

Indicator 11:  
Delaware State  
Systemic  
Improvement  
Plan (SSIP)  
Phase III Year 3

April 1

2019

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## INTRODUCTION

### Indicator 11: Delaware State Systemic Improvement Plan

**Monitoring Priority:** General Supervision

**Results Indicator:** The 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 Indicator 3A Statement 1

FFY	2014	2015	2016	2017	2018
Target	48.00%	48.00%	49.00%	51.00%	55.00%
Actual	63.28%	61.15%	64.89%	63.79%	

**State Identified Measurable Result (SIMR):** *Delaware will increase the number and percentage of infants and toddlers who demonstrate progress in the area of Social-Emotional (SE) development.*

### Measurement and Data Analysis of the SIMR

Delaware chose to focus on Indicator 3 Outcome A: Positive social-emotional skills (including social relationships). According to The Early Childhood Technical Assistance Center (ECTA), Summary Statement 1 is defined as: “Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program” (The Early Childhood Technical Assistance Center, 2009).

The baseline percentage of infants and toddlers who demonstrated progress in the area of SE skill development was set at 48 percent during Phase I. All future year performances were to be measured against that baseline data and the SSIP leadership team uses the information collected each year to determine changes in level of performance. The Delaware targets for Federal Fiscal Year (FFY) 2014 and FFY 2015 were set at the same level as the baseline score of 48 percent as these years represented Phase I and Phase II SSIP planning, beginning with an analysis of the state data and infrastructure baseline that informed the Phase II plan development.

Delaware has exceeded initial expectations established by a range of stakeholders in Phase I. Although 2014 to 2015 demonstrated a slight decrease, Phase III Year 2 (P3Y2) saw social-emotional outcomes continue to rise moving from 61.15% to 64.89%, representing the percent of children “who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.”

Also, despite a slight drop 2016-2017, moving from 64.89% to 63.79%, the SSIP team is still ahead of the projections and confident that we will continue to improve. Over the past four years of SSIP data collection, Birth to Three has surpassed the target by at least 13 percentage points each year and by nearly 17 percentage points in 2016, with a cumulative gain of almost 16 percentage points since the SSIP work initiated.

Another notable point is that the number of exit Child Outcome Summary (COS) forms continued to rise from P3Y2 to Phase III Year 3 (P3Y3). So, the increase in positive social-emotional development has continued to climb within the context of serving more children and families. Data indicates that the SSIP team is meeting the overall goal of increasing the number and percentage of infants and toddlers who demonstrate progress in the area of social-emotional development. In summary, the Birth to Three administrators, and Child Development Watch (CDW) service delivery system staff, are continuing to see improved results while building the capacity of the system to handle an increased workload.

## EXECUTIVE SUMMARY

In 2014, Delaware initiated a Statewide Systemic Improvement Plan (SSIP), accepted by the Office of Special Education Programs (OSEP), with the overall goal to increase the number and percentage of infants and toddlers who demonstrate progress in the area of social emotional development. The SSIP is designed to be a comprehensive and ambitious, yet achievable, multi-year plan that would be implemented in stages as recommended through 2019. Throughout this time, Delaware has demonstrated significant progress for children in the area of social-emotional skills. The many activities that arose from the SSIP have resulted in this positive outcome for children. Appendix D is the original theory of action developed in phase I that guided the work .

One of the more important achievements has been the improvement in the number of COS forms being submitted and the increased overall quality of these forms, more accurately reflecting scores in all three areas of child outcomes. The increased and continuous collaboration with SSIP stakeholders has clearly brought about some positive changes.

In the past year, Delaware received ongoing assistance from several Office of Special Education Programs (OSEP) Technical Assistance (TA) providers, particularly the IDEA Data Center (IDC), the Center for IDEA Early Childhood Data Systems (DASY), the National Center for Systemic Improvement (NCSI) and the Early Childhood Technical Assistance Center (ECTA). Assistance came in the form of conference calls, facilitation of meetings, brainstorming, structuring progress steps and goals and in-person coaching. This combined work has proved invaluable in Delaware's efforts to improve outcomes for the children and families of this State.

Birth to Three has continued its support and engagement in several statewide initiatives including the Early Childhood Comprehensive Systems Impact (ECCS) Grant, Help Me Grow (HMG), and the Delaware Early Childhood Council (DECC) to strengthen the developmental screening process in Delaware. This collaboration builds on the many other projects that increase the number of screenings and strengthen

provider outreach. Early Intervention (EI) awareness materials are reaching families, making them better aware of available resources and community supports. One of the goals for the upcoming year is to broaden the network where families can access program materials. Additionally, Birth to Three will be at the table for discussions regarding the newly awarded Preschool Development Grant (PDG) with the Office of Early Learning (OEL).

