A Model for Long-Term Systems Change

The NECTAC TA Model for Long-Term Systems Change (LTSC) (http://www.nectac.org/pubs/titlelist.asp#tamodel) is grounded in conceptual frameworks in the literature on systems change and systems thinking. The NECTAC conceptual framework uses a logic model approach to change developed specifically for states’ infant and toddler early intervention programs and preschool special education service systems, designed to benefit young children with disabilities, from birth through age 5, and their families.

The underlying logic of the model is that for results to improve for children and families, practice needs to be research-based, of high quality and appropriate for the individual child. For such provider practices to occur, the local infrastructure must encourage and support implementation of those practices; a system of personnel development must be in place and designed to teach those practices to new and current practitioners; and the state infrastructure needs policies to require and guide implementation of those practices as well as a quality assurance system to ensure that practices are benefiting children and families. Because these components of a state system are interrelated, a change in one component is not likely to be sustained unless accompanied by supportive changes in all related components.

The NECTAC approach incorporates many of the critical characteristics of successful systems change suggested by the literature:

- Involving stakeholders who represent all levels of the system and the various diverse populations of the state
- Garnering the commitment and support of state leadership to the plan’s goals
- Creating a common understanding across the multiple perspectives of issues at all system levels and the precipitating problems that drive the state need for change
- Creating a shared “vision of the solution” for how participants want the system to look and work after the change effort, which includes specifying desired impacts at all levels of the system
- Using a logic model for planning a sequence of change strategies or activities that cumulatively would achieve the desired multi-level outcomes
- Assembling a TA team with an appropriate mix of expertise
- Working collaboratively with other TA agencies/organizations to leverage/pool resources for assisting in the implementation of change activities
- Ongoing and cyclical evaluation and monitoring of the accomplishment of benchmarks identified for activities in the states’ plans, to allow mid-course corrections and fine-tuning of the plans
- Evaluating the effectiveness of the plan in making the intended improvements at the state, services, and family and child levels
EVALUATION OF NECTAC SYSTEMS CHANGE INITIATIVES

NECTAC staff have assisted states in developing and implementing over 25 long-term systems change initiatives on topics such as developing systems for measuring child and family outcomes, building quality inclusive services/systems, ensuring smooth EC transitions and building/improving sustainable finance systems. Systems change initiatives are based on an ongoing relationship with a state and the work is driven by a stakeholder-developed strategic plan for improvement.

The evaluation of systems change plans includes initial and follow up feedback surveys with key stakeholders in a state; interviews with selected stakeholders; and portfolio development of the resource materials, data and other evidence of change. The focus of these evaluation efforts has been to look at the impacts of NECTAC TA on state and local systems and practices. To date, ninety-nine percent (99%) of evaluated plans indicated that systems change initiatives have resulted in changes in state systems. Eighty-six percent (86%) of evaluated plans indicated that systems change initiatives have resulted in changes in local systems and three systems change initiatives have gotten far enough along in implementation to report results in practices and impacts for children and families.

In the current NECTAC contract, which began October 1, 2006, an external evaluation has looked at the impacts of NECTAC TA on state and local systems and practices. Based on a survey conducted October 2009 with all Part C and Section 619 Coordinators, the external evaluator reported:

- 91% of respondents agreed or strongly agreed that their state level infrastructure had been improved because of the services and/or products received from NECTAC. Changes included state level guidance (84%), policies and procedures (73%), general supervision/monitoring (40%), and inter-agency relationships (31%)
- 91% of respondents agreed or strongly agreed that their local level infrastructure had been improved because of the services and/or products received from NECTAC. Changes included local level guidance (72%), policies and procedures (50%), inter-agency relationships (33%), and general supervision/monitoring (31%)
- 90% of respondents agreed or strongly agreed that practices at the local level had been improved because of the services and/or products received from NECTAC. Changes were made in the areas of data collection and monitoring participation (60%), direct service or teaching practices (51%), screening and/or assessment practices (37%), and IFSP/IEP development (33%)

