

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

April 3

2017

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## INTRODUCTION

Indicator 11: Delaware State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

FFY	2013
Data	48.00%

FFY 2015 – FY 2018 Targets

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

### Measurement and Data Analysis

The State Identified Measurable Result (SIMR) in Delaware is to increase the number and percentage of infants and toddlers who demonstrate progress in the area of Social Emotional (SE) development. Delaware is focusing on Outcome A: Positive social-emotional skills (including social relationships). According to The Early Childhood Technical Assistance Center (ECTA), Summary Statement 1 includes, “Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program” (The Early Childhood Technical Assistance Center, 2009).

The baseline percentage of infants and toddlers who demonstrated progress in the area of SE skill development was set at 48 percent during Phase I. So, all future year performance is measured against the baseline performance and the SSIP leadership team uses the information collected each year to check whether performance is changing. The Delaware targets for Federal Fiscal Year (FFY) 2014 and FFY 2015 were set at the same level as the baseline score of 48 percent because these years represent Phase I and Phase II SSIP planning, which began with an analysis of the state data and infrastructure baseline that informed the Phase II plan development. Although Phase III represents the first full year of implementation and data collection, the state team began acting immediately on what was learned from the system analysis in Phase I. Most notably, five implementation strand teams were formed:

- Collaboration Implementation Team
- Professional Development Implementation Team
- Family Involvement Implementation Team
- Assessment Practices Implementation Team
- Monitoring and Accountability Implementation Team

As a result of this structural change, people began meeting more frequently and consistently to act on what they were learning together - across roles and settings – to improve SE growth among Part C eligible children.

For the past two years, Delaware has exceeded initial expectations established by a range of stakeholders in Phase I. During Phase II, social-emotional outcomes rose by 15 percent over the baseline among children who entered or exited the program below the expected level, moving from 48 to 63 percent showing substantial growth. This Phase II data is based on the work done in the first year of Delaware's state infrastructure analysis and SSIP planning, reported in the table above as FFY 2014. The target was set at the baseline score of 48 percent to show the percent of children projected to make substantial progress, while the actual - 63.28 percent - represents the percent of children "who substantially increased their rate of growth by the time they turned 3 years of age or exited the program." And, while the current data show a slight decline from FFY 2014 (Phase II), at 61.15 percent, the improvement is still far above the target of 48 percent of infants and toddlers expected to substantially increase their rate of SE growth within Phase III. The Phase III results show a 13 percent improvement over the target that was set.

It is also important to note that the number of exit Child Outcome Summary Forms (COSFs) received nearly doubled from Phase II to Phase III. The SSIP teams will continue to learn together and make adjustments to the SSIP plan in order to ensure that the number and percentage of infants and toddlers who demonstrate progress in the area of SE development keeps rising in future years, as projected. Despite growing caseloads, the SSIP teams expect to persist in making improvements through the activities underway within each of the five implementation strands. The major activities and outputs are summarized below and described in more detail in the full SSIP report.

## EXECUTIVE SUMMARY

Delaware's SSIP is an ambitious and time-intensive plan that has seen much activity within each of the five strands. The activities are projected to continue to lead to increased numbers and percentages of infants and toddlers who demonstrate improved Social Emotional Outcomes (SEO) for Part C eligible children. While each of the implementation teams has outlined a number of tasks necessary to advance their Phase III work, the next section highlights the activities that are considered most impactful for each strand:

The Collaboration Implementation Team identified multiple initiatives that include a focus on early intervention and developmental screening. The representatives of these various initiatives recognized the benefits of working together to accomplish shared goals. In Phase III, Collaboration Implementation Team members decided that the main emphasis moving forward should be the expansion and coordination of developmental screening initiatives. These collaborative efforts are also expected to build understanding of the importance of early intervention among families and providers in order to maximize the overall potential of each child. When children are screened earlier, they are more likely to access services that will support their SE growth and future success. This team will pay particular attention to the progression from public awareness, through the implementation of screening and referral processes, to eligibility determination. During Phase I and Phase II, Delaware has seen a significant increase in referrals with only a slight rise in children found eligible for Part C services. Because the benefits of early intervention are well-documented, the increase in number of children who are eligible and making substantial progress is certainly a positive result. However, it will be important to learn more about the children that are being referred for developmental screening for a suspected delay but not meeting the threshold for early intervention services. The Collaboration Implementation Team may need to look into what supports are embedded within the overall Early Childhood (EC) system to meet the SE development needs of all Delaware infants and toddlers so the early intervention system

does not become burdened by inappropriate referrals when children could be supported through universal supports built into existing early care and learning programs.

