

Indicator 11:
Delaware
State
Systemic
Improvement
Plan (SSIP)
Phase II
Submission

April 1

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Acronyms

AEPS- Assessment, Evaluation, and Programming System

APR- Annual Performance Report

ASQ: SE- Ages & Stages Questionnaires: Social Emotional

ASQ-3- Ages & Stages Questionnaires, Third Edition

Bayley II- Bayley Scales of Infant Development, Second Edition

Bayley III- Bayley Scales of Infant Development, Third Edition

BDI-Battelle Developmental Inventory

BDIST- Battelle Developmental Inventory Screening Test

BINS- Bayley Infant Neurodevelopmental Screener

BITSEA- Brief Infant Toddler Social Emotional Assessment

BLOCKS, The Building-Better Lasting Outcomes for Children – Keys to Success

CARE- Child-Adult Relationship Enhancement

CCDBG- Child Care Development Block Grant

CDC/Act Early- Centers for Disease Control and Prevention. Learn the signs, Act early

CDS- Center for Disabilities Studies

CDW- Child Development Watch

COP- Community of Practice

CSEFEL- Center for Social and Emotional Foundations for Early Learning

CSLC- Cross State Learning Collaborative

CSPD- Comprehensive System of Personnel Development (Early Childhood)

CYSHCN- Children and Youth with Special Health Care Needs

DaSy- Early Childhood Data Systems Center for IDEA

DDDC- Delaware Developmental Disabilities Council

DECA- Devereux Early Childhood Assessment

DFS- Division of Family Services

DHSS- Department of Health and Social Services

DMS- Division of Management Services

DOE- Department of Education

DPBHS- Division of Prevention and Behavioral Health Services

DPH- Division of Public Health

DSAMH- Division of Substance Abuse and Mental Health

DSCYF- Department of Services for Children, Youth and Their Families

EBP- Evidence-Based Practice

EC- Early Childhood

ECAP- Early Childhood Assistance Programs

ECCS- Early Childhood Comprehensive Systems

ECMHC- Early Childhood Mental Health Consultant/ Consultation

ECPC- Early Childhood Personnel Center

ECTA- Early Childhood Technical Assistance Center

EI- Early Intervention

EIS- Early Intervention System

E-LAP- Early Learning Accomplishment Profile

ELF- Early Learning Foundations

FHSM- Family Health and Systems Management

FSC- Family Service Coordinator

GACEC- Governor's Advisory Council for Exceptional Citizens

HELP- Hawaii Early Learning Profile

HMG- Help Me Grow

HRSA- Health Resources and Services Administration

ICC -Interagency Coordinating Council

IDEA- Individuals with Disabilities Education Act

IFSP- Individualized Family Service Plan

IRMC- Interagency Resource Management Committee

ITCA- Infant and Toddler Coordinators Association of IDEA

ITSEA- Infant-Toddler Social and Emotional Assessment

JFC- Joint Finance Committee

LAUNCH-Project LAUNCH- Linking Actions for Unmet Needs in Children's Health

MCH-Maternal and Child Health

MEISR- Measure of Engagement, Independence, and Social Relationships

MOU- Memorandum of Understanding

NCSI- National Center for Systemic Improvement

OEL- Office of Early Learning,

OMB- Office of Management Budget

OSEP- Office of Special Education Programs

PCIT- Parent-Child Interaction Therapy

PEDS- Parents' Evaluation of Developmental Status

PEDS- Pediatric Emotional Distress Scale

PEDS: DM- Parents' Evaluation of Developmental Status: Developmental Milestones

PIC- Parent Information Center

POC- Purchase of Care

PTR-YC- Prevent- Teach- Reinforce for Young Children Birth to Five

RBI- Routines-Based Interview

RDA- Results-driven Accountability

SAP- State Advisory Panel

SE- Social Emotional

SEO- Social Emotional Outcomes

SHADE- Family SHADE- Family Support and Healthcare Alliance Delaware

SIMR- State-Identified Measurable Result

SPP- State Performance Plan

SSIP- State Systemic Improvement Plan

SWOT- Strengths Weaknesses Opportunities and Threats

TA- Technical Assistance

TCIT - Teacher-Child Interaction Training

ToA- Theory of Action

TRACE- Tracking, Referral and Assessment Center for Excellence

Triple P- Positive Parenting Program

UD- University of Delaware

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INTRODUCTION

Indicator 11: Delaware State Systemic Improvement Plan

Monitoring Priority: General Supervision

Results Indicator: The States State Performance Plan/Annual Performance Report SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

FFY	2013
Data	48.00%

FFY 2015 – FY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	48.00%	48.00%	49.00%	51.00%	55.00%
Actual	63.28%				

Measurement

The State Identified Measurable Result (SIMR) in Delaware is to increase the number and percentage of infants and toddlers who demonstrate progress in the area of Social Emotional (SE) development.

The baseline percentage of infants and toddlers who demonstrated progress in the area of SE was set at 48 percent during Phase I. All future year performance is measured against the baseline performance and the SSIP leadership team will use the information collected each year to check whether performance is changing. In short, we expect to see a higher number and percentage of infants and toddlers demonstrating progress in the area of SE development in future years than those who made progress during the baseline year of 2013.

Delaware is using cohorts of data reported in the APR, Indicator 3, and evaluating the measurement of these cohorts over the next three years, beginning this year, to ensure progress toward achieving the SIMR goal. These benchmarks are being developed and refined as part of Phase III of the SSIP. The targets represent the percentages of infants and toddlers we are aiming to show progress in the area of SE development in future years. Of course, moving from the baseline percentage to the annual performance targets requires improving the underlying policies, processes, and individual practices. These targets reflect the time and effort needed to strengthen the infrastructure and build capacity for changes that are expected to yield an increase in Social Emotional Outcomes (SEO). Therefore, Delaware Part C stakeholders worked together to design an ambitious but realistic multi-year plan to set performance standards, and advance early intervention system processes, to ensure we are capable of meeting the anticipated performance standards. This section of the SPP/APR serves two main purposes.

- 1) Summarize the process used to engage Early Intervention (EI) service providers and other key stakeholder groups, acting on what the SSIP team learned from developing the five components in Phase I (i.e., Data Analysis, Focus for Improvement/SIMR, Infrastructure/Stakeholder Engagement, Capacity Building and Theory of Action).

- 2) Outline Delaware's multi-year plan to further develop the state infrastructure in support of practice changes that are expected to result in an increased number of infants and toddlers who are able to demonstrate progress in the area of social and emotional development.

As stated, Delaware is focusing on infant and toddler SE skills for the SSIP, which is part of the existing Office of Special Education Programs (OSEP) reporting requirements for Indicator 3, Summary Statement 1. The technical process of collecting data and reporting the actual progress - in terms of meeting the targets outlined in Phase I - will remain the same. Therefore, the specific reporting of indicator 3 will be consistent with existing methodologies, and will be the ultimate gauge of success regarding the long-term goal of improving SEO.

Summary of Phase I

During Phase I of the SSIP, the Part C program leaders from Birth to Three scanned the early care and learning system in Delaware and invited groups with a stake in early childhood outcomes to analyze Part C data. This process raised awareness among other groups that have a shared interest in achieving better early childhood outcomes. The Phase I data analysis also identified shared concern across state agencies, initiatives and service providers interested in improving SEO. These stakeholders agreed to focus on increasing the number and percentage of infants and toddlers who demonstrate progress in the area of SE development per the SIMR. After reviewing many initiatives and programs, the various stakeholders coalesced around the idea of using the Routines-Based Model as a way to enrich interaction between caregivers and young children to improve SEO. The evidence-based practices used within the Routines-Based Model, specifically the Routines-Based Interview (RBI) process became the focus of improvement efforts. During this exploration phase of the SSIP work, the team learned more about the RBI, how other states have used it with success, and what types of resources would be needed to apply the model in Delaware.

The in-depth infrastructure analysis was conducted using the Early Childhood Technical Assistance (ECTA) tool in Phase I. As part of the Strengths Weaknesses Opportunities and Threats (SWOT) analysis, stakeholders determined the current assessment tools are not sensitive enough to capture SE strengths and concerns for infants and toddlers. In order to build capacity in this area, the SSIP leadership team brought together subject matter experts and experienced assessors to help review and choose a tool that meets established criteria. Some of the participants honed in on particular aspects of the work - such as replacing the need for multiple assessment tools with a more streamlined process - while other groups expanded their membership over time, by reaching out to make connections with other Delaware initiatives and building the capacity of existing initiatives. All this collaborative activity led to stakeholder-informed decisions on how to proceed through five Strands of Actions. Eventually, the SSIP team worked with various participants to outline a Theory of Action (ToA) (Table 1) and coherent strategies to reach the goal of increasing the number and percentage of young children who demonstrate progress in the area of SE development.

Table 1: Delaware Part C Theory of Action (ToA)

Strands of Action	If Birth to Three	Then	Then	Then
Collaboration	... builds collaborative relationships with other partner agencies to build on existing programs	Resources will be maximized, increasing coordination and decreasing duplication There will be an increase in the number of social emotional screenings and improved quality of referrals	There will be earlier and better identification of social emotional needs and access to a broader range of services Knowledge will be shared ensuring consistency of practice Outcome data will more accurately represent a child's social emotional development Outcomes and strategies related to social emotional development will be incorporated into family routines and included on IFSP Evidence based practices will be implemented with fidelity by staff to achieve IFSP outcomes Meaningful conversations will occur with families about social emotional development There will be a responsive statewide system with leadership support	An increased number of Infants and toddlers will be able to demonstrate progress in the area of social and emotional development
Assessment Practices	...research and identify appropriate assessment tools used to identify social emotional needs of eligible infants and toddlers	There will be an increase in the identification of social emotional strengths and needs CDW will be able to more accurately assess social emotional development		
Professional Development	...provides professional development and technical assistance on evidence based practices including the RBI ...develops a collaborative statewide structure that supports the implementation of evidence based practices	CDW and EI providers will have consistent resources and ongoing supports necessary to consistently and effectively implement evidence based practices		
Family Involvement	...develops a process to increase family involvement in supporting social emotional development	Families will have information and resources to support their child's social development Strategies to enhance children's social emotional development will be embedded into family routines		
Monitoring & Accountability	...creates a leadership team that will review, analyze and evaluate implementation	The team will identify areas for improvement, changes in the implementation plan and recommend changes to policy		

Through the process of identifying coherent strategies, and working together to figure out ways to build capacity for change, some members began to emerge as champions in support of state efforts to improve SEO. These leaders broadened their reach by focusing on state initiatives that are promoting SE development and continuing to build support for them. By the end of Phase I, cross-stakeholder teams were beginning to form, which provided visible support for SSIP efforts. As they moved into Phase II, co-leads stepped forward to act as champions within their networks to carry out the theory of action endorsed by the full team.

The next section provides an overview of the Early Intervention System (EIS) and describes the way the Part C SSIP team plans to strengthen the existing state system by (1) building on the current infrastructure, and (2) approaching stakeholder engagement as an intentional strategy for advancing practices that increase SEO outcomes for infants and toddlers in Delaware.

Overview of State System

The Delaware Department of Health and Social Service's (DHSS) Birth to Three EIS worked with stakeholders to analyze data and identify the strengths and weaknesses within the current system. Since child development begins before birth, with a healthy pregnancy and routine prenatal care, the EIS is embedded within the larger Early Childhood (EC) system. As described in the Delaware Phase I SSIP report, there is much strength within the existing EC care and learning networks. Delaware Help Me Grow (HMG) allows the SSIP team to link its work on healthy SE development with many other organizations throughout the state that care for and about children and families. Together, they offer many programs, services, and helpful information on four key areas of activity: Central telephone access to specialists who link Delaware 2-1-1 callers to programs, services, and helpful information about typical child development; physician outreach; community outreach; and overall system improvement.

The SSIP team is approaching stakeholder engagement as an intentional strategy for advancing practices that increase SEO for infants and toddlers in Delaware. Therefore, the HMG community includes deep and durable networks that can help advance positive change. While there is still some work to be done to maintain partner autonomy within the broader system, the SSIP team recognizes the far-reaching influence that HMG has on helping promote healthy pregnancies, supporting parents, screening for conditions that might impact development, and providing access to health and social services. Parents, providers and other caregivers can connect with these resources through Delaware 2-1-1. In addition to families and caregivers, HMG connects hospitals, pediatric primary-care practices, early care and education professionals, families, and community providers at the grassroots level. For example, the SSIP team could embed shared messages about improving SEO into existing public engagement activities, such as HMG's QT Campaign, which is shorthand for "30 Minutes of Quality Time Each Day" to be shared with a child in a parent's or caregiver's life. The QT 30 Campaign promotes healthy interaction between caregivers and children as an important strategy to help children develop and grow. This is an example of how the SSIP team can capitalize on general health campaigns – and other key state initiatives – to accomplish the goal of improving SE development for young children within the EI system. The Conceptual Model for Delaware HMG (Fig. 1) follows as an example of how Part C SSIP activities can become an integral part of the larger EC system.

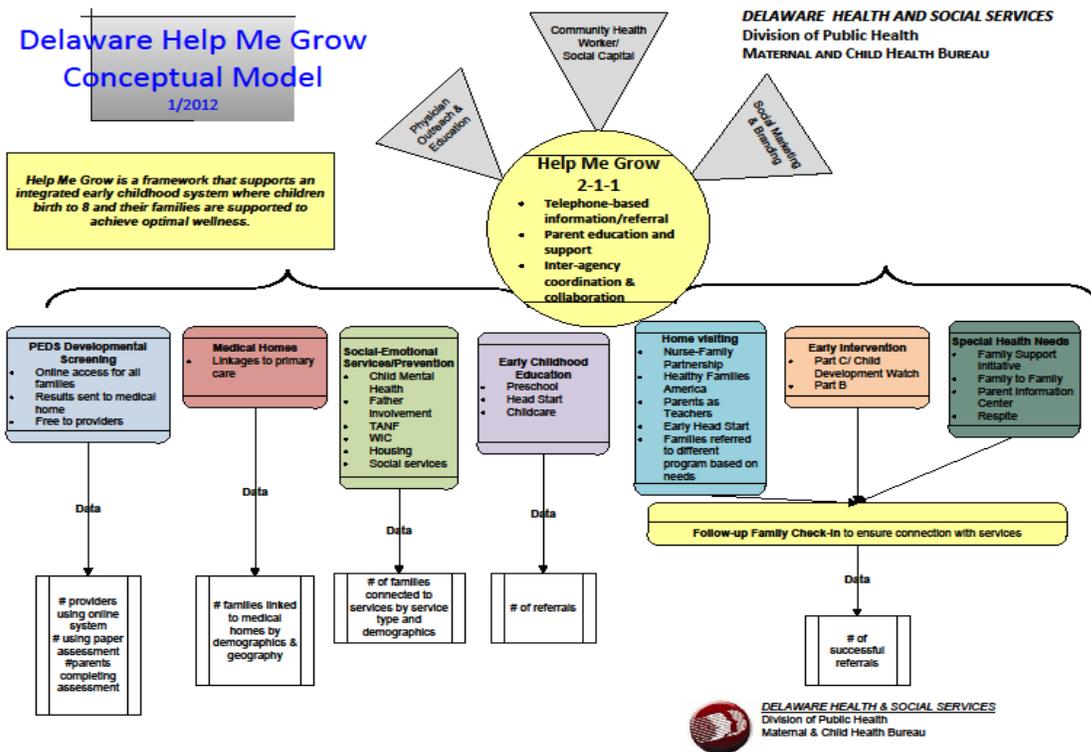


Figure 1. Delaware Help Me Grow (HMG) Conceptual Model. Source: Delaware Division of Child Health, Maternal and Child Health, January 2012.

In terms of the ToA, we can see how the Strands of Action, identified as Collaboration, Assessment Practices, Professional Development, Family Involvement, and Monitoring and Accountability, serve as the nexus of EI and the wider EC system. The collaboration strand maximizes resources, increases coordination and decreases duplication. If partner agencies understand the core activities of the SSIP, they should have greater awareness about the importance of SE development. As a result, SSIP leaders anticipate an increase in the number of screenings and improved quality of referrals to the EI system. Once families are referred for a formal EI evaluation because of concern that their infant or toddler is not demonstrating typical SE development, the SSIP team wants to be sure appropriate assessment tools are used to identify the SE strengths and needs of the child. The goal of the Assessment Practices strand of action is to support Child Development Watch (CDW) staff so that they can more accurately assess SE development. With a collaborative state-wide structure in place for implementing Evidence-Based Practices (EBP), there will be greater support for implementing the RBI consistently and effectively through the work of the Professional Development strand.

As the Monitoring and Accountability leaders continue to identify areas for improvement and/or necessary adjustments to the work plan, they are likely to recommend changes to policies and practices. If the system is responsive to the changes, and families are able to embed EBP strategies into their daily routines to enhance SE development, more young children will demonstrate SEO.

Phase II

As people coalesced around the five Strands of Action identified in Phase I, the SSIP leaders applied their knowledge of Implementation Science to the systems change effort by encouraging the formation of implementation teams dedicated to spearheading next steps. This Implementation team concept is critical to Delaware's success as it allows for forward and proactive thinking. According to researchers,

There is a growing body of research looking at the processes and core components of implementing evidence-based practices to different settings and, especially, at what it takes to move an evidence-based practice from the laboratory to the field. (Metz, A., Naoom, S. F., Halle, T., & Bartley, L. 2015).

Team members are working on one section of a problem area at a time, while making sure their work is aligned with other efforts, ensuring efficient use of their time and energy. The five implementation teams are as follows:

- **Collaboration** – Builds collaborative relationships with other existing early intervention initiatives across Delaware agencies
- **Assessment Practices** – Researches and identifies existing assessment tools used to identify SE needs of eligible infants and toddlers
- **Professional Development** – Provides professional development and technical assistance on evidence-based practices
- **Family Involvement** – Develops a process to increase family involvement in supporting SE development
- **Monitoring and Accountability** – Creates a leadership team that will review, analyze, and evaluate implementation of the SSIP

The Collaboration Implementation Team is designed to bring together a team of decision makers and experts in child-serving agencies to leverage and refine resources and services devised to empower families and improve outcomes for very young children. The Assessment Practices Implementation Team is engaged in researching and identifying assessment tools that provide SE information robust enough to guide intervention and facilitate improvement. The Professional Development Implementation Team is actively working on implementing the Routines- Based Interview (RBI). The Family Involvement Implementation Team is committed to developing processes to increase family involvement designed to support SE development. The Monitoring and Accountability Implementation Team is invested in improving data quality and developing more robust monitoring and evaluation systems to ensure implementation with fidelity.

The implementation team members, including a range of stakeholders, developed the SSIP logic model (Table 2) as a graphic representation of what the SSIP intends to accomplish.

Table 2: Birth to Three Early Intervention’s Social Emotional Development Logic Model

Inputs	Activities	Outcomes		
		Short term	Intermediate	Long-term
Birth to Three Early Intervention System(DHSS) Child Development Watch (CDW) Interagency Coordinating Council (ICC) Delaware Department of Education (DOE) Early Intervention Providers Stakeholders (i.e. parents, community organizations) UD Delaware Education Research &Development Center (DERDC)- <i>External evaluator</i> The Center for IDEA Early Childhood Data Systems National Center for Systemic Improvement – WestEd The Early Childhood Technical Assistance Center (ECTA Center) Technology (Website; links to partner websites) Materials Funding <ul style="list-style-type: none"> Office of Special Education Programs (OSEP) DASY 	<ul style="list-style-type: none"> Align existing early intervention initiatives across DE agencies <ul style="list-style-type: none"> DPBHS/ Delaware 211/ HMG Involve stakeholders in: <ul style="list-style-type: none"> ELF update CCDBG application regarding SED EI stages to develop screenings, evaluations and IFSP <hr/> <ul style="list-style-type: none"> Identify, compile and review existing assessment tools designed to capture early childhood social emotional strength and concerns Pilot test identified SE assessment tools Engage stakeholders in revising and creating literature and other resources related to SE development and challenging behaviors for parents/families <hr/> <ul style="list-style-type: none"> Develop and implement trainings on: <ul style="list-style-type: none"> Evidence based practices (to include RBI) Engaging families around SE development Data collection, input & monitoring and integrity protocols Recommended assessment tools <hr/> <ul style="list-style-type: none"> Develop and implement informational materials for parents/families regarding SED and RBI <hr/> <ul style="list-style-type: none"> Create and implement evaluation plan <hr/> <ul style="list-style-type: none"> Create and implement standardized protocol to monitor providers 	<ul style="list-style-type: none"> Established collaborative relationships across agencies Revised MOU w/DPBHS <hr/> <ul style="list-style-type: none"> Created portfolio of recommended assessment tools with strong validity and reliability Distributed literature and other resources related to SE development and challenging behaviors to parents/families Created databank of SED resources and services for FSC to use to refer families <hr/> <ul style="list-style-type: none"> Increased number of providers: <ul style="list-style-type: none"> -certified in RBI -trained in engaging families around SED -trained in data collection, input & monitoring protocols - trained in recommended assessment tools - completing valid and reliable assessments of children Increased number of Family Service Coordinators (FSC): <ul style="list-style-type: none"> -knowledgeable on engaging parents around SED -engaging parents/families <hr/> <ul style="list-style-type: none"> Increased awareness of parents/families of information and resources to support their child’s social emotional development Created IFSP goals are more functional and routine-based 	<ul style="list-style-type: none"> Reduced duplication of services Established policies to support high quality early intervention programs throughout Delaware <hr/> <ul style="list-style-type: none"> Implemented assessment tools and EBP with fidelity in all Delaware EI programs <hr/> <ul style="list-style-type: none"> Improved surveillance, monitoring and reporting data Increased data reliability/validity Created infrastructure for consistency and reliability of data outputs of queries <hr/> <ul style="list-style-type: none"> Established positive, immediate relationships with families (RBI-Trained professionals) Assisted families with deciding functional outcomes/goals (RBI-Trained professionals) Embed strategies to enhance children’s social emotional development into family routines (Parents/families) 	Increased number of Delaware infants and toddlers able to demonstrate progress in the area of social and emotional development

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Note: The complete SSIP Logic Model can be found in the Appendices section along with a list of agency acronyms.

The logic model expresses the progression of activities expected to lead to the short-term, intermediate and long-term outcomes. The various stakeholders are working as part of five implementation teams charged with supporting the scale-up of evidence-based practices to improve results for infants and toddlers with SE development challenges, and building the capacity of families to meet the needs of their children. Often, the implementation team activities require collaboration in order to achieve the intended outcomes; and, the work is frequently interconnected. The logic model links the ToA and the detailed work plan activities, illuminating a path through the complexity.

As the logic model demonstrates, much of the collaborative work during Phase II focused on building the capacity of EI providers and other key stakeholder groups to implement EBP that are most likely to lead to an increase in the number of infants and toddlers demonstrating progress in the area of SE development. The state will be moving from the exploration stage of using the Routines-Based Model as an integral part of systems change to "installation," by developing a multi-year plan and establishing the resources needed to undertake the various activities. Five Implementation teams have been assembled to:

- Designate specific times to work on each team's topic areas,
- Offer a process for thinking through critical components related to each team's intended piece of the puzzle,
- Anticipate challenges and critical steps detailed in advance,
- Foster common understanding among team members,
- Identify and resolve discrepancies before they become costly,
- Ensure best practices are used,
- Confirm time spent on implementing quality plan and not putting out fires, and
- Offer opportunities to explore individual member interpretations and reinforce consistent interpretation safeguarding that, regardless of level of involvement or development, everyone understands the goal of the program.

Each implementation team was formed through a series of outreach activities, including surveys and questionnaires designed to gauge interest and identify areas of expertise. Member knowledge and experience affords us the opportunity and ability to move forward with our initiative.

Each implementation team has selected two co-leads to oversee the work plan activities, making sure the team is building a firm foundation for accomplishing the short, intermediate and long-term goals of their plan. The co-leadership team meets bi-monthly guaranteeing efficiency within the implementation teams by keeping them on track in achieving the SIMR. They make sure their work aligns with the long-term outcome and efforts do not overlap. They are the bridge between the implementation teams and will help ensure the approaches, innovations and EBPs are being used with fidelity and the work is taking root. As they move into future phases of this work, implementation team co-leads will continue to support the teams as they expand and deepen their efforts.

For ongoing support, team members participate in the ECTA Community of Practice on SEO and the Cross State Learning Collaborative (CSLC) on SEO co-hosted by the National Center for Systemic Improvement (NCSI) and ECTA. These Technical Assistance (TA) sponsored activities provide success stories from other states, offer team members opportunities to work with other states studying similar issues in more depth, and share plans with 'critical friends' from other states and TA Centers. There are also resources, materials and regular learning activities available for participating states. Additionally, a TA provider from each of the national centers has been assigned to work with at least one implementation team. Each implementation team developed their implementation plan through the use

of a Work Plan that represents the individuality of each team and its intended outcomes. This document will be used throughout the entirety of the SSIP and will be a guide for the development and piloting of protocols and training. It will act as a conductor to chart the course from thought to action and will provide consistent interpretation by all team members by recording the goals, strategies, objectives, measures, activities, timeline, and responsible parties. The work plan will be a living document, will be reviewed at implementation meetings and revised as necessary. Finally, the evaluation plan is designed to assess the implementation and impact of the SSIP work, measuring the effectiveness of the stakeholder engagement process, and determining whether acting on what we learned from Phases I and II will lead to increased SE outcomes.

Please see attached work plans in the following appendices:

- Collaboration (Appendix A)
- Assessment Practices (Appendix B)
- Professional Development (Appendix C)
- Family Involvement (Appendix D)
- Monitoring and Accountability (Appendix E)

Implementation Team Sub-Sections:

Collaboration Implementation Team

Theory of Action:

Builds collaborative relationships with other partner agencies to build on existing programs

The Collaboration Implementation Team convenes decision makers and experts from across Delaware child serving agencies to strengthen the state infrastructure for change. Many of these leaders set the direction for their agencies and have the authority to carry out the activities of the SSIP with the support of their staff. During Phase I, the SSIP leadership team conducted an in-depth analysis of the infrastructure available in Delaware to move policy and research into practice so that more infants and toddlers are able to demonstrate progress in the area of SE development. Four strategic partners were identified as instrumental in increasing coordination and decreasing duplication of services:

- Delaware 2-1-1/ Help Me Grow (HMG)
- Department of Services for Children, Youth and Their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS)
- Department of Education (DOE), Delaware Office of Early Learning (OEL)

Delaware 2-1-1/ HMG Delaware

Delaware 2-1-1/ HMG was recognized as a key partner in connecting families to appropriate resources to address concerns and reduce or eliminate service gaps by promoting developmental screening, and embedding trauma-informed care into existing services. The overarching goal of enhancing practices related to developmental screening includes screening for SE development by both physicians and child care providers. Strengthening this relationship is expected to increase the quality of the referral process for Part C services and reduce redundancy caused by multiple unnecessary screenings.

Department of Services for Children, Youth and Their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS)

Another strategic partner, DPBHS, currently implements several evidence-based services for children identified with SE needs. The partnership with DPBHS/ DSCYF will allow Part C families of children with more intensive SE needs to have access to highly qualified personnel and empirically- based treatment programs. A major premise of the SSIP work in Delaware is that improving parent-child relationships and interaction patterns will lead to an increase in the number and percentage of young children who are able to demonstrate progress in the area of SE development.

Department of Education (DOE), Delaware Office of Early Learning (OEL)

Through *Delaware's Strategic Plan for a Comprehensive Early Childhood System*, the OEL is building a system for early learning and child development services. It serves children with high needs, including those who are low-income, children with disabilities and dual language learners. Their primary focus is to improve children's educational outcomes and readiness for life. Delaware's approach to improving its early learning services and systems includes four goals and several strategies to support each goal. These learning goals align closely with the desired SSIP outcomes and offer promising opportunities to unify early care and training staff around shared work. Delaware's Comprehensive Early Childhood System depends on the accomplishment of these four overarching and interrelated goals:

- Expand Comprehensive Screening and Follow-Up for Young Children
- Expand Number of STARs Programs and Number of Children with High Needs in STARs
- Build Connections between Early Learning and K-12 Schools
- Sustain a Thriving Statewide Early Learning System

Significant resources to support this work came from the Early Learning Challenge grant, a competitive initiative of the U.S. Departments of Education and Health and Human Services. Initiatives cut across the three key state agency partners: the Departments of Education, Health and Social Services and Services for Children, Youth and Their Families. The OEL was located in the Office of the Governor and has moved to DOE.

Collaboration Implementation Team leaders recognize that positive SE development for infants and toddlers who are eligible for Part C must be embedded in all child-serving agencies in order to achieve the widespread improvement the SSIP anticipates. The learning that occurs across agencies, initiatives and personnel, will lead to a sense of shared understanding and purpose. Together, they will strengthen the state infrastructure to support high-quality EI programs by establishing policies and guidance to support the implementation of the improvement activities outlined below.

Department of Education (DOE), Pre-School Programs for Children with Disabilities

Birth to Three and CDW work very closely with DOE to ensure smooth transitions for families once prior to their child turning three and exiting Part C services. An Operations Agreement exists between DHSS Division of Management Services (DMS), DHSS Division of Public Health (DPH), and the Department of Education (DOE). This agreement specifically defines the roles of the two regional Department of Education DOE/CDW liaisons employed by DOE and funded by Birth to Three state funds. These liaisons serve as service coordinators and act as liaisons with the local school districts in order to ensure smooth transitions to Part B.

Training and TA continue to be offered regionally at both CDW sites by DOE/CDW liaisons and the Birth to Three Training Administrator. Training includes all aspects of transition planning. DOE/CDW liaisons offer individualized onsite training to staff on the implementation of transition steps and services when the child turns two years old.

A CDW/DOE Workgroup, consisting of staff from both agencies, meets quarterly to discuss challenges and plan for technical assistance in order to maintain compliance with transition steps on Individualized Family Service Plans (IFSPs) and improve the quality of transition planning.

A DOE representative is a member of the Collaboration Implementation Team and assists the team with keeping successful transitions in mind when policy regarding SE development is discussed.

Stakeholder Engagement to Support EI Program Implementation of EBP

The Collaboration Implementation Team consisted of 17 members at the first meeting in August 2015 and has grown to 23 members as the importance of the work being done has been expressed within members' agencies. SSIP Implementation team members have adhered to the principles of *Leading by Convening*, which is rooted in research findings that sustainable change depends on having people with the problem internalize the change (Heifitz and Linsky, 2002). Stakeholder engagement, combined with existing partnerships, has provided strong momentum within the Collaboration Implementation Team. Most members have been actively engaged in the positive SE outcomes the Collaboration Implementation Team is tasked with producing. Their passion, expertise and membership within other statewide committees and task force commitments have provided valuable information spurring the team forward.

Phase I described the stakeholders engaged in designing Delaware's SSIP. Phase II saw an increased level of participation in stakeholder engagement actively involving several additional high-profile agencies' and organizations' representatives at SSIP meetings during Phase II of the planning process. Not only has team participation grown, but members have also bridged the work of other SSIP implementation teams and sustained involvement over time.

Table 3: Listing of Agency Participation in Collaboration Implementation Team Meetings and Planning Activities

Collaboration Implementation Team
• Delaware 2-1-1/ Help Me Grow (HMG)
• Department of Services for Children, Youth and Their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS)
• Department of Education (DOE), Delaware Office of Early Learning (OEL)
• Division of Public Health (DPH), Child Development Watch (CDW)
• Bayada Pediatrics
• Department of Health and Social Services (DHSS), Division of Public Health (DPH)
• Division of Public Health (DPH), Maternal Child Health (MCH)
• Easter Seals of Delaware
• Governor's Advisory Council for Exceptional Citizens (GACEC)
• Head Start
• Nemours Children's Health Systems
• Parent Information Center (PIC)

Note: Some agencies have more than one representative attending the meeting so the number of team members exceeds the number of agencies.

The team has met four times for three hours each; August 17, 2015, October 19, 2015, December 14, 2015 and February 8, 2016. Member engagement guides the Phase II process. In an attempt to accommodate team members' schedules, Doodle Polls were sent to determine the best days and times for the meetings with the dates chosen that offered the most attendance. At the December 2015 meeting, the teams chose the next four dates scheduling through August 2016, again demonstrating their commitment to the SSIP design and implementation.

The Collaboration Implementation Team is charged with developing the activities to build collaborative relationships with other partner agencies and build on existing programs within initiatives including HMG, DPBHS and OEL. This team forms the backbone of the system by working to ensure resources are maximized, increasing coordination and decreasing duplication of valuable resources.

Collaboration Implementation Team members consist of representatives of child and family support and service agencies that are an essential part of improving SE outcomes. By engaging these deep and durable networks, SSIP team members plan to improve policies, resources and linkages that promote SE outcomes throughout Delaware.

Multi-year Plan with Coherent Improvement Strategies and Activities to Support EI Program Implementation of EBP

The Collaboration Implementation Team's work plan outlines four Improvement Strategies (Table 4) developed from the challenges identified in the analysis from Phase I.

Table 4: Collaboration Implementation Team-Improvement Strategies

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| <p>1.1: Identifying and engaging interested parties in effective SE policy development.</p> <p>1.2: Including partners in the various stages of EI such as screenings, evaluations and IFSP development.</p> <p>1.3: Strengthening partnerships to better utilize applicable resources designed to aid a child in reaching appropriate developmental SE milestones.</p> <p>1.4: Enabling EBPs to be consistently implemented in EI programs throughout the state.</p> |
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The Birth to Three logic model links the SSIP Theory of Action to the implementation team improvement activities, which are discussed in the next section. Table 5 depicts the items specifically related to the Collaboration Implementation Team contributions to the SSIP Logic Model.

Table 5: Collaboration Implementation Team Section of the Birth to Three Early Intervention’s Social Emotional Development Logic Model

Inputs	Activities	Outcomes		
		Short-term	Intermediate	Long-term
Birth to Three EIS - DHSS CDW ICC Delaware DOE EI Providers Stakeholders DERDC – External Evaluator DaSy NCSI - ECTA Center Technology (Website; CSLC; links to partner websites) Materials Funding - OSEP	<ul style="list-style-type: none"> Align existing EI initiatives across DE agencies DPBHS/ Delaware 2-1-1/ HMG Involve stakeholders in <ul style="list-style-type: none"> -ELFs update -CCDBG application regarding SED -EI stages to develop screenings, evaluations and IFSP 	<ul style="list-style-type: none"> Established collaborative relationships across agencies Revised MOU w/DPBHS 	<ul style="list-style-type: none"> Reduced duplication of services Established policies to support high quality early intervention programs throughout Delaware 	An increased number of Delaware infants and toddlers able to demonstrate progress in the area of social and emotional development

Note: The complete SSIP Logic Model can be found in the Appendices section along with a list of agency acronyms.

During the first meeting in August 2015, the team was tasked with developing activities to guide the improvement strategies. To flesh out the activities, the team discussed and identified Delaware’s major contributing initiatives to SE development as the following:

- Delaware 2-1-1/ HMG
- Department of Services for Children, Youth and Their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS)
- Department of Education (DOE), Delaware Office of Early Learning (OEL)
- Division of Public Health (DPH), Department of Health and Social Services (DHSS)
- Parent Information Center (PIC)
- Governor’s Advisory Council for Exceptional Citizens (GACEC)
- Family Voices
- Family Shade

Early Head Start, Parents as Teachers and home visiting programs were also identified as initiatives that promote SE development. More collaborative work with these initiatives will occur in Phase III.

Once identified, the team discussed ways to enhance Birth to Three’s established connections and the resources of other initiatives. The strengthening of these partnerships and leveraging of initiatives provides a stronger infrastructure for implementation of Phase II work, specifically related to supporting

El programs in implementing EBPs. The Collaboration Implementation Team will continue to deepen and build the infrastructure as it provides the foundation for the work of the other implementation teams.

The improvement strategies afforded a chronological approach to discuss, identify and define activities to guide the team to the desired short-term, intermediate and long-term outcomes. The team developed activities (Table 6) designed to move from discussion to implementation to the desired outcome.

Table 6: Collaboration Implementation Team Strategy 1.1 - Outcomes and Activities

<p>Improvement Strategy 1.1: Identifying and engaging interested parties in effective SE policy development.</p>
<p>Outcomes: Short-Term: Appropriate policies will be introduced and developed Short-Term: Birth to Three will identify and engage interested parties in effective SE policy development. Intermediate: Appropriate policy regarding SE development will be in place to sustain and adhere to. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Ensure stakeholder input in the ELF update. (2) Review and revise Memorandum of Understanding (MOU) with the DPBHS to access available services for Part C eligible children through an operational agreement. (3) Ensure stakeholder input in the Child Care Development Block Grant (CCDBG) application regarding young children with disabilities and SE development for young children.

Ensuring Stakeholder Engagement in the Early Learning Foundations (ELF) with OEL

A key ingredient in the success of young children is the application of the Early Learning Foundations (ELF) in all early childhood settings. The ELFs are a set of informational developmental domain descriptions designed to guide adults involved with young children to make sure appropriate activities are embedded into curriculums that support children's growth and development. The ELFs are linked to preschool and K-3 curriculum and are widely used in both home and center-based childcare settings statewide. Originally developed in 2007 and updated in 2010, the ELFs are scheduled for another update. The Collaboration Implementation Team will be a part of the ELF Task Force that will work on revisions and statewide distribution ensuring positive SE development for Delaware's early childhood population including infants and toddlers.

Accessing Available Services for Part C eligible Children through the Division of Prevention and Behavioral Health Services (DPBHS)

Through the Collaboration strand, Birth to Three has strengthened its relations with DPBHS. Team members are working to update and revise the Memorandum of Understanding (MOU), an operational

agreement designed to ensure available services for Part C eligible children. Revisions are expected to be completed by April 2016.

Through the partnership with DBPHS, Part C families of children with more intensive SE needs are able to access highly qualified personnel and empirically-based treatment programs. When child care providers require additional assistance supporting a child in their program, Early Childhood Mental Health Consultation (ECMHC) is an option. ECMHC service is available statewide and focuses on helping staff and programs learn skills and techniques to promote positive child-teacher relationships and child SE skills. This is a capacity-building and problem-solving approach to give early childhood professionals and families the tools to support the SE development of young children and to address concerns related to individual children who have challenging behaviors. The service has demonstrated that changes in teacher behavior led to changes in classroom climate and reduction in children's problem behavior, as well as an increase in positive behavior.

Licensed mental health professionals provide service to child care programs with a range of on-site consultation geared toward building the capacity of program staff to reduce challenging behaviors and promote positive SE development. They work alongside early childhood professionals in their daily setting, sharing strategies, modeling evidence-based interventions, coaching and providing information on factors that support and shape a child's SE development. Three primary types of intensive consultation services are offered:

- Classroom-wide programmatic consultation focused on building the capacity of the teachers on behalf of all children in their classes.
- Child-specific consultation focused on those young children in need of individualized services as well as facilitating referrals for evidence-based services in the community.
- Training and professional development for both program staff and families that focus on specific skill building topics such as building positive relationships, child development, recognizing signs of trauma, and promoting SE wellness. This includes Teacher-Child Interaction Training (TCIT) and Child-Adult Relationship Enhancement (CARE) training. These are adaptations of Parent-Child Interaction Therapy.

DPBHS also provides Parent-Child Interaction Therapy (PCIT) through a network of community-based mental health treatment providers. PCIT is an empirically-supported treatment for young children, which places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior.

The Collaboration strand has been able to partner with a new DPBHS initiative: Delaware Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). This much-needed grant initiative will help address the physical, social, emotional, mental and behavioral needs of young children, from birth to age eight, who reside in several high-risk communities in Wilmington, Delaware. Project LAUNCH uses a public health approach, including a home visitation program, to improve collaboration and coordination across child-serving systems and promote social and emotional success in specific high-needs communities. CDW north serves many children in this high-risk area and the partnership with this key program will assist in identifying additional resources for the children and families in this demographic.

Ensuring Stakeholder Input in the Child Care Development Block Grant (CCDBG) through DHSS

The Collaboration Implementation Team is working to ensure stakeholder input in the Child Care Development Block Grant (CCDBG) application regarding young children with disabilities and SE development for young children. This program funds State efforts to provide child care services, Purchase of Care (POC), for low-income family members who work, train for work, attend school, or whose children receive, or need to receive protective services. A portion of funds are also used for activities to improve the quality of care, such as provider training. It is imperative Birth to Three have stakeholder input to stress the importance of quality childcare for young children with disabilities. Team members had discussions with the CCDBG administrator and provided input during the period for public comment in early 2016. The Collaboration Implementation Team recommended a focus on inclusion and quality care for high-risk infants and toddlers. The final draft for federal submission states the following, *the state has a cross-sector professional development system, working with Part C Early Intervention, Part B Section 619, home visiting, Head Start and child care. The Department of Education is responsible for the evaluation, determination and recommendation of services for children with special needs. Children are also screened through their early learning programs annually as a part of the program's participation in The Delaware STARS program. The Department of Education Head Start State collaboration establishes linkages among Head Start, childcare, social welfare, health and state-funded pre-school programs. These programs provide high-quality early childhood education, nutrition, health, mental health, disabilities and social services with a strong parental involvement.* Birth to Three and the Collaboration strand will continue to be active in the work the CCDBG affords to ensure inclusion of high-risk infants and toddlers.

Division of Public Health (DPH)

The Delaware Division of Public Health (DPH), one of the largest divisions within DHSS, is the Title V agency responsible for planning, program development, administration and evaluation of Maternal and Child Health (MCH) programs statewide. Because our state does not have county or local health departments, DPH administers both state and local public health programs. Within DPH, the Family Health and Systems Management (FHSM) section through the Bureau of Maternal Child Health has direct oversight of Title V, including the Children and Youth with Special Health Care Needs (CYSHCN) Program. The Bureau of MCH conducted an extensive needs assessment in 2014 and 2015 as a requirement of the Title V Block Grant. With consideration of the transformation of the Block Grant, a specific needs assessment survey and key informant interview process was completed for the CYSHCN population. As a result of this process the two priority areas chosen specifically to address needs of the CYSHCN population by Delaware are Medical Home and Adequate Insurance Coverage. Other priority areas chosen will have a significant component for CYSHCN include Bullying, Oral Health and Physical Activity. The MCH Bureau is currently working with small teams on each Priority Area to develop specific evidence-based strategies to measure progress on the National Performance Measures aligned with our chosen priority areas.

Currently, Title V funding is used to advance systems of care for CYSHN through the support of Delaware Family SHADE and funding for the Delaware Birth Defects Surveillance Registry Program. The participation with the Collaboration Implementation Team strengthens this partnership and ensures screening information is shared. As stated previously, sharing this way will lead to less redundancy as children will not be screened multiple times and will also increase the quality of referrals received by CDW.

Governor's Advisory Council for Exceptional Citizens (GACEC)

The Governor's Advisory Council for Exceptional Citizen's (GACEC) is a federal and state mandated Council. The legal authority of this Council shall be Title 14, Chapter 31, Exceptional Persons, and Sub. Sec. 3111: "The Governor shall appoint an advisory council to act in an advisory capacity to the State Board of Education and other State agencies on the needs of exceptional citizens." The General Assembly shall provide for the maintenance of the Council. The Council shall also serve in the capacity of the State Advisory Panel (SAP) as required by the Individuals with Disabilities Education Act (IDEA).

The Council advocates for the needs of exceptional citizens in the State of Delaware from birth to death. The GACEC advises the Governor, General Assembly, the State Board of Education, the Department of Education and other agency heads, as appropriate, on the unmet needs and/or progress of local or state agencies responsible for providing education and related services to Delaware's exceptional citizens through advice and advocacy.

The mission of the GACEC is to provide leadership to improve the lives of exceptional citizens of all ages. As a member of the Collaboration Implementation Team, GACEC will be able to inform the Governor, General Assembly, State agencies, Council members and the public on the great strides Delaware has made in early childhood SE development and where improvements need to be made. The Council can advocate for changes in laws, policy and/ or funding should the need arise.

Table 7: Collaboration Implementation Team Strategy 1.2- Outcomes and Activities

<p>Improvement Strategy 1.2: Including partners in the various stages of EI such as screenings, evaluations and IFSP development.</p>
<p>Outcomes: Short-Term: Birth to Three will include partners in EI stages to develop a process for sharing screening information that will be implemented to ensure consistency of practice and improved ability to identify SE needs. Short-Term: There will be an increase in the number of SE screenings and improved quality of referrals. Intermediate: Screening will be universal and results for high risk infants and toddlers will be shared electronically, on a need-to-know basis with referral sources, and will be analyzed to determine SE concerns of infants and toddlers. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Strengthen and expand screening around trauma-informed care, including toxic stress, for young children. (2) Strengthen and coordinate screening information that is referred to CDW. Research results from screenings such as The Ages & Stages Questionnaires: SE (ASQ: SE), PEDs and any other screenings that may be introduced. (3) Promote the importance of screening and follow-up with physicians.

Collaboration Implementation Team Making Connections to Achieve the Goals of the SSIP

The Collaboration Implementation Team identified Critical Partners to Further Promote Screening, Referral and Follow-Up Services:

Delaware 2-1-1/HMG

The Collaboration Implementation Team is working with HMG to promote developmental screening, including screening for SE development, by both physicians and child care providers. A process for sharing screening information will be developed and implemented. Sharing information in this way will lead to less redundancy as children will not be screened multiple times and will also increase the quality of referrals received by CDW. Collaboration through a community of screeners assures consistency of practice and improves the ability to identify SE needs and focus interventions to best meet those needs. More appropriate referrals to other services, when needed, can happen more quickly and collaboratively. The work the Collaboration Implementation Team is doing directly supports Delaware's Strategic Plan for a Comprehensive Early Childhood System, Strategy 1: Increase developmental screening of young children:

- Healthcare providers, home visitors, and early childhood providers will use standardized developmental screening (i.e., PEDS or ASQ) for all young children to identify developmental delays, disabilities, and behavioral health concerns.
- Increase referrals to Delaware 2-1-1/ HMG, Child Find/CDW, and other programs.
- 25,000 children will be screened each year with appropriate referral and follow-up services.

Parents' Evaluation of Developmental Status (PEDS) a Key Focus of HMG

In 2011, the Commonwealth Fund State Scorecard on Child Health Systems Performance ranked Delaware 50th for the percent of children (ages 10 months-5 years) who received standardized developmental screening during visits. This performance prompted policy changes aimed at reversing Delaware's downward trend. An earlier move by Delaware's policymakers to sign House Bill 199 in 2009 was instrumental in moving the effort forward. The bill mandated insurance coverage for developmental screening at 9, 18 and 36 months of age, using validated instruments recommended by the American Academy of Pediatrics. The use of informal checklists rather than validated screening tools and lack of insurance reimbursement had been identified as barriers to screening in healthcare.

Additional state budget allocation in 2012 provided the fiscal support necessary to move the needle forward. Through these funds, DPH launched a statewide pediatric developmental screening initiative, providing the online version of the Parents Evaluation of Developmental Status (PEDS) validated tool free of charge to physicians and parents. Working in concert with the state, Nemours Children's Health System also invested in the tool, making it accessible to their pediatric clinic.

Since then, Delaware has improved its ranking to 21st in the nation. This was made possible by providing primary care physicians with training and TA on how to implement the PEDS tool within their practices or clinics. As a result, more than 19,571 PEDS screens have been administered with about 3% (674) having been found at risk for developmental delays. Families with moderate risk screening results are referred to the Delaware 2-1-1/ HMG centralized phone line where they receive follow-up check-ins to ensure they receive the connection to community resources or services. The SSIP Collaboration Implementation Team is continuing to strengthen relationships with pediatricians to ensure services for these children, who would otherwise have fallen between the cracks without support.

Ages & Stages Questionnaires (ASQ)

Developmental Screening is an essential standard for all Star 4 and 5 level programs. Delaware STARS has determined The Ages & Stages Questionnaires, Third Edition (ASQ-3) and Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ: SE-2) to be the preferred tools, although other screening tools are approved by STARS. OEL provides funding for programs to receive free training and technical assistance. After completing the training, childcare centers receive a free starter kit, which includes the ASQ: SE- 2 Questionnaires, User Guide, and Learning Activities Book. OEL has also purchased Online Family Access, which allows families to complete the screening online, provides screening management, and data collection.

Easter Seals of Delaware is one of CDW's most prominent EI providers and has been extremely active in the work of the SSIP. Beginning July of 2013, under a contract with OEL, Easter Seals of Delaware provided professional development to almost 2000 early care educators serving infants and toddlers in administration and follow-up using the Ages & Stages Developmental Screening Tool. The goal of this project is to ensure that young children are being screened and referred by providing training and materials to the workforce of the early care and education programs involved with Delaware STARS. This training included the ASQ3 & the ASQ-SE. The ASQ-SE looks specifically at the SE development from 3 months to 5 ½ years. As a screening tool, the ASQ:SE does not diagnose SE disorders but is seen as the first step in identifying young children who may benefit from more in-depth evaluation and/or preventive interventions designed to improve their social competence, emotional competence, or both.

Once training of a program has been completed OEL provided a complete Ages & Stages Kit to each program. In 2016, the ASQ-SE was updated; training was provided and new ASQ-SE2 kits have been distributed to all programs that have participated in this training.

OEL has contracted a certified trainer of the ASQ3 and ASQ-SE2 to provide Technical Assistance (TA) to these programs in order to support the implementation of Ages & Stages. Birth to Three has worked to develop a referral form which is on the STARS website for childcare centers and parents to use for referral and follow-up for infants and toddlers identified as high-risk.

Delaware Early Childhood Comprehensive Systems (ECCS) Statewide Plan

The Division of Public Health's (DPH) Early Childhood Comprehensive System (ECCS) brings together primary care providers, teachers, families, and caregivers to develop seamless systems of care for children in the critical formative years from birth to age eight. Working with health care providers, social services, child care and early childhood education programs, ECCS programs help children grow up healthy and ready to learn by addressing their physical, emotional and social health in a broad-based and coordinated way. The goals are to:

- Improve access to existing community services through HMG centralized phone line referrals.
- Expand and increase developmental screening and follow-up services utilizing the PEDS validated tool.
- Education, promotion and engagement of the medical community to increase developmental screening and strengthen child mental health infrastructure through education, monitoring and screening, and referrals for adverse childhood experiences and the mitigation of toxic stress.

Trauma-Informed Care

Another strong area of focus within the HMG System of DPH is Trauma-informed care. The ECCS, which also manages HMG, received funding (2013-2016) from the Health Resources and Services Administration (HRSA) to address adverse childhood experiences and the mitigation of toxic stress. Collaboration within the state's Division of Substance Abuse and Mental Health (DSAMH), which also was awarded the Mental Health Transformation Grant on Trauma-Informed Care (2010-2015), has fostered a forum where the concepts surrounding trauma-informed care have taken root across the state. Active members of the grant team have created the Trauma Matters Delaware Steering committee to design a path forward in the integration of trauma-informed care statewide. Members of the Collaboration team have joined the work group and are helping to share information and educational opportunities with all of the implementation teams.

Table 8: Collaboration Implementation Team Strategy 1.3 - Outcomes and Activities

<p>Improvement Strategy 1.3: Strengthening partnerships to better utilize applicable resources designed to aid a child in reaching appropriate developmental SE milestones.</p>
<p>Outcomes: Short-Term: Birth to Three will strengthen collaborations with early childhood partners. Short-Term: Resources and supports will be updated, easy to access and useful to families, EI providers and the early childhood community. Intermediate: The needs identified are serviced by the resources. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Review Environmental Scan from Project LAUNCH for available services and supports. Revise or add to for Part C eligible children and their families. (2) Strengthen partnership with Delaware 2-1-1/ HMG: strengthen “warm transfers”, disseminate information on SE development, request information on resources they use to refer.

Collaboration Implementation Team Identifying Key Initiatives to Achieve the Goals of the SSIP

Children with special healthcare needs and disabilities have chronic and complex needs, and their families and caregivers often struggle to find the services necessary to support their children. Team members reviewed the recent Environmental Scan from Project LAUNCH to confirm available services and supports for Part C eligible children and their families are easily accessible through the collaboration with Delaware 2-1-1/HMG. The Collaboration Implementation Team is working with family and advocate networks to identify needs within the early childhood community and match available resources to improve the likelihood that EBPs will be used to increase the number of infants and toddlers who are able to demonstrate progress in the area of SE development.

Family Voices

Delaware Family Voices helps these children obtain health care insurance and receive resources that speed their development and enhance the quality of their lives, as well as provide them with the one thing that children need most to achieve their potential – knowledgeable, assertive, and caring parents.

Through Delaware Family Voices' programs and affiliations with the National Center for Family Professional Partnerships, Family to Family Health Information Center, Parent to Parent and the Statewide Family Network, they are able to support families struggling with challenges and questions across a wide spectrum of issues.

Parent Information Center (PIC)

The executive director of PIC is a co-lead for the Collaboration Implementation Team and has been an invaluable asset to the quantity and quality of the work being done. Through this exceptional partnership, the team will be able to access the resources and services of PIC to share information on the importance of SE development with families throughout Delaware. PIC's focus is to help families understand, and prepare for, the educational needs of their child as early as possible. Towards this end, they work with families individually, conduct classes and publish on-line resources to strengthen the educational advocacy skills of parents. This partnership will guarantee alignment between Part C and Part B and ease the transition process into General or Special Education for families.

Family Support and Healthcare Alliance Delaware (Family SHADE)

Family Support and Healthcare Alliance Delaware (Family SHADE) is an alliance of 60+ organizations and agencies and 30 parents/self-advocates committed to working together to improve the quality of life of children and youth with special health care needs (CYSHCN) by improving access to information and services in Delaware. Family SHADE was formed in response to a needs assessment of families and service providers conducted by Delaware's Maternal Child Health (MCH) Bureau. The results indicated the need to strengthen, expand, and coordinate a system of family supports in Delaware that are easily accessible, avoid duplication and address gaps in services. To address these recommendations, organizations, agencies and family members came together to form Family SHADE, an "umbrella" organization that is dedicated to sharing information, resources and expertise to benefit and support families of CYSHCN. The Center for Disabilities Studies (CDS), located within University of Delaware's College of Education and Human Development and the Department of Human Development, serves as the administrative home, fiduciary agent and convening agency for Family SHADE.

Family SHADE recognizes that effective family support of CYSHCN requires a multi-faceted, family-centered approach. Family SHADE partners with organizations and families to ensure that parents, siblings and extended families have the resources, information, and social and emotional support to care for their children with special needs. It enlists its partners to use their specific areas of expertise in a collaborative manner to address the unmet needs of CYSHCN and their families. Family SHADE also fosters this collaborative spirit by hosting networking breakfasts where members can share upcoming events and discuss collaborative opportunities.

Family SHADE provides one-stop access to reliable and consistent information and referrals for CYSHCN and their families. Family SHADE has developed a website (www.familyshade.org) with a comprehensive, searchable database of services and resources for CYSHCN. Families may use a computer to access Family SHADE's online database or they may download a free mobile app to access it with their smartphone. The staff is also available via a toll-free number to help families connect with the

expertise that they need. Family SHADE's website also includes a new "Roadmap to Services" that helps families navigate existing services and supports for CYSHCN. The Roadmap features 12 "starting points," or topic areas: diagnosis, legal services, library/resources, education, insurance, transition, healthcare, behavioral health, financial, family support, community life, and early childhood.

Family SHADE's broad network of member organizations also enables the rapid dissemination of information to CYSHCN and their families throughout Delaware. In addition, Families Know Best, a Family SHADE periodic survey of families of CYSHCN provides a mechanism whereby families can offer regular feedback about the services they receive and quickly bring new concerns to the attention of service providers and policymakers. This feedback enables service providers to rapidly tailor their services in response to the needs that families express.

In addition to working to improve the quality of life for CYSHCN and their families, Family SHADE strengthens and supports its partner organizations by providing technical assistance in areas such as grant writing, strategic planning, and fundraising, and by coordinating existing expertise among Family SHADE partners. Family SHADE also provides information regarding funding opportunities to its member organizations and encourages collaborative initiatives that leverage funding among its members to develop new services, or to improve or increase the quality and capacity of existing services.

As evidenced in the description above, Family Shade is an invaluable resource for families and the collaboration with this initiative will benefit them in numerous ways including positive SE development.

Delaware 2-1-1/ HMG

The Delaware 2-1-1 mission is to support the community by working collaboratively statewide to help Delawareans in need, by connecting them to appropriate resources that lead to acceptable resolution of identified concerns and advocate to reduce or eliminate gaps in services. In 2013 through Delaware 2-1-1, DPH launched HMG, a national evidence-based system that connects children with potential development and behavioral problems to services. HMG has been operating in Delaware for three years to strengthen connections and linkages to community resources and services. The partnership between HMG and the centralized helpline of Delaware 2-1-1 is assisting parents of young children as they navigate the system. As discussed previously, the Collaboration Implementation Team is working to ensure consistent content within their database. One of the barriers to family engagement was identified by FSCs in the Family Involvement strand as the difficulty families report when navigating between service providers within the Delaware 2-1-1/HMG system. The Collaboration Implementation Team has been working with the directors of Family Shade and Delaware 2-1-1 program - who are members of the Collaboration Implementation Team - to improve "warm transfers," which is the process of transferring a family to a specific service provider and/or group that provides specialized support services. Both program directors are excited and engaged with the work being done within the Collaboration Implementation Team as it will lead to more comprehensive information that is easily accessible for families.

By strengthening the relationship between these groups, the SSIP co-leads expect to accomplish two of the short-term outcomes identified in the logic model:

- Collaborative relationships established across agencies (Collaboration Implementation Team).
- Increased awareness among parents/families of information and resources to support their child's SE development (Family Involvement Team).

This is an example of the way the Collaboration Implementation Team is strengthening the infrastructure and building relationships to implement improvement activities. Once the workflow has been approved, the SSIP teams will work together to build capacity for implementation of high-quality EI services to enable additional Delaware infants and toddlers to demonstrate progress in the area of SE development. The partners are trying to work out ways to keep all the information and resources in one place while also maintaining the autonomy of each agency and organization. Delaware 2-1-1 is committed to keeping the information up-to-date through any changes so that all the resources and supports remain accessible to families.

Division of Prevention and Behavioral Health Services (DPBHS)

Project LAUNCH has identified, through its environmental scan, comprehensive services throughout the state in SE. Although this particular program is limited to a specific geographic area, the research necessary to receive this grant award required an intense environmental scan that spanned the current resources and services available statewide. The director of this project has been an integral member of this team, providing the results of the scan to the team to review and compare with the contents of the Delaware 2-1-1/ HMG database, ensuring current and applicable information. FSCs can empower families by referring them to this website with confidence when resources and services not provided by CDW are needed. Having a centrally located, high-profile repository of materials that contains current resources and services is a very important contributor to family success. Thus, the collaboration work between Delaware 2-1-1/ HMG and Delaware Project LAUNCH has been extremely important to the actualization of Delaware's long-term goals.

Table 9: Collaboration Implementation Team Strategy 1.4- Outcomes and Activities

<p>Improvement Strategy 1.4: Strengthening partnerships to better utilize applicable resources designed to aid a child in reaching appropriate developmental SE milestones.</p>
<p>Outcomes: Short-Term: Birth to Three will identify and enable Evidence-Based Practices (EBP) to be consistently implemented in EI programs throughout the state. Short-Term: EI program staff will become more knowledgeable about EBPs and their use and will implement with fidelity. Intermediate: EI staff will have access to resources and supports on the SE development of young children and will utilize and disseminate with families. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Disseminate information to EI providers and CDW staff on The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model. (2) Collaborate with <i>Just in Time Parenting</i> to promote SE awareness.

The Collaboration Implementation Team Identified National Resources That Promote EBPs to Implement SE Development across EI Programs throughout the State**Center for Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model**

In Phase I, the State shared the intent to promote evidence-based practices to support the improvement of SE outcomes for infants and toddlers, including the Center for Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model. Collaboration with other state agencies and community partners will also enable practices such as CSEFEL to be consistently implemented in EI programs throughout the state. The Collaboration Implementation Team will work in partnership with the Delaware Institute for Excellence in Early Childhood (DIEEC), located within University of Delaware's College of Education and Human Development and the Department of Human Development and Family Studies to offer training to CDW staff and EI providers on the CSEFEL Pyramid Model. The CSEFEL materials reflect evidence-based practices for promoting children's social and emotional development and preventing challenging behaviors. This training will ensure that service coordinators and providers all have a basic understanding of SE development and know the skills that build SE development. If all professionals working with a family understand SE development, they can link activities that promote SE development into families' daily routines ensuring SE development.

Just in Time Parenting

Just in Time Parenting is a multi-state initiative and outreach innovation that brings high quality, research-based information to families at the time it can be most useful and make the biggest difference in their lives. *Just in Time Parenting's* Cooperative Extension faculty at the University of Delaware has assisted in the development and evaluation of an unusually parent-friendly series. Capitalizing on the "teachable moment," monthly *Just in Time Parenting* newsletters are delivered specific to the age of each parent's child. The newsletter series encourages positive approaches to parenting. The Cooperative Extension's evaluation results of the print versions of the newsletters indicate that this resource can significantly impact parents' knowledge and behavior. Agencies can publicize *Just in Time Parenting* to parents and utilize a coupon code to track their publication efforts; thereby assuring families are receiving this valuable material. In addition to the significant monthly newsletter, parents and professionals can access a plethora of resources on EBPs and other useful information through *Just in Time Parenting's* website.

The Collaboration Implementation Team is taking steps to strengthen this partnership and take advantage of a local resource by meeting with the director of the program to further discuss ways to engage families in the work being done and resources available. Utilizing this valuable knowledge will provide families the opportunity to receive more personalized information on subjects important to them, thus ensuring richer engagement regarding SE development.

SUMMARY

Over the course of the past six months, the Collaboration Implementation Team has taken the work plan from the early stages of discovery to the advanced stage of completion of some of the activities. Through bi-monthly meetings, the team has been able to strategize and develop the following steps to reach the short, intermediate and eventual long-term outcomes:

- Determined activities to meet outcomes.
- Outlined steps to implement activities.
- Identified resources needed.

- Assigned a main contact who is responsible for ensuring completion of each activity.
- Set timelines (projected initiation & completion dates).
- Matched TA Center support to the implementation teams and activities as needed.
- Developed potential measurement for key outcomes.

ACCOMPLISHMENTS in Phase II: The Collaboration Implementation Team was formed and met four times. All of the improvement activities identified by the Collaboration Implementation Team are expected to improve the state's infrastructure in order to implement and support EBP to increase the SE development of infants and toddlers. Collaboration Implementation Team members were instrumental in the drafting, review and editing of the SSIP Phase II logic model and the Gantt chart that the team is planning to upload to the Delaware-specific site on the Cross State Learning Collaborative as a way to stay up-to-date on the implementation of the plan. The team members also assisted in writing the OSEP report for Phase II planning and wrote the evaluation questions for the evaluation plan.

The Collaboration Implementation Team has started the work around ensuring stakeholder input in the ELF update. EI providers will be a part of the process. The goal is for this resource to comprehensively include developmental milestones in SE development and be used in conjunction with curriculums for Delaware's infants and toddlers.

Members of the Collaboration Implementation Team met with representatives of the DPBHS in December 2015 to review and revise the MOU ensuring access and availability to services for Part C eligible children including ECMHC services. The completed MOU will provide the leverage necessary to accomplish the improvement strategies and activities which are expected to result in increased SE outcomes.

Team members had discussions with the CCDBG administrator and provided input during the period for public comment in early 2016. The Collaboration Implementation Team recommended a focus on inclusion and quality care for high-risk infants and toddlers. The final draft for federal submission states the following, *the state has a cross-sector professional development system, working with Part C Early Intervention, Part B Section 619, home visiting, Head Start and child care. The Department of Education is responsible for the evaluation, determination and recommendation of services for children with special needs. Children are also screened through their early learning programs annually as a part of the program's participation in The Delaware STARS program. The Department of Education Head Start State collaboration establishes linkages among Head Start, childcare, social welfare, health and state-funded pre-school programs. These programs provide high-quality early childhood education, nutrition, health, mental health, disabilities and social services with a strong parental involvement.* Birth to Three and the Collaboration strand will continue to be active in the work the CCDBG affords to assure that child care quality initiatives include infants and toddlers with disabilities and support inclusion of all children in child care.

Members of the Collaboration team have joined the Trauma Matters Delaware Steering committee to help design a path forward in the integration of trauma-informed care statewide and are sharing information and educational opportunities with all of the implementation teams. The utilization of these materials will inform those providing direct care insights into how to better recognize signs of trauma and provide more effective assistance to families.

The team has actively worked to strengthen and coordinate screening information that is shared with CDW to ensure accurate, current data are available to better gauge children's needs.

Team members reviewed the recent Environmental Scan from Project LAUNCH to confirm available services and supports for Part C eligible children and their families are easily accessible through the collaboration with Delaware 2-1-1/HMG. Reliable access to this information affords families the ability to be empowered when navigating service systems and identify current sources of information when a need is recognized.

Team members are identifying and compiling information regarding the kinds of referrals PIC, Family Shade and HMG receive regarding SE concerns for children ages birth to five. The goal is to assure that there is an infrastructure in place to match the many available resources to the identified needs of infants and toddlers with disabilities in Delaware.

Team members reviewed the early results from PEDS screening demonstrating that 26,925 PEDS Screens were completed between January 2014 and December 2015. HMG system also expedites referrals to existing service providers who offer parents/caregivers additional support. Since the inception of HMG Delaware, nearly 3,000 families have been connected to necessary services including CDW, Child Find and Home Visiting resources.

As the team has progressed, some activities have required assistance from other implementation teams. The teams are working more closely together to support their improvement strategies and this cross-collaboration has allowed for deeper stakeholder engagement. Although activities and outcomes may need revision over time, the Collaboration Implementation Team ensures continued communication among teams, which allows for increased coordination and more effortless transition.

The Collaboration Implementation Team has built momentum with the work already underway which builds trust and confidence in the partnerships formed providing more "bandwidth" through more difficult implementation challenges down the road. The team has continued to add members as the importance of the work being done within the team has become apparent as each of the implementation teams dig deeper into the positive changes necessary to achieve our long-term goal. This relationship building is an important part of the process, and the Collaboration Implementation Team will continue to refine the work as it advances into future Phases of the SSIP.

Phase III:

- Develop and strengthen follow-up services from developmental screening to ensure children identified as at risk for developmental delays are actually referred to and receiving EI services.
- Collaborate with family Involvement team to promote the importance of screening and follow-up with physicians and childcare programs.
- Strengthen partnership with Delaware 2-1-1/ HMG: Promote Collaboration among Family Shade, HMG and Project LAUNCH.
- Collaborate with ECCS to strengthen and expand screening around trauma-informed care, including toxic stress, for young children.
- Collaborate with Project LAUNCH to disseminate information on SE development and disseminate information on the most current EBPs.
- Collaborate with Just in Time Parenting to promote SE awareness.
- Collaborate with Family Involvement team to build coordinated ways to access information that is usable and accessible to families
- Strengthen collaboration with Early Head Start, Parents as Teachers and home visiting programs.

Assessment Practices Implementation Team

Theory of Action:

Researches and identifies appropriate assessment tools used to identify social emotional needs of eligible infants and toddlers

The Assessment Practices team is charged with developing the activities to research and identify an assessment tool that better captures SE strengths and concerns for infants and toddlers. Phase I stakeholders determined the current assessment tools are not sensitive enough to capture SE strengths and concerns for infants and toddlers. This team was designed to bring together subject matter experts and experienced assessors to choose a tool that meets established criteria and may replace the need for multiple assessment tools.

Stakeholder Engagement to Support EI Program Implementation of EBP

The Assessment Practices team consisted of 20 members at the first meeting in August and has grown to 24 members as the importance of the work being done has been expressed with member's agencies and participation has grown, moving the team forward.

Phase I described the stakeholders engaged in designing Delaware's SSIP. Phase II saw an increased level of participation in stakeholder engagement actively involving several additional high-profile agency and organization's representatives at SSIP meetings during Phase II of the planning process. Not only has team participation grown, but members have also bridged the work of other SSIP implementation teams and sustained involvement over time.

Table 10: Listing of Agency Participation in Assessment Practices Implementation Team Meetings and Planning Activities

Assessment Practices Implementation Team

- Bayada Pediatrics
- Christiana Care Health System
- Department of Education (DOE)
- Department of Health and Social Services (DHSS), Division of Public Health (DPH)
- Division of Public Health (DPH), Child Development Watch (CDW)
- Easter Seals of Delaware
- EBS Children's Institute
- Family Member
- Nemours Children's Health System
- Sunny Days, Inc. - Childhood Developmental Services
- Frank Porter Graham

Note: Some agencies have more than one representative attending the meeting so the number of team members exceeds the number of agencies.

The team met four times for three hours each; August 20, 2015, October 29, 2015, December 17, 2015 and February 11, 2016. Member engagement guides the Phase II process. In an attempt to accommodate team member schedules, Doodle Polls were sent to determine the best days and times for the meetings with the dates chosen that offered the most attendance. At the December meeting, the teams chose the next three dates scheduling through August 2016 demonstrating their commitment to the work ahead.

Multi-year Plan with Coherent Improvement Strategies and Activities to Support EI Program Implementation of EBP

The Co-Leads of the Assessment Practices Implementation Team met several times before the rest of the team convened to go over the issues and areas they thought needed to be addressed. As most of the team members would be responsible for juggling their heavy caseloads and the work of the Assessment Practices Implementation Team, the co-leads wanted to guarantee meeting time would be time expended wisely and efficiently. The Co-Leads reviewed the Phase I report that *identified the need for a more productive assessment tool to identify possible SE challenges. If there is not a tool to measure what needs to be measured, State may need to consider more informal ways of measuring progress. The State Will Need To Identify A Tool That Can Better Evaluate Social-Emotional Skills For Infants And Toddlers.* Discovery during Phase I also identified the *fidelity of tools from one assessor to another may be having an impact on how children are rated. Since the same tool is not used to guide the determination of the COSF for all children, should all assessors be using the same tool?*

Co-Leads prepared for the first meeting by researching specific information to create a stronger foundation for the work ahead.

They contacted our ECTA TA to request the following:

- Current trends for Assessment tools in EI services around the country.
- Common underlying themes for these tools.
- Some of the agreed upon practices (implementation) of these tools.

The feedback received provided the foundation for the activities developed designed to move the team from idea to implementation. Our ECTA TA recommended many articles and resources for the Co-Leads to review to assist them in making decisions. The Co-Leads shared the information with the team to discuss.

Multi-year Plan with Coherent Improvement Strategies and Activities to Support EI Program Implementation of EBP

The Assessment Practices Implementation Team's work plan outlines four Improvement Strategies (Table 11) developed from the challenges identified in the analysis from Phase I.

Table 11: Assessment Practices Implementation Team-Improvement Strategies

- 1.1 Researching and identifying assessment tools designed to capture SE strengths and concerns for infants and toddlers.
- 1.2 Discussing positives and negatives of each tool as it relates to children with special needs and developmental delays.
- 1.3 Discussing and identifying ways to improve processes in Assessment.
- 1.4 Identifying and implementing SE assessment tool through appropriate, statewide training.

The Birth to Three logic model links the SSIP ToA to the implementation team improvement activities, which are discussed in the next section. The figure below depicts the items specifically related to the Assessment Practices Implementation Team contributions to the SSIP Logic Model.

Table 12: Assessment Practices Implementation Team Section of the Birth to Three Early Intervention’s Social Emotional Development Logic Model

		Outcomes		
Inputs	Activities	Short-term	Intermediate	Long-term
Birth to Three EIS - DHSS CDW ICC Delaware DOE EI Providers Stakeholders DERDC – <i>External Evaluator</i> DaSy NCSI - ECTA Center Technology (Website; CSLC; links to partner websites) Materials Funding - OSEP	<ul style="list-style-type: none"> Identify, compile and review existing assessment tools designed to capture early childhood social emotional strength and concerns Pilot test identified SE assessment tools 	<ul style="list-style-type: none"> Created portfolio of recommended assessment tools with strong validity and reliability 	<ul style="list-style-type: none"> Implemented assessment tools and EBP with fidelity in all Delaware EI programs 	An increased number of Delaware infants and toddlers able to demonstrate progress in the area of social and emotional development

Note: The complete SSIP Logic Model can be found in the Appendices section along with a list of agency acronyms.

During the first meeting in August 2015, the team was tasked with developing activities to guide the improvement strategies. The team worked on researching and identifying a more effective assessment tool. They engaged in robust conversation as they shared information on their experience with Delaware’s commonly used assessment tools (Table 13).

Table 13: Assessment Practices Implementation Commonly Used Tool Comparison

Tool	Positives	Negatives
Bayley	Standardized Score	Very Long To Administer
	Accurate Results For Older Children	Gets Longer As Child Ages
		Limited Results For 0-6 Months
		Does Not Qualify Well
Tool	Positives	Negatives
Vineland	Interprets Well For Spanish Speaking Families	Parent Report- Can Be Influenced
	Shorter To Administer	Requires More Training
		Inaccurate Standard Score Delay Determination

		Not Fine Tuned
		Does Not Qualify Well
Tool	Positives	Negatives
ELAP	Bi-Lingual	Not Comprehensive
	Parent Informed	Needs Clearer Questions
	Quick To Administer	Results For 6 + Months
Tool	Positives	Negatives
Carolina	Guides ECE- User Friendly	Not Standardized
	Almost Anyone Can Use, Additional Training Provides More Comprehensive Results	Long- Administered Over Many Sessions
		Not A Good Qualifying Tool
		Cannot Be Used For Eligibility
		Can Be Used Superficially Because Of Training
Tool	Positives	Negatives
ASQ: SE	Standardized	Cannot Be Used For Eligibility
	Quick	
	Can Inform Goals And Skills	
	Covers All Domains	

The first meeting found the convening of providers and assessors from north and south to be an extremely lively, informational windfall as it was the first time this specific mixing of professionals had taken place. A lively discussion transpired. The team used this time to discuss the challenges with the currently used tools and the differences in the ways CDW North and CDW South operate.

After discussing the positives and negatives of each tool, the team decided to design their ideal tool. The decision to use their valuable time together to design a "DREAM" tool proved to be very enlightening, and they listed the following ideal functions aimed at providing comprehensive information regarding a child's SE strengths and areas of improvement. This activity allowed the team to express all areas of concern, offer individual experience and build continuity.

The "DREAM" tool:

- Can be used to determine eligibility.
- Can be used for COSF development.
- Can be used for monitoring.
- Should be standardized.
- Should inform goals.
- Should be multi-lingual.
- Should align with the Routines-Based Interview (RBI).
- Should encourage parent engagement.
- Can be administered by multi-disciplines.
- Should have consistency.
- Should align with the Building Blocks Crosswalk.
- Can be used by doctors to refer.
- Should provide a more comprehensive evaluation in the early years.

- Should produce clear outcomes.
- Should work effectively within required timeframe.
- Should involve minimal paperwork.
- Should be workable regarding intensity of training.
- Should be cost effective and re-printable.
- Should recognize/consider behavior in a variety of evaluation settings.
- Should encompass birth to 36 months.
- Should provide valuable information.
- Should be able to put into practice easily.
- Should include birth mandates.
- Should be the same tool used from entry to exit.
- Should be subjective, not judgmental.

The improvement strategies afforded a chronological approach to discuss, identify and define activities to guide the team to the desired short-term, intermediate and long-term outcomes. The team developed activities (Table 14) designed to move from discussion to implementation to the desired outcome.

Table 14: Assessment Practices Implementation Team Strategy 1.1- Outcomes and Activities

<p>Improvement Strategy: 1.1 Researching and identifying assessment tools designed to capture SE strengths and concerns for infants and toddlers.</p>
<p>Outcomes: Short-Term: Birth to Three will research and identify assessment tools designed to capture SE strengths and concerns for infants and toddlers. Short-Term: Child Development Watch will be able to more accurately assess SE development. Intermediate: There will be an earlier identification of SE emotional needs. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Design a "DREAM" tool, listing ideal functions aimed at providing comprehensive information regarding a child's SE strengths and areas of improvement. This activity will allow for the team to express all areas of concern, experience and build continuity. (2) Research assessment tools used country-wide that may meet "Dream" tool criteria. (3) Discuss and dissect the 25 "Dream" tool criteria to decide on the most vital components of the instrument to be piloted.

At each meeting, team members reviewed and discussed a number of developmental, mental health and assessment practices related materials on best-practice regarding SE development and assessment in early childhood to assist them in selecting the appropriate assessment tool.

Some examples include:

- ✓ Delaware Early Learning Foundations (ELF) Infant/ Toddler
- ✓ Delaware Building Blocks, BETTER LASTING OUTCOMES FOR CHILDREN—KEYS TO SUCCESS, Guidelines for Infants and Toddlers
- ✓ *Infant/Toddler Development, Screening, and Assessment*, National Training Institute at the Department of Maternal and Child Health, University of North Carolina at Chapel Hill.
- ✓ Webinars through Head Start National Center on Health- American Academy of Pediatrics
- ✓ Developmental and Behavioral Screening Guide for Early Care and Education Providers
- ✓ Early Identification of Culturally and Linguistically Diverse Young Children
- ✓ Developmental Screening and Assessment Instruments with an Emphasis on Social and Emotional Development for Young Children Ages Birth through Five
- ✓ CDC/ Act Early Program
- ✓ Development, Screening, and Assessment National Infant & Toddler Child Care Initiative
- ✓ Birth To 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children

Team members discussed sculpting the “Dream Tool” inventory to better evaluate current assessment options and decided the most important bare-minimum components necessary for the instrument.

In addition to aligning with Delaware’s ELF, the chosen tools must be:

- Age appropriate- Birth to three years-old
- Standardized
- Normed
- Bilingual

The tools must have:

- A strong early childhood SE component
- Standard deviation

And the team also considered the following:

- Eligibility
- Positives
- Negatives
- Time to administer

Table 15: Assessment Practices Implementation Team Strategy 1.2- Outcomes and Activities

<p>Improvement Strategy: 1.2 Discussing positives and negatives of each assessment tool as it relates to children with special needs and developmental delays.</p>
<p>Outcomes: Short-Term: Assessment Practices Implementation Team will compare current and alternative assessment tools designed to capture SE strengths and concerns for infants and toddlers. Short-Term: Assessment Practices Implementation Team will pilot assessment tools designed to capture SE strengths and concerns for infants and toddlers. Intermediate: Assessors will have valid, reliable tools to capture SE strengths and concerns for infants and toddlers. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes: (1) Compare Delaware’s commonly used assessment tools. (2) Compare alternative assessment tools to identify a tool that provides SE information robust enough to guide intervention and facilitate improvement. (3) Pilot up to three assessment tools.</p>

The team compared Delaware’s most commonly used assessment tools:

- BAYLEY Scales of Infant Development
- CAROLINA- Curriculum for Infants and Toddlers with Special Needs
- ASQ:SE- Ages and Stages: Social-Emotional
- ELAP- Early Learning Accomplishment

To other, possibly more effective, assessment tools to find the most appropriate tool:

- ASQ: SE- Ages & Stages Questionnaires: Social Emotional
- DECA IT- Devereux Early Childhood Assessment Infant Toddler
- Brigance III
- Greenspan
- MEISR- Measure of Engagement, Independence, and Social Relationships

Team members reviewed many other assessment instruments and reported their findings to the team. Details were documented and compiled in the in the Assessment Practices Implementation Tool Comparison Chart (Table 16).

Table 16: Assessment Practices Implementation Team Tool Comparison Chart. Complete Chart can be found in the Assessment Practices Implementation Team Work Plan, Tab 2 Tool Comparison Chart in the Appendices Section.

TOOL	USE	AGES	STANDARDIZED	STANDARD DEVIATION	NORMED	AREAS SCREENED	SOCIAL-EMOTIONAL TIME TO ADMINISTER AND BY WHOM	ELIGIBILITY BI-LINGUAL	POSITIVES	NEGATIVES	SOURCE
BAYLEY Scales of Infant Development	The Bayley Scales of Infant Development (BSID) is intended to identify infants and young children at risk of developmental delay who should be evaluated further. Developmental abilities are grouped to include a Mental Scale, a Motor Scale, and an Infant Behavior Record.	Birth to 42 months old	Y		Y	The Screener focuses on the cognitive, language, and motor domains. The motor subtest may be useful with premature and other high-risk infants.	N Takes approximately 25-60 minutes to administer DEPENDING ON AGE, Direct With Child.		1. Documented, sound, psychometric properties 2. Standardized Score 3. Accurate results for older children	1. An assessment that aligns better with goals for early childhood interventions is needed. 2. When using the measure, investigators should distinguish between verbal and nonverbal items. 3. A shortened version is in development for use in large-scale national surveys, but concern was expressed that content and construct validity may be sacrificed for reliability, predictive validity, and ease of administration.	http://ectacenter.org/~pdfs/eco/oseo_report_appc.pdf
Bayley Infant Behavior Record-SCREENER	The measure is intended to supplement information obtained from the Bayley Scales of Infant Development. It assesses the child's social and emotional development through a standardized description of his or her behavior during the testing session.	1 to 42 months old				It assesses the child's social and emotional development through a standardized description of his or her behavior during the testing session. Can be used to determine whether a child is developing normally and provide for early diagnosis and intervention in cases of developmental delay, where there is significant tardiness in acquiring certain skills or performing key activities. Additionally, they can be used to qualify a child for special services and/or demonstrate the effectiveness of those services.	Administered during the BSID test, which takes approximately 45 minutes.			1. Its utility for measuring progress in the context of intervention research was questioned because wide variations in performance observed early in development may obscure later developmental changes that occur, especially across shorter periods of time.	http://ectacenter.org/~pdfs/eco/oseo_report_appc.pdf
VINELAND Adaptive Behavior Scales	This assessment provides critical data for the diagnosis or evaluation of a wide range of disabilities, including mental retardation, developmental delays, functional skills impairment, and speech/language impairment. Vineland has also been proven to be an accurate resource for predicting autism and Asperger syndrome, among other differential diagnoses.	Birth to 18 years			Y	Designed to assess disabled and non-disabled persons in their personal and social functioning, subtests in communication, daily living skills, socialization, and motor skills.	There are three versions of this scale and the administration time is the following: Interview Edition (297 items) 20-60 minutes, Expanded Form (577 items) 60-90 minutes; Classroom Edition (244 items) 20 minutes		1. Interprets well for Spanish speaking families Quick to administer	1. Parent report: can be influenced 2. Requires more training 3. Inaccurate standard score delay determination 4. Not fine tuned 5. Does not qualify well	http://ectacenter.org/~pdfs/eco/oseo_report_appc.pdf
E-LAP- Early Learning Accomplishment Profile	The E-LAP is a criterion-referenced screening tool for infants and toddlers. It is considered a source of information about the young child's functioning and should be used to identify young children who need a referral for a developmental assessment through Early Intervention. Was originally used to assess developmental level of children with special needs, although now can be used with any infant and toddler (with or without disabilities).	birth-36 months	Y			Five principle developmental domains: motor (gross, fine), self-help (adaptive), language (communication), cognitive, and social emotional functioning.	12-15 minutes to administer, Direct with child	Y	1. Bi-lingual 2. Parent informed 3. Quick to administer	1. Not comprehensive 2. Needs more clear questions 3. Results for 6+ months	http://ectacenter.org/~pdfs/eco/oseo_report_appc.pdf

Table 17: Assessment Practices Implementation Team Strategy 1.3- Outcomes and Activities

<p>Improvement Strategy: 1.3 Discussing and identifying ways to improve processes in Assessment Practices.</p>
<p>Outcomes: Short-Term: Assessment Practices Implementation Team will identify challenges within the assessment process. Short-Term: Assessment Practices Implementation Team will identify and implement positive changes to the assessment process. Intermediate: The assessment process will produce reliable data. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Define areas of SE development assessed. (2) Discuss and consider what impacts child outcomes data. (3) Discuss parties involved in initial assessment. (4) Develop procedures, policies and protocols to assure providers and CDW assessors employ same assessment tools to afford consistent results.

During this discovery phase, discussions arose related to several factors that influence test results including assessor competency, testing environment and family involvement. The team discussed the need to define exactly what areas of SE development will be assessed and how to have critical conversations with families regarding SE results. Normal progression leads the team to examine training to better support service coordinators in many areas including cultural competency, SE milestones and working collaboratively with the Division of Family Services (DFS). The Family Involvement Implementation Team is actively working on this aspect of discovery and has identified it as a primary activity to focus their efforts on in the early part of Phase III.

In addition to choosing a more robust SE tool, the team is working on improving overall assessment practices and has had discussions pertaining to the information and practices that provide our COSF data. Members of the Assessment Practices Implementation Team are working collaboratively with the Monitoring and Accountability team to better define the COSF process and make it more efficient. Several meetings have taken place to define challenges and identify appropriate solutions, stressing the importance of teaming to work out these challenges. The Delaware Building Blocks Process for COSF will be utilized in these discussions.

OSEP established three functionally-stated outcomes for programs providing EI services to children with IFSPs and IEPs. Part C (infants and toddlers up to age three) requires EI providers to collect assessment data at each child's entry (eligibility determination) and exit (transition) from the program. Analysis of these data provides a measurement indicating the extent to which children are making or not making progress as a result of receiving EI.

The three child outcomes include:

- Children have positive SE skills, including social relationships.
- Children acquire knowledge and skills, including early language/ communication.
- Children use appropriate behavior to meet their needs.

Delaware fully implemented the Child Outcome System on September 1, 2006. The Building BLOCKS guidebook is intended to document policies and procedures governing those children eligible under Part C of IDEA.

Determining Which Children to Include in the Child Outcomes Process

The children participating in the accountability outcomes process will:

- Be Part C eligible
- Have an IFSP (even if service coordination is the only service)
- Be in the program for at least six (6) months. The timeline starts with the assignment of initial service coordinator.

Children who temporarily withdraw from services are included in the analysis if they return and continue services within ninety (90) days of the date they withdrew.

For those children who transfer between EI providers, the outcome assessment information from the former provider is shared with the new provider. The preference is to have the same tool completed each time, but this may not be possible in all cases.

The Routines-Based Interview (RBI) is a very important piece of the SE puzzle in Delaware. The Assessment Practices Implementation Team members have made sure to consider the impact the interview will have once fully implemented. The team discussed the possibility that the RBI comprehensive interview itself might serve as the SE assessment for children.

A concern is that the early interventionist may not get the answers to questions needed to give an SE score. The team is working on solutions to this challenge and also working on developing a triage process for the RBI workflow to streamline internal processes and align them with provider agencies allowing for a more collaborative experience for families.

The Assessment Practices Implementation Team is reviewing parties involved in initial assessment to assure communication is shared appropriately and efficiently with families. The Professional Development Implementation Team is developing a workflow process to better guide interviewers and inform families. Once completed, the Assessment Practices Implementation Team members will review it and provide feedback.

Table 18: Assessment Practices Implementation Team Strategy 1.4- Outcomes and Activities

<p>Improvement Strategy: 1.4 Identifying and implementing SE assessment tool through appropriate, statewide training.</p>
<p>Outcomes: Short-Term: Assessment Practices Implementation Team will identify and implement training needs for chosen assessment tool(s). Short-Term: Assessments will better capture SE benchmarks. Intermediate: EI providers will be better able to refer when SE services are necessary. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes: (1) Identify training requirements of chosen assessment tool(s). (2) Implement training with fidelity.</p>

Once identified, team members will decide on as many as three suitable assessment tools that will be piloted in Phase III. Results from the pilot will be documented and shared with all stakeholders. Once the pilot is complete, appropriate training will be implemented state-wide with the intention of ensuring service coordinators and EI providers utilize the same assessment tools aligning results and data entry. Stakeholders will be surveyed to keep the quality of the assessments in the uppermost mind of the members and agencies to identify any problems with the chosen tool early on. Sustainability will be attained through on-going training to implement the tools with fidelity and continuous research to ensure current instruments are aligned with the latest strategies throughout the nation. This work will specifically impact infants and toddlers with disabilities and their families as the goal is to have much more useful information on which to base our SE recommendations for services and information for families. Combined with the RBI, assessment tools that provide earlier identification of SE concern will lead to more functional, family-driven goals and outcomes.

SUMMARY

Over the course of the past six months, the Assessment Practices Implementation Team has taken the work plan from the early stages of discovery to the advanced stage of completion of some of the activities. Through bi-monthly meetings, the team has been able to strategize and develop the following steps to reach the short, intermediate and eventual long-term outcomes:

- Determined activities to meet outcomes.
- Outlined steps to implement activities.
- Identified resources needed.
- Assigned a main contact who is responsible for ensuring completion of each activity.
- Set timelines (projected initiation & completion dates).
- Matched TA Center support to the implementation teams and activities as needed.
- Developed potential measurement for key outcomes.

ACCOMPLISHMENTS in Phase II: The Assessment Practices Implementation Team was formed and met four times. The team compared currently used assessment tools with alternative tools to identify better instruments designed to provide more robust SE information for Part C eligible children. The team identified training necessary to better engage families including cultural competency and developmental milestones. The team discussed the COSF process and partnered with the Monitoring and Accountability Implementation Team to better define the challenges and identify viable process solutions. The team discussed the RBI and the impact it will have on the assessment instruments used in the future.

The team has continued to add members as the importance of the work being done within the team has become apparent as each of the implementation teams dig deeper into the positive changes necessary to achieve our long-term goal.

A leveraging agent of this implementation team is the collaborative effort and the identification of shared responsibility amongst internal and external stakeholders whom already have a committed and vested interest in caring for and improving outcomes amongst EI children and their families. This team continues to build from of the already existing network of community resources and services, strengthening collaborative efforts to improve child outcomes.

In February, the Assessment Practices Implementation Team reviewed the SSIP Phase II logic model, reviewed activities from the work plan to finalize timelines, edited the initial draft of the report and drafted evaluation questions for the evaluation plan.

Collaborative efforts that have taken place within the Assessment Practices Implementation Team have been cyclical, where team stakeholders have gone back to their respective community programs and disseminated ideas, knowledge, and efforts of this task force, reinforcing collaborative and engaging efforts amongst our stakeholders. These results act as a network of change influencing positive carry-over of already seeded engaging activities and increasing engagement in our team meetings to develop additional improvement strategies to enhance engagement and increase child outcomes.

Phase III: The team will pilot up to three assessment tools in Phase III, identify training, implement state-wide and survey the team members and agencies involved on a regular basis to discover ideas for improvement in the assessment process.

The team will engage in continuous improvement activities to increase the understanding of how to interpret COSF data at the local and EI provider level. The team will work collaboratively with other SSIP implementation teams to improve assessment practices and implement the RBI.

Professional Development Implementation Team

Theory of Action:

Develops a collaborative statewide structure that supports the implementation of evidence-based practices; and

Provides professional development and technical assistance on evidence-based practices including the Routines-Based Interview (RBI).

Stakeholders in Phase I identified the need for training in evidence-based practices as a key component of the SSIP. The Professional Development Implementation Team was formed and is charged with developing the activities to promote evidence-based practices (EBPs) to support the improvement of SEO for infants and toddlers. The Professional Development Implementation Team staff was already pursuing work with Dr. Robin McWilliams, formerly with the Siskin Institute and Vanderbilt University to begin creating a Delaware plan for training in the Routines-Based Model and Routines-Based Interview (RBI). Since the Routines-Based Model is intended to promote positive interaction between caregivers and children, and there is an evidence base supporting Dr. McWilliams' work, the SSIP leadership team continued to explore the application of RBI within the SSIP to improve SE development of infants and toddlers.

The SSIP leadership team worked with Dr. McWilliams to plan a rollout that addresses implementation science drivers identified by the State Implementation and Scaling-up of Evidence-based Practices (SISEP) Center. The implementation drivers of competency, organization and leadership were addressed, and the plan was outlined according to the phases of implementation recommended by SISEP. As part of the continuing SSIP process, Delaware lead agency staff convened meetings with various stakeholder groups - including the Interagency Coordinating Council (ICC) – regarding RBI. Although the Professional Development Implementation Team staff was already exploring RBI as part of the learning and training activities underway, the meeting with the ICC kicked off the exploration phase of the work with the range of stakeholder groups involved in the SSIP. The work with stakeholders also uncovered the need for focused attention on expressing the value of RBI in ways that various groups can relate to the work.

Therefore, in addition to the technical aspects of adopting the EBP of RBI and using the implementation drivers supported by the SISEP Center's findings to scale-up the practices, the Professional Development Implementation Team is working across implementation teams to address some of the adaptive challenges to implementation. Adaptive challenges relate to the human elements of change: values, beliefs, relationship-building and acceptance of the change as a worthwhile endeavor.

During Phase II of the SSIP, the Professional Development Implementation Team developed a work plan while incorporating these key elements of change. For example, the Professional Development Implementation Team co-leads convened deep conversations with family service coordinators (FSC) and providers about likely practice changes and worked with one another in detail to surface the opportunities and concerns arising from the RBI. The solutions they developed together are outlined as activities in the work plan. The team also anticipated the need to work with the Family Involvement strand to develop key messages and collaborate across families and practitioners to ensure a smooth transition to improve interaction and child outcomes. So, the team members addressed both the technical aspects of building a collaborative statewide structure for implementing EBP and the adaptive aspects of supporting people through the collaborative process and resulting change.

The Professional Development Implementation Teams work plan describes the activities in more detail and lays the infrastructure on which the Professional Development Implementation Team is building and sustaining practice change.

Building an Infrastructure by Coalescing Partners and Linking Implementation Teams

Delaware has created implementation teams comprised of stakeholders who are involved in planning and guiding implementation, reviewing data, and determining if adjustments are needed. The core partners made up of two co-leads from different roles; oversee the continuous cycle of quality improvement for the entire SSIP, making sure everyone is moving toward the same vision. The Professional Development Implementation Team ensures continuous improvement of the activities designed to achieve the strands within the theory of action, by deepening the knowledge and interaction needed to reach the ultimate goal of improving SEO.

As noted in the previous section, the Professional Development Implementation Team quickly realized that building capacity for implementation of EBPs requires strong partnerships across roles and linked actions among teams. According to the National Implementation Research Network,

An infrastructure of linked implementation teams contributes to creating coherent and aligned system functions. By working together with singular focus ... the teams can help create culture of innovation with good outcomes. (Active Implementation Hub, Frank Porter Graham, Child Development Institute).

There is an SSIP leadership team as well as an implementation team for each of the five strands of the Delaware Part C SSIP (Family Involvement, Assessment, Professional Development, Collaboration and Monitoring and Accountability). While the RBI is the main focus for the Professional Development Implementation Team, there is considerable overlap and cross-team collaboration with the other strands.

The Professional Development Implementation Team includes representation from the Birth to Three Office, (CDW), families, EI providers and state and community partners. The Professional Development Implementation Team informs the broader work and the SSIP leadership team makes decisions about the overall direction of the work being undertaken by all five implementation teams to achieve the long-term shared goal.

Essential to the work is the fact that there is leadership representative from each of our provider agencies, as well as CDW North and South. One group considered instrumental to the success of statewide scale-up of EBP is the Interagency Resource Management Committee (IRMC). The IRMC is comprised of Cabinet Secretaries from the Department of Health and Social Services (DHSS), Department of Services for Children Youth and their Families (DSCYF), the Department of Education (DOE), the Chair of the Early Childhood Council and a representative from the Office of Management Budget (OMB).

A full list of agencies engaged in the work of the Professional Development Implementation Team (Table 19) follows below:

Table 19: Listing of Agency Participation in Professional Development Implementation Team Meetings and Planning Activities

Professional Development (RBI) Implementation Team
• Autism Delaware
• Bayada Pediatrics
• Christiana Care Health System
• Department of Health and Social Services (DHSS), Birth to Three Early Intervention System
• Division of Public Health (DPH), Child Development Watch (CDW)
• Easter Seals of Delaware
• EBS Children's Institute
• NCSI TA Facilitator at NASDSE
• ResCare
• Sunny Days, Inc. - Childhood Developmental Services

Note: Some agencies have more than one representative attending the meeting so the number of team members exceeds the number of agencies.

Although there is general support from a range of stakeholders to implement the Routines-Based Model in Delaware, moving from research to practice requires careful attention to both the technical and adaptive sides of change, as noted previously. In order to realize large-scale systems change, many people need to understand and internalize the behaviors expected to yield improved SEO among Delaware's youngest children. The next sections delve more deeply into the way the leadership team transitioned from Phase I (Analysis) to Phase II (Planning) of SSIP implementation in Delaware, specifically highlighting the resources and supports that EI coordinators and providers identified as necessary to implement EBP with the infants, toddlers and families they serve.

Infrastructure Development: Transition from Phase I to Phase II

From January 2015 (Phase I) through June 2015 (Phase II), the Professional Development Implementation Team completed the *State Infrastructure Analysis Tool*, analyzed data, evaluated system opportunities and strengths, and identified current initiatives that could be built upon, specifically in relation to the Professional Development Implementation Team work of the SSIP. Based on data and stakeholder input from Phase I, the Professional Development Implementation Team agreed with the selection of the SIMR to increase the number and percentage of infants and toddlers who demonstrate progress in the area of SE development, and identified RBI as the primary evidence-based practice to implement. In April 2015, about halfway through the six-month exploration process, the original Professional Development Implementation Team expanded to form the SSIP's. To broaden the Professional Development Implementation Team, the SSIP leadership team distributed a survey designed around the competencies needed to support the implementation of EBPs, in order to meet the needs of infants, toddlers and families and improve SEO through the EI system.

In order to garner cross-stakeholder support and achieve a diverse mix of roles, several factors were considered as part of recruitment for the Professional Development Implementation Team:

- Role within the organization,
- Ability to mentor and guide peers,
- Willingness to adopt a new mindset, and
- Desire to make decisions in an evolving process.

Team members understood the challenge and time commitments and agreed to be active participants in the decisions necessary to move to the next step or phase of implementation. After six months of exploration, the SSIP-assembled team moved in earnest to the installation phase of RBI implementation.

The Professional Development Implementation Team progresses slightly differently than the other four implementation teams. The Professional Development Implementation Team meets monthly, spends a tremendous amount of time in between meetings working on issues related to RBI implementation and, as a result, developed a different type of work plan to serve as their implementation plan. The next section features some of the key decisions and short-term goal milestones achieved by the Professional Development Implementation Team, followed by plans for increasing decisions and short-term goal milestones achieved by the Professional Development Implementation Team, followed by plans for increasing collaboration across roles and levels of the system to build greater capacity for systems change.

Table 20: Professional Development Implementation Team Outcomes

Outcomes:

Short-Term: Increased number of EI providers trained and certified in RBI

Short-Term: RBI-Trained professionals establish positive, immediate relationships with families and assist them with deciding functional outcomes/goals.

Intermediate: IFSP goals are more functional and routine-based and strategies to enhance children's SE development are embedded into family routines

Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.

Table 21 describes the team's Improvement Strategies, outcomes and activities designed to reach the desired long-term outcomes.

Table 21: Professional Development Implementation Team Strategies and Activities to Meet Outcomes

Improvement Strategy 1- Develop Policy for Funding of Pilot

- Paying for RBI's during pilot
- Paying for RBI's long term, CPT codes

Improvement Strategy 2- Develop Process for Training and Building Capacity

- How many days will the training be?
- Who will be trained?

- What is the role of coaches?
- What are the expectations of coaches?
- Future training responsibilities
- Delaware Certification requirements
- Building Capacity

Improvement Strategy 3- Develop (EI) Process for Initial Referrals When Using the RBI

- Receiving the referral
- When to do the Eco map
- Sequence of initial meetings
- Do we do an RBI for 6 months and/or annually to update IFSP?
- Established Condition (EC) and Developmental Delay (DD) Children
- Identifying provider agency
- Deciding who the RBI pair will be
- Most likely provider discipline selection
- Communication between providers, handoffs
- Split services and implications
- Do we need a discipline specific evaluation prior to starting services?
- Where to document most likely service provider per MDA team assessment
- Do we share the RBI notes or only the outcomes?
- How to handle timeline challenges (cancellation, illness etc.)

Improvement Strategy 4-Develop Policy for Families

- How to explain RBI to families

Improvement Strategy 5- Develop Policy for IFSP Document

- RBI as assessment tool
- Use of RBI to fill in the MDA
- How to integrate RBI info into IFSP form

Improvement Strategy 6- Develop Policy for the COSF

- Use of RBI for COSF
- MEISR and COSF

Improvement Strategy 7- Develop Policy for Systems (Monitoring and Accountability)

- Should we/can we revamp IFSP document?
- Data system modifications

In July 2015, the co-leads of the Professional Development Implementation Team attended the Siskin Children's Institute for RBI training. The following month, August 2015, the co-leads formed the Professional Development Implementation Team with representatives from provider agencies, the Birth to Three Office and CDW. Since then, the Professional Development Implementation Team has been discussing and making decisions regarding RBI implementation. Some of the major issues that the team

has been working through include: policy, practice, training model, capacity building and sustainability. One major barrier that the team overcame during the installation phase relates to compensating service providers while they were piloting the RBI practices. In September 2015, mini-grants were created with each provider agency to support the RBI pilot program between November 2015 and September 2016, when the Professional Development Implementation Team expects to have a more long-term payment solution worked out. In November 2015, the first round of local coaches were identified and trained. In order to become "Delaware Certified" in RBI, they need to complete a written test, submit a videotape demonstrating competency using the RBI Checklist, and also submit copies of the Early Childhood Outcomes, ECO Map and functional goals. Thus, the bulk of the installation phase took place between June and December 2015.

Stakeholder Engagement and Support for Implementing Evidence-Based Practices

One of the major turning points in engaging stakeholders around RBI came in March 2015, during the exploration phase, when the Birth to Three Office co-sponsored the 21st Annual Inclusion Conference. The conference included a four-hour early childhood workshop by Dr. McWilliams titled "Functionality, Families, and Fun." Prior to the workshop, Dr. McWilliams met with leadership representatives from Part C, Child Development Watch and EI providers to discuss the potential for implementing the RBI in Delaware. As part of Dr. McWilliams' overview of the components of the Routines-Based Model for promoting positive interaction between young children and their families, he focused on the importance of the RBI as a critical link for operationalizing EBPs within the practical daily life of families.

The Routines-Based Interview (RBI) "is a semi-structured clinical interview designed to help families decide on outcomes/goals for their individualized plans, to provide a rich and thick description of child and family functioning, and to establish an immediately positive relationship between the family and the professional."

(McWilliams, 2009, p.2).

The evidence-based approaches to working with families, such as addressing skills children need to participate in daily routines, and consulting with the child's caregivers (e.g., parents, child care providers, teachers), were well-received by all the various groups represented at the work shop. Participants left with tools for improving family/teacher consultation, embedding EI into home and classroom routines and creating functional goals. Through Phase I and into Phase II, the stakeholder engagement work around RBI has taken place in role-alike groups. Because there are so many major infrastructure changes, such as changes to policy and funding structures, the Professional Development Implementation Teams' leaders needed to work with practitioners to remove some of the barriers identified in Phase I through the root cause analysis. The leaders addressed the root causes in a focused way, by convening a series of meetings and calls designed to overcome some of the practice concerns and emphasize the positive outcomes that were expected as a result of implementing RBI.

Support for EI Programs and Practitioners Implementing RBI

From the beginning, the SSIP leaders surfaced questions from the field as they explored the potential use of RBI as an EBP for deepening relationships and improving SE development. The various

stakeholders submitted questions about the RBI training, the impact on required timelines for Part C and other barriers. They also asked about strategies to best engage families. SSIP leaders crossing the Birth to Three Office, CDW and representatives from the EI provider network collected the list of challenges and opportunities, and Dr. McWilliams addressed the questions as a way to deal with the technical aspects of implementation. During Phase I, and through early conversations with Dr. McWilliams about his work in other states, the stakeholders agreed that RBI is an EBP worth replicating in Delaware. In order to move to the next phase of implementation, the Professional Development Implementation Team needed to create a plan for “installation” within the context of Delaware.

The *science of implementation* is the study of the process of implementing programs and practices that have some evidence from the research field to suggest they are worth replicating. Implementation science is the study of how a practice that is evidence-based or evidence-informed gets translated to different, more diverse contexts in the “real world.” In this way, effective implementation bridges the gap between science and practice. (Metz, A., Naom, S. F., Halle, T., & Bartley, L. 2015.)

From this initial meeting in March 2015 through March 2016, the Professional Development Implementation Team has been deeply engaged in the work of translating research to practice by convening the stakeholders to think about implementing RBI within the context of their work. The Routines-Based Model focuses on EBP for working with families, addressing skills children need to participate in their routines and consulting with the child's caregivers - including parents, child care providers and teachers. Once administered, participants are empowered with tools for family/teacher consultation, embedding EI into home and classroom routines and creating functional goals. The RBI ensures Individualized Family Service Plan (IFSP) outcomes are embedded in everyday routines. The Professional Development Implementation Team section of the SSIP Logic Model shows the connections among inputs, activities and outcomes.

Table 22: Professional Development Implementation Team Section of the Birth to Three Early Intervention’s Social Emotional Development Logic Model

Inputs	Activities	Outcomes		
		Short-term	Intermediate	Long-term
Birth to Three EIS - DHSS CDW ICC Delaware DOE EI Providers Stakeholders DERDC – External Evaluator	<ul style="list-style-type: none"> Develop and implement trainings on: <ul style="list-style-type: none"> Evidence based practices (to include RBI) 	<ul style="list-style-type: none"> Increased number of providers: <ul style="list-style-type: none"> -certified in RBI Created IFSP goals are more functional and routine-based 	<ul style="list-style-type: none"> Established positive, immediate relationships with families (RBI-Trained professionals) Assisted families with deciding functional outcomes/goals (RBI-Trained) 	An increased number of Delaware infants and toddlers able to demonstrate progress in the area of social and emotional development

DaSy NCSI - ECTA Center Technology (Website; CSLC; links to partner websites) Materials Funding - OSEP			professionals) • Embed strategies to enhance children’s social emotional development into family routines (Parents/families)	
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Note: The complete SSIP Logic Model can be found in the Appendices section along with a list of agency acronyms.

Although the logic seems clear, every person in the system needs to understand and internalize their changing role. For example, the interventionist needs to understand the connection between the outcomes expressed by families and the treatment plan the interventionist designs to address those family-driven outcomes. In the current system, some people are more skilled than others at making this connection. Therefore, the goal of the Professional Development Implementation Team is to prepare and support the practitioner through the observable practice change. There should be a consistent and clear connection between the needs of the child, the goals of the family, the design and execution of the plan and the improved child outcomes.

The service coordinators also need to adjust their behavior as they implement the local accountability practices to ensure the interventionist is implementing RBI as expected. They will need to continuously review and make corrections to the process as the Professional Development Implementation Team subgroups from various EC sites across the state share their learning from the installation and initial implementation phases, using the information to make adjustments along the way. The infrastructure and ongoing capacity building to implement EBP relies on people who need to be supported through the systems change process. The Professional Development Implementation Team’s work plan summarizes the installation activities that are being put in place to create a system of ongoing fidelity checks and feedback for continuous improvement. This feedback must be accompanied by ongoing practice support and strategies for engaging the range of stakeholders involved in implementation.

In some cases, the co-leads for the Professional Development Implementation Team incorporated additional supports in response to the needs of the team. For example, they incorporated a regular monthly SEO Community of Practice call for anyone who wanted to join the call. The leaders prepared topics related to the goals of the team but allowed flexibility depending on the needs of the team members as they made adjustments to their practice. While some of the short-term goals were accomplished during Phase II of the SSIP, other installation activities are ongoing through 2017. The next section covers initial implementation of the work plan and highlights some examples of practices that are expected to be in full implementation by the end of the 2016 calendar year.

Building Capacity of EI Programs and Practitioners Implementing RBI

In Delaware, all families in Part C are now beginning to participate in the RBI as part of IFSP development, except children who are not part of the Child Outcomes Summary (COS) process because their time spent in Part C is less than 6 months. This means that, in both regions of the state, at least, some service coordinators and early interventionists are trained and working toward the standards for fidelity in applying what they have learned as they conduct the RBI with families. There are now some trainers and coaches available to support new staff. Since January 2015, much progress has been made.

Although the number of completed RBIs began slowly, over the past three Professional Development Implementation Team meetings, the number of completed RBIs has grown exponentially. One of the major short-term goals was accomplished when the team developed an RBI Workflow as a result of the ongoing learning that occurred among Professional Development Implementation Team members. In the fall of 2015 and into the beginning of January 2016, there was much discussion about the process and flow of moving from initial identification, through the RBI process to IFSP document completion. One family service coordinator shared the workflow she developed with her staff. The Part C Coordinator and Professional Development Implementation Team leader shared other examples and came up with a composite example that was informed by all the input the team had collected through a series of eight meetings and additional subgroup calls. The example was well-received and addressed all the concerns about timelines, roles, and federal requirements.

Through the development of mini-grants, the Professional Development Implementation Team established a pilot program and found a way to compensate participants for their RBI training. Participants from both major regions (i.e., north and south) have completed the RBI training and informed the process and workflow. EI Providers are paired with a service coordinator and the implementation team using what was learned during the installation and early implementation work to plan for a phased roll-out of RBI with ongoing training, coaching and evaluation. Fidelity will be measured using the RBI Implementation Checklist, and child outcomes will be used to assess child progress. Additionally, during the pilot, the functional outcomes for each RBI are being submitted for review and feedback.

More recently, the Professional Development Implementation Team has focused on fidelity checks and evaluation planning. The Professional Development Implementation Teams, along with the SSIP Monitoring and Accountability Implementation Team and external consultant from the University of Delaware, drafted evaluation questions. All the implementation team co-leads have worked together, and with their teams, to revise the SSIP logic model and make sure all the activities fit together into an ambitious but achievable multi-year plan to improve infant and toddler SEO. Although the stakeholder engagement process prompted some revisions to the overall evaluation plan, the team members have become deeply invested in the design and implementation of the SSIP. The Professional Development Implementation Team has reviewed the data, developed the coherent strategies for the ToA, identified the Professional Development Implementation Team activities expected to achieve the SIMR goals, approved the logic model that links the activities to the ToA and guided the development of the evaluation questions.

During the February 2016 meeting, the Professional Development Implementation Team members reviewed the logic model and evaluation plan, making some suggested changes. Other teams are conducting a similar process with their stakeholders. Therefore, the SSIP team co-leads expect to make some final revisions as the work continues into Phase III when the Professional Development Implementation Team will begin to report on the progress of the RBI activities and inform any revisions needed to the SPP due to evaluation findings. Planning will continue through the target date of September 2016, with full implementation, using a phased roll-out of RBI, planned for the following three years (September 2016 through December 2019).

Family involvement has increased dramatically with the RBI training as family members have expressed a feeling of empowerment from going through the interview process. As a result, three families have become active participants on other implementation teams and the ICC. Family statements include the following:

"Thank you for today, I really enjoyed this. If you are ever looking for someone to help your program in any way please let me know. I would be interested."

"Thank you again for this opportunity. I would like to get some backing from XXX for my organization if that is not currently being done and was wondering if there's a board I could join."

"When you have a moment let me know if this is something I can do with your group. I would love to be able to represent children and adults like my daughter."

"Kristin,

I had a wonderful time sharing my story. You were great during the interview and it was a pleasure for me to help out with training! I am truly humbled by your words of encouragement. I am definitely keeping Jamaica in my sights!!! Hopefully this time next year you will receive that postcard! I think sibling workshops would be great for younger kids. (My son) would definitely benefit from it.

If there is anything I can do for you or your program please do not hesitate in contacting me!

Thank you"

In order to achieve full implementation of RBI by the end of the SSIP cycle, the Professional Development Implementation Team outlined a number of activities, which will take place between September 2016 and December 2019 and can be found in the attached work plan.

SUMMARY

Over the course of the past six months, the Professional Development Implementation Team has taken the work plan from the early stages of discovery to the advanced stage of completion of some of the activities. Through monthly meetings, the team has been able to strategize and develop the following steps to reach the short, intermediate and eventual long-term outcomes:

- Outlined steps to implement activities
- Identified resources needed
- Assigned a main contact who is responsible for ensuring completion of each activity
- Set timelines (projected initiation & completion dates)
- Matched TA Center support to the implementation teams and activities as needed
- Developed potential measurement for key outcomes

ACCOMPLISHMENTS in Phase II: The Professional Development Implementation Team has made incredible strides in accomplishing many of the initial challenges outlined at the first, official meeting in August 2015:

The team worked out paying for RBIs during the pilot, decided how many days to train, decided who will be trained, discussed the role and expectations of coaches, discussed future training responsibilities and outlined Delaware Certification requirements.

Ongoing discussions regarding building capacity will continue until we have worked out all and any of the issues that arise during implementation.

The team developed a *Process for Initial Referrals When Using the RBI* that addresses the following topics:

- Receiving the referral.
- When to do the Eco map.
- Sequence of initial meetings.
- Do we do an RBI for 6 months and/or annually to update IFSP.
- Established Condition (EC) and Developmental Delay (DD) Children.
- Identifying provider agency.
- Deciding the RBI pairing.
- Most likely provider discipline selection.
- Communication between providers, handoffs.
- Split services and implications.
- Do we need a discipline specific evaluation prior to starting services?
- Where to document most likely service provider per MDA team assessment.
- Do we share the RBI notes or only the outcomes?

The Professional Development Implementation Team worked with the Family Involvement Implementation Team to develop language to explain the RBI to families. The two teams will continue to work together to ensure family-driven information is disseminated.

Phase III: The Professional Development Implementation Team will continue to address the areas of focus necessary to implement the RBI with fidelity including the following:

Develop Policy for IFSP Document

- RBI as assessment tool
- Use of RBI to fill in the MDA
- How to integrate RBI info into IFSP form

Develop Policy for the COSF

- Use of RBI for COSF
- MEISR and COSF

Develop Policy for Systems (Monitoring and Accountability)

- Should we/can we revamp IFSP document
- Data system modifications

Family Involvement Implementation Team

Theory of Action:

Develops a process to increase family involvement in supporting Social Emotional development

Phase I identified gaps in child development outcomes data when comparing Delaware's averages to National averages. Social relationships, knowledge and skills, and actions to meet needs were reported categories in which Delaware was found to be lower compared to the National averages for these outcomes. In addition, during Phase I stakeholders repeatedly stressed the importance of ensuring families have information about SE development in order to provide their children with the experiences and opportunities that will promote SE competencies.

Family engagement and SE outcomes have been found in literature to be most improved when strengthening the quality of early interactions and engagement. The U.S. Department of Education (2016) has detailed that, "strong family engagement is central, not supplemental, to promoting children's healthy development and wellness, including SE and behavior development". It has been identified that when a child's brain and body biological systems are being developed, a child's experiences and environments have powerful influences on both their immediate development and subsequent functioning (Center on Developing Child, 2010, p. 7). The quality of engagement has been found to include "warmth, mutuality, and parent sensitivity to children's play and conversations" leading to increased social and academic competence in the child (The National Center on Parent, Family, and Community Engagement, 2014). The Center for the Developing Child (2010) at Harvard University has found that "warm and responsive relationships provide a healthy model for future relationships and continuous responsive and sensitive care results in children forming positive relationships with adults and peers when they enter school". In addition to positive social outcomes, "a child's environment of relationships can affect lifelong outcomes in emotional health, regulation of stress response systems, immune system competence, and the early establishment of health-related behaviors" (Center for Developing Child, 2010, p. 10).

The Family Involvement Implementation Team has developed ongoing strategies, activities, and subsequent outcomes that will assist in creating stable and responsive environments and relationships for Delaware's children and their families, assuring critically important developmental foundations for families served, especially within their SE framework.

Stakeholder Engagement to Support EI Program Implementation of EBP

The Family Involvement Implementation Team consisted of 17 members at the first meeting in August and has grown to 26 members to date, as the importance of the team's work efforts have been expressed with member's agencies and participation has grown. Stakeholder engagements combined with existing partnerships have provided strong momentum within the Family Involvement Implementation Team. Most members have been actively engaged in the positive SE outcomes the Family Involvement Implementation Team is tasked with producing. Their passion, expertise and membership within other statewide committees and task force commitments have provided valuable information spurring the team forward.

The Family Involvement Implementation Team currently consists of 26 members, representing 14 different professional, family and advocacy networks including members with a unique subset of our pediatric population whom EI serves, those who have been diagnosed with life-threatening and/or life-limiting illnesses, medically fragile, and whose day-to-day needs may differ from those who experience other potentially singular developmental delays.

Phase I described the stakeholders engaged in designing Delaware's SSIP. Phase II saw an increased level of participation in stakeholder engagement actively involving several additional high-profile agencies' and organizations' representatives at SSIP meetings during Phase II of the planning process. Not only has team participation grown, but members have also bridged the work of other SSIP implementation teams and sustained involvement over time.

Table 23: Listing of Agency Participation in Family Involvement Implementation Team Meetings and Planning Activities

Family Involvement Implementation team
<ul style="list-style-type: none"> Department of Services for Children, Youth and Their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS)
<ul style="list-style-type: none"> Department of Education (DOE)
<ul style="list-style-type: none"> Division of Public Health (DPH), Child Development Watch (CDW)
<ul style="list-style-type: none"> Christiana Care Health System
<ul style="list-style-type: none"> Bayada Pediatrics
<ul style="list-style-type: none"> Department of Health and Social Services (DHSS), Division of Public Health (DPH)
<ul style="list-style-type: none"> Division of Public Health (DPH), Maternal Child Health (MCH)
<ul style="list-style-type: none"> Easter Seals of Delaware
<ul style="list-style-type: none"> Nurse's 'n Kids
<ul style="list-style-type: none"> University of Delaware (UD)
<ul style="list-style-type: none"> Family Member
<ul style="list-style-type: none"> Parent Information Center (PIC)
<ul style="list-style-type: none"> Nemours Children' Health Systems
<ul style="list-style-type: none"> Autism Delaware
<ul style="list-style-type: none"> IDEA Data Center/ECTA Center

Note: Some agencies have more than one representative attending the meeting so the number of team members exceeds the number of agencies.

The team has met four times for three hours each: August 13, 2015, October 7, 2015, December 2, 2015 and February 3, 2016. Member engagement guides the Phase II process. In an attempt to accommodate team member schedules, Doodle Polls were sent to determine the best days and times for the meetings with the dates chosen that offered the most attendance. At the December meeting, the teams chose the next three dates scheduling through August 2016 demonstrating their continuing commitment to the tasks ahead.

Successful collaborative efforts were founded amongst these meetings, as multiple representing members of Delaware's community programming shared the visions of the Family Involvement Implementation Team, further identifying other members who are equally as vested in improving and strengthening the outcomes of children served by EI programs state-wide. Through this team building process, champions in the field of EI have offered their time and expertise to gather necessary data and continue to build working relationships with multi-disciplinary stakeholders to strengthen our improvement efforts.

In addition to our community stakeholder efforts, the Family Involvement Implementation Team recognizes that families are the key influences in a child's first years of life. The implementation team members from each of the other strands also agree that to successfully increase the number and percentage of infants and toddlers who demonstrate progress in the area of SE, building the capacity of

families to support their children is a must. To best support family and child outcomes, over the course of Phase I, and moving into Phase II, family members have been asked to serve on other teams in order to bring the family perspective and influence to the work underway on the Collaboration, Assessment Practices, Professional Development, and Monitoring and Accountability teams.

The recognition of the need to include family stakeholders in this SSIP process changed the composition of the teams, as there are now far more cross-cutting representatives from the Family Involvement Implementation Team bridging the implementation strands. Therefore, while members of the Family Involvement Implementation Team have spent 15 hours working together onsite with the leadership team to develop processes and activities specifically designed to increase family involvement, they are also actively contributing to the other teams.

This shift is important for two reasons. First, families are the intended beneficiaries of much of the work of EI. It is critically important to learn how the system can be more responsive to their needs and also benefit from the knowledge and experience they bring. Families are building feedback loops into the teaming process and informing other parts of the system to improve family involvement.

Second, families are building relationships with the members of the SSIP teams who influence the work of the other teams. As the implementation teams continue their work to build capacity within the State system, these relationships will provide the adhesive necessary to strengthen the infrastructure.

Using collaborative efforts amongst applicable internal and external stakeholders, the Family Involvement Implementation Team has devised multiple improvement strategies and supporting activities to drive SE outcomes in the State amongst children served within EI programs.

Multi-year Plan with Coherent Improvement Strategies and Activities to Support EI Program Implementation of EBP

The Collaboration Implementation Team's work plan outlines two Improvement Strategies (Table 23) developed from the challenges identified in the analysis from Phase I.

Table 24: Family Involvement Implementation Team-Improvement Strategies

- | |
|---|
| <p>1.1 Identifying and engaging interested parties in improving family involvement in early childhood SE development.</p> <p>1.2 Identifying ways to inform and share information with families about SE development.</p> |
|---|

The Birth to Three logic model links the SSIP ToA to the implementation team improvement activities, which are discussed in the next section. The figure below (Table 25) depicts the items specifically related to the Family Involvement Practices Implementation Team contributions to the SSIP Logic Model.

Table 25: Family Involvement Implementation Team Section of the Birth to Three Early Intervention’s Social Emotional Development Logic Model

Inputs	Activities	Outcomes		
		Short-term	Intermediate	Long-term
Birth to Three EIS - DHSS CDW ICC Delaware DOE EI Providers Stakeholders DERDC – <i>External Evaluator</i> DaSy NCSI - ECTA Center Technology (Website; CSLC; links to partner websites) Materials Funding - OSEP	<ul style="list-style-type: none"> Engage stakeholders in revising and creating literature and other resources related to SE development and challenging behaviors for parents/families Develop and implement informational materials for parents/families regarding SED and RBI 	<ul style="list-style-type: none"> Distributed literature and other resources related to SE development and challenging behaviors to parents/families Increased awareness of parents/families of information and resources to support their child’s social emotional development 	<ul style="list-style-type: none"> Embed strategies to enhance children’s social emotional development into family routines (Parents/families) 	An increased number of Delaware infants and toddlers able to demonstrate progress in the area of social and emotional development

Note: The complete SSIP Logic Model can be found in the Appendices section along with a list of agency acronyms.

During the first meeting in August 2015, the team was tasked with developing activities to guide the improvement strategies. The improvement strategies afforded a chronological approach to discuss, identify and define activities to guide the team to the desired short-term, intermediate and long-term outcomes. The following activities were identified by the team to move from discussion to implementation to desired outcome:

Table 26: Family Involvement Implementation Team Strategy 1.1- Outcomes and Activities

<p>Improvement Strategy: 1.1 Identifying and engaging interested parties in improving family involvement in early childhood SE development.</p>
<p>Outcomes: Short-Term: Birth to Three identifies and engages interested parties in improving family involvement in early childhood SE development. Short-Term: A variety of families and professionals will meet to discuss effectual, culturally competent family engagement relating to SE development. Intermediate: Appropriate strategies regarding family engagement and SE development will be introduced and implemented. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Review statewide training opportunities and services to provide customized learning opportunities to service providers to better understand and engage families. (2) Develop a Community Outreach team to educate physicians and other stakeholders about the EI model.

Review Statewide Training Opportunities and Services to Provide Customized Learning Opportunities to Service Providers to Better Understand and Engage Families

Phase I identified insufficient knowledge base of typical and atypical SE development and developmentally appropriate practices to support SE skill development as a challenge for EI providers. During the first meeting in August 2015, team members identified critical gaps in preparing service providers to effectively partner with families to provide EI services. Team members identified several areas of training necessary to better support families:

- Basic Parenting Skills
- Medicaid
- Poverty
- Cultural Competency
- Trauma-Informed Care
- Communication
- Self-Care
- Sensitivity Training
- Identifying A Coaching Model Approach To Train Other Staff
- Medical Terminology
- Report Writing/Legal Documents/HIPPA

- Mental Health Services Available For Early Childhood Population: Child-Adult Relationship Enhancement (CARE) Training, Early Childhood Mental Health Consultants (ECMHC), Challenging Behaviors
- How To Have Difficult Conversations With Families

The Family Involvement Implementation Team recognizes the time constraints placed on FSCs but believes continuing education is foundational work and other change agents may prove ineffective if all FSCs do not start and build from the same EI philosophy. It is also most cost efficient for the State to mitigate these risks and manage these details now rather than feeling the impact of alternative, less desirable outcomes and subsequent economic cost at a later time.

Birth to Three works with CDW leadership staff to assure program activities and TA result in continued progress with regards to compliance and high-quality programming. All new staff participates in a 15-hour orientation to EI which utilizes both online and in-person learning. New staff also receives a mentor and have the opportunity to observe seasoned staff, and then the new staff are observed to ensure they are demonstrating competence with essential EI and coordination practices.

In addition to the learning modules being used with new service coordinators, they are also used as resources for veteran service coordinators to assure consistency in information and practice. One-to-one TA is also provided to individual staff if the need is identified through supervision and chart monitoring.

The Birth to Three Training Administrator is part of a small workgroup of professionals from the Early Intervention-Early Childhood Professional Development Community of Practice developing a Universal Online Curriculum for EI. The workgroup's goal is to develop an online EI curriculum, highlighting best practices in the EI process that can be shared as a training tool and/or family resource for professionals and interested persons nationwide. The content includes research-based methods and materials and neither state nor territory specific. In Delaware, modules on the Seven Key Principles and Agreed Upon Practices and Foundational Pillars of Early Intervention are being used to complement and supplement other EI TA and awareness efforts.

Additional training and ongoing TA is offered regionally at CDW sites on topics such as transition planning, early childhood outcomes and other topics when needs are identified.

Birth to Three partners with the Delaware Institute for Excellence in Early Childhood (DIEEC), located at University of Delaware's College of Education and Human Development and the Department of Human Development and Family Studies, to offer high-quality training to EI providers. The role of the Institute is to develop a system to support quality early childhood programming. The system of programs and providers who work with young children include those who work in child care centers, Early Head Start, Head Start and Early Childhood Assistance Programs (ECAP). In addition, those people who work with EI services through Birth to Three and the Part B programs administered by the school districts are included, such as occupational therapists, physical therapists, and speech-language pathologists. The partnership with the Institute increases the range and quality of training opportunities focusing on inclusion and natural learning opportunities for a broad range of early childhood professionals.

Delaware has been chosen to work the Early Childhood Personnel Center (ECPC) on an intensive TA personnel development project. The intensive TA will utilize a strategic planning model to assist Delaware to develop, implement and evaluate an Early Childhood Comprehensive System of Personnel Development (CSPD) across all personnel serving infants and young children with disabilities. The CSPD

will include the following components: Personnel Standards, Needs Assessments, Pre-service Programs, In-service Programs, Technical Assistance and Evaluation. The outcome will be a viable and integrated system of six interrelated CSPD components contributing to a statewide Early Childhood CSPD that can be used as a model for other states.

Delaware's Division of Professional Regulation provides regulatory oversight for the licensing boards for physical and occupational therapists, speech-language pathologists and early childhood educators. The activities of this oversight include administrative, fiscal, and investigative support including maintaining a licensing database, notifying licensees of renewal periods and monitoring continuing education requirements.

In addition, through the use of newly acquired video conferencing equipment, Al DuPont Children's Hospital, located in Wilmington, will be able to offer staff development and training on a variety of child-related conditions and disabilities for CDW staff located in Milford.

Delaware Professional Development Now (DEPDNow) is a collaborative effort among Delaware organizations invested in the development of quality child care and early learning including Nemours Children's Health Systems, DIEEC, DOE and OEL. DEPDNow currently offers 15 online quality- assured professional development courses ranging from topics such as Secrets of Infant Behavior to Inclusion: Best Practice. This valuable resource offers not only the necessary education piece but also the convenience of fitting into coordinators' busy schedules. This useful tool will enable coordinators to work more effectively with families ensuring more positive outcomes. Family Involvement Implementation Team members will tour the site to provide feedback to the Collaboration Implementation Team to ensure complete understanding of this new educational opportunity to be able to explain and refer coordinators to the initiative.

The Family Involvement Implementation Team will continue to research and identify training opportunities for coordinators to attain and maintain an appropriate understanding of SE development and family- driven concerns.

Develop a Community Outreach Team to Educate Physicians and Other Stakeholders about the Early Intervention Model

The Family Involvement Implementation Team is developing a community outreach program to educate physicians and their staff on the EI service model and practices. Data from the Research Foundations for Evidence-Based Outreach to Promote Referrals to Early Intervention *Presentation based on findings from the Tracking, Referral and Assessment Center for Excellence (TRACE) funded by the U.S. Department of Education, Office of Special Education Programs, Research to practice Division (2009)* clearly states:

What Works

- *Ongoing face-to-face contact with primary referral sources*
- *A targeted and focused message*
- *Credibility of the message and messenger*
- *Tailored printed materials*
- *Clear and simple procedures for making referrals*
- *Timely and concise feedback to primary referral sources*

What Does Not Work

- *Information campaigns*
- *Complicated referral procedures*
- *Non-tailored program materials*
- *Passive distribution of brochures, "referral kits" or other materials*
- *Not providing feedback to primary referral sources*

The research states that, "that four sets of factors are most important if outreach to primary referral sources is to be successful: building rapport and establishing credibility with primary referral sources, highlighting and repeating a focused message, using concise and graphic written materials that describe the services the primary referral source and the child being referred will receive from your program, making follow-up visits to reinforce primary referral source referrals, answer questions, and provide additional information as needed".

The team has discussed the need for and best ways to facilitate this plan and agrees many physicians do not fully understand the CDW EI model. Outreach would certainly improve the chances that a family's first interaction with CDW would lay the groundwork for better interaction, communication and expectation thus improving a family's overall experience.

The Family Involvement Implementation Team will review the TRACE model and materials at the April 2016 meeting. The team will also use *Seven Key Principles: Looks Like/ Doesn't Look Like Principles* to help express the principles and practices in Natural Environments in the EI model. Strengthening relationships with families through community outreach will be a top priority as the Family Involvement Implementation Team moves into Phase III.

Table 27: Family Involvement Implementation Team Strategy 1.2- Outcomes and Activities

<p>Improvement Strategy: 1.2 Identifying ways to inform and share information with families about SE development.</p>
<p>Outcomes: Short-Term: Birth to Three identifies ways to share information with families about SE development and challenging behaviors. Short-Term: Families will have information and resources to support their child's SE development. Intermediate: Meaningful conversations will occur within families about SE development. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

Activities Intended to Achieve Improvement Strategy Outcomes:

- (1) Identify ways to engage families in EI processes to develop more family-driven resources and supports.
- (2) Define Family Involvement.
- (3) Update CDW/ Birth to Three brochure to inform families and educate providers.
- (4) Update the Family Guide.
- (5) Review family engagement models, information and resources including Triple P and CDC/Act Early to identify parent engagement opportunities.
- (6) Discuss creating databank of resources and services for Family Service Coordinators (FSC) to use to refer families.
- (7) Create Family- Friendly Language to Describe RBI to Families.

Family Involvement Implementation Team Making Connections to Achieve the Goals of the SSIP**The Family Involvement Implementation Team Identified the Following Ways to Inform and Share Information with Families about Social Emotional Development*****Activity 1 Identify Ways to Engage Families in Early Intervention Processes to Develop More Family-Driven Resources and Supports***

The Family Involvement Implementation Team is the main team responsible for engaging and recruiting families to work more closely with every aspect of the SSIP process to share and improve their EI experience and ensure family-driven decisions are made. As family members are a child's first teachers, their input is invaluable when system change is developed and implemented.

The Family Involvement Implementation Team is developing a menu of options that families can choose from to participate on these teams and collaborate more closely with CDW and Birth to Three. Team members understand the challenges families face, including transportation and childcare, and realize that changes in the structure of the meetings and family engagement opportunities may be necessary in order to better support families. The Family Involvement Implementation Team is discussing and developing a *Menu of Participation* that will include an array of family involvement options, including but not limited to, families participating in RBI training, the Interagency Coordinating Council (ICC), SSIP implementation teams, material development, peer mentoring, and speaking to legislators at the Joint Finance Committee (JFC). This strengthened increase in family engagement will prove to be as beneficial to service coordinators as it will be to families. It will reinforce the EI model and result in deeper understanding and partnership.

The Family Involvement Implementation Team is constantly striving to provide continuous engagement of Delaware's community stakeholders. Our activities focus on both the implementation and sustainment of change by constantly disseminating education and information as it pertains to children participating within EI and their families. In addition to distribution of materials and education to families through service coordination, the Family Involvement Implementation Team is working with the Collaboration Implementation Team to ensure resources and information are added to stakeholder websites, providing families several avenues and opportunities to obtain valuable SE information.

Activity 2 Define Family Involvement

The Family Involvement Implementation Team is currently working on defining family engagement and supports the January 4, 2016 *Comments on Draft Policy Statement on Family Engagement* the IDEA Infant and Toddler Coordinators Association (ITCA) submitted per the U.S. Department Of Health And Human Services, U.S. Department Of Education, *Draft Policy Statement On Family Engagement, From The Early Years To The Early Grades*. The team will review OSEP's final draft upon dissemination and discuss distribution to other implementation teams, providers and families.

Activity 3 Update CDW/Birth to Three Brochure to Inform Families and Educate Providers

The Family Involvement Implementation Team will update the informational brochure distributed to families and providers describing the EI philosophy and purpose of service coordination. Providing this information will allow for better communication and understanding of the program, which will ensure more accurate referrals to CDW.

Activity 4 Update the Family Guide

As EI efforts are evolving and ever changing, the team wishes for families to stay abreast of these changes and provide most up to date information to the families and children served so that they receive an accurate representation of EI programming. The updated *Family Guide to Child Development Watch* will be a direct representation of updated resources within EI programming.

Activity 5 Review Family Engagement Models, Information and Resources Including Triple P and CDC/Act Early to Identify Parent Engagement Opportunities.

In Phase I, the State shared the intent to promote EBPs that support positive SE interaction and family engagement. The Family Involvement Implementation Team is researching EBPs to support the improvement of SE outcomes for infants and toddlers, and these strategies may include the Center for Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model, the Positive Parenting Program (Triple P), CDC/ Act Early and Prevent-Teach-Reinforce for Young Children (PTR-YC) Birth to Five. The Family Involvement Implementation Team has discussed various other models and, with the support of the TA team, they will build an individualized model of care to meet the specific needs of Delaware's children and their families. The Family Involvement Implementation Team will establish the resources needed to use the model and will implement with fidelity.

Activity 6 Discuss Creating Databank of Resources and Services for Family Service Coordinators (FSC) To Use to Refer Families

In Phase I, the State identified limited access to parent resources on SE development and challenging behaviors for infants and toddlers. The Family Involvement Implementation Team has been largely impactful in their efforts to develop appropriate and sustainable strategies and activities through using collaborative agencies within the State of Delaware as leverage. It is not often feasible or cost-efficient for one program to be able to meet all of the needs of Delaware's EI children and their families; therefore, we have capitalized on the many community agencies and resources that have already developed pieces of supports for this target population. In turn, the Family Involvement Implementation Team has begun utilizing resources such as Delaware 2-1-1/HMG to further enhance the marketing of EI Stakeholders in the State and work to develop a one-stop-shop for families to have a readily accessible place to find all of the resources available for their child's developmental needs. This Collaboration Implementation Team is working on strengthening the partnership with Delaware 2-1-1/ HMG to ensure

accurate information is available. In the future, families will know where to go to find resources for needs and concerns. For EI providers, knowing where searchable databases are and what they can do, and being able to make a direct referral to address a specific current need is important. This relieves FSCs from having to make numerous calls to address an immediate need but also gives them broader resources of the databases.

Activity 7 Create Family-Friendly Language to Describe Routines-Based Interview (RBI) to Families

The Routines-Based Interview (RBI) is a new interview process implemented in Delaware to improve overall developmental outcomes for children and their families served by EI programming. This interview focuses on family-centered intervention through the discussion of family and child daily routines and family functional needs. The team has aligned with these efforts of change as Birth to Three believes that by developing and adopting processes of change such as these, families will be provided with the information and resources to support their child's SE development, and this will lead to improved parent-child interactions and increased involvement.

As a part of the theory of action, the team suggests a process that embeds strategies that enhance children's SE development into family routines. This is a departure from previous practice and requires more intensive training in the RBI process. Close collaboration across professional development and the Family Involvement Implementation Team is required to ensure outcome data and strategies related to SE development are included in the IFSP and incorporated into family routines.

The Family Involvement Implementation Team worked collaboratively with the Professional Development Implementation Team to draft family-friendly language that service coordinators could use to describe the RBI to families. Once drafted, the Professional Development Implementation Team reviewed it and began using it to engage families in the training process.

The Family Involvement Implementation Team believes that the RBI process works to support families as they identify their child's and family's goals. This process, when implemented with fidelity, will stimulate more meaningful conversations between practitioners and families around SE development. By embedding the EI practices into everyday activities and daily routines, children will have more opportunities to practice their skills. Research suggests that this sustained practice leads to improved SE development that enables children to participate in their homes and community in meaningful ways. When the process is implemented as intended, there will be leadership support and the statewide system will be more responsive to the needs of Delaware infants, toddlers and their families.

SUMMARY

Over the course of the past six months, the Family Involvement Implementation Team has taken the work plan from the early stages of discovery to the advanced stage of completion of some of the activities. Through bi-monthly meetings, the team has been able to strategize and develop the following steps to reach the short, intermediate and eventual long-term outcomes:

- Determined activities to meet outcomes
- Outlined steps to implement activities
- Identified resources needed
- Assigned a main contact who is responsible for ensuring completion of each activity
- Set timelines (projected initiation & completion dates)
- Matched TA Center support to the implementation teams and activities as needed
- Developed potential measurement for key outcomes

ACCOMPLISHMENTS in Phase II: The Family Involvement Implementation Team was formed and met three times in 2015 and once in 2016 to date. All of the improvement activities identified by the Family Involvement Implementation Team are expected to improve family engagement in order to implement and support EBPs to increase the SE development of infants and toddlers.

The team has continued to add members as the importance of the work being done within the team has become apparent as each of the implementation teams dig deeper into the positive changes necessary to achieve our long-term goal.

As we progress through the SSIP phases, the Family Involvement Implementation Team identified the strategies above as some of the most foundational work to begin improving family involvement and increasing SE outcomes amongst children served by EI. Reviewing and enhancing training opportunities for FSCs, developing a community outreach team, updating the CDW/Birth to Three brochure, updating the family guide, developing a databank of resources, and defining appropriate intervention variables such as RBI are ongoing activities that this team is working towards.

In addition to the development of the team's activities, the Family Involvement Implementation Team reviewed the SSIP Phase II logic model, reviewed activities from the work plan to finalize timelines, edited the initial draft of the report and drafted evaluation questions for the evaluation plan.

The Family Involvement Implementation Team concludes that this team is an ever evolving group of community stakeholders, developing the social/emotional initiatives in the State of Delaware and who are all working towards the common goal of infant and toddler growth in SE development. This team provides a leveraging agent in Delaware's movement of change, in that The Family Involvement Implementation Team understands that the foundation for successful implementation and integration of sustainable change begins with a solid foundation of collaborative strongholds within and amongst our community stakeholders. In the previous years, the State of Delaware has identified a gap in collaborative efforts, often encompassing many community stakeholders working towards a common goal but independently. The Family Involvement Implementation Team is making strong efforts to bridge this gap and define a movement of fluidity, where all involved stakeholders work from the same foundation and when they move, we move, being responsive and reactive to the unique needs of the pediatric population we serve.

Interventions are necessary to successfully plan for sustainable, ongoing SE growth amongst Delaware's infants, toddlers, and their families. Intervention-based strategies ensure sustainable growth and positive outcomes assuring EI program sustainability and viability. The Family Involvement Implementation Team has developed multiple family-centered initiatives to meet the needs of these families. Through enhancing the skills of the EI workforce, improving interagency collaborative efforts and systems of care, as well as educating and engaging families, their children, and all involved stakeholders, the Family Involvement Implementation Team will assure sustainable and reliable improvement in social and emotional childhood outcomes.

Phase III:

The Family Involvement Implementation Team will continue to:

- Research and identify training opportunities for coordinators to attain and maintain an appropriate understanding of SE development and family-driven concerns.

- Develop a Community Outreach Team to educate physicians and other stakeholders about the EI model using the TRACE model and *Seven Key Principles: Looks Like/Doesn't Look Like*.
- Identify ways to engage families in EI processes to develop more family-driven resources and supports.
- Define Family Involvement.
- Update CDW/ Birth to Three brochure to inform families and educate providers.
- Update the Family Guide.
- Review family engagement models, information and resources including Triple P and CDC/Act Early to identify parent engagement opportunities.
- Create databank of resources and services for FSCs to use to refer families.
- Work collaboratively with other Implementation teams to support family engagement amongst all teams.
- Provide a mechanism for ongoing communication with groups that may not be directly involved in implementation but have a vested interest in the success of the initiative.
- Develop an infrastructure to collaborate on resource development by connecting existing networks.

As the Family Involvement Implementation Team has moved forward through Phase II, collaborative discussions have identified additional and differing strategies and activities that will best sustain long-term SE outcomes amongst the children within Delaware's communities served by EI. These activities will be built upon these foundational strategies as defined above and will prove to support reliable and sustainable outcomes. This working document will reflect these changes as they are detailed thoroughly within Phase III.

Monitoring and Accountability Implementation Team***Theory of Action:***

Creates a leadership team that will review, analyze and evaluate implementation

Phase I identified that EI services for infants and toddlers with disabilities are ensured through Delaware's systems for compliance with IDEA. Determination of IDEA compliance is based on the collection, analysis and utilization of data from all available resources, including the statewide data system (DHSSCares), onsite chart monitoring, family survey activities, and through statewide initiatives external to the Birth to Three Program. Reports run from DHSSCares and onsite chart reviews are the primary method for monitoring to assure compliance. Reports and results are discussed and shared on a regional level in order to confirm that results are reflective of practices, guide ongoing technical assistance to each regional program, and develop recommendations for both regional and statewide improvement activities.

Birth to Three will create a leadership team that will review, analyze and evaluate implementation. The team will identify areas for improvement, make changes to the work plan as needed and recommend changes to policy.

The Monitoring and Accountability team is working on monitoring, evaluating, and making recommendations to improve the fidelity of high quality service delivery, thus ensuring an increase in the number and percentage of infants and toddlers who demonstrate progress in the area of SE development. Monitoring and Accountability Implementation Team members are focusing on the identification of all SE data sources, the validity of data collection, data input, and data output, the creation of an effective process to monitor the fidelity of data collection and data input, the integrity of data outputs and reports, as well as the consistent documentation of policies and process that support high quality service delivery/implementation.

Stakeholder Engagement to Support EI Program Implementation of EBP

The Monitoring and Accountability Implementation Team initially consisted of 11 members at the first meeting in August 2015 and has grown to 18 members to date. Membership has grown parallel to the importance of the team's work efforts. Stakeholder engagement combined with existing partnerships has provided strong momentum within the Monitoring and Accountability Implementation Team. Most members have been actively engaged in the positive SE outcomes the Monitoring and Accountability Implementation Team is tasked with producing. Their passion, expertise and membership within other statewide committees and task force commitments have provided valuable information spurring the team forward.

The table below shows the high profile agencies and organizational representatives at SSIP meetings during Phase II of the planning process. Not only has team participation grown, but members have also bridged the work of other SSIP implementation teams and sustained involvement over time.

Table 28: Listing of Agency Participation in Monitoring and Accountability Implementation Team Meetings and Planning Activities

Monitoring and Accountability Implementation Team	
1.	Bayada Pediatrics
2.	Easter Seals of Delaware
3.	Department of Health and Social Services (DHSS)
4.	Department of Health and Social Services (DHSS), Division of Public Health (DPH)
5.	Division of Public Health (DPH), Child Development Watch (CDW)
6.	Sunny Days, Inc. - Childhood Developmental Services
7.	Family Member
8.	DaSy Liaison at Westat

Note: Some agencies have more than one representative attending the meeting so the number of team members exceeds the number of agencies.

The team has met four times for three hours each; August 21, 2015, October 5, 2015, December 7, 2015 and February 1, 2016. Member engagement guides the Phase II process. At the December meeting, the teams chose the next three dates scheduling through August 2016 demonstrating their continuing commitment to the tasks ahead.

Multi-year Plan with Coherent Improvement Strategies and Activities to Support EI Program Implementation of EBP

The Monitoring and Accountability Implementation Team's work plan outlines four Improvement Strategies (Table 29) developed from the challenges identified in the analysis from Phase I.

Table 29: Monitoring and Accountability Implementation Team-Improvement Strategies

- 1.1:** Improve the process of gathering and measuring information in a systematic fashion.
- 1.2:** Create an infrastructure of consistent data input and reliable data output.
- 1.3:** Ensure policies are in place to support high quality EI.
- 1.4:** Develop a stakeholder driven model for data sharing.

The Birth to Three logic model links the SSIP ToA to the implementation team improvement activities, which are discussed in the next section.

The figure below (Table 30) depicts the items specifically related to the Monitoring and Accountability Implementation Team contributions to the SSIP Logic Model.

Table 30: Monitoring and Accountability Implementation Team Section of the Birth to Three Early Intervention’s Social Emotional Development Logic Model

Inputs	Activities	Outcomes		
		Short-term	Intermediate	Long-term
Birth to Three EIS - DHSS CDW ICC Delaware DOE EI Providers Stakeholders DERDC – <i>External Evaluator</i> DaSy NCSI - ECTA Center Technology (Website; CSLC; links to partner websites) Materials Funding - OSEP	<ul style="list-style-type: none"> Develop and implement trainings on: -Data collection, input & monitoring and integrity protocols Create and implement standardized protocol to monitor providers 	<ul style="list-style-type: none"> Increased number of providers: -trained in data collection, input & monitoring protocols Increased awareness of parents/families of information and resources to support their child’s social emotional development 	<ul style="list-style-type: none"> Improved surveillance, monitoring and reporting data Increased data reliability/validity Created infrastructure for consistency and reliability of data outputs of queries 	An increased number of Delaware infants and toddlers able to demonstrate progress in the area of social and emotional development

Note: The complete SSIP Logic Model can be found in the Appendices section along with a list of agency acronyms.

During the first meeting in August 2015, the team was tasked with developing activities to guide the improvement strategies. The team identified and challenges within Birth to Three’s Data and Reporting System. The following four areas were identified as sections requiring focus:

- SYSTEMS
- LEADERSHIP
- TRAINING
- CHART REVIEW

Once identified, the team discussed ways to enhance Birth to Three’s internal systems and improve processes. The strengthening of these structures and practices provides a stronger infrastructure for implementation of Phase II work, specifically related to supporting EI programs in implementing EBPs.

The improvement strategies afforded a chronological approach that would guide the team to the desired short-term, intermediate and long-term outcomes. The following activities (Table 30) were identified by the team as necessary to meet the desired SIMR outcome.

Table 31: Monitoring and Accountability Implementation Team Strategy 1.1- Outcomes and Activities

<p>Improvement Strategy: 1.1 Improve the process of gathering and measuring information in a systematic fashion.</p>
<p>Outcomes: Short-Term: Identify all available data sources Short-Term: Improve the integrity of data collection Intermediate: Develop processes, policies and trainings to assist in increasing the integrity of data collection Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Compile an inventory of data sources that is updated (2) Review the effectiveness of data collection tools and process (3) Develop a rigorous and detailed training plan on data collection and monitoring

In an attempt to improve the process of gathering and measuring information in an established systematic fashion, the Monitoring and Accountability Implementation Team began identifying all available data sources that speak to social and emotional development.

This process will provide other implementation teams with additional sources of data necessary to progress further in meeting the desired, long-term goal.

The Monitoring and Accountability Implementation team is reviewing data collection processes including auditing, COSF, and Family Survey processes.

They are asking the following questions:

- Are the processes efficient?
- Are they occurring at times that would produce the richest data?
- What data should be provided on an audit tool and where to obtain such data to be able to train Birth to Three staff?

Table 32: Monitoring and Accountability Implementation Team Strategy 1.2 - Outcomes and Activities

<p>Improvement Strategy: 1.2 Create an infrastructure of consistent data input and reliable data output.</p>
<p>Outcomes: Short-Term: Effectively communicate the value of accurate data input. Short-Term: Provide training to staff on data entry. Intermediate: Produce accurate usable reports at regional, state and federal levels. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Provide professional development to support staff responsible for data input (2) Maximize usability of data warehousing system (3) Create a way to communicate staff and program improvement (4) Increase the reliability of data outputs of queries

Monitoring and Accountability Implementation Team members have been identifying areas of professional development needs and conducting targeted trainings to improve the integrity of data collection.

The chart below displays the trainings conducted by Monitoring and Accountability Implementation Team members. The purpose of the collective trainings is to ensure the validity of data collection, data input, and data output.

Table 33: Monitoring and Accountability Implementation Team Trainings and Exercises

EXERCISE	DATE	NUMBER OF PEOPLE TRAINED	ONGOING EXERCISE
Statewide DHSSCares Consolidation User Testing	6/02/14- 6/17/14 7/16/14- 7/29/14	5-10 5-10	
New staff DHSSCares Consolidation User Training	9/03/14 11/11/14 1/20/15	5-10 5-10	
Monitor MDA/IFSP Data From Caseload Reports For Completeness And Accuracy - Follow-Up For Cases Requiring Closure	9/15/14- 9/25/14 1/06/15- 1/14/15 5/11/15- 5/18/15 8/24/15- 9/03/15		Y
Review And Follow-Up On Charts Needing Entry/Exit COSF's Statewide	12/11/14- 2/02/15		
Copy Forward Data Process For Annual IFSP All CDW	4/16/15- 4/22/15	30-50	

North Staff			
Targeted Monitoring and TA Statewide	4/11/15- 5/26/15	20-30	
Review Transition Reports In DHSSCares 360 For Validity, Fidelity And Cohesion With IRM And Core	5/19/15- 5/22/15 6/03/15- 6/08/15 7/15/15- 7/27/15		
Consents Eligibility	8/12/15	3-5 North Support Staff	Y
CDW Process South Train North	8/19/15	2 North Management	Y
Referral Process South Train North	8/19/15	2 North Management	Y
Eligibility, Consent, Billing, ICD10, Encounters	September 2015	2 North Management, 1-2 North Support Staff	Y
TA IFSP DHSSCares	5/26/15	One-On-One With FSC	
TA MDA/IFSP Section 8 Natural Environment	5/28/15	One-On-One With FSC	
TA MDA/IFSP	5/28/15	One-On-One With FSC	
Chart Monitoring	6/16/15- 6/18/15 6/22/15- 6/25/15		Y
TA MDA/IFSP Section 9	6/26/15	2 FSC	
DHSSCares Training	7/15/15	One-On-One With FSC	
Review Procedures For Documenting Transition In DHSSCares	7/21/15	One-On-One With FSC	
TA MDA/IFSP Section 9 And Edit Data In Charts For Closure	9/02/15- 9/3/15	One-On-One With FSC	
TA Monitor And Edit Data In Charts For Closure CDW North	9/21/15- 9/29/15		
TA MDA/IFSP Section 9	11/11/15	One-On-One With FSC	
Continuous Monitoring And TA On Eligibility And Documentation Of Services In DHSSCares For Billing Purposes	6/16/15- 6/18/15 6/22/15- 6/25/15		Y
Training On Consents And Eligibility With CDW North	8/12/2015	2-3 Support Staff	
Email Training To Management Regarding CDW Processes From South (To Be Modified To North) Training	8/19/2015	2 Attending Via Email	Y
Email Training To Management Regarding CDW	9/2/2015	2-3 Support Staff	

Processes From South (To Be Modified To North) Training			
Intermittent Yet Continuing Training Via Phone And Email Regarding Eligibility, Consent, Billing And Encounter Information.	9/16/2015	2-3 Attending, Management And 1-2 Support Staff	Y

The Monitoring and Accountability Implementation Team has also dedicated a significant amount of time to creating an infrastructure that is conducive to consistent data input and reliable data output. They have communicated the value of accurate data input, provided training to staff on data entry, created a guide to maximize usability of a data warehousing system and instituted peer reviews that entails at least two people running the same query to increase the reliability of data outputs. Additionally, they have created usable/functional reports at the regional level and continue to work to produce similar types of reports for state and federal levels.

Table 34: Monitoring and Accountability Implementation Team Strategy 1.3- Outcomes and Activities

<p>Improvement Strategy: 1.3 Ensure policies are in place to support high quality EI.</p>
<p>Outcomes: Short-Term: Document processes in a consistent and manageable form for CDW and Providers. Short-Term: Processes are recorded in a dependable, available format. Intermediate: Updated Policy manual is accessible for CDW and Providers. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Create a standardized protocol for monitoring of CDW (Review DEC Recommended Practices). (2) Create a process to monitor providers. (3) Put policies in place that support consistent and accurate data entry and foster high quality EI.

The Monitoring and Accountability Implementation Team have been working with CDW staff and EI providers to ensure written policies and process that support high quality EI service delivery. The team met with CDW staff and providers to identify some areas of ambiguity and vagueness that negatively impacted service delivery and/or implementation. Subsequently, the Monitoring and Accountability Implementation Team has begun to document processes and policies that are consistent, transparent, disseminated, and easily accessible to both CDW and providers. Some policies and processes that were recently written and disseminated to improve high quality service delivery as a result of CDW and provider meetings include the Toy Bag Policy Memorandum #16-03, Speech Process Memorandum, and COSF Memorandum

Table 35: Monitoring and Accountability Implementation Team Strategy 1.4- Outcomes and Activities

<p>Improvement Strategy 1.4: Develop a stakeholder driven model for data sharing</p>
<p>Outcomes: Short-Term: Summarize other data sharing group's data (ICC, DECC, Help Me Grow, Kids Count, etc.). Short-Term: Create program evaluation report. Intermediate: Increase awareness and expand the sharing for appropriate data to stakeholders. Long-Term: An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>
<p>Activities Intended to Achieve Improvement Strategy Outcomes:</p> <ol style="list-style-type: none"> (1) Create a systematic method for using monitoring data to answer questions about efficiency. (2) Expand data sharing.

SUMMARY

Over the course of the past six months, the Monitoring and Accountability Implementation Team has taken the work plan from the early stages of discovery to the advanced stage of completion of some of the activities. Through bi-monthly meetings, the team has been able to strategize and develop the following steps to reach the short, intermediate and eventual long-term outcomes:

- Determined activities to meet outcomes
- Outlined steps to implement activities
- Identified resources needed
- Assigned a main contact who is responsible for ensuring completion of each activity
- Set timelines (projected initiation & completion dates)
- Matched TA Center support to the implementation teams and activities as needed
- Developed potential measurement for key outcomes

ACCOMPLISHMENTS in Phase II: The Monitoring and Accountability Implementation Team was formed and met three times in 2015 and once in 2016 to date. All of the improvement activities identified by the Monitoring and Accountability Implementation Team are expected to strengthen process functionality in order to implement and support EBPs to increase the SE development of infants and toddlers.

In addition to the trainings and policies developed, team members also performed data integrity reviews that include more than one person running any one query and developed an accessible DHSSCares User Guide to maximize accurate data input.

The Monitoring and Accountability Implementation Team have yet to address how they will develop a stakeholder-driven model for data sharing. Although there has been a creation of program evaluation report for regional sharing they are still looking for a broader way to increase awareness and expand the sharing of appropriate data to stakeholders.

In addition to the work that the Team has identified on their own work plan, the Monitoring and Accountability Implementation Team continues to assist other implementation teams as they progress through their own activities. For instance, the Collaboration Team realized that the direction of some of their work required additional information. In order to make some decisions the Collaboration Team needed to know the number of referrals with SE qualifying and partial delays for two different time periods. A data request was submitted to the Monitoring and Accountability team. Those data will help the Collaboration strand identify trends and ultimately make a data-driven decision about services.

The Team has continued to add members based on the work needed to be done to meet the goal. The importance of the work being done within the team has become apparent as each of the implementation teams dig deeper into the positive changes necessary to achieve our long-term goal.

In addition to the development of the team's activities, the Monitoring and Accountability Implementation Team reviewed the SSIP Phase II logic model, reviewed activities from the work plan to finalize timelines, edited the initial draft of the report and drafted evaluation questions for the evaluation plan.

Phase III:

The Monitoring and Accountability Implementation Team will continue to:

- Identify all data sources that yield SEO.
- Review data collection processes.
- Train Birth to Three staff on what data should be provided on an audit tool and where to obtain such data.
- Provide professional development to support staff responsible for data input.
- Communicate the value of accurate data.
- Perform periodic chart review for timeline compliance.
- Create process/policies based on identified issues.
- Identify other ways we can use our data (other than APR and monitoring).

As the Monitoring and Accountability Implementation Team has moved forward through Phase II, collaborative discussions have identified additional and differing strategies and activities that will best sustain long-term SE outcomes amongst the children within Delaware's communities served by EI. These activities will be built upon these foundational strategies as defined above and will prove to support reliable and sustainable outcomes. This working document will reflect these changes as they are detailed thoroughly within Phase III.

Evaluation Plan for the State Systemic Improvement Plan (SSIP) for Birth to Three

Overview

The Delaware Department of Health and Social Services' (DHSS) Birth to Three Early Intervention System has developed a State Systemic Improvement Plan (SSIP). This plan focuses on increasing the number of Delaware infants and toddlers who are able to demonstrate progress in the area of social and emotional development. To achieve this goal, the state in collaboration with their stakeholders selected the following improvement strategies to focus on:

1. **Collaboration** – Build collaborative relationships with other existing early intervention initiatives across Delaware agencies.
2. **Assessment practices** – Research and identify existing assessment tools used to identify social emotional needs of eligible infants and toddlers.
3. **Professional development** – Provides professional development and technical assistance on evidence-based practices.
4. **Family involvement** – Develops a process to increase family involvement in supporting social emotional development.
5. **Monitoring and accountability** – Creates a leadership team that will review, analyze, and evaluate implementation of the SSIP.

The Delaware Education, Research & Development Center (DERDC) was contracted by DHSS Birth to Three Early Intervention System to develop a logic model and evaluation plan for the SSIP. DERDC developed the SSIP logic model by reviewing the Theory of Action with corresponding project documentation and meeting with Birth to Three staff and stakeholders. The model was then used to design the evaluation plan detailed in this document.

Purpose of the evaluation

The evaluation is intended to assess the implementation and impact of the SSIP initiative. The findings from the evaluation will provide DHSS Birth to Three and its stakeholders with information about the effectiveness of the initiative as it relates to the social and emotional development of Delaware's infants and toddlers with disabilities and their families.

With any new initiative it is critical to focus initially on ensuring that program activities are being implemented with fidelity prior to assessing the programs impact. Therefore the evaluation plan includes both process and outcome components.

- *Process*: will focus on monitoring and documenting the development and implementation of intervention activities as intended by reviewing program records to document ongoing implementation and interviewing stakeholders and program staff. Process evaluation findings will be shared regularly with project staff and stakeholders to document project progress and continuous development and refinement of the intervention.
- *Outcome*: will assess program outcomes, using both quantitative and qualitative measures.

The evaluation focuses on answering the following overarching questions:

1. What outcomes are associated with the implementation of recommended assessment tools?
2. What trainings were implemented?
3. What outcomes are associated with the implementation of Routines-Based Interview (RBI)?
4. To what extent did collaboration occur across Early Intervention stakeholders?

To answer these questions, Birth to Three will rely on reviewing a sample of COSF (entry and exit) and IFSP records, training documentation, and other program documents; surveys of providers and parents; and interviews of a sample of project staff and stakeholders. **Table 1** details for each overarching question the corresponding process and outcome questions and data collection method.

To answer question 1, the evaluator will request and review a sample of COSF records in order to determine if recommended assessments tools are currently being used. At the conclusion of the first full year of SSIP implementation, a sample of COSF records will be requested and reviewed using a review checklist created by the evaluator to see if assessments were used as intended.

In order to answer question 2, data regarding the provided trainings will be gathered through document review and participant surveys. Agendas and other training documentation (e.g., attendance records, materials presented) will be reviewed. Participants in all training sessions will be asked to complete pre- and post-training surveys. The pre-survey will be used to assess participants' knowledge and skills prior to engaging in the training. The post-survey will contain the same questions found on the pre-survey with the addition of questions to gauge participants' perceptions of and satisfaction with the training. At the conclusion of each training session, the project staff will provide the session information that includes the completed surveys to the evaluator for analysis. The evaluator will provide a summary report to the project team regarding the session to inform and strengthen future trainings.

The purpose of the Routines-Based Interview (RBI) is to (1) yield a list of functional outcomes, (2) assess child and family functioning, and (3) establish a positive relationship with the family. To assess if RBI is being implemented with fidelity (Question 3), the trained professional will submit a written test, a video tape of themselves conducting an RBI, along with written documentation (ECO Map, RBI Self-reflection checklist, RBI notes with Functional outcomes). The trainer will complete an RBI implementation checklist based on the taped interview. The trained professional must obtain 85% accuracy or above on the checklist to achieve Delaware certification. Individuals who are unable to obtain 85% will receive feedback on their strengths and where additional practice is needed and will be instructed to continue to practice the RBI in order to be reassessed. If the trained professional is still unable to reach 85%, he/she will have to repeat RBI training and the fidelity assessment process. All trained professionals will be asked to complete the provider RBI satisfaction survey after training.

To assess outcomes associated with the implementation of RBI, the evaluator will develop an Individualized Family Service Plan (IFSP) Outcome Quality checklist using the McWilliams Goal Functional Scale II (GFS II, 2005). The checklist will be used to assess goals on the IFSP for (a) functionality, (b) measurability, and (c) reflective of family priorities. A group of identified RBI trainers will review a sample of non-RBI IFSPs using the IFSP quality checklist. Completed checklists that contain a raw quality rating score will then be submitted to the evaluator for analysis. At the conclusion of the first full year of SSIP implementation, a sample of RBI-IFSP files will be requested and reviewed by RBI trainers using the

IFSP quality checklist. Completed checklists will be submitted to the evaluator for analysis. It is expected that IFSP quality will increase post-RBI implementation.

To answer Question 4, the evaluator will conduct individual semi-structured interviews with a sample of stakeholders and project staff who were engaged in the development of the SSIP intervention. The purpose of these interviews is to gather their insights regarding the collaboration efforts and progress and the impact on service delivery.

To assess outcomes associated with the collaboration of early intervention stakeholders, the evaluator will review early intervention services to document any changes in the number, scope or frequency of services provided post-collaboration efforts.

Table 36: Evaluation Questions		
Process	Outcome	Data Collection Method
Q1. What outcomes are associated with the implementation of recommended assessment tools?		
<ul style="list-style-type: none"> • What assessments were selected for use in early intervention services? • To what extent are assessments being implemented as intended in DE early intervention programs? If not, why not? • To what extent was literature on social emotional development developed and/or revised and distributed to parents 	<ul style="list-style-type: none"> • What changes occur in COSF data? • What changes occurred in parent’s awareness of information on infant and toddler social emotional developed? • Of resource to support their child’s social emotional development? • Are there changes in parent’s knowledge regarding social emotional development? 	<ul style="list-style-type: none"> • Portfolio of assessment tools • Review COSF (entry and exit) records • Assessment implementation checklist • Family Survey
Q2. What trainings were implemented?		
<ul style="list-style-type: none"> • To what extent were trainings implemented as intended? • What problems were encountered in implementing the trainings? What aspects went well? What didn’t work? • What are training participant’s perceptions of the training? (Strengths, challenges) Do they find the training content useful? 	<ul style="list-style-type: none"> • What outcomes are associated with participants who completed the trainings? • Is there a change in participant’s knowledge of data fidelity, validity, and reliability? • Is there an increase in compliance of MDA, IFSP, Service Delivery and Transition timelines? 	<ul style="list-style-type: none"> • Review records of training sessions and attendance, materials presented • Pre/Post training survey • Monitoring Data
Q3. What outcomes are associated with the implementation of Routines-Based Interview (RBI)?		
<ul style="list-style-type: none"> • Is RBI being implemented with fidelity? If not, why not? • What are provider’s experiences with the RBI? What works? What doesn’t work? • What are parents’ experiences with the RBI? What works? What doesn’t work? 	<ul style="list-style-type: none"> • What changes occur in Individualized Family Service Plans (IFSP) – Are goals more functional, measureable and reflective of family priorities? Are strategies to enhance children’s social emotional development included? • Do providers report increased positive relationships with families? 	<ul style="list-style-type: none"> • RBI Implementation checklist • IFSP Outcome Quality Checklist • Provider RBI satisfaction survey • Parent satisfaction survey
Q4. To what extent did collaboration occur across Early Intervention stakeholders?		
<ul style="list-style-type: none"> • Do stakeholders feel the work developed reflects their efforts? • Were stakeholders satisfied with their level of involvement in development of EI screenings, evaluations, and ISFP? • What do stakeholder’s think worked? What didn’t work? What could have been done differently? 	<ul style="list-style-type: none"> • Has the collaborative process changed the number, scope, or frequency of services that are provided by each agency? • Have these changes occurred as a result of increased inter-agency service coordination? 	<ul style="list-style-type: none"> • Semi-structured interviews of stakeholders • Review Early Intervention Programs services

Birth to Three Early Intervention to Social Emotional Development

The Delaware Department of Health and Social Service’s Birth to Three Early Intervention System has developed a State Systemic Improvement Plan (SSIP). The goal of this plan is to increase the number of Delaware infants and toddlers who are able to demonstrate progress in the area of social and emotional development. To achieve this result, the State will guide the implementation and scale up of practices which have been shown to promote the growth of social emotional skills in infants and toddlers. To reach this goal, the State in collaboration with its stakeholders identified improvement strategies depicted in the *Birth to Three Early Intervention System Theory of Action*. Using the *Birth to Three Early Intervention System Theory of Action* and in conjunction with reviewing various project documentation and meeting with Birth to Three staff and stakeholders, the Delaware Education, Research & Development Center (DERDC) developed the *Birth to Three Early Intervention to Social Emotional Development Logic Model*. Below you will find the Birth to Three Early Intervention to Social Emotional Development (a) Theory of Action, (b) Logic model acronym legend with a brief description of the acronyms used in the model and (c) Logic model.

Strands of Action	If Birth to Three	Then	Then	Then
Collaboration	... builds collaborative relationships with other partner agencies to build on existing programs	Resources will be maximized, increasing coordination and decreasing duplication There will be an increase in the number of social emotional screenings and improved quality of referrals	There will be earlier and better identification of social emotional needs and access to a broader range of services	An increased number of Infants and toddlers will be able to demonstrate progress in the area of social and emotional development
Assessment Practices	...researches and identifies appropriate assessment tools used to identify social emotional needs of eligible infants and toddlers	There will be an increase in the identification of social emotional strengths and needs CDW will be able to more accurately assess social emotional development	Knowledge will be shared ensuring consistency of practice Outcome data will more accurately represent a child’s social emotional development	
Professional Development	...provides professional development and technical assistance on evidence based practices including the RBI ...develops a collaborative statewide structure that supports the implementation of evidence based practices	CDW and EI providers will have consistent resources and ongoing supports necessary to consistently and effectively implement evidence based practices	Outcomes and strategies related to social emotional development will be incorporated into family routines and included on IFSP Evidence based practices will be implemented with fidelity by staff to achieve IFSP outcomes	
Family Involvement	...develops a process to increase family involvement in supporting social emotional development	Families will have information and resources to support their child’s social development Strategies to enhance children’s social emotional development will be embedded into family routines	Meaningful conversations will occur with families about social emotional development	
Monitoring & Accountability	...creates a leadership team that will review, analyze and evaluate implementation	The team will identify areas for improvement, changes in the implementation plan and recommend changes to policy	There will be a responsive statewide system with leadership support	

Source: Delaware Birth to Three SSIP Leadership Team

Table 37: Birth to Three Early Intervention to Social Emotional Development Logic Model Acronyms

Logic Model Acronym legend and brief descriptions		
Acronyms Legend		Brief Description
CCDBG	Child Care and Development Block Grant	Grant helps low-income families, families receiving public assistance and families transitioning from public assistance in obtaining child care.
DPBHS	Division of Prevention and Behavioral Health Services	A part of the Delaware Department of Services for Children, Youth, and Their Families. Providing statewide prevention, early intervention, mental and behavioral health services for children and youth.
EBP	Evidence-Based Practices	Use of current best evidence in making decisions about patient care (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000) ¹
EI	Early Intervention	Process of providing services, education, and support to young children diagnosed with a physical or mental condition. A condition that has a high probability of resulting in developmental delay.
ELF	Early Learning Foundations	Curriculum guides for providing quality opportunities for children to learn.
FSC	Family Service Coordinators	Assist the family through the completion of the multi-disciplinary evaluation and assessment, and upon determination of eligibility, the development and implementation of their Individualized Family Service Plan (IFSP)
IFSP	Individualized Family Service Plan	A plan for special services for young children with developmental needs. The plan includes a present assessments of the child’s level of development, statement of goals and support services that will assist to achieve stated goals. ISFP focuses around the family.
MOU	Memorandum of understanding	Formal agreement between two or more parties.
RBI	Routines-Based Interview	A way of gathering information from families receiving early intervention services. That consist of a semi-structured interview with the purpose of (1) developing a list of functional outcomes, (2) to assess child and family functioning, and (3) establish a positive relationship with the family.
SED	Social and Emotional Development	A child’s experience, expression, and management of emotions and the ability to establish positive and rewarding relationship with others (Cohen et al 2005) ²

¹ Sackett, D.L., Straus, S.E., Richardson, W.S., Rosenberg, W., & Haynes, R.B. (2000). *Evidence-based medicine: How to practice and teach EBM* (2 ed). New York: Churchill Livingstone.

² Cohen, J., and others 2005. *Helping Young Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development* (accessed on March 13, 2016) Washington, DC: National Conference of State Legislatures and Zero to Three.

Table 38: Birth to Three Early Intervention to Social Emotional Development Logic Model

Inputs	Activities	Outcomes		
		Short term	Intermediate	Long-term
Birth to Three Early Intervention System(DHSS) Child Development Watch (CDW) Interagency Coordinating Council (ICC) Delaware Department of Education (DOE) Early Intervention Providers Stakeholders (i.e. parents, community organizations) UD Delaware Education Research &Development Center (DERDC)- <i>External evaluator</i> The Center for IDEA Early Childhood Data Systems National Center for Systemic Improvement – WestEd The Early Childhood Technical Assistance Center (ECTA Center) Technology (Website; links to partner websites) Materials Funding <ul style="list-style-type: none"> Office of Special Education Programs (OSEP) DASY 	<ul style="list-style-type: none"> Align existing early intervention initiatives across DE agencies <ul style="list-style-type: none"> DPBHS/ Delaware 211/ HMG Involve stakeholders in: <ul style="list-style-type: none"> ELF update CCDBG application regarding SED EI stages to develop screenings, evaluations and IFSP <hr/> <ul style="list-style-type: none"> Identify, compile and review existing assessment tools designed to capture early childhood social emotional strength and concerns Pilot test identified SE assessment tools Engage stakeholders in revising and creating literature and other resources related to SE development and challenging behaviors for parents/families <hr/> <ul style="list-style-type: none"> Develop and implement trainings on: <ul style="list-style-type: none"> Evidence based practices (to include RBI) Engaging families around SE development Data collection, input & monitoring and integrity protocols Recommended assessment tools <hr/> <ul style="list-style-type: none"> Develop and implement informational materials for parents/families regarding SED and RBI <hr/> <ul style="list-style-type: none"> Create and implement evaluation plan <hr/> <ul style="list-style-type: none"> Create and implement standardized protocol to monitor providers 	<ul style="list-style-type: none"> Established collaborative relationships across agencies Revised MOU w/DPBHS <hr/> <ul style="list-style-type: none"> Created portfolio of recommended assessment tools with strong validity and reliability Distributed literature and other resources related to SE development and challenging behaviors to parents/families Created databank of SED resources and services for FSC to use to refer families <hr/> <ul style="list-style-type: none"> Increased number of providers: <ul style="list-style-type: none"> -certified in RBI -trained in engaging families around SED -trained in data collection, input & monitoring protocols - trained in recommended assessment tools - completing valid and reliable assessments of children Increased number of Family Service Coordinators (FSC): <ul style="list-style-type: none"> -knowledgeable on engaging parents around SED -engaging parents/families <hr/> <ul style="list-style-type: none"> Increased awareness of parents/families of information and resources to support their child’s social emotional development Created IFSP goals are more functional and routine-based 	<ul style="list-style-type: none"> Reduced duplication of services Established policies to support high quality early intervention programs throughout Delaware <hr/> <ul style="list-style-type: none"> Implemented assessment tools and EBP with fidelity in all Delaware EI programs <hr/> <ul style="list-style-type: none"> Improved surveillance, monitoring and reporting data Increased data reliability/validity Created infrastructure for consistency and reliability of data outputs of queries <hr/> <ul style="list-style-type: none"> Established positive, immediate relationships with families (RBI-Trained professionals) Assisted families with deciding functional outcomes/goals (RBI-Trained professionals) Embed strategies to enhance children’s social emotional development into family routines (Parents/families) 	Increased number of Delaware infants and toddlers able to demonstrate progress in the area of social and emotional development

REVISED: 3.13.2016

Table 39: Delaware Part C SSIP Phase II Implementation Teams Activities and Timeline Gantt Chart

Activities	2015										2016				Continuous	PHASE III
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Kicking Off SSIP Phase II																
Review and address OSEP’s recommendations for improving Phase I.																
Identify the activities and timelines described in Phase I that need to be completed during Phase II.																
Identify a staffing structure and those responsible for completing Phase II.																
Describe the role of stakeholders in Phase II.																
If state uses a State Leadership Team and Local Implementation Teams, invite team members to participate in Phase II.																
Ensure stakeholders and planning team members have an active role in Phase II.														X	X	

	2015										2016				Continuous	PHASE III
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Developing the Improvement Plan																
Convene the core staff and/or stakeholders responsible for the written improvement plan.														X	X	
Determine timeline and responsibilities for developing the written improvement plan.																
Establish the process to develop the improvement plan.																
Determine how stakeholders, staff, and partners will be engaged and organized to provide input.																
Determine communication protocols to coordinate communication (for the internal group actively engaged in developing the improvement plan) at all levels during the planning process.																
Provide brief overview of the Theory of Action (TOA) and Improvement Strategies developed in Phase I.																

	2015										2016				Continuous	PHASE III
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Review and identify evidence-based programs, practices, or approaches that would be expected to positively impact the SIMR.														X	X	
Review, discuss, and select potential practices or programs.																
Identify short-term and intermediate outcomes that will need to be achieved to improve the long-term outcome (SIMR).																
Select the format to be used to develop the written improvement plan.																
Develop the written improvement plan that identifies how the improvement strategies will be implemented to achieve the outcomes.																
Share the written plan with stakeholders, parents, providers, agency staff, and partners for their review and comment.														X	X	

	2015										2016				Continuous	PHASE III
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Finalize the written plan to include a narrative summary of the Phase II development process and detailed improvement plan.																
Collaboration Implementation Team																
Improvement Strategy 1.1, Activity ONE- Ensure stakeholder input in the Early Learning Foundations (ELFs) update.														X	X	
Improvement Strategy 1.1, Activity TWO- Review and revise Memorandum of Understanding (MOU) with the DPBHS to access available services for Part C eligible children.														X	X	
Improvement Strategy 1.1, Activity THREE- Ensure stakeholder input in the Child Care Development Block Grant (CCDBG) application regarding young children with disabilities and SE development for young children.														X	X	

Activities	2015						2016						Continuous	PHASE III		
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March			April	
<p>Improvement Strategy 1.2, Activity ONE- Strengthen and expand screening around trauma-informed care, including toxic stress, for young children.</p>															X	X
<p>Improvement Strategy 1.2, Activity TWO- Strengthen and coordinate screening information that is referred to Child Development Watch (CDW).</p>															X	X
<p>Improvement Strategy 1.2, Activity THREE- Promote the importance of screening and follow-up with physicians.</p>															X	X
<p>Improvement Strategy 1.3, Activity ONE- Review Environmental Scan from Project LAUNCH for available services and supports. Revise or add to for Part C eligible children and their families.</p>																

Activities	2015										2016				Continuous	PHASE III
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
<p>Improvement Strategy 1.3, Activity TWO-</p> <p>Strengthen partnership with Help me Grow/ 211: strengthen “warm transfers”, disseminate information on SE development, request information on resources they use to refer.</p>														X	X	
<p>Improvement Strategy 1.4, Activity ONE-</p> <p>Disseminate information to Early Intervention (EI) providers and Child Development Watch (CDW) staff on The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) model.</p>														X	X	
<p>Improvement Strategy 1.4, Activity TWO-</p> <p>Collaborate with Just in Time Parenting to promote SE awareness.</p>														X	X	

	2015										2016				Continuous	PHASE III
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Assessment Practices Implementation Team																
<p>Improvement Strategy 1.1, Activity ONE-</p> <p>Activity per Team Decision: Design a “DREAM” tool, listing ideal functions aimed at providing comprehensive information regarding a child’s SE strengths and areas of improvement. This activity will allow for the team to express all areas of concern, experience and build continuity</p>																
<p>Improvement Strategy 1.1, Activity TWO-</p> <p>Research assessment tools used country-wide that may meet "Dream" tool criteria.</p>																
<p>Improvement Strategy 1.1, Activity THREE-</p> <p>Discuss and dissect the 25 "Dream" tool criteria to decide on the most vital components of the instrument to be piloted.</p>																

Activities	2015					2016					Continuous	PHASE III			
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan			Feb	March	April
Improvement Strategy 1.2, Activity ONE- Compare Delaware’s commonly used assessment tools.															
Improvement Strategy 1.2, Activity TWO- Compare alternative assessment tools to identify a tool that provides SE information robust enough to guide intervention and facilitate improvement.														X	X
Improvement Strategy 1.2, Activity THREE- Pilot Assessment Tools.														X	X
Improvement Strategy 1.3, Activity ONE- Define what areas of SE development we are going to be assessing.														X	X
Improvement Strategy 1.3, Activity TWO- Discuss and consider what impacts child outcomes data.														X	X

Activities	2015										2016				Continuous	PHASE III
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Improvement Strategy 1.3, Activity THREE- Discuss parties involved in initial assessment.																
Improvement Strategy 1.3, Activity FOUR- Develop procedures, policies and protocols to assure providers and CDW use same assessment tools to afford consistent results.															X	X
Improvement Strategy 1.4, Activity ONE- Identify training requirements of chosen assessment tool(s).															X	X
Improvement Strategy 1.4, Activity TWO- Implement training with fidelity.															X	X
Professional Development Implementation Team																
Improvement Strategy 1- Develop Policy for Funding of Pilot Paying for RBI's during pilot																

	2015									2016				Continuous	PHASE III
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April		
Improvement Strategy 2- Develop Process for Training and Building Capacity How many days to train and who will be trained.															
Role, expectations and future training responsibilities of coaches.															
Delaware Certification requirements															
Building Capacity															

	2015				2016								Continuous	PHASE III	
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April		
Improvement Strategy 3- Develop (EI) Process for Initial Referrals When Using the RBI <ul style="list-style-type: none"> Receiving the referral When to do the Eco map Sequence of initial meetings Do we do an RBI for 6 months and/or annually to update IFSP Established Condition (EC) and Developmental Delay (DD) Children Identifying provider agency Deciding who the RBI pair will be Most likely provider discipline selection Communication between providers, handoffs Split services and implications Do we need a discipline specific evaluation prior to starting services Where to document most likely service provider per MDA team assessment Do we share the RBI notes or only the outcomes How to handle timeline challenges (cancellation, illness etc.) 															

Activities	2015							2016						Continuous	PHASE III
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April		
Improvement Strategy 4-Develop Policy for Families How to explain RBI to families															
Improvement Strategy 5- Develop Policy for IFSP Document <ul style="list-style-type: none"> • RBI as assessment tool • Use of RBI to fill in the MDA • How to integrate RBI info into IFSP form 													X	X	
Improvement Strategy 6- Develop Policy for the COSF <ul style="list-style-type: none"> • Use of RBI for COSF • MEISR and COSF 													X	X	
Improvement Strategy 7- Develop Policy for Systems <ul style="list-style-type: none"> • Should we/can we revamp IFSP document • Data system modifications 													X	X	

Activities	2015										2016				Continuous	PHASE III
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Family Involvement Implementation Team																
Improvement Strategy 1.1, Activity ONE- Review statewide training opportunities and services to provide customized learning opportunities to service providers to better understand and engage families.														X	X	
Improvement Strategy 1.1, Activity TWO- Develop a Community Outreach team to educate physicians and other stakeholders about the Early Intervention model.														X	X	
Improvement Strategy 1.2, Activity ONE- Identify ways to engage families in EI processes to develop more family-driven resources and supports.														X	X	
Improvement Strategy 1.2, Activity TWO- Define Family Involvement.																

Activities	2015										2016				Continuous	PHASE III
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Improvement Strategy 1.2, Activity THREE- Update CDW/ Birth to Three Brochure to Inform Families and Educate Providers.														X	X	
Improvement Strategy 1.2, Activity FOUR- Update the Family Guide.														X	X	
Improvement Strategy 1.2, Activity FIVE- Review family engagement models, information and resources including Triple P and CDC/Act Early to identify parent engagement opportunities.														X	X	
Improvement Strategy 1.2, Activity SIX- Discuss Creating Databank of Resources and Services for Family Service Coordinators (FSC) To Use to Refer Families.														X	X	

	2015					2016					Continuous	PHASE III			
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April		
Improvement Strategy 1.2, Activity SEVEN- Create Family- Friendly Language to Describe Routines-Based Interview (RBI) to Families.															
Monitoring and Accountability Implementation Team															
Improvement Strategy 1.1, Activity ONE- Compile an inventory of data sources that is updated.														X	X
Improvement Strategy 1.1, Activity TWO- Review the effectiveness of data collection tools and process.														X	X
Improvement Strategy 1.1, Activity THREE- Develop a rigorous and detailed training plan on data collection and monitoring.														X	X
Improvement Strategy 1.2, Activity ONE- Provide professional development to support staff responsible for data input.														X	X

Activities	2015					2016					Continuous	PHASE III			
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan			Feb	March	April
Improvement Strategy 1.2, Activity TWO- Maximize usability of data warehousing system.														X	X
Improvement Strategy 1.2, Activity THREE- Create a way to communicate staff and program improvement.														X	X
Improvement Strategy 1.2, Activity FOUR- Increase the reliability of data outputs of queries.														X	X
Improvement Strategy 1.3, Activity ONE- Create a standardized protocol for monitoring of CDW (Look at DEC Recommended Practices).														X	X
Improvement Strategy 1.3, Activity TWO- Create a process to monitor providers.														X	X

	2015										2016				Continuous	PHASE III
Activities	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April			
Improvement Strategy 1.3, Activity THREE- Put policies in place that support consistent and accurate data entry and foster high quality early intervention.														X	X	
Improvement Strategy 1.4, Activity ONE- Create a systematic method for using monitoring data to answer questions about efficiency.														X	X	
Improvement Strategy 1.4, Activity TWO- Expand data sharing.														X	X	

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