STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)
PHASE III – YEAR 2

North Carolina

April 2, 2018

Phase III Report Outline

A. Summary of Phase III

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 SSIP is a multi-year plan that aims to increase the capacity of the early intervention system to implement, scale-up and sustain evidence-based practices. This report, the *N.C. ITP SSIP Implementation Phase III – Year 2 Report*, provides an update on progress related to activities and implementation of activities that support the N.C. ITP SSIP. This report includes information about SSIP activities from April 4, 2017 through March 15, 2018. Language in the report referring to the SSIP reporting year refers to the April 2017-March 2018 reporting window.

North Carolina's State-identified Measurable Result (SiMR) focus is Indicator 3A, Summary Statement 1, which measures the *percent of infants and toddlers receiving early (EI) services with IFSPs who demonstrate improved positive social-emotional skills (including social relationships) and a substantial increase in their rate of growth by the time they turn three years of age or exit the program.* The SiMR was identified by stakeholders in Phase 1 (2015). State-identified Measurable Result data is based on data collected for Indicator 3 of the Annual Performance Report (APR) and therefore uses the same reporting period of the APR. The APR reporting period for Fiscal Year 2016 is July 1, 2016-June 30, 2017.

Over the past year, North Carolina has invested much time and energy toward establishing a foundational infrastructure to guide the SSIP work and focusing the overall SSIP by determining a subset of evidence-based/evidence-informed practices and processes to be implemented. A guiding theme of the work is:

"***If you want to go fast, go alone. If you want to go far, go together. – African Proverb***

Utilizing the National Implementation Research Network approach of Active Implementation Frameworks, the N.C. ITP is leveraging principles of implementation science, with a particular emphasis on:
Implementation teams
Implementation drivers
Usable intervention criteria
Improvement cycles

The N.C. ITP's core focus of Phase III-Year 2 has been to build shared capacity in using implementation science principles and to establish an overall SSIP teaming structure (consisting of a state design team (SDT), state implementation team (SIT), and local implementation teams (LITs) to provide clarity on SSIP governance and organizational structure, internal and external communication processes, and selection of priority strategies to implement.

Noting the scope and scale of the staff/providers that comprise N.C.'s early intervention system is a critical consideration as efforts are underway to increase the overall capacity of the system to create

lasting and impactful changes to child and family outcomes. The table below provides a snapshot of the approximate total number of personnel in the N.C. ITP based on data from March 2018 and an overview of state and local level actors and their roles that provide support to enrolled children and families.

N.C. ITP	Role	Number of staff/providers
North Carolina Early Intervention Branch	State lead agency for oversight of Part C; responsible for general supervision, TA, federal reporting, program monitoring, and overall administration of N.C. ITP	16
Children's Developmental Services Agencies (CDSA) (16)	Local lead agencies responsible as single point of entry for the N.C. ITP and which are responsible for conducting eligibility evaluations and assessments, provide service coordination, ensure Individualized Family Service Plans (IFSPs) are developed and implemented, and support transitions	*Approximately 900
Contract service providers	Special instruction providers (in North Carolina referred to as Community-based rehabilitation service), OT, PT, SLP, psychologist, and other community service providers that contract with N.C. ITP to provide services to families	Approximately 3000
Total		3916

*this number denotes the total number of employed staff at CDSAs across the state. Approximately 85% of these staff provide direct service/support to children and families.

The number of contract providers is an estimate as some contract providers provide service to multiple CDSAs, may not have any children on their current caseload, and may also choose not to serve children in the program. It is anticipated that the revisions to the provider agreement may also impact the total number of contract providers. The N.C. ITP intends to establish a centralized provider network to better track the number of providers available to provide services to children enrolled in the program. This will provide a centralized mechanism to track providers and will provide critical information to the program to better support planning efforts for professional development activities and scale up of selected practices.

In this reporting year, the North Carolina Early Intervention Branch (N.C. EIB) experienced staffing shifts that impacted the pace and progress of SSIP plans. Two technical assistance staff left the program (one resigned in May 2017 to assume a position as an Assistant Director at a CDSA and one retired in November 2017) and the N.C. ITP Program Manager (who also served as the Global Outcomes Integration lead) was out beginning in July 2017 due to family and medical reasons for approximately 6 months. In addition, the N.C. ITP has undertaken concurrent system improvement initiatives (i.e. N.C. EIB reorganization to improve alignment with the General Supervision framework, exploration of a new data system, refining its TA and monitoring system) that have necessitated significant staff time and budget allocations to ensure all initiatives have the resources needed for implementation. The realities of limited staff, capacity and resources have required staff to assume multiple professional roles, challenged staff morale and led the N.C. ITP to reevaluate SSIP plans and narrow the focus of SSIP to

ensure that it was achievable and successful in improving our SiMR. Despite losing almost three leaders in the N.C. SSIP work, slow and incremental progress was made in shoring up critical aspects of infrastructure and streamlining SSIP work.

With this, North Carolina's SSIP plan has narrowed its focus to enhance the N.C. ITP infrastructure by using evidence-based practices applying principles of implementation science and prioritizing implementation of three strategies:

Coaching and Natural Learning Environment Practices (NLEP)
Global Outcomes Integration (GO)
Social Emotional Foundations for Early Learning (SEFEL)

This year's SSIP report provides updates on all strands previously discussed in the Phase I, II, and III reports. It provides data and detailed progress for the identified strategies listed above and revised Theory of Action (see page 16) to reflect the shifts in SSIP plans.

1. Theory of action (ToA) or logic model for the SSIP, including the SiMR

   North Carolina modified its ToA to reflect decisions made in Phase III-Year 2. Changes in the ToA align with the infrastructure focus on establishing a sound implementation infrastructure to support implementation of select evidence-based practices and processes: Coaching and Natural Learning Environment Practices, Social-Emotional Foundations for Early Learning, and Global Outcomes Integration. Information regarding the proposed changes to the SSIP and the revised ToA can be found on page 16.

2. The coherent improvement strategies or <u>principle activities</u> employed during the year, including infrastructure improvement strategies

   In May 2017, the N.C. ITP hired a State Data Manager to also serve as lead and to direct the SSIP work. The Early Intervention (EI) Branch Head/Part C Coordinator had previously overseen the SSIP. The newly hired State Data Manager brought extensive knowledge, experience and leadership in implementation science and systems change work. At the time of the transition, N.C. had five SSIP implementation teams, or content area teams (CATs) - infrastructure, professional development, family engagement, evidence-based practices, and global outcomes integration. Each team had developed recommendations to be considered for implementation. However, because there was no clearly defined governance structure and/or infrastructure to guide the implementation of the team recommendations, the work stalled. Staff who had led SSIP teams felt fatigue from the intensive work invested in the SSIP and frustration in not knowing how the work would progress.

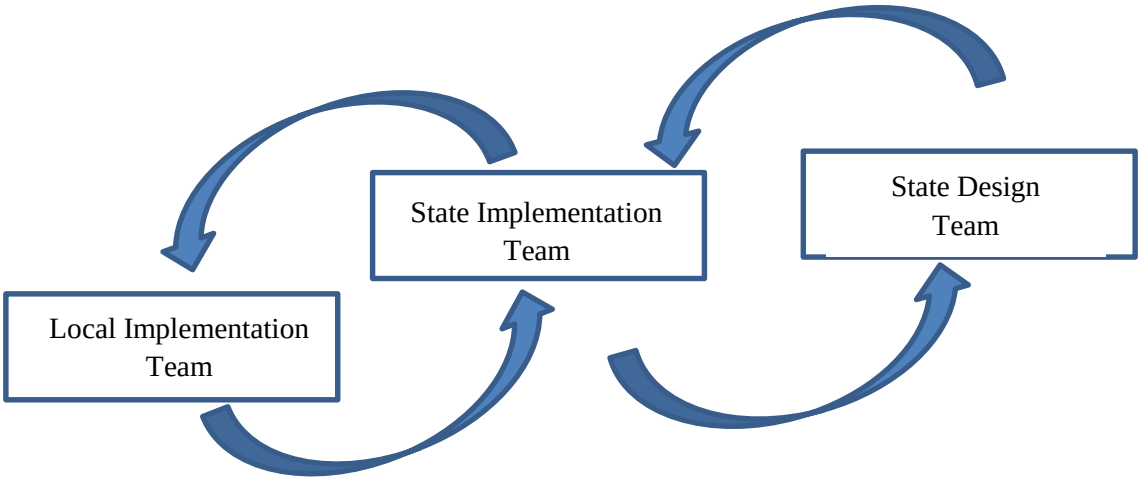
   To better understand the successes and challenges the SSIP team leads had experienced, the State Data Manager distributed a survey to them. Overall survey results indicated the SSIP team leads enjoyed collaboration with stakeholders and had success in managing the work of their respective teams. Areas for improvement included:
   - improved overall initiative organization, leadership, and governance;
   - dedicated time for joint planning between SSIP teams and in collaboration with CDSA Directors;

- establishing a clear consolidated work plan that includes all Implementation Team strategies/activities; frequent and transparent communication to SSIP teams and stakeholders (any changes are communicated before implementation);
- accountability to process, plans, and timelines;
- building a network and partnership with agencies/experts in infant and early childhood mental health; and
- enhancing the SSIP evaluation plan.

A summary of the survey results is included in Appendix 1. These data helped inform and guide the work of SSIP for this reporting year. In addition, the implementation science framework established the overall implementation infrastructure for the SSIP and to build N.C. leadership's capacity to use implementation science.

A SSIP teaming structure proposed in June 2017 helped to govern, oversee, and support implementation of various recommendations put forth by the teams. The N.C. SSIP implementation infrastructure consists of multiple teams, including the State Design Team (SDT), State Implementation Team (SIT), and Local Implementation Teams (LITs). Core competencies of all teams, include:

- Knowing the strategies;
- Knowing implementation science/principles and best practices;
- Using data for program improvement;
- Knowing improvement cycles to make strategies and implementation methods more effective and efficient over time; and
- Promoting systems change at multiple levels to create hospitable cultures, cultures, policies, and funding streams.



Implementation teams focus on

- Increasing buy-in and readiness
- Installing and sustaining the implementation infrastructure
- Assessing and reporting on fidelity and outcomes
- Building linkages with external systems
- Problem-solving and promoting sustainability

Each of these teams are described below:

State Design Team: The SDT is comprised of the team leads of each of the content area teams (CATs) who led efforts to identify key recommendations to support the SSIP. The SDT oversees the implementation of the recommended service strategies and is responsible for the overall guidance and coordination of the work. Its work includes decision-making on recommendations, leading state-level communications and dissemination of SSIP work, overseeing evaluation work, removing barriers and identifying needed resources to support successful implementation.

State Implementation Team: The SIT for the SSIP will be established in 2018 and will be comprised of CDSA Directors/staff and content experts for each of the recommendations/strategies. The SIT will meet at least monthly to share information, ensure coordination of services, and create materials and plans for implementation. The SIT will assist with a variety of activities, such as reviewing data and making recommendations for next steps, understanding the context for each strategy, and providing additional strategy-related information to early intervention staff. In addition, SIT members will discuss cross-cutting themes around strategy implementation.

Local Implementation Team: The LITs will be established in 2018 for each N.C. SSIP pilot CDSA. The LIT will be comprised of six to eight implementation team members, including CDSA staff and contract providers. The LITs will carry out implementation and system-building activities (as directed by the SIT), communicate successes and challenges to the SIT, provide feedback to SIT leadership about barriers, support collaborative relationship building, develop 'fluency' in county strategies and in Implementation Science. LITs will meet regularly to establish a shared understanding of the N.C. SSIP effort, a general understanding of each strategy, build capacity in using implementation science principles, and to build or enhance collaborative relationships. These teams will become local experts that support purposeful, active and effective implementation of the SSIP strategies.

Progress on Establishing SSIP Implementation Teaming Structure

The SDT membership consists of key staff from the N.C. EIB, including:

- Part C Coordinator/Early Intervention Branch Head
- State Data Manager/SSIP Lead
- Program Manager
- Technical assistance coordinators
- Monitoring staff
- Data team staff
- Communications staff
- CDSA Director

The SDT membership includes N.C. ITP staff who served as SSIP team leads and are critical players in the N.C. early intervention system. The cross-professional nature of membership allows for:

- shared capacity-building in using implementation science principles;
- greater cross-team communication and identification of areas of integration;
- distributive leadership to ensure maintenance, leadership and sustainability of SSIP efforts (in the event of staff turnover and/or absence);
- improved coordination amongst N.C. ITP staff;
- leveraging perspectives from staff that serve in various facets of the N.C. ITP system;
- collaborative decision-making amongst N.C. ITP staff for buy-in and ownership in the SSIP work; and
- a teaming structure to help re-establish momentum and guidance on how SSIP work would influence system changes necessary to ensure effective implementation of infrastructure and selected evidence-based practices.

Much of the year was dedicated to the establishment of the SDT. The SDT initially held day-long biweekly meetings for the first quarter and subsequent monthly meetings for the remainder of the year. This was to ensure sufficient time was dedicated to shared learning and capacity-building around the 18 recommendations from CATs and implementation science, examining or establishing SSIP structure and processes, planning for greater stakeholder engagement in the work, and supporting overall team function. In addition to the technical aspects of the SSIP work, a great deal of time was dedicated to adaptive work of the team. Staff involved with the SSIP were adjusting to a new SSIP lead and a new teaming structure while overcoming the frustration and fatigue of the effort. Despite the SDT losing three crucial members, it made slow and incremental progress in shoring up critical aspects of infrastructure and focus and streamlining SSIP work, as reflected in the revised ToA.