The Professional Development Implementation Team builds a collaborative statewide structure that supports the implementation of Evidence-Based Practices (EBPs). This team provides professional development and Technical Assistance (TA) on EBPs that have been found to enhance SE skills. Many of these practices are included within the Routines-Based Interview (RBI) process that the team is exploring as a useable innovation to improve SEOs. The RBI Model is intended to promote positive interaction between caregivers and children. The SSIP leadership team continues to delve into the application of RBI within the SSIP to improve SE development of infants and toddlers by working with families to embed EBP into their daily routines within natural environments.

The Family Involvement Implementation Team develops processes to increase family involvement in supporting SE development. The Family Involvement Implementation Team is using a cohesive approach to involving children, families and Primary Care Physicians (PCPs) in Delaware's EI programming. As a way to build on PCPs' efforts to guide comprehensive pediatric care in Delaware, Child Development Watch (CDW) has initiated outreach efforts of its own to perform evaluation of both CDW and provider programs. Their outreach reviews and analyzes the effectiveness of CDW operations as it relates to PCP knowledge and perceptions of EI.

The Assessment Practices Implementation Team researches and identifies appropriate assessment tools used to identify SE needs of eligible infants and toddlers. The team members reviewed 27 assessment tools and narrowed the selection to eight options for further exploration and eventual piloting. The assessment review is only one part of the COSF data collection process, which uses multiple sources of information to describe how a child functions. However, during the assessment review process, the team recognized that they continually revisited the same questions over and over again related to the integrity of the multi-step COSF process. So they decided to go beyond the initial scope of the assessment review and selection activity to focus on issues related to the COSF, such as the initial completion and documentation of the process. In year two of implementation, the team plans to clearly describe the COSF process used in Delaware and revisit the selection of a COSF tool.

The Monitoring and Accountability Implementation Team members are focusing on the quality of data collection, data input and data output, as well as creating an effective process to monitor the fidelity of implementation. The team is working on monitoring, evaluating, and making recommendations to improve the fidelity of high quality service delivery, thus ensuring an increase in the number and percentage of infants and toddlers who demonstrate progress in the area of SE development.

Within each team, members identified activities to support the improvement strategies outlined in Phase I. All of the improvement activities identified by the teams are expected to improve the state's infrastructure in order to support practitioners and implement EBPs to increase the SE development of infants and toddlers. Additionally, Phase II saw the five implementation teams accomplish the following:

- Identified resources needed to complete activities
- Assigned a main contact responsible for ensuring completion of each activity
- Set timelines (projected initiation & completion dates)
- Matched TA Center support to the implementation teams and activities as needed
- Developed potential measurement for key outcomes
- Reviewed the logic model, Gantt chart, and questions for the evaluation plan
- Drafted and edited the Phase II OSEP submission

The Birth to Three logic model (See Appendix A, *Indicator 11: Delaware State Systemic Improvement Plan (SSIP) Phase II Submission, page 15*) links the SSIP Theory of Action (ToA) to each implementation team's improvement activities

During Phase III, teams progressed from the early stages of work plan development to the completion of some of the activities. Additionally, teams added activities as the result of deeper stakeholder engagement and in-depth team discussion. All of these updates are discussed in the next sections under Phase III.

Year two of implementation will find each team working towards their goals as outlined at the end of each implementation team's Phase III report, and evaluating activities and progress.

## PHASE III

### Collaboration Implementation Team

Theory of Action:

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

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

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

The *Collaboration Implementation Team Strategy Outcomes and Activities* graphs below depict the improvement strategies and activities designed in Phase II; the narrative immediately following describes the updates to activities in Phase III that relate to governance and state organizational structures.

**Table 1: Collaboration Implementation Team Improvement Strategy 1.1- Outcomes**

#### **Improvement Strategy 1.1:**

Identifying and engaging interested parties in effective SE policy development.

**Outcomes:**

**Short-Term:** Appropriate policies will be introduced and developed

**Short-Term:** Birth to Three will identify and engage interested parties in effective SE policy development.

**Intermediate:** Appropriate policy regarding SE development will be in place to sustain and adhere to.

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

***Summary of Collaboration Implementation Team Activities Intended to Achieve Improvement Strategy Outcomes***

**Collaboration Implementation Team Improvement Strategy 1.1**

**1.1: (1) ENSURE STAKEHOLDER INPUT IN THE ELF UPDATE**

The Collaboration Implementation Team has started the work to ensure stakeholder input in the Early Learning Foundations (ELF) update. EI providers will also be part of the process. The goal is for this resource to comprehensively include developmental milestones in SE growth and be used in conjunction with curriculums for Delaware's infants and toddlers. Specific members of the Collaboration Implementation Team are expected to participate in the revision process and provide ongoing updates on status of the activities as they move forward.

**Has this activity been implemented as intended?**

No; the process has been delayed as a result of changes in leadership within the Office of Early Learning (OEL).

**1.1: (2) REVIEW AND REVISE OPERATION AGREEMENT (OA) WITH DPBHS TO ACCESS AVAILABLE SERVICES FOR PART C ELIGIBLE CHILDREN THROUGH AN INTERAGENCY AGREEMENT**

Members of the Collaboration Implementation Team met with representatives of DPBHS in December 2015 to review and revise the OA ensuring access and availability to services for Part C eligible children including Early Childhood Mental Health Consultation (ECMHC) services. The completed OA will provide the leverage necessary to accomplish the improvement strategies and activities which are expected to result in increased SE outcomes. The Interagency Agreement for the Birth to Three Early Intervention System involves all three departments serving children; namely the DSCYF, DOE and Department of Health and Social Services (DHSS). New Cabinet Secretaries have reviewed their department role in Early Intervention (EI) and signed a revised agreement.

**Has this activity been implemented as intended?**

Yes; in progress. The Interagency Agreement was signed and completed in February 2017. The OA will be revised and signed late in State Fiscal Year (SFY) 2017.

**1.1: (3) ENSURE STAKEHOLDER INPUT IN THE CHILD CARE DEVELOPMENT BLOCK GRANT (CCDBG) APPLICATION REGARDING YOUNG CHILDREN WITH DISABILITIES AND SE DEVELOPMENT FOR YOUNG CHILDREN**

An overview of the new legislation regarding the CCDF program was presented to the Delaware Early Childhood Council (DECC) in September 2015 and the Wilmington Early Care and Education Council (WECEC) in January 2016. A draft of the Child Care and Development Fund (CCDF) plan was presented to the DECC and WECEC in February 2016. Collaboration Implementation Team members attended the meeting and comments were solicited. The Collaboration Implementation Team recommended a focus on inclusion and quality care for high-risk infants and toddlers. The final draft for federal submission states the following,

*“[T]he state has a cross-sector professional development system, working with Part C Early Intervention, Part B Section 619, home visiting, Head Start and child care. The Department of Education is responsible for the evaluation, determination and recommendation of services for children with special needs. Children are also screened through their early learning programs annually as a part of the program's participation in The Delaware STARS program. The Department of Education Head Start State collaboration establishes linkages among Head Start, childcare, social welfare, health and state-funded pre-school programs. These programs provide high-quality early childhood education, nutrition, health, mental health, disabilities and social services with a strong parental involvement” (Child Care and Development Fund, 2016).*

**Has this activity been implemented as intended?**

Yes; completed February 2016.

**1.1: (3) (A) ENSURE STAKEHOLDER ENGAGEMENT IN THE CHILD CARE DEVELOPMENT BLOCK GRANT (CCDBG) GRANT INITIATIVE IMPLEMENTATION REGARDING YOUNG CHILDREN WITH DISABILITIES AND SE DEVELOPMENT FOR YOUNG CHILDREN**

Birth to Three and the Collaboration Implementation Team will continue to be active in the work the CCDBG affords to ensure that quality early care and education initiatives include infants and toddlers with disabilities, and, support the inclusion of all children in child care settings. Key areas within the initiative were identified and multidisciplinary work groups will be reviewing each area as appropriate. Collaboration Implementation Team members participate on both of the work groups developed: Resource and Referral Work Group and Expulsion Work Group. The Resource and Referral Workgroup is charged with enhancing the Resource and Referral system statewide. This work group will be focusing specifically on including some of the required provisions of the CCDBG, such as collecting data and information on the coordination of services and supports provided through the Individuals with Disabilities Education Act (IDEA) for children with disabilities. They will also be tasked with sharing the data on the supply and demand for child care services for children with disabilities. The Pre-K Expulsion Policy Workgroup is charged with developing a statewide Suspension/ Expulsion policy for early childhood practitioners in order to reduce and eventually eliminate this practice. There was to be a third work group, Market Rate, but the administrator decided to seek a vendor to assist Delaware with developing an alternative method for determining reimbursement rates.

Participation on these teams ensures that Birth to Three and the Collaboration Implementation Team have a seat at the table when discussions take place and decisions are made that impact policy. Preliminary conference calls have taken place and regular meetings will begin in March of 2017.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**Status of Collaboration Implementation Team Improvement Strategy 1.1 Outcomes:**

*Both short-term outcomes have been met for Improvement Strategy 1.1. The team will strive to complete the intermediate outcome throughout year two of implementation.*

**Table 2: Collaboration Implementation Team Improvement Strategy 1.2- Outcomes**

<p><b>Improvement Strategy 1.2:</b> Including partners in the various stages of EI such as screenings, evaluations and IFSP development.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Birth to Three will include partners in EI stages to develop a process for sharing screening information that will be implemented to ensure consistency of practice and improved ability to identify SE needs.  <b>Short-Term:</b> There will be an increase in the number of SE screenings and improved quality of referrals.  <b>Intermediate:</b> Screening will be universal and results for high risk infants and toddlers will be shared electronically, on a need-to-know basis with referral sources, and will be analyzed to determine SE concerns of infants and toddlers.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Summary of Collaboration Implementation Team Activities Intended to Achieve Improvement Strategy Outcomes**

**Collaboration Implementation Team Improvement Strategy 1.2**

**1.2: (1) STRENGTHEN AND EXPAND SCREENING AROUND TRAUMA-INFORMED CARE, INCLUDING TOXIC STRESS, FOR YOUNG CHILDREN**

The Collaboration Implementation Team is tasked with building collaborative relationships and streamlining policies and procedures across agencies to better support high quality early intervention programs throughout Delaware. Members of the Collaboration Implementation Team have joined the Trauma Matters Delaware Steering Committee to help design a path forward in the statewide integration of trauma informed care, and are sharing information and educational opportunities with all of the implementation teams. Ultimately, the work of the steering committee and Collaboration Implementation Team is expected to improve relationships between providers and families in order to support healthier family-child interactions. Interventionists providing direct care will learn how to better recognize signs of trauma and provide more effective assistance to families by using the materials and sharing insights across systems to foster healthy development and family wellness. Preliminary data, introduced in a later section of this report (see developmental screening section 1.2 ((2), (A))), shows more children are being referred for trauma-informed care to meet their needs.

**Has this activity been implemented as intended?**

Yes; this work will continue with the new Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) initiative and will be a focus of year two of implementation.

**1.2: (2) STRENGTHEN AND COORDINATE SCREENING INFORMATION THAT IS REFERRED TO CDW. RESEARCH RESULTS FROM EVIDENCE-BASED SCREENINGS SUCH AS THE AGES & STAGES QUESTIONNAIRES: SE (ASQ: SE), PEDS AND ANY OTHER SCREENINGS THAT MAY BE INTRODUCED**

The Collaboration Implementation Team builds cooperative relationships with other partner agencies to build on existing programs. The team members have actively worked to strengthen and coordinate developmental screenings and the effort of the Collaboration Implementation Team has increased the understanding and importance of early intervention and how that impacts and maximizes the overall potential of a child's future success.

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

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**Delaware 2-1-1/HMG**

*Table 3: Total Number Help Me Grow (HMG) Calls Reported by Behavioral and Developmental Concerns Ages Birth to Three*

Year End	Behavioral	Developmental
2016	76	47
2015	86	95

\*Source: Delaware 2-1-1/HMG; 211

Data Reflects Calendar Year

*Table 4: Total Number of Help Me Grow Referrals to Target Service Providers*

Service Provider	Year End Totals 2015	Year End Totals 2016
Child Development Watch (DPH)	31	16
Child Find (DOE)	20	24
Family Shade (UD)	14	13
Home Visiting (Various Providers)	45	38
PEDS Tool (Physician Referral)	47	32

\*Source: Delaware 2-1-1/HMG; 211

Data Reflects Calendar Year

Team members receive quarterly updates from the PEDS screenings through several avenues including the bi-monthly Collaboration Implementation meetings. PEDS screening data is recorded in the following two data warehouses: Delaware 2-1-1/HMG, the DPH PEDS Portal and the Nemours PEDS Dashboard.

**PEDS Screens****Table 5: Nemours Children's Health System**

Number of screenings completed in all 11 Delaware practices	Number of children screened referred for all services (audiology, speech therapy, behavioral health, etc.-this includes CDW and Child Find)	Number of children referred to Child Development Watch
<b>2015</b> 6910	<b>2015</b> 649	<b>2015</b> 340
<b>2016</b> 8668	<b>2016</b> 808	<b>2016</b> 335

\*Source: Nemours Children's Health System; Nemours PEDS Dashboard  
2015, February 06, 2017 and 2016, January 18, 2017

Data is Representative of Date Collected:

**Table 6: Non-Nemours and PEDS Portal**

Year	Total Number Of Screens	Non-Nemours
<b>2015</b>	19571	10,076
<b>2016</b>	20190	10,728

\*Source: The State of Delaware; PEDS Portal

Data Reflects Calendar Year

Collaboration Implementation Team members are also compiling and tracking information on the ASQ screening initiatives being completed statewide, along with the corresponding referral data. These screenings are completed in center-based childcare settings and home visiting programs.

**2016 ASQ: Center-Based****Table 7: ASQ and ASQ: SE**

Age in Months	Number of Children Screened	Number of children Above Cutoff ; Communications	Number of children Above Cutoff: Gross Motor	Number of children Above Cutoff: Fine Motor	Number of children Above Cutoff: Problem Solving	Number of children Above Cutoff: Personal Social
2-36	2396	2097	2132	1922	2039	2046

\*Source: Brookes Publishing; Ages and Stages (3 and SE) Assessment

Data is Representative of Date Collected: February 1, 2017

**Table 8: ASQ-3**

Age in Months	Number of Children Screened	Number of children Below Cutoff ; Communications	Number of children Below Cutoff: Gross Motor	Number of children Below Cutoff: Fine Motor	Number of children Below Cutoff: Problem Solving	Number of children Below Cutoff: Personal Social
2-36	2396	100	132	161	152	123

\*Source: Brookes Publishing; Ages and Stages (3 and SE) Assessments

Data is Representative of Date Collected: February 1, 2017

**Table 9: ASQ-3: Home-Visiting**

Age in Months	Number of Children Screened	Number of Children with <i>Below Cutoff (Concern) Result</i>
2 to 36	277	24

\*Source: The State of Delaware; CFF/HFA ETO and PAT MIECHV Program  
Data reflects October 1, 2015 to September 30, 2016

**Table 10: CDW Referral Data**

Referrals	July-December 2014	July-December 2015	July-December 2016
Sum	965	1153	1314
Percent of Growth		19.48%	13.96%

Referrals	January-July 2015	January-July 2016	January-July 2017
Sum	1070	1330	
Percent of Growth		24.30%	Trend data indicate continued growth

\*Source: The State of Delaware; DHSSCares

If we use the data presented in July - December it appears that there may be, at the very least, an 18% increase in referrals from January - July, 2016 to Jan - July 2017.

### **1.2: (2) (A, B, C) IDENTIFYING THREE FOUNDATIONAL ACTIVITIES DESIGNED TO PROVIDE GREATER IMPACT**

Based on the data reviewed to date, it is clear that the increased number of screenings show a greater number of high-risk referrals. While it is positive news that educational efforts on trauma and risk have improved outreach and screening, this also results in larger caseloads and is also putting pressure on practitioners and programs. This unintended consequence highlights the importance of working across implementation strands to quickly respond to practitioners' needs in more supportive ways. In Delaware, deep stakeholder engagement and trust-building across roles and levels of the system is creating new opportunities for practice-informed infrastructure adjustments.

The team concentrated on three foundational activities to promote, coordinate, strengthen and expand screening to meet the needs of Delaware families facing the greatest need: Developmental Screening, Referral by Source, and the CoIIN Initiative. These activities are aimed at strengthening the governance system and providing other types of infrastructure support for children and families.

#### **Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

### **1.2: (2) (A) DEVELOPMENTAL SCREENING**

Over the course of several meetings, team members decided the Collaboration Implementation Team could be impactful in the identification of infrastructure gaps that could help alleviate the additional pressures caused by higher caseloads and more intensive service needs. Collaboration Implementation Team members decided to focus not only on strengthening and coordinating statewide developmental screening efforts, but also the promotion and expansion of efforts they recognize will provide efficient, more productive screening. In year two of implementation, the team will focus on following referrals to prevent over screening of children and work with other initiatives to develop an integrated database to track children's progress. Enhanced data collection and warehousing will provide EI stakeholders the valuable information necessary to identify needs and forecast trends.

The DECC will be forming a committee on Policy and Data, and some of the future work for data integration will occur in conjunction with this group.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**1.2: (2) (B) REFERRAL BY SOURCE**

To be able to identify referral sources and begin tracking referrals received by CDW, PEDS and ASQ, User Defined Options (UDO)s were added to the DHSSCares data system, used by Birth to Three and CDW, in July 2016. Since then Family Service Coordinators (FSC)s have been able to enhance data collection efforts to identify if a child has had a PEDS or ASQ screening. The data are from the caseload report run 10/6/16 and reflects those clients on the report with referral dates from 7/1/15 through 10/6/16. Also, the Referral by Source report run on the same date indicated that, of the 3,275 total referrals for the above stated time period, 713 were without PEDS and 62 were with PEDS.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**1.2: (2) (C) EARLY CHILDHOOD COMPREHENSIVE SYSTEMS COLLABORATIVE IMPROVEMENT AND INNOVATION NETWORK (ECCS CoIIN)**

Through the ECCS impact grant, the Division of Public Health (DPH) proposes to improve the developmental skills of young children, birth to three, located in two communities – the urban Wilmington region located in eastern New Castle County, represented by the New Castle Readiness Teams, and the rural southwestern Sussex County region represented by the Sussex County Health Promotion Coalition and Sussex Early Childhood Council. These place-based communities report the highest levels of adverse health outcomes in the state.

The implementation of a CoIIN approach in Delaware is expected to show a 25% increase from baseline in age appropriate developmental skills among the communities' three-year-old children within 60 months.

Additionally, the grant will strengthen leadership and expertise in Continuous Quality Improvement (CQI) and innovation to develop two-generational approaches to support the education, economic, and SE well-being of families.

The aim will be accomplished by establishing three successive 18-months CoIIN cohorts based on an identified gap/barrier in policies/procedures that pertain to child developmental health such as surveillance, screening, referral and follow up, including family well-being, to ensure an effective early childhood system. To accomplish this, CDW will contract two part-time data analysts to work with CDW statewide and report the number of infants and toddlers referred by physician practices currently utilizing the PEDS developmental screening tool. The data analysts will work with CDW staff to identify the referral source, and will have onsite access to the DHSS Cares database in order to retrieve and track the required data for infants/toddlers referred to CDW. The contractor will work collaboratively with DPH, early child care providers, and health care providers to collect and collate unidentified data of children at risk for developmental delay (through ASQ or PEDS) that are referred to the program for EI services.

Numerous agencies throughout the state promote good health and strong families and are providing developmental screening to identify possible delays earlier. CoIIN team members have already started the work around tracking follow-up after assessment and are involving stakeholders throughout the state to ensure unified practices and procedures statewide. In January, 2017, team members came together to draft a flow for referrals to provide visual clarity around the different ways a child can be screened and referred for services. The end result is the Swim Lane referral flow (See Appendix B) disseminated to stakeholder agencies to be used to better understand the referral process.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**1.2: (3) PROMOTE THE IMPORTANCE OF SCREENING AND FOLLOW-UP WITH PHYSICIANS**

The Collaboration Implementation Team is partnering with the Family Involvement Implementation Team to promote the importance of screening and follow-up with physicians and child care programs. CDW is using a statewide, cohesive approach to engaging children, families, and primary care providers in Delaware's EI programming. As primary care providers guide efforts of comprehensive pediatric care in our state, CDW is initiating outreach efforts to perform program evaluation amongst CDW and Primary Care Providers (PCPs).

Over 400 pediatric providers were surveyed in the fall of 2016 to gain a baseline understanding of their perceptions and knowledge of CDW programming and their opinions on enhancement opportunities. Through these efforts and ongoing collaboration with HMG/DPH, CDW and Birth to Three responded with the development and integration of a statewide referral document (Appendix X) to help enhance the process of referring children to CDW. The ECCS Administrator, in partnership with other stakeholders from HMG/2-1-1, Child Find and CDW coordinated efforts to have this form integrated and posted onto the PEDStest website for providers to use when referring to CDW as indicated by the PEDS screen. CDW instituted this statewide referral process in December 2016 for all other medical providers.

This statewide referral document (See Appendix C) will streamline the referral process to make it timelier, efficient and comprehensive, offering providers a platform to include pertinent developmental, medical and billing information to support the referral process within EI.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**Status of Collaboration Implementation Team Improvement Strategy 1.2 Outcomes:**

*Both short-term outcomes have been met for Improvement Strategy 1.2. The team will strive to complete the intermediate outcome throughout year two of implementation.*

**Table 11: Collaboration Implementation Team Improvement Strategy 1.3- Outcomes**

<p><b>Improvement Strategy 1.3:</b> Strengthening partnerships to better utilize applicable resources designed to aid a child in reaching appropriate developmental SE milestones.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Birth to Three will strengthen collaborations with early childhood partners.  <b>Short-Term:</b> Resources and supports will be updated, easy to access and useful to families, EI providers and the early childhood community.  <b>Intermediate:</b> The needs identified are serviced by the resources.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Summary of Collaboration Implementation Team Activities Intended to Achieve Improvement Strategy Outcomes**

**Collaboration Implementation Team Improvement Strategy 1.3**

**1.3: (1) REVIEW ENVIRONMENTAL SCAN FROM PROJECT LAUNCH FOR AVAILABLE SERVICES AND SUPPORTS. REVISE OR ADD INFORMATION TO SCAN FOR PART C ELIGIBLE CHILDREN AND THEIR FAMILIES**

Team members reviewed the Environmental Scan from Project LAUNCH to confirm that services and supports were available for Part C eligible children and their families and are easily accessible through the collaboration with Delaware 2-1-1/HMG. Reliable access to this information can empower families when navigating service systems, and make it easier for them to identify current sources of information when they recognize a need.

Like other non-profits, Delaware 2-1-1 has sustained significant reductions to their operating budget. Therefore, priorities are given to a vital few strategies and projects – like Help Me Grow and improving and automating the resource verification process. This feature enables agencies to update their agency/program profiles via email. Changes are posted within 48-hours. The agency must identify and provide the name, phone number and email address of the person responsible for verifying information as correct. “Having the name of the agency contact that is accountable for this information is a critical step in our process,” says Donna Snyder White, Director, Delaware 2-1-1.

In addition, Delaware 2-1-1 has also made it easier for new resources to be added to the database via their website. A new Program Portal has been added and is located in the upper right hand corner of 2-1-1’s home page. This new feature enables service providers to submit new programs for inclusion consideration. Simply click on the words “Add New” and follow the prompts. After the information is

reviewed by the Inclusion/Exclusion Committee, providers are notified within 14 business days on the status of their program.

**Has this activity been implemented as intended?**

Yes; completed December 2016.

**1.3: (2) STRENGTHEN PARTNERSHIP WITH DELAWARE 2-1-1/ HMG: STRENGTHEN “WARM TRANSFERS”, REQUEST INFORMATION ON RESOURCES THEY USE TO REFER**

The Collaboration Implementation Team wants to be sure families receive a “warm transfer” when being referred from Delaware 2-1-1/HMG to another agency or resource and notes it is important to help families navigate systems through education and responsible handoffs. This activity was identified early on in the work the Collaboration Implementation Team is doing, and will most likely be absorbed into another activity as it is very similar to some of the others that relate to alignment with available resources and creating a consistent and common language to guide families.

Through Delaware 2-1-1 (aka Delaware Helpline, Inc.), Help Me Grow Child Development Specialists will continue to provide “warm transfers” to targeted programs, as outlined in the Scope of Work (CDW, Child Find, and Family Shade). In the fall of 2016, the “warm transfer” practice was expanded to include childhood mental health services provided by DPBHS which include: Trauma Focused, Cognitive Behavioral Therapy (TFCBT), Parent Child Interaction Therapy (PCIT), Early Childhood Mental Health Consultation (ECMHC) and Family Counseling Services. In addition, key information is also shared at outreach events in targeted zip codes.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**1.3: (3) COLLABORATE WITH EI STAKEHOLDERS TO DEVELOP COMMON, CONSISTENT LANGUAGE ON EI PRACTICES TO BE DISSEMINATED STATEWIDE**

During the June 2016 Collaboration Implementation Team meeting, team members discussed the need for clear consistent language regarding developmental screening, referrals, services, and many other topics to ensure physicians, providers, and families use and understand the same language:

*It is important to ensure that the delivery of PEDS and ASQ results are delivered consistently and with sensitivity. When speaking to a family about the results of a referral, it is important to note it is merely a snapshot in time that indicates further testing is necessary. A team will be put together to work on developing family-centered language or guidelines for families, providers and evaluators to better discuss and understand screenings. (Meeting Notes, June 2016)*

A Communication Collaborative was formed, met on September 30, 2016 and drafted language that will be used in the training of assessors and disseminated to families in either an info graphic and/or direct contact with families (See Appendix D). The Birth to Three staff, and TA providers assigned to work with Delaware, developed a draft info graphic that was shared with the Communication Collaborative workgroup members, which surfaced some ideas and connections (See Appendices E, F). The collaborative members will meet again to discuss the next steps or topic when time allows.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**Status of Collaboration Implementation Team Improvement Strategy 1.3 Outcomes:**

*One short-term outcome has been met for Improvement Strategy 1.3. The team will strive to complete the second short-term outcome and intermediate outcome throughout year two of implementation.*

**Table 12: Collaboration Implementation Team Improvement Strategy 1.4- Outcomes**

<p><b>Improvement Strategy 1.4:</b> Strengthening partnerships to better utilize applicable resources designed to aid a child in reaching appropriate developmental SE milestones.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Birth to Three will identify and enable Evidence-Based Practices (EBP) to be consistently implemented in EI programs throughout the state.  <b>Short-Term:</b> EI program staff will become more knowledgeable about EBPs and their use and will implement with fidelity.  <b>Intermediate:</b> EI staff will have access to resources and supports on the SE development of young children and will utilize and disseminate with families.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Summary of Collaboration Implementation Team Activities Intended to Achieve Improvement Strategy Outcomes**

**Collaboration Implementation Team Improvement Strategