

Moving from Theory to Action

North Carolina

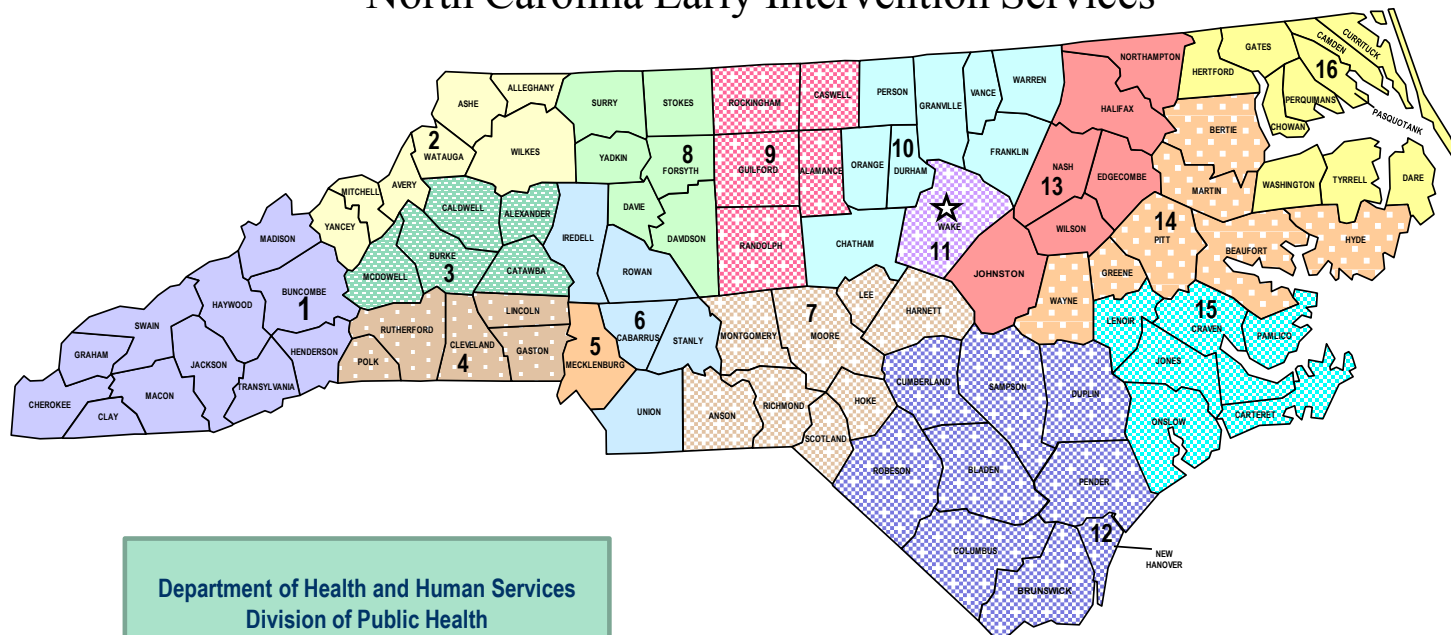




SSIP Interactive Institute

Jacksonville, FL; May 12-13, 2015
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North Carolina Early Intervention Services



Department of Health and Human Services
 Division of Public Health
 Women's and Children's Health Section
 Early Intervention Branch

Counties Served by CDSAs

★ Early Intervention Branch State Office

- | | |
|-----------------------------|-------------------------------|
| 1. Western North Carolina | 9. Greensboro |
| 2. Blue Ridge | 10. Durham |
| 3. Morganton | 11. Raleigh |
| 4. Shelby | 12. Cape Fear |
| 5. Charlotte (contract) | 13. Rocky Mount |
| 6. Concord | 14. Greenville (contract) |
| 7. Sandhills | 15. New Bern |
| 8. Winston-Salem (contract) | 16. Elizabeth City (contract) |



North Carolina SiMR

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

Proposed Improvement Activities

- Centralize and expand provider network
- Expand Professional Development opportunities & standards
- Strengthen the State system for planning and dissemination
- Continued expansion of Child Outcomes Integration pilot



Proposed Improvement Activities

- Creation of 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 CDSA level and Investigate additional/alternative data to measure Child and Family Outcomes

Proposed Improvement Activities

- Explore and implement telehealth options to increase access to S/E experts
- Capitalize on and expand partnerships with other agencies and stakeholders to meet program needs



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	

Theory to Action – Where To Start?

Nine Improvement Activities in NC SSIP

- Shared elements – what can we do that will have the greatest impact on the nine activities?
- Are there Improvement Activities that can begin immediately?



Shared Elements

Are there elements already identified which are shared by multiple improvement activities?

First, Return to Phase I:

- Infrastructure Analysis
- Root Cause Analysis/Hypotheses

Infrastructure Analysis

- What strengths identified in Phase I can be leveraged to impact SSIP Improvement Activities?
- What challenges identified in Phase I, when addressed, will impact the SSIP Improvement Activities?



→ Hypotheses/Root Causes can help identify impact (if, then...)

NC Example

Improvement Activities in SSIP

1. Enhance Provider Network
 2. Expand Professional Development Opportunities
 3. Continued expansion of child outcomes integration pilot
- What do they have in common? All require system of communication for dissemination of information

NC Example

Improvement Activity: Strengthen the State system for planning and dissemination

Start here, as an improved system for planning and dissemination will directly impact the effectiveness of activities 1-3

NC Example

How do we strengthen the state system for planning and dissemination?

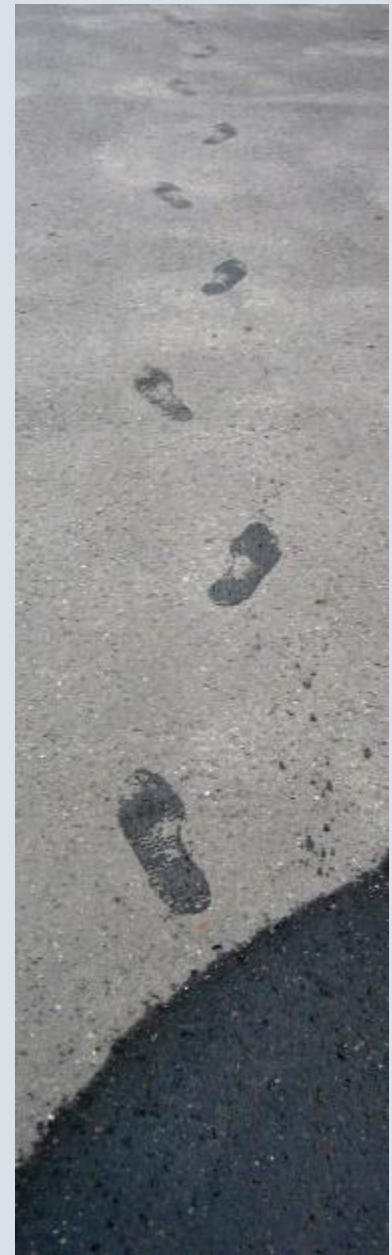
Infrastructure analysis of NC State system pointed to:

1. A strength being internal and external staff responsible for Technical Assistance and Consulting.
2. A challenge/opportunity where information is communicated bi-directionally with local program input.

NC Example

First Steps:

- Form workgroup of State Office staff to begin discussing current process for dissemination and planning
- Engage external TA providers
- Gather input from local programs on most effective strategies for dissemination and planning



Other Improvement Activities

What can we begin working on immediately?

1. Overhaul Family Outcomes Process
 - Stakeholders, data and infrastructure analysis all pointed to major challenges with Family Outcomes process and data. Time is now (proverbial “strike when the iron is hot.”)
2. Disseminate Child Outcomes data at the CDSA level and Investigate additional/alternative data to measure Child and Family Outcomes
3. Capitalize on and expand partnerships with other agencies and stakeholders to meet program needs
4. Additional Data Collection (not an improvement activity but outlined in Phase I submission)

Other Work?

- Begin Phase II evaluation plan
- Examination of potential organizational changes due to legislative reductions in funding
- Expanding Broad and Core Stakeholder groups

For More Information

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This presentation was supported by a grant from the U.S. Department of Education, #H373Y130002. However, the contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

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