planning for local implementation. It is anticipated that the integrated process will be implemented by the selected sites over the next 12 months and baseline data will be collected. Additionally, a formative evaluation should also be completed, which will include pre-post assessments for training, participant feedback on the new GO integration process, and a review of the quality and fidelity of global child outcomes qualitative and quantitative data. The timeline for implementing the GO integrated process will be finalized according to the coordinated plan for rolling out all SSIP initiatives and activities. This coordinated plan for roll-out will promote the logistical practicality of multiple practice changes and overall sustainability. Below are the action items for GO implementation:

- Prepare CDSA implementation teams for local implementation planning
- Complete readiness assessments per selected CDSA
- Develop local/CDSA implementation plan
- Complete selected trainings with CDSA staff
- Begin implementation per CDSA implementation plan
- Complete formative evaluation
- Communicate formative evaluation findings to staff and stakeholders, as appropriate

- Make mid-course corrections, as needed, based on formative evaluation
- Complete final evaluation of the integrated GO process at each pilot CDSA and communicate findings.
- Provide support for ongoing implementation and monitoring, as needed.

F.2. Planned evaluation activities including data collection, measures and expected outcomes.

The N.C. ITP will move forward with evaluating the effectiveness of the GO Integration roll out in the six (6) pilot sites originally identified in the Phase I SSIP report (Greensboro, Winston/Salem, Elizabeth City, Sandhills, Blue Ridge, and Cape Fear) as well as the family survey results. Given the data from the initial pilot sites for the GO process, the expectation is that the results will show a decrease as there is an increase in family participation in the process and more inter-rater reliability. North Carolina expects results to show decreased percentages for two years, before it levels out if the expansion data follow that of the GO pilot sites' data.

Since training has not yet been developed to incorporate the CSEFEL model as the selected EPB to address social emotional development, collection of data on the impact of use of these practices for next year is not likely. However, N.C. ITP does anticipate having some data around pre- and post- readiness of staff for these practices.

Family survey results will be collected, analyzed and reported next year. It is also anticipated that N.C. will have the results from the pilot sampling that is taking place between April and June 2017 in the nine (9) CDSAs to compare to preliminary roll out to the rest of the State.

FAMILY ENGAGEMENT TEAM

The FE Team will begin evaluating several key factors associated with family leadership and engagement and the family outcome survey next year. The information in Table 3 below is extracted from Section C1, Table 2 of this report and is presented here to address upcoming evaluation activities.

Table 3	
Key Measure	**Data Collection Procedures and Associated Timelines**
Number of families who were offered FOS-R at the Semi-Annual IFSP Review	CSDW Report; Created Jan2017
All FOS-R surveys completed	Returned family surveys; results due Dec 2017
Survey data is more representative of N.C. ITP enrollment	Demographics from State Data System Pre- and Post-comparison of representativeness; results due Dec 2017
Increase in FOS-R response rate (family response rate increases at least 75% after initiation of new survey & process; 75% increase of 13% is ~10% increase or a target of 23% response rate; Year 2 of FOS-R = 50% increase from year 1; Year 3 = 50% increase from year 2)	Response rate percentage as determined by returned vs distributed surveys; Results Dec 2017
Families increase performance on Indicator 4 subscales: families report that they know their rights, effectively communicate their child's needs, and help their children develop and learn. Long term outcomes = 10% increase in all three sub-indicators	APR Data for Indicator 4A, 4B, and 4C over time; Results Dec 2017
List of potential parent leaders	List of parents on ICC

	List of parents on Focused Monitoring or other EI monitoring activities List of parents who have participated in parent leadership trainings, focus groups, and other leadership activities

GLOBAL OUTCOMES INTEGRATION TEAM

In FFY 2017, it is anticipated that progress will be made toward achieving the two (2) intermediate outcomes associated with the GO integration process. The intermediate outcomes are: 1) Staff will be more knowledgeable about child outcomes integration into the IFSP and 2) Parents will be more knowledgeable about global child outcomes. Information about the measurement process is provided in Table 4 below:

Table 4

Key Measure	**Data Collection Procedures and Associated Timelines**
Staff will be more knowledgeable about child outcomes integration into the IFSP	A pre-assessment will be given to participants before training on the GO integration process and a post-assessment immediately follow training. The pre/post understanding of all training participants will be assessed. Timeline: TBD

Parents will be more knowledgeable about global child outcomes.	Parent report at enrollment and at exit. All parents enrolling their child in the N.C. ITP will be asked to participate in the pre-assessment, and all parents with children enrolled in the program at least six months at exit will be asked to participate in the post-assessment. Only the data from parents with both assessments completed will be used to measure the GO integration intermediate outcome 2. Timeline: TBD

Regarding long-term outcomes for the GO integration process, the N.C. ITP's original ToA identified family involvement as one of the strands of action that will positively impact the State's SiMR. The ToA suggested that the integrated global child outcomes process will improve family involvement by helping parents to better understand their children's developmental functioning related to same age peers and by helping parents to better communicate their children's needs and developmental progress. Two of the long-term outcomes of GO integration are related to the family involvement strand from the original ToA, which are: 1) parents are more likely to report being able to effectively communicate their children's needs, and 2) parents are more likely to report being able to help their children develop and learn. Although the GO Integration process was removed from the family involvement strand (FE) and made into a strand by itself, the outcome noted for this process in the original ToA remains the same.

The family engagement outcomes associated with GO integration will be measured using data from the new Family Outcome Survey, which will be implemented fully beginning in July 2017. Baseline data, based on a relatively short pilot (April to June 2017) in nine (9) CDSAs will be analyzed beginning in July 2017. These data will be compared to data collected from the Family Outcome Survey six (6) months following the implementation of the integrated GO process. This formative evaluation of the global outcomes integrated process using results from the Family Outcomes Survey will allow time for mid-course corrections to be made, if needed. Family Outcome Survey

results will be reviewed again 12 months following implementation of the GO integration process and compared to baseline data to determine whether the long-term outcomes were met.

Another long-term outcome considers the content of the IFSP. The outcome states that the majority of IFSPs will include global child outcomes in the IFSP. Since the IFSP format has been modified to integrate the three (3) global child outcomes, it is anticipated that CDSAs involved in the GO integration process will produce IFSPs that include the global child outcomes. Verification of this will be accomplished through record review using representative sampling of new IFSPs developed following implementation of the GO integration process.

F. 3. Anticipated barriers and steps to address those barriers

One possible barrier to effectively evaluating the SSIP activities is the difficulty of singling out the effects of an individual activity when multiple activities are being implemented simultaneously. This potential barrier will likely have the greatest impact on the measurement of intermediate and long term goals of the individual SSIP activities. It is not likely to negatively affect the measurement of the overall SIMR, since it is an individual measure of the success achieved collectively across all SSIP activities.

Cross-team planning for implementation roll-out of the recommended SSIP activities will take into consideration this potential barrier to effective evaluation. Ideas will be generated to minimize the barrier, which will be incorporated into the development of a coordinated implementation plan for SSIP activities.

F. 4. The State describes any needs for additional support and/or technical assistance

North Carolina will continue to obtain support and TA from ECTA, DaSy, NCSI, UNC/FPG, and leverage resources from other early childhood programs such as from DCDEE. Shelden & Rush, who besides providing training statewide are also involved in different SSIP Implementation Teams, along with several staff members from FIPP. Access to the various collaboratives through NCSI have been helpful and supportive, as have the cohort groups in which N.C. participates. These supports have, to date, been readily available and met State needs. At this time, nothing additional is anticipated, as long as these resources remain available to the teams.

APPENDICES

North Carolina Infant Toddler Program (ITP) Theory of Action

Strands of Action	If ITP…	Then…	Then…	Then…
Provider Network	…develops a statewide provider network structure with a system of accountability, incentives and sanctions that promote evidence-based practices	…local programs will have greater access to IFSP services for children with disabilities … provider practices will be better understood and will provide the ITP with the ability to ensure that appropriate EBPs are being used, and fidelity is being met (where applicable).	…evaluation and assessment of S/E development will be more consistent at the local programs …families will be more informed about S/E practices that can impact development …provider and CDSA staff will have greater access to best practices and EBPs … ITP will be more capable of supporting local programs for training and TA, particularly around S/E outcomes …ITP will have better quality data on impact of EI on Family Outcomes	…NC will increase the percentage of children who demonstrate progress in positive social-emotional skills (including social relationships) while receiving Early Intervention services
Professional Development & Standards	…expands the current professional development system to include additional and varied opportunities for professional growth and knowledge around S/E practices	… CDSA staff and network providers will have increased access to training and professional development resources …standards in the state for evaluation and assessment of S/E development will be more consistent		
State Planning & Dissemination	…fortifies the state system for planning and dissemination	… the state would better identify S/E best practices and EBPs at the provider and staff level to disseminate across the state …ITP staff roles will be more flexible to support recent changes to the state system		
Family Involvement	…expands child outcomes integration and examines the current Family Outcomes data collection methods	… parents in the program will better understand their child's functioning related to same age peers and know how to communicate their child's needs and progress …data collected from families will more accurately represent the children and families served in EI		
Practice Standards	…creates a system to identify and implement the most effective Early Childhood EBPs targeting S/E development of children with disabilities	…providers and local programs will have clearly defined interventions to use with children and families served in EI		