A Functional Family Assessment (FFA) is almost completed and will be monitored closely to ensure effectiveness for families once it is implemented. The FFA process will be executed in an integrated way within the early intervention practices and will consider Individual Family Service Plan (IFSP), Multi-Disciplinary Assessment (MDA), and COS processes.

Delaware Parts B and C co-developed a new COS manual, the [Early Childhood Outcomes Manual \(revised Building Blocks\)](#), to guide interventionists and align key program components. Over a six-month period, the two agencies were able to reach agreement on content and draft a comprehensive manual that was disseminated in the Spring of 2018 to all Early Intervention (EI) servicing programs.

Lastly, Birth to Three will continue to collect and track data all activities mentioned in this plan. The data collected will help guide Birth to Three in strategic planning to achieve positive outcomes moving forward. Birth to Three will continue to collaborate with EI stakeholders and communicate the results of the data.

### Phase III Year 3

In Phase I the state team formed five implementation strand teams focused on assessment practices, collaboration, family involvement, monitoring and accountability, and professional development (Table 1). Each of these teams was initially responsible for identifying and implementing strategies and activities that built on the state's current infrastructure.

Assessment practices	Research and identify existing assessment tools used to identify social emotional needs of eligible infants and toddlers.
Collaboration	Build collaborative relationships with other existing early intervention initiatives across Delaware agencies.
Family involvement	Develop a process to increase family involvement in supporting social emotional development.
Monitoring and accountability	Review, analyze, and evaluate implementation of the SSIP.
Professional development	Provide professional development and technical assistance on evidence-based practices

Source: Delaware Education Research and Development Center

## Two Teams Collapse into One

After submission of the SSIP Phase III Year 1 plan in 2017, stakeholders decided to combine efforts and form two cross-collaboration teams to become more effective. Team One formed a union between Collaboration and Family Involvement, and Team Two combined members from Assessment Practices, Professional Development, and Monitoring and Accountability.

As the SSIP teams worked through the various activities they realized that the teams needed to be more condensed to maximize time together and focus more definitively on specific topic areas. A core team needed to lead the work with collaboration from leadership. Specific topics need to be more clearly articulated to new members of leadership and other critical stakeholders. Through this collaboration and Birth to Three Through data analysis, key issues rose to the top and required more attention. These topic areas included:

- Policy development
- Process description
- and restructured the team compositions

As goals and activities bridged the individual implementation teams, after submission of the SSIP Phase III Year 1 (P3Y2) plan in 2017 stakeholders decided to combine team efforts and form two cross-collaboration teams to become more effective in moving forward with next steps and goals. Team One formed a union between Collaboration and Family Involvement, and Team Two combined members from Assessment Practices, Professional Development, and Monitoring and Accountability. Cross collaboration among these two teams will position Delaware to move towards sustainability with many of the activities being implemented.

### Team One: Collaboration and Family Involvement

The on-going goal of Team One for P3Y3 is to continue alignment of statewide developmental screening, provider outreach, informational materials and community resources. Topics for consideration included data collection, outreach efforts, informational materials, and program evaluations.

## Phase III Year 3 (P3Y3)

### Goals and Accomplishments:

- 1. P3Y3 Goal:** Continue integration and collaboration across EI stakeholders and leadership from ICC. Continue to be active in the work of other Early Intervention initiatives including the Child Care Development Block Grant (CCDBG), the Help me Grow (HMG) / Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) Initiative to ensure that quality early care and education initiatives include infants and toddlers with disabilities, and, support the inclusion of all children in child care settings.

**Work Accomplished:** The team continues to collaborate with the CCDBG to educate and inform CDW families of the opportunities available through Purchase of Care (POC) as a source of federal

funding that offers child care subsidies so low-income working families can access quality child care. Collaboration also continues with HMG/ECCS around developmental screening and family education.

- Measurement

- Output: HMG and CCDBG collect and share data at stakeholder meetings attended by Birth to Three staff.
- Outcome: Maintained cross-state learning opportunities, to better support program initiatives informed by data collected.

2. **P3Y3 Goal:** In collaboration with DDOE, the Delaware Readiness Teams, HMG and various other stakeholder agencies, Birth to Three is discussing ways to share the Ages and Stages (ASQ) portal on the Birth to Three website so that families have easier access to a screening tool. Discussions are underway about the process of data collection to ensure accurate, valid and cohesive reporting. Once an aggregated data collection process is in place, baseline data will be used to compare with future data collected.

**Work Accomplished:** Birth to Three partners with the Statewide Delaware Readiness teams and are discussing the possibility of collaborating more closely to offer a screening link on the Birth to Three website. Details related to data collection will be need to be considered and confirmed before a decision is made.

- Measurement

- Output: Data collection on number of referrals to Child Development Watch with indication of screenings.
- Outcome: We will be able to better address early identification and provide necessary supports.

3. **P3Y3 Goal:** Participate in project to establish an across initiative, integrated database for the purpose of early identification screenings. While DECC is taking lead on this project, Birth to Three will provide input in determining critical data elements and how child outcomes will be included.

**Work Accomplished:** The Delaware Early Childhood Council has a Data and Policy Committee in which Birth to Three participates. The intention is to develop an integrated data warehouse so that there is data to support the benefits of screening, early identification of children and participation of STARS level child care. Delaware continues to be at the table for these discussions.

- Measurement

- Output: Tracking the number of individuals attending meetings and documentation of steps in the process.
- Outcome: Continued collaboration to ensure that the database is appropriately producing the necessary reports to address the populations' needs.

4. **P3Y3 Goal:** Draft and implement a Memorandum of Understanding with HMG/United Way. Discuss ways to assure the screenings connected to a referral have available services and

resources such as early childhood mental health information, support groups for families with children with special needs, and advocacy and empowerment trainings for families. Align and disseminate resources and materials developed by EI stakeholders regarding developmental screening and EI intervention. Continue working with Maternal Child Health-DPH to become part of Delaware Thrives; Child Development Watch would be included as a resource on this website.

**Work Accomplished:** One of the objectives of the 2017 *Interagency Agreement for the Delaware Early Intervention System Under Part C of the Individuals with Disability Education Improvement Act of 2004*, states that HMG / 211 will serve as the Birth to Three central directory of services and supports for children birth to age eight and their families. With multiple initiatives implemented within the same timeframe, Birth to Three was unable to dedicate focus on close collaboration with HMG/211, so process and data tracking measures were not developed. Birth to Three intends to work closely with HMG/211 in 2019, to ensure Delaware's families have current, accurate and appropriate information and resources.

- Measurement
  - Output: Tracking data received from HMG/United Way.
  - Outcome: Intend purpose is to ensure that Delaware's families have current, accurate and appropriate information and resources.

5. **P3Y3 Goal:** Continue to support the Primary Care Provider Outreach activities to community pediatricians targeting neurologists, geneticists, neonatologists and other high-risk specialty physicians. Work Department-wide to develop a sustainable provider-outreach plan that extends beyond the Delaware Part C SSIP. Continue to support the Primary Care Provider Outreach pilot.

**Work Accomplished:** In 2018, Birth to Three/Child Development Watch Provider Outreach expanded its focus population from pediatric primary care providers to include medical childcare programs, insurance companies, early education partners and medical specialty care providers such as Neurology and clinicians working with the pediatric Autism population. In 2018, this outreach provided continuing education and awareness of Early Intervention to over 20 partners one-on-one and had an extensive amount of additional partner meetings in person, via WebEx and telephone conferences. For more information, see Appendix B.

- Measurement
  - Output: We will continue to track the number of provider visits and educational opportunities.
  - Outcome: To enhance communication and education with providers around the referral process and resources available to families.

6. **P3Y3 Goal:** Convene meetings, webinars, etc. for families to review Birth to Three materials including the CDW/Birth to Three brochures and the Family Guide for updates and new developments. Families and stakeholders will also assist in identifying new distribution outlets for awareness materials.



**Work Accomplished:** The ICC has welcomed several new parent members who will be working with Birth to Three staff to create and update current materials. Additionally, Birth to Three will continue its' partnership with the Parent Information Center (PIC) around family engagement, including family trainings. Birth to Three will be utilizing the materials provided by the Center for Appropriate Dispute Resolution in Special Education (CADRE) regarding procedural safeguards.

- Measurement
  - Output: Number of activities convened and numbers of participants.
  - Outcome: More family friendly, up to date information for families will be readily available.

## Team Two: Professional Development, Assessment Practices, and Monitoring and Accountability

Previous years' SSIPs had reported that Delaware was rolling out a pilot for RBI. However, Delaware has decided to roll back its approach with RBI as it was not being implemented with fidelity. In addition, Delaware did not have the appropriate infrastructure necessary to support RBI.

Delaware now has a better understanding where the infrastructure needs additional supports in order to successfully maintain an appropriate functional family outcomes system and is working more closely with the people responsible for implementing changes.

### Phase III Year 3 (P3Y3)

#### Goals and Accomplishments:

1. **P3Y3 Goal:** Continue to discuss future training responsibilities. Review data system training for effectiveness and user skill retention.

**Work Accomplished:** Birth to Three avails a training administrator and onsite technical assistance for each of the two Child Development Watch (CDW) program locations. Birth to Three collaborates with CDW leadership to provide regulatory guidance and technical assistance to ensure progress towards compliance and evidence-based service delivery practices. All new staff are offered a 16-hour training and orientation on federal policies and regulatory guidance on early intervention and service coordination, as well as on the Delaware specific early intervention program. Approximately 16 new staff were provided module based and database training for a total of 19 hours per person. This resulted in 285 hours of combined training. The training modules are also available as resources for veteran service coordinators to ensure consistency of information and best practice. One-on-one technical assistance is also available to individual staff as requested, or as identified through chart monitoring. Training and ongoing technical assistance is offered on topics such as transition, early childhood outcomes, birth mandates, and other topics as necessary. In 2019, DPH leadership, including clinic managers and supervisors, will be receiving a refresher training on the regulatory modules and data system.

Part C Data Manager maintains training on database function to ensure that accurate data input for appropriate extraction for federally mandated reports.

- Measurement
  - Output: Collect information on number of trainings provided and participants.
  - Outcome: Leadership will be better able to support staff and family service coordinators will be better able to confidently meet the needs of their families through education and data entry.

**2. P3Y3 Goal:** Develop a criteria/competencies for Delaware Certification standards.

**Work Accomplished:** Birth to Three has an active relationship with the University of Delaware, Center for Disabilities Studies in a variety of initiatives and activities, and in 2019 has sought partnership with the Department of Human Development and Family Sciences to directly support early intervention by endorsing the training and orientation modules that all service coordinators receive when starting early intervention work (through CDW). This endorsement by the University's Human Development and Family Sciences department, Early Childhood Education (ECE) program, will allow the training to be recognized by early childhood subject matter experts. In addition, Birth to Three also collaborates with CDW leadership in the hire of all Early Childhood Special Educators (ECSE) providing services to infants and toddlers with disabilities that participate in early intervention services in Delaware. Delaware has developed a Personnel Standards and Guidelines Matrix that ensures all ECSEs have appropriate collegiate certification and professional experience with a focus on infants and toddlers with special needs, and their families.

Birth to Three has updated the 16 hour training and orientation to include more recent data and trends, and has enhanced the modules to reflect best practices in the field of early intervention. Additional updates will include modules on cultural competence and diversity, and a trauma informed approach to care. See Appendix C. In addition, plans are in place to transition the training curriculum to a hybrid learning system, with modules accessible online and in person.

- Measurement
  - Output: Tracking participation
  - Outcome: Credentialed training for family service coordinators.

**3. P3Y3 Goal:** Define what would impact outcomes data, collaborate with Part B / 619 to create a comprehensive child outcomes manual.

**Work Accomplished:** Delaware Parts B and C co-developed a new COS manual, [Early Childhood Outcomes Manual \(revised Building Blocks\)](#), to guide interventionists and align key program components. Over a six-month period, the two agencies were able to reach agreement on content and draft a comprehensive manual that was disseminated in the Spring of 2018 to all Early Intervention (EI) servicing programs.

- Measurement
  - Output: Collect and track number of collaborative meetings and participants. As well as tracking goals and initiatives.
  - Outcome: A better understanding of the transition process and continued collaboration with all stakeholders involved with regards to collection of data.

4. **P3Y3 Goal:** Continue to train Birth to Three staff on what data should be provided on an audit tool and where to obtain such data.

**Work Accomplished:** Audit tool was updated to educate those who are auditing charts on the data to be monitored as well as where to locate necessary data.

Part C Data Manager worked with Birth to Three staff to maintain high quality monitoring standards for 2016-2017 chart audit review.

- Measurement
  - Output: Collect and track data on database reports
  - Outcome: More accurate data will support potential initiatives to better address family needs. To maintain compliance with Federal reporting expectations.

5. **P3Y3 Goal:** Continue to provide professional development to staff responsible for data input.

**Work Accomplished:** Staff trainings continued through the year. Trainings review for trainer effectiveness and user skill retention. Trainings advocate correct data input that correlates to all areas of a client's chart, enhancing and substantiating end results within the Child Outcome Summary.

- Measurement
  - Output: Collect and track data on database reports
  - Outcome: More accurate data will support potential initiatives to better address family needs. To maintain compliance with Federal reporting expectations.

6. **P3Y3 Goal:** Continue to communicate the value of accurate data entry.

**Work Accomplished:** Daily communication made on the importance of accuracy of data entry. IDEA indicator information and IDEA Side by Side documentation provided along with results of monitoring allowed programs to understand the nuances of accurate data and its effect on the overall well-being of a child outcomes. We share information from T.A. centers such as NCSI, DaSy, and ECTA to Child Development Watch programs to enrich their knowledge base.

- Measurement
  - Output: Collect and track data on database reports along with Annual Chart Audit data.
  - Outcome: More accurate data will support potential initiatives to better address family needs. To maintain compliance with Federal reporting expectations.

7. **P3Y3 Goal:** Continue to perform periodic chart review for timeline compliance, revise processes and policies based on issues identified through monitoring.

**Work Accomplished:** Birth to Three conducts chart review annually; identification of instances of noncompliance necessitate more frequent chart reviews. Monthly desk audit occur with communication and collaboration with Child Development Watch Management. Opportunities for technical assistance are provided. Updated policies for monitoring chart data have been discussed and are in the draft stages and will be disseminated upon review by Management, Technical Assistance Advisors and OSEP.

- Measurement
  - Output: Collect and track data on database reports
  - Outcome: More accurate data will support potential initiatives to better address family needs. To maintain compliance with Federal reporting expectations.

8. **P3Y3 Goal:** Continue to create process/policies based on identified issues, identify process to ensure functional family outcomes are included on the IFSP.

**Work Accomplished:** Updated policies to address identified data issues have been discussed and are in the draft stages and will be disseminated upon review by Management, Technical Assistance Advisors and OSEP. Collaboration between Birth to Three, Child Development Watch and the Department of Education continue to occur in establishing a finalized document to be presented for review by ICC and OSEP.

- Measurement
  - Output: Desk audit data review
  - Outcome: Families will have their needs addressed more appropriately and efficiently.

9. **P3Y3 Goal:** Continue to identify additional ways to utilize data collected by team.

**Work Accomplished:** Creation of a Request for Proposal (RFP) for a new early childhood intervention data management system that will standardize entry, collect better data and make the process of generating all reports more efficient. It allows for data extraction and utilization via ad hoc reporting capabilities that will allow for more creative and accurate data.

- Measurement
  - Output: Collect and track data on database reports
  - Outcome: More accurate data will support potential initiatives to better address family needs. To maintain compliance with Federal reporting expectations.

10. **P3Y3 Goal:** Encourage peer chart review; determine practicality of self-audits for compliance timelines and peer review for functional outcomes.

**Work Accomplished:** Discussion with CDW programs encouraged the use of peer chart review and self-audit to maintain on going compliance and provide opportunities for learning.

- Measurement
  - Output: Collect and track data on database reports along with Annual Chart Audit data.
  - Outcome: More cross training opportunities for family service coordinators to better meet the needs of the family.

**11. P3Y3 Goal:** Begin conversations about data sharing to broader stakeholders.

**Work Accomplished:** The Preschool Development Grant (PDG) has been awarded to the state and Birth to Three will be at the table for discussions related to data sharing under grant purview. Additionally, the Birth to Three early childhood intervention data management system RFP incorporates the ability to interface with outside entities for potential data sharing.

- Measurement
  - Output: Collect and track concerns and needs of stakeholders regarding availability of client data.
  - Outcome: To ensure continuation of care to meet the family's needs.

**12. P3Y3 Goal:** Discuss Provider monitoring protocol.

**Work Accomplished:** Internal review of contracts found non-standardized information. Discussions with Contract and Procurement for the State of Delaware are occurring with the hopes that amendments can be added to current contracts which would include a provider monitoring protocol.

- Measurement
  - Output: Review consistency and accuracy of current contracts for updates.
  - Outcome: Contracts can address the current needs of families while maintaining compliance and high standards with the State of Delaware.

## Moving Forward

In the early months of 2018, many staff changes impacted the ability for frequent and consistent meetings between Team One and Team Two in Phase III Year 2, the work continued however, with informal collaboration and initiatives across stakeholder agencies. As a result, Phase III Year 3 will see the impenetation teams evolving into Interagency Coordinating Council (ICC) subcommittees

## Stakeholder Involvement

Phase I described the wide breadth of stakeholders engaged in designing Delaware's SSIP. Phase II saw an increased level of participation as additional agency and organization representatives participated in SSIP meetings and activities. During Phase III, these teams began to cross-collaborate as goals and activities bridged the individual implementation teams. Delaware is fortunate that stakeholders from state and provider agencies, as well as parents, remain actively engaged in decision-making activities and provide

input for SSIP activities. Meetings, conference calls and emails are the primary channels whereby stakeholders are informed of ongoing SSIP activities. For detailed information about how stakeholders were involved in previous phases, please review earlier SSIP reports on the Department of Health and Social Services (DHSS) website at <http://www.dhss.delaware.gov/dhss/dms/birth3pubs.html>

In addition, Delaware's ICC continued to play an integral part in how Birth to Three and Child Development Watch share federal and state level reporting data with stakeholders who may not be as actively involved on implementation teams.

Over the past several months, Birth to Three has collaborated more closely with the Governor's Advisory Council for Exceptional Citizens (GACEC), which is the State Advisory Panel for Part B, to address issues related to the transition process as well as communication across programs.

Delaware continues to strengthen family engagement by inviting participation at varying levels including:

- Sharing decision-making
- Collaborating on key activities
- Bridging the work between parent networks
- Assisting with family education

## SSIP Implementation Progress

Through collaboration with TA providers from NCSI and DaSy/IDC, Birth to Three staff convened focus groups. The focus groups included family members, representatives from DDOE, GACEC, Provider Agencies and the ICC. The purpose of the focus group was to learn more about factors that impact timely service delivery and smooth transition in order to improve processes and outcomes when serving young children and their families. Ultimately, the goal is to meet program requirements that will ensure quality services that meet the needs of children and families. TA staff provided in-person facilitation and collaboration to ensure the success and validity of the focus groups. See Appendix A for the complete *Focus Group Findings* report.

In August 2018, Birth to Three and CDW staff participated in training provided by ECTA on the fundamental components of functional assessment and how to use that information to develop functional IFSP outcomes. This training was to support the understanding and application of:

- The criteria of high quality, functional, participation-based outcomes that not only meet the requirements of federal regulations, but are meaningful to families as well;
- The link between each step in the IFSP process, from initial contact through transition, and supported by the evidence of how children learn best through every day activities and routines with familiar people; and
- The essential knowledge that early intervention practitioners must have, which includes how to:
  - Gather information from families throughout the process
  - Conduct a functional assessment
  - Develop high quality, functional, and individualized outcomes; and
  - Complete the child outcomes measurement process for program improvement and program accountability

This training provided an important step in the evolution of best practices and enhanced efforts in professional development.

Birth to Three collaborated with representatives from DaSy, the Delaware Department of Education 619/Part B Program (DDOE), the OEL, and The Division of Public Health, Child Development Watch (CDW) Programs on May 16-17, 2018. The primary focus of this meeting was to initiate an understanding of how transition exit data (indicator 8B) from Part C links to transition entry data (indicator 12) on Part B in the Annual Performance Report (APR). The areas of discussion centered on standardizing the Transition Notification Report (TNR) that the CDW Programs are mandated to send to individual school districts once children meet the following program criteria;

- Greater than 26 months old
- Part C Eligible
- Active IFSP

Continued collaboration with all parties bi-monthly help to maintain progress toward achieving the established in May of better alignment of data between Part C/ 618 Indicator 8B and Part B/619 Indicator 12. Alignment will be demonstrated through consistent TNRs across CDW Programs with the ultimate goal of enhancing seamless transition between Part C and Part B systems.

OSEP's 2017 determinations letter required Delaware to receive formal technical assistance on three different indicators of the Annual Performance Report:

Indicator 1 Timely delivery of early intervention services (defined in Delaware as 30 days by ICC)

Indicator 7 IFSP completed in 45 days (federal regulation)

Indicator 8 Transition Steps are included on all IFSPs, notification is made to school districts & transition meetings are held within 9 month – 90 day timeline (federal regulation)

On-site monitoring with the CDW programs, and follow up data checks, had revealed that there continued to be inconsistencies in how the data was being entered. This in turn became problematic for data included in the annual report. A meeting occurred with DPH leadership to discuss preliminary findings and data issues to determine how to best proceed with correcting areas of noncompliance and data inconsistencies. TA from IDC provided in-person assistance regarding service delivery timeline and 45 day timeline for IFSPs to address these issues.

TA providers continue to assist Delaware in creating infographics designed to inform and educate stakeholders and community members about the general components of supervision under IDEA. NCSI provides access to infographic software and guidance on how to use the resources; and, the various TA providers assist the Delaware SSIP team with the content and messaging strategies used to apply education the customized resources to our work with stakeholder groups.

To further support efforts in professional development, Birth to Three is working with early intervention initiatives across the country. Birth to Three was actively receiving intensive technical assistance through the Early Childhood Personnel Center (ECPC). Birth to Three participated in ECPC Leadership Institutes, in Fall of 2018, to enhance and integrate professional development within the Part C and Part B/619 personnel systems. Through these Leadership Institutes, Birth to Three was able to identify four areas of focus:

- Core cross disciplinary personnel competencies
  - Measurement
    - Output: Our intention is to measure the number of family service coordinators who become trained and certified through a standardized professional development process.
    - Outcome: With this increased skill, family service coordinators will be able to provide more knowledgeable coaching approaches with families and service providers.
- Strategies to support pre-service and in-service state activities
  - Measurement
    - Output: We will collect data on the number of trainings and participants attending activities.
    - Outcome: With standardized cross-state trainings, family service coordinators and providers will be more knowledgeable about current practices that require staff capacity-building to improve their abilities to gain the skills needed to adapt to the ever-changing population needs.
- Strategies to engage families in state leadership initiatives
  - Measurement
    - Output: Birth to Three will collect data on the amount of leadership opportunities offered for families and their participation
    - Outcome: Family will have the advocacy skills needed to support their children.
- Develop a state action plan
  - Measurement
    - Output: Intent is to develop a measurable action plan that will allow for quantitative and qualitative data to be collected.
    - Outcome: It will help us develop more appropriate efforts in standardizing professional development to ensure that direct service providers are capable to provide assistance to the birth to three population, so that families are able to communicate their needs and advocate for their children.

Birth to Three is also an active member of the National Service Coordination Leadership Institute, which started in late 2017. This Institute is a subgroup of a larger initiative – the National Service Coordination Training Workgroup, of the Early Intervention-Early Childhood Professional Development Community of Practice (EI-EC PD CoP). The Institute is currently focusing on identifying core competencies that are universal to all service coordinators, and on bringing attention and awareness to the important professional role service coordinators fulfill in early intervention. These activities are helping in the movement to elevate the service coordination profession. EI-EC PD CoP members and Part C programs across the country partner with their University Centers for Excellence in Developmental Disabilities



Education, Research, and Service (UCEDD) to support practices in early intervention and professional development. As a result of this effort, Delaware expects to improve APR indicators 1, 7, and 8, which were highlighted by OSEP for focused technical assistance.

## CONCLUSION

Birth to Three will be utilizing subcommittees under the ICC to continue the work of the SSIP teams. Subcommittees will be formed to discuss what organically emerges from the data as the year progresses.

Birth to Three will continue to collaborate with initiatives across EI stakeholder agencies and align community resources to better serve families. Staff will remain on councils and committees active in the EI community to represent Delaware's youngest population.

Birth to Three will participate in statewide initiatives designed to establish an integrated database including the DECC Data and Policy Committee and the PDG. Developmental Screening and the collection of screening data will be a focal point to ensure all children receive the opportunity for early identification. Birth to three will vigorously track and collect essential data necessary to improve outcomes for Delaware's children.

HMG/211 will serve as the Birth to Three central directory of services. Birth to Three will work with families to ensure resources are family-friendly and readily available. Informational materials will be updated as needed and vetted through the ICC to ensure accuracy and relevance.

Birth to Three will continue to develop a criteria/competencies for Delaware Certification standards for Family Service Coordinators (FSC)s to ensure coordinators are secure in their ability to work confidently with families and meet their needs.

Birth to Three is working with a Program and Budget Analyst within DHSS to develop and draft internal policies that either are not written or need to be updated. This process will engage all Birth to Three staff to enhance understanding of these policies as well as reduce risk, improve efficiency and reduce costs associated with training staff.

Birth to Three is participating in the pilot of the *Leveraging General Supervision Systems to Improve Child and Family Results: A Process Guide for Part C* with WestEd's NCSI to develop a Birth to Three, Part C Process and Policy Guide. This guide will provide a very important piece of the puzzle in Delaware by addressing the need for more current, written Part C policies. The Delaware TA providers from NCSI, ECTA, and DaSy/IDC will meet regularly with a core planning group of Birth to Three staff to structure an onsite meeting scheduled for May 22-23, 2019 to complete this work. The goal of the two-day meeting is for key state staff to have access to, and understand, state EI policies and procedures, develop a plan to move work forward, and be able to communicate these plans to CDW leadership, local programs, families and other stakeholders. The participants are expected to contribute to the development of an EI Guide and then work in partnership with Birth to Three and DPH to implement the policies and procedures by helping state staff translate the guidance into actionable steps to improve practices that make a difference in child and family outcomes. In order for this work to be sustainable, policies on documentation need to initiate

within the Birth to Three office. The more that everyone feels ownership and embeds the activities into their own work responsibilities the more it will be sustainable.

The expectation is that all of these activities will help make connections to build state capacity and sustainability for social-emotional outcomes for children statewide.

**Appendix A – Focus Group Findings** (Click on title to go to report)

**Birth to Three Focus Group  
Findings**

**November 27, 2018**

## Appendix B – Birth to Three/Child Development Watch Provider Outreach 2018

Birth to Three and Child Development Watch (CDW) are using a statewide, cohesive approach to engaging children, families, and pediatric health and education providers within Delaware's Early Intervention programming through outreach efforts.

In 2017, Birth to Three/Child Development Watch Provider Outreach was initiated to assist in guiding efforts of comprehensive pediatric care in our state by through education and outreach with pediatric primary care providers (PCPs).

In 2018, Birth to Three/Child Development Watch Provider Outreach expanded its focus population from pediatric primary care providers to include medical childcare programs, insurance companies, early education partners and medical specialty care providers such as Neurology and clinicians working with the pediatric Autism population. In 2018, this outreach provided continuing education and awareness of Early Intervention to over 20 partners one-on-one and had an extensive amount of additional partner meetings in person, via WebEx and telephone conferences.

In addition, a vast amount of work was completed on summarizing and assembling current Birth to Three and Child Development Watch practices and procedures for Early Intervention services, developing Delaware's Functional Family Assessment practices, procedures and a Family Service Coordinator guide and revising educational documents for families and partners in the community.

Lastly, referral data was trended to inform of strengths and weaknesses in Early Intervention referrals and federal measures such as closures and eligibility.

In 2018, Birth to Three/Child Development Watch Provider Outreach identified data trends relevant to driving next steps for outreach. Examples of trends are below;

- Year over year, approximately 50-60% of pediatric healthcare provider referrals statewide have been eligible for Part C programming based off of Child Development Watch's Multi-Disciplinary evaluation; *this outcome can be increased through continuing education of program referral and eligibility criteria,*
- Childcare referrals statewide represent less than 1% of referrals received; *this outcome can be improved through expanding outreach efforts to childcares*
- DFS referrals statewide represent less than 1% of referrals receive; *this outcome can be improved through expanding outreach efforts to DFS and community partners*
- Established condition referrals decreased from 2016/2017 and 2017/2018 year by approximately 2%; *this outcome can be improved through expanding outreach efforts to medical specialty offices, clinicians and birth mandate community partners*

Recommendations for next steps, as evidenced by requests from partners, needs identified from outreach efforts and data outcomes, are to continue Birth to Three/Child Development Watch Provider Outreach efforts in 2019. Ongoing education and awareness will be expanded once again, to include child care providers, additional medical specialty practices (Neurology, Genetics, etc.) and birth mandate partners to assure program satisfaction and referral efficiency. AmeriHealth Caritas and Nemours have requested ongoing outreach communication and frequent, consistent meetings to assure progress and ongoing satisfaction to families and children served by our programs. Primary care physician practices will continue to gain outreach support to assure awareness of Early Interventions evolution of practice and operations as well as continuing to receive educate on referral and program eligibility.

Birth to Three/Child Development Watch Outreach will continue to bridge the gap in pediatric access to care. Outreach has and will continue to strengthen awareness of Early Intervention programming and developmental resources to support Delaware's children and families.

## Appendix C – Trauma Informed Approach Training

SAMHSA defines individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being;" and the concept of a trauma-informed approach as "a program, organization, or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization."

<https://www.samhsa.gov/nctic/trauma-interventions>

Delaware has embarked on a state-wide initiative to address the impact of trauma on our communities, schools, families, and children. The Delaware Department of Health and Social Services has taken the lead in this state-wide initiative by offering a Trauma Informed Approach (TIA) Train the Trainer to select employees within the Divisions of Child Support Services (DCSS), Social Services (DSS), State Services Centers (DSSC), and a few from Management Services (DMS). These select few will then go on to train their colleagues within these three DHSS Divisions on TIA. This training will include a review of the physiological response to trauma, vicarious trauma, toxic stress, Adverse Childhood Experiences (ACEs), as well as other topics within the domain of a trauma-informed system. DHSS is a trauma-informed system, which is a community of service providers who aim to increase public awareness of the impact of trauma, build strategic partnerships to prevent and address trauma, and promote wellness, resiliency, and protective factors with the Delawareans we serve and within ourselves. DCSS, DSS, and DSSC are the first Divisions to work through this process, but the remaining DHSS Divisions will eventually follow, as the DHSS Secretary is in full support of this initiative. Ten learning outcomes have been developed for DHSS participating staff:

1. Demonstrate a change in the way of thinking about people by integrating trauma-informed theory, knowledge, skills, and standards into analyzing, interpret and evaluating DHSS service delivery and from a service recipient perspective.
2. Explain the principles of general trauma theory and the science behind it.
3. Apply examples from social services work, to explain how the principles of a trauma-informed approach can enhance service delivery.
4. Evaluate the values of being a trauma-informed champion, including the concept of cultural humility, and using empathy for helpful connections.
5. Articulate how to align the meaning of ACE's studies with what they do to support better outcomes for ourselves and others.
6. Compare and contrast a trauma-informed approach with traditional approaches.

7. Know how to access resources that will help support and sustain a trauma-informed approach.
8. Self- assess for exposure to vicarious trauma and develop a personal strategy to move from compassion fatigue to resilience.
9. Reflect on the value of using a trauma-informed lens and on empowering others to make positive changes and to achieve better outcomes.
10. Demonstrate a knowledge and understanding for capacity building requires a systems change, which takes time and commitment.

In January 2018, Birth to Three Training Administrator completed a 54 Hour Train the Trainer Session for a Trauma Informed Approach (TIA) training, provided by Wilmington University. This training was offered to representatives from select divisions within the Department of Health and Social Services (DHSS); Division of State Service Centers (DSSC), Division of Social Services (DSS), and Division of Child Support Services (DCSS), with the goal of providing training to 1,000 DHSS employees within these divisions. Between April to December 2018, 47 TIA classes were offered to more than 980 DSSC, DSS and DCSS employees, who are now implementing TIA activities and supports within the department and with the clients and customers served.

Appendix D – Theory of Action

Strands of Action	If Birth to Three	Then	Then	Then
<b>Collaboration</b>	... 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
<b>Assessment Practices</b>	...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		
<b>Professional Development</b>	...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		
<b>Family Involvement</b>	...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		
<b>Monitoring &amp; Accountability</b>	...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		

Source: Delaware Birth to Three SSIP Leadership Team



