

**THE NORTH CAROLINA
INFANT-TODDLER
PROGRAM
INDICATOR 11: STATE
SYSTEMIC
IMPROVEMENT PLAN
(SSIP)**

**Submitted to the Office of Special Education Programs (OSEP)
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Introduction

The North Carolina (N.C.) Infant-Toddler Program (ITP) incorporates herein the Phase I State Systemic Improvement Plan (SSIP) that the State submitted in April 2015. Phase II has been written to follow the template provided by the Office of Special Education Programs (OSEP) in the *“Part C State Systemic Improvement Plan (SSIP) Phase II OSEP Guidance and Review Tool.”* To review the North Carolina Phase I SSIP submission, please see our website, www.bearlync.gov, or use the following link: http://www.bearly.nc.gov/data/files/pdf/NCPartCIndicator11_SSIIP.pdf.

North Carolina’s Infant-Toddler Program (N.C. ITP) is a system of supports and services for children ages birth to three years of age who have established health conditions, developmental disabilities or delays as defined under Part C of the Individuals with Disabilities Education Act (IDEA). The North Carolina Early Intervention Branch (N.C. EI Branch) is the state lead agency for the N.C. ITP. Early Intervention services are provided through local lead agencies, Children’s Developmental Services Agencies (CDSAs) and a diverse network of providers. A detailed description of the program and its components can be found in the Phase I SSIP.

Upon completion of the SSIP Phase I submission, Indicator 11 of the State Performance Plan/Annual Performance Report (SPP/APR), the N.C. ITP began to prepare for implementation of the plan set forth in that document. In essence, the Phase I submission serves as the roadmap for North Carolina to follow over the next several years to begin increasing the capacity of N.C. ITP staff and providers to assess and impact the social-emotional development for the children and families served.

As a reminder, North Carolina’s State-identified Measurable Result (SiMR) is focusing on Indicator 3A, Child Outcomes, and specifically Summary Statement 1. Indicator 3A measures the percent of infants and toddlers with Individualized Family Service Plans (IFSPs) who demonstrate improved positive social-emotional skills (including social relationships). Summary Statement 1 asks “Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.” The full SiMR statement is:

North Carolina will increase the percentage of children who demonstrate progress in positive social-emotional skills (including social relationships) while receiving early intervention (EI) services. A subset of six local lead agencies who are representative of the state will be targeted to begin implementing improvement activities with the goal of expanding to all sixteen local lead agencies for maximum impact.

As part of the SSIP Phase I preparation, States were charged with conducting a thorough data and infrastructure analysis to determine which areas, if enhanced or fortified, will lead to improved outcomes for children with disabilities and their families. The N.C. ITP, through this analysis, determined that in order to achieve the State’s SiMR, a series of nine improvement activities/strategies must take place. The nine improvement activities, which were selected, based on the results of the Phase I analysis and stakeholder input (see Phase I submission), serve as the foundation for the work that will occur over the

next several years. For further details about each activity please see the Phase I submission. The nine improvement activities are:

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

Planning for Implementation

Shortly after the Phase I submission, N.C. EI Branch leadership began meeting in earnest to determine the best method or methods to use to move forward with the plan. Throughout Phase I, it was emphasized to staff, partners, and stakeholders that the SSIP Phase I submission was only the first step in a multi-year, multi-phase process, and that the work would really begin in Phase II, the implementation and evaluation planning phase. Throughout most of the development of Phase I, the N.C. ITP had been without a Branch Head. However, in late April 2015, a new Branch Head was hired, which helped bring stability and leadership to the program, as well as an opportunity for us to have a fresh perspective and new viewpoint of the Phase I findings. With fresh eyes reviewing and affirming the positive direction in which the N.C. ITP was heading, we were ready to move forward and begin the requisite intentional planning for implementation and evaluation for Phase II.

In May 2015, the N.C. EI Branch leadership team, which now consisted of the Branch Head, the Part C Coordinator, and the Part C Data Manager, contacted our local Technical Assistance (TA) provider at the Early Childhood Technical Assistance Center (ECTA Center) to request assistance with moving forward into Phase II. A challenge faced by the leadership team was how to move forward while facing nine complex improvement strategies. An initial discussion centered around prioritizing the nine improvement activities so the State could work on pieces of the Phase I plan, one activity a time, which would allow the N.C. ITP to slowly implement the nine strategies in a sequential process based on need and local lead agency readiness. However, while attempting to begin the prioritization process, it became clear that almost all nine of the improvement activities would need to be examined simultaneously due to their extensive overlap and interconnectedness. For example, the team imagined a newly selected Evidence-Based Practice (EBP) around social-emotional health and development potentially failing to be implemented effectively, due to the lack of a Comprehensive System of Personnel Development (CSPD) or clearly defined service delivery model. Therefore, working on one or the other of those activities while ignoring the others, could potentially leave the State unable to achieve the SiMR and ultimately, the targeted desired outcomes.

The alternative plan that became clearer to the team after these initial discussions in April and May 2015 was to utilize our TA partners to help us determine the steps necessary to move forward with the nine improvement strategies previously identified. As a result, we met with a TA Specialist at the ECTA Center in June 2015 to obtain assistance with planning. At this same time, many states were beginning to access TA and were also deciding how best to move forward with the activities identified in Phase I. The N.C. EI Branch was directed to begin looking at the concept of Implementation Teams, as envisioned and outlined in Implementation Science teachings and practices. North Carolina (N.C.) is fortunate to have a similar size and structure to a neighboring State, which ECTA approached on our behalf and asked if they would share a document they had developed that incorporated the use of implementation teams for encompassing the improvement activities identified in their SSIP. The N.C. EI Branch leadership found that the concept of implementation teams fit well into the existing structure of how it and the State's local lead agencies (CDSAs) operated and reasoned that an implementation team arrangement provided two major benefits:

1. Multiple improvement activities could be combined within a single team format and structure so that they could be grouped together in ways that were logical and sound; and
2. Implementation of all nine improvement strategies could begin at the same time with the team format while at the same time allowing for varied implementation paces. In other words, activities that are ready to begin work immediately can start to move forward, while activities that require more planning could be brought along more slowly.

Therefore, using the concept of implementation teams, N.C. EI Branch leadership began the process of determining how to combine improvement strategies into a manageable number of teams. There was universal agreement that the number of teams should be kept to as few as possible while still being able to address all nine strategies. Fortunately, this is where the N.C. ITP Phase I submission provided a perfect roadmap for beginning to combine our nine improvement activities. In the Phase I document, the nine improvement activities were combined into five Strands of Action in the State's Theory of Action. These Strands of Action (or what the State is referring to as "buckets") were meant to identify the five main areas of focus for the N.C. ITP that would be utilized throughout the SSIP process to achieve the SiMR. (The Theory of Action is provided below, on page 8.) It then made sense to maximize these already created five buckets and use them as the basis for the implementation teams.

The five buckets in the State's Theory of Action (TOA) are:

- 1) Provider Network
- 2) Professional Development and Standards
- 3) State Planning and Dissemination
- 4) Family Involvement and
- 5) Practice Standards

These five buckets, encompassing the nine improvement strategies, were reviewed by the N.C. EI Branch leadership to determine if each one could, in itself, be the topic of an implementation team. It was quickly determined that they could; however, it also became clear that a sixth team would need to be created to continue the work on integrating families' global outcomes ratings into the IFSP process (a pilot project that was begun in two CDSAs in 2013 and which was planned to be expanded to additional

CDSAs through the SSIP). There was also strong feeling among staff that two of the buckets, ‘Provider Network’ and ‘State Planning and Dissemination’, would need to be part of the same implementation team due to the commonality of several of the strategies involved with both teams’ areas. Therefore, the N.C. EI Branch leadership decided on a five team concept in late May 2015, with the improvement strategies to be addressed by each team, as outlined below:

1. **State/Local Infrastructure**

Improvement Strategies Being Addressed:

- Strengthen state system for planning and dissemination (CDSAs, State Office, Community Providers)
- Creation of an EI service delivery model of clearly defined practice standards for equal access for children and families
- Centralize and expand provider network
- Explore and implement telehealth options to increase access to social/emotional experts

2. **Professional Development**

Improvement Strategy Being Addressed:

- Expand professional development opportunities and standards

3. **Evidence-Based Practices**

Improvement Strategies Being Addressed:

- Identification of Evidence-based Practices to support the Social/Emotional development of infants and toddlers enrolled in the N.C. ITP
- Create plan to disseminate Evidence-Based Practices to CDSA staff and community providers for equal access for children and families

4. **Family Engagement:**

Improvement Strategy Being Addressed:

- Overhaul family outcomes measurement process

5. **Global Outcomes Integration**

Improvement Strategies Being Addressed:

- Continued expansion of child outcomes integration pilot
- Disseminate child outcomes data at the CDSA level and investigate additional/ alternative data to measure child and family outcomes

North Carolina Infant Toddler Program (ITP) Theory of Action

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

Implementation Team Formation

In order to gain feedback from the local programs, the N.C. EI Branch leadership presented the concept of implementation teams at a Branch Leadership meeting in early June 2015. This meeting included all CDSA Directors, as well as all staff from the N.C. Early Intervention Branch Office (EIB). The attendees were brought current on the activities of the Phase I submission of the SSIP, and were asked to provide feedback on both the concept of implementation teams, as well as the suggested five team structure. The response was overwhelmingly positive, with Directors indicating that they felt the team configuration fully addressed the areas of need identified in Phase I. Directors and EIB staff also were asked during the meeting to begin thinking about which teams they would like to be a part of, and Directors were asked to start thinking of appropriate staff at their respective CDSAs, as well as providers and other community stakeholders and families in their catchment areas who might be interested and could potentially participate on the teams.

The next step in the process was to decide who should lead each team and how membership of each team would be comprised. Upon the advice of ECTA TA staff and staff from the National Center for Systemic Improvement (NCSI), the N.C. EI Branch leadership team began exploring and utilizing the materials found in the resource, *“Leading By Convening: A Blueprint for Authentic Stakeholder Engagement,”* (a project of The IDEA Partnership, National Association of State Directors of Special Education (NASDSE)), as well as materials from the Active Implementation (AI) HUB, an online resource of Implementation Science concepts and tools created by the National Implementation Research Network (NIRN). These resources contained ideas, documents and tools that helped to provide guidance and insight into the process of implementation science for the State to follow and begin implementing its identified improvement strategies. Please see **Section 1(a) and Section 2** for a full description of the make-up of the implementation teams.

The EI Branch leadership determined that implementation teams would be led by two co-leads to ensure continuity and sustainability and invited EIB staff to self-select which team they wanted to lead. Once team leaders were in place, the co-leads of each of the five implementation teams began to meet regularly, beginning in September and October 2015, to begin planning for their respective implementation areas. One of the first tasks for each team was to determine appropriate stakeholder groups and to start the process of identifying representatives of these stakeholder groups for their teams (further information on recruitment of stakeholders can be found in Section 1(d) and Section 2). The team leads also began to outline the activities and outcomes that each team was going to accomplish through Phase III of the SSIP.

As the implementation teams began to meet, they completed activities that involved review of the activities and outcomes of each team to prioritize each team’s work. From these initial meetings of team co-leads and core stakeholders and by utilizing the *SSIP Improvement Plan Template*, virtually all teams were able to draft proposed improvement activities specific to their team. As the N.C. ITP SSIP team structure was intended to combine the nine improvement strategies from Phase I into five implementation teams, the plans were developed by team rather than by individual improvement strategy.

Distinguishing “Practice” change focused from “Infrastructure” change focused

The five implementation teams can be broken down further into two types of major activities that each team will essentially be focusing on: *practice changes* and *infrastructure changes*. Although these types of change are not mutually exclusive, it is helpful to distinguish the two here as the intended outcomes and the resulting impact on the SiMR (social-emotional development) will differ, depending on the type of major activity. For example, creating a centralized provider network (*infrastructure change*) may not in itself directly increase progress in the social-emotional development of the children and families served, but the network will act as a conduit to ensure that the social-emotional Evidence-Based Practices (EBPs) chosen by the state (*practice change*) can be disseminated more effectively to staff and community providers. Therefore, this distinction allows for measurement of the direct impact on the SiMR more effectively (i.e. making it easier to connect which activities produced which intended and unintended outcomes). For the purpose of distinguishing between *practice* and *infrastructure changes*, the implementation teams would be arranged as follows:

<u><i>Infrastructure Change Focused</i></u>	<u><i>Practice Change Focused</i></u>
Team 1: Infrastructure	Team 3: Evidence-Based Practices
Team 2: Professional Development	Team 5: Global Outcomes Integration
Team 4: Family Engagement	

Accordingly, it follows, that the outcomes and activities of each implementation team will further define the specific improvements that will be made to the N.C. ITP. In Section 1, which begins on the next page, the outcomes and activities of the infrastructure-change focused implementation teams are outlined using the *SSIP Phase II OSEP Guidance and Review Tool* and the *Improvement Plan* template. Section 2 contains the outcomes and activities of the practice-change focused implementation teams and Section 3 discusses Evaluation.

Section 1: Infrastructure

I(a) Specify improvements that will be made to the State infrastructure to better support early intervention service (EIS) programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.

Team 1: State/Local Infrastructure

The Infrastructure Implementation Team (Infrastructure Team) began by reviewing the information, data, and work products generated from Phase I of the SSIP to define and refine priority areas and identify which areas of focus needed to be foundational priorities to support the N.C. ITP. The Infrastructure co-leads began meeting in December 2015 to plan the structure, stakeholder make-up, and goals for the team. It became clear that although the work from Phase I provided significant information and direction, more work needed to be completed prior to identifying stakeholder groups and team participants and before being able to set goals and priorities for the team. The co-leads of the team determined that using the *ECTA/DaSy Framework Self-Assessment Tool* (Self-Assessment Tool) would provide an excellent starting point for clearly assessing, identifying and prioritizing critical areas of the State's Infrastructure that would need to be addressed as part of the State's efforts to meet the SiMR.

A diverse group of core team members of the Infrastructure Team, along with input from key staff who have expertise in specific areas, embarked on completing the Self-Assessment Tool. This core group included CDSA Directors, Supervisors, Clinicians, Financial Officers and the Branch Head. The Implementation Team sought input and feedback from all local CDSA program Directors, as well as, from EI Branch staff. To gather as much broad and representative input as possible while completing the Self-Assessment Tool, the Infrastructure Team sought participation and contribution to the Self-Assessment Tool from stakeholders outside of the core team. Each CDSA Director was asked to create a team consisting of program level staff who serve in a variety of roles to complete the Quality Standards Section of the Self-Assessment Tool. The Personnel and Workforce Development sections were completed jointly by the Infrastructure Team and the Professional Development Implementation Team. Members of the N.C. ITP data staff completed the data sections and the Division of Public Health's budget personnel, along with branch level budget personnel, completed the fiscal sections of the Self-Assessment Tool. Additionally, contributions to this process included facilitated discussions at EIB Leadership meetings, strategic planning meetings that involved EIB staff, and TA from the ECTA Center.

These activities, in conjunction with the extensive planning and prioritizing activities that occurred during Phase I of the SSIP, provided important information and guidance that helped map out activities for the Infrastructure Team. Introspection and assessment of the status of the N.C. ITP program have been ongoing since May 2015 and have included review of: EI Branch personnel structure, roles, and responsibilities; strengths and challenges across CDSA service provider networks; financial and billing constructs; and how best to organize to increase support to the CDSAs and providers so that children and families will benefit from high quality evidence-based practices and effective culturally responsive supports.

As a result of the work on the Self-Assessment Tool, several high priority areas were identified:

- EI “Branding” (encompassing clear “marketing” of the program, identification and communication of intended outcomes for children and families, use of social media, revising the branch’s website to be more family and public friendly)
- improving clarity of legal foundations and written guidelines, as well as dissemination of details needed to implement legal foundations at the local level
- planning for accountability, consistency, continuity, and improvement across and within local CDSA programs
- providing increased local budgetary control and purchasing authority.

A consistent area of consensus among all who contributed to the completion of the Self-Assessment Tool related to the development and implementation of structured systems. Participants representing all roles/positions at all levels and in regard to all ECTA Self-Assessment Components indicated that while individual elements of each component were in place to varying degrees at the state and local level, a well-defined, consistent, structured system for ensuring ongoing implementation, fidelity, evaluation, and revision previously had been lacking for the programmatic areas assessed. An internal planning survey was distributed to all CDSA Directors which provided key information for the Infrastructure Implementation Team (as well as other SSIP Implementation Teams) to utilize and build upon as the State continues to ensure it is situated to achieve its State-identified Measurable Result.

The first face-to-face meeting of the entire Infrastructure Team took place on March 10, 2016. Time was taken to provide context for the SSIP in relation to the Early Intervention program as a whole, as well as to share the development of Phase I, the identified improvement strategies, the State’s theory of action, and the overall charge for the group. Results of the Self-Assessment Tool were shared and a high impact/likelihood activity was conducted utilizing the key issues that arose as priorities from the Self-Assessment Tool. The need to clearly identify a model for the N.C. ITP was identified as a high impact/likelihood item, as was the need to work on centralizing the provider network.

As much as the team wanted to delve immediately into creating a system for implementing/disseminating evidence based practices, it was quickly agreed that the identification of a model needed to come first. The team unanimously agreed that whatever model is ultimately selected, critical non-negotiables were: providing services in natural learning environments and utilization of coaching interaction styles. (Further description of coaching is found in Section 2 (a)). The Infrastructure team members unanimously agreed that it is critical to exert control over providers through the development of accountability standards and that it also would be beneficial to develop a central provider network database that all could access. This would help reduce the number of agreements providers who work with multiple CDSAs would have to enter into and also allow for increased standardization and accountability across the state. All team members agreed that the current multiple agreements utilized by CDSAs with community service providers were weak and contained no mechanism to enforce accountability or require standards of performance that are consistent with N.C. ITP’s philosophy of early intervention or its Vision, Mission, Values and Beliefs.

Exploring the feasibility of Telehealth also rose to the top of issues that needed to be addressed by the group; however, it was viewed as a high impact/low likelihood activity. The Infrastructure Team agreed that its two high priorities would be identifying a service delivery model and centralizing the provider network. Concurrently, but at a slower pace, the Infrastructure Team will be exploring the feasibility of Telehealth.

Improvement Strategies being addressed:

- Centralize provider network/Revise provider agreements
- Create an EI service delivery model of clearly defined practice standards for equal access for children and families
- *Explore Telehealth feasibility and processes (if feasible)

Improvement Strategy addressed: Centralize provider network/Revise provider agreements

- A. **Improvement Strategy – Centralize provider network/Revise provider agreements**
- B. **Key State Improvement Plans or Initiatives That Align With This Improvement Strategy - Development of Competencies by the NC Infant Mental Health Association**
- C. **Improving Infrastructure and/or Practice – Infrastructure (Practice for Telehealth)**
- D. **Infrastructure components the strategy is intended to improve - Accountability, Quality Standards, Professional Development**
- E. **Intended Outputs/Outcomes –**

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

F. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Determine content of provider agreement which most effectively provides a system of accountability and incentives	X	X		<p>Obtain Provider Network agreements from other programs/states</p> <p>Review agreements to determine elements needed for N.C. ITP Provider Network agreement</p> <p>Collect and compile elements into a single resource for review by team</p>	Contact list of states with Provider Network Agreements	Provider Network sub-committee	<p>Begin: February 2016</p> <p>Completion: September 2016</p>	Department of Child Development and Early Education (DCDEE) provides special instruction for children with sensory support needs and will collaborate with EI for quality standards and alignment of accountability across programs.
Determine content of Interpreter Provider Network agreement		X	X	<p>Review current Interpreter Provider Network Agreement</p> <p>Obtain Interpreter Provider Network Agreements from other programs/states</p> <p>Review agreements to determine elements needed for N.C. ITP Interpreter Provider Network agreement</p>	Contact list of states with Interpreter Provider Network Agreements	Provider Network sub-committee	<p>Begin: February 2016</p> <p>Completion: September 2016</p>	CDSAs will review and provide feedback based on specific needs, geographic challenges, and catchment area differences.

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				Collect and compile elements into a single resource for review by team				
Collect and organize all N.C. ITP provider information into a single resource (database, etc.)	X	X		<p>Compile all current provider agreements from local programs</p> <p>Determine the most effective method of organizing all provider information into a single resource (database, data file, resource book, etc.)</p> <p>Create provider network aggregate resource (enlist external help as needed)</p> <p>Enter provider data/information into chosen resource</p> <p>Review and determine most effective methods for distribution of provider network resource (EI website, shared drive, etc.)</p>	<p>N.C. ITP Provider Agreements from all local programs</p> <p>Software (database, data file, etc)</p>	<p>Provider Network sub-committee</p> <p>N.C. EI Branch Data Personnel</p>	<p>Begin: February 2016</p> <p>Completion: July 2017</p>	

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Statewide implementation of revised, standardized Provider agreements	X	X	X	<p>Develop training for local programs on new Provider Agreements</p> <p>Deliver training to local programs</p> <p>Disseminate information to providers about new Provider Agreements</p> <p>Develop and Deliver trainings for network providers on how to complete provider agreements</p>	<p>Training materials</p> <p>Distribution list of providers</p>	<p>Team 1 (Infrastructure Team)</p> <p>Team 2 (CSPD Team)</p>	<p>Begin: February 2017</p> <p>Completion: August 2017</p>	
Dissemination and Use of Provider Information resource (developed in the earlier activity)	X		X	<p>Develop and deliver trainings for local programs on how to use the centralized Provider Information resource</p> <p>Track use of Provider Information resource</p>	<p>Training Materials</p>	<p>Team 1</p> <p>Team 2</p>	<p>Begin: July 2017</p> <p>Completion: June 2018</p>	

Improvement Strategy addressed: Create an EI service delivery model of clearly defined practice standards for equal access for children and families

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

- B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy – *Development of Comprehensive System of Professional Development (CSPD); Review/Revision of ITP Certification; Identification of EBPs***
- C. Improving Infrastructure and/or Practice – *Infrastructure***
- D. Infrastructure components the strategy is intended to improve - *Accountability, Quality Standards, Professional Development, Technical Assistance***
- E. Intended Outputs/Outcomes -**

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

F. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Review current structure and budget of N.C. EI Branch		X		Gather information from relevant personnel/payroll systems to determine current personnel/budget Match personnel resources with local, state, and federal requirements to	List of current positions/personnel DHHS Office of Human Resources DHHS Budget Office	N.C. EI Branch Leadership	Begin: February 2016 Completion: July 2016	Collaboration with State Budget Office

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				<p>determine if current staff structure is relevant</p> <p>Work with State budget staff to project future year budgets and personnel needs</p>				
Compile best practices for dissemination of information at the local level		X	X	<p>Gather information from local N.C. ITP programs on dissemination practices</p> <p>Review best practices for dissemination of information for N.C. Part B/619</p> <p>Review best practices for dissemination of information used by other states</p> <p>Create a list of best practices used throughout the state and country</p>	Instrument to collect best practices information	<p>Team 1</p> <p>N.C. EI Branch Leadership</p>	<p>Begin: February 2016</p> <p>Completion: December 2016</p>	<p>Align with N.C. Department of Public Instruction (Early Learning Network)</p> <p>Align and coordinate with DCDEE</p>
Develop a system for distribution of information on EBPs	X	X	X	Create a protocol/practice guide which can be used to implement a new practice (generic)	<p>Production of Tools/Guides /Modules</p> <p>Budget</p> <p>Training Personnel</p>	<p>Team 1</p> <p>Team 2 (CSPD)</p> <p>Team 3 (EBPs)</p>	<p>Begin: August 2017</p> <p>Completion: December 2019</p>	

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				<p>Determine training staff and structure at State Office and local programs</p> <p>Disseminate information to local programs on the plan for future trainings and how information will be shared (website, modules, etc.)</p>				

Improvement Strategy addressed: Explore Telehealth feasibility and processes (if feasible)

- A. **Improvement Strategy – *Explore Telehealth feasibility and processes***
- B. **Key State Improvement Plans or Initiatives That Align With This Improvement Strategy – *DHHS Priority (increased access)***
- C. **Improving Infrastructure and/or Practice – *Both infrastructure and practice***
- D. **Infrastructure components the strategy is intended to improve - *Quality Standards, Professional Development and Impact on billing for services***
- E. **Intended Outputs/Outcomes -**

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

F. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Survey CDSAs and Providers to determine need for telehealth services	X	X	X	<p>Determine the questions needed for each survey (CDSA and Provider)</p> <p>Create the survey</p> <p>Pilot test the survey/Use results to make edits</p> <p>Survey Providers/CDSAs</p> <p>Analyze survey results and develop reports</p> <p>Distribute reports to stakeholders</p>	<p>Survey Instrument</p> <p>Survey Distribution</p> <p>Survey Analysis and Summary</p>	<p>Telehealth Sub-Committee</p> <p>N.C. EI Branch Data Personnel</p>	<p>Begin: February 2016</p> <p>Completion : December 2016</p>	CDSAs and Network Service Providers
Develop potential budget for telehealth implementation and maintenance	X	X		<p>Contact other Part C states that utilize telehealth to gather cost data</p> <p>Determine effect of telehealth on insurance reimbursement</p> <p>Draft budget to show costs (equipment, personnel, training, etc.)</p> <p>Determine if funds are available or can be made</p>	Budget Software	<p>Telehealth Sub-Committee</p> <p>Budget Staff</p>	<p>Begin: February 2016</p> <p>Completion : February 2017</p>	<p>DPH Budget Department</p> <p>DHHS- Division of Public Health Privacy Officer</p>

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				available to implement telehealth model				
Explore processes and steps for implementation of telehealth models	X	X		<p>Contact other Part C states that utilize telehealth and gather information on types of models</p> <p>Complete feasibility assessment of identified telehealth models</p> <p>Determine most effective telehealth model for N.C. ITP</p>	List of states that use telehealth	Telehealth Sub-Committee	<p>Begin: February 2016</p> <p>Completion : February 2017</p>	DPH Information Technology (IT) Department
Initiate telehealth model pilot process and gradually expand (if determined feasible)		X	X	<p>Gain appropriate approvals for use of telehealth services (N.C. DHHS, IT, etc.)</p> <p>Develop policies and procedures (including privacy and confidentiality procedures)</p> <p>Purchase telehealth equipment</p> <p>Develop telehealth trainings and materials</p> <p>Train CDSA and providers on use</p>	<p>Equipment</p> <p>Training Materials</p>	<p>CDSA Directors/ Staff</p> <p>N.C. ITP Leadership</p> <p>Purchasing Staff</p> <p>Privacy and Confidentiality Staff</p>	<p>Begin: March 2017</p> <p>Completion : January 2018</p>	<p>DPH Purchasing Department</p> <p>DPH Privacy and Confidentiality Department</p>

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				of telehealth technology and service delivery Train families on telehealth services Implement telehealth services				

Team 2: Professional Development

Information gathered during Phase I of the SSIP process was essential to the Professional Development (PD) Implementation Team's planning for Phase II. In light of the team's primary objectives, which are to: (1) create a system of standardized and consistent statewide professional development for CDSA staff and providers; (2) Create/modify State certification requirements based on national standards; and (3) Develop consistent standards for evaluation and assessment (tools and overall Technical Assistance), particularly around social-emotional development, the PD Team co-leads utilized information and resources gathered at both the state and national levels to organize and structure the work for Phase II. Co-leads utilized information obtained through participation in the 2015 OSEP Leadership Conference and from State secured technical assistance from federal TA center leads. The PD Team's co-leads intentionally planned and attended sessions at the 2015 Leadership Conference that focused on the development and implementation of a Comprehensive System of Personnel Development (CSPD). Particularly helpful sessions described the process used to develop Statewide, integrated and comprehensive systems of personnel development in early childhood, which highlighted how some states were exploring improving their personnel systems as an improvement strategy to meet their State-identified Measurable Results (SiMR). Additionally, the PD Team co-leads, along with staff from the N.C. EI Branch, participated in a day of TA at the Franklin Porter Graham Center (FPG) that was jointly facilitated by staff from the ECTA Center and the National Center for Systemic Improvement (NCSI). The TA focused on stakeholder engagement and introduced the action planning process. An additional resource shared during this TA session was "*Leading by Convening: A Blueprint for Authentic Engagement*", a publication that was developed through the IDEA Partnership and disseminated by the National Association of State Directors of Special Education (NASDSE). The PD co-leads are applying principles from this publication to foster authentic engagement and to plan and align the functions of various stakeholder groups (e.g., Core Team, Key Participants and Advisors, and Extended Participants/Feedback Network). Through their collective work, the PD Team co-leads and core team members have taken the following steps to identify further the team's priorities and course of action.

The PD Team held an orientation webinar with its core team members on December 19, 2015 (see Appendix I for an explanation of Team make-up). The purpose of this webinar was to give an introduction and overview of the team, orient members to the work and the primary objectives of the PD Team, and discuss the team members' overall charge in Phase II of the SSIP process. The webinar included information on how the team would be organized and the roles of each extended stakeholder group. Also, during the month of December, team co-leads worked in conjunction with members of the N.C. ITP's Infrastructure Team to complete the Personnel/Workforce component of the *ECTA/DaSy System Framework Self-Assessment Tool* (Self-Assessment Tool) to assess North Carolina's status relative to the 12 quality indicators of a Comprehensive System of Personnel Development (CSPD).

On January 19, 2016, co-leads facilitated the team's first face-to-face meeting to begin strategic planning efforts. The objectives for this meeting were to:

- Discuss & Prioritize Team Goals/Objectives (based on the Self-Assessment Tool and Phase 1 Gallery Walk Opportunities)
- Begin Action Planning
 - a. Align goals and objectives with CSPD components

- b. Decide upon most effective way(s) to organize the work of the core team
 - Finalize Extended Stakeholders and Participation Levels
 - Plan Next Steps

During this meeting, team members completed a likelihood/impact activity which examined all related opportunities resulting from the Phase 1 SWOT analyses, as well as opportunities identified through completion of the Personnel/Workforce component of the Self-Assessment Tool. This activity proved successful in helping the team to prioritize opportunities, develop areas of focus, and set additional goals and objectives. Based on the co-lead's preliminary exploration of the team's primary objectives (improvement strategies), results of Phase 1 SWOT analyses, and the team's review and rating of the Self-Assessment Tool, it was determined that by working within a CSPD framework that incorporates the six components of a Comprehensive System of Personnel Development, as outlined by the *Early Childhood Personnel Center* (<http://ecpcta.org>) that we will increase the likelihood that N.C.'s system will be much more effective in ensuring that staffs have the requisite knowledge and skills necessary to adequately address the developmental needs of enrolled children and families and thus have a far greater impact on our State- identified Measurable Result (SIMR). The six components of a CSPD include: Leadership, Coordination and Sustainability; State Personnel Standards; Preservice Training; In-service Training; Recruitment and Retention; and Evaluation.

After prioritizing opportunities by determining those of highest impact and likelihood, the team aligned those opportunities with the six components of a high quality CSPD and identified that the following three (3) components were both highest in priority and in greatest need of improvement for the N.C. ITP:

- Leadership, Coordination and Sustainability
- State Personnel Standards
- In-service Training

A high-level implementation plan (see below) based on this initial work was created to identify the process and impact outcomes, as well as the activities needed to achieve those outcomes. Based on this high-level action plan and the identified areas of focus, the core team determined that it will organize into 3 sub-groups and develop sub-action plans to refine each of the 3 high-priority CSPD components and incorporate the related high-impact opportunities. Each sub-group includes the participation of extended stakeholders who will be engaged at various intervals to help develop and refine plans. Once developed to their final state, these individual sub-action plans will be compiled with the high-level action plan inclusive of all Professional Development Team objectives. Sub-groups will be reporting back and meeting regularly with the core team and co-leads throughout Phase III. A chart depicting sub-group organization (Appendix I, p.3) as well as high impact CSPD components and improvement opportunities (Appendix I, pp. 4-5)) can be found in the Appendices.

The ultimate goal of the Professional Development Implementation Team is to impact the percentage of children who demonstrate progress in positive social-emotional skills while receiving early intervention services through the implementation and monitoring of a Comprehensive System of Personnel Development with an intermediate emphasis on social-emotional development. See Appendix III, pp. 17-19, for a draft of the N.C. CSPD Logic Model.

Improvement Strategy addressed: Expand professional development opportunities and standards

- A. **Improvement Strategy:** *Expand Professional Development Opportunities and Standards*
- B. **Key State Improvement Plans or Initiatives That Align With This Improvement Strategy – Part 619 Early Learning Network**
- C. **Improving Infrastructure and/or Practice – Infrastructure**
- D. **Infrastructure components the strategy is intended to improve - Accountability, Quality Standards, Professional Development**
- E. **Intended Outputs/Outcomes -**

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

- F. **Improvement Plan – (please see following page)**

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Draft a plan based on best practices and national standards for N.C. ITP certification	X	X		<p>Contact Early Childhood Technical Assistance providers to collect information on certification best practices and national standards</p> <p>Contact other Early Childhood programs in NC to collect information on certification best practices and national standards</p> <p>Review best practices and standards and gather feedback from stakeholders</p> <p>Recommend set of best practices and standards to N.C. ITP leadership</p>	<p>Best practices from other states and other EC programs within NC</p> <p>National standards from EC TA providers (i.e., ECTA Center, NAEYC)</p>	Personnel Standards Sub-Committee	<p>Begin: February 2016</p> <p>Completion: February 2017</p>	<p>NC Early Learning Network</p> <p>DCDEE</p>
Draft a plan to centralize the ITP certification training and standards process		X		<p>Determine extent of certification training needs of CDSAs</p> <p>Review best practices for dissemination of training (master trainer model, web-based, external contract)</p> <p>Determine adequate # of personnel needed to support CSPD</p>	<p>Survey of CDSAs</p> <p>Best practices for training dissemination</p> <p>Budget projections</p>	<p>Personnel Standards Sub-Committee</p> <p>Leadership, Coordination and Sustainability Sub-committee</p> <p>Budget Staff</p>	<p>Begin: February 2016</p> <p>Completion: July 2017</p>	NC Early Learning Network

				Review budget to determine N.C. ITP ability to support new central office staff position(s)				
Develop standards/practices for training and utilizing evaluation and assessment tools for staff and providers	X	X		Modify recommendations and implementation plan of the (2012) Social Emotional Task Force to meet current staff/provider needs	Social Emotional Task Force Recommendations	In-service Training Subcommittee	Begin: February 2016 Completion: July 2017	North Carolina Infant Mental Health Association (NCIMHA)
Develop a set of standards/practices for training and technical assistance of staff, providers (when appropriate), and families (when appropriate) for implementation of EBPs, particularly focusing on social-emotional development	X	X		Develop a written multi-year plan to address all sub-components of a Comprehensive System of Personnel Development (CSPD) Collaborate with program leadership and cross sector-early childhood systems to refine specific vision mission and purpose of the CSPD Identify a CSPD leadership team	Early Childhood Technical Assistance (ECTA) Center Early Childhood Personnel Center (ECPC) System design of other states DEC Recommended Practices	Leadership, Coordination and Sustainability Subcommittee	Begin: February 2017 Completion: January 2018	* Align and coordinate with NCIMHA and DCDEE

			<p>to monitor both the implementation and effectiveness of a CSPD plan as well as ensure that funding and resources are available to sustain implementation of the CSPD plan.</p> <p>Create a CSPD (with initial focus of enhancing the 3 components of greatest need for NC</p> <p>Determine the foundational training needs of staff, providers (and parents) and expand to training needs specific to social/emotional development and other standards/practices</p> <p>Explore ways to leverage partnerships with other early childhood systems</p> <p>Develop strategies for monitoring and engaging in on-going formative and summative evaluation of PD activities</p>				
Develop a training structure	X	X	Develop a system of training for	Early Childhood Mental Health	In-service Training Sub-committee	Begin: July 2017	*Align with NCIMHA

			<p>CDSA staff and providers focused on social/emotional development and parent engagement to include:</p> <p>A. Establish/develop a focused curriculum- (subset can be used for certification)</p> <p>B. Create a system of training using modified learning collaborative approach focusing on categories 2 and 3 of the Early Childhood Mental Health Core Competencies for the initial and on-going training of EISCs, clinicians, and providers</p> <p>C. Design a system of technical assistance to support these practices</p>	<p>Core Competencies (published in partnership with the Alamance Alliance for Children and Families (www.alamancesoc.org))</p>	<p>Leadership, Coordination and Sustainability Sub-committee</p>	<p>Completion: June 2018</p>	<p>and DCDEE</p>
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*The N.C. Department of Child Development and Early Education (DCDEE) and the N.C. Infant Mental Health Association (NCIMHA) have developed guidelines and competencies for child care providers, preschool programs, and providers of mental health services. The PD Implementation Team will cross-walk these already developed competencies with those the N.C. ITP develops to ensure that the competencies developed under the CSPD align with these organizations' work.

Team 4: Family Engagement

The SSIP Phase I document provided key information which was used to begin the Family Engagement Team's work. The analysis conducted in Phase I helped to identify the need to improve response rates to N.C.'s family outcomes survey, increase family participation as stakeholders, and revamp the family survey instrument. While the Theory of Action focused on overhauling N.C.'s family outcomes measurement system, it was clear that not only did the Family Engagement Team (FE Team) need to focus on improving families' opportunities to provide feedback on the N.C. ITP, but it also needed to focus on increasing and improving families' abilities to engage in decision making at both local and state levels. It also became apparent that previous results of the family outcome surveys were not being utilized to address areas needing improvement. The Family Engagement Team identified three areas they would need to focus on as sub-components of the Team's improvement strategy:

- Implement new or revised family outcomes survey and expand the family outcomes measurement system;
- Identify and implement methods to interpret and use family outcome data to improve early intervention services; and
- Identify and implement best practices for expanding family involvement in decision making at local and statewide levels.

On January 21, 2016, the Family Engagement Team co-leads facilitated the team's first face-to-face meeting to begin strategic planning efforts. The objectives for this meeting were to:

- Define family engagement (based on the "Draft Policy Statement on Family Engagement from the Early Years to the Early Grades", U.S. Department of Health and Human Services and U.S. Department of Education, 2016) (DHHS/ED Draft Policy);
- Discuss what family engagement will look like in North Carolina;
- Generate list(s) of existing and needed resources for the following questions:
 - What do we want to know from families?
 - What family outcome measurement systems already exist?
 - What systems exist to collect data from diverse families?
 - How do we involve families at the local level? State level?
 - What systems exist to interpret and use the data collected to improve early intervention systems?; and
- Plan next steps.

During this meeting, FE Team members reviewed the DHHS/ED Draft Policy and agreed to adopt its definition of 'family engagement' for our work. The Draft Policy defines *family engagement* as: "the systematic inclusion of families as partners in children's development, learning, and wellness. Engagement is enabled by positive relationships between families and staff in the institutions where

children learn.” Additionally, FE Team members reviewed the Phase I SWOT analyses and reaffirmed the relevancy and need to work on the identified focus areas. Participants also completed a gallery walk exercise to generate ideas for brainstorming existing resources and gaps relative to N.C.’s family engagement and outcomes measurement system. This exercise proved successful in helping the FE Team to prioritize opportunities, develop areas of focus, and set additional goals and objectives. Based on the FE Team co-leads’ preliminary exploration of the primary objectives (improvement strategies) and the results of the gallery walk, it was determined that by creating a comprehensive family engagement system, the N.C. ITP will increase the likelihood that efforts will result in a system that will be much more effective and have a far greater impact on N.C.’s SiMR.

Improvement Strategy Being Addressed: Overhaul family outcomes measurement process

- A. Improvement Strategy – Overhaul Family Outcomes Measurement Process**
- B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy – Part B/619 Early Learning Network**
- C. Improving Infrastructure and/or Practice – Infrastructure**
- D. Infrastructure components the strategy is intended to improve - Accountability, Quality Standards, Professional Development, Technical Assistance**
- E. Intended Outputs/Outcomes**

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

F. Improvement Plan

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Selection of a Family Outcomes Survey Instrument	X	X		<p>Contact states and TA providers to gather current surveys being used by Part C programs nationwide</p> <p>Review surveys and determine best match for N.C. ITP</p> <p>Internal and External Stakeholders (including families) review chosen survey instrument</p> <p>Recommendation on survey instrument made to N.C. EI Branch leadership</p> <p>N.C. EI Branch leadership works with OSEP to obtain approval of new survey</p>	List of surveys	Team 4 (FE Team)	<p>Begin: February 2016</p> <p>Completion: December 2016</p>	
Determine most effective method(s) for survey distribution to maximize response rates and representativeness	X	X		<p>Contact states and TA providers to gather information on survey distribution methods (mailing, face-to-face, etc).</p> <p>Review different survey distribution methods and decide on best fit for N.C. ITP</p>	<p>List of survey distribution methods</p> <p>Budget projection</p> <p>Training materials</p> <p>Survey distribution</p>	Team 4	<p>Begin: February 2016</p> <p>Completion: July 2017</p>	ECTA/DaSy/IDC

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				<p>Determine training needs for local program staff and families on new survey and distribution methods</p> <p>Decide if external contractor will need to be hired to help distribute survey and/or analyze survey responses</p> <p>Determine budget resources necessary to implement chosen methods</p> <p>Develop training for staff and parents on new survey and survey distribution methods</p>				
Create opportunities to engage parents in leadership activities	X	X		<p>Conduct focus groups with parents</p> <p>Survey parents</p> <p>Involve local ICCs</p> <p>Include parents on SSIP Teams and Broad Stakeholder Groups</p> <p>Create a pool of parents who identify themselves as Parent Leaders</p>	<p>Parent Survey</p> <p>Focus Groups</p>	Team 4 ECAC	<p>Begin: February 2017</p> <p>Completion: January 2018</p>	LICCs ECAC

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Provide more detailed data to local programs on the results of family outcomes and other methods of feedback from families		X		<p>Create detailed family outcomes survey response summaries/reports for local programs</p> <p>Develop training on how local programs can interpret and use family outcomes data</p> <p>Train local programs on how to interpret and use family outcomes data reports to improve services and supports</p>	<p>Report template</p> <p>Training materials</p>	<p>Collaboration between: Team 4 Data Team Team 2 (PD)</p>	<p>Begin: February 2017</p> <p>Completion: January 2018</p>	<p>ECTA IDC</p>

Support and Sustainability from Infrastructure

Each of the three infrastructure-change focused teams have identified short term, intermediate, and long-term change related planned activities. Additionally, each Team has outlined collaboration and leveraging opportunities that align with their improvement strategies. The N.C. ITP is fortunate to have a number of community organizations, on-going initiatives, and governmental agencies with population subgroups in common with our target population. Many of these entities also are focusing on social-emotional development and well-being, which provides us with the perfect opportunity to collaborate and make significant strides in our State, which would not be possible without these common threads among programs. As hypothesized in the Theory of Action, once these foundational structures (Infrastructure, CSPD and Family Engagement) are strengthened and fortified, the N.C. ITP will be positioned to provide: the needed staffing resources, including fiscal and TA support for CDSAs and community provider network staffs; ensure equal access to services delivered utilizing evidence-based practices within a defined service delivery model that N.C. ITP selects; and mechanisms to ensure and enforce accountability for all who participate in the support and engagement of our families and their enrolled infants and toddlers.

The specific outcomes and improvement strategies outlined above are extremely ambitious, yet necessary to truly achieve the system and practice changes necessary to impact the state’s SiMR. A major challenge with any new initiative, and in this case, several new initiatives being implemented simultaneously, is the

ability to ensure that the changes are sustained long-term. Research has shown that initiatives which do not follow an Implementation Science methodology are much less likely to be successful and also less likely to be sustained. Therefore, the N.C. ITP is utilizing the principles of Implementation Science embedded throughout the work of each Team to ensure that the improvements to infrastructure and practice are sustained. As such, each Team will continuously utilize a *Plan, Do, Study, Act* cycle to monitor the need for modification as implementation of specific strategies begin in earnest. In addition, the N.C. ITP leadership has emphasized to program staff and stakeholders the importance of collaboration when making system-level changes, and the structure of the implementation teams lends itself to ensuring that changes can be embedded within the larger North Carolina Early Childhood network. Each of the implementation teams include and/or have direct access to consultation from service providers, CDSA leadership, families, family support networks, including the State Parent Training Information Center (PTI), IHEs, and early childhood learning support networks.

1(b) *Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.*

One of the advantages of utilizing an Implementation Team model to approach the state's SSIP work is that it allows for each team to target partners and stakeholders specifically aligned to the activities of focus. Each team is then able to utilize existing programs and the resources behind those programs in order to help create system-level change that impacts the N.C. ITP as well as external early childhood programs. Recognizing the importance of the SSIP work and the state's focus on social-emotional development, the N.C. ITP has been extremely fortunate to have secured the commitment of staff from many early childhood programs and initiatives.

The make-up of each team, including the roles and organizations of members, can be found in Appendix I. Each team has developed a list of initiatives and organizations that they have already partnered with or will be attempting to partner with through Phase III of the SSIP and through Federal Fiscal Year (FFY) 2018. Following are some of our collaborative partners, by Implementation Team. To ensure collaborative and partnership efforts were coordinated, team leads have utilized leadership meetings and SSIP Team lead calls so as not to overburden any one group and to reduce redundancy.

Team 1: Infrastructure

In addition to the programs, agencies, and stakeholder roles represented by the Infrastructure Team members (see Appendix 1), this Implementation Team is utilizing widely available resources from: ECTA Center; Family Support Network; Exceptional Children's Assistance Center; Local Education Agencies (LEAs); Institutes of Higher Education; Center for IDEA Early Childhood Data Systems (DaSy)/Frank Porter Graham Child Development Institute; Family, Infant and Preschool Program (FIPP); and the National Center for Systemic Improvement (NCSI) Cross-State Social and Emotional Outcomes Collaborative. Existing N.C. ITP policies, procedures, guidance documents, and other resources, such as Federal Part C Regulations and Office of Special Education Program (OSEP) guidance documents are being referenced, accessed, and utilized. Recruitment of Families/Caregivers and a broader range of

community stakeholder representatives will continue to be focus areas to identify individuals and representatives willing and available to participate and there will be topics of discussion at particular meetings where the number of attendees may expand or contract.

The Infrastructure Implementation Team believes that LEA representation and participation and/or technical assistance by representatives from most if not all of the agencies mentioned above, with their available and relevant resources, would be helpful in the next phase of this process. The Infrastructure Team has identified high priority issues to address more immediately and will bring other individuals to the table specific to those areas in the next phase. Also, as the team delves deeper into other priority areas and potentially establishes internal workgroups, team membership will be fluid. Membership on the Infrastructure Team, which is currently predominated by, but not exclusively consisting of individuals in leadership roles, will be expanded to include more participants who are in direct service roles, including Early Intervention Service Coordinators (EISCs), Evaluators, Clinicians, and Contract Network Service Providers, as well as other community stakeholders and organizations that interact or should interact and collaborate regularly with the N.C. ITP. These organizations include: Community Care of North Carolina, Smart Start, Assuring Better Child Health and Development (ABCD), Care Coordination for Children (CC4C), staff from the Early Learning programs (Part B/619 programs and other N.C. pre-school and early childhood programs), and the numerous research program partners that are housed in the Research Triangle area, such as programs and projects out of FPG, University of North Carolina's multiple local campuses, North Carolina Institute on Developmental Disabilities and TEACCH.

Team 2: Professional Development

The State is taking steps to ensure that current statewide initiatives, both inside and outside of the N.C. ITP, are aligned so that we can collectively have a positive impact on outcomes for children with disabilities. Through the work of our various implementation teams, the N.C. EIB is able to leverage numerous activities being worked on across the State. Following are some of the initiatives we are working with as collaborators, partners and participants:

- The North Carolina Infant Mental Health Association (NCIMHA) – As previously noted, the PD Team is consulting with NCIMHA on personnel standards on evidence-based social-emotional practices for children and core competencies of professionals that support the social-emotional needs of infants, toddlers and their families. The PD Team has involved one representative from the NCIMHA as a key participant/advisor on its team and there are also several staffs from the N.C. ITP who are on work groups for NCIMHA.
- Race to the Top-Early Learning Challenge (RTT-ELC) – The project supported by this grant will allow tracking of children transitioning out of Part C services into other state systems (particularly Part B/619 programs) and provide the opportunity to gauge long-term effectiveness of early intervention services and newly implemented improvement strategies. An integrated data system will allow for more data-driven and data-informed decision making and enhance monitoring capabilities. N.C. EIB staff are involved with this project and serve as a liaison for conveying information both ways.

- Exceptional Children’s Assistance Center (ECAC) (N.C.’s Parent Training and Information Center) (PTI) – The N.C. ECAC/PTI is an invaluable resource as the N.C. ITP seeks to leverage ECAC’s resources and personnel. ECAC, as the state PTI, provides education, training, and support to families and professionals who have or work with children with disabilities. One of the initiatives that ECAC has undertaken, which will increase parent participation with both local and state Interagency Coordinating Councils (LICC/ICC), is the development of leadership program for parents to build and sustain parent-leaders. Having more parents confident and empowered enough to take on leadership roles to support other parents will help parents, the N.C. ITP and children with disabilities. There is a long history of positive partnering between the N.C. ITP and ECAC, which continues to build through their collaboration and involvement in the SSIP.
- The N.C. Division of Public Health, Children and Youth Branch: Maternal, Infant and Early Childhood Home Visiting Program (Home Visiting) – The Home Visiting program is designed: to strengthen and improve the programs carried out under Title V of the Social Security Act; improve coordination of services for at risk communities; and identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

Since August 2015, the PD Team co-leads have been involved with the Competency Based Training Workgroup (Workgroup), which is being organized and facilitated by the Children and Youth Branch in the Women’s and Children’s Health Section (WCH) of the Division of Public Health (DPH). The goal of this Workgroup is to share professional development resources and platforms across various Early Childhood agencies throughout North Carolina. The Workgroup is supported by an Early Childhood Comprehensive Systems grant. The Workgroup’s objective is to gain insight into the number and types of currently available trainings and the current training needs for early childhood professionals, and determine how agencies (state and non-profit) across North Carolina can coordinate and collaborate on the development of training opportunities for early childhood professionals. The proposed outcome of this collaboration will be a comprehensive array of continuing education opportunities for early childhood professionals that will address core competencies for different service areas. The expectation is that this Workgroup will create a plan of action to develop a coordinated training resource that will be readily available for early childhood professionals on their schedule (e.g., able to be accessed any day of the week and at any hour), for a nominal cost. Although this work is still in process, the success of the Workgroup’s efforts, along with the PD Team’s accomplishment of its objectives, will help to ensure further that early childhood personnel have access to a wide array of training and professional development opportunities relevant to their profession. Improved access to high quality continuing education resources will serve to enhance the core knowledge of staff, and ultimately increase the use of effective evidence-based practices. This in turn will promote positive outcomes for children and their families.

Other workgroups known to be actively engaged in the area of professional development and training for early childhood professionals in N.C. and whose activities will be leveraged where and whenever appropriate, include the following:

- Act Early Ambassador for N.C. Screening Workgroup (CDC)
- Essentials for Childhood Task Force
- N.C. Child Care Health Consultant Association
- N.C. Pre-K Advisory Group
- Statewide Systemic Improvement Plan (SSIP) Implementation Teams (N.C. ITP and EIB)
- Parents As Teachers (PAT) Advisory Group (Home Visiting Workgroups)
- Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program
- N.C. Institute for Child Development Professionals
- Quality Rule Review Workgroup
- Assuring Better Child Health and Development (ABCD) Advisory Group
- I-Hope
- Child Care Advancing the Education of the Workforce Committee
- Early Childhood Education (ECE) Advisory Committee, Children with Special Health Care Needs
- N.C. Partnership for Children FabrikONE™ (“an online space utilized by N.C. Partnership for Children that provides opportunities to engage in professional development, leverage knowledge from independent sources, share and solve problems, seek advice and consultation, and locate and engage other partners and service providers across the nation.”)

Development of a CSPD for the N.C. ITP requires collaboration and coordination on many levels and across agencies. As such, the PD Team is leveraging other state level activities and programs by utilizing the expertise and resources from the following organizations: Easter Seals United Cerebral Palsy (UCP); Family, Infant and Preschool Program (FIPP); Asheville City Schools Preschool; Shaw University; Child Care Services Association; and the N.C. Early Learning Network-UNC FPG Child Development Institute. Representatives from several of these organizations as well as other individuals from across North Carolina are involved at varying levels on the PD Team. Plans are also underway to include personnel from the National Association for the Education of Young Children (NAEYC); Early Head Start; FIPP; NCIMHA; and public pre-school personnel from the N.C. Department of Public Instruction (DPI).

Team 4: Family Engagement

The Family Engagement Team (FE Team) has been extremely fortunate to recruit the Executive Director of the Exceptional Children’s Assistance Center (ECAC), Connie Hawkins, as one of the co-leads for this Implementation Team. As a result, the FE Team has been able to tap into a large network of existing programs and initiatives targeting families both locally and state-wide. In addition to the list of groups and agencies listed below, the FE Team also plans to access, utilize and reference existing N.C. ITP policies, procedures, guidance documents and other resources such as the Federal Part C Regulations. Key groups and agencies that the Family Engagement Team will utilize include:

- CDSAs
- Parents - Four parents are on the FE Team who currently have enrolled infants and toddlers in the N.C. ITP or have a child who has aged out or has developmental delays
- Federal TA Centers (FPG Child Development Institute, ECTA Center)

- ECAC
- Family Support Networks (FSN) of NC
- N.C. Interagency Coordinating Council (ICC)
- Institutes of Higher Education (IHE), including: Eastern Carolina University (ECU), University of North Carolina (UNC)-Charlotte, Campbell University, UNC-Wilmington (to provide expertise in early learning, special education, literacy and child development, logic model design and implementation, evaluation planning, data collection and interpretation, and diversity issues)
- UNC-Chapel Hill Family Support Program (conducts work with families, communities, and service providers to promote and provide support for families with children who have special needs, including children with special health care needs, developmental and learning disabilities, and behavioral/mental health diagnoses)
- N.C. Partnership for Children/Smart Start
- N.C. Early Head Start
- N.C. Office of Early Learning
- Child and Family Resource Center (Hendersonville, N.C.)
- N.C. Office of Minority Health and Health Disparities
- FIPP
- N.C. DPH Children & Youth Branch
- N.C. National Alliance on Mental Illness (N.C. NAMI)

The above resources, agencies and organizations will be utilized in various ways and for a variety of reasons. For example, CDSA Directors, Assistant Directors, Supervisors and EISCs provide information regarding the family outcomes processes, gaps in obtaining feedback from families, and can contribute ideas and strategies for utilizing data gathered for program improvement. The CDSAs also provide expertise in working with families and will help pilot possible survey instruments and assess proposed processes for gathering family input. The FE Team’s Core Team has representation from CDSAs at the Director, Assistant Director, and Supervisor levels. As noted above, the FE Team is fortunate to have the Director of ECAC as its co-lead as well as parents who are able to be a part of the Core Team. Additionally, ECAC was able to recruit parents for the team who will help provide the parent perspective on how to successfully engage families, as well as keep the FE Team grounded in what matters to families (“keeping it real”).

Parent participation is critical for obtaining feedback on what works, what is family friendly, and what families will actually utilize. Other avenues for gaining parent input include participation by families involved with local Family Support Network (FSN) and members of the ICC. The FSN provides a unique support by helping parents connect to other parents who have children with disabilities. As such, members of local FSNs will be utilized to facilitate obtaining feedback from other parents across the state and help with dissemination of information and to provide recommendations to the FE Team from a diverse group of parents. The Interagency Coordinating Council (ICC) will continue to be used to advise and provide recommendations on policies related to family engagement, family knowledge and child outcomes. The FE Team also has engaged the involvement of a support group for Spanish speaking families, to ensure that diverse populations have input and can provide their viewpoints.

The N.C. ITP is extremely fortunate to be in close proximity to the FPG Child Development Institute. Not only will the FE Team continue to access TA from the various technical assistance centers located at

FPG (ECTA, DaSy and IDC), but the N.C. ITP also utilizes FPG to manage the N.C. family outcomes survey, which includes distribution, analysis and development of a final report that is used to report on Indicator 4 of the State Performance Plan/Annual Performance Report (SPP/APR).

Additional organizations in North Carolina that the FE Team plans to leverage, which are not necessarily directly family centered, but nevertheless contribute to the maximization of infants' and toddlers' and therefore families' successes, are: the Early Head Start and Head Start programs, Smart Start, and the Division of Child Development and Early Education (DCDEE).

Assessing Program and Provider Needs

A thorough examination of local program practice needs was performed in Phase I of the SSIP using two surveys (one to staff, one to managers) distributed at six CDSAs (selected for the SiMR). These surveys asked about staff capability to assess social-emotional development as well as whether social-emotional outcomes were included on IFSPs. Almost 20% of staff reported not using any tool to assess positive social-emotional skills, and the tools used varied greatly by CDSA. Nearly half of the staff reported that 25% or less of his/her caseloads include child or family outcomes related to social-emotional development on the IFSP. This data demonstrated that the local N.C. ITP programs needed support for implementation of evidence-based assessments and practices.

In addition, the survey reinforced the work of the Global Outcomes Integration Team's goals and objectives. It revealed that less than 30% of staff talk to parents about child outcomes, and only 19% of staff receive Child Outcomes reports for infants and toddlers on their caseloads. A full summary of the survey findings can be found in the SSIP Phase I submission.

By integrating global child outcomes with the IFSP process, more opportunities are created for CDSA staff, families, and EI service providers to collectively study and engage in conversations about early childhood development, including social and emotional development. Opportunities for these discussions support the principle of family engagement and should provide professionals and parents with a common framework for understanding early childhood development and progress made through participation in early intervention.

1(c) *Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.*

Implementation Teams

As referenced earlier in the document (Section 1a), the N.C. ITP, with assistance from federal Technical Assistance providers, chose to follow the Implementation Science approach of utilizing Implementation Teams to tackle the state's SSIP work. In choosing the goals and activities of each team, the state followed the Phase I SSIP framework to create the five teams as described earlier. The N.C. ITP leadership, consisting of the N.C. ITP Branch Head, Part C Coordinator, and Part C Data Manager,

examined the personnel and roles of the state office staff to determine appropriate leadership for each team. Early in the process it was decided that the state would use a team co-lead approach due to the amount of planning and coordination that will be required of each team. Team leads were chosen among state office staff for their skill, knowledge, and experience in working with other early childhood programs, known collaborative partners, and familiarity with the N.C. ITP. In June 2015, the leadership team held a meeting with the chosen co-leads to inform them of the implementation process and teaming approach, as well as the Implementation Team leadership felt they were well-suited to lead.

The N.C. ITP leadership began working with TA staff from ECTA, the Center for IDEA Data Systems (DaSy), the IDEA Data Center (IDC), and the National Center for Systemic Improvement (NCSI) to develop a series of workshops for the team co-leads to help them with organizing their team's work and to help better understand the principles of Implementation Science. The leadership team and TA advisors believed it was very important to ground the teams using a framework with a defined structure that would provide guidance and ensure sustainability. The first workshop, facilitated by the N.C. ITP leadership team, occurred on July 23rd, 2015. This day-long workshop focused on a variety of topics related to the Implementation Teams, and included both presentations and group activities (listed below). Team leads were also provided with a number of resources for them to review and to help prepare them for their work. A list of tools and information provided can be found in Appendix III.

Presentations:

SSIP Background/Progress to Date (including SSIP Road Map, Expectations for Phase II, Review of Implementation Teams within Implementation Science Framework, Timeline)

Purpose of Implementation Teams (including Review of Gaps and Identifying Root Causes, Review of Improvement Strategies, Review of Theory of Action, Cross-Cutting Themes, and a Review of How Improvement Strategies fit-in to Implementation Teams)

Review of Goals/Objectives in SSIP Phase I Submission (including Goals/Objectives for each team from SSIP Phase I)

Introduction to Action Planning Tools

Use of EBPs/Implementation Science/Evidence-Informed Frameworks/Methodologies

Team Compositions/Expectations/Support Needed

Activities:

Goals/Objectives Activity – teams were given the Goals/Objectives of the workgroups based on the SSIP Phase I submission and were asked to brainstorm additional Goals/Objectives for each team.

Team Composition Activity - teams of two (co-leads) discussed and recorded the name or roles/functions of each potential stakeholders/team member.

A second workshop with team co-leads was then planned and delivered in August 2015 with the assistance of ECTA, DaSy, IDC, and NCSI TA staff to continue the work that had been started in the July

2015 workshop. This workshop also utilized a mix of presentations and group activities (below) to help prepare team leads for the use of Implementation Science in the work they would be leading in Phase II and Phase III of the SSIP. Team leads were also provided with a list of information and resources compiled by the TA providers. The focus of the day included:

Presentations:

Stakeholder Engagement (NCSI Staff) –the Leading By Convening Framework

Implementation Science (ECTA/DaSy Staff)

Action Planning (ECTA/DaSy Staff)

Evaluation (NC Part C Data Manager)

Thinking about Evidenced-based and Recommended Practices (ECTA/DaSy Staff)

Activities (all done in groups by co-leads):

Review of Stakeholder Engagement Tools

Review of Action Planning Tools

Review of Implementation Science Framework and Tools

Following this workshop, team co-leads were asked to begin meeting regularly to plan for team member recruitment (see Section 1d). Once teams were formed and oriented to the SSIP Implementation Team process, team co-leads began using action planning tools to develop a set of outcomes and activities needed to achieve those outcomes. Each team developed a comprehensive set of goals and objectives, which were then used to craft the short-term, intermediate, and long-term outcomes relevant to each team. The activities and steps to achieve those activities were also drafted. In order to ensure that each team had the resources necessary for success (achieving outcomes), the resources necessary for each activity were decided on and included in the plan. Timelines for completion of each major activity have been agreed upon in order to ensure that each team is moving at an efficient enough pace to achieve the infrastructure changes necessary to support practice changes. Please see *Section 1a* for the team-by-team lists of the resources needed, expected outcomes, and timelines for completing improvement efforts.

1(d) *Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.*

Stakeholder Involvement

The five state Implementation Teams have intentionally been formed to include both internal and external stakeholders to build in diverse knowledge and perspectives. All of the Implementation Teams were encouraged to think broadly in terms of potential stakeholders and to consider other programs within the N.C. Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section, as well as external agencies/programs that work with infants and toddlers with developmental disabilities and their families.

Team co-leads felt it was critical to gather stakeholders that represented the gamut of early childhood programs throughout the state, being sure to include representation of normally under-represented rural areas of the state whenever possible. Team co-leads participated in activities during planning workshops that included brainstorming potential team members for each team. They were provided with general categories of potential stakeholders and were asked to think about which roles/individuals at which organizations could be included. Some of the categories Team leads were offered for consideration included: N.C. EIB staff; CDSA leadership (Directors, Supervisors, Team Leads) and other CDSA staff (EISCs, Clinicians, Administrative Staff, etc.); Network Service Providers; Parents/Families; TA Provider(s); Subject Matter Expert(s); Other State Agencies; Community Organizations; and other Early Childhood Programs and Initiatives. The EI Branch staff and leadership were also key in suggesting professionals and parents from their networking within early intervention and from their work with the SSIP stakeholders during Phase 1.

Each team developed a list of potential stakeholder participants and shared the lists with fellow co-leads during N.C. EI Branch leadership meetings in September 2015 to ensure multiple teams were not seeking the same individuals. Additionally, ICC members were also informed of the opportunity and invited to sign up to join the SSIP Team of their choice. Efforts to broaden recruitment of families and local experts are on-going. For example, ECAC is working on a letter to recruit families who have received services and who were reimbursed through ECAC. CDSAs have been asked to inform their staff and to ask for staff volunteers to join teams of interest. Additionally, CDSA Directors have asked EISCs to encourage parents to participate on Implementation Teams.

A fair amount of recruitment took place through external partners who interact with the N.C. ITP and were asked to share information about the SSIP with their organizations. For example, one board member from the N.C. Infant Mental Health Association (NCIMHA) was asked to inform the rest of the board about the SSIP and invite interested members to participate. As a result, several members from the NCIMHA are on our SSIP teams. Several members of the five Implementation Teams have been recruited in a similar manner, which enriches the collaborative possibilities for both N.C. ITP and the recruited members' organizations. Additionally, the Family Engagement Team co-leads have utilized their contacts to recruit university personnel who have expertise in early learning, infant mental health, child development, data and public health.

Invitations to join a particular SSIP Implementation Team, along with an SSIP introductory summary, were sent out in September and October 2015 to agreed upon stakeholders. Once team members had accepted invitations to participate on implementation teams, two webinars were held in November 2015 to orient stakeholders on the SSIP process and progress to date. The webinars were very well attended with a total of 41 participants at the first webinar and 31 participants at the second webinar. In addition,

almost all teams provided brief orientation calls or team specific webinars to team members prior to their first face to face meetings to make sure that everyone was arriving at kick-off meetings with a strong foundation in the SSIP process.

Further description of each team's process to identify and recruit participants can be found below. (Note that only the three teams addressing infrastructure are included below. The other two teams addressing practice-change can be found in Section 2(a)). A full list of each team's participants can be found in Appendix I.

Team 1: Infrastructure

The State/Local Infrastructure Implementation Team sought to include as diverse representation on the team as possible. Team members include: local CDSA program staff, Contract Network Providers, staff from Family Support Programs and Agencies, and external stakeholders from the NCIMHA. Participants from CDSAs and the ICC were solicited to ensure representation of all program related roles and functions, as well as to include diversity in terms of CDSA size, geography, population demographics, and type (state funded local programs and contract centers). Broader stakeholder participation was solicited through a variety of channels—including individuals who expressed a desire to participate specifically on the Infrastructure Implementation Team and/or who felt they had knowledge, skills, abilities, and/or relevant input for the team. Levels of commitment and engagement with the Team's process are voluntary and varied.

The Infrastructure Team started building membership with a Core representative workgroup tasked with completing the Early Childhood Technical Assistance (ECTA) System Framework Self-Assessment to assist with prioritization of goals and objectives and action planning. The Core workgroup is being expanded to include participants and input at all levels as team specific logic models and evaluation plans are developed. Team Leads for the Family Engagement Implementation Team have recruited and will provide a family/caregiver reviewer group to provide input to SSIP teams throughout the process. The Infrastructure Team is also continuing to recruit parent participation through the Family Support Network, Contract Provider Networks, and other CDSA program staff. Broader stakeholder participation is being solicited through a variety of channels and methods. Communications and information concerning the SSIP process have been distributed through state and local agency leadership staff meetings and discussions, at both state and local Interagency Coordinating Council meetings, provider network meetings and by way of PowerPoint presentations at N.C. ITP leadership meetings. Team co-leads also have tapped into connections from collaborative partners and research principles in the Raleigh Research Triangle.

Family Involvement - As noted, to ensure meaningful input and participation by parents, Team co-leads from the Family Engagement Team have recruited and will provide a family/caregiver reviewer group to provide feedback and input to all SSIP Teams throughout the process. Additional parent input will also be sought through presentations and/or surveys with Family Support Network sponsored support groups. Information and input obtained from stakeholder focus groups in Phase I, which included parent stakeholders, will continue to be utilized and built upon as strategies and action plans are implemented. The Infrastructure Team will also consider conducting town hall meetings regionally and/or in defined catchment areas, in addition to the communication strategies outlined in Section 3(.). Utilization of

existing SSIP materials provided by the EI Branch, including the complete Phase I Report, Theory of Action, Goals and Objectives defined in Phase I, and PowerPoint summaries and orientations, have been important resources for effectively sharing information with stakeholders and garnering support for the SSIP process.

Team 2: Professional Development

Based on the Professional Development (PD) Implementation Team's primary objectives, co-leads made efforts to model team make-up (role representation) after the strategic planning teams organized in states working with the Early Childhood Personnel Center (ECPC- funded to facilitate, on a national basis, the implementation of integrated and comprehensive systems of personnel development (CSPD) in early childhood, for all personnel serving infants and young children with disabilities).

PD Team leads reached out to program staff who had worked on similar or related program initiatives in the past with the intent to continue or expand upon these previous efforts where appropriate. In addition, co-leads sought the feedback and suggestions of EI Branch leadership and local lead agency management regarding potential stakeholders. Subsequently, there was the opportunity for program partners to volunteer through the ICC and other partnership initiatives being led and/or supported by subject matter experts.

Professional Development Team co-leads applied principles from The IDEA Partnership, National Association of State Directors of Special Education, Inc.'s (NASDSE) "*Leading By Convening - A Blueprint for Authentic Stakeholder Engagement*" publication to foster authentic engagement and plan/align the functions of various stakeholder groups (Core Team, Key Participants and Advisors, and Extended Participants/Feedback Network).

The Professional Development Team got the word out to potential stakeholders by soliciting participation through the State-level ICC (as previously mentioned) as well as through other community platforms. Co-leads also made use of informal program polls to encourage volunteer interest and solicited participation from both internal and external partners with known expertise in this subject area. PD Team leads further relied on the help, suggestions, and feedback of EI Branch leadership and local program staff regarding potential stakeholders in their respective networks. Invitations to participate were sent to all potential core team members and key participants/advisors with the option to confirm or decline participation.

Family Involvement - The Professional Development Team has engaged parents as stakeholders by including parents of children with disabilities as core team members and key participants and advisors. Plans are also underway for the Early Childhood Assistance Center (ECAC) and/or Family Support Network (FSN) to assist with efforts to ensure adequate parent involvement.

Team 4: Family Engagement

The Family Engagement co-leads recruited parents and experts in infant mental health/social-emotional development, along with multiple levels of representation from the local CDSAs (CDSA Directors,

Assistant Director, Supervisors, and EISCs). In addition, other participants were recruited from state programs that work with young children, such as the Children and Youth Branch, Division of Mental Health/Development Disabilities/Substance Abuse Services, N.C. Head Start, N.C. Smart Start, and the Office of Minority Health and Health Disparities. Members from academia were recruited to provide expertise around research, evidence-based practices, and data. The Co-leads kept in mind cultural and geographic diversity as they confirmed membership on the team. The goal is to have multiple levels of participation: on the core team, as key participants, and on the feedback and dissemination networks. Therefore, intense efforts were made to recruit families at all levels. As a result, forty-six percent (46%) of the members of the core team are parents of a child with a disability.

The choice as Co-lead for the FE Team of the Executive Director of the Exceptional Children's Assistance Center (ECAC) organization was intentional and provides a huge advantage for this Team and the other Implementation Teams. ECAC, which is the OSEP funded Parent Training and Information Center for North Carolina is led by Connie Hawkins, who over time has developed a strong collaborative relationship with the N.C. ITP. Through her organization, she was able to contact the Family Support Networks throughout the state and secure representation from all programs, as well as helped to identify individual family leaders.

Families are essential to the FE Teams' internal process, as well as for the entire SSIP process in North Carolina. The first step in involving families was to invite parents to be on the Core team. Currently the FE Team includes a parent whose child is currently enrolled in the N.C. ITP, two parents whose children have recently aged out of the program, and many parents with older children with developmental delays. All of the Family Support Network Directors, who are parents of children with disabilities, have also agreed to be on the team. Team co-leads plan to hold a webinar for just the parent members to gather what information they believe is important for us to gather from other families. ECAC has a large variety of methods to disseminate information to families of children with disabilities, including strategies particularly targeted to families with infants and toddlers. The FE Team will work closely with ECAC to educate and engage families. The comprehensive list of agencies and organizations (listed above in section 1(b)), who have committed to this process, will assist us in reaching and engaging families.

Collaboration

Several mechanisms have been set-up as a part of the SSIP process to make certain that there is ongoing collaboration within and among teams and internal and external stakeholders. A foundational principle of the State's SSIP workshops has been the importance of working together and leveraging existing resources to accomplish the SSIP goals and achieve the State's SiMR. A few of the planned mechanisms are:

- Use of State Interagency Coordinating Council (ICC) – the ICC has served as one of the main advisory stakeholder groups for the N.C. ITP throughout both Phase I and Phase II of the SSIP. At each ICC meeting, members are provided with an update on the progress of the SSIP and are asked to participate in activities to provide feedback to N.C. ITP leadership. In this capacity the

ICC has helped to identify potential stakeholders for both Phase I and Phase II, and have supported the state's choice of Implementation Teams. The ICC will continue to be utilized throughout Phase III to foster collaboration and information sharing as the teams make progress on short term and long term outcomes.

- Use of Broad Stakeholder Group – A key source of feedback and collaboration during Phase I of the SSIP was through meetings with broad and core stakeholder groups. Although this structure was ideally suited for Phase I, the considerable amount of work required in Phases II and III means that stakeholders will need to be more intimately involved with the work as a part of the Implementation Teams. A Broad Stakeholder Group will be utilized in Phase III to provide feedback to the teams on progress toward the SiMR, as well as team goals/objectives and outcomes. The Broad Stakeholder Group will also serve as a review group to examine evaluation results and help the N.C. ITP determine if course corrections need to be made. This group will consist of stakeholder participants from the teams, as well as participants from other early childhood providers, organizations, researchers, etc. The timing of these meetings will depend on the need to disseminate results and garner feedback, but no less than twice annually.

Each of the Implementation Teams' co-leads will ensure regular communication and collaboration across teams through SSIP leadership meetings that are occurring at least twice monthly. These meetings will help to coordinate activities and share resources and information that may inform each team's work, and will help to avoid redundancy in work or data collection.

Section 2: Practice

As explained in Section 1, there are two practice-focused implementation teams. In this section, the teams will be described in more detail, including team structure, membership, anticipated outputs, outcomes, and activities. This information will lay the groundwork for answering three important questions related to practice-change implementation that will be addressed following the team descriptions below.

Team 3: Evidence Based Practices (EBP)

The Evidence-Based Practices Implementation Team (EBP Team) identified the activities below from the Phase 1 objectives and the team work plan, as being foundational strategies that will allow N.C. to move forward on the state SiMR:

- Increase team member knowledge of what EBPs exist nationally
- Identify EBPs that meet criteria and are consistent with N.C. ITP
- Build collaborative partnerships with those programs currently utilizing EBPs in our state
- Explore the development of other EBPs by community partners
- Train and support early intervention staff on implementation of EBPs that serve to support, empower, and engage parents (e.g., coaching and modeling)
- Strengthen the N.C. ITP by implementing a consistent structure for integrating EBPs that promote social emotional development through early intervention service delivery

These objectives reflect a process for identifying evidence-based practices that will potentially promote social emotional development in young children and provides a framework for determining the fit and feasibility of these practices for the N.C. ITP. The EBP Team will assess the existing resources such as evidence based practices currently being utilized in our state and explore the potential for development of additional resources. Once specific EBPs are identified that meet these afore-mentioned characteristics, the Team will develop an implementation plan for the N.C. ITP.

To help identify stakeholders/partners for the EBP Team, the Team Co-leads utilized “*Leading By Convening - A Blueprint for Authentic Stakeholder Engagement*” and more specifically, *The Circle of Engagement* tool to assist with preliminary determination of team members’ roles and levels of participation. The two primary types of participants found to be most beneficial for the team are:

- “Core Team and Key Advisors: Organizations and groups that influence stakeholders responsible for preparing individuals entering the professional realm of working with young children (pre-service training).
- Key and Extended Participants: Organizations and groups with influence on other practitioners and consumers that care about the issue of EBPs and children’s social-emotional development.”

Using these roles as hallmarks for selection, the EBP Team Co-leads identified potential stakeholders and invited those who had expressed interest in participating on SSIP teams, and others whom the co-leads believed could provide relevant input and critically assess recommendations. Once team members were identified and invited to join the EBP Implementation Team, the Team Co-leads facilitated a webinar on December 15, 2015 for core members. This webinar provided an introduction/overview of the Team's primary goals/objectives, and oriented members to the work ahead. The Core Team's first face-to-face meeting was held February 22, 2016 and was utilized to lay the ground work for developing the group's work plan. Additional face-to-face meetings of the Core Team have been held, along with webinars, to conduct strategic-planning sessions. On March 10, 2016, the EBP Team held its first face-to-face meeting with its entire team membership. Two additional meetings are scheduled in April 2016.

During the strategic-planning sessions held between February and March, the Core Team decided to use the findings and recommendations of the *2012 N.C. Infant-Toddler Program Social Emotional Task Force Report* (2012 Task Force Report) as a foundational document for the Team's work. The 2012 Task Force Report helped the EBP Team decide that its focus should begin with previous statewide ITP program efforts that were designed to address the needs of children's social-emotional development. The 2012 Task Force Report also provided a solid rationale supporting the vital need to attend to children's social-emotional development. The EBP Team will use and build upon the key concepts and definitions provided in the 2012 Task Force Report and establish criteria for evaluating various evidence based practice models that were recommended in the report, as well as reviewing, assessing, and where possible, leveraging other EBPs currently utilized by other early childhood programs and systems in North Carolina.

One of the evidence based practices that the EBP Team identified as warranting expansion is coaching. Coaching is 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. Dr. M'Lisa Shelden and Dr. Dathan Rush (Rush & Shelden) 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.*"

In 2014, the N.C. ITP supported training and TA opportunities provided by Rush & Shelden of the Family, Infant and Preschool Program (FIPP). As a result, four CDSAs have received training and TA support to implement coaching interaction strategies within their catchment areas. One CDSA that began utilizing coaching strategies approximately six years ago is currently working with Drs. Rush and Shelden to train several master coaches who will be able to support not only staff from their CDSA, but also other CDSA staff as training in coaching interaction styles expands across the state. The N.C. ITP is in the process of developing a plan to scale up these practices, with the concomitant training, TA and coaching for the coaches, that will be necessary to ensure fidelity. North Carolina is fortunate to have staff from FIPP, including both Drs. Rush and Shelden, serving on four of the five State SSIP Implementation Teams.

In addition to the 2012 Task Force Report, the EBP implementation team is utilizing the Council for Exceptional Children's Division of Early Childhood (DEC) Recommended Practices as another foundational document for its work. The purpose of the DEC Recommended Practices is to highlight those practices specifically known to promote the outcomes of young children who have or are at risk for developmental delays/disabilities and to support their families. Of the seven topic areas within the DEC Recommended Practices, the EBP Team will focus on the following three areas: (1) Environment, (2) Family, and (3) Interaction. The EBP Team selected the following DEC practices as most relevant for promoting social-emotional development in young children for the N.C. ITP. These practices will be used as criteria for evaluating prospective EBP models for implementation in our state.

Environment

E1. Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.

E3. Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.

Family

F1. Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socioeconomic diversity.

F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.

F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

Interaction

INT1. Practitioners promote the child's social-emotional development by observing, interpreting, and responding contingently to the range of the child's emotional expressions.

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

DEC Recommended Practices in Early Childhood Special Education 2014, the Division for Early Childhood of the Council for Exceptional Children (April 14, 2014).

Improvement strategies being addressed by the EBP implementation team:

- Explore EBPs currently being used in the State/Nation for promoting social emotional development in young children
- Examine evidence of effectiveness of selected EBP
- Establish a standardized practice model based on recommended EBP
- Create a plan for dissemination of the standardized practice model

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

B. Key State Improvement Plans or Initiatives that Align with this Improvement Strategy – *Coaching Model, Pyramid (CSEFEL) Model, Triple P Model*

C. Improving Infrastructure and/or Practice – *Practice*

D. Infrastructure Components the Strategy Is Intended to Improve: *Quality Standards*

E. Intended Output / Outcomes-

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

F. Improvement Plan-

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Identify EBPs that will be implemented based on need, fit, evidence, resources, readiness, and capacity.	X	X		<p>Survey current practitioners to determine need for training and coaching in EBPs</p> <p>Gather information on EBP for social-emotional development currently in use in N.C.</p> <p>Use the Hexagon Tool to evaluate the need, fit, evidence, resources, readiness, and capacity of models being considered</p> <p>Invite representatives of EBP models being considered to participate in the review process</p>	<p>Access to online survey capabilities</p> <p>Resources for designing survey questions</p> <p>Access to info on existing EBPs in use in NC</p>	EBP Core Team	<p>Begin: March 2016</p> <p>Completion: June 2016</p>	Collaborate with SEA/ Part B (619) preschool program (CSEFL)

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Develop communication protocols for sharing information and decisions.	X	X		<p>Coordinate communication efforts with other SSIP teams</p> <p>Utilize communication methods already in existence rather than create new ones (if effective)</p>	<p>EBP Dissemination Network</p> <p>Explore Cross State Online Sharing Websites</p>	EBP Team Co-Leads	<p>Begin: March 2016</p> <p>Completion: April 2016</p>	Coordinate efforts with existing EBP ways for communicating (newsletters, on-line postings, etc.)
Align organizational structures and resources to support the EBP being implemented.	X	X		Coordinate with Infrastructure and Professional development SSIP Teams to ensure efficiency and effectiveness of efforts	Regular meetings with Team Leaders of other SSIP teams	EBP Team Co-Leads	<p>Begin: March 2016</p> <p>Completion: May 2016</p>	
Develop implementation teams and criteria for selecting sites.				Coordinate with Professional development SSIP Team and EI Leadership	Regular meetings with Team Leaders of other SSIP teams	EBP Team Co-Leads N.C. EI Branch	<p>Begin: May 2016</p> <p>Completion: April 2017</p>	
Develop tools to measure implementation with fidelity.				Coordinate with Infrastructure and Professional development SSIP Teams to ensure efficiency and effectiveness of efforts	Regular meetings with Team Leaders of other SSIP teams	EBP Team Co-Leads Team 2	<p>Begin: May 2016</p> <p>Completion: April 2017</p>	FIPP

Team 5: Global Outcomes Integration

In addition to the EBP team, the N.C. ITP created a fifth implementation team, the Global Outcomes Integration (GO) Team, which is also practice-focused. This team will work with the six selected local programs (pilot CDSAs) to ensure that: global child outcomes are integrated with the IFSP; the IFSP team is discussing global child outcomes with parents; and parents are working with local program staff and service providers to complete the child outcomes ratings.

A significant number of resources were developed and used during a previous pilot of the GO integration process at two pilot CDSAs, which provided important data, information and strategies to begin planning for GO expansion. A few months after implementing the GO integration process with the two pilot CDSAs, a formative evaluation of the process provided the following insights for expansion planning:

The technical assistance (TA) activities, tools, and supports provided, helped staff to understand the background and rationale for integrating child outcomes and provided sufficient support to begin implementation. The most helpful TA tools and activities developed to prepare staff for beginning implementation were: talking points, practice and discussion activities at staff meetings, the IFSP (Section III) formatted by global child outcomes, sample valuation/assessment summaries, descriptive statements for ratings, and the decision tree. Suggested TA tools and activities as implementation continues includes: tools/guidance for integrating the global child outcomes discussion during IFSP reviews and transition/exit, tools/guidance to help families understand developmental milestones as they relate to the global child outcomes, tools/guidance to help direct service providers connect interventions to global child outcomes, guidance for developing IFSP outcomes with the global child outcomes in mind, and more practice activities involving writing evaluation/summary reports. Record reviews showed that staff are discussing global child outcomes with families, determining ratings as a team including the family, and covering all five developmental domains as part of their evaluation/assessment summaries arranged by the global child outcomes 100% of the time. The justification summaries for each global child outcome category completely addressed the category in 98% of the records. The rating for each global child outcome category was supported by the documentation in 91% of the records.

The GO Team Co-leads began meeting in September 2015 to identify and recruit potential team members based on the work at hand. Simultaneously, the principles of Implementation Science were reviewed and guided planning for the development of a preliminary work structure for the implementation team.

Team Members

GO team membership reflects the people and organizations that will be involved in implementing the Global Child Outcomes Integration Expansion Plan. Specifically, when establishing the GO Team, the team leadership sought out individuals who represented the following stakeholder groups to serve as key participants: N.C. ITP staff representing the two CDSAs that have been participating in the state's pilot of integrated Global Child Outcomes when it began in 2013; N.C. ITP staff representing the six CDSAs

serving as SSIP pilot sites for the expansion process; family members from across the state; N.C. ITP service providers; and early childhood professionals and community partners

Currently, there are 26 individuals participating as members of the GO Team, representing CDSAs, families, East Carolina University (ECU); the N.C. Partnership for Children (NC PFC), the N.C. Community Care for Children Program (CC4C), the N.C. Interagency Coordinating Council (ICC), and the Family Support Network of N.C. (N.C. FSN). There are plans to expand team membership in the future in order to strengthen the participation of families and to increase involvement of other early intervention service providers and early childhood community partners such as Early Head Start and Head Start. N.C. ITP service providers and families alike, have expressed concerns about the time commitment to serve as key participants or advisors; therefore, the core team is currently considering additional approaches for involving EI providers and families, such as by conducting focus groups to gather input and feedback. The roles of these additional team members will vary, depending on individual time, expertise, and interests. Additionally, the directors of the six pilot CDSAs will be asked for input and feedback periodically to ensure the strategies being developed for GO expansion are practical and will yield the desired outcomes.

Two ECTA consultants who have guided efforts nation-wide to integrate global child outcomes into the IFSP process are serving as key advisors to the GO team. Assistance from additional advisors will be sought later in the planning process to obtain technical assistance and support to address the following infrastructure and resource needs:

- Identification of professional competencies associated with the integrated global child outcomes process (PD Team)
- Training and course development (PD Team, N.C. EIB staff and external TA providers)
- Communication planning and resource development (Early Intervention Branch staff)
- Data queries and reports to support the goal of using global child outcomes data for program improvement efforts (N.C. EIB data staff)
- Program evaluation support for evaluating implementation (Evaluation Team; N.C. EIB staff; DaSy)

Team Structure

In November 2015, one of the GO Team Co-leads made a career move and left the N.C. ITP. Given a variety of factors such as co-lead capabilities and resource availability, it was decided that the remaining co-lead would continue to serve as the sole leader of the GO implementation team.

On January 13, 2016, a day-long kick-off meeting was held for the full implementation team with the assistance of an ECTA consultant whose focus has been to help states with the child outcomes integration process. There were three goals for the meeting, which are outlined below:

1. Provide the opportunity for team members to get acquainted in order to begin forming strong working relationships that will be imperative for the success of the team.
2. Ensure that team members understand the background and foundation for GO expansion. (What is the State Systemic Improvement Plan (SSIP), and why is it important?; What are global child

outcomes (GO); and how are they linked to the SSIP?; and What was learned by piloting the GO integration process?).

3. Discuss team goals and desired outcomes, and how the team members will work together to accomplish them. (Inputs and outputs; Team structure: work groups and work group coordinators).

GO team members selected the work groups that wanted to join and each work group selected a coordinator. Monthly meetings have been scheduled, including 6 full-team meetings and six core-team meetings, which will take place over the next year to complete pre-implementation planning activities.

The team has developed a set of goals and key focus areas to help guide the expansion planning process.

Team Goals

- Create a model of implementation that can be replicated across the State to strengthen supports for family engagement through the integration of global child outcomes within the IFSP process in order to promote the development of the children we serve.
- Develop a plan to ensure that CDSAs are prepared to successfully implement the new approach to engage families using the combined global child outcomes and IFSP process.
- Develop a plan to assist CDSAs in using global child outcomes data and other relevant data for program improvement and sustainability.
- Develop a plan to assist CDSAs in enhancing local capacity of the primary referral sources, EI service providers, and community partners to engage with and support the global child outcomes integration process.

The goals of the GO Team are associated with two ***Race to the Top Early Learning Challenge (RRT-ELC)*** initiatives. They are: 1) Transformation Zone, and 2) N.C. Early Childhood Integrated Data System (ECIDS). Alignment of the RTT-ELC initiatives with GO expansion is essential for effective, long-term change that will have a positive and lasting impact on the development of infants and toddlers with special needs across the state, including the improvement of social-emotional development.

The Transformation Zone and the GO expansion initiatives have a mutual goal of improving the learning and development of young children. GO expansion approaches this goal from the perspective that increasing family engagement in early intervention processes will help families make more informed choices and better decisions that will promote the development of their young children with special needs. The Transformation Zone is working to build greater early childhood system capacity for *all* young children in four rural counties (Bertie, Beaufort, Chowan, Hyde) located in the northeastern region of the state. The GO expansion initiative will touch the lives of young children with special needs and their families living in these same counties that are involved with the Transformation Zone initiative. Both initiatives ultimately seek to improve how some of the neediest children are served and improve opportunities for positively impacting their overall development.

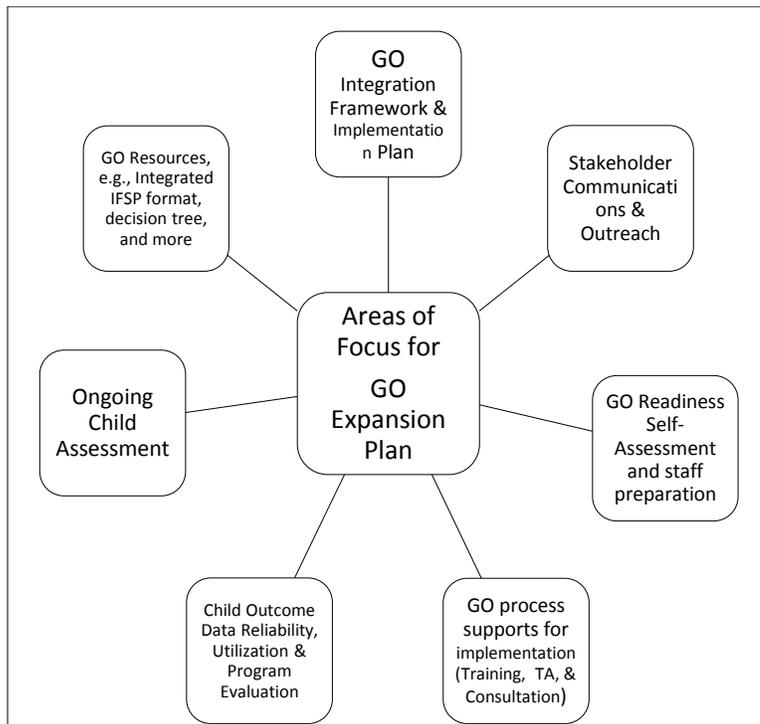
In addition to expanding the GO process, another SSIP strategy that is the focus of the GO Team is the dissemination and utilization of child outcomes data for ongoing program improvement. A related RTT-ELC initiative is the development of the N.C. ECIDS, an integrated data system to collect and manage

key data and information from early childhood, public education, and health and social services programs. Presently, the EI Branch is partnering with other stakeholder agencies to develop the N.C. ECIDS. By linking data on programs and services for young children across state agencies, North Carolina will have greater access to information that can help answer key policy, programmatic, and research oriented questions. Likewise, the data should help the N.C. ITP better understand and interpret global child outcomes measures in the context of other demographic, health and social factors that will be reported in N.C. ECIDS by partner agencies.

As new opportunities to improve the early childhood system become available, the N.C. ITP continues to collaborate with other state agencies and organizations to fortify efforts to improve the State’s early childhood system. Currently, the GO Team lead is collaborating with the N.C. Division of Public Health’s Children and Youth Branch, to develop an application for the Early Comprehensive Childhood Systems (ECCS) Impact grant. The goal of this initiative is to develop community, county and state infrastructure to support the development of *all* young children, including infants and toddlers with special needs. If the application is approved, the local early intervention programs in the selected communities will join with other local agencies and organizations to work toward a 25% improvement in the early development of young children in the selected communities. Once the global child outcomes integration process is implemented with fidelity, the data generated from the process will be available to provide important feedback to the ECCS initiative regarding developmental progress made by the birth to three population that receive early intervention services in the involved communities.

Key Focus Areas

The figure below provides a graphic representation of the key focus areas that are critical for successful GO expansion.



With the team goals and key focus areas identified, the team is continuing to work to advance the planning process by identifying anticipated outputs, outcomes and activities required for successful GO expansion.

Improvement strategies being addressed include:

- Continued expansion of child outcomes integration pilot, and
- Dissemination of child outcomes data at the CDSA level and investigate additional/ alternative data to measure child and family outcomes.

As both strategies relate directly to child outcomes, the team will work simultaneously on both.

- A. **Improvement Strategy** – *Continued expansion of child outcomes integration pilot/Disseminate child outcomes data at the CDSA level*
- B. **Key State Improvement Plans or Initiatives That Align With This Improvement Strategy-**
Global Child Outcomes Integration Pilot
- C. **Improving Infrastructure and/or Practice** – *Practice*
- D. **Infrastructure components the strategy is intended to improve:** *Quality Standards*
- E. **Intended Outputs / Outcomes -**

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

F. Improvement Plan -

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
Global Child Outcomes Integration Framework & Implementation Plan	X	X		<p>Develop Tool of Reference (TOR) for SSIP Team 5.</p> <p>In coordination with selected GO Team work groups, develop the GO Implementation Framework & Timeline for CDSAs</p> <p>Develop or adopt an IFSP format that integrates global child outcomes</p>	<p>List of IDEA required components for IFSPs</p> <p>Samples of IFSPs designed to integrate with global child outcomes</p>	GO Team, Work-Group 1	<p>Begin: April 2016</p> <p>Completion: June 2017</p>	ECTA will assist in providing samples of IFSPs
Communications with CDSA staff, families, EI service providers, and community partners regarding the integration of global child outcomes with the IFSP process	X	X	X	<p>Develop a Communication Plan identifying purpose, strategies, and suggested communications timeline by target audience</p> <p>Design and develop resources to support the communications strategies and plan (e.g.,</p>	<p>Information and resources from other States</p> <p>Information and resources developed during pilot project</p> <p>TA and design support from in-house communications specialist</p>	GO Team, Work Group 2	<p>Begin: April 2016</p> <p>Completion: June 2017</p>	DPH Public Affairs publications and materials for public assumption

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				brochure, flyer, video, audio, etc.)				
Readiness Self-Assessment & Staff Preparation	X	X	X	<p>Develop a content validated list of competencies required for successful GO implementation focusing on CDSA staff, but also considering EI service providers, parents, and community partners who might participate in the integrated GO process.</p> <p>Develop a Readiness Self-Assessment Plan that identifies assessment strategies and timelines based on the list of competency required for successful implementation</p> <p>Design or adopt Readiness Self-</p>	<p>A generated list of activities associated with the integrated global child outcomes process from which core knowledge and skills will be identified. (This work will be completed in coordination with CSPD Team)</p> <p>Readiness Self-Assessment Tools previously used by the N.C. ITP with CDSAs.</p> <p>Readiness Self-Assessment Tools available from other States and TA centers</p>	GO Team, Work Group 3	<p>Begin: April 2016</p> <p>Completion: June 2017</p>	6 SSIP Pilot CDSAs will complete the readiness assessment and prepare CDSA staff to implement

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
				<p>assessment tool(s) for CDSA use</p> <p>Create a resource list of staff development and training opportunities addressing readiness skills and behaviors</p> <p>Pilot CDSAs will complete the Readiness Self-Assessment and prepare staff for implementation</p>				
GO Implementation Process Supports (Training, TA, & Consultation)	X	X		<p>Develop a Training, TA, and Consultation Plan, including suggested strategies and resources</p> <p>Develop or adopt resources for CDSA implementation (e.g., talking points, decision tree, others)</p>	<p>List of required competencies</p> <p>GO Implementation Framework and Timeline for CDSAs</p> <p>Sample strategies and resources from pilot CDSAs</p> <p>Sample strategies and resources</p>	GO Team, Work Group 4	<p>Begin: April 2016</p> <p>Completion: June 2017</p>	<p>ECTA will serve as a planning resource</p> <p>CSPD Team 2 will assist in aligning KSAs to personnel standards</p>

Activities to Meet Outcomes	High Priority	System Level		Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)	How Other LA/SEA Offices and Other Agencies Will Be Involved
		State	Local					
					from other States			
Child Outcome Data Reliability & Utilization	X	X	X	Develop a strategy to assess data reliability Generate a list of user requirements for data utilization and program improvement	Knowledge of strategies to assess reliability Knowledge of user requirements	GO Team, Work Group 5	Begin: April 2016 Completion: June 2017	ECTA and DaSy will serve as TA resources
Ongoing child assessment		X		Identify assessment strategies/ tools to support ongoing monitoring of a child's development by the IFSP Team	A review of available strategies and tools	GO Team, Work Group 6	Begin: April 2016 Completion: June 2017	ECTA will serve as TA resource

2(a) State Supports for EBP Implementation

Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

Effective change at all levels of a program or system is derived from a purposeful change management process that is inclusive of the stakeholders from the beginning. Also important is the strategy of building agreement throughout the process to ensure that planning results in critical needs being met and in a commitment to implement with fidelity. Implementation Science provides this framework for effective change management and has been the bedrock of all SSIP initiatives beginning with Phase I.

Assessing Program and Provider Needs

A thorough examination of local program practice needs was performed in Phase I of the SSIP using two surveys (one to staff, one to managers) distributed at six CDSAs (selected for the SiMR). These surveys asked about staff capability to assess social-emotional development as well as whether social-emotional outcomes were included in IFSPs. Almost 20% of staff reported not using any tool to assess positive social-emotional skills, and the tools used, varied greatly depending on the CDSA. Nearly half of the staff reported that 25% or less of their caseload included child or family outcomes related to social-emotional development on the IFSP. This data provided evidence of the need to support local N.C. ITP programs for successful implementation of evidence-based assessments and practices.

The survey also reinforced the idea of the state providing support in order to achieve the goals of the GO Implementation Team. It revealed that less than 30% of staff talk to parents about child outcomes measurements, and only 19% of staff receive child outcomes reports for their caseload. A full summary of the survey findings can be found in the SSIP Phase I submission.

Beginning in the fall of 2014, N.C. EIB regional TA consultants met with local leadership teams at each of the 16 CDSAs to provide an overview of the GO pilot initiative and to present and discuss ideas for preparing staff for the eventual expansion of the integrated process to all CDSAs. Information obtained through a formative evaluation of the pilot initiative had suggested that three key areas of staff readiness were important for implementation success, including teaming, family engagement practices, and writing child outcomes using functional assessment information. The TA consultants developed a self-assessment tool for each of the key areas and helped the leadership teams begin the self-assessment process. Based on CDSA findings, the local leadership teams developed plans for local staff preparation. For instance, some CDSAs asked for assistance from EIB staff in providing refresher training to CDSA staff on functional assessment and writing functional outcomes. The GO expansion team will identify additional competencies needed for successful implementation and will address staff readiness and further preparation with the six SSIP pilot CDSAs as part of the expansion process.

Implementation Drivers

Each evidence-based practice that the state decides to implement will have some unique competency and organizational requirements at the state and local levels that must be planned for and supported during implementation. Currently, the N.C. EIB is undergoing strategic planning with state office staff to ensure that the organizational structure of the state office and staff capabilities are aligned with the goal of supporting the SSIP improvement strategies that will be implemented over the next few years to improve the social-emotional development of infants and toddlers enrolled in the N.C. ITP. The infrastructure-focused SSIP teams are preparing to address key organizational and professional development needs that will ultimately support the implementation of evidence based practices.

Coaching is an EBP strategy that has already been selected to provide effective early intervention services to children and families, but it is also an approach that the State will use to support the efforts of early intervention service providers to successfully apply new strategies in practice. As described in Section 1,

some individuals have been trained as master coaches to support other staff and service providers in their efforts to use coaching interaction styles with the children and families they serve.

The State will also help local programs to use Implementation Science to plan and implement evidence-based practices locally with CDSA staff and enrolled network service providers. This will include providing training, technical assistance, facilitation, and assistance with follow-up and feedback.

Professional Development Supports Needed

Until the final N.C. ITP practices are chosen, it is yet unknown what the full scope of professional development needs will entail. However, the advantage of the chosen format for implementation of the SSIP is that concurrent to the work of the EBP Team in choosing practices, the PD Team will be working on a CSPD. An established CSPD will be critical for the success of any chosen practice or service delivery model, as a process will be necessary to make certain that staffs are effectively trained and that fidelity is monitored. Therefore a cross-team sub-group will be created consisting of participants from both teams to plan for the collaboration that will be needed to train staff, providers, and families.

The Implementation Teams will each individually and collectively work on communication plans to ensure that there is collaboration and consistency throughout the N.C. ITP as we move towards a model that incorporates defined evidence-based practices, a CSPD to support them, and increased family engagement. Given all of the programs and initiatives (e.g., Race to the Top Early Learning Challenge, CESEFL, Smart Start, Early Head Start, Head Start) already in North Carolina and the number of community partners, including federal technical assistance centers that focus on early childhood, the N.C. ITP intends to utilize and leverage these resources to benefit the children and families we serve.

Support for Scaling EBPs

The N.C. ITP Branch has consistently communicated the importance of viewing and integrating the SSIP work as part of what we do every day. Given the direction that the EBP Team is moving in, in terms of exploring coaching as one evidence-based practice that will be recommended for adoption across North Carolina, it is fortunate that there is at least one CDSA that has been steadily expanding use of coaching interaction styles within its catchment area. Part of the scaling up that has taken place in that particular CDSA has been the development of master coaches. This provides an advantage to the rest of the CDSAs as not only do we have a CDSA that can serve as a model site for others to observe, but the established master coaches also can support newly trained personnel in learning and honing their coaching skills.

Drs. Rush & Shelden, who reside and work in N.C., are working with N.C. to scale up coaching practices. In developing the budget for the N.C. ITP, these types of infrastructure needs were taken into consideration.

2(b) Implementation Strategies and Activities

Identify steps and specific activities needed to implement the coherent improvement strategies including communication strategies; stakeholder involvement; how identified barriers will be addressed; who will implement activities and strategies; how the activities will be implemented with fidelity; the resources that will be used to implement them; and, timelines for completion.

Communications

Two hallmarks of the SSIP process are stakeholder input and collaboration. Timely communication is paramount to continue to support both of these processes. More than 30 different organizations, agencies and institutions are represented on the five implementation teams' core teams and key advisor/participant lists.

The N.C. ITP will use a multi-pronged strategic approach to engage these various audiences over the long haul of the SSIP planning and implementation processes. (See table below.)

Most of the communication materials for the implementation teams (core team, key advisors and participants) will be developed by the co-leads and team members specific to their needs. Those materials will include: pre-meeting emails, PowerPoint presentations and handouts. A soon-to-be-developed bi-monthly newsletter, *What's Up with SSIP*, (see prototype in Appendix IV) will encourage the collaborative nature of the SSIP process among all participating audiences. It will include mainstays of the publication, such as the SiMR and frequently used SSIP terms, and updates or briefings from each implementation team. The publication will be flexible enough to adapt to stakeholder needs, such as providing information about frequently asked questions (FAQs), upcoming team meetings and team status, and milestones reached.

The *Fact Sheet Brief* is another soon-to-be-developed publication (see prototype in Appendix IV). It will provide quick facts about the SSIP process and its timeline progression. *The Buzz-worthy News* is an internal monthly newsletter, from the N.C. EI Branch Head, which will continue to provide pertinent SSIP updates to N.C. ITP staff, as well as other pertinent information on issues critical to the CDSAs and their staffs.

A preliminary multi-faceted communication strategy has been developed and will be expanded by the implementation teams as they progress through the planning process:

Target Audience	TACTIC 1 (PPTs)	TACTIC 2 (Emails)	TACTIC 3 (Meetings/calls)	TACTIC 4 (Briefings)	TACTIC 5 (Bi-monthly newsletter)	TACTIC 6 (Fact Sheet Brief)	TACTIC 7 (BUZZ Newsletter)
Implementation Team Core Team members	•	•	•		•	•	
Key Advisors and Participants	•	•	•			•	
CDSA employees and State Office staff		•			•		•
N.C. ICC	•			•	•		
General Public						•	

Stakeholder Recruitment and Selection

Team 3: EBP Implementation Team

Through a facilitated planning session with ECTA and use of the tool, “*Leading By Convening - A Blueprint for Authentic Stakeholder Engagement*,” the EBP team was able to identify selection criteria for key stakeholder groups and names of potential representatives of those groups. Criteria considered included geographic diversity that ensures statewide representation, diversity in roles and functions of program staff, and diversity in levels of community partners (i.e. pre-service educators, in-service providers, and recipients of services). The following criteria were used in designating stakeholder groups:

- Organizations and groups that represent those responsible for directly implementing evidence based practices around social-emotional development in young children;
- Organizations and groups that represent those individuals with authority in the environments where evidence based practices must be implemented.; and
- Organizations and groups with influence on the practitioners and consumers that care about and are directly affected by evidence based practices.

Potential participants were recruited via: telephone calls and emails to stakeholders who expressed interest and have expertise in working with EBPs and promoting social emotional development in young children; following-up on referrals from identified stakeholders who recommended other potential stakeholders who would be helpful resources for the EBPs Team; sending Letters of Invitation to potential stakeholders to participate on the EBPs Team; and providing presentations on Phase II Implementation Teams to groups (State ICC, Birth-Kindergarten Higher Education Consortium Staff, CDSA Forums (provider meetings, management team meetings) and State Office SSIP Orientation Presentation Webinars)

Recruiting parents has been a challenge for the EBPs Team. They have reached out to community programs/committees to identify parents that could help in any capacity in which they feel comfortable. The Co-leads have communicated basic ideas for parent participation that will hopefully help match parent interests to the goals/objectives of the team.

To date, the Co-leads have spoken with one parent who currently participates in early intervention through the Mecklenburg CDSA and to whom they have provided information about the SSIP and the EBP Team. Thus far, this parent has not been able to attend meetings however, the Co-leads will continue to communicate progress and offer opportunities for involvement by this and other parents. Efforts will continue to bring parents into the work of the team as stakeholders, especially to provide feedback once a proposed model is identified for adoption by the state. Additionally, the EBP Team has provided objectives for the work of parents related to their objectives to the Family Engagement Team as they have committed to assisting the other implementation teams with assistance by enlisting parent advisors to review and provide feedback for each of the teams.

The EBP Team was able to recruit a variety of stakeholders through the means noted above, and will continue to examine other potential members by identifying areas of need. Once an EBP model is chosen, the team will most likely need to add some team members with expertise in the practice or model.

Team 5: GO Implementation Team:

The GO Team Co-leads sought to recruit team members from five stakeholder groups in order to establish a team of individuals with diverse knowledge, skills and perspectives related to global child outcomes integration and data utilization. Listed below are the five stakeholder groups and the unique contributions that team members representing them provide to the planning process of the GO Team.

Stakeholder Group 1: N.C. ITP staff of the two CDSAs that participated in the State's integrated global child outcomes pilot contribute the following:

- Knowledge and experience gained from piloting the integrated global child outcomes process, including the use of Implementation Science and successful strategies for developing the integrated IFSP, facilitating team meetings, training staff on the integration process, and developing resources to support implementation
- Experience working with families to monitor and measure their children's development and progress related to the global child outcomes
- Familiarity with resources used during pilot project with staff, families, and providers

Stakeholder Group 2: N.C. ITP staff from the six CDSAs selected as pilot sites for the expansion process who contribute:

- Knowledge of child assessment strategies, tools and techniques
- Knowledge of CDSA quality assurance (QA) and continuous quality improvement (CQI) processes
- Knowledge of early intervention data system
- Experience working within the practice-framework of the six SSIP pilot programs, including local procedures for IFSP development and child outcomes measurement
- Serve as a liaison with the leadership of the six SSIP pilot programs throughout the expansion planning process, which will facilitate pilot site readiness to implement the integrated global child outcomes process

Stakeholder Group 3: Family members who contribute:

- An understanding of factors that influence family engagement in early intervention processes
- An understanding of the information that families need in order to successfully participate in the global child outcomes integration process
- Ideas for successfully communicating and disseminating information to families

Stakeholder Group 4: Early intervention service providers, who can provide for the team:

- An understanding of the factors that could impact the ability of providers to participate in the integrated global child outcomes process, and ideas for addressing them
- An understanding of the information needs of providers related to the integrated global child outcomes process
- Ideas for successful communication with and dissemination of information to early intervention providers

Stakeholder Group 5: Early childhood professionals and community partners, who contribute

- Knowledge of other early childhood programs or professions that work with young children with special needs and their families that should be involved, directly or indirectly, in supporting the integrated global child outcomes process
- Knowledge of how early childhood programs and professions intersect with shared or similar goals related to child development and child outcomes
- Ideas for engaging community partners in efforts to support the integrated global child outcomes process
- Knowledge of research and best practices related to early childhood, early intervention, adult learning and teaming
- Experience teaching or training early childhood professionals and associated specialists
- Experience serving on governing and advisory boards for early childhood programs and early intervention

- Knowledge of other state-wide initiatives and programs that are working to improve family engagement associated with early childhood development and learning

Organizations and individuals approached for recommendations and volunteers included: CDSA management and staff, the N.C. ICC, the ABCD State Advisory Committee, the N.C. Community Care for Children Program (CC4C), and the Family Support Network. Once identified, recruits were sent a letter of invitation from the N.C. Branch Head asking for their participation.

Stakeholders participating as members of the GO Team are involved in planning and decision making at three distinct levels. First, the entire team (including the core team and the key participants) is responsible for deciding which implementation strategies and recommendations will be adopted to take forward to the EIB leadership for approval. Secondly, each team member participates on a work group of his or her choosing to address specific focus areas identified by the team as vital for GO expansion planning and implementation. There are six work groups. The primary responsibilities of each group are as follows:

Work Group 1 - GO integration framework and implementation plan

Work Group 2 - Go communications plan

Work Group 3 - GO readiness self-assessment and staff preparation

Work Group 4 - GO implementation process supports (training, TA, and consultation)

Work Group 5 - Child outcomes data reliability and utilization for program improvement

Work Group 6 - Ongoing child assessment

Stakeholder Involvement and Decision Making

The implementation teams are committed to using Implementation Science as a road map to successful systems change through the utilization of evidence based practices. As such, stakeholders have been involved in identifying needs, team outputs and outcomes, and activities required for effective implementation. Team members will continue to be involved in deciding on the practices and strategies to be developed, the plans to put forth to the N.C. ITP leadership for approval, and the logistics required for rolling out selected strategies. Many team members will continue to be involved throughout implementation and scale-up of evidence based practices in various roles, including implementation facilitator, trainer, and coach.

Addressing Barriers

Some of the barriers to effective implementation that were identified during Phase I are being addressed during Phase II through the activities of the five SSIP implementation teams. They are:

- Lack of community service provider accountability (*Infrastructures Team*)
- Monitoring for evidence-based practices (EBPs) (*Infrastructure Team, EBP Team*)
- Limited opportunities for training/TA for community service providers (*Professional Development Team, EBP team, GO Team*)
- Limited professional development opportunities for community service providers, CDSA staff, and EI State Office staff, with particular concern about those providing special instruction (*Professional Development Team*)
- Engagement of families in state system components (*Family Outcomes Team, GO Team*)

Other challenges, such as insufficient data sharing across programs and limited resources due to recent budget cuts are being addressed through collaborative planning between the N.C. EIB leadership, N.C. ITP leadership, and other state and community partners (e.g., RTT-ELC).

Fidelity in Implementation

State and local supports will be in place to ensure that agreed upon models and strategies are implemented with fidelity. These supports include creating a common understanding of selected evidence-based practices through shared communications and collaboration across CDSAs, providing strategies for local leaders to promote staff and provider understanding and buy-in by providing assistance, support and facilitating local implementation planning, as needed. By providing training and technical support for implementation, chances for fidelity are increased. Critical to this process, is the development of strategies and provision of necessary supports to ensure that staff and network early intervention service providers practice the EBPs as intended using relevant performance standards as benchmarks and by constantly evaluating results. These strategies will inform future processes and better assist the N.C. ITP to utilize data to correct and improve practices and influence child outcomes.

Resources and Timelines

Each of the five implementation teams will identify and recommend the resources needed for implementation and will suggest an appropriate timeline. These recommendations will be approved by the N.C. ITP leadership with input from EIB staff and CDSA directors. Ultimately, the EIB leadership is responsible for integrating suggested timelines into a comprehensive strategic plan for the program and ensuring that required resources are available.

2(c) *Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.*

Scaling-up and Sustainability

The efforts of pilot CDSAs to implement selected evidence-based practices will be closely monitored by local management and staff and by N.C. EIB staff. Working collaboratively across offices, evaluation

results will be analyzed and shared to inform further expansion of selected evidence-based practices statewide. As pilots of evidence-based practices conclude and statewide implementation is planned, N.C. ITP policies and procedures will be modified to incorporate the new practice strategies and expectations. Other program infrastructure, such as annual training and personnel standards and certification requirements, will also be updated and deployed as needed to support statewide implementation. Required resources will be made available, and local leaders, staff, and providers will receive training on key strategies and competencies. In addition, local implementation teams will be established and supported by the EIB.

As local programs transform their practices based on new statewide policies, procedures and expectations, the evidence based practices implemented as a result of state systemic improvement planning will become the norm for staff, EIS providers and families participating in the program.

Section 3: Evaluation

3(a) *Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.*

The North Carolina Infant Toddler Program recognizes the importance of evaluation in helping to determine if the planned improvement activities are achieving the intended outputs and outcomes. The evaluation structure of the SSIP Evaluation Plan will be multi-level, with the opportunity for review and input from multiple staff and stakeholders (see Section 3b for additional information). The N.C. ITP evaluation structure will be overseen by an Evaluation Team, which will be led by the Part C Data Manager, and will include three members of the state data and regional consultant team. This Evaluation Team will be primarily responsible for the data collection and analysis of SSIP data. This group will work with the state Implementation Teams and other broad stakeholder groups to track progress of the Evaluation Plan.

In developing the plan for Phase II, the N.C. ITP emphasized the need to utilize the Theory of Action developed in Phase I. The Theory of Action specified a series of intermediate outcomes (the “Then” statements in the diagram) which would need to be achieved to ultimately impact the chosen SiMR. Several intermediate outcomes from the TOA were included as some of the short, intermediate and long-term outcomes for the state implementation teams in the Phase II plan:

N.C. ITP Improvement Strategy	Intermediate Outcome(s) in Theory of Action
Centralize provider network/Revise provider agreement	<ul style="list-style-type: none"> - 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 - Local programs will have greater access to IFSP services for children with disabilities

Create a system for implementation/dissemination of Evidence Based Practices (EBPs)	<ul style="list-style-type: none"> - N.C. ITP staff roles will be more flexible to support recent changes to the state system - Provider and CDSA staff will have greater access to best practices and EBPs
Expand Professional Development Opportunities and Standards	<ul style="list-style-type: none"> - CDSA staff, network providers, and families will have increased access to training and professional development resources - Standards in the state for evaluation and assessment of S/E development will be more consistent - Families will be more informed about S/E practices that can impact development
Creation of an EI service delivery model of clearly defined practice standards for promoting social-emotional development with equal access for children and families	<ul style="list-style-type: none"> - EI practitioners implement with fidelity relationship-based practices to improve social-emotional development for infants and toddlers (re-worded but same as “providers and local programs will have clearly defined interventions to use with children and families served in EI”)
Overhaul Family Outcomes Measurement Process	<ul style="list-style-type: none"> - Data collected from families will more accurately represent the children and families served by the N.C. ITP - N.C ITP will have better quality data on impact of Early Intervention on Family Outcomes

Although not all of the intermediate outcomes from the TOA were included, it is clear that the N.C. ITP is emphasizing the use of the information and conclusions drawn in Phase I to inform the work in Phase II. This will help to make certain that N.C. is following an implementation structure which is taking into account the various components of the state infrastructure when attempting to effect change in practices.

3(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

The N.C. ITP evaluation structure is set-up to allow for multiple levels of review and input from stakeholders. The goal of the evaluation structure is to have a mechanism to review evaluation data and progress at multiple points during the year with as many stakeholders involved as possible. The state will employ a three-level evaluation design as outlined below.

Group	Role	How often?
Evaluation Team	<ul style="list-style-type: none"> - Prepares data reports - Disseminates data reports - Presents evaluation data to teams and broad stakeholder group 	<ul style="list-style-type: none"> - Meets bi-monthly - Prepares reports quarterly and as needed
Implementation Teams	<ul style="list-style-type: none"> - Review data reports - Discuss findings - Makes recommendations for 	<ul style="list-style-type: none"> - Meets monthly - Reviews evaluation data quarterly and as needed

	additional data collection/analysis	
Broad Stakeholder Group	<ul style="list-style-type: none"> - Reviews recommendations - Approves findings - Makes recommendations for program changes based on evaluation data 	<ul style="list-style-type: none"> - Meets bi-annually - Reviews evaluation data bi-annually and as needed

The multi-level evaluation process will vary in intensity from the Evaluation Team (most intense) to the Broad Stakeholder Group (less intense). The Evaluation Team will be responsible for working with each state implementation team to develop a focused evaluation plan based on the larger state evaluation plan. The individualized team evaluation plans will include additional evaluation points to allow the teams to track progress at smaller intervals (for example, tracking process goals such as attendance at team meetings, or review of other states best practices). These more focused team-level evaluation plans will be maintained by the implementation team leads, and will be reviewed at team meetings. The Evaluation Team will also prepare quarterly reports on achievement of outcomes (as well as progress toward completing outputs) for each of the teams, emphasizing major evaluation points in the state Evaluation Plan.

The State Implementation Teams will review the evaluation reports to determine if adjustments to each team’s implementation plan are needed (see Section 3d for additional details). Team co-leads will bring any potential issues or concerns to the SSIP leadership team meetings for feedback from the other team leads and N.C. ITP leadership. Twice a year, stakeholders on the implementation teams along with other external stakeholders will be brought together in a large forum to review evaluation data and progress in achieving outcomes. Evaluation reports will be posted on the N.C. ITP website, once approved the Office of Communications, and an SSIP-specific email address will be created to allow for community and stakeholder feedback on evaluation reports. This last mechanism for feedback on the progress of the implementation from the general public will be new to the N.C. ITP, and will hopefully lead to expanded stakeholder involvement in the SSIP.

3(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

In order to determine if the State Implementation Teams are making progress toward achieving the outcomes outlined in Sections 1 and 2, a detailed evaluation plan has been developed. This plan will allow the state to track success of the implementation process and the progress in completion of each of the improvement activities, with success equaling a measurable increase in the state’s SiMR. The evaluation plan is separated by improvement strategy for ease of review; however, it is clear that many of the outputs and outcomes will overlap among improvement strategies. It should also be noted that only major activities are included in the evaluation plan, with the understanding that each implementation team will develop a more detailed plan to achieve the high-level outputs/outcomes included in the state plan. For example, the state plan does not include process evaluation questions on how a team may survey

other states to find information about an EBP, but the EBP team will develop a more detailed evaluation plan which could include the process questions, “Were a large number (>5) of states surveyed? Did the team meet to review the information received? Did the team develop recommendations based on the information?” These team-level evaluation plans will not be submitted to OSEP, but will be maintained by the teams and overseen by the Evaluation Team to track progress in achieving the state evaluation plan. The evaluation plans for each team are below, with plans separated by outputs and outcomes.

Improvement Strategy – Centralize provider network/Revise provider agreement

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

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Intermediate Outcome	Providers will be more knowledgeable about accountability and incentives when working with N.C. ITP families	<p>Did the state draft new provider agreements and interpreter agreements?</p> <p>Did the state train providers on new agreements?</p> <p>Do providers understand the new agreements, including accountability and incentives?</p>	<p>Revised provider agreement completed</p> <p>Revised interpreter agreement completed</p> <p>50% of providers are trained at 3 months</p> <p>95% of providers trained within 1 year</p> <p>>90% of providers report understanding at 1-year post implementation of new agreements</p>	<p>Agreements (Provider and Interpreter)</p> <p>Documentation of provider signed attestation</p> <p>Provider survey collected every six months for first year</p>	<p>February 2017</p> <p>Reviewed at 3 months and 1-year post implementation</p> <p>Beginning after trainings completed</p>

Intermediate Outcome	Provider practices will be better understood and will provide the N.C. ITP with the ability to ensure that appropriate EBPs are being used, and fidelity is being met	Did the state collect and organize all provider info into a single Resource (database, spreadsheet, website, etc)? Can local programs access information on provider practices?	100% of providers are included in the Resource 75% of providers have included information in the Resource on the practices used 100% of local programs have access to the Resource	Reports using developed Resource	July 2017
Long term Outcome	Local programs will have greater access to IFSP services for children with disabilities	Do local programs have greater access to providers after creation of the Provider Resource?	75% of CDSAs report improved provider access after Resource is created and implemented/	Pre-post survey of local programs	After implementation of Provider Resource

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

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

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

Improvement Strategy – Explore Telehealth feasibility and processes

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

		telehealth implementation ?	access to providers		
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Improvement Strategy: *Expand Professional Development Opportunities and Standards*

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

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

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

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

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Intermediate Outcome	EI practitioners have improved understanding of social-emotional development for infants and toddlers and ways to promote healthy parent-child relationships.	Do practitioners have improved understanding of S/E development? Do practitioners have additional ways to promote health parent-	75% of trained practitioners will report improved understanding of S/E development? 75% of trained practitioners will report knowing additional	Provider survey administered pre-post implementation	Pre survey in Summer 2016

		child relationships?	ways of promoting healthy relationships		
Long term Outcome	EI practitioners implement with fidelity relationship-based practices to improve social-emotional development for infants and toddlers.	Were practitioners trained on chosen EBPs with fidelity?	100% of relevant CDSA staff trained on chosen EBPs 100% of interested providers trained on chosen EBPs	Training logs Attendance records	Summary of findings after initial round of trainings are completed
Long term Outcome	EI families receive coaching in relationship-based strategies for promoting their child's social-emotional development.	Did families receive coaching training?	75% of interested families will receive coaching instruction	Training logs Attendance records	Beginning in July 2017 Ongoing yearly
Long term Outcome	EI Branch is able to demonstrate effectiveness of practices used to promote social-emotional development for enrolled children.	Did the State achieve the SiMR goal?	APR Indicator 11 Data Table	Child Outcomes Data from State Data System	Yearly at APR submission beginning in February 2017

Improvement Strategy – Overhaul Family Outcomes Measurement Process

Output	How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Selection of a Family Outcomes survey instrument	All potential surveys reviewed New survey selected, approved and being used by CDSAs	Summary of all potential surveys to use Approved survey	Begin: February 2016 Completion: December 2016

		Survey results	
Selection of best practice for survey distribution and collection method(s)	All best practices for distribution reviewed Approved survey distribution method being implemented	Summary of distribution best practices Written survey distribution instructions	Begin: February 2016 Completion: July 2017
Increase in family outcomes survey response rate	Increased in new survey response rate	Response rate percentage as determined by returned vs. distributed surveys	Measured at APR every year beginning in 2017
Increase in the number of parents who engage in parent leadership activities	Pool of parent leaders created and meeting	List of potential participants Meeting minutes Attendance logs	Beginning in June 2017 and measured yearly
Creation of a comprehensive and representative family outcomes measurement system that captures families' satisfaction of and progress made in the N.C. ITP	High (>90%) reported satisfaction in parental involvement in the survey process	Satisfaction survey	Survey implemented in 2017 and conducted annually

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Short term Outcome	Data collected from families will more accurately represent the children and families served by the N.C. ITP	Are the family outcomes survey data more representative after survey changes?	Family survey response rate $\geq 50\%$ Demographics of responders will not differ statistically from non-responders	Returned family surveys Demographics from State Data System Pre-post comparison of representativeness	Begin: Family Outcomes Survey Measurement in 2017
Intermediate Outcome	N.C ITP will have better quality data on impact of Early	Did the family outcomes survey response rate increase?	Family response rate increases at least 75% after initiation of	Returned family surveys	Begin: Family Outcomes Survey Measurement in 2017

	Intervention on Family Outcomes		new survey/processes		
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

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

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

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended	Measurement/Data Collection Methods	Timeline (projected initiation
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			Outcome Was Achieved? (performance indicator)		and completion dates)
Intermediate Outcome	Staff will be more knowledgeable about child outcomes integration into the IFSP	Did staff increase knowledge about child outcomes integration into the IFSP?	75% of participating staff will report increased knowledge	Staff survey pre and post implementation	First survey will be administered in July 2016. Follow-up survey in July 2017
Intermediate Outcome	Parents will be more knowledgeable about child outcomes ratings	Did parents increase knowledge about child outcomes integration into the IFSP?	100% of participating families will report increased knowledge	Parent survey pre and post implementation	First survey will be administered in July 2016. Follow-up survey in July 2017
Long term Outcome	The majority of IFSPs will include child outcomes in the IFSP	Do the majority of IFSPs at pilot sites include child outcomes?	>50% of IFSPs contain child outcomes ratings	Manual Review of IFSPs	2018
Long term Outcome	Parents are more likely to report being able to Effectively communicate their children's needs; and	Are parents more likely to report being able to effectively communicate their children's needs?	10% increase in 4B	APR Indicator 4B pre and post child outcomes integration	Beginning in February 2017
Outcome	Parents are more likely to report being able to Help their children develop and learn.	Are parents more likely to report being able to help their children develop and learn?	10% increase in 4C	APR Indicator 4C pre and post child outcomes integration	Beginning in February 2017

Analysis of the data will be completed by the Evaluation Team and will be shared in reports to the teams and to leadership and program staff. Analysis will most often be conducted using a pre/post design where improvement will be measured by looking at the change in a measure before and after implementation of an activity. When possible, the Evaluation Team will use existing surveys to take advantage of similar

evaluations that have been conducted or are being conducted in other states, and will also work to create, test, and distribute new surveys when needed. As mentioned in Phase I, the N.C. ITP has an electronic data system, the Health Information System, which contains program, child, and billing data for CDSAs. This electronic data system will be utilized whenever possible when measuring progress toward outcome achievement, however additional data will be collected by teams when existing data sources are incomplete or inadequate. In these cases, the Evaluation Team will work with the implementation team on how to collect and summarize any additional data that will need to be collected.

3(d) *Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.*

The ultimate goal of the N.C. ITP evaluation plan will be to determine if the improvement activities and resulting action plans achieved the intended impact (changes to infrastructure and practices). In order to determine the effectiveness of implementation, the Evaluation Team will provide checklists to the state implementation teams based on the team's action plans. Achievement of items on the action plan will be noted and additional items will be added as the team determines need.

Modification to the SSIP implementation plan will be made based on the evaluation findings. The proposed evaluation structure allows for the N.C. ITP to track progress at both small and larger intervals, identify unusual or unexpected findings, and provide a mechanism to review the findings and make corrections to the plan, if necessary. In addition to the stakeholder evaluation structure outlined in Section 3b, the N.C. ITP will be working to create a new communication newsletter to share SSIP progress and updates with participating stakeholders and the larger N.C. community. This proposed newsletter (with the working title, "What's up with SSIP?") would be produced several times a year in conjunction with the N.C. ITP and Division of Public Health Communications department. More detailed reports and evaluation findings will be located on the bearly.nc.gov website, with links distributed via email and the newsletter. The N.C. ITP will also provide mechanisms for stakeholder and general public feedback through an SSIP email account where questions and requests can be sent and answered by a member of the N.C. ITP. The purpose of these mechanisms is to distribute information, share findings, and update progress with the intent of garnering meaningful feedback from stakeholders and the community.

APPENDIX I

Implementation Teams' Compositions

TEAM 1: INFRASTRUCTURE IMPLEMENTATION TEAM

Name	Title	Agency
Core Team and Key Participants and Advisors		
Jill Singer (Co-lead)	Branch Head	North Carolina Early Intervention Branch
Julie Peck (Co-lead)	Director	CDSA of the Blue Ridge
Jean Frye	Director	Sandhills CDSA
Stacy Everett	Finance Officer	CDSA of the Blue Ridge
Danell Pierce	EI Supervisor/CQI Coordinator	Greensboro CDSA
Michelle Phipps	Clinical Supervisor/Speech-Language Pathologist	CDSA of the Blue Ridge
Maggie Panther	Director	Western CDSA
Wendy Chapman	Director	New Bern CDSA
Jim Northrop	Director	Cape Fear CDSA
Wilson Hamer	Director	Morganton CDSA
Jeri Bates	COO/Speech-Language Pathologist	Speech Center, Inc.
Lenore Dolesh	EISC Team Lead	Winston-Salem CDSA
Heather Hill	EISC Team Lead	Winston-Salem CDSA
Donna Soule	Provider Network/CQI Coordinator	CDSA of the Blue Ridge
M’Lisa Shelden, Ph.D.	Director	Family Infant and Preschool Program
John Ellis, Ph.D.	Contractor Former Director	EI Sensory Support Programs Mecklenburg CDSA; Board Member of NCIMHA
Fain Barker	Assistant Professor of Child Development/Birth-Kindergarten License Coordinator	Meredith College
Beth Warne	Finance Officer	Western CDSA
DeJenne Amal-Morris	Parent Educator	N.C. Beginnings (Deaf/Hard of Hearing)

TEAM 2: PROFESSIONAL DEVELOPMENT IMPLEMENTATION TEAM

Name	Title	Agency
Core Team		
Krystal Davis (Co-lead)	Statewide Planning and Technical Assistance (SPTA) member/ Certification	Early Intervention State Office/ Former EI Parent
Sharon Lunn (Co-lead)	EI Regional Consultant	Early Intervention State Office
Denise Mbani	Resource and Information Personnel	Early Intervention State Office
Debbi Kennerson-Webb	CDSA Director	Greensboro CDSA
Marcia Mandel	CDSA Director	Durham Children’s CDSA
Voncyle Silvey	Assistant Director	Rocky Mount CDSA
Sheena Jennings	Program Supervisor	Mecklenburg CDSA
Christy Harmon	QA Personnel	Sandhills CDSA
Lennie Latham	Provider/Supervisor	Easter Seals UCP
State Office Supports		
Qiudi Wang	Budget Representative	Early Intervention State Office
Barbara Simpson	Data Specialist	Early Intervention State Office
Karen Takas	Program Support Specialist	Early Intervention State Office
Key Participants and Advisors		
Beverly Hersey	Early Intervention Service Coordinator (EISC)	Blue Ridge CDSA
Dathan Rush	Associate Director	FIPP
Dawn Mendonca Meskil	Preschool Director	Asheville City Schools Preschool
Elizabeth Hartsell	Assistant Director	New Bern CDSA
Harriet Bailey	IHE Faculty/Staff/BK Consortium	Shaw University
Lanier DeGrella	Manager Statewide Infant/Toddler Project	Child Care Services Association
Lisa Hypes	Physical Therapist (PT)	Blue Ridge CDSA
Maggie Panther	CDSA Director	CDSA of Western NC
Martha Elmore	Educational Diagnostician (EdDi)	Winston-Salem CDSA
Nathalie Sumner	EISC/Parent	Western CDSA
Sheri Stroyek	Occupational Therapist	Blue Ridge CDSA
Sherri Britt Williams	PD/TA Consultant	NC Early Learning Network UNC FPG Child Development Institute
Shirley Lacy	Program Supervisor	Raleigh CDSA
Teresa Toms-Gillespie (most interested in certification process)	Program Supervisor	Concord CDSA

TEAM 3: EVIDENCE-BASED PRACTICES IMPLEMENTATION TEAM

Name	Title	Agency
Core Team and Key Participants and Advisors		
Angela Deal – Co lead	El Regional Consultant	Early Intervention State Office
Regina McCauley – Co-lead	Statewide Planning and Technical Assistance (SPTA) member	Early Intervention State Office
Dr. Harriette Bailey	Ph.D. BK Program Coordinator	Shaw University
Dr. Denise Brewer	Ph.D. Higher Education	Appalachain State University
Dr. Karen Carmody	Ph.D. Assistant Professor	Duke University Medical
Dr. Emily Lakey, CCC-SLP	Associate Professor of Speech-Language Pathology	Appalachian State University
Joey Bishop-Manton	Administrator/CDSA Director	Mecklenburg CDSA
Gale Coor	Administrator/CDSA Director	Concord CDSA
Marcia Mandel	Administrator/CDSA Director	Durham CDSA
Tracey Karp	Administrator/ CDSA Director	Raleigh CDSA
Brian Deese	Quality Improvement Unit	Early Intervention State Office
Toni Jones	Quality Improvement Coordinator	Shelby CDSA
Nicole Young	Early Intervention Service Coordinator Supervisor	Blue Ridge CDSA
Kristen Minton	Early intervention Service Coordinator	Blue Ridge CDSA
Sheena Jennings	CDSA Unit Manager	Mecklenburg CDSA
Katie Rother, M.Ed	Early Intervention Service Coordinator	Sandhills CDSA
Karen Butler	Physical Therapist	Morganton CDSA
Jenn Windham	Speech Language Pathologist	Greenville CDSA
Jennifer Christenson	Speech Language Pathologist	Greenville CDSA
Toni Messina	Evaluator	Winston-Salem CDSA
Carla Angelotti	Early Intervention Service Coordinator	Winston-Salem CDSA
Andi Gelsthorpe	Licensed Clinical Social Worker	Blue Ridge CDSA
Frances Davis	Research Program Coordinator/Staff Psychologist	Family, Infant and Preschool Program
Jennifer Schroeder	Lead Triple P Coordinator	Appalachian District Health Dept.
Michaela Greene, MC CCC SLP	Speech Pathologist	Speechcenter Inc.
Carrie Reincke	Mental Health Provider	Carolina Parenting Solutions, PLLC
Smokie Brawley	Statewide Project Manager, Healthy Social Behaviors Initiative	Child Care Resources Inc.
Etonya Walker	Parent	Mecklenburg County
Elizabeth Page PT, M.Ed.	Physical Therapist	Morganton CDSA

TEAM 4: FAMILY ENGAGEMENT IMPLEMENTATION TEAM

Name	Title	Agency
Core Team		
Anne Marie - Lester Co-Lead	Planner/Evaluator	Early Intervention State Office
Connie Hawkins - Co-Lead	Director/Parent	ECAC
Siobhan Colgan	Investigator/TA Advisor	ECTA
Joyce White	Early Intervention Branch Staff/Parent	Early Intervention State Office
Kelly Burgin, PhD	Psychologist; CDSA Evaluator	Western CDSA
Dr. Sheresa Blanchard	Assistant Professor, Dept. of Human Development & Family Science	East Carolina University
Anne Marie DeKort Young	Professor Special Education & Child Development	University of NC-Charlotte
Sheryl Ewing	Executive Director/Parent	Family Support Network of Southeastern NC, Inc., Wilmington
Thomas McGhee	Director	Shelby CSDA
Holly Cole	Assistant Director	Morganton CDSA
Julie Higginbotham	Sr. Case Coordinator Masters Candidate with SPED PhD Program	Mecklenburg CDSA UNC-C (working on Masters)
Wendy Ward	EISC Supervisor/Parent	Blue Ridge CDSA
David Tillman, PhD	Parent/Chair, Dept of Public Health Asst Professor of Public Health	Campbell University
Aimee Combs	Parent/PTI Parent Educator	ECAC
Key participants and Advisors		
Wendy Chapman	Director CDSA	New Bern CDSA
Maggie Panther	Director	Western NC CDSA
Monica A Romyn, BS, ITFS, EISC	Early Intervention Service Coordinator	New Bern CDSA
Stacey Barbee	Hab Specialist III Supervisor	Raleigh CDSA
Jordan Harrold	CDSA staff	Winston-Salem CDSA

Name	Title	Agency
Britney Hairston	CDSA staff	Winston-Salem CDSA
Sandra Alford	Early Intervention Service Coordinator	Sandhills CDSA
LouAnn Lewis	Early Intervention Service Coordinator	Sandhills CDSA
Courtney Summey	CDSA Intake Service Coordinator/CQI	Greenville CDSA
Susan Robinson	Mental Health Program Manager/Planner Community Wellness, Prevention & Health Integration	ICC MH/DD/SAS
Khari Garvin or designee	Director, NC Head Start - State Collaborative Office	Office of Early Learning (Pre-K - Grade 3) State Board of Education/Dept of Public Instruction
Morgan Forrester	Child Development Project Coordinator	North Carolina Partnership for Children
Jale Aldemir	Asst Professor of ECE; Watson College of Education	UNC-Wilmington
Elisha Freeman	Ex Director	Child and Family Resource Center in WNC; Hendersonville
Lucretia Hoffman	Public Health Program Consultant II with Minority Health	Minority Health and Health Disparities (DPH)
Sarah Sexton	FIPP Professional Development Coordinator	FIPP
Jennifer Rothman	Parent Program Coordinator	NAMI
Selected Representative	Parent to Parent	Family Support Network
Feedback Network (Parent Pool)		
Melissa Brown	Parent/ICC	ICC Member
Beverly Roberts	School Improvement Project Coordinator	ECAC
Suzan Muldowney	Director	Family Support Network of Western NC (Asheville)
Jody L. Miller	Director	Family Support Network of Region A (Sylva)
Kaaren Hayes	Director	Family Support Network of High Country (Boone)

Name	Title	Agency
Vickie Dieter	Director	Family Support Network/Hope (Hickory)
Nancy Micca	Director	Family Support Network of Central Carolina (Greensboro)
Christi A Phillips	Program Coordinator	Family Support Network (Charlotte)
Chris Gentry	Director	Family Support Network of Greater Forsyth (Winston-Salem)
Brenda Boberg	Director	Family Support Network of Eastern NC (Greenville)
Carol Cranford	Parent Executive Director of FSN	Family Support Network of Southern Piedmont (Concord)
Laurie Morin	Day Care Provider	Laurie Day Care
Kelli Still	Parent/Aged Out	Raleigh
Lisa Cichon	Parent/Aged Out	Lives in Atlanta now, was enrolled in Durham CDSA
Melissa Kelly	Parent	ICC Member
Robert Crawford	Parent	ICC Member
Tamara Norris, MSSW, MPA	Clinical Associate Professor Director, Family Support Program Coordinator, CARES/DDTI	Family Support Program School of Social Work University of NC at Chapel Hill
Barbara Leach	Family Support Specialist	Family Support Program, UNC Jordan Institute for Families
Terri Myers	Parent	
Keri Eaker	Parent	Family Support Network (Asheville)
Pam Quick	Board Member Speech Pathologist School System	ECAC
Anne Hawking	Parent	Mecklenburg CDSA
Karen Bryant	Parent	Mecklenburg CDSA
Brittany Hampton	Parent/Aged Out	Western NC CDSA
Sarah Bridgers	Parent	ICC Member
Maura Morris	Parent	Western NC CDSA
Dissemination Network		

Name	Title	Agency
Rene Morrison	Director	GCF Family Support Services
Wykeshia Glass	Asst Professor	NCCU
Denise Squire	Vice President Child Care Search	Child Care Resources, Inc
Roxann Colwell	FSN	Family Support Network of Western NC (Asheville)

TEAM 5: GLOBAL OUTCOMES INTEGRATION IMPLEMENTATION TEAM

Name	Title / (¹ Team5 Work Group Assignment)	Agency
Core Team		
Margo Ward	EI Program Manager / (SSIP Team 5 Lead)	EI Branch
Donna Paige-Harrison	EI Supervisor / (Work Group 3 Coordinator)	Cape Fear CDSA
Jennifer Windom	Speech Language Pathologist / (Work Group 6 Coordinator)	Greenville CDSA
Lisa Hodges	Physical Therapist / (Work Group 1 Coordinator)	Greenville CDSA
Monica Romyn	EI Supervisor / (Work Group 4 Coordinator)	New Bern CDSA
Ann Dunning	EI Supervisor / (Work Group 2 Coordinator)	Sand-hills CDSA
Margie Clark	QA/CQI Coordinator / (Work Group 5 Coordinator)	Winston Salem CDSA
²Key Participants and Advisors		
Lori Adams	EI Supervisor / (Work Group 3)	Winston Salem CDSA
Melissa Morris	Psychologist / (Work Group 1)	Winston Salem CDSA
Janet Pelletier	Family Nurse Practitioner / (Work Group 4)	New Bern CDSA
Lee Rouse	Senior Psychologist / (Work Group 6)	New Bern CDSA
Robin Lovette	EI Supervisor / (Work Group 6)	Blue Ridge CDSA
Jessica Thackray	Nutritionist / (Work Group 4)	Blue Ridge CDSA
Kylie Boothe	EI Service Coordinator / (Work Group 2)	Blue Ridge CDSA
Debbie Strayer	Psychologist / (Work Group 4)	Rocky Mount CDSA
Francesca Vernon	EI Supervisor / (Work Group 6)	Cape Fear CDSA
Lynette Bowden	Educational Diagnostician / (Work Group 1)	Cape Fear CDSA
Stephanie Dellinger	QA/CQI Coordinator / (Work Group 5)	Raleigh CDSA

¹ Work Group Area of Focus

- Work Group 1: GO integration framework and implementation plan
- Work Group 2: Communications with CDSA staff, families, EI service providers and community partners
- Work Group 3: GO readiness self-assessment and staff preparation
- Work Group 4: GO implementation process supports (Training, TA, Consultation)
- Work Group 5: Child outcome data reliability and utilization for program improvement
- Work Group 6: Ongoing child assessment

² The core team is currently planning strategies to increase opportunities for families and EI service providers to offer input and feedback to the planning process.

Name	Title / (¹ Team5 Work Group Assignment)	Agency
Dr. Linda Crane-Mitchell	Associate Professor, Child Development and Family Relations / (Work Group 4)	East Carolina University
Yukiko Puram	Parent and ICC Co-Chair / (Work Group 2)	NC ICC
Delaine Tanis	Speech Language Pathologist / (Work Group 3)	Elizabeth City CDSA
Dina Smith	EI Service Coordinator / (Work Group 3)	New Bern CDSA
Cheryl Lowe	Community Care For Children State Coordinator / (Work Group 2)	Community Care of NC
Morgan Forrester	Child Development Project Coordinator / (Work Group 5)	NC Partnership for Children
Barbara Leach	Special Projects Coordinator / (Work Group 2)	Family Support Network of NC
Sherry Oakley	Processing Assistant (Health Information Systems) / (Work Group 5)	Greenville CDSA

APPENDIX II

Implementation Team Process Expectations

IMPLEMENTATION OF TEAM MEETINGS

- Frequency of meetings – Teams are expected to plan on meeting weekly based on the ability of stakeholders to commit time.
- Integration of Work – Team leads are expected to meet with all other team leads twice a month to share ideas, progress, and discuss cross-cutting themes/topics.
- Recommendations vs. Decision-Making – Team leads will work with their teams to develop recommendations which are then brought back to the larger group for decisions-making (primarily in the case of large decisions that will affect ITP in multiple areas).
- Co-leads – Teams should meet even if only one co-lead can attend the meeting.
- Agenda/Minutes – it is expected that teams will develop agendas for their meetings (standing agenda are fine). It is also expected that the teams will keep minutes for all meetings (minutes can be used later in write-up of the SSIP in addition to allowing other Teams to stay informed of each Team's work).
- Logic Model – each Team will eventually develop a logic model once they have decided on Goals/Objectives, Activities, Outcomes, and Evaluation.

Appendix III
Planning Tools

PREPARATORY TOOLS AND INFORMATION FOR IMPLEMENTATION TEAM PLANNING

1. PowerPoint presentation
2. List of goals/objectives for each team (from Phase I SSIP)
3. SSIP Phase II Timeline
4. List of SSIP Phase I Stakeholders
5. Action Planning Tools
6. Stages of Implementation Analysis: Where are we? (NIRN)
7. AI Hub Implementation Stages Action Plan
8. Action Plan Template
9. ECTA Center State Leadership Team Benchmarks of Quality
10. Quick Reference Guide: Working with Stakeholders to Identify Potential Improvement Strategies for Program Involvement
11. AI Hub Implementation Drivers Action Plan
12. Two internal action planning tools used in the ITP
13. AI Hub Activity 3.3: Create a Mock Implementation Team
14. OSEP Phase II Evaluation Tool (Review Guide)

Professional Development Team Subcommittees

High Impact CSPD Components and Improvement Opportunities (Likelihood/Impact and Alignment Activity-1/19/16)

Subcommittees will focus on addressing the CSPD component and improvement opportunities/objectives outlined below:

<p>Personnel Standards (KD, CH, LL) (Specifies criteria regarding the alignment of state standards with national standards established by discipline specific organizations (e.g. ASHA, AOTA...) for personnel knowledge, skills and competencies, and bases state certification, licensure and credentialing upon these standards.)</p>	<p>Inservice Training (SJ, DKW, MM,) (Requires the availability of appropriately targeted and effective training and TA to retool, extend, and update the knowledge, skills, and competencies of the workforce.)</p>	<p>Leadership, Coordination and Sustainability (SL, DM, VS) (Addresses the membership and responsibilities of a leadership team and the required elements of a written plan for the CSPD.)</p>
<p><u>(Quality Indicator)</u></p> <ul style="list-style-type: none"> • QI4- Align the criteria for state certification, licensure, credentialing and/or endorsement to state personnel standards and national professional organization personnel standards across disciplines. 	<p><u>(Quality Indicator)</u></p> <ul style="list-style-type: none"> • QI7- Ensure a statewide system for inservice personnel development and technical assistance is in place for personnel across disciplines. 	<p><u>(Quality Indicator)</u></p> <ul style="list-style-type: none"> • QI2-Develop written multi-year plan to address all sub-components of the CSPD.
<p>(Primary Objective)-</p> <ul style="list-style-type: none"> • Create/modify certification process based on national standards 	<p>(Primary Objective)-</p> <ul style="list-style-type: none"> • Develop consistent standards for evaluation and assessment (tools and overall TA), particularly around social/emotional development 	<p>(Primary Objective)-</p> <ul style="list-style-type: none"> • Create a system of standardized and consistent statewide professional development for CDSA staff and providers
<p>(Other High Impact Opportunities):</p> <ul style="list-style-type: none"> • Centralize, revisit/improve the ITP certification process • Revise and centralize ITP certification • Focus on quality/performance 	<p>(Other High Impact Opportunities):</p> <ul style="list-style-type: none"> • Include others(state office staff, CDSA staff, community resources, etc.) in TA opportunities when their expertise meets TA needs • Provide (more) professional development/TA in EBPs for staff and providers (use external resources as needed) • Provide more structured, scheduled and consistent TA • Plan TA based on program data • Place more emphasis on family engagement and 	<p>(Other High Impact Opportunities):</p> <ul style="list-style-type: none"> • Ensure strategic approach to program planning and evaluation (around PD system) • Engage families in state system components (as appropriate) • Have, define and support model practices for staff and providers (work in conjunction with EBP Implementation Team) • (Ensure PD system) balances emphasis between compliance and results/performance • (Explore) designation of funds that could be used to support training/PD activities

	<p>family leadership (building adult capacity)</p> <ul style="list-style-type: none"> • Consider contract for professional development 	<ul style="list-style-type: none"> • Leverage resources of other organizations/initiatives (to enhance PD system) • Realign staff to meet (PD) needs • Ensure that role and work of regional staff (RCs) is consistent (and supportive of PD system) • Ensure that regional staff (RCs) provide regular on-site visits so that (relevant) info. gets out to CDSAs and (state standards are) consistently implemented • Ensure that (an) evaluation plan is implemented, continuously monitored and revised a necessary based on multiple data sources
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Reference: http://ectacenter.org/~pdfs/pubs/ecta-system_framework_pn.pdf

Appendix IV

Prototypes for Communication Updates

What's Up with SSIP?

Quarterly Publication on N.C.'s **State Systemic Improvement Plan**
ISSUE 01 APRIL 2016



Article on anything new with SSIP

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NC Focus Area—SiMR

The answer to this question:

“What identified area, which when implemented or resolved, has the potential to generate the highest leverage for improving outcomes/results for children with disabilities?”

became N.C.'s focus area for the SSIP.

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

SSIP Implementation Team Updates

Brief overview of the work of SSIP Teams

Given the information gathered in Phase I of the SSIP, the Infant-Toddler Program established five implementation action teams. additional/alternative data to measure child and family outcomes.

State/Local Infrastructure (with ECTA)

Strengthen state system for planning and dissemination, centralize and expand provider network and tele-intervention options to increase access to social/emotional experts.

Professional Development

Create a system of standardized and consistent statewide professional development for CDSA staff and providers, create/modify certification process based on national standards and develop consistent standards for evaluation and assessment (tools), particularly around s/e development.

Evidence-based Practices that Support S/E Development

Explore EBPs currently being used in the State/Nation (particularly around S/E practices), examine evidence of effectiveness of practices, establish a standardized practice model based on recommended EBPs and create a plan for dissemination of the standardized practice model.

Family Engagement (Family Outcomes)

Examine current Family Outcomes Survey instrument and potential alternatives, explore alternate methods/processes for survey dissemination and determine best practices for expanding family involvement in decision-making at CDSA and State Office levels.

Expansion of Child Outcomes Integration Pilot

Continued expansion of child outcomes Integration pilot, disseminate child outcomes data at the CDSA level and investigate



CDSAs to Pilot Phase II Improvement Activities

A subset of six CDSAs have been selected to begin implementing improvement activities during Phase II. They are:

- Blue Ridge
- Cape Fear
- Elizabeth City
- Greensboro
- Sandhills
- Winston-Salem

SSIP Frequently Used Terms and Acronyms

SSIP—State Systemic Improvement Plan

SIMR—State Identified Measurable Result is the focus area in which EI programs will concentrate their efforts

Core Team— Enim neo velit adsum odio, multo, in commoveo quibus

Implementation Teams—five teams that will develop plans concerning: *infrastructure, professional development, evidence-based practices* that support social/emotional development, *family engagement* and *expansion of child outcomes integration pilot*.

NORTH CAROLINA INFANT-TODDLER PROGRAM STATE SYSTEMIC IMPROVEMENT PLAN (SSIP) BRIEF

*Increasing the Percentage of Children Who Demonstrate Progress in Social-Emotional Skills**

N.C. Infant-Toddler Program's State-identified Measurable Result (SiMR)



Issue:

“Emotions matter: making the case for the role of young children’s emotional development for early school readiness.” (Social Policy Report of the Society for Research in Child Development, 16 (3), 1-20)

Purpose of the SSIP:

The SSIP is a multi-year plan for improving results for children with disabilities. Outcomes for children and families were not increasing as a result of increased legal compliance with the Individuals with Disabilities Education Act (IDEA). The focus shifted from looking strictly at compliance, to a more results-oriented focus for improved outcomes for children and families.

The Challenge:

Although there were no clear areas of low performance found through the Infant-Toddler Program’s data analysis, the following were areas of concern:

- **Quality and quantity of data concerning families’ ability to effectively communicate their children’s needs.**
- **Consistent low percentage of infants and toddlers who show improvement in acquiring and using knowledge and skills.**
- **Low percentage of infants and toddlers who show improvement in positive social/emotional skills.**

SiMR* Selection Basis:

- Alignment with many early childhood initiatives in N.C. on social emotional skills and development
- High cost of early childhood mental health services
- Criticality of positive social emotional skills to overall child development

Improvement Strategies to Meet the Challenge:

To address root causes to meet the challenges that will lead to improved social/emotional outcomes for children, the following improvement strategies were identified.

- Centralize and expand provider network.
- Expand professional development opportunities and standards.
- Strengthen the State system for planning and dissemination.
- Continued expansion of child outcomes integration pilot.
- Create an EI service delivery model of clearly defined practice standards for equal access for children and families.
- Overhaul family outcomes measurement process.
- Disseminate child outcomes data at the Children’s Developmental Services Agencies (CDSAs) and investigate alternative data to measure child and family outcomes.
- Explore and implement telehealth options to increase access to social/emotional experts.
- Capitalize on and expand partnerships with other agencies and stakeholders to meet program needs.

These strategies were divided under the following representative implementation teams: *State/Local Infrastructure, Professional Development, EBPs/Practices, Family Engagement and Expansion of Child Outcomes Pilot*. A subset of six CDSAs, which represents 46 counties, was selected to implement the improvement activities: **Blue Ridge, Cape Fear, Elizabeth City, Greensboro, Sandhills and Winston-Salem**.

Next Steps in SSIP Process:

Year 1-FFY 2013 Delivered by Feb. 2015	Year 2-FFY 2014 Delivered by Feb. 2016	Year 3 - 6-FFY 2015-2018 Delivered by Feb. 2017-2020
PHASE I – ANALYSIS COMPLETED	PHASE II – PLAN	PHASE III IMPLEMENTATION & EVALUATION
<ul style="list-style-type: none"> • Data analysis • Analysis of infrastructure to support improvement and build capacity • Measurable result(s) for infants and toddlers with special needs; • Coherent improvement strategies; and • Theory of action 	<ul style="list-style-type: none"> • Infrastructure development • Support for EI programs/providers • Implementation of evidence-based practices • Evaluation 	<ul style="list-style-type: none"> • Implementation • Evaluation





Buzz-worthy News and Updates

From Jill Singer, Early Intervention Branch Head

January 2016 (Volume 1)

EMPLOYEE UPDATES

It is with very mixed emotions that I share with you that Gary Harmon will be leaving us, effective February 13, 2016. He has been an extraordinary asset to all of us here at the North Carolina Infant Toddler Program. Please join me in wishing him all the best, as he transitions to the Frank Porter Graham Center to join our other former employees in providing excellent technical assistance to other states. He will most definitely be missed here and although his shoes will be hard to fill, I will attempt to fill the void he is leaving on our team as soon as possible.

Please join me in welcoming Margo Ward as she officially begins and joins the Raleigh-based staff leadership team! Her official start date is Monday, February 1, 2016. In the interim, Gary, Margo and I will be collaborating and planning to fill some of the gaps that will be left upon Gary's departure.

Interviews to fill the Greenville CDSA director's position will take place in the next few weeks, with a joint interview team that will include: Margo Ward, Joey Bishop- Manton and me.

Budget Updates

Our budgets have been provided to the budget office and will hopefully be entered into the system as soon as the last sets of budget revisions are entered and approved. It is my hope that we should be fully on-line and operational very shortly and most importantly, before the budget check switch is clicked to the "on" position. As a heads-up, we are *exploring* the possibility of moving to an allocation method for determining how the budget will be distributed across the CDSAs for 2016-17. This is in the very early stages of exploration and information is being acquired through the Infant and Toddler Coordinators Association (ITCA) about how other states who use an allocation formula take into account various

factors and what those factors are. There will be forthcoming discussions as we figure out the best way to fairly, equitably and transparently allocate the funds from our funding streams. Stay tuned!

VIP

I know many have battled with VIP, but thank you for your perseverance! This is definitely a “learning” year and I’m confident it will get easier over time as we learn the nuances of the technology and improve with the development of SMART goals. Everyone should be finishing up or should have completed progress updates on goals. Comments were supposed to be entered by employees on the values, and if there was documentary evidence for either program goals or values, those can be uploaded as well. I believe the limit is 3 documents, but you should be accumulating documentation and encouraging the same for those whom you supervise. Greg will be attending our next leadership meeting on February 25th so additional questions can hopefully be answered at that time (although, a bit late for the current VIP deadlines this time around).

Next Leadership Meeting

As a reminder, our next leadership meeting will take place on February 24 and 25, 2016 at Six Forks in the Cardinal Room. On deck for that meeting are Bob Martin and Larry Forrister on the 24th and Greg Chavez on the 25th. Please ensure your questions are given to Sharon, Angela and Margo. The deadline was January 29th, but I will allow until February 3, 2016. This meeting will begin at 1:00 pm on Wednesday, and we will convene on Thursday at 9:00 am. An informal opportunity to mingle and build “social capital” will be provided on Wednesday following our meeting, so please build in some time to mingle, de-stress and enjoy each other’s wisdom, company and build on our team collegiality. Since Jason’s deli for lunch seems to work, we will continue to make that available for those who wish to order lunch on Thursday.

The next leadership meeting will be April 27 and 28. Two possible guests for our next meeting include Catharine Goldsmith from DMA to discuss Medicaid Billing issues and Jeanne Preisler from DSS to discuss/train on trauma screening.

SSIP Updates

My on-going gratitude to our team leads in organizing and meeting with your core team members! Your participation and planning are so critical as we move towards ensuring that the NC Early Intervention Program provides high quality, evidence-based services, in a timely manner, to all of our eligible infants, toddlers and families. Your efforts also help to strengthen the Branch to enable us to support the CDSAs to the maximum extent possible, so thank you!