NORTH CAROLINA INFANT TODDLER PROGRAM (THEORY OF ACTION) Revised March 2017

Strands of Action	If N.C. ITP . . .	Then. . .	Then. . .	THEN . . .
INFRASTRUCTURE	develops a statewide provider network structure with a system of accountability, incentives and sanctions that promote evidence-based practices, and fortifies the state system for planning and dissemination,	N.C. ITP will be able to ensure that EBPs are being used with fidelity (where applicable); local programs will have greater access to IFSP services; the state will be able to better identify S/E EBPs to disseminate across the state; N.C. ITP staff roles will be more flexible to support changes to the state system,	providers and CDSA staff will be more knowledgeable of S/E best practices and EBPs, families will be more informed about S/E practices that can impact development, evaluation/assessment of S/E development will be consistently applied at the local level, providers and local programs will use evidence-based practices, particularly around social-emotional development, N.C. ITP and CDSAs will have quality data on the impact of the N.C. ITP on family outcomes, parents will be more likely to report being able to effectively communicate their children's needs, parents will be more likely to report being able to help their children develop and learn,	**N.C. will increase the percentage of children who demonstrate progress in positive social-emotional skills (including social relationships) while receiving N.C. ITP services**
PROFESSIONAL DEVELOPMENT	expands the current professional development system by creating a standardized system of personnel development that increases opportunities for professional growth and knowledge around S/E practices, including consistent standards for evaluation and assessment,	CDSA staff and network providers will have greater access to a consistent set of training and professional development resources; standards in N.C. for evaluation and assessment of social-emotional development will be consistent across local programs,		
EVIDENCE-BASED PRACTICE	creates a system to identify and implement the most effective early childhood EBPs targeting S/E development of children with disabilities,	providers and local programs will have access to clearly defined evidence-based practices to use with children and families to promote social-emotional development,		
FAMILY ENGAGEMENT	implements a Family Outcomes Measurement System (FOMS) that collected information that is representative of all N.C. families;	data collected from families will more accurately represent the children and families served in the N.C. ITP,		
GLOBAL OUTCOMES	expands the integrated global outcomes (GO) process; disseminates GO data at the CDSA level,	parents will better understand their child's functioning related to same age peers, including social/emotional functioning; GO summary ratings, otherwise known as COS ratings, will more reliably represent the children served in the N.C. ITP; CDSAs will use data to enhance and sustain program improvements,		

Family Outcomes Survey

Instructions: Section B of the Family Outcomes Survey focuses on the helpfulness of early intervention. For each question below, please select how helpful early intervention has been to you and your family over the past year: Not at all helpful, a little helpful, somewhat helpful, very helpful, or extremely helpful.

		Not at all helpful	A little helpful	Somewhat helpful	Very helpful	Extremely helpful
Knowing your rights						
How helpful has early intervention been in…						
1.	giving you useful information about services and supports for you and your child?	○	○	○	○	○
2.	giving you useful information about your rights related to your child's special needs?	○	○	○	○	○
3.	giving you useful information about who to contact when you have questions or concerns?	○	○	○	○	○
4.	giving you useful information about available options when your child leaves the program?	○	○	○	○	○
5.	explaining your rights in ways that are easy for you to understand?	○	○	○	○	○
Communicating your child's needs						
How helpful has early intervention been in…						
6.	giving you useful information about your child's delays or needs?	○	○	○	○	○
7.	listening to you and respecting your choices?	○	○	○	○	○
8.	connecting you with other services or people who can help your child and family?	○	○	○	○	○
9.	talking with you about your child and family's strengths and needs?	○	○	○	○	○
10.	talking with you about what you think is important for your child and family?	○	○	○	○	○
11.	developing a good relationship with you and your family?	○	○	○	○	○
Helping your child develop and learn						
How helpful has early intervention been in…						
12.	giving you useful information about how to help your child get along with others?	○	○	○	○	○
13.	giving you useful information about how to help your child learn new skills?	○	○	○	○	○
14.	giving you useful information about how to help your child take care of his/her needs?	○	○	○	○	○
15.	identifying things you do that help your child learn and grow?	○	○	○	○	○
16.	sharing ideas on how to include your child in daily activities?	○	○	○	○	○
17.	working with you to know when your child is making progress?	○	○	○	○	○

Evidence-Based Programs Considered by the EBP Team

Program Name	Website
Attachment and Biobehavioral Catch Up (ABC)	http://www.infantcaregiverproject.com/about_us
Center on Social Emotional Foundations for Early Learning (CSEFEL)	http://csefel.vanderbilt.edu/index.html
Positive Parenting Program (Triple P)	http://www.triplep.net/glo-en/home/
The Incredible Years	http://www.incredibleyears.com/
Natural Learning Environment Practices (NLEP)	http://www.coachinginearlychildhood.org/nlepractices.php
The Hanen Program for Parents	http://www.hanen.org/Home.aspx
Child First	http://www.childfirst.org/
Family Guided Routine Based Interventions	http://fgrbi.fsu.edu/

Early Start Denver Model	http://www.psych.med.umich.edu/professional-training/
Responsive Teaching Intervention	https://www.down-syndrome.org/perspectives/311/#Mahoney2007
Play and Language for Autistic Youngsters (P.L.A.Y.)	https://www.playproject.org/assets/PLAY_Project_Home_Consultation_Intervention.1.pdf
Promoting First Relationships (NCAST)	http://ncast.org/
Play And Learning Strategies (PALS) I & II	https://www.childrenslearninginstitute.org/programs/play-and-learning-strategies-pals/
Developmental Parenting	https://www.acf.hhs.gov/sites/default/files/opre/roggman.pdf
Relationship Focused Intervention	http://etecom.org/dosyalar/Mahoney_x_Peralesx_2003.pdf

Global Outcomes Quality Assessment Tool

Child's Name: _____ DOB: _____ GO Type: ___Initial ___Exit GO Date: _____

Reviewer: _____ Review Date: _____ CDSA: _____

Standards:

Quality Standard	1 -Unacceptable	2 -Acceptable	3-Best Practice
1. All skills and behaviors should be described functionally (in the context of daily living).	The description of the child's functioning is only or mostly based on discrete skills that are not in the context of daily living.	The description of the child is mostly based on functional behaviors and activities in the context of daily living with some testing items or results included.	The child's skills and behaviors are described functionally in the context of daily living.
2. The examples used to illustrate a child's functioning should fit within the definition of the outcome being addressed.	Most of the examples used to illustrate the child's functioning do not fit with the child outcome.	Most of the examples used to illustrate the child's functioning clearly fit the child outcome.	All of the examples used to illustrate the child's functioning fit within the definition of the outcome being addressed.
3. The child's functioning should be described across settings, situations and people.	The description of the child's functioning does not include information about setting, situation and people or includes information on some but not all of these factors.	The child's functioning is described across at least one setting, situation and person or more than one in some instances.	The evidence describes the child's functioning across multiple settings, situations and people.
4. All 5 developmental domains must be addressed across the 3 child outcomes.	All 5 domains are not addressed across the 3 child outcomes.	All 5 domains are addressed across the 3 child outcomes, but this is accomplished by including the use of discrete skills that are not in the context of daily living.	The evidence across the 3 child outcomes clearly addresses all 5 developmental domains in functional terms.

Global Outcome Summary Quality Assessment:

Review each child outcome against the standards above. For each standard decide which statement best describes the outcome that is under review. In the table below, record the rating decision: 1=unacceptable, 2=Acceptable or 3= Best Practice. Note important findings or things that you want to remember in the Reviewer Comments.

	Ratings		
Quality Standard	**Outcome 1**	**Outcome 2**	**Outcome 3**
1. All skills and behaviors should be described functionally			
2. The examples used to illustrate a child's functioning			
3. The child's functioning should be described across	One response for all 3 outcomes:		
4. All 5 developmental domains must be addressed across	One response for all 3 outcomes:		

Reviewer Comments:

GLOBAL DEVELOPMENTAL OUTCOMES DECISION TREE FOR FAMILIES

Does your child use ***any*** age expected skills in everyday activities across people, settings and situations?

NO

Which best describes your child?

- ***S***kills are like a ***much*** younger child.
- Has ***some*** skills like a younger child; ***most*** are like a ***much*** younger child.
- Skills are like a younger child.

YES

Is your child using age expected skills in ***all*** daily activities?

NO

Which best describes your child?

- Uses a ***few*** age-expected skills; ***most*** skills are like a younger child.
- Uses ***some*** age expected skills ***and some*** skills that are like a younger child.

YES

Which best describes your child?

- Uses ***age expected*** skills in ***all*** daily activities across people, settings and situations.
- Uses ***age expected*** skills in ***all*** daily activities; there are still ***some concerns in*** _____.

Much Younger → **Younger** → **Some Age Expected** → **All Age Expected**