A critical aspect of the work was intentional and thoughtful planning to engage the SIT and LITs. Members of the SDT determined that engaging the SIT would occur after the SDT had clarity with respect to the selected strategies for implementation, the SSIP process and plans for the remainder of the work. It was also thought that the SIT would be a strategic and thoughtful way to engage CDSA Directors and leadership into the planning and implementation of SSIP activities. Therefore, the SDT invited CDSA Directors to serve on the SIT at a Leadership team meeting (that included EIB staff and all CDSA Directors) in February 2018. The team will be established and start meeting by April 2018. As the SDT and SIT plan for roll-out and scale-up of selected strategies, LITs will be formed, likely in the late summer/Fall of 2018.

The SIT and LITs, when engaged in 2018, will consist of membership from the selected pilot sites and members of original implementation teams. The SIT and LITs will assess and support purposeful, effective implementation of selected social emotional interventions and strategies. These teams will work together on a regular basis to support the successful installation and initial implementation of services and strengthen implementation capacity.

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

<u>Coaching and Natural Learning Environment Practices</u>: Training from Drs. M’Lisa Shelden and Dathan Rush (Shelden and Rush) around Coaching and Natural Learning Environment Practices (NLEP)

continued across the state. Coaching is an interaction style and an adult learning strategy used to build the capacity of a person to improve existing abilities, develop new skills, and gain a deeper understanding of his or her practices for use in current and future situations. Drs. Shelden and Rush note that a "*practitioner-as-coach approach can provide the necessary parent supports to improve their child's skills and abilities rather than the professional working directly with the child. As part of early childhood practices, coaching promotes self-reflection and refinement of current practices by the person being coached. This results in competence and mastery of desired skills for the early childhood practitioner and the parents participating in coaching.*" N.C. ITP staff have received training on five key characteristics of coaching practice (taken from *The Early Childhood Coaching Handbook*, Dathan D. Rush and M'Lisa Shelden, 2011, Chapter 5 pps.57-76), which include:

- Joint planning: agreement by the coach and coachee on the actions they will take or the opportunities to practice between coaching visits.
- Observation: examination of another person's actions or practices to be used to develop new skills, strategies, or ideas
- Action: spontaneous or planned events that occur within the context of a real-life situation that provide the coachee with opportunities to practice, refine, or analyze new or existing skills
- Reflection: analysis of existing strategies to determine how the strategies are consistent with evidence-based practices and how they may need to be implemented without change or modification to obtain the intended outcome(s) and
- Feedback: information provided by the coach that is based on his or her direct observations of the coachee, actions reported by the coachee, or information shared by the coachee and that is designed to expand the coachee's current level of understanding about a specific evidence-based practice or to affirm the coachee's thoughts or actions related to the intended outcomes.

In addition, staff have received training in Natural Learning Environment Practices (NLEP) which are practices that support parents and other care providers of children in understanding the critical role of everyday activity settings and child interests as the foundation for children's learning opportunities. The three elements of Natural Learning Environment Practices are:

- Activity Settings - examples include taking a walk, eating a snack, riding in a car, watering the garden, going down a slide at the park.
- Child Interest - identifying the child's interest and supporting the caregiver to use the child's interests to promote participation in an activity
- Parent Responsiveness - Actively engage or follow parent/teacher lead in the routine/activity; Supporting the adult in fostering child participation; Intentionally model/teach new interaction strategies (if needed) to promote the child's participation

The Phase III Year 1 report provides an overview of initial trainings conducted with three CDSAs in FY 2016 for Coaching and NLEP (http://www.beearly.nc.gov/data/files/pdf/N.C._SSIP_PhaseIII.pdf). An additional nine CDSAs received training in this SSIP reporting period, totaling 12 CDSAs (out of the 16) in the state.

The table below provides an overview of the trainings and number of staff who received training:

Number of CDSAs	Initial 2-day training	*Follow up 1-day training	Master Coach training	Booster training
12	12	4	12-13 Master Coaches were in each Master Coach (MC) training. One (1) day MC training followed each initial 2-day NLEP/Coaching training	4 CDSAs were previously trained in April 2015

*A subset of CDSAs received initial training from staff who work for Dr. Shelden, Director of ~~at~~ the Family Infant Preschool Program (FIPP) and Dr. Rush, Associate Director of FIPP. Feedback from the directors and a call with Shelden and Rush resulted in the four (4) CDSAs being offered another two-day training conducted by Shelden and Rush. The CDSA directors later indicated they only needed one day that would focus on coaching interaction styles for working with families and providers. The one-day training was completed in January 2018.

In this SSIP reporting year, the Part C Coordinator has led much of the implementation of this evidence-based practice; given her relationship with FIPP leadership and staff, she had been the point of contact with Shelden and Rush for state-level requests to support the planning of trainings, discussions around sustainability, and evaluation efforts. Appendix 2 provides an overview of initial exploratory plans related to trainings and sustainability.

Five FIPP staff and two staff from the Mecklenburg CDSA serve as fidelity coaches for CDSA MCs. All staff that attended the two-day training on coaching and NLEP are required to write at least one coaching log (logs) per month. The logs have a two-fold purpose: use by the MC to get to fidelity with the fidelity coach and use by the MC to coach the writer of the log (coachee) and develop the MC's coaching skills so s/he can support others.

Each MC is supported by a fidelity coach for six months following the two-day NLEP and Coaching training. This is time used to meet with the fidelity coach, review and code logs using a reflective questioning framework to inform and enhance their skills, which in turn will support staff at the CDSA whom the MCs are coaching. The reflective questioning framework looks at both the type and content of questions. There are four types of questions: awareness, analysis, alternatives and actions. Question content looks at knowledge/understanding; practice; outcomes; and evaluation (taken from *The Early Childhood Coaching Handbook*, Dathan D. Rush and M'Lisa Shelden, p. 78, 2011).

<u>Global Outcomes (GO) Integration</u>: Ongoing work to refine the materials and processes for GO Integration actively occurred from March 2017 - June 2017. The original two GO pilot sites received refresher trainings with revised materials in May and June 2017. Trainings included the following components:

- An overview of the GO integrated process as it relates to SSIP and the SiMR,
- Enhancements to materials and resources for staff and families,
- Family engagement, including a refresher on effective facilitation and observation skills,
- Gathering and using functional information in relation to the development of child outcome summaries and IFSP goals, and
- Parent education with a focus on helping parents have a better understanding of child development (typical and atypical) in an effort to promote family engagement in IFSP planning, monitoring and discussing the developmental status of their own children compared to same age peers.

Following training, participants at one of the training sites responded to a survey that provided feedback on their learning, the new knowledge and skills that they would immediately put into practice, the value of the training content to their jobs, their overall satisfaction with the training and suggested improvements, and the additional training needs that they have associated with the GO process. A summary of the survey results is in Appendix 3.

In the Spring of 2017, a Data Quality Management Plan (DQM-plan) template was created for use by local programs to improve data quality and usage associated with child outcomes and other compliance and performance indicators connected with the program. The 16 CDSAs, located across N.C., were asked to develop a local DQM-plan, using the template and to implement it locally by July 1, 2017.

From June 2017 onwards, further work on GO was postponed until the return of the project lead (who had taken leave due to family and health reasons).

4. Overview of the year's evaluation activities, measures, outcomes, and progress implementing the SSIP

The table of N.C.'s evaluation activities and updates on progress for all of the originally proposed SSIP recommendations can be found in Appendix 4. In the Fall of 2017, the State Design Team engaged in a structured process to determine the feasibility to implement all proposed recommendations.

Three recommendations from two of the strands of the ToA achieved notable progress: Family Engagement, Teletherapy and Provider Agreement. In the original Theory of Action (please refer to p.8 of the Phase III-Year 1 report), the Family Engagement strand included revising the Family Outcomes Measurement Process and the Infrastructure strand included work on exploring the feasibility of Teletherapy to increase access to services and strengthening the Provider Agreement to ensure consistency and accountability. A brief description of their accomplishments is highlighted below:

<u>Family Engagement</u>

The N.C. ITP overhauled the Family Outcomes Measurement Process and began implementation of the revised Family Outcomes Survey (FOS). The changes to the FOS process have resulted in significantly improved response rates overall, as well as among all racial/ethnic and language groups, resulting in responses more reflective of the population served by the N.C. ITP. In FFY 2016, nine CDSAs piloted the revised process. The N.C. ITP's response rate increased from 13.1% in FFY 2015 to 37.2% for FFY

2016 – a 24.1 percentage point increase. The increase for Hispanic children and Spanish-speaking families was even greater (a 36.3 percentage point increase for Hispanic children and a 38.4 percentage point increase for families whose preferred language is Spanish). See Table below for reference. In addition, more than 90% of families responded positively on all three components of the survey. Table 2 shows results for Indicator 4 for FY 2016.

Table 1. Race/Ethnic Breakdown of Family Outcomes Survey Response Rate

Race/Ethnicity	**FY 15-16 Response Rate**	**FY 16-17 Response Rate**	**Difference**
White	15.20%	37.60%	22.40
Black or African American	7.70%	30.30%	22.60
Hispanic	8.50%	44.80%	36.30
English	13.40%	35.40%	22.00
Spanish	10.70%	49.10%	38.40
Overall	**13.10%**	**37.20%**	**24.10**

Table 2. Results for Indicator 4 for FY 2016

Percent of families participating in Part C who report that early intervention services have helped the family:		Percentage
Know Their Rights	Target A ≥	75.00%
	Actual	92.8%
Effectively communicate their children's needs	Target B ≥	72.50%
	Actual	94.9%
Help their children develop and learn	Target C ≥	84.00%
	Actual	90.8%

In FY 2017, all CDSAs will implement the Section B of the FOS. To help support implementation of the FOS, each CDSA designated a Family Outcomes Coordinator (FOC). FOCs meet quarterly to review data, share lessons learned and discuss data quality issues. Section A will be rolled out in Phase III-Year 3. Data from this survey (addressing Indicators 3a and 3b) will serve as a baseline for the GO evaluation effort.

In addition to the success of the initial implementation of the revised FOS, family focus groups and interviews were conducted in five CDSAs with 21 participants. The following themes were shared by most of the focus groups:

- Parents reported a high degree of satisfaction with the quality of services they receive and the people who coordinate and provide those services.
- Families indicated that their service coordinators were accessible and responsive to their concerns and the needs of their family.
- Most families felt they would benefit from opportunities to engage with other parents receiving EI services (parent–to -parent support).
- When asked about parent leadership activities most parents were unsure because it sounded overwhelming and time consuming.
- Many of the parents stated or agreed that the distraction of everyday demands was the primary barrier to completing the survey.
- All participants expressed some level of anxiety about exiting the program and transitioning from IFSP to IEP.
- Parents spoke of feeling "overwhelmed" because of the day-to-day demands and navigating all that needs to happen in a day.

In FY 2017, an additional set of five CDSAs will conduct family focus groups. Work is also underway to enhance parent leadership capacity with families who were enrolled in the N.C. Infant Toddler Program.

A parent leadership training, titled "Serving on Groups," was held in March 2017, however, only two families attended. Evaluation results noted that while the training was beneficial for those who attended, the time commitment and families feeling overwhelmed were noted as key challenges. This reinforces key findings from focus groups. An additional parent leadership training is scheduled for March 2018.

Lessons learned from successes and areas of improvement for survey implementation, family focus groups, and parent leadership trainings will be reviewed to increase response rates and participation.

<u>Infrastructure</u>

Teletherapy

Teletherapy was identified as an SSIP strategy to address root causes identified in Phase I. In Phase I, SSIP stakeholders noted a lack of community service providers in rural areas of N.C. which created a resource burden on the CDSAs and subsequently affected service delivery of IFSP services. The rationale for teletherapy was that increased access to providers would allow for IFSP service delivery to occur more often as prescribed, which would ultimately lead to improved outcomes for children. A pilot began in FY 2017 to explore the feasibility of this type of therapy in the N.C. ITP.

The teletherapy initiative made significant progress in Phase III-Year 2. The innovative approach was piloted with a speech language pathologist in one CDSA in Western N.C. where geographic dispersion and limited providers create a dearth in service provision to support families. The pilot has been successful in providing intervention support. An evaluation was conducted that consisted of surveys to

families to gather information about their experiences and satisfaction, and to collect data on child progress toward achieving IFSP outcomes.

Effectiveness of teletherapy

1. **Benefits to clients and families: Summary of *Teletherapy Satisfaction Surveys (distributed to families when telehealth services end)***
   a. Perceived benefit
      - 4/4 families found teletherapy to be *equal to* or *more* effective than in-home therapy.
   b. Comfort level with technology
      - 3/4 families described themselves as comfortable with the technology used.
   c. Preference: teletherapy vs. in-home
      - 2 families would prefer a mix of in-home and teletherapy.
      - 2 families would prefer teletherapy only.
      - 0 families preferred only in-home therapy.
   d. Benefit to child
      - 4/4 families *strongly agreed* that teletherapy has been beneficial for their child.
      - 4/4 stated that teletherapy helped them apply strategies during daily routines to improve their child's communication skills.
      - 4/4 are "satisfied" or "very satisfied" with their child's progress
      - 4/4 families would strongly recommend teletherapy to other families

2. **Benefits to clients: Summary of Teletherapy Data Tool**
   a. All children made significant progress in their communication:
      - 3/6 were discharged with age-appropriate communication skills and
      - 3/6 were still at 30% or greater delay but showed increased vocalizations and/or use of single words.
   b. All children received the service frequency identified on their IFSP: weekly therapy (one in-home visit per month and 3 teletherapy sessions per month)

3. **Benefits to program/efficacy**
   a. CDSA SLPs spend an average of 53 minutes of travel for every hour of therapy provided. Thus, each 60-minute treatment session "cost" the agency 113 minutes. This does not include the additional expense of mileage, whether by motor fleet vehicle or reimbursement of personal mileage to the SLP.
   b. Due to the success of the pilot, the N.C. ITP has allocated funding to expand the pilot to include an additional CDSA in the Western part of the state. A "How to" manual has been drafted for replication with other CDSAs.

The current billing structure with N.C. Medicaid poses a key challenge for teletherapy and shifting Medicaid policy will be required to sustain this innovation. N.C. Medicaid does not reimburse for teletherapy in any form. It currently allows only professional-to-professional consultation for physicians and psychiatrists. The hybrid model being piloted (one in-home session by CDSA SLP and three teletherapy sessions with remote SLP per month) would also require a change in Medicaid policy. As a result of the pilot, a proposal has been drafted to Medicaid to explore revisions in policy to allow a hybrid model of billing to support teletherapy across the state. Changing Medicaid policy is critical to sustain this innovation and scale up statewide.

This initiative is particularly important for the N.C. ITP infrastructure as many of N.C. ITP families live in geographically disparate areas with limited service providers. By having an established way to provide teletherapy to families living in rural/remote areas, the N.C. ITP will be better equipped to extend the reach of our evidence-based practices (EBPs) to all families, who may have otherwise had challenges in receiving needed services, and help children reach their IFSP goals.

Provider Agreement

The Provider Agreement revision that began last year has undergone multiple iterations and is nearing completion. The planned implementation date is July 1, 2018. A statewide Provider Agreement Workgroup consisting of CDSA directors, provider network coordinators, and EIB staff has drafted a new agreement for use with all contract providers of early intervention services in N.C. Revisions have been completed in consultation with the state's Division of Public Health (DPH) Contracts Office as well as the State Office of the Attorney General (OAG) and are designed to: provide increased consistency in provision of N.C. ITP services across the state, promote the use of EBPs by providers, and enhance enforceability of terms and conditions, program requirements and state-mandated practices. Supporting documents, attachments, and the provider application and application evaluation tool have also been revised to be consistent with the new agreement. The draft agreement has received final approval from DPH Contracts and was presented to N.C. EIB Leadership staff in February 2018. Pending final approval from the OAG's office, roll-out will begin April 1, 2018 and signed agreements will be effective July 1, 2018. To assist with this process, a communications document and timeline was developed by the workgroup and will be distributed for use during implementation statewide.

5. Highlights of changes to implementation and improvement strategies

After establishing the SDT, critical areas of work were to begin to understand the various recommendations/strategies proposed by the CATs, identify areas of overlap and/or integration, and analyze how they would impact the SiMR. To move forward with success, the SDT invested time and effort to reevaluate where the work started (as not all members were part of the SSIP initiation) and where the SSIP progressed, acknowledging the many accomplishments that had been made. Likewise, the SDT set the intention of building on the successes and work that had been done. Initial SDT meetings were dedicated to shared learning around the various recommendations, progress around implementation (if any), and the ongoing role of the CATs in the work. Within the first few meetings, SDT members universally agreed that:

- the SSIP needed to have a more narrowed focus of strategies to ensure success;
- the CATs had fulfilled their scope to the SSIP Phase II work by investing time and energy in providing recommendations to the SSIP; and
- greater stakeholder engagement was necessary as there were no routine communications happening about the overall SSIP work. Robust stakeholder engagement occurred through the CATs, however, communication was siloed within teams.

Utilizing this lens to determine priorities for implementation, in July 2017 the SDT engaged in a thoughtful and intentional process to examine the 18 recommendations. Evaluative criteria used to determine a narrowed list of priority recommendations included:

- consideration for capacity and resources to measure outcomes
- the timeline to see measurable changes
- the impact on children and families
- sustainability, and
- research support for social-emotional development

An animated video was created to succinctly and creatively articulate the process and outcomes of the SDT analysis. This video was presented to the CDSA Directors in August 2017 as the first of the routine updates on the SSIP work they would receive throughout the remainder of the SSIP. It was also presented to the Interagency Coordinating Council in October 2017. The animated video can be accessed at https://www.powtoon.com/m/beerm2pjVD0/1/m for reference.

After the initial work of narrowing to five priority strategies, SDT members expressed feeling "relieved," like they could "breathe a sigh of relief" and that the SSIP seemed "less overwhelming" and "possible." The seeming feasibility of the SSIP helped boost team morale and helped staff see a hopeful way forward. This marked shift in the SSIP was a first step in the process, as SDT members determined additional efforts would be needed to make a final determination on priority strategies. Following this effort, an Impact Matrix exercise further narrowed strategies to three priorities: Coaching and Natural Learning Environment Practices (NLEP), Social-Emotional Foundations for Early Learning (SEFEL), and Global Outcomes Integration (GO). Two infographics were developed to present the decisions and help to succinctly narrate the process. Both infographics can be found in Appendix 5.

With the narrowed priorities and shared emphasis on establishing a sound implementation infrastructure, N.C. has drafted a revised ToA to reflect this year's changes. The ToA revisions will need to be approved by the SDT and vetted with stakeholders in the Winter/Spring of 2018. The revised ToA is below for reference:

NORTH CAROLINA INFANT TODDLER PROGRAM (THEORY OF ACTION)

Strands of Action	If N.C. ITP…	Then…	Then…	THEN
Infrastructure	develops a statewide implementation infrastructure using principles of implementation science to implement evidence-based practices	N.C. ITP will establish a system of accountability	to ensure staff and providers have implementation supports to implement EBPs	N.C. will increase the percentage of children who demonstrate progress in positive social-emotional skills (including social relationships) while receiving ITP services
Evidence-Based Practices	uses implementation science principles to implement Coaching and Natural Learning Environment Practices and Social Emotional Foundations for Early Learning	N.C. will ensure EBPs are being used with fidelity; CDSA staff and network providers will have access to clearly defined EBPs to use with children and families to support social emotional development	providers and local programs will use evidence-based practices, particularly around social-emotional development	
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, will more reliably represent the children served	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	

Revised February 2018

Likewise, the SSIP implementation and evaluation plan has been reviewed and revised to reflect changes in the ToA. Appendix 6 reflects the revised evaluation plan; additional revisions to the SSIP evaluation plan are anticipated in the Winter/Spring of 2018 and will require approval by the SDT before implementation. For subsequent SSIP reports (Phase III-Year 3 and onwards), implementation and evaluation activities will only include updates and progress on the N.C. ITP SSIP implementation infrastructure, prioritized evidence-based practices Coaching and NLEP, SEFEL, and GO. The Phase III-Year 3 report will also include potential scale-up strategies.

In addition, to address the issue of improved stakeholder communication and engagement, the SDT revised the Feedback Process flow diagram that was proposed in Phase III-Year 1 and created a

Communications Plan that articulated intended audiences, modes and frequency of communication. The Feedback Process and Communications plan can be found in Appendices 7 and 8, respectively. The Feedback Process revision was intended to better articulate the two-way communication and feedback loop between the SDT and stakeholders. The feedback process is intentionally structured to listen to stakeholder input and feedback as an ongoing aspect of the SSIP work. The Communications plan was intended to represent primary audiences to whom the N.C ITP would disseminate information and updates about the SSIP. However, in all stakeholder communications and engagement, the N.C. ITP has noted the necessity of listening and addressing feedback and input from all stakeholders.

B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress
   Please refer to Appendix 4 for a description of N.C.'s implementation progress. The Appendix includes accomplishments, milestones, and timelines, with a description of what N.C. has been successful in reaching with respect to intended outputs and planned activities because of implementation activities. Where necessary, timeline revisions are also noted.

2. Stakeholder involvement in SSIP implementation
   a. How stakeholders have been informed of the ongoing implementation of the SSIP

   Following the SSIP communications plan, the SDT has informed stakeholders of ongoing implementation of the SSIP by a variety of methods. Communications have occurred remotely via electronic communications (through email and the N.C. ITP newsletter, Buzzworthy), as well as through teleconferences and presentations at meetings. In addition, SSIP co-leads and SDT members have given face-to-face updates on SSIP work through visits to CDSAs and presentations at various stakeholder meetings. Further, SDT members have continued to engage stakeholders in one-on-one meetings to identify and ensure alignment, and to leverage ongoing efforts in N.C.'s early childhood system.

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

   With every update on the SSIP, stakeholders have been given updates and an opportunity to ask questions and provide input which has influenced SDT decisions regarding the direction, scope, timeline, and work of the SSIP. To ensure engaging stakeholder voices, both quantitative and qualitative data have been collected via surveys and focus groups to help identify areas of success and improvement. Stakeholders have been provided results from data collection efforts and have provided input into the progress of SSIP activities.

   Stakeholders have actively provided suggestions for dealing with the challenges and offered support and suggestions for improvements to the plan. Suggestions have included exploration of implementing SEFEL and tools and resources for developing evaluation plans for coaching. A standing agenda item for each Stakeholder meeting SDT members attend is the review of updates and progress of strategies. Both quantitative and qualitative data reporting occurs as appropriate/available for specific activities. Stakeholders have provided feedback on next steps to take. The SDT has taken all input from stakeholders under advisement as the work continues.

For this reporting period of SSIP activities, much of the work centered on the development of materials needed to articulate the overall governance, structure, and processes for SSIP. The design of the implementation plan allows for the necessary development work with actual local implementation occurring in later phases.

C. Data on Implementation and Outcomes

State Baseline and Target Data: Percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (including social relationships). Of those children who entered and 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.

Historical Data and Targets

	2013	2014	2015	2016	2017
Target	73.50%	73.50%	73.50%	73.50%	74%
State Data	73.13%	70.74%	71.28%	70.9%	

For FFY 2016, the N.C. ITP saw a very slight decrease in our statewide data, with little difference in the data for FFY 2015 and FFY 2016 (less than -.50%)

Pilot Site Data

As reported in the Phase I report, six CDSAs were selected due to their representation of the larger group of CDSAs in the N.C. ITP based on the following factors: geographic diversity, performance diversity, and concerns of data quality related to the variability of child outcome data. Targets were established (for a 5% increase) from 2014-17. Data for these 6 CDSAs is used in calculating our SiMR. The table below represents the proposed pilot site targets and actual data from 2013-2016:

Pilot Sites	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Blue Ridge	60.7%	50.0%	51.9%	57.1%
Cape Fear	56.2%	56.5%	57.1%	57.1%
Elizabeth City	53.3%	64.9%	78.9%	73.5%
Greensboro	86.4%	76.5%	80.9%	79.8%
Sandhills	56.0%	68.8%	61.1%	70.1%
Winston-Salem	81.4%	86.9%	86.0%	84.8%
SiMR Target	**65.7%**	**65.7%**	**66.8%**	**66.8%**
SiMR - Actual	**65.7%**	**67.3%**	**69.3%**	**70.40%**

The N.C. ITP has seen a 1% increase every year and exceeded SiMR targets since 2013. These data clearly suggest that the N.C. ITP revisit originally designated targets. Also, the SiMR data cannot be attributed to SSIP activities, as initial implementation of Coaching and NLEP training did not occur until mid-year 2016, expansion of GO has not started, and SEFEL has also not begun. On an individual CDSA-level there is no consistent pattern of increase or decrease. These data reinforce the need for the N.C. ITP to focus its attention on standardizing the ways that CDSAs determine child outcomes scores

to address potential variability in child outcomes (i.e. an issue of data quality). The SDT and N.C. ITP data team have had the opportunity to review these data and will explore efforts to reevaluate targets and enhance data quality. The variability in child outcomes scores provides further justification for implementing GO Integration, which is intended to help create more reliability and validity in child outcomes ratings. Section D.1.a. further discusses how the N.C. ITP is proactively dealing with issues of data quality.

Review of the data from the two CDSAs that have implemented GO Integration (see table below), provides further evidence that the N.C. ITP needs to reevaluate targets as additional CDSAs begin to implement this SSIP initiative. The data in the table below represents the percent of infants and toddlers with IFSPs who demonstrated improved positive social-emotional skills (including social relationships) as measured by an increase in their rate of growth by the time they turned 3 years of age or exited the program

Global Outcomes Pilot CDSAs	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**
Greenville	66.1%	60.6%	48.5%	42.6%
New Bern	77.5%	63.7%	62.3%	63.4%

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

North Carolina utilized the SSIP evaluation and activities plan to monitor progress of activities. The SDT reviewed available information including meeting notes from original CATs, reports and updates provided at Leadership meetings related to the various SSIP strands of action. In addition, the SDT administered surveys and conducted focus groups with N.C. ITP staff to monitor and measure outputs to assess the effectiveness of implementation of the plan. Both qualitative and quantitative data were used to help inform progress of SSIP plan implementation. Quantitative data to capture outputs (e.g. numbers of training, staff that received trainings) and information about staff ratings (e.g. Likert scale responses) were gathered in surveys. In addition, qualitative data were collected via surveys and focus groups to gather information around staff perceptions and feedback related to SSIP implementation processes and activities. Additional information about evaluation activities that have been implemented to monitor and assess the effectiveness of the implementation plan related to implementation infrastructure, coaching and NLEP, and Global Outcomes (GO) are listed below.

Infrastructure Evaluation Efforts

In this reporting year, a survey of the SSIP organizational and process structure was administered in May 2017 and December 2017. Results from the May 2017 survey were discussed earlier in the report; as noted earlier in the report, areas of improvement included:

- improved overall initiative organization, leadership, and governance;
- dedicated time for joint planning between SSIP teams and in collaboration with CDSA Directors;
- establishing a clear consolidated work plan that includes all Implementation Team strategies/activities; frequent and transparent communication to SSIP teams and stakeholders (any changes are communicated before implementation);

- accountability to process, plans, and timelines;
- building a network and partnership with agencies/experts in infant and early childhood mental health; and
- enhancing the SSIP evaluation plan.

The survey results helped guide decisions on the implementation structure and revisions to the overall SSIP processes.

Results from the December 2017 survey indicate that key successes have been achieved including having strong SSIP leadership, establishing a process and governance structure (that includes CDSA Directors), narrowing recommendations, ongoing communication with team members and Directors, and using implementation science. One SDT team member cited the following as successes from the SSIP SDT work conducted with the team in Phase III-Year 2:

Consistent in-person meeting schedule, agenda, meeting notes, follow-up plans
Development of State Design Team with representation from across former implementation teams
Development of clearly defined N.C. EI SSIP organizational structures and roles
Utilizing group facilitation strategies and activities in decision-making processes
Ensuring shared understanding of recommendations and programmatic implications for implementation

Areas of improvement indicated in the survey suggest that additional members of the SDT (other than the Part C Coordinator) having access to experts of EBPs being implemented (i.e. Coaching and NLEP), creating a firm action plan for the remainder of SSIP, ensuring accountability of all team members to agreed-upon processes, and potentially narrowing the SSIP focus could enhance the SSIP work as it progresses.

In Phase III-Year 3, additional efforts to evaluate N.C. ITP infrastructure will be implemented. The SDT will engage TA support from the Center for IDEA Early Childhood Data Systems (DaSy), Early Childhood Technical Assistance Center (ECTA), and National Center for Systemic Improvement (NCSI) to assist in clarifying evaluation plans.

Coaching and Natural Learning Environment Practices Evaluation Update

Coaching and NLEP was determined to be an ongoing SSIP priority. The SDT drafted survey questions to evaluate implementation of Coaching and NLEP, leveraging the input from CDSAs. An initial statewide survey was distributed in December 2017 to evaluate the implementation of Coaching and NLEP. CDSA Directors were asked to complete the survey, regardless of whether they had received the trainings or not to capture both retrospective and prospective thoughts. The survey was conducted to gather preliminary statewide data regarding outputs from the trainings, as well as feedback from the CDSAs about their thoughts on implementation. Results from the survey included both quantitative and qualitative data.

All 16 CDSAs responded to the survey; CDSAs who had not received their training by December 13th were unable to provide data on outputs. As of December 13, 2017, 10 CDSAs (65%) had received initial training from FIPP. The survey included questions that covered:

- Training
- Provider knowledge and strategies to support improving provider knowledge/skills
- CDSA Feedback on their experiences with implementation

Initial survey questions explored how many staff and contract providers received training. The table below demonstrates outputs of the Coaching and NLEP training for the 10 CDSAs who received the initial two-day training from FIPP, master coach training, and fidelity coach support. The table also reports how many staff reached fidelity.

Training - Number of N.C. Infant-Toddler Program Staff and Providers Trained

Providers	Initial 2-day training	To be trained	Master Coach Training	To be trained	*Fidelity Coach Training	Reached Fidelity
CDSA staff	422	55	71	70	10	43
Contract Providers	137	Over 1500	18	Over 1500	1	16
Total	559	1555+	89	1570+	11	59

*Based on survey responses, the N.C. ITP has seven fidelity coaches statewide.

Five FIPP staff and two staff from the Mecklenburg CDSA are the seven fidelity coaches supporting the State. Part of the Memorandum of Agreement between FIPP and N.C. ITP includes their helping to develop capacity within N.C. ITP to build a cadre of master coaches (MCs) who will support and train others. Appendix 2 provides information about the process fidelity coaches use to determine fidelity. According to the survey results, of the 10 CDSAs who have received the training, sixty-one percent of CDSA staff had reached fidelity within the first 15 months of implementation.

In the areas of provider knowledge and strategies to support improving provider knowledge and skills, Directors were asked to rate their staff knowledge on Coaching and NLEP practices, as well as ways and frequency that they provide support to practitioners in their acquisition of knowledge and skills in coaching and NLEP.

Two questions were posed related to Directors' rating their staff's knowledge on a scale from 1 to 10, with 10 being the most knowledgeable.

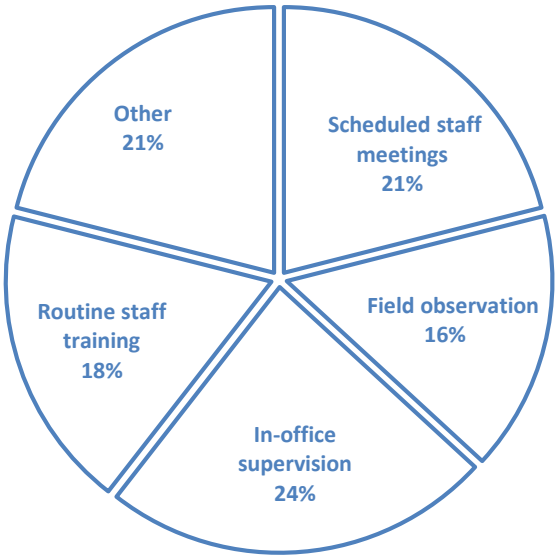
On the *Five Key characteristics of Coaching Practices* (1. Joint Planning 2. Observation 3. Action 4. Reflection 5. Feedback), statewide baseline mean data from Directors' responses for scale scores of staff/providers' knowledge of *level of knowledge of the Five Key characteristics of Coaching Practices* were as follows:

1. Joint Planning – 6.6
2. Observation – 6.6
3. Action – 6.4
4. Reflection – 6.6
5. Feedback – 6.7

On the *Three Elements of Natural Learning Environment Practices* (1. Activity Settings, 2. Child Interest, 3. Parent Responsiveness), statewide baseline mean data from Directors' responses for scale scores of staff/providers' knowledge were as follows:

1. Activity Settings – 7.1
2. Child Interest – 6.7
3. Parent Responsiveness – 6.5

Questions on the survey also queried what strategies are being used to help support practitioners in their acquisition of knowledge and skills in coaching and NLEP and with what frequency. The figure below demonstrates strategies utilized to ensure practices are learned and maintained.



Other strategies reported included coaching logs, monthly small group meetings with their master coach and individual sessions as requested, group exercises/role plays, one-on-one coaching, NLEP/coaching orientation training, some field observations, some scheduled and unscheduled in-office supervision, and "Coaching Concept of the Week" emails.

Frequency of activities to improve staff and provider skills around Coaching and NLEP

Forty-six percent (46%) of Directors indicated they conducted monthly activities to improve staff and provider skills. Fifteen percent (15%) reported that they conducted quarterly activities. Other frequencies noted were: sometimes monthly, sometimes every other month, sometimes less depending upon the time of year, weekly CDSA team meetings/quarterly provider meetings, activities for staff only, and either opportunities for providers to obtain support (although few accessing it except providers who have master coaches or no formal support to providers).

The survey results were shared and discussed with CDSA directors, a critical stakeholder group for the SSIP work at the leadership team meeting held in February 2018; as noted earlier, Directors were also invited to participate in the SIT at the February meeting. The SDT facilitated an exercise that afforded Directors the opportunity to review all the survey data and identify key themes related to provider knowledge, successes, barriers/challenges, and sustainability. Successes in survey findings notes a

growing confidence of staff and families in utilizing coaching strategies and staff and families embracing the coaching philosophy. Additional themes are highlighted below:

Sustainability: questions regarding access to ongoing training, support for master coaches

Readiness and Buy-In: strategies for readiness and buy-in for staff and providers

Caseloads: concern regarding fewer providers with larger caseloads and the time burden on completing coaching logs

Fidelity: questions regarding fidelity measurement and practice change benchmarks

Billing: how to address billing issues for private provider master coaches (due to the time burden of completing coaching logs/coaching sessions)

Evaluation: clarity regarding evaluation plans; need for training and tools to support

Sharing the results of the survey and the collective data review was both an opportunity to provide Directors with an update on statewide evaluation efforts and data relating to the implementation of Coaching and NLEP, and also firsthand experience of the work that the SDT and SIT will be conducting as part of their ongoing support of SSIP. The SDT and SIT will be re-reviewing the findings from this survey (as well as future evaluation efforts), to address barriers and challenges as well as understand what improvements and shifts in work are required to ensure that we are reaching our intended outcomes.

Additional Evaluation Efforts for Coaching and NLEP

In this SSIP reporting year, the SDT began receiving support from the National Center for Systemic Improvement (NCSI) to help clarify both practice change and fidelity efforts related to implementation of Coaching and NLEP. NCSI is a national technical assistance center dedicated to helping states transform their systems to improve outcomes for infants, toddlers, children and youth with disabilities. In Phase III-Year 3 an evaluation plan for Coaching and NLEP will be drafted to outline specific evaluation questions, performance indicators, measurement/tools, frequency of data collection and reporting. The plan will leverage existing evaluation activities that are being implemented in CDSAs who have received the training. For example, one CDSA indicated that they were collecting data on family satisfaction with services and IFSP outcome progress.

Global Outcomes Integration Evaluation Update

During the first six months of FFY 2016, Global Outcomes Integration (GO) made progress by continuing to develop and finetune the materials and resources for GO implementation state-wide. The development of enhancement training was completed, and training delivered to the original pilot sites for GO in May and June 2018 and the development of additional coursework needed for statewide implementation began.

An evaluation was conducted for the training in May 2017; survey results are located in Appendix 3. Highlights from the evaluation indicated that:

- All respondents (100%) said the training was valuable to the work they do routinely;

- Family engagement was the topic that more than half (55%) of the participants said they would immediately put into practice the information they learned; and
- A vast majority of participants (71%) wanted additional training on how to gather and use functional information.

In preparation for restarting the work of GO upon the return of the project lead in February 2018, a focus group was conducted with GO Core team members and staff from each of the original GO pilot sites. Key themes from the focus group were as follows:

Strengths:

- Everyone is heavily invested and passionate about the work and would like to continue serving on the group.
- Inclusion of parents in process.
- Staff skills have evolved and improved in a number of ways through implementation and use.
- Integrated strengths-based write-up; improved functional information and outcomes (Section III facilitates).
- Core group and teams (and larger) meetings were going strong for a while (had established structure)—significant amount of work completed.

Trainings/Materials:

- IFSP format unresolved/was modified again recently.
- Concerns about use of decision tree with families and length/technical feel of some talking points; all GO materials should be family-friendly.
- Greenville has completed additional training with staff—ongoing assessment using Carolina Curriculum (CC)/Measure of Engagement, Independence, and Social Relationships (MEISR).
- Tools are required for assessment; however, training and experience of staff is key. Identified standards/methods for monitoring of development are key, though specific tool(s) selected are less important than interviewing skills of those utilizing the tool(s).
- Early communications with other states emphasized the need for a leveling/anchoring tool (MEISR and CC each have strengths/weaknesses in terms of selection criteria).

Process:

- New Bern and Greenville CDSAs in “initial” pilot were ready to roll-out (with plans and materials in place to implement statewide before SSIP) and frustrated with the amount of time it has taken.
- Since March 2017 the project was halted because Coaching and NLEP was prioritized for implementation. CDSAs also expressed concerns of being overwhelmed by implementing two initiatives.
- Core team met monthly and “big group” met about eight times since January 2016; regular core team meetings and communications stopped after trainings in Greenville CDSA in May 2017 and New Bern CDSA in June 2017 with no explanation; no communication was sent to teams to indicate GO team lead’s absence.
- Need to reestablish consistent mechanisms for obtaining answers to questions/concerns in a timely manner, as well as clarity on Branch approval for decisions/changes (e.g. MEISR).

Moving Forward:

- All members invested and eager to see and be part of moving work forward; want to be assured it will not stall again and other initiatives will not interfere; what are state priorities?
- Important not to lose the work already completed and to pick up where left off. At last Core group meeting, many materials/processes were close to finalization.
- Monthly meetings for core group, maybe more frequently initially, no broader stakeholder group meetings.
- Each CDSA is a little different; impossible to achieve perfect plan/materials prior to expansion; additional "tweaks" will be required after roll-out.
- Awareness that ratings are likely to decrease following implementation.
- Training should involve more interactive activities, recent video clips, practice sessions, increased focus on gathering functional information and interviewing skills and less lecture/information staff already know.
- Providers ultimately need to be included to see significant, real change; recommended state standardized training for providers regarding functional outcomes/activities/information/practices and including families.
- Ongoing communication is critical.

When the project lead returned in February, the core team reconvened to hear about key themes identified as a result of the focus group and to identify next steps with the GO work.

In Phase III-Year 3, the SDT and SIT will be trained in the GO process and involved in the planning of the statewide roll-out. In addition, the evaluation plan will be finalized and implemented. Findings from evaluation efforts will be discussed in next year's report.

a. How evaluation measures align with the theory of action

Evaluation plans for the narrowed SSIP strategies will be finalized and implemented in Phase III-Year 3. Input and support from the SIT will help inform decisions regarding key measures used for evaluation efforts. North Carolina will seek TA support to develop evaluation plans, incorporating relevant measures, that clearly align with the ToA.

b. Data sources for each key measure

Multiple data sources will be used for each key measure. As noted earlier, the SDT will be working with federal TA providers to refine evaluation plans. Data sources have included and will include data from:

- N.C.'s Health Information System (HIS) that provides information on children enrolled in the programs
- Family and provider surveys:

  For GO: The Family Outcomes Survey (FOS) will be used to help with evaluation efforts for GO Integration. Baseline data from the FOS will be collected from families in pilot sites prior to training staff in the GO process. The FOS survey will gather critical data related to

the percent of families who report that early intervention has helped the family: (a) know their rights; (b) effectively communicate their children's needs; and (c) know how to help their children develop and learn. As a critical aspect of the GO work is increasing family engagement so that families can be partners in child outcomes ratings, the FOS will be a critical tool in this evaluation.

For Coaching and NLEP and GO: provider surveys will be administered to staff and providers receiving training in these strategies.

- Focus groups:
  Focus groups will be utilized to gather input from N.C. ITP leadership, staff, and families to gather their input on experiences with the SSIP and ITP activities.

- Provider observations:
  For selected strategies, routine observation of staff who serve in a coaching capacity and/or with families are critical for monitoring and measuring practice change and fidelity as well as for triangulation of other sources of data. This will likely be implemented in FY 2018.

c. Description of baseline data for key measures

As noted earlier, refined evaluation plans will note revised baseline data for key measures.

d. Data collection procedures and associated timelines

In FY 2017, intentional efforts will be made to create and refine evaluation plans for selection strategies that will articulate data collection procedures and associated timelines. In conjunction with evaluation plans, processes for analyzing and interpreting data will be documented.

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

In this SSIP reporting year, members of the SDT and N.C. ITP Data and Evaluation Team have been involved in evaluation efforts for the various SSIP strategies. The SSIP state leads and data team have primarily led data management and analysis efforts. In FY 2017, procedures and processes outlining how these efforts will support ongoing assessment of progress toward achieving intended improvements will occur.

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

Key data collected in this SSIP reporting year that provide information about intended improvements to infrastructure and the SiMR are noted above and include findings from the SDT survey and GO training evaluation and focus group. In addition, information from meeting minutes and feedback from stakeholders (as a result of presentations conducted) were used to inform development of improvement strategies and products/resources. These data have been shared and discussed at

monthly SDT and bi-monthly Leadership team meetings, as well as at quarterly Interagency Coordinating Council (ICC) meetings.

b. Evidence of change to baseline data for key measures

As noted earlier, data suggest that the N.C. ITP evaluate baseline targets established in Phase 1. Additional attention to SiMR targets and baseline data will be reviewed in Phase III-Year 3.

c. How data support changes that have been made to implementation and improvement strategies and inform next steps in the SSIP implementation.

As detailed earlier in this report, data collected from surveys and focus groups have been used to support changes to improvement strategies, changes to implementation, and to help inform next steps in SSIP implementation. Data collected from SDT members, CDSA directors and staff have identified successes and areas for improvement of SSIP processes and implementation activities. Shifts in SSIP activities and improvement strategies have been guided by findings from evaluation efforts. In Phase III-Year 3, additional data collection efforts will help inform opportunities for continuous quality improvement and *plan-do-study-act* cycles.

d. 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

As discussed above, SiMR data is highlighting the need for the N.C. ITP to explore modifications to baseline and targets. As N.C. has consistently exceeded its originally established targets and is well above the anticipated increase (rates of .5%), N.C. will be evaluating the SiMR and discussing the possibility of readjusting targets.

3. Stakeholder involvement in the SSIP evaluation

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

The SDT has engaged stakeholders to participate in SSIP evaluation efforts and informed stakeholders of SSIP evaluation activities by a variety of methods. As noted above, the N.C. SSIP has used the Feedback Nest and communications plan to help guide work for engaging stakeholders. Critical stakeholders for N.C.'s SSIP include the 16 Children's Development Service Agencies (leadership and staff), the Interagency Coordinating Council, and stakeholders engaged from Phase I through Phase III (that includes representation from other early childhood state agencies, local non-profits, institutes of higher education, local and national experts, training and TA providers, and families). Communications have occurred remotely via electronic communications (through email and Buzzworthy, the N.C. ITP newsletter), by teleconferences, and in-person by presentations at meetings and one-on-one meetings.

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

In Phase III-Year 2, stakeholders have primarily been involved in providing their input/feedback into

evaluation efforts for the SSIP. Both quantitative and qualitative data have been collected via surveys and focus groups to help identify areas of success and improvement. Stakeholders have been provided results from data collection efforts and have provided input into the progress of SSIP activities. Collective interpretation of findings from evaluation efforts have led to critical decisions regarding process improvements and ongoing evaluation of the SSIP.

In Phase III-Year 3, the SIT will provide a critical voice and be partnering with the SDT regarding evaluation plans and implementation. Likewise, evaluation plans, efforts, and findings will be shared with the N.C. ICC on a quarterly basis.

D. Data Quality Issues

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

   a. The N.C. ITP electronic health information system (HIS) does not support all the data requirements necessary for monitoring practice fidelity and performance data. Likewise, the system is not flexible enough to adapt and meet changing program needs. For example, HIS does not have a data field available for the N.C. ITP to track whether and how the Family Outcomes Survey was offered to a family during the semi-annual IFSP review process. This data field is important to identify the method(s) that provide the most effective delivery system to improve a family's ability to access and complete the survey. HIS limitations require the development of work-arounds to capture or generate the needed information.

      The N.C. EIB is currently exploring getting a new data system that will be adaptable to meet program compliance, performance, and evaluation requirements. See Section D.1.c. for additional information about efforts the N.C. EIB is making to improve data infrastructure and quality to support reports of progress in implementing the SSIP and achieving the SiMR. To support evaluation efforts, the N.C. EIB is securing a license to use *Qualtrics* to implement statewide surveys and support data collection from CDSAs.

   b. Concern or limitations related to the quality or quantity of the data used to report progress or results

      In the initial two pilot sites, the GO data revealed a 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 who use 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.

c. Implications for assessing progress or results

As noted earlier, there is great variability in child outcomes scores. Without valid and/or reliable data, it is a challenge to assess true results. Further, the increasing SiMR scores without an attributable evidence to SSIP activities has presented a challenge for N.C. ITP to assess progress and/or results.

d. Plans for improving data quality

The N.C. ITP required all CDSAs to submit a data quality management (DQM) Plan to help ensure data quality associated with GO ratings and other data collected and reported by the state. 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. Management staff at the CDSAs have been asked to assign each query to a 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.

In addition to establishing DQMs, the N.C. EIB has embarked on the process to identify a new data system to replace HIS. The N.C. EIB has begun to explore, in partnership with the Department of Information Technology, Department of Health and Human Services, and DaSy technical assistance providers, what an ideal data system would look like and what options it could provide the N.C. ITP. They are exploring all the ways a new data system could support program efficiency, from collecting more outcomes, to having an electronic IFSP, to including a provider and parent portal that could have a positive impact on monitoring and implementing EBPs. As part of the exploration process, the N.C. ITP will be examining potential vendors, systems in use, costs related to building a system, maintenance and other associated costs.

E. Progress Toward Achieving Intended Improvements

1. Assessment of progress toward achieving intended improvements

Substantial progress has been made with various SSIP recommendations, organization, and infrastructure. The SDT has worked diligently toward achieving intended improvements. The various improvement strategies and related activities are outlined in preceding sections of this document, as well as Appendix 4. The N.C. ITP made progress toward achieving intended improvements to the early intervention system. Significant strides were made in improving data quality with the data quality management plans.

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

Many of the outputs and short-term objectives leading to the SiMR have been achieved. As noted above, the integration of implementation science has led to a proposed system teaming structure consisting of a SDT, SIT, and LITs. Provider and interpreter agreements have been revised to ensure more accountability for compliance with N.C. ITP policies and procedures, including clarification of obligations and consequences for non-compliance with program requirements. The provider agreements are more standardized and require training that meets N.C. ITP standards that include use of evidence-based practices with fidelity. The teletherapy pilot work has forged the way to explore revisions with Medicaid to shift policy to allow for this method of intervention.

Through implementation of GO, staff and providers in the original pilot sites have developed solid knowledge of typical and atypical development and increased consistency, accuracy, and inter-rater reliability on child global outcomes. The GO core team has continued to plan for implementation and to develop the information, strategies, tools, and materials that will be used for implementation and personnel training statewide.

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

According to the survey findings from the coaching and NLEP survey administered in December 2017, approximately 61% of CDSA MCs have reached fidelity based on determinations of fidelity coaches. Additional fidelity data from FIPP will be provided to support anticipated desired effects of implementing coaching and NLEP.

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

Appendix 4 provides data and a description of progress towards short-term and long-term outcomes/objectives.

F. Plans for Next Year
   1. Additional activities to be implemented next year, with timeline

The table below provides a high-level overview of activities to be implemented next year, with timeline that aligns with our Theory of Action and Evaluation plans.

March - June 2018	July-Sept 2018	Oct-Dec 2018	Jan-March 2019
Implementation Infrastructure: Teaming Structure			
Establish State Implementation Team (SIT)	Engage CDSA staff and establish Local Implementation Teams (LIT)	Implement communication protocol between SSIP teams	Develop tools and resources to be used for evaluating effectiveness of communication across SDT, SIT and LIT.
Build SDT and SIT capacity utilizing implementation science frameworks (create communication protocols and policy-to-practice feedback loops)	Create tools/resources for buy in and readiness to implement selected strategies	Build LIT knowledge of EBPs and implementation science	Identify ongoing intervention and system supports to ensure intended process improvements are successful to support reaching outcomes
Collect baseline data on SDT and SIT knowledge with implementation science principles	Communicate progress of SSIP and evaluation findings with stakeholders	Communicate progress of SSIP and evaluation findings with stakeholders	Communicate progress of SSIP and evaluation findings with stakeholders
Implementation Infrastructure: Data and Evaluation			
Explore revision of SiMR targets	Explore revision of SiMR targets	Discuss potential target revisions with SSIP stakeholders	Changes to SiMR targets
Establish data system to collect evaluation data	Collect data and review results – share findings with SSIP stakeholders	Collect data and review results – share findings with SSIP stakeholders	Collect data and review results – share findings with SSIP stakeholders
Work with NCSI TA to refine and create evaluation plans for selected infrastructure, EBP, and GO strategies	Review data to identify areas of improvement, successes, lessons learned and shifts to SSIP	Review data to identify areas of improvement, successes, lessons learned and shifts to SSIP	Review data to identify areas of improvement, successes, lessons learned and shifts to SSIP

March - June 2018	July-Sept 2018	Oct-Dec 2018	Jan-March 2019
Evidence-Based Practice: Coaching and NLEP			
Complete Memorandum of Agreement with FIPP	Sign off on MOA	Monitor MOA and amend as needed	
Provide two-day training for remaining CDSAs	Provide booster training and orientation training to new and existing staff Provide two-day training to contract providers	Continue two-day trainings for providers across State and new CDSA employees	Continue two-day trainings for providers across State and new CDSA employees
Draft evaluation plan	Implement evaluation plan	Evaluate implementation efforts and monitor outcomes	Evaluate implementation efforts and monitor outcomes
Draft sustainability plan	Finalize and implement sustainability plans	Establish state-supported system for trainings	Integrate state supported system into onboard orientation training across all CDSAs
Identify fidelity tool	Implement tool in pilot sites to collect fidelity data	Continue to evaluate tool to collect fidelity data	Expand use of tool to collect fidelity data
Evidence-Based Practice: SEFEL			
Attend pyramid model institute	Explore and (potentially) apply for intensive TA opportunity with PMI	Continue to explore implementation drivers required to successfully implement SEFEL	Continue to explore implementation drivers required to successfully implement SEFEL
Talk to National Pyramid Model Innovations TA center	Continue to explore implementation drivers required to successfully implement SEFEL	Identify what elements are needed for universal interventions	Identify what elements are needed for universal interventions
Global Outcomes			
Refine trainings and tools/resources	Finalize needed materials coursework and resources	Plan for pilot site implementation	Engage selected sites in work to begin preparing for GO implementation
Train SDT and SIT	Finalize evaluation plan	Disseminate pre-training materials to pilot sites	

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

   The N.C. ITP recognizes the importance of data and evaluation as critical to helping monitor and measure success. Initial SSIP activities of Phase III-Year 3 will involve creating an evaluation plan

for coaching and NLEP, global outcomes, and infrastructure efforts that will articulate evaluation questions, data collection plans and frequency, measures and expected outcomes. Planned evaluation activities will include the collection of information on outputs, as well as quantitative and qualitative data. Data collected from evaluation activities will be reviewed on an ongoing basis with the SDT, SIT, LITs, and stakeholders to identify strategies for process improvements that will ultimately improve outcomes.

3. Anticipated barriers and steps to address those barriers
   - Staff vacancies and turnover will continue to impact the implementation and sustainability of SSIP work. The N.C. ITP is discussing strategies to better understand factors that affect staff turnover. One of the SSIP state leads is participating in a cross-state effort to explore issues of staff stability. Two strategies being discussed are to create an exit interview to explore reasons for turnover and to develop a checklist to ensure smooth transitions of staff responsibilities.
   - Many CDSAs are understaffed, based on limited staff funding and staff turnover. State human resources processes impede filling vacancies in a timely manner leading to unmanageable caseloads and burnout. N.C. ITP Leadership is having ongoing conversations with human resources staff to explore ways to expedite hiring processes.
   - High caseloads present a challenge to the additional time it takes to complete coaching logs. In addition to coaching logs being time-consuming and burdensome on providers' workload, logs take time away from activities that could be dedicated to billing. The N.C. ITP will be looking into alternatives in the coming year to address this issue.
   - Long-term support for coaching and TA to providers is not secure. The N.C. ITP will need to explore how best to utilize staff time and efforts to embed the needed capacity to sustain coaching.
   - No fidelity tool currently exists to measure fidelity of master coaches. SDT members will be exploring available tools to use for ongoing implementation and sustainability of coaching and NLEP.

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

In this SSIP reporting year, North Carolina engaged TA from the Early Childhood Technical Assistance (ECTA) Center, National Center for Systemic Improvement (NCSI), and the Center for IDEA Early Childhood Data Systems (DaSy) to help support our SSIP efforts. The information below provides a snapshot of the various types of TA the N.C. SDT has received and anticipates continuing to receive in Phase III-Year 3.

ECTA: N.C. ITP SSIP State leads have a standing monthly call with ECTA TA staff to discuss developments of N.C.'s work, to provide input and expert support with various implementation questions related to identified infrastructure and EBPs, and to help facilitate connections with resources and other states experiencing similar SSIP challenges.

NCSI: SSIP co-leads attended the recurring state monthly lead calls and the annual state leads collaborative meeting in Utah in May 2017. Four SDT staff and the SSIP co-leads attended the State Collaborative meeting in Chicago, IL in the Fall 2017. Team members learned various strategies being used by other states and had the opportunity to forge greater collaboration and clarity on SSIP work.

In addition, state leads had calls with NCSI TA staff to help identify resources to support SSIP work, NCSI TA assisted SDT members with orientation to the NING site, facilitated conversations with other states who were implementing Coaching and NLEP and also with the National Center on Pyramid Model Innovations. Technical assistance staff provided initial feedback to the N.C. SSIP evaluation plan and resources to help with measure fidelity and practice change. State leads will continue to enlist the support of NCSI to refine evaluation plans for coaching and NLEP and GO.

DaSy: Several SDT members attended the two DaSy webinar series on evaluation of practice change and fidelity and infrastructure. These webinars provided additional information and capacity on how to create/refine evaluation plans for infrastructure and EBPs. Likewise, the webinars helped facilitate conversations with other states implementing similar strategies where resources were shared. This TA provider has also been providing ongoing support for N.C.'s data system exploration efforts, as well as efforts to link data between Part C and Part B to support transitions between programs.

North Carolina will continue to leverage TA support from ECTA, NCSI, and DaSy, as well as peer support from other states implementing coaching and NLEP, SEFEL, and GO.

Appendix 1: SSIP Feedback Survey Summary

Thank you for your invaluable, open, and honest feedback about your experiences with the SSIP. This briefly provides a summary of your responses and will be our data to drive our decisions moving forward with our collective work.

Successes and Strengths

"members of the team have been very interactive, productive, and involved"
"lots of great wok has occurred amongst the teams"
"SSIP Team Co-Leads committed to the SSIP process and moving forward"

Commitment, Communication, and Collaboration of Teams and stakeholders

- co-team leads
- core team
- CDSA Directors and program staff and CDSA directors
- community partners

Original SSIP Process and Work structure

- consistent team meetings
- Leading by Convening

FPG/ECTA Technical Assistance

Challenges, Areas for Improvement, and Lessons Learned

Big picture/vision clarity *"how does each team's work impact the big picture...a vision for one process of SSIP?"*

Communication timeliness, transparency, and at every level

- Internal:
  - clear communication from the Branch level regarding expectations and decisions
  - CDSA Directors
  - Improved communication between teams
  - *"participants expressed that they needed more info from other teams' activities to move forward with certain tasks and to ensure activities weren't duplicative or contradictory"*
- External
  - Stakeholders *"follow up with our stakeholders"*
  - Community
  - Tools to communicate ("What's up with SSIP?")

Approval/Feedback/Review Process for Recommendations *"not having clear knowledge of what happens with the recommendations that we have put forward.*

- Decision-making authority

Challenges, Areas for Improvement, and Lessons Learned (cont.)

Implementation plans

- Integrated clear, manageable action plan with firm timelines
- Partnership with CDSA Directors
- Feasibility/readiness (consideration of the burden on staff)
- Roll out and assessing drivers

Regularly convening/meetings *"consistent meetings that have a clear agenda with action plan at the conclusion of the meeting"*

- updating SSIP team members to share what each team is working on,
- report on progress and barriers to progress,
- to revisit intended outcomes from the various activities.

Structure and support

- leadership and organization
- role clarification
- communication protocols
- next steps – tools, flowcharts, Gannt charts to track progress
- accountability (to what process on what timeline with what resources?)

Evaluation plan "*an overall evaluation plan for the SSIP that includes a formative evaluation that allows for in-process changes and an assessment of implementation integrity/fidelity"*

Team Membership, Function, and Communication

Membership variation

- Core team
- Stakeholder/participants
- Who should be members of teams now that recommendations have been made

Function/Roles

- Most teams have not met consistently for the past few months (ranging from 3-6 months)
- Confusion about their work

- Teams are unsure of what to expect/next steps/their role

Communication

- Some team members have received communication and others not *"we have not met with our core team since we submitted our recommendations" to "we have sent emails to the core team and key stakeholder/participant list outlining in detail where we are in the process and thanking them for their participation. We also provided them next steps in terms of a new implementation group"*

<u>Moving Forward</u>

"Identify big picture, what it is that we're working towards and focus efforts around that. Regular updates on progress that can be easily conveyed at the team level, leadership level, local level and broad stakeholder level" "clear plan, consistent meetings, understanding of each other's recommendations and how they all fit together"

"Team Co-Leads need "safe space" for processing and discussing how our work overlaps and where there are gaps or conflicts. I think we can all work for the "greater good"

"organization is key! Agenda, order during the meeting, staying on topic, follow up, minutes"

Organization and leadership

Time for joint planning – between SSIP teams, with CDSA Directors

Clear consolidated work plan that includes all Implementation Team strategies/activities

Frequent and transparent communication to SSIP teams and stakeholders (any changes are communicated before implementation)

Accountability to process, plans, and timelines

Build a network of agencies/experts in infant and early childhood mental health to partner with CDSAs

Evaluation Plan

Appendix 2: General Guidance for Determining Fidelity using the Coaching Log Summary Form

General Guidance for Determining Fidelity Using the Coaching Log Summary Form

The Coaching Log Summary is a tool for individuals coaching coaches in the use of a coaching interaction style, natural learning environment practices, and resource-based practices. This tool is used when reviewing a coaching log to document the extent to which the coach used the characteristics of coaching and natural learning environment practice or resource-based practices. Space is provided for recording the use of the practices across multiple coaching logs and should reflect improvement in the individual's use of the practices over time. The coach's coach may use the data on the Coaching Log Summary as part of the coaching conversation to review each log and document a joint plan. The Coaching Log Summary may also be used to determine the extent to which the coach has fidelity to the practices after completion of a minimum of six coaching logs.

General Guidance for Determining Fidelity through Use of the Coaching Log Summary

Joint Planning

Revisit of Previous Plan – Over time, the coach should routinely revisit the previous plan with the coachee (more often than not) unless it is the first visit.

Preplanned Activity Setting (Part 2 of the Joint Plan) – Over time, the coach should demonstrate the use of preplanned, real-life activity settings as the focus of the visit with increasing consistency.

Next Visit Part 1/2 – Over time, the coach should demonstrate the ability to develop a two-part plan with increased frequency (i.e., present more often than not).

Observation

Observation of Coachee in Action – Over time, the coach creates increased opportunities to observe the parent and child engaged in at least one focus activity during the visit.
Observation must be present for at least 50% of the logged visits (if applicable).

Modeling – Coach demonstrates a reduction in hopeful modeling over time with an increase in the presence of intentional modeling (if modeling is warranted).

Action/Practice

Action/Practice Between Visits – Presence of action/practice on the part of the parent should increase over time and be present more often than not.

Reflection

Coach should demonstrate the use of a variety in the type of reflective used over time.

Awareness – The number of awareness questions should dominate the interaction. If the coach asks a high number of awareness questions initially, he/she should demonstrate a reduction in the number of awareness questions asked over time.

Analysis – Over time, the coach should demonstrate an increase in the number of analysis questions asked.

Alternatives – Over time, the coach should demonstrate an increase in the number of alternatives questions asked.

Action – Over time, the coach should use action questions for joint planning (should observe routine use of at least 1-2 action questions as a part of joint planning) unless extenuating circumstances apply.

Feedback

Feedback – The coach should not use directive feedback (unless in dangerous situations). Over time, the coach should demonstrate steady use of affirmative and informative feedback (as necessary) and demonstrate selective use of evaluative feedback.

Yes/No

Yes/No questions should not exceed 20% of the total number of questions asked.

Permission/Assumption - The coach should use yes/no questions selectively in situations requesting permission or avoid assumptions. The number may be higher for situations in which increased observation, modeling, and return demonstration are present.

Closed-ended – The coach should refrain from using closed-ended questions.

Capacity-Building

Capacity-Building – Over time, the coach should be supporting enhanced capacity in coachees more often than not.

Natural Learning Environment Practices

Participation-Based – The coach should demonstrate improved use of real-life activity settings as the focus of visits while reducing the focus on skill-based, blocked-practice sessions between the practitioner and child. The coach must demonstrate presence of this practice and/or improvement over time.

Interest-Based – Over time, the coach should demonstrate improved ability to assist parents in understanding the importance of child interest to support child participation as

the focus of visits. The coach must demonstrate presence of this practice and/or improvement over time.

Parent-Responsiveness – Over time, the coach should demonstrate improved ability to actively engage parents and other care providers and enhance their responsiveness to the children in their care as a part of everyday routines and activities. The coach must demonstrate presence of this practice and/or improvement over time.

Resource-Based Practices

Resource-Based – If a resource-based conversation occurs, coach must demonstrate ability to use a capacity building approach and improvement over time.

Strengthening families. Advancing excellence.

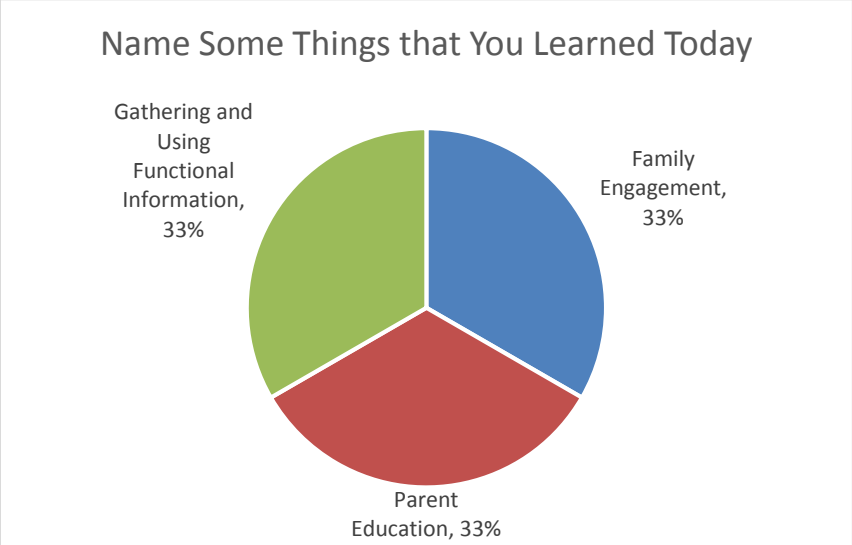
Appendix 3: Brief of the Evaluation Results of Global Outcomes Integration Enhancement Training

Training Date: 5/18/17 **Location:** New Bern CDSA

Purpose of Training: To provide refresher training and SSIP enhancement training in competencies essential for successful participation by CDSA staff in the global outcomes integration process.

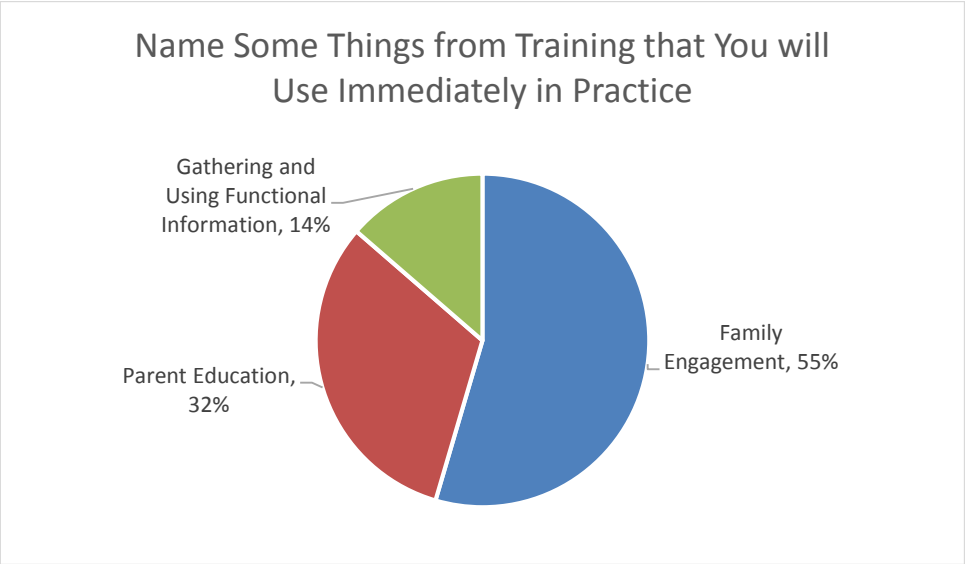
1. Name some things that you learned today.

Competency Area	# Responses	% Total
Family Engagement	9	33%
Parent Education	9	33%
Gathering and Using Functional Information	9	33%
Total	27	100%



2. Name some things that you learned today that you will use in practice immediately.

What will you put into practice immediately?	# Reponses	% Total
Family Engagement	12	55%
Gathering and Using Functional Information	3	14%
Parent Education	7	32%
Total	22	100%


Name Some Things from Training that You will Use Immediately in Practice
Gathering and Using Functional Information, 14%
Family Engagement, 55%
Parent Education, 32%

3. What worked well in the training today?

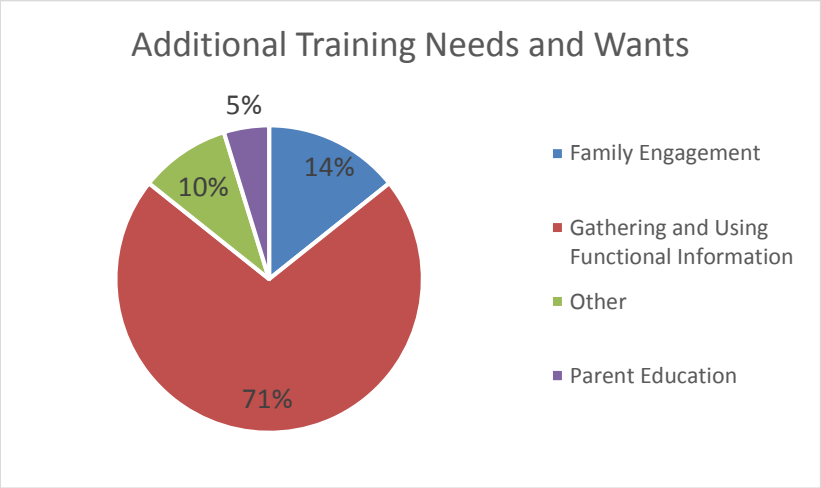
What worked well in training today?	# Responses	% Total
Active Participation	11	29%
Other	2	5%
Presentation	6	16%
Relevancy	6	16%
Resources	5	13%
Visuals	8	21%
Total	38	100%

4. What suggestions do you have to improve this training?

Improvement Area	# Responses	% Total
Active Participation	2	11%
Content	2	11%
Organization	6	32%
Time	9	47%
Total	19	100%

5. What do you need or want additional training in related to the topics addressed by this training?

What do you need or want additional training in related to the topics addressed by this training?	# Responses	% Total
Family Engagement	3	14%
Gathering and Using Functional Information	15	71%
Other	2	10%
Parent Education	1	5%
Total	21	100%



Appendix 4: Brief overview of the year's evaluation activities, measures, outputs/outcomes, progress and next steps

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	Progress/Accomplishments and Next Steps
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	February 2016-February 2017 Revised timeline February 2016 - August 2018	**Progress/Accomplishments** -a draft provider agreement has been drafted and vetted with the DPH Contracts and Attorney General's office. -communications materials have been drafted to convey the changes from the old version of the agreement to the new. -plans for rollout of the agreement have been developed to support initial implementation in Summer 2018 **Next Steps** -get approval from CDSAs and stakeholders (April 2018) -disseminate training and materials to CDSAs (May 2018 – August 2018)
Revision and standardization of Interpreter agreement	Revised interpreter agreement completed and implemented	Revised interpreter agreement approved by CDSAs and Stakeholders	February 2016-February 2017	**Progress/Accomplishments** -revisions have been made to the interpreter agreement -vetted with the DPH Contracts and Attorney General's office.

				-communications materials have been drafted to convey the changes from the old version of the agreement to the new. -plans for rollout of the agreement have been developed to support initial implementation in Summer 2018 **Next Steps** -get approval from CDSAs and stakeholders (April 2018) -disseminate training and materials to CDSAs (May 2018 – July 2018)
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)	February 2016-February 2017 Revised timeline: February 2016-December 2018	**Progress/Accomplishments** -an initial spreadsheet documenting common contract provider information being tracked across CDSA was created **Next Steps** -additional work to populate the spreadsheet is required

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/ Data Collection Methods	Timeline	Progress/Accomplishments and Next Steps
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?	Revised provider agreement completed Revised interpreter agreement completed 50% of providers are trained at 3 months 95% of providers trained within 1 year	Agreements (Provider and Interpreter) Documentation of provider signed attestation Provider survey collected every six months for first year	July 2018 Reviewed at 3 months and 1year post implementation Beginning after trainings completed	**<u>Progress/Accomplishments</u>** -a workgroup actively worked to revise provider and interpreter agreements -provider agreement revisions are complete -additional work on revising the interpreter agreement is underway **<u>Next Steps</u>** -N.C. ITP Leadership will be provided resources (communications and training materials) to help support roll out of the provider agreement -provider agreement workgroup will monitor implementation -interpreter agreement will be finalized

		Do providers understand the new agreements, including accountability and incentives?	>90% of providers report understanding at 1year post implementation of new agreements			
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 Revised timeline January 2019	**<u>Progress/Accomplishments</u>** -initial progress to identify shared informational elements about providers from across all CDSAs was explored **<u>Next Steps</u>** -the state will create a spreadsheet with all contract provider information
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	Progress/Accomplishments and Next Steps
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	February 2016 – July 2016 Revised timeline: February 2016-ongoing	**Progress/Accomplishments** -review of N.C. ITP personnel structure was done in Phase 3 Year 1 with assistance from ECTA to maximize responsiveness and flexibility to assist CDSAs with issues, clarify policies and procedures, and work collaboratively to problem-solve -given turnover and limited resources, N.C. ITP will continuously assess and adjust to ensure there is adequate support and timely response to all questions and problems as they arise.
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	February 2016 - December 2016	**Progress/Accomplishments** --SSIP Evidence-Based Practice implementation team developed a list of best practices and evidence-based practices in FY15 -summary document was completed **Next Steps** -review the list of best practices and approve the summary document

				- identify priorities for implementation (other than EBPs selected for SSIP) -plan for dissemination
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	August 2017 - December 2019	**Progress/Accomplishments** -SSIP SDT was established to bring together N.C. ITP leadership to begin conversations about the system that will be created **Next Steps** -implementation infrastructure will be addressing the creation of a system outlining steps and processes for local program staff and providers using EBPs -teams will explore needed resources and capacity required for system -teams will create and/or secure needed expertise to create modules/guides

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline	Progress/Accomplishments and Next Steps
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	Complete
Long-term Outcome	Provider and CDSA staff will have greater access to best	Did the state review dissemination of best practices from local, state, and federal programs?	100% of CDSA staff have been trained on new dissemination best practices within 1 year	List of evidence-based practices Manual disseminated to all CDSAs	August 2017 – December 2019	**<u>Progress/Accomplishments</u>** -the state reviewed best practices and evidence-based practices -an implementation structure consisting of a SDT, SIT, and LIT has been adopted to

	practices and EBPs	Did the state develop a system for distribution/ dissemination of EBPs? Were providers and CDSA staff informed/trained on new system?	>75% of providers have been trained on dissemination practices within 1 year	Records of group correspondence (letters, email) with providers and local programs Training attendance logs EBPs incorporated into provider agreements		support the dissemination/distribution of EBPs -a SDT was formed -EBPs were incorporated into the revised provider agreements. -training attendance logs were kept for initial pilot sites and other sites that participated in training **Next Steps** -a SIT and LITS will be established -the state will begin more intentional tracking of performance indicators

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	Progress/Accomplishments and Next Steps
Create a plan to align N.C. ITP certification process with best practices and national standards	Compilation of best practices compiled from states and local programs	Report completed and approved	February 2016- February 2017	**Progress/Accomplishments** -a plan to align N.C. ITP certification process with best practices and national standards was completed in Phase 3 Year 1 -SDT approved the report in June 2017 **Next Steps** -plan for implementation of certification process changes by exploring needed resources (to be developed or secured)
Create a plan to centralize the N.C. ITP certification training and standards process	Central database contains all certification training and standards	Report completed and approved Report completed and approved Certification and training status can be obtained from State's database/data system and N.C. ITP is able to conduct desk audits to monitor maintenance of certification and completion of CEUs	February 2016- February 2017	**Progress/Accomplishments** -a plan to align N.C. ITP certification process with best practices and national standards was completed in Phase 3 Year 1 -SDT approved the report in June 2017 **Next Steps** -plan for implementation of certification process changes by exploring needed resources to be developed or secured

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	February 2016 – July 2017	**Progress/Accomplishments** - a set of standards/practices for training and utilizing evaluation and assessment tools for staff and providers, with a specific focus on social-emotional development, were developed and approved
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	February 2017 - January 2018 Revised timeline: February 2017 – March 2019	**Progress/Accomplishments** -limited progress has been made related to developing a multi-year plan in Phase III Year 2 due to competing demands of staff and limited resources **Next Steps** -continued planning with PD team leads to create a multi-year plan
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	July 2017 – June 2018	**Progress/Accomplishments** -limited progress has been made in Phase III Year 2 due to limited resources **Next Steps** -continued planning with PD team leads

Evaluation: *Expand Professional Development Opportunities and Standards* (NO PROGRESS WAS MADE)

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline
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	July 2017 - 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

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	Progress/Accomplishments and Next Steps
EI Branch develops a collaborative relationship with existing EBP programs in N.C.	Collaborative meetings occur regularly	Meeting minutes Attendance logs	Begin 2016 Ongoing	**Progress/Accomplishments** -the SDT members have developed a relationship with FIPP staff implementing Coaching and NLEP **Next Steps** -the SDT and N.C. ITP will get clarity on what is meant by service delivery model and/or evidence-based practice
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	May 2016 – April 2018	**Progress/Accomplishments** -the N.C. ITP began establishing an infrastructure for statewide trainings -staff were identified to participate on the SDT -training for Coaching and NLEP was delivered to CDSAs -outreach to providers to invite them to participate in coaching and NLEP training

				Next Steps -N.C. ITP will continue to build its implementation infrastructure by establishing a SIT and LIT -additional training for coaching and NLEP will be conducted to reach all CDSAs -exploration around SEFEL will continue
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)	**Progress/Accomplishments** -coaching and NLEP trainings that have been conducted have had high attendance, according to attendance logs **Next Steps** -establish a statewide evaluation plan and system that incorporates pre/post knowledge tests and satisfaction surveys

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 healthy 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-implementation survey in Summer 2018
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 2019 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 2018

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	Progress/Accomplishments and Next Steps
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	February 2016 - December 2016	Completed in Phase III-Year I
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	February 2016 - July 2017	Completed in Phase III-Year I
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	**Progress/Accomplishments** -In FY16, response rate increased from 13% to 36% **Next Steps** -identify barriers to implementation and support CDSAs with training and TA to increase response rate -begin distribution of family surveys on tablets

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	**Progress/Accomplishments** -the N.C. ITP partner and N.C. PTIC, the Exceptional Children's Assistance Center (ECAC) held a training, called Parents as Collaborative leaders in FY16 where only 3 families attended. **Next Steps** -An additional training will be held in March 2018
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	Work on creating a satisfaction survey will be explore with family engagement team members in FY 2018.

Evaluation – *Overhaul Family Outcomes Measurement Process*

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)	Progress/Accomplishments and Next Steps
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	Decrease number of returned family surveys Demographics from State Data System Pre-post comparison of representativeness	Begin: Family Outcomes Survey Measurement in 2017	**Progress/Accomplishments** -data received from FY16 indicate that initial survey results more accurately represent the children and families served by the N.C. ITP. -please refer p.11 of report for data from FY 2016 APR for reference -initial response rate increased from 13% to 36% **Next Steps** -continue to monitor response rate and provide TA support to CDSAs to increase response rate to ≥ 50%

Inter-mediate Outcome	N.C ITP will have better quality data on impact of Early	Did the family outcomes survey	Family response rate increases at	Returned family surveys	Begin: Family Outcomes Survey Measurement in 2017	

	Intervention on Family Outcomes	response rate increase?	least 75% after initiation of new survey/process			
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	Initial survey results show that over 90% of families reported that early intervention services: A. have helped the family know their rights B. have helped the family effectively communicate their children's needs C. have helped the family help their children develop and learn

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	Measurement/Data Collection Methods	Timeline (projected initiation and completion	Progress/Accomplishments and Next Steps
Develop integration implementation plan.	Integration implementation plan completed	Implementation plan	April 2016 - June 2017	**Progress/Accomplishments** Completed by GO Core team **Next Steps** -will be reviewed by SDT and SIT in FY18
Develop staff, provider and family training with training materials.	Training plans completed Training materials completed and pilot tested	Training plans Training materials	April 2016 - June 2017	**Progress/Accomplishments** -draft of staff, provider, and family training materials has been developed **Next Steps** -training and training materials will be reviewed by SDT and SIT in FY17 -training materials will be pilot tested with LITs and pilot sites in FY18

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

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)	Progress/Accomplishments and Next Steps
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 2018. Follow-up survey in July 2019	
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 2018. Follow-up survey in July 2019	

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 201	
Long-term 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 2019	

Improvement Strategy – *Explore Telehealth feasibility and processes*

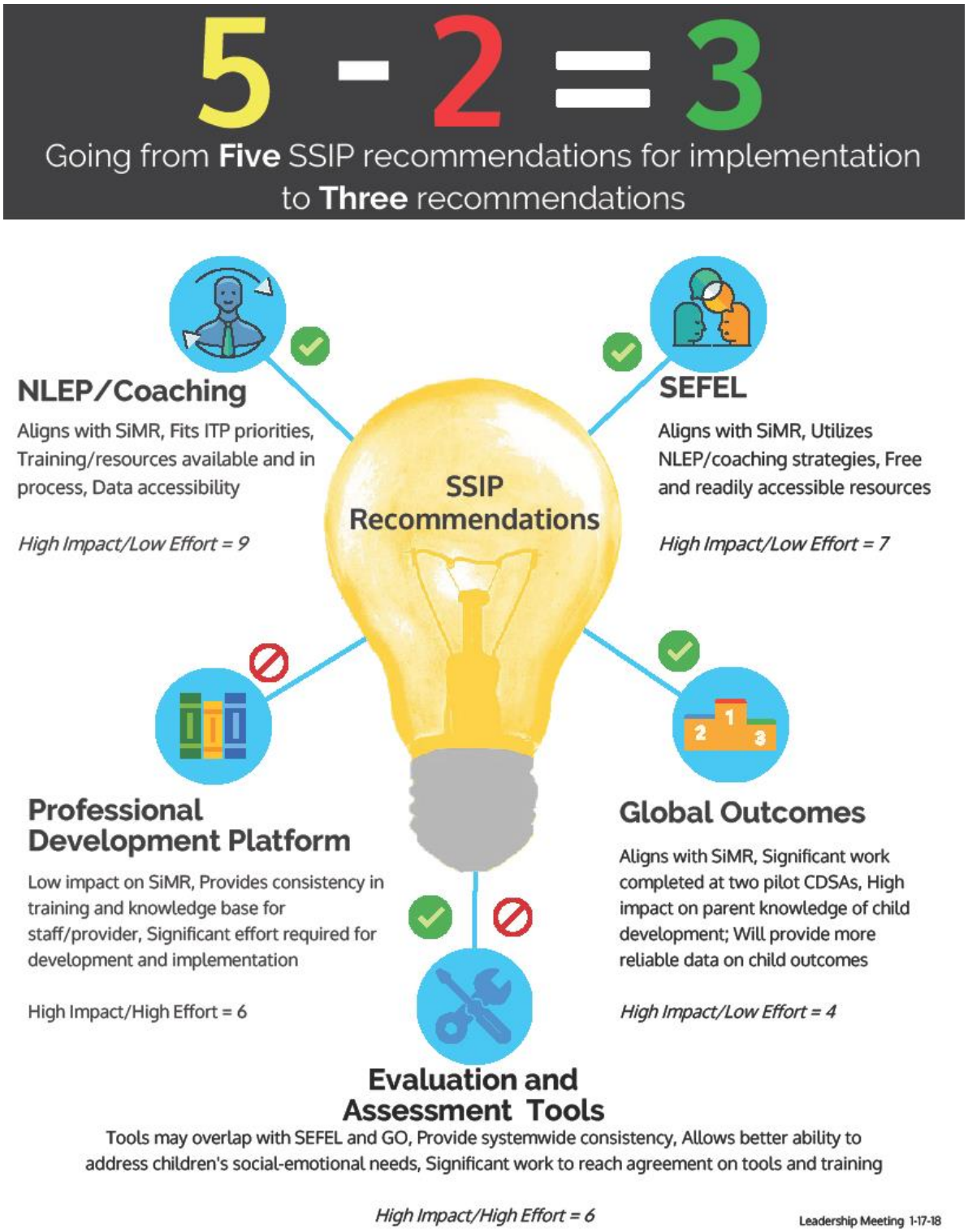
Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline	Progress/Accomplishments and Next Steps
Short-term Outcome	CDSAs and providers will implement telehealth technology and procedures with fidelity	Were CDSAs and Providers needs for telehealth measured? Were providers and CDSAs trained on telehealth technology and procedures?	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	July 2016 – January 2017	**Progress/Accomplishments**-needs survey completed by 100% of CDSAs related to need and willingness to utilize telehealth -all staff and provider participating in pilot at initial pilot CDSA trained on use of telehealth technology - detailed "How To"/Procedures Manual developed -initial training on use of telehealth technology completed at next identified pilot site with participating staff, provider, and all management staff -documentation/logs of trainings completed with provider and CDSA staff

						<u>Next Steps</u> -pilot to expand to next identified CDSA with services beginning April 2018 -continue with trainings for providers and CDSA staff as pilot expands further based on CDSA needs, program resources, and billing/funding decisions (proposal to Medicaid planned with draft completed)
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	**<u>Progress/Accomplishments:</u>** -8 children and families have been provided speech/language therapy services via telehealth technology at initial pilot CDSA, with 6 “graduating” from the pilot -surveys completed with pilot graduates indicate families were highly satisfied with services received -50% of children were discharged with age-appropriate communications skills and all children discharged exhibited increased vocalizations and/or use of single words.

						Next Steps -continue enrollment and service provision of speech/language therapy services via telehealth for children and families at initial pilot CDSA -begin enrollment and service provision of speech/language therapy services for children and families at next identified pilot CDSA -explore funding and further expansion of telehealth through proposal to Medicaid (draft proposal completed)
Long-term Outcome	Increase access to service providers in rural areas of N.C.	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	**Progress/Accomplishments** -pre-survey completed regarding need for increased access to service providers at all CDSAs, including rural areas of N.C. -ongoing surveys completed with families who have received services via telehealth at initial pilot CDSA

						-initial pilot CDSA and first pilot expansion CDSA selected contain significant rural areas within their catchments and focus of pilot activities have been/will be in those areas **<u>Next Steps</u>** -complete post surveys with participating CDSA staff at initial pilot CDSA and first expansion CDSA after implementation regarding access to service providers in rural areas of N.C. -continue expansion of telehealth pilot based on CDSA needs, program resources, and billing/funding decisions (proposal to Medicaid planned with draft completed)

Appendix 5: SSIP Infographics


5 - 2 = 3
Going from Five SSIP recommendations for implementation to Three recommendations
NLEP/Coaching
Aligns with SiMR, Fits ITP priorities, Training/resources available and in process, Data accessibility
High Impact/Low Effort = 9
SEFEL
Aligns with SiMR, Utilizes NLEP/coaching strategies, Free and readily accessible resources
High Impact/Low Effort = 7
SSIP Recommendations
Professional Development Platform
Low impact on SiMR, Provides consistency in training and knowledge base for staff/provider, Significant effort required for development and implementation
High Impact/High Effort = 6
Global Outcomes
Aligns with SiMR, Significant work completed at two pilot CDSAs, High impact on parent knowledge of child development; Will provide more reliable data on child outcomes
High Impact/Low Effort = 4
Evaluation and Assessment Tools
Tools may overlap with SEFEL and GO, Provide systemwide consistency, Allows better ability to address children's social-emotional needs, Significant work to reach agreement on tools and training
High Impact/High Effort = 6
Leadership Meeting 1-17-18

Appendix 6: SSIP Phase III-Year 3 Revised SSIP Evaluation activities, measures, outputs/outcomes

Improvement Strategy – *Creation of an EI implementation infrastructure to support implementation of evidence-based practices (that includes a system teaming structure, use of implementation science, and 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	Progress/Accomplishments and Next Steps
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	August 2017 - December 2019	
Create a system teaming structure, consisting of a State Design Team, State Implementation Team, and Local Implementation Teams to support implementation of EBPs	Established system teams	Terms of Reference Meeting agendas	July 2016-ongoing	
Incorporate principles implementation science into SSIP work	Implementation science frameworks guide SSIP implementation work	Implementation science frameworks/tools	July 2016 - ongoing	
N.C. ITP 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	Training materials Training logs Attendance logs	May 2016 – April 2020	

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline	Progress/Accomplishments and Next Steps
Long-term Outcome	Provider and CDSA staff will have greater access to best practices and EBPs	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	Records of group correspondence (letters, email) with providers and local programs Training attendance logs EBPs incorporated into provider agreements	August 2017 – December 2019	

Improvement Strategy – *Implementation of Evidence-Based Practices*

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline	Progress/Accomplishments and Next Steps
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 is able to demonstrate effectiveness of the established system for training and coaching of staff in use of Coaching and Natural Learning Environment Practices and SEFEL	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	October 2016 - ongoing	

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 coaching, natural learning environment practices, and social-emotional development for infants and toddlers and ways to promote healthy parent-child relationships	Do practitioners have improved understanding of coaching, NLEP? 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 NLEP and 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 are coached in a relationship-based manner to promote their child's social-emotional development	Did CDSA staff and providers us coaching interaction strategies within routines-based settings to support families competence and confidence?	75% of interested families will receive services from providers and CDSA staff using coaching interaction style of communication.	Improved family survey results on Indicator 4 (b) and (c); Fidelity tool implemented with staff at 90% fidelity	Beginning in July 2019 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

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)	Progress/Accomplishments and Next Steps
Develop integration implementation plan.	Integration implementation plan completed	Implementation plan	April 2016 - June 2017	
Develop staff, provider and family training with training materials.	Training plans completed Training materials completed and pilot tested	Training plans Training materials	April 2016 - 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)	Progress/Accomplishments and Next Steps
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 Fall 2018. Follow-up survey in Fall 2019	
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 Fall 2018. Follow-up survey in Fall 2019	
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	2018-2019	

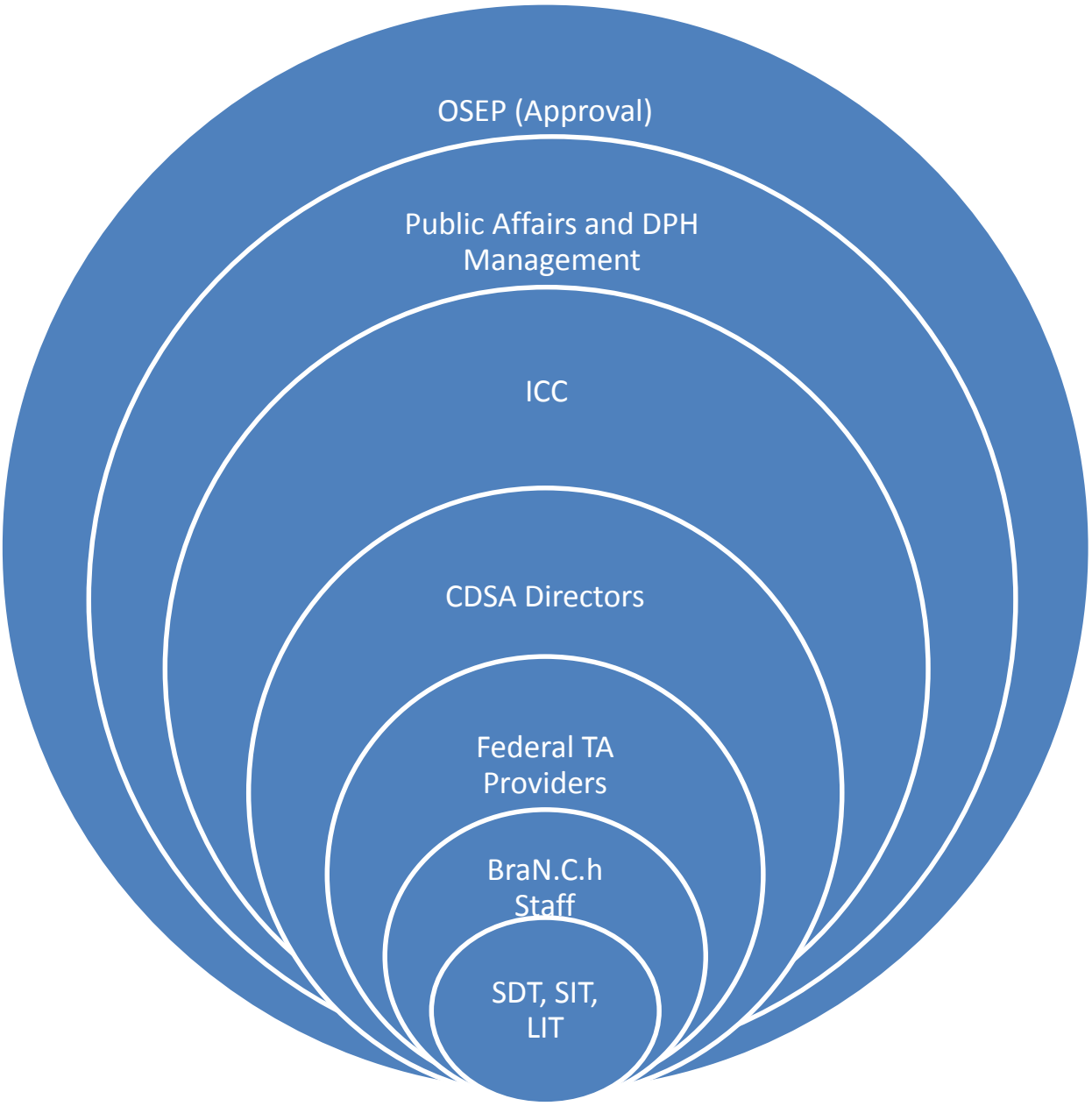
Long-term Outcome	Parents are more likely to report being able to ***Effectively communicate their children's needs*; and**	Are parents more likely to report being able to effectively communicate their children's needs?	10% increase in 4B	APR Indicator 4B pre and post child outcomes integration	Beginning 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 2019	

Appendix 7: SSIP Feedback Nest

This diagram represents the current understanding of the SSIP partners directly involved in providing feedback. Feedback is distinguished from broader Communications and/or Dissemination efforts because it recognizes input from critical actors in the system that support recommendations and/or advise the Program on the potential impact these recommendations will have on families and communities which they represent.

Feedback from the Leadership team and ICC would be strongly considered and incorporated as part of the roll out and implementation process. SDT discusses input, responds to questions, and makes shifts in work according to feedback provided by SSIP Stakeholders.

Audiences	Frequency	How/Format	Types of feedback
OSEP	Annually As need	Annual report Request by email/call	Approval TA/Clarifications
Public Affairs	Annually As needed	Annual report	Review for public documentation representing DHHS
DPH Management	Annual	Annual report	Approval of annual report
ICC	Quarterly As needed	Presentation of updates Calls/emails	Input on SSIP strategies, successes, and areas of improvement
CDSA Directors	Monthly As needed	Bimonthly Leadership Team meeting Bimonthly Director's calls Calls/emails Presentations to CDSA staff	Pilot site selection Prioritization of strategies (maybe) implementation guidance Decisions on teams
Federal TA Providers	Monthly As needed	Calls/meetings Emails	Resources and information Guidance on planning and implementation, Reviewer for annual report, Problem solving and thought partner
Branch Staff	As needed	Invitation to SDT Staff meetings Email Ad hoc meetings	Data analyses, contracting processes, Supplies and resources Budget information Meeting support


OSEP (Approval)
Public Affairs and DPH Management
ICC
CDSA Directors
Federal TA Providers
BraN.C.h Staff
SDT, SIT, LIT

Appendix 8: Communications Matrix for the State Systemic Improvement Plan (SSIP)

Audience	**Communications Objective**	**Medium**	**Frequency**
(1) State Design Team (SDT)	Review status of the SSIP process and activities with the team	Face-to-Face meetings	Monthly
		Emails	As needed
		Conference calls	As needed
(2) State Implementation Team (SIT)	-Update on SSIP implementation activities -Obtain participation in implementation activities -Provide/solicit input/feedback -Communicate regularly to Local Implementation Teams (LITs)	Face-to-Face meetings	Monthly
		Emails	As needed
		What's Up with SSIP?	Quarterly
(3) Early Intervention Leadership Team (*Directors, CDSA staff, and EI Central Office staff)	-Update on SIT activities -Solicit input/feedback	Face-to-Face meetings	Bi-monthly
		Emails	As needed

(4) State ICC	-Update on activities of the SIT and SDT -Solicit input/feedback -Participate in activities when appropriate	Face-to-Face meetings	Quarterly
		Emails	As needed
		What's Up with SSIP?	Quarterly
(5) Families	-Update on SIT activities -Solicit input/feedback -Evaluation	Focus groups	As needed
		What's Up with SSIP?	Quarterly
		Website	As needed
		Brochure, other print communications	As needed
(6) Broad Stakeholders	-Update on SDT and SIT activities -Solicit input/feedback	Face-to-face meetings	Semi-annually
		What's Up with SSIP?	Quarterly
		Email	As needed