THREE STATE EXAMPLES OF SYSTEMS CHANGE

NECTAC has supported many states over the last seven years in implementing systems change resulting in improvements for systems that serve young children with disabilities and their families. Three examples are presented below. The first focuses on building a system for measuring child outcomes, the second focuses on building an effective general supervision and monitoring system, and the third focuses on ensuring high quality family centered services through reviewing the quality of Individualized Family Service Plans (IFSPs). Data collected for this paper was gathered through interviews, surveys, and email communications with state Part C and Section 619 Coordinators as well as NECTAC TA providers involved in supporting these states’ initiatives. The summary information provided below and the systems changes that have occurred in these states could not have occurred without the hard work and dedication of many individuals, but most notably the state leaders: Nancy Skorheim, Section 619 Coordinator, North Dakota Office of Special Education, Department of Public Instruction; Christine DeMer, Part C Coordinator, Wyoming Division of Developmental Disabilities, State Department of Health; and Pam Thomas, Part C Coordinator, Missouri Department of Elementary and Secondary Education, Early Intervention Services.
EXAMPLE 1: NORTH DAKOTA PRESCHOOL SPECIAL EDUCATION PROGRAM: BUILDING CHILD OUTCOMES MEASUREMENT SYSTEM

The Issue / Challenge and Goal: In the winter of 2006, The North Dakota Office of Special Education requested TA to help them develop a state system for measuring child outcomes. Motivated by the new federal reporting requirement to collect and report data on the progress children are making in the program, the state needed to develop a plan for a statewide outcomes measurement system that would generate data in less than two years.

The overall goal of this plan was to develop a system for measuring child outcomes in order to meet the requirements for reporting to OSEP on the State Performance Plan (SPP) as well as to be able to make data-driven decisions about training, TA and support.

Building the Strategic Systems Change Plan: In March 2006, NECTAC facilitated a planning meeting for representatives of state and local administrators, and providers. NECTAC helped stakeholders understand the purpose of the measurement system and determine the values that would guide the development of the system. Based on the purpose and values, the stakeholders reviewed options and made decisions about the approach the state would take to measuring child outcomes. The group also determined strategic activities and timelines for implementation.

Key activities in the plan:
1. Develop the purpose(s), values and principles to guide the system development
2. Determine measurement tools and process for collecting data
3. Plan the field test: sites, data collection process, timelines, etc.
4. Conduct the field testing and make recommendations for revising the process as well as needed guidance, training, and other supports
5. Revise state data and monitoring systems to capture new outcomes data
6. Develop the capacity to provide training and TA on the collection, reporting and use of data
7. Provide and evaluate guidance, training and TA to local program administrators, direct service providers and families
8. Conduct quality assurance activities and use the results for decision-making

Implementation of the Plan: In May 2006, ECO/NECTAC staff conducted training for pilot sites on the process of collecting and reporting child outcomes data. Training included background information on the reporting requirements, the child outcomes, the state’s decisions about assessments and use of the Child Outcomes Summary Form (COSF) approach (an ECO/NECTAC instrument to summarize assessment data and determine a child’s developmental levels on the outcomes). Hands-on practice involved using the COSF with child examples. Implementation steps for pilot sites were determined.

During the pilot process, the state (with the support of NECTAC) facilitated communication across sites regarding the barriers and facilitators to implementation. The state used a survey to gather information from sites about specifics of their process. Final debriefings led to revisions to the initial policies and procedures around the data collection and reporting processes.

In May 2007, national TA providers from the Early Childhood Outcomes Center and NECTAC conducted training for staff at three additional pilot sites to further clarify and perfect processes from July 2007 through June 2008. With refined policies and procedures now in place, the state began state-wide implementation on July 1, 2008. Over the next year and a half, three additional regional trainings were provided to administrators and providers, which were based on the pilot training but included lessons learned from pilot sites.

At the same time, the state formalized written policies and procedures and training materials that would guide and support programs in implementing the new system. In 2008, the state completed a guidance document called the ND Early Childhood Outcomes Process Guide (see link below). Additionally, ND actively participated in the ECO Training Consortium that resulted in the development of training materials that are used nationally.

To date, the state continues to implement the systems change plan. The current focus is on ensuring the quality of the data in order to begin the process of using data for program improvement.

Outcomes / Outputs of the Systems Change Plan:
The North Dakota Preschool program, with extensive TA from NECTAC, has successfully developed a system...
for measuring and reporting child outcomes. The successes are evidenced by:

- The state has a system for collecting and reporting outcomes data that meets federal requirements for reporting
- The state has initial progress data
- The state has capacity to provide training and TA, including written policies and procedures, a Guidance Document and Training and TA expertise and materials
- The state has developed the ND Early Childhood Outcomes Process Guide
  http://www.dpi.state.nd.us/speced/early/outcomes_process_guide.pdf
- The state has developed a Quality Assurance Checklist to help ensure the quality of the child outcomes data

**Impacts Beyond North Dakota:** The North Dakota Early Childhood Outcomes Process Guide is featured on the Early Childhood Outcomes (ECO) web site as an example of state policy guidance, and the COSF Quality Assurance Checklist is featured on the ECO web site under state examples of quality assurance materials. The North Dakota Section 619 Coordinator presented these and related state resources at the 2010 national OSEP Early Childhood Conference.

**EXAMPLE 2: WYOMING INFANT TODDLER PROGRAM: BUILDING AN EFFECTIVE GENERAL SUPERVISION SYSTEM TO IMPROVE SERVICES**

**The Issue / Challenge and Goal:** In the Spring of 2007, the Wyoming Department of Health, Developmental Disabilities Division (DDD), Infant and Toddler Program requested TA to improve the Part C monitoring and general supervision system in order to ensure compliance and improve services for children and families. Their existing system was a cyclical monitoring system that was not integrated with the SPP/APR federal reporting requirements, was not effectively supporting local programs with timely TA, was not based on real-time information about programs’ performance, and did not have appropriate forms and written guidance to ensure programs across the state have a common understanding of the process and requirements and to ensure a consistent message from the state office from one year to the next.

**Building the Strategic Systems Change Plan:** With these challenges in mind, the state and NECTAC worked collaboratively to develop a long-term systems change plan. The first major TA service provided by NECTAC was facilitation of a Wyoming Part C General Supervision Stakeholder Meeting, May 15-16, 2007 where stakeholders:

1. Draft a monitoring manual based on the new vision and priorities
2. Pilot the new general supervision process
3. Draft a procedure manual to support state staff in implementing the monitoring and TA process
4. Finalize both manuals based on the piloting
5. Train regional programs on the new Wyoming Early Intervention Program, General Supervision and Monitoring System

**Key Activities in the Plan:**

1. Draft a monitoring manual based on the new vision and priorities
2. Pilot the new general supervision process
3. Draft a procedure manual to support state staff in implementing the monitoring and TA process
4. Finalize both manuals based on the piloting
5. Train regional programs on the new Wyoming Early Intervention Program, General Supervision and Monitoring System

**Implementation of the Plan:** NECTAC took the lead in drafting the monitoring manual and key forms, as well as an internal state level procedure manual. NECTAC assisted the Lead Agency plan and conducted training for regional programs on the new Wyoming Early Intervention Program, General Supervision and Monitoring System. Participants gained a better understanding of the new general supervision and monitoring process, and a better understanding of their
roles and expectations as contributors to the monitoring process. They participated in training discussions and activities related to collecting, reporting and using data. In the years that have followed, WY DDD has implemented the new General Supervision process with much success.

“I really feel that I am able to get to the quality of service and help the regions improve their approach to writing a corrective action plan. So far we have completed one quarterly assessment and the Part C staff have given me mostly positive comments because they feel that it helps them stay on top of their paperwork. The next one is scheduled for January. So far it has been great.” —Wyoming (Personal Communication, November 12, 2008)

**Outcomes / Outputs of the Systems Change Plan:**

As a result of the systems change work, WY DDD has a new general supervision and monitoring system that includes multiple methods to: ensure implementation of IDEA and the accountability of regional programs and their providers; identify and correct noncompliance; facilitate improvement; and support practices that improve results and functional outcomes for all children with disabilities and their families. Two manuals were produced as part of the initiative. First, a monitoring manual was developed to describe Wyoming’s general supervision and monitoring system including the responsibilities of the state early intervention office and those of the regional programs and early intervention providers in the monitoring process. Additionally, a companion procedure manual was developed to provide the Wyoming Department of Health, Division of Developmental Disabilities (DDD), Infant and Toddler Early Intervention Office with an outline of the procedures and steps that state staff follow in carrying out general supervision activities.

“*The State team has a better understanding of how the "puzzle" fits together and how the system should work. By not duplicating efforts, more time and energy can be spent on making sure the State of Wyoming stays in compliance and the children of Wyoming are receiving the best service possible.*”

—From NECTAC Evaluation Feedback Survey (WY DDD Annual Conference General Supervision and Monitoring, August 15, 2007)

**Outputs of the successful systems change include:**

*WY Monitoring Manual*

http://www.health.wyo.gov/Media.aspx?mediaId=9428

*Indicators and Measurements for Monitoring Regional Programs*

- Request for Data Clarification or Correction
- Annual Self Assessment
- Data and Report Submission Tracking Log
- CAP Tracking Log
- Regional Program Report Card Summary Form
- Root Cause Analysis and Related Requirements Record Review
- Root Cause Interview Questions
- Program Root Cause Interview Questions for Developing Meaningful Corrective Action Plans and Corrective Action Plan Form
- Review Checklist Corrective Action Plan/Improvement Form
- Informal Complaints Tracking Log

*WY Procedure Manual*

- An Integrated Timetable For 2007-2008 APR Development and Part C General Supervision/Monitoring Activities
- State Level Procedures for Wyoming DDD’s General Supervision and Monitoring System, including:
  - Supporting Regional Programs on General Supervision and Monitoring Activities, Procedures and Tools
  - Issuing Contracts to Regional Programs
  - Managing Data, Ensuring Timely and Accurate Data Entry, Generating Reports, and Analyzing Data
  - Investigating Administrative Complaints and Processing Requests for Due Process Hearings and Mediation
  - Tracking Timely Submission of Data and Reports
  - Desk Audit - Data Analyses for Annual Monitoring of all Regional Programs
  - Determining Noncompliance and/or Low Performance
  - Making Status Determinations
  - Selecting Regional Programs for Onsite Monitoring Visits
  - Providing Written Notification of Noncompliance, Status Determination, and Selection for Onsite Monitoring
  - Preparing for and Conducting Onsite Monitoring Visits
  - Onsite Visit Preparation
  - Providing Technical Assistance and Training
  - Corrective Action Planning
  - Incentives and Sanctions
  - State Performance Plan/Annual Performance Report (SPP/APR) Preparation
  - Reporting to the Public
  - Annual Evaluation of General Supervision Activities
  - Annual Self Assessment
**Impacts Beyond Wyoming:** The *WY Monitoring Manual* and relevant appendices has been shared with other states and is featured on the NECTAC web site as an example of a state that has integrated monitoring activities. Furthermore, the *WY Monitoring Manual* appendix called *The Program Root Cause Questions for Developing Meaningful Corrective Action Plans* became the basis of an OSEP Priority team tool, enhanced by collaboration with DAC, RRC, OSEP and NECTAC. This tool is designed to assist local programs/districts in identifying factors contributing to noncompliance for SPP/APR Indicators C1, C7, C8, B11, B12 and B15. By determining contributing factors, appropriate strategies to ensure timely correction of noncompliance can be developed in local Corrective Action Plans. This resource was presented and shared at national conferences and is also available for all states on the NECTAC web site at: http://www.nectac.org/~pdfs/topics/transition/noncompliance_contributing_factors.pdf

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**EXAMPLE 3: MISSOURI FIRST STEPS EARLY INTERVENTION PROGRAM: BUILDING A SYSTEM THAT ASSURES THE QUALITY OF IFSPS AND FAMILY CENTERED SERVICES**

**The Issue / Challenge and Goal:** In 2003, The Missouri First Steps program requested support from NECTAC related to their concerns about increasing costs of services and inconsistent implementation of state policy and guidance related to team based, family-centered services. They were concerned that families were too often receiving services that seem to be based more on where they live than their needs and priorities. They were also concerned about services not consistently focusing on building family capacity to facilitate their child’s learning and development in the context of everyday routines and activities.

**Building the Strategic Systems Change Plan:** In early 2004, NECTAC worked with key state staff in Missouri’s Part C First Steps Program to develop a strategic plan that would help them put effective quality assurance mechanisms in place to ensure implementation of quality family-centered services that would correspondingly result in a cost effective and efficient statewide early intervention system. Ultimately, the plan would include a component to increase the knowledge and skills of local programs and practitioners so that they were better able to develop high quality IFSPs in strengthened partnership with families. A copy of the plan is available online at: http://www.dese.mo.gov/divspeced/FirstSteps/pdfs/SICC/MOFSPPlan-NECTAC-Chart01_05.pdf

**Key Activities in the Plan:**

1. Develop program Mission Statement and review and revise Beliefs of the First Steps Program
   [http://dese.mo.gov/divspeced/FirstSteps/beliefstatements.html](http://dese.mo.gov/divspeced/FirstSteps/beliefstatements.html)

2. Develop IFSP quality indicators, a rating tool, process for quality review of IFSPs, and a plan for communicating with stakeholders

3. Revise state guidance on quality practices in EI to reflect the mission, beliefs, and quality indicators

4. Disseminate, train and support regional consultants, SPOEs and providers regarding new mission, beliefs, and IFSP quality indicators and quality practices

5. Revise the monitoring and accountability process to include the IFSP quality indicators

6. Conduct quality reviews of IFSPs in 3 SPOE areas with new contracts and provide feedback, rewards or sanctions accordingly.

7. Support SPOEs and service providers to use feedback from State accountability activities to change local policy, procedures, and practices.

8. Discuss the results of the first IFSP quality indicators review process, make recommendations for improving the tool and/or process, and plan to implement the process statewide.
**Implementation of the Plan:** In June 2004, the National Early Childhood Technical Assistance Center (NECTAC) facilitated a meeting of Missouri stakeholders, including SPOE administrators, state representatives, family members of children with disabilities, SICC staff, service providers, and service coordinators. Participants reviewed current literature on recommended best practices in the area of IFSP development. NECTAC facilitated a group process through which participants reviewed and revised the mission and belief statements to reflect evidence based practices and their desire to enhance family capacity to support children’s learning and development through successful participation in everyday life. After the stakeholder group meeting, NECTAC led a smaller workgroup through the process of drafting quality indicators for the Missouri IFSP.

As follow-up to the site visit, NECTAC compiled and refined the draft indicators and created a draft of the rating scale and guidance document with exemplars for the field. Iterations of draft documents were reviewed by the Missouri stakeholders, NECTAC staff, and a national consultant, and suggestions were incorporated into the final draft. The *Missouri First Steps IFSP Quality Indicators Rating Scale* was finalized on August 31, 2004. It was designed to be used by the Part C program in Missouri for accountability and monitoring purposes. The *Guidance and Exemplars for the Missouri First Steps IFSP Quality Indicators Rating Scale* was finalized in Spring 2005. State staff disseminated it to programs and providers to exemplify the components of a high-quality IFSP as noted by Missouri’s IFSP Quality Indicators Rating Scale.

NECTAC met with the Part C staff to design a process for sampling IFSPs. The Missouri Part C staff first tested and evaluated the effectiveness of the *IFSP Quality Indicators Rating Scale* in 2005 with a sample of IFSPs and used that experience to further refine the instrument and review process. That same year, every service coordinator was trained on the guidance, exemplar and quality IFSP indicators. In 2006, the QIRS was built into the contracts that the state entered into with each region and was thereafter incorporated into the statewide monitoring and accountability system. Essentially, the contracts stated that the state would annually review a sample of IFSPs using the QIRS, and that the region was required to obtain an average total score of “3” or “acceptable.” (Each quality indicator is scored on a scale of “1” to “5” where “3” indicates compliance and “5” indicates best practice. An average of “3” across quality indicators results in an “acceptable” score.)

While the QIRS jumpstarted the state’s work around routines based interviewing and using a trans-disciplinary model, there have been systemic issues that needed to be addressed along the way. In 2007, the state realized that service coordinators were putting too much emphasis on the *writing* of a good IFSP rather than focusing on the quality of the discussion and the overall IFSP process with families. The state responded by conducting additional training and support in 2008 on the types of questions and prompts providers can use to engage in a quality discussion with families that would result in a quality IFSP. In July 2008, another issue emerged related to the difficulty in oversight and training requirements due to service coordinators working out of different agencies. A major change in infrastructure required that service coordinators be employed and supervised by the regional administrative units, System Point of Entry (SPOE) offices.

**Outcomes / Outputs of the Systems Change Plan:** The Missouri Part C program, with extensive TA from NECTAC, has successfully developed a statewide early intervention system with quality assurance mechanisms in place to ensure implementation of quality family-centered services. The successes are evidenced by:

- First Steps Mission and Beliefs: [http://www.dese.mo.gov/divspeced/FirstSteps/beliefstatements.html](http://www.dese.mo.gov/divspeced/FirstSteps/beliefstatements.html)
- Missouri First Steps IFSP Quality Indicator Rating Scale (QIRS): [http://dese.mo.gov/divspeced/FirstSteps/pdfs/MOIFSPRateScale.pdf](http://dese.mo.gov/divspeced/FirstSteps/pdfs/MOIFSPRateScale.pdf)
- Guidance and Exemplars for the Missouri First Steps IFSP Quality Indicators Rating Scale: [http://dese.mo.gov/divspeced/FirstSteps/pdfs/IFSPGuidanceExemplars.pdf](http://dese.mo.gov/divspeced/FirstSteps/pdfs/IFSPGuidanceExemplars.pdf)
- Increased quality of IFSPs
- More engaging, meaningful conversations with families
- Implementation of a team model
The quality of IFSPs has increased as evidenced by the increase in ratings across the years. While contract changes meant that not all regions are reviewed every year, there has been some marked improvement in the data on those that were reviewed. In 2007, the state reviewed seven regions using the QIRS. Two were given an overall score of “2” or “needs improvement,” one was given an overall score of “2.5” or “acceptable but in need of targeted technical assistance,” and four were given an overall score of “3” or “acceptable.” In 2008, ten regions were reviewed and six of the ten were given overall score of “acceptable.” In 2009, six regions were reviewed and all six were given an overall score of “acceptable.” This was the first year when all regions reviewed received an overall score of “acceptable” and there were some individual coordinators who received an overall score of “5” or “high quality.” Over time, the state has seen fewer ratings of 1-2 and more ratings of 4-5 on the quality indicators.

“Use of the QIRS is going well and yes, it has made a difference in the quality of the discussion that occurs at IFSPs. The conversations are more engaging with families. They are more functional and meaningful, related to families’ routines.”—Missouri (Personal Communication, August 30, 2010)

Beyond the state use of QIRS, some regional programs have decided to implement the QIRS to train and support staff. The QIRS is used as part of training for all new service coordinators—to learn about the quality indicators of an IFSP, to practice facilitating quality IFSP discussions, and to receive feedback on their work. Additionally, some regions are using the QIRS to provide TA to experienced staff who are struggling with one or more aspects of developing a quality IFSP. The quality review process was and continues to be used to identify areas of strengths and concerns in each region and across the state.

**Impacts Beyond Missouri:** The Missouri Quality Indicator Rating Scale (QIRS) and guidance document have been shared with other states and is featured on the NECTAC web site as an example of evaluating IFSPs to ensure quality planning and implementing of family-centered services in natural environments. Additionally, information was shared at the 2009 national OSEP Early Childhood Conference on the implementation plan for their “Team Model.” Subsequently, several states contacted the Missouri coordinator and have adapted the rating scale for use in their own systems.

**CONCLUSION**

NECTAC has supported state Part C and Section 619 programs in implementing systems change initiatives to improve systems and services for young children with disabilities and their families. The examples presented demonstrate how three states engaged in systems change over time and the types of outputs and outcomes that have resulted. The first state is building a system of accountability and continuous improvement that includes measuring child outcomes. The second is building a system for general supervision and monitoring that uses real-time information to ensure compliance and improve performance. The third example is a state that implemented a process for ensuring quality IFSPs and family centered services. All three examples demonstrate that successful systems change takes commitment, leadership, involvement of stakeholders, shared vision, strategic activities at all levels of the system, evaluation and monitoring of implementation, and time.

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This report is online at:
An executive summary is also available at: