

Indicator 11: Delaware State Systemic Improvement Plan

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Baseline Data

FFY	2013
Data	48.00%

FFY 2014 - FFY 2018 Targets

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

Measurement:

Delaware will be using cohorts of data reported the Annual Performance Report, Indicator 3 and will evaluate the measurement of these cohorts over years 2 and 3 and 4 to create interim benchmarks ensuring progress as part of the State’s evaluation plan.

The following section contains background and an overview of the process as to how child outcome data are collected, the responsible parties involved, and how that data are aggregated, calculated and reported. While Delaware will be focusing on infant and toddler social emotional skills for the SSIP, the process of data collection and reporting will be consistent with existing methodologies.

Background

The State of Delaware is committed to supporting early education for all young children. Considerable effort has taken place to bring together the many distinct elements that make a good system.

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

The three child outcomes include:

1. Children have positive social-emotional skills (including social relationships)
2. Children acquire knowledge and skills (including early language/ communication)
3. Children use appropriate behavior to meet their needs

Delaware Building BLOCKS (**Better Lasting Outcomes for Children – Keys to Success**) was established as the early childhood outcomes (accountability) system. The system is intended to:

1. be a process for the ongoing monitoring of children’s development to support effective instruction and services; and
2. serve as the statewide mechanism for reporting the OSEP outcome data.

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. An electronic version of this document is available at: <http://dhss.delaware.gov/dhss/dms/birth3pubs.html> Hardcopies are also available by contacting the Birth to Three Office.

Determining Which Children to Include in the Child Outcomes Process

The children participating in the accountability outcomes process will:

1. be Part C eligible
2. have an IFSP (even if service coordination is the only service)
3. be in the program for at least six (6) months. The timeline starts at 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 early intervention 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.

Collecting Child Outcome Data

Delaware requires child outcome data to be recorded on a state-modified Child Outcome Summary Form (COSF) (Attachment 1), originally developed by the Early Childhood Outcomes (ECO) Center with support from the Office of Special Education Programs, U.S. Department of Education. The COSF uses a 7-point rating scale to rate the child’s functioning in each of the three child outcomes (Attachment 2). Multiple sources of information measuring the child’s progress are required to be utilized to determine each child outcome rating. Recommended sources include, but are not limited to, observations, interviews with the child’s family or caregiver, other assessment tools (such as the PLS or Peabody), and IFSP progress notes.

The following tools have been correlated with the Federal Outcomes:

- Primary Assessment Tools: The following assessments are criterion-referenced, performance/observation based assessment measures identified as Primary Assessment Tools for all Part C eligible children.
 - Bayley III
 - Carolina Curriculum Assessment for Infants and Toddlers
 - Creative Curriculum Developmental Continuum for Infants, Toddlers and Twos
 - Teaching Strategies Gold

- Interview/Observational Assessment Measures: The following tools involve interviews, observations and/or surveys to collect information from parents and caregivers.
 - Vineland II (The Survey Information Form is preferred; however, the parent report is useful when an interview cannot be conducted.)
 - Ounce Scale

- Tools that may be used with children with severe and profound disabilities include:
 - Developmental Assessment for Individuals with Severe Disabilities (DASH-2)
 - Callier-Azusa Scale

All members of the IFSP team who interact with the child collect and report information on the progress the child makes on each of the three outcomes. In addition to family members and caregivers, these teams include, but are not limited to:

- **Child Development Watch (CDW) Assessors**: For those children eligible for Part C services, CDW Assessors are responsible for completion of the initial COSF. Ratings are entered into DHSSCares (Delaware's data system) and all child outcome documents are provided to the service coordinator prior to the initial IFSP visit.

- **Service Coordinators**: Service Coordinators are responsible for assuring that child outcomes are completed for each Part C eligible child on their caseload. All results from child outcome assessments are expected to be maintained in the child's chart. Service Coordinators are responsible for assuring this information is provided to data entry for entry into DHSSCares. The Service Coordinator will share results for discussion at IFSP meetings.

- **Early Intervention Providers**: Early intervention providers who work with infants and toddlers, birth to age three, receiving early intervention services are responsible for participating in the accountability process.

The "Child Outcome Part C Process" (Attachment 3) was created to delineate the responsibilities of reporting child outcomes.

Initial outcome assessments are the responsibility of CDW Assessors. Information gathered for eligibility determination is used to inform the outcome assessments.

A completed Child Outcome Summary Form (COSF) will accompany the assessment tool (e.g., Bayley III) and both documents are expected to be shared with the child's service coordinator prior to the initial IFSP visit date. This initial outcome assessment becomes an important part of the IFSP process and discussion. COSFs and all supporting documentation are expected to be maintained in the child's chart. The initial outcome is shared with service providers in order to better inform COSFs.

The exit COSF will be completed no more than thirty (30) days before and no later than thirty (30) days after the child exits from Part C. In those instances where CDW and the provider have lost contact with the family, the exit COSF will be completed by the provider using all available progress notes and assessments to develop the rating and establish if progress has been made since the initial COSF was completed. In addition, protocols from the last assessment are shared as part of transition to the local school district.

Reporting Child Outcome Reporting Categories

The OSEP Outcome Reporting Categories are calculated within Delaware's Part C data system using both the initial and the final COSF ratings. Manual data verification is also used to ensure that valid and reliable data are reported. This activity utilizes the "Calculating OSEP Categories from COSF Responses" document (Attachment 4) created by the ECO Center.

The five categories reported annually to OSEP include:

- a. Children who did not improve functioning
- b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
- c. Children who improved functioning to a level nearer to same-aged peers but did not reach it
- d. Children who improved functioning to reach a level comparable to same-aged peers
- e. Children who maintained functioning at a level comparable to same-aged peers

Once these categories are determined for each child, the data are assembled into a chart that visually depicts the number and percent of children in each of the five OSEP reporting categories. These data are then used in the calculation of summary statements.

The ECO Center created a set of calculations which allowed states to take their OSEP progress category data for the three child outcomes and generate percentages related to the summary statements. The summary statements for each of the three outcomes are:

- **Summary Statement 1:** Of those children who entered the program below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they exited the program. This is calculated by taking the number of infants and toddlers reported in progress category (c) plus the number of infants and

toddlers reported in category (d) divided by [the total number of infants and toddlers reported in progress category (a) plus (b) plus (c) plus (d)] times 100.

- **Summary Statement 2:** The percent of children who were functioning within age expectations in each outcome by the time they exited the program. This is calculated by taking the number of infants and toddlers reported in progress category (d) plus the number of infants and toddlers reported in progress category (e) and divided by [the total number of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)], times 100.

These final calculations are reported to OSEP annually as part of the reporting requirements for Indicator 3—Child Outcomes of the Annual Performance Report and also aid the State in target setting for this indicator. Delaware will be using Summary Statement 1 for the SSIP.

Overview:

Delaware Department of Health and Social Services (DHSS) is the lead agency for Part C in Delaware. The Program is administered by the Birth to Three staff within the Division of Management Services (DMS), and children and families eligible for Part C services are served through Child Development Watch (CDW) within the Division of Public Health (DPH). The 2014 Annual Child Count reports that 1,768 children were identified as Part C eligible with an active Individualized Family Services Plan (IFSP) during the December 2013 to December 2014 time period.

Quality improvement activities have been carried out through collaborations among the Birth to Three Early Intervention Office staff (Birth to Three), the Interagency Coordinating Council (ICC), the Department of Education (DOE) and early intervention providers. Through the membership of these groups and the scope of work, there is extensive collaboration among a wide representation of stakeholders.

Improvements have been implemented at the local level, statewide and as part of major initiatives within Delaware's early care and education community. The regional CDW programs and the various stakeholder groups have been instrumental in implementing effective improvement activities, thus promoting long term system improvements. These groups have played instrumental roles in identifying the State Improvement Measurable Result (SIMR) and supporting cohesive improvement strategies.

"OSEP's new accountability system, Results Driven Accountability (RDA) balances improving developmental and educational results and functional outcomes for young children and students with disabilities while considering compliance as it relates to those outcomes and results. OSEP views the APR/SPP as a critical component of RDA. As a result, the SPP/APR for FFY2013 through 2018 incorporates a qualitative indicator, the State Systemic Improvement Plan (SSIP) that focuses on improving results for children with disabilities.

The SSIP is a comprehensive, ambitious, yet achievable multi-year plan that is developed in Phase I (FFY 2013) and Phase II (FFY 2014) and then implemented in Phase III (FFY 2015-2018). In developing the SSIP, States must assess the capacity of their current infrastructure systems and their ability to enhance their infrastructure to increase the capacity of Lead Education Agency (LEA)/Early Intervention System (EIS) programs to implement, scale up, and sustain evidence-based practices that will result in improved outcomes for infants, toddlers, and preschoolers with disabilities through a detailed data and infrastructure analysis.”
(<http://ectacenter.org/~calls/2014/ssip/ssip.asp>)

Stakeholder Input:

Delaware began the SSIP process by addressing the Interagency Coordinating Council (ICC) on January 28, 2014 and May 7, 2014, introducing changes to how the State would be submitting the Annual Performance Report, changes to the reporting structure, and an introduction to general concepts of the SSIP, including timelines. The State also shared OSEP’s new vision, shifting from compliance-based monitoring to a focus that incorporates functional-based outcomes as well.

Discussion was held on the multifaceted challenges in identifying a focus area. Everyone agreed that Delaware should use child outcomes as one way to monitor positive results, but monitoring outcomes is complex and may have unintended consequences. One caution highlighted was to avoid negatively impacting programs and service coordinators who may be serving children with the most complex needs, and therefore are less likely to make significant progress as demonstrated by child outcomes results.

A discussion arose on best practices and how Delaware can determine if the system as a whole is implementing best practices consistently throughout the state. Delaware will start to implement best practices in Phase II, and should be able to determine the effectiveness of these best practices through this SSIP process, during Phase III when the evaluation is conducted.

Through conversations with ICC members and Child Development Watch leadership, key stakeholders were identified and an SSIP Phase I Leadership Team was created.

On May 13, 2014, the State invited stakeholders to participate in Phase I of the SSIP process. Represented parties included Birth to Three, Child Development Watch, ICC, early intervention providers, DOE, Parent Information Center (PIC, Delaware’s PTI), and national Technical Assistance (TA) providers. This group served as the initial advisory council for the first phase of the SSIP from which subcommittees would be formed.

Members of this SSIP Phase I Leadership Team will likely continue to provide guidance over the remaining phases of the SSIP, with some members being called on to provide expertise on subcommittees as necessary.

Year-to-date aggregated data was distributed to the SSIP Phase I Leadership Team at the May meeting. The group discussed the need to review trend data statewide and have these data disaggregated by region, provider, and population characteristics, to answer the following questions:

1. Where are these data headed?
2. How can the data be best used to recommend targets?
3. How can Delaware identify areas contributing to low performance?
4. What are the root causes?
5. What are the areas identified as issues?

When the SSIP Phase I Leadership Team discussed the State's infrastructure, a recommendation was made to take each area of system's infrastructure (governance, fiscal, quality standards, professional development, data, technical assistance, accountability) and prepare a written document detailing each component. It was noted that this analysis would become invaluable when it comes time to write the SSIP indicator for the Annual Performance Report (APR).

The SSIP Phase I Leadership Team discussed initiatives that are happening in Delaware. The Leadership Team made the following inquiry:

Are there stakeholders involved with Birth to Three that are also involved with these initiatives? Some initiatives mentioned included the longitudinal data system with the Office of Early Learning, the STARS program, and personnel TA.

The need for follow-up meetings was discussed, both as the full Leadership Team and as subcommittees, each taking one aspect of the Phase I analysis: data, infrastructure, and stakeholders. These committees would meet and a summary would be presented to ICC; then a new committee, one to address the Focus for Improvement/State Identified Measurable Result, will convene.

At the May 2014 SSIP Phase I Leadership Team meeting, participants divided into smaller groups and produced the following list of stakeholders, identifying who is currently involved with the Birth to Three Program and who should be involved:

- Parents
- CDW/WATCH/Enhanced Watch and See (EWS)
- ICC
- Pediatricians/Physicians
- Specialty Clinics
- Homeless -- School Liaisons
- Child Find Coordinators
- Governor's Advisory Council for Exceptional Citizens (GACEC)
- Provider Agencies (nonprofit, private)
- Division of Prevention and Behavioral Health Services, DSCYF
- Office of Child Care Licensing, DSCYF

- Delaware Office of Early Learning
- Military – Exceptional Family Member Program (EFMP)
- Expanding Inclusive Early Intervention Opportunities (EIEIO)
- STARS
- Universities –Higher Education
- Center for Disabilities Studies, University of Delaware
- Legislative Support – Kids Caucus, Governor/Lt Governor’s Office
- Special Interest Groups
- Family Voices
- Early Head Start
- Delaware Early Childhood Council
- Help Me Grow/211
- Family SHADE
- Medicaid
- Parents As Teachers
- Parent Information Center

At the May 2014 meeting, the SSIP Phase I Leadership Team agreed that a follow-up meeting with updates was necessary to select an area of focus and establish an action plan. Stakeholders would be invited to participate in one or more of the meetings on the following topics:

- Identify root causes of nonperformance/barriers to improvement
- Consider alternate assessment tools (esp. social-emotional)
- Develop an accountability plan
- Select which Early Childhood Technical Assistance (ECTA) charts/tools to use for Data Analysis
 - Increase data collection efforts/Address importance of data entry
 - Identify what data are needed and what data are available
 - Further analyze current data
 - Compare to national standard
 - Statewide and by region
 - Specific populations
 - EI Provider
 - Identify cohorts that skew data (preemies, children with established conditions, high numbers of infants, short duration of time in program)
 - Training on data collection, analysis and use
- Select which ECTA charts/tools to use for Infrastructure Analysis
- Provide training on SSIP for all staff
 - For more information on the SSIP and the APR, participants were also encouraged to become familiar with the ECTA website:
<http://ectacenter.org/~calls/2014/ssip/ssip.asp>

- Invite additional technical assistance from national network
- Prepare a presentation to ICC on SSIP updates
 - Sharon Ringwalt of MidSouth’s Regional Resource Center and the ECTA Center was invited to return to present more SSIP details at the ICC meeting scheduled for July 2014.

The May 2014 meeting concluded with participants volunteering for assignment for the following subcommittees:

- Data
- Infrastructure
- State Initiatives/Stakeholders

The State assured appropriate representation on each of the committees, ensuring stakeholder diversity on each subcommittee. Each of the subcommittees met in June 2014.

- The Data Subcommittee met on June 16, 2014 and consisted of representation from the Birth to Three office, CDW, DOE and early intervention providers. The group was responsible for reviewing trends in the existing data, identifying new ways to report data to identify strengths and areas needing improvement, and suggesting how data trends may affect how targets are set. Not only did these members meet together, but they were also called upon in smaller groups to assist with distinct aspects of data analysis.
- The Infrastructure Subcommittee met on June 23, 2014 and consisted of representation from the Birth to Three office, CDW, ICC, DOE, and early intervention providers. Using the State Infrastructure Analysis Tool – Part C, developed by Ron Dughman and Carol Massanari with input from the Mountain Plains Regional Resource Center Team, the group reviewed the areas of system infrastructure (governance, fiscal, quality standards, professional development, data, technical assistance, and accountability) to identify strengths and areas needing improvement. During the analysis, the group considered how each area impacted the implementation of effective practices that would ultimately result in improved outcomes for children and families. By using this Analysis Tool, the group was able to analyze the capacity of the current system, including how the State could support improvements to the system, how the regional program and early intervention providers could build capacity, and how the State could promote the implementation, scaling up, and sustainability of evidence-based practices. The comprehensiveness of this tool enabled this group to provide an analysis of the structure, strengths and weaknesses, and how each of the components of the infrastructure interrelates with one another. These members met in person in June and were also called upon in smaller groups to further refine particular aspects of the infrastructure analysis.

- The State Initiatives/Stakeholders Subcommittee met on June 25, 2014 and consisted of representation from the Birth to Three office, CDW, ICC, DOE, and early intervention providers. This group was charged with identifying all current and upcoming initiatives in Delaware. In addition, the group reviewed membership of ICC, staff from the Birth to Three office, CDW, and early intervention providers to identify who represents which groups/agencies/initiatives in Delaware and if there were areas in the state where partnerships could be strengthened or established. Prior to the meeting, the group received the “Initiative Inventory for the State Systemic Improvement Plan” and the “Part C Implementation Guide” for review.

The ICC met on July 22, 2014 where each subcommittee presented on their individual work. Notes and templates were shared, showing how each of the groups worked through both broad and subsequent details drilling down their analysis. It was at this meeting where members on the SSIP Phase I Leadership Team began sharing concepts for the State Identified Measureable Result (SIMR) and Improvement Strategies with ICC participants.

On September 16, 2014, Birth to Three staff met with CDW leadership, members of the ICC Executive Board, and technical assistance providers from MidSouth Regional Resource Center and the ECTA Center to further solidify the concepts and came to consensus on the selection of the State Identified Measureable Result (SIMR) and Improvement Strategies.

The ICC met again on October 28, 2014 when the SSIP Leadership Team shared the proposed SIMR. ICC members and stakeholders agreed with the selection of the SIMR and continued their discussion on Improvement Strategies and their impact on the SIMR. The State shared the intent to promote evidence-based practices to support the improvement of social emotional outcomes for infants and toddlers, and that these strategies may include Robin McWilliam’s Routines Based Interview (RBI) and the Center for Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model. In addition, the State will need to identify a tool that can better evaluate social-emotional skills for infants and toddlers.

The SSIP Phase I Leadership Team reconvened again on November 6, 2014 when OSEP visited to review the overall concepts of the SSIP. Additional stakeholders, developmental pediatricians, and additional ICC Executive Board members joined the original SSIP Phase I Leadership Team for this meeting. A technical assistance provider from MidSouth Regional Resource Center and the ECTA Center also joined the meeting. The State prepared for the visit by reviewing the questions in the “SSIP Phase I Implementation Guide – Part C.” The State discussed data and infrastructure analysis activities and shared their review of state initiatives. Highlights from the meeting include:

- Improvement strategies need to evidence-based or research based
- Identify which improvement strategies are working well—try to scale up from there
- Rely on evidence regarding what needs to change—begin to think about the evaluation process even in Phase I
- Discuss with providers how they are already embedding goals into everyday routines

- If there is not a tool to measure what needs to be measured, State may need to consider more informal ways of measuring progress
- Be sure to address different components in the infrastructure analysis and tease each of these out in the Theory of Action
- Big strategies are outlined in Phase I; in Phase II break these down into steps (think logic model)
- Don't count attendance at a training as a strategy or benchmark; count what parents are saying about changes in practice; embed McWilliam's checklists into practice so improvement in the quality of SOAP (Subjective Objective Assessment and Plan) notes and functional IFSP goals can be identified.
- Stakeholder involvement is crucial throughout the SSIP process

On January 15, 2015, Birth to Three and the Department of Education gave a joint session at Delaware's annual LIFE Conference where the concept for each program's SIMR was shared with a new group of stakeholders, primarily parents, state agencies and school districts that had not previously commented on the SIMR for Part C (improvement of social-emotional outcomes) and Part B (improving literacy) programs. The presentation shared data, included an explanation as to how the program arrived at the SIMR, and how positive social-emotional outcomes contribute to improved literacy skills. Workshop participants were given opportunities to share their thoughts in three areas:

1. If resources were unlimited, what would be the dream for students with disabilities?
2. What should the State keep in mind when planning improvement strategies?
3. What is the best way to keep families and the community up to date on progress?

The State found that this exercise provided a rich source of data, especially since the results were received predominately from families. Responses from these questions were compiled and will be reviewed more closely by the SSIP Phase II Leadership Team as the team refines cohesive improvement strategies.

On March 9, 2015, Birth to Three co-sponsored the 21st Annual Inclusion Conference. This year's four hour early childhood workshop was "Functionality, Families, and Fun". During the session, Dr. Robin McWilliam from the Siskin Institute and Vanderbilt University discussed the Routines-Based Model which focuses on evidence based practices 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. Participants left with tools for family/teacher consultation, embedding early intervention into home and classroom routines and creating functional goals. Prior to his workshop, Birth to Three met with Dr. Robin McWilliam to discuss implementation of the routines based interview. An SSIP implementation group including Birth to Three and CDW leadership as well as representatives from early intervention providers submitted questions about how the RBI would be implemented in Delaware. These questions included topics such as training, impact on required timelines and other barriers, and strategies to best engage families. Dr. McWilliam addressed the questions and shared his extensive experiences working with other states. The leadership team worked with him to begin to create a Delaware plan for training and RBI rollout that addresses the

implementation science drivers of competency, organization and leadership. The Birth to Three office plans to send staff to attend an upcoming Train the Trainer event so that the RBI strategy can be fully implemented in Delaware by January 2016.

Through the series of meetings held over the past year, through analysis of data, infrastructure, and current state initiatives, stakeholders have been able to provide valuable input into the selection of the SIMR and guide the implementation and scale up of evidence-based practices that will result in improved outcomes for infants and toddlers in Delaware. The State will continue to work with stakeholders and leadership to ensure the sustainability of these improvement activities.

Data Analysis

Delaware collects data from a variety of sources. These data are used not only to provide required reports to OSEP but to also provide structure for program improvements and guidance for implementation of best practice initiatives. Delaware's Birth to Three Early Intervention System had collected child outcome data for several years prior to OSEP's mandate for states to collect these data. Delaware collected this with the assistance of Child Development Watch program staff and the University of Delaware to:

- provide insight on the quality of services
- identify how early intervention services impacted the child and family
- establish progress made by children receiving early intervention services

Through SSIP activities, Delaware identified, selected, and analyzed all available data, and conducted both broad and focused data analyses. Multiple data sources were used to enable the identification of potential root causes that may have contributed to areas of low performance.

Prior to convening the SSIP Phase I Leadership Team, staff from Birth to Three and Child Development Watch reviewed the data elements being captured in the data system which is managed through combined efforts of Birth to Three and Child Development Watch. Quantitative data from key national, State and program sources (SPP/APR, 618, Race to the Top, KidsCount, Maternal, Infant, and Early Childhood Home Visiting (MIECVH)) were reviewed in the state's broad and in-depth data analyses.

How Key Data were Identified and Analyzed:

In May 2014, the SSIP Phase I Leadership Team convened and identified various quantitative and qualitative data sources available throughout the state, including Birth to Three's 618 data, program monitoring data, data contained within the data system, child outcome (COSF) data, and family survey data. The program expanded its data review by including data from the following external agencies: Kids Count, Maternal Child Health, 211, Help Me Grow, and the Office of Early Learning's Early Learning Challenge grant.

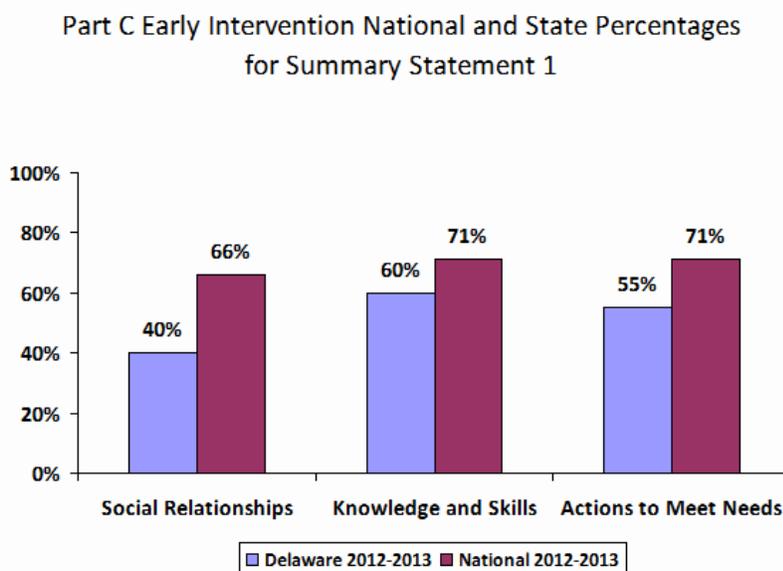
One barrier immediately identified was the fact that agencies throughout the state continue to utilize agency-specific data programs, and privacy concerns continue to impede collaboration. A recommendation was made to consult with DOE and the Office of Early Learning to identify which programs carry similar data elements, and where additional sources of data might be retrieved.

Birth to Three provided current and recent trend data to initiate the state’s broad data analysis. These data included aggregated child outcome data on each of the three federal outcomes:

1. Positive social-emotional skills (including social relationships)
2. Acquisition and use of knowledge and skills (including early language/communication)
3. Use of appropriate behaviors to meet their needs

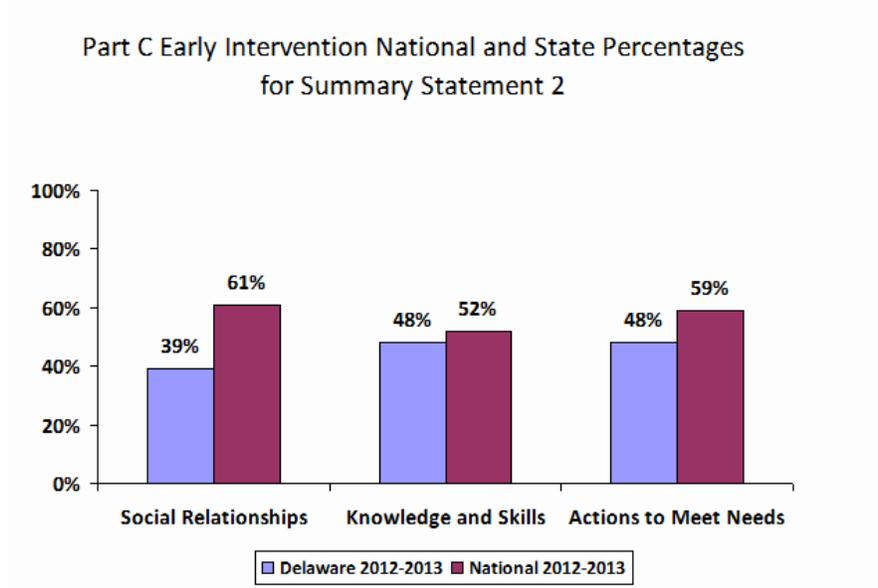
Data were reviewed statewide, regionally and by gender. Once data were disaggregated at the race/ethnicity level, results became statistically insignificant. This is due to the relatively small data set reported by Delaware on child outcomes. The Leadership Team also noted inconsistencies in data generated from the data system. Although all data reported in state and federal reports are validated against data integrity queries, the Leadership Team strongly recommended that steps be taken to ensure the reliability of the reports at the time that the reports are generated directly from the system. The Leadership Team identified these reports as limitations that impacted data-informed decision making, so the group concentrated on the Data Quality Profile which compared state to national data. The group identified the most obvious area needing improvement as the data reported on Social Relationships for both Summary Statement 1 (Figure 1) and Summary Statement 2 (Figure 2).

Figure 1 Summary Statement 1



Source: State Child Outcomes Data Quality Profile Delaware Part C, Comparison of State and National Data, ECTA Center, July 2014.

Figure 2 Summary Statement 2



Source: State Child Outcomes Data Quality Profile Delaware Part C, Comparison of State and National Data, ECTA Center, July 2014.

Input was subsequently gathered during discussions with advisory panels/councils, analysis of the annual Family Survey with Child Development Watch leadership and ICC, and interviews with members of other agencies and a statewide focus group made up predominately of parents were used in broad and in-depth analyses.

In June, 2014, a subcommittee, consisting of stakeholders from the SSIP Phase I Leadership Team was created to further analyze the data originally shared at the comprehensive Leadership Team meeting.

This group, representing staff from the Birth to Three office, CDW, DOE and early intervention providers was provided with several national technical assistance documents including:

- SSIP Child Outcomes Broad Data Analysis, created by the ECTA Center
- Summary of Meaningful Differences Calculations, created by the ECTA Center
- Analyzing Child Outcomes Guidance Table
- Using Data
- ECO-C3-B7 document
- Contributing Factors
- Pattern Checking Table

The Subcommittee also received the following documents to review prior to the meeting:

- SSIP Data Analysis
- Part C Implementation Guide
- Delaware Part C Data Quality profile

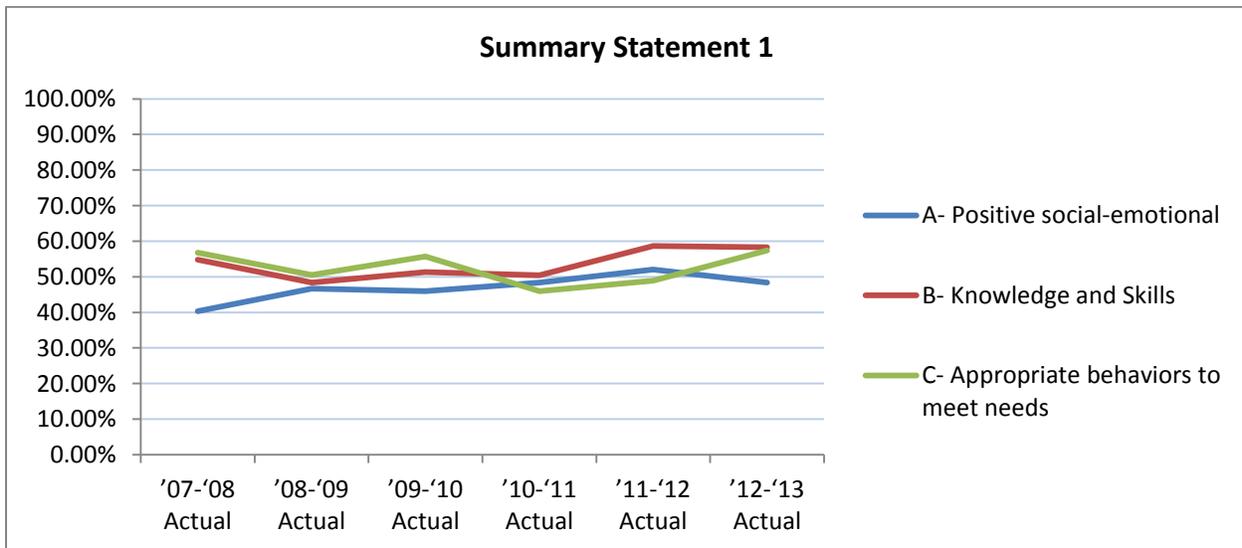
The subcommittee met and was tasked with drilling down the data to review available data, identify new ways to report data, identify strengths and areas needing improvement, and suggested how to determine possible targets once areas of improvement were identified. Discussions began with OSEP’s current data requirements.

The group discussed how the state needed to analyze key data to select a SIMR (State Identified Measureable Result), identify root causes contributing to low performance, and how available reports were disaggregated.

In addition, the group covered concerns about the quality of data collected by Child Development Watch, how the State should address these concerns, and made recommendations on additional data collection efforts.

The subcommittee proceeded to review the child outcome data that had been submitted in the Annual Performance Report for previous years (Figures 3, 4, 5).

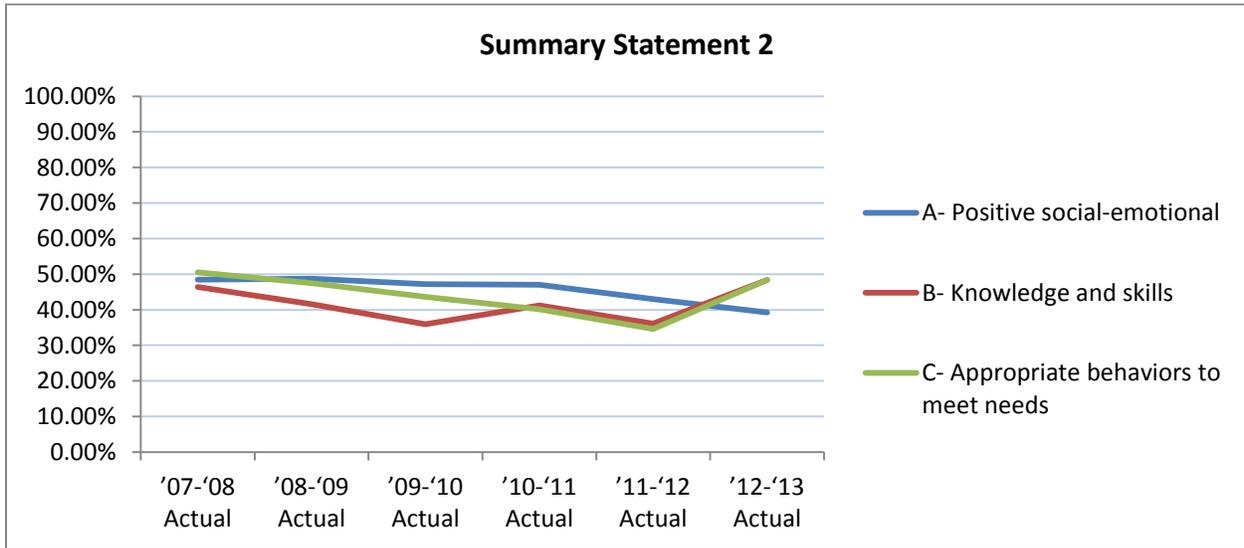
Figure 3: Summary Statement 1



Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent that substantially increased their rate of growth by the time they exit the program $\frac{((c)+(d))}{((a)+(b)+(c)+(d))} \times 100 = \%$

Source: DHSS Cares Data Report.

Figure 4: Summary Statement 2



Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

Source: DHSSCares Data Report.

Figure 5: RELEVANT COSF COMPARISON DATA AS REPORTED IN FY07-FY12 ANNUAL PERFORMANCE REPORTS

	'07-'08 Actual	'08-'09 Actual	'09-'10 Actual	'10-'11 Actual	'11-'12 Actual	'12-'13 Actual
Indicator 3a	Positive social-emotional skills (including social relationships)					
Summary Statement 1	40.30%	46.63%	45.93%	48.34%	52.02%	48.39%
Summary Statement 2	48.45%	48.73%	47.18%	47.06%	42.99%	39.22%
Indicator 3b	Acquisition and use of knowledge and skills					
Summary Statement 1	54.79%	48.39%	51.29%	50.43%	58.65%	58.27%
Summary Statement 2	46.39%	41.53%	35.92%	41.18%	36.14%	48.37%
Indicator 3c	Use of appropriate behaviors to meet their needs					
Summary Statement 1	56.76%	50.54%	55.74%	45.99%	48.91%	57.36%
Summary Statement 2	50.52%	47.46%	43.66%	40.14%	34.58%	48.37%

Source: DHSSCares Data Report.

The group continued the analysis by reviewing the Data Quality Profile, a comparison of state and national data. They discussed how current Child Outcome Summary Form (COSF) reporting practices could be impacting the data results. Theories included:

- Regarding “Positive Social Emotional Skills”: infants may be scoring high because of a strong bond with the mother/primary caregiver. Additionally, there are fewer scores to measure—perhaps the State needs to consider using another tool.
- Regarding “Use of Appropriate Behaviors”: infants may be scoring low because of lack of gross motor milestones.
- The misalignment between Part C Exit and Part B Entry data may be a result of the child’s comfort level with a new assessor and/or a different environment.
- Fidelity of tools from one assessor to another may be having an impact on how children are rated.
- The same tool is not used to guide the determination of the COSF for all children, should all assessors be using the same tool?
- Entry COSF ratings may be different for children who receive an initial assessment in the home vs the initial assessment being conducted in a clinic setting.

The subcommittee made the recommendation that, moving forward, the following information be consistently collected and entered into the data system for all children so that future reports can be generated and analyzed:

- County (already collected electronically)
- School District (already collected electronically)
- Zip Code (already collected electronically)
- Race/Ethnicity (already collected electronically)
- Diagnosis codes
- Actual intensity of services
- Actual length of time in services, not planned services
- Number of service providers actively involved with the child
- If the child changed service providers, and if so, how many times
- Involvement with the Division of Family Services (DFS)
- Identification if child is considered homeless
- Age of referral to Part C (can be calculated given date of birth and referral date)
- Delayed services/add-on services

The group discussed potential reasons why children may not be demonstrating progress:

- No shows/cancellations/lose contact
- Language barriers
- Family buy in/no or little follow-through between interventionist’s visits
- Family and Service Coordinator awareness of developmental milestones
- Inconsistencies with family and/or environment for children involved with DFS

This group also questioned whether the report was pulling incorrectly or possibly miscalculating the final categories and recommended that a manual review of all Entry and Exit COSFs be conducted to assure the report is producing valid and reliable data at the time the report is generated.

The group also questioned if an Annual COSF could be mistaken as an Exit COSF. The report generates a score given the Initial COSF and the latest COSF entered into the system. The group recommended that the date of the Exit COSF be manually reviewed to ensure it is in fact the Exit COSF.

The Data Quality Profile states that Part C is expected to report data on 28% or more of existing children. In FFY 2012, Delaware reported COSFs for 48% of all children exiting. In FFY 2013, this percentage fell to 31%. While this remains above the 28%, this is the lowest that Delaware Part C has reported since FFY 2009. Therefore, the group also asked how the State ensures that all potential COSFs are collected and entered.

While CDW Southern Health Services has procedures in place and a dedicated individual to provide this assurance, CDW Northern Health Services does not. The group made a recommendation to identify a dedicated individual for CDW Northern Health Services and establish a similar procedure to ensure that all potential children are being counted.

Delaware ensures effective child outcome data through mandatory training on the COSF for Service Coordinators, Child Development Watch Assessors, and early intervention providers. In addition, the addition of a COSF liaison at CDW Southern Health Services has proven invaluable in maintaining valid and reliable child outcome data in the data system. While there is a contact person at CDW Northern Health Services, the State would expect to see a similar increase in quality and consistency in receiving COSFs by identifying a dedicated staff person to manage the collection and quality of COSFs for this region.

The State used to provide periodic trainings for early intervention providers and meet twice a year to provide opportunities to discuss COSF data. Recently, these data discussions have been limited to one-on-one conversations with therapists or aggregated data discussed at ICC meetings. This group agreed with the recommendation made by the SSIP Phase I Leadership Team that these continuous improvement activities resume to increase the understanding of how to interpret COSF data at the local and early intervention provider level.

Data that are disaggregated and reported in the Annual Performance Report (APR) drives the discussion for additional continuous improvement activities. These conversations are generally held at ICC meetings and Birth to Three/Child Development Watch Leadership meetings. In addition to the data reported in the APR indicators, Delaware reports on two state performance measures that are shared with the DMS Budget unit and legislatures:

1. % of families in the Birth to Three program receiving multi-disciplinary evaluations within 45 days
2. % of families in the Birth to Three program who perceive positive changes in their child's development

The second item is collected in the Family Survey, and the State will continue to monitor this performance measure and also review other questions in the Family Survey that may contribute rich qualitative or quantitative data to the SIMR.

Delaware will collect additional data as recommended by the SSIP Phase I Leadership Team and the Data Subcommittee, and continue to provide aggregated Part C data including:

- Counts of Part C eligible children attending child care programs participating Delaware STARS (Delaware's quality rating improvement system)
- Counts of monthly assessments
- Counts of all children receiving services under Part C of IDEA

After considering the discussions conducted with stakeholders throughout SSIP Phase I, Delaware considered barriers such as how compliance timelines would impact the SIMR. It was immediately noted that the 45 day timeline may make it more challenging to correctly implement Routines Based Interviews (RBI). Assessors and Service Coordinators will need to schedule longer periods of time with families, and the time needed for interpreters will increase.

Also, in order to overcome unforeseen cultural barriers, Delaware is being trained in WiDA, a practice of conducting culturally responsive assessments and intervention practices. Finding a balance between RBI and WiDA will be key to Delaware's success.

This data analysis led to the selection of the SIMR by identifying the following:

- Assessment tools don't adequately capture social-emotional benchmarks
- IFSP outcomes are not as embedded in everyday routines

Analysis of State Infrastructure to Support Improvement and Build Capacity

Delaware reviewed many technical assistance guides before deciding to utilize the “State Infrastructure Analysis Tool – Part C; Using Implementation Drivers to tell the Infrastructure Story” developed by Ron Dughman and Carol Massanari, with input from the Mountain Plains Regional Resource Center team.

This tool allowed the State to analyze the state’s infrastructure through Implementation Drivers that considered different aspects of the SSIP Infrastructure Component:

Implementation Driver	SSIP Infrastructure Components aligned with the Implementation Driver
Performance Assessment — This driver focuses on the evaluation of implementation, both fidelity and results, as well as the assessment of the competent use of skills required for full and effective use of the intervention or improvement strategy. Evaluation is critical for the ability to know if the desired result is evident or if changes need to be made.	Accountability and Monitoring Quality Standards
Selection — Selection refers to having in place clear criteria for making decisions about selecting the improvement strategy, as well as selecting those who will participate in the implementation of the strategy (i.e., staff, local programs, and schools).	Professional Development Technical Assistance Governance (to some extent) Quality Standards
Training (Technical Assistance) – Fully developed training and TA is central to successful implementation. It is critical to have a well-defined training/TA plan before initiating the implementation of any improvement strategy.	Professional Development Technical Assistance Quality Standards
Coaching — While training is critical, research supports that coaching is essential if the training is to be used effectively and if behavior is to change as a result of the training. Coaches provide observation in context, feedback and encouragement to improve competence, and identification of barriers to implementation as intended.	Professional Development Technical Assistance Quality Standards
Decision Support Data System —A data system provides procedures and tools for continuous feedback on the overall performance and status of the implementation process. The system collects data needed to make effective decisions at all levels.	Data Accountability and Monitoring Technical Assistance Quality Standards
Facilitative Administration — Facilitative administration purposefully ensures the development and implementation of policies and practices that support and reduce barriers to implementation of the desired behaviors defined by the improvement strategy.	Accountability and Monitoring Governance Fiscal
Systems Intervention —Systems intervention addresses issues outside the immediate influence or direct control of the implementation team. This includes issues that impede staff ability to deliver effective programs, practices, or strategies. Such interventions should eliminate or reduce barriers, while enhancing or sustaining policies that facilitate the work. Systems intervention should be designed to create an environment and set of conditions that support the new way of work.	Accountability and Monitoring Governance
Leadership —Leadership is about providing the right strategy for different situations. Some situations require a technical fix that has a relatively clear, defined path to a solution. Other, more complex situations require adaptations or innovative strategies. Active implementation requires leadership approaches that transform systems and create change. Such leadership often involves a combination of both technical and adaptive strategies.	Accountability and Monitoring Governance Technical Assistance

The Infrastructure Subcommittee met on June 23, 2014 and consisted of representation from the Birth to Three office, Child Development Watch (CDW), Interagency Coordinating Council

(ICC), Department of Education (DOE), and early intervention providers. Using the State Infrastructure Analysis Tool – Part C, the group considered how each area impacted the implementation of effective practices that would ultimately result in improved outcomes for children and families. The group was able to analyze the capacity of the current system, including how the State could support improvements to the system, how the regional program and early intervention providers could build capacity, and how the State could promote the implementation, scaling up, and sustainment of evidence-based practices. The comprehensiveness of this tool enabled this group to provide an analysis of the structure, strengths and weaknesses, and how each of the components of the infrastructure interrelates with one another.

When the infrastructure committee met, data from the SSIP Phase I Leadership and data subcommittee meetings were shared, including child outcome data, state to national comparisons, as well as other available data from statewide initiatives (i.e., Help Me Grow, Kids Count). Based on data and discussions from the SSIP Phase I Leadership Committee, the infrastructure committee delved deeper into the focus area of social emotional outcomes.

The State Initiatives/Stakeholders Subcommittee met on June 25, 2014 and consisted of representation from the Birth to Three office, CDW, ICC, DOE, and early intervention providers. This group was charged with identifying all current and upcoming initiatives in Delaware. In addition, the group reviewed ICC participants, and staff from the Birth to Three office, CDW, and early intervention providers to identify who represents which groups/agencies/initiatives in Delaware and if there were areas in the state where partnerships could be strengthened or established

This group brainstormed a list of all of the statewide initiatives related to social emotional development, then grouped them according to area of focus (i.e. Home Visiting Programs, Advocacy). The group looked at each of the areas and identified ways that they could support Delaware's SSIP.

System Opportunities and Strengths

Strengths and opportunities within each area were discussed. Stakeholders later submitted information about other initiatives concerning social emotional development that the State may not already have a direct connection.

By analyzing the infrastructure the State identified that there were many resources available, but Delaware's early intervention program experienced difficulties connecting with mental health services.

Stakeholders recommended that if we begin to implement consistent screening for social emotional development, it will be an opportunity to determine if progress in social emotional correlates with age or other demographic information.

Stakeholders proceeded to identify the following improvement opportunities:

- the current assessment tools are not sensitive enough to capture social emotional strengths and concerns for infants and toddlers
- the current assessment and early intervention practices may not be culturally sensitive
- insufficient knowledge base of typical and atypical social emotional development and developmentally appropriate practices to support social emotional skill development
- limited access to parent resources on social emotional development and challenging behaviors for infants and toddlers
- need for training in evidence based practice
- data could be presented to providers in more meaningful ways

Stakeholders identified system strengths, noting that Delaware is building capacity by being part of major initiatives such as:

1. Early Learning Challenge Grant goals
2. Delaware Early Childhood Council
3. Help Me Grow
4. WiDA
5. Early Childhood Personnel Center

As part of all of the training that is provided by the Institute, the Delaware Institute for Excellence in Early Childhood (DIEEC) at the University of Delaware is available to all early intervention providers. It's also an opportunity because Part C hasn't taken full advantage of that system. Currently they are revamping the professional development system within DIEEC; the Part C Training Administrator is a member of that workgroup whose goal is to strengthen and enhance training offerings to include more advanced offerings that would be more relevant to our early intervention providers.

The Early Childhood Personnel Center (ECPC) has selected Delaware as a model demonstration to create a replicable and sustainable comprehensive system of professional development (CSPD). One subcommittee is looking at competencies across early childhood professionals including those in Part C and 619 to ensure there are social emotional competencies built in and that pre-service and in-service address them. The policy committee of ECPC is charged with identifying changes needed to policy and sustainability.

Birth to Three is partnering with ECPC to conduct follow up and needs assessments. Birth to Three training modules include an evaluative component such as pre and post tests and case studies where participants are required to demonstrate knowledge and learning. The state would ensure that any training that the program participated in as part of our SSIP would include an evaluation component.

The State's evaluation of the SSIP should include a knowledge component and a skills component. For example, with the modules, participants are tested to demonstrate their

acquisition of knowledge and then they are also assigned a mentor and service coordinators are observed implementing various practices. This provides for an observation to ensure that they understand and are now correctly implementing evidence based practice.

Leadership meets periodically to discuss areas of focus for improved training and TA, how to best implement and if there are any policy implications. The process of identifying best implementation strategies currently includes input from supervisors and/or Clinic Managers, information obtained from family surveys, and targeted monitoring to identify whether the training issue is with an individual, region or statewide. Once that is clear, training can be addressed one on one, within a staff meeting, designated regional or Statewide training, on line training, coaching and mentoring or through TA memos to provide clarification on a particular point or process. We are currently looking into success stories from other states.

One of the tools proposed for development is a list of competencies and a checklist that staff and/or supervisors could use to identify both areas of competence and areas that could use more professional development.

Delaware is currently involved in planning statewide improvement activities through the Birth to Three/CDW Leadership Team in coordination with ICC. Other community partners include families (through Family Voices and the Parent Information Center), early intervention providers, and the Telehealth Coalition. We have ensured that the same stakeholders have also been involved in the SSIP activities.

The multiple initiatives are aligned under the framework of the four Early Learning Challenge goals and the Delaware Early Childhood Council. These goals are endorsed by the (Interagency Resource management Committee) IRMC and resources are leveraged across all departments in the state working with young children. By uniting agencies to focus on four common goals, resources can best be allocated without duplication, and the advocacy community, including the ICC, shares common vision and priority areas.

State funds and federal grant opportunities across departments serving children, such as Project Launch, Help Me Grow, Home Visiting, and the Early Learning Challenge grant can also be leveraged.

Current Initiatives

The Birth to Three Early Intervention System (Birth to Three) collaborated with the Delaware Office of Early Learning and the Help Me Grow initiative to provide follow up services for children screened and found to be high risk based on the Parents' Evaluation of Developmental Status (PEDS) and Ages and Stages developmental screening tools. Birth to Three/Child Development Watch is an active participant of the Delaware Early Childhood Council, which has a goal to improve screening and follow-up, inclusive of strengthening young child mental health services.

Birth to Three is a member of the Plan to Achieve Health Equity for Delawareans with Disabilities to improve access to health care for all Delawareans with disabilities. Birth to Three

has a focus on improved access to commercial health insurance for its families. Birth to Three is also a governor-appointed member of the Autism Legislative Task Force (Senate Concurrent Resolution No. 65) and of the Early Hearing Detection and Intervention Advisory Board. In addition, Birth to Three collaborates with Delaware Text4baby to distribute the Growing Together Portfolio to parents of babies born in Delaware and surrounding hospitals.

Approximately 12,000 English and Spanish portfolios were distributed annually and are also available on the Birth to Three website. This is available in English and Spanish. In 2013, Birth to Three was invited to participate in a telehealth project where specialty services will be provided at CDW Southern Health Services, located in Sussex County through videoconferencing by Riverside Hospital (Christiana Care Health System). This will ease the burden of lengthy travel for families with children with disabilities. By spring 2015, equipment should be procured and staff should be trained. Specialty professionals, specifically neurologists, are already strategizing how this might best work.

Delaware revised their quality rating system known as “Delaware Stars”. The revisions include a structural change from building blocks to a points/hybrid system. There is greater emphasis on stakeholder involvement and systems change and a goal to reinvigorate technical assistance with a strengths-based, action-oriented model. The Expanding Inclusive Early Intervention Opportunities (EIEIO) group provided input on the standards and the new Stars design lists inclusion as one of the three primary redesign principles. A vital goal for Delaware centers is on increasing the number of high-quality Stars programs, while also increasing the number of high needs children, including those with developmental delays and disabilities, enrolled in Stars programs, particularly at the top tiers of quality.

Once the State determined the focus was on social emotional development, we reached out to relevant divisions and agencies such as the Division of Prevention of Behavioral Health Services (within DSCYF) for them to lend their expertise and knowledge of resources.

Project Launch is another new initiative that is focusing on those children who have identified social emotional concerns, especially related to toxic stress. Project Launch coordinates with Public Health and Behavioral Health Services.

Additional agencies that were contacted after the social emotional development focus was determined include:

- Governor’s Advisory Council for Exceptional Citizens- Infant Toddler Committee
- Developmental Disabilities Planning Council
- Family Shade (a coalition of family support groups for parents of children with disabilities)
- Family-to-Family Health Centers
- Sequenced Transition to Public Education (STEPS) and Local School Districts

Birth to Three is connected with Vision for Education in 2025, a comprehensive education reform initiative in Delaware. One of the subgroups is early childhood and as a member of the Delaware Early Childhood Council Goal 2 committee, the Part C Training Administrator was able to provide input on strategies and gaps when information on that subgroup was presented. This is another example of how state initiatives are leveraged and aligned to improve quality results for young children.

Description of State Systems

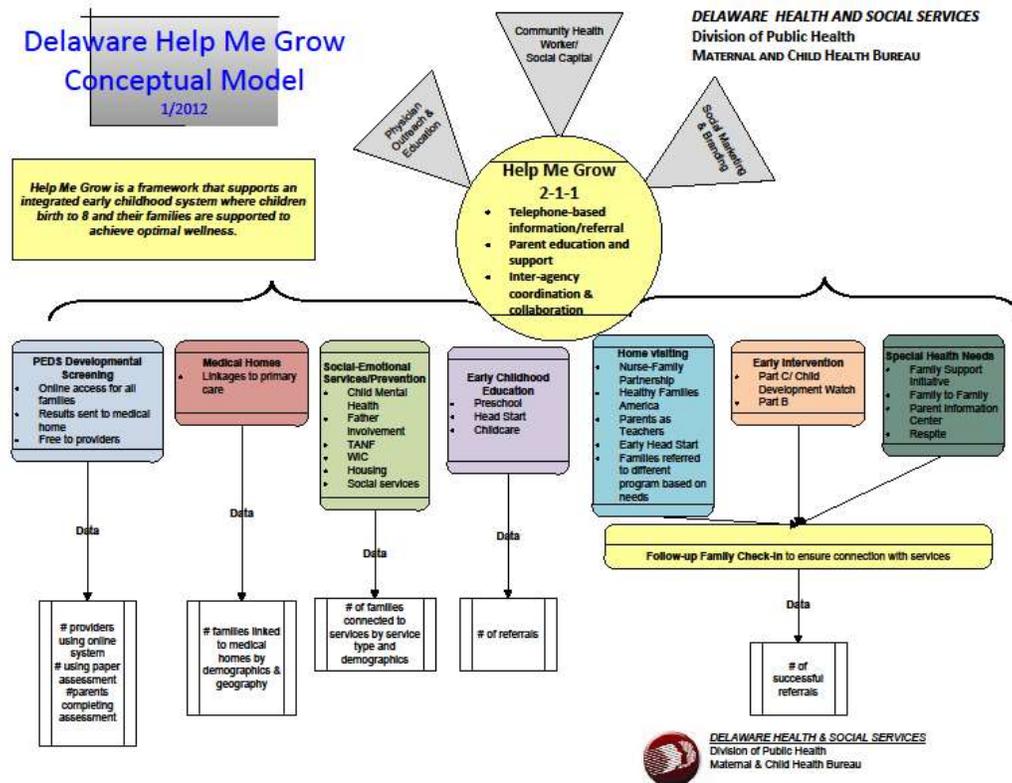
The State analyzed all relevant systems in its infrastructure. Birth to Three resides within The Division of Health and Social Services (DHSS) and is governed by the Interagency Resource Management Committee (IRMC), and collaborates closely with the Division of Public Health (DPH) and its Maternal and Child Health Bureau, Division of Medicaid and Medical Assistance (DMMA/Medicaid), the Department of Services for Children, Youth, and their Families (DSCYF), the Department of Education (DOE). All of these partnerships are also outlined the Birth to Three Interagency Agreement for the Delaware Early Intervention System under Part C of IDEA.

The Interagency Resource Management Committee (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).

The IRMC has responsibility for prioritizing the Early Learning Challenge Grant initiatives, which include increased developmental screening, improving the quality of child care through Delaware STARS, maintaining the capacity of mental health consultants, and coordinating an early childhood professional development system.

Delaware is also integrated within the early childhood system in Delaware. Figure 6 illustrates how Birth to Three and Child Development align with other programs and agencies within the State.

Figure 6: Delaware Help Me Grow Conceptual Model



Source: Delaware Division of Child Health, Maternal and Child Health, January 2012.

Fiscal: Delaware Part C utilizes federal, state and appropriated special funds to support the Birth to Three Early Intervention system. Early Intervention services on the IFSP are funded through a system of payment that includes commercial insurance, Medicaid, Delaware Healthy Children’s Program, and state and federal funds. Outreach, Child Find, and training initiatives are supported in part by Part B/619 funds. Delaware currently also receives support for follow up assessments through the Early Learning Challenge Grant.

With IRMC support, additional budget requests are being put forth in upcoming fiscal years for sustainability of cohesive improvement strategies.

Data: The data system (DHSSCares) is a vital component to the general supervision system. Regional data is essentially organized by county, with New Castle County in one region and Kent and Sussex Counties in the second region. Regional CDW programs enter and maintain their own data in DHSSCares. Reports can be generated on a child, service coordinator, region, or statewide level. Birth to Three and Child Development Watch staff review regional and statewide data reports on a monthly basis. Birth to Three continues to work on revising and updating their statewide data system to ensure valid and reliable data collection and state and

federal reporting. The data system is a customized off the shelf (COTS) product created by a third party vendor which was modified with guidance from the program. The data system is web-based to allow for data to be entered from state offices and remote, third party locations. Included in the system are basic demographics, Part C eligibility, IFSP including assessment and service delivery data, child outcome scores and relevant information, and progress notes. DHSSCares also generates the Annual Child Count reports, child outcome reports, and various reports used for compliance and quality management purposes.

Monitoring and Accountability – Early intervention 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.

In fiscal year 2013, regional programs conducted self-assessments, providing their results to the Birth to Three Office for analysis. In addition, both the Quality Management Coordinator and the Compliance Coordinator have conducted on-site monitoring activities as necessary. Results are summarized in their corresponding indicators. The monitoring plan used for onsite chart audits has been previously accepted by the Office of Special Education Programs (OSEP) and have been provided as an attachment in the overview section of the APR

Technical Assistance – The Birth to Three office works with Child Development Watch leadership staff to assure that program activities and technical assistance result in continued progress towards compliance and high quality programming. All new staff participate in a 15 hour orientation to early intervention which utilizes both online and in-person learning. New staff also receive a mentor, and have the opportunity to observe seasoned staff and then are themselves observed demonstrating competence with essential practices. In addition to the learning modules being used with new service coordinators when they are hired, they are also used as resources for veteran service coordinators to assure consistency in information and practice. One to one technical assistance is also provided to individual staff as the need is identified through supervision and chart monitoring.

Professional Development – Birth to Three partners with the Delaware Institute for Excellence in Early Childhood (DIEEC), a part of the University of Delaware to offer high quality training. 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 includes 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 early intervention 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 with Mary Beth Bruder and the Early Childhood Personnel Center 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 CSPD across all personnel serving infants and young children with disabilities. The CSPD will be comprised of each of 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 model for other states.

Delaware's Division of Professional Regulation provides regulatory oversight for the licensing boards for physical and occupational therapists and 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 from the Telehealth Coalition, Al DuPont Children's Hospital, located in New Castle County, will be able to offer staff development and training on a variety of child-related conditions and disabilities for CDW staff located in Milford.

Quality Standards – The Delaware Early Learning Foundations outline the broad array of skills children develop as they move from infancy to toddlerhood to preschool. The document is primarily intended for early childhood professionals and is linked to Delaware preschool learning foundations and Kindergarten readiness and serves as Delaware's quality standard.

The Birth to Three Early Intervention System was a part of the development and it includes an entire section on social emotional development.

Impacting Capacity on Regional Programs

Through the SSIP process, Delaware identified how it impacts capacity on regional programs and early intervention providers to achieve improved outcomes through the use of Implementation Drivers:

- **Competency**— this includes professional development, coaching and training. As Delaware provides professional development, it increases the capacity of regional CDW programs and early intervention providers to implement the practices. In the analysis we identified there were differences in quality services provided so we need to ensure consistence of practice as we are implementing the SSIP. Ensure consistency of evidence based practices.

- Leadership— making decisions, providing guidance and supporting organizational functioning. As Delaware establishes Implementation Teams, resources will be available to support coherent improvement strategies. Delaware proactively solicits feedback from regional CDW programs, early intervention providers and other stakeholders through leadership and ICC meetings, TA and policy memos, webinars, and statewide trainings. During infrastructure analysis, the State acknowledged the importance of closely involving regional CDW leadership to ensure buy in from leadership prior to implementation of new policies and practices. In addition, IRMC facilitates department-wide communication at the Cabinet Secretary level.
- Organization— data systems, facilitative administration (creating an organizational context that is engaged in learning and continuously improving based on best practices and use of data) and systems intervention. This Driver takes the lead in identifying barriers related to internal processes, such as policies, limitations in early intervention provider contracts and data reporting, as well as identifying external barriers and raising issues with those who can address them. Delaware will continue to monitor progress and identify improvements based on best practices and use of data to achieve improved outcomes in social emotional development.

These Implementation Drivers will be incorporated in each of the implementation phases over Years 2 through 5 of the SSIP, building on successful strategies and program strengths.

Future Expected Roles of Stakeholders

Delaware will identify Implementation Teams comprised of stakeholders who would be involved in planning and guiding implementation, looking at analysis of data, determining if adjustments are needed to the plan in order to oversee the continuous cycle of quality improvement.

State Identified Measurable Result (SIMR)

Delaware has selected a SIMR that will reflect the effectiveness and impact of the coherent improvement strategies to improve child outcomes. The SIMR is based on the data analysis outlined in the data analysis section and the improvement strategies are built on the state infrastructure both within the Birth to Three Early Intervention System and across the statewide early childhood system.

Delaware's SIMR is:

Increase the number and percentage of infants and toddlers who demonstrate progress in the area of social emotional development.

Of those children who entered or exited the program below age expectations in social emotional skills, Delaware will calculate the number and percentage who substantially

increased their rate of growth in the area of social emotional skills (including social relationships). This is currently reported as Summary Statement 1 in Indicator 3 which reports on Child Outcomes in the annual Performance Report.

As reported in the FFY2013 APR Delaware's target for summary statement for FFY14 is 48.0% increasing to 55.0% in FFY18. It is anticipated that implementation of the coherent improvement strategies will significantly and positively impact results. As such Delaware has set its SSIP targets to reflect a 7% increase over the initial target.

Delaware considered overall trend data. Given the fact that Delaware has a small population, small changes in numbers translate to large changes in percentages. When Delaware sets targets, it's critical to consider historical trend data rather than focusing on one year. Therefore when setting SSIP targets Delaware did not use the FFY2013 data but rather assigned its FFY13 target as its baseline.

Because of the relatively small population of infants and toddlers receiving Part C services in Delaware, stakeholder input recommended that this SIMR be calculated based on the entire Part C population.

Since the SSIP will be implemented in stages as recommended through implementation science, the annual benchmarks reflect incremental increases with a larger increase expected in the last two years when there is full implementation of improvement strategies.

As documented in the Data Analysis section, trends identified that Delaware remained significantly below the national average in the area of social emotional skills.

Process

The ICC met on July 22, 2014 where each subcommittee presented on their individual work. Notes and templates were shared, showing how each of the groups worked through both broad and subsequent details drilling down their analysis. It is at this meeting where members on the SSIP Phase I Leadership Team began sharing concepts for the State Identified Measureable Result (SIMR) and Improvement Strategies with ICC participants.

On September 16, 2014, Birth to Three staff met with CDW leadership, members of the ICC Executive Board, and technical assistance providers from MidSouth Regional Resource Center and the ECTA Center to further solidify the concepts for the State Identified Measureable Result (SIMR) and Improvement Strategies.

The ICC met again on October 28, 2014 when the ICC continued its discussion on improvement strategies and their impact on the SIMR. The State shared the intent to promote evidence-based practices to support the improvement of social emotional outcomes for infants and toddlers, and that these strategies may include Robin McWilliam's Routines Based Interview (RBI) and the Center for Social and Emotional Foundations for Early Learning (CSEFEL). In addition, the State will need to identify a tool that can better evaluate social-emotional skills for infants and toddlers.

Through the series of meetings held over the past year, through analysis of data, infrastructure, and current state initiatives, stakeholders have been able to provide valuable input into the selection of the SIMR and guide the implementation and scale up of evidence-based practices that will result in improved outcomes for infants and toddlers in Delaware. The State will continue to work with stakeholders and leadership to ensure the sustainability of these improvement activities.

A review of the state's infrastructure identified pockets of excellence; however, although there are many resources to support social emotional development, they are not always coordinated or universally available. With stakeholder input, Delaware chose to leverage the success of these existing programs and resources to further positively impact social emotional development for infants and toddlers.

The Interagency Resource Management Committee (IRMC) is comprised of Cabinet Secretaries from the Department of Health and Social Services, Department of Services for Children Youth and their Families, the Department of Education, the Chair of the Early Childhood Council and a representative from the Office of Management Budget. IRMC, has responsibility for sustaining the Early Learning Challenge Grant initiatives, which include increased developmental screening, improving the quality of child care through Delaware STARS, maintaining the capacity of mental health consultants, and coordinating an early childhood professional development system. With IRMC support, additional fiscal notes are being put forth in upcoming budget years.

Delaware was intentional in choosing improvement strategies so that they build on current and existing resources in order to assure sustainability.

Selection of Coherent Improvement Strategies

“Because there is evidence that the trajectory of a child’s social-emotional development can be changed, early identification of children with social emotional needs is critical.”(Shonkoff & Phillips, 2000)

Based on data and infrastructure analysis and consideration of state initiatives, Delaware selected the following coherent improvement strategies to support the State’s efforts to improve social emotional skills for infants and toddlers (Figure 7):

1. Collaboration
2. Assessment Practices
3. Professional Development
4. Family Involvement
5. Monitoring & Accountability

Figure 7: SSIP Coherent Improvement Strategies for Delaware Part C



Source: Delaware Birth to Three SSIP Leadership Team

Using the Active Implementation Hub (Frank Porter Graham, Child Development Institute) for guidance, Delaware stakeholders reflected on many questions such as:

1. Is this improvement strategy supported by evidence-based practice?
2. Does this improvement strategy build capacity?
3. Can activities under this improvement strategy be replicated with fidelity and scaled-up?
4. Does the State have the capacity to sustain this improvement strategy?

For several years, Delaware has dedicated much time and effort on increasing the quality and ensuring the validity and reliability of child outcome data and how that data are reported. While previously implemented improvement strategies included in the State Performance Plan involved provisions for additional training, adding dedicated individuals to provide quality checks on Child Outcome Summaries, methodically reviewing data for anomalies, and creating edits in the data system to ensure the correct calculation of ratings, the State continued to struggle with demonstrating progress within the child outcome indicator as a whole.

The focus up until now has been to make concentrated efforts on the compliance aspect of the Child Outcome indicator, ensuring that data were collected on all Part C eligible children who had received at least six months of early intervention. These SSIP process provided the opportunity to focus and drill down into each of the individual child outcomes, allowing the State to examine each of the child outcomes through a new lens.

Through SSIP activities, stakeholders successfully identified areas where the Delaware could better collaborate and build on opportunities and strategies most likely to make the greatest impacts for early intervention throughout the state. The following contributing factors to low performance were identified during the SSIP working sessions:

1. Current assessment tools do not adequately capture social emotional skills.
2. When assessment tools are not used with fidelity, incorrect results are recorded.
3. Statewide, there is an inadequate level of awareness of typical and atypical social emotional development.
4. There is inconsistent implementation of evidence based practices addressing identified needs to strengthen social emotional skills for infants and toddlers.
5. Families lack necessary information on infant and toddler social emotional development.

Delaware recognizes that in order to address these areas of low performance, early intervention needs to rethink how it addresses the social emotional needs of infants and toddlers.

Collaboration: In connection with community partners, families, providers, service coordinators and administrators collaborate through policy development as well as throughout the various stages of early intervention such as screenings, evaluations, and IFSP development. Strengthening collaborative partnerships will enable Delaware to leverage resources in order to provide high quality coordination of early intervention services. Collaboration with other state agencies and community partners will also enable practices such as CSEFEL to be consistently implemented in early intervention programs throughout the state.

Assessment Practices: Standard assessment tools do not capture social emotional skills well. The Bayley III, the tool Delaware predominately utilizes to contribute to eligibility determination and child outcome ratings, does not appropriately capture social emotional skills. Infants and toddlers require a more specialized tool, one that includes more skills to look at throughout the area of social emotional. Utilization of a new assessment tool will help Delaware improve identification and detect concerns in the area of social emotional.

Professional Development: “Professionals—such as primary health care providers, home visitors, early interventionists and child care providers – seldom receive training in their role to support infant and early childhood mental health” (A. Cutler and L. Gilkerson, 2002).

“Many early care and education providers, as well as medical professionals, are often not well prepared to understand, identify, assess, and address the social emotional competence of infants, toddlers and young children” (Hemmeter, Santos, & Ostrosky, 2008). This often leads to early indicators going unnoticed, which can potentially allow minor problems to escalate into more serious problems for young children(Eggbeer,

Mann, & Gilkerson, 2003; Kaufmann & Hepburn, 2007; Squires & Bricker, 2007). Given the importance of promoting social emotional competence and preventing challenging behavioral issues in the early years, professional development opportunities may be necessary to broaden and strengthen the skills of providers (Lee & Ostrosky, 2008).

Delaware needs to enhance professional development to include RBI (Routines-Based Interviews). Data from onsite chart monitoring indicates that child and family routines are captured in a very general way while completing child and family-directed assessments on the IFSP; incorporating RBI will provide a more focused way of looking at routines from a family's perspective.

While providers receive much training in their specific domain, social emotional is "everyone's responsibility," yet many professionals working within the early intervention system are not specifically trained to address needs in this area. Improved professional development will lead to improved capacity for both the regional CDW programs as well as early intervention providers. Receiving focused training in social emotional development and having the necessary tools will enable CDW staff and interventionists an increased capacity to provide related coaching to parents.

When Delaware completed its infrastructure analysis, "Pockets of Excellence" were identified; however, there was inconsistent implementation of evidence based practices across the state. Additional monitoring and review is required to better determine how best to replicate and sustain these practices with fidelity throughout the state. Through providing technical support by reinforcing the use of Early Learning Foundational Skills (ELFS) in all aspects, including social emotional, we are improving the overall quality of Delaware's early childhood program.

Family Involvement: Research actively supports educating families on the importance of their child's social emotional skills.

"Collaborating with families, supporting families, reducing family stress, and providing child development information through home visits and family support programs will promote families' understanding of the importance of early social emotional development."(The Center on the Social and Emotional Foundations for Early Learning)

The National Institution for Early Education Research Policy Statement indicated that "parents and families play an enormous role in shaping a child's social and emotional development. Early relationships with parents lay the foundation on which social competency and peer relationships are built. Parental support greatly increases the likelihood that children will develop early emotional competence, will be better prepared to enter school and less likely to display behavior problems at home." (Boyd et al./March 2005).

The Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, 3rd Edition advises that "Personal and cultural norms, views on how

development proceeds, and theories of motivation will affect how the parent evaluates the child's behavior." (AAP, 2008).

Early Intervention staff will be trained in Delaware on WiDA principles to increase cultural awareness. WiDA advances academic language development and academic achievement for linguistically diverse students through high quality standards, assessments, research, and professional development for educators. Delaware will develop informational materials and trainings specifically addressing family/caregiver-child interactions to promote positive social emotional skills. In addition, the State identifies the need to improve family knowledge of child outcomes and the importance of family involvement on child outcome ratings.

Monitoring & Accountability: Improvement strategies needed to address data limitations or data quality issues to ensure valid and reliable data and arrange for the collection and analysis of additional data as discussed in the Data Analysis component. Through monitoring, the State will ensure that IFSPs contain richer family input as a result of implementation of RBI. Delaware will review modifications needed on improvement strategies in subsequent phases of the SSIP. Delaware will identify pockets of excellence and determine how these practices will be replicated statewide, rigorously and with fidelity.

The State received resounding feedback that by concentrating efforts to improve infant and toddler social emotional outcomes would most likely result in positive outcomes for children because:

1. State and national data strongly supports this is an area needing improvement, not only in Delaware, but nationwide.
2. The focus allows for further collaboration with other state and community agencies working on related activities, allowing for leverage of resources; it coincides with other existing state initiatives, especially Delaware's Early Learning Challenge Grant.
3. Improving social emotional wellness of infants and toddlers will have a direct impact on Part B's SSIP focus on literacy gains. "Gaining social and emotional skills enables children to learn from teachers, make friends, express thoughts, and cope with frustration. These kinds of skills, in turn, directly influence cognitive learning such as early literacy, numeracy, and language skills."(R.Parlakian, 2003)
4. OSEP's recent policy on expulsion further substantiates the need for improvement of social emotional skills.

Delaware followed active implementation framework and tools when identifying improvement strategies by identifying strategic themes, implementing sustainable activities to improve outcomes for infants and toddlers, and considering and creating organized, purposeful and active implementation teams. As Delaware plans for the next steps in SSIP development, Delaware will be formalizing implementation teams responsible for each aspect of the improvement strategies (Figure 8).

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

Figure 8: Planned Implementation Teams Cross-referenced by Strands of Action in SSIP Phase II

Strands of Action	Implementation Teams		
1. Collaboration: Builds collaborative relationships with other partner agencies to build on existing programs	1	2	
		5	6
2. Assessment Practices: Researches and identifies appropriate assessment tools used to identify social emotional needs of eligible infants and toddlers	1		3
	4		
3. 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	1	2	3
	4	5	6
4. Family Involvement: Develops a process to increase family involvement in supporting social emotional development	1	2	3
	4		
5. Monitoring and Accountability: Creates a leadership team that will review, analyze and evaluate implementation of the SSIP	1	2	3
			6

Source: Delaware Birth to Three SSIP Leadership Team

Implementation Teams:

1. Birth to Three Office/Child Development Watch
2. Families
3. Early Intervention Providers
4. National Technical Assistance/Training Resources
5. Office of Early Learning
6. State and Community Partners

Moving forward Delaware will continue to the next implementation stage of installation identifying and establishing resources needed to implement coherent improvement strategies. Following that, there will be an “initial implementation” and in subsequent years “full implementation.”

Theory of Action

Strand 1: Collaboration

By building collaborative relationships with other partner agencies to build on existing programs, resources will be maximized, increasing coordination and decreasing duplication of services. One strategic partner for collaboration is Help Me Grow. Birth to Three will work with Help Me Grow to promote developmental screening, including screening for social emotional development, by both physicians and child care providers. A process for sharing of screening information will be 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 Child Development Watch. Collaboration through a community of screeners assures consistency of practice and improves the ability to identify social emotional needs and focus interventions to best meet those needs. More appropriate referrals to other services when needed can happen more quickly and collaboratively.

Birth to Three will also strengthen its collaborative relations with the Division of Prevention and Behavioral Health Services (DPBHS) with the Department of Services for Children Youth and Their Families. DPBHS currently offers several evidence based services for children identified with social emotional need. Their early childhood mental health consultants are available to work with child care providers needing extra support around a particular child in their program. DPBHS also provides Parent Child Interaction Therapy (PCIT). PCIT is an empirically-supported treatment for young children that 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 prosocial behavior and decreasing negative behavior. Through a partnership with DPBHS, Part C families of children with more intensive social emotional needs will have access to highly qualified personnel and empirically based treatment programs.

Strand 2: Assessment

A Child Development Watch stakeholder group of assessors provided feedback that they felt that the current tools do not adequately assess social emotional development. In response to this feedback, Birth to Three will research and identify appropriate assessment tools used to identify social emotional needs of eligible infants and toddlers. If CDW is able to more accurately assess social emotional development, then outcome data will more accurately represent a child's social emotional development. Introducing a new assessment tool and improving skills of assessor through professional development, and supported by policy and funding, would lead to improved identification of children with social emotional concerns and appropriate referrals and activities based on these concerns so that children can demonstrate improved social emotional skills.

Strand 3: Professional Development

A key component of Birth to Three's SSIP is to provide professional development and technical assistance on evidence based practices including the Routines Based Interview (RBI). The RBI produces a list of functional child and family IFSP outcomes. With increased family involvement in both the selection of routines, routines-based child and family outcomes, and routines-based

home visits, children's social emotional development will improve. Systemic support is needed in order to successfully implement new practices. Birth to Three will develop a collaborative statewide structure that supports the implementation of evidence based practices. The statewide structure will assure that evidence based practices are implemented with fidelity to achieve IFSP outcomes.

In addition to the RBI, Birth to Three will collaborate with the Delaware Institute for Excellence In Early Childhood (DIEEC) out of the University of Delaware to offer training to CDW staff and early intervention 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 social emotional development and know the skills that build social emotional development. If all professional working with a family understand social emotional development they can link activities that promote social emotional development to the families' functional goals and embed them into daily routines. DIEEC currently offers this training to child care providers, and this collaboration will offer another opportunity to build relationships across disciplines and programs, while assuring consistent implementation of evidence based practices.

Strand 4: Family Involvement

Families are the key influences in a child's first years of life and family involvement is interwoven in all of the strands. As families complete screening tools on their child's social emotional development, they will learn about age expectations and become more informed about social emotional development. Through collaboration with existing programs, families will have increased access to personnel and programs to support their child's social emotional development. The RBI process works to support families as they identify their child and families goals. Early intervention is embedded into daily routines, providing more opportunities for practice, leading to improved social emotional skills. Stakeholders repeatedly reinforced the importance of ensuring that families have information about social emotional development. Birth to Three will identify ways to share information with families about social emotional development. This information will be shared at a variety of times in a variety of ways to ensure that meaningful conversations occur with families about social emotional development.

Strand 5: Monitoring and Accountability

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 implementation plan as needed and recommend changes to policy. This leadership team will have overall responsibility for ensuring that Birth to Three is able to achieve the SIMR.

Figure 9 provides a graphical representation of Delaware's Theory of Action.

Figure 9 Birth to Three Early Intervention System Theory of Action

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	...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		
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		

Source: Delaware Birth to Three SSIP Leadership Team

References

- The Active Implementation Hub (2007). Developed and maintained by the State Implementation and Scaling-up of Evidence-based Practices Center (SISEP) and the National Implementation Research Network (NIRN) at The University of North Carolina at Chapel Hill's FPG Child Development Institute. Retrieved from <http://implementation.fpg.unc.edu/>
- Barnett, W., Bodrova, E., Boyd, J., Gomby, D., & Leong, D. (2005). Promoting children's social and emotional development through high-quality preschool. *National Institute for Early Education Research*. Retrieved from <http://nieer.org/resources/policyreports/report7.pdf>
- Bricker, D. & Squires, J. (2007). *An activity based approach to developing young children's social emotional competence*. Baltimore, MD: Paul H. Brookes.
- Briggs, R., Chinitz, S., Stettler, E., Johnson Silver, E., Nayak, M., Racine, A., & Schrag, R. (2011). Social-emotional screening for infants and toddlers in primary care. *Department of Pediatrics, Albert Einstein College of Medicine*. Retrieved from <http://pediatrics.aappublications.org/content/129/2/e377>
- Cheatham, A., Fettig, A., Ostrosky, M., Santos, R., Ostrosky, M. & Yates, T. (2008). Research Synthesis on Screening and Assessing Social-Emotional Competence Center on the Social Emotional Foundations for Early Learning. University of Illinois at Urbana-Champaign and Arizona State University. Retrieved from http://csefel.vanderbilt.edu/documents/rs_screening_assessment.pdf
- Culter, A. & Gilkerson, L. (2002). Unmet needs project: A research, coalition building and policy

initiative on the unmet needs of infants, toddlers and families. University of Illinois at Chicago, Department of Disability and Human Development. Retrieved from <http://www.state.il.us/agency/icdd/communicating/pdf/unmet%20needs%20final%20report.pdf>

Duncan, P., Hagan, J., & Shaw, J. (2008). Bright futures guidelines for health supervision of infants, children and adolescents (3rd ed.). *American Academy of Pediatrics*. Retrieved from http://brightfutures.aap.org/pdfs/guidelines_pdf/1-bf-introduction.pdf

Eggbeer, L. , Gilkerson, L., & Mann, T. (2003). Preparing infant-family practitioners: A work in progress. *Zero to Three*, 24(1), 35-40.

Handout 1.2 Overview of CSEFEL Infant Toddler Training Module Content. (2008). *Center on the Social and Emotional Foundations for Early Learning*. Retrieved from <http://csefel.vanderbilt.edu/resources/inftodd/mod1/1.2.pdf>

Hemmeter, M., Ostrosky, M., & Santos, R. (2008). Preparing early childhood educators to address young children's social-emotional development and challenging behavior: A survey of higher education programs in nine states. *Journal of Early Intervention*, 30, 321-340. <http://dx.doi.org/10.1177/1053815108320900>

Hepburn, K. & Kauffmann, R. (2007). *Social and emotional health in early childhood: Building bridges between services and systems*. Baltimore, MD: Paul H. Brookes.

Lee, S. & Ostrosky, M. (n.d.) . Addressing social emotional development and challenging behavior: A survey of professional development in nine states.

The National Institute for Early Education Research. (n.d.). *Policy Report*. Retrieved <http://nieer.org/publications/policy-reports>

Parlakian, R. (2003). *Before the ABCs: Promoting School Readiness in Infants and Toddlers. Zero to Three.*

Phillips, D. & Shonkoff, J. (2000). *From neurons to neighbors: The science of early childhood development.* Washington, DC: National Academy Press.

Research synthesis on infant mental health and early care and education providers. (n.d.).

Center on the Social and Emotional Foundations for Early Learning. Retrieved from

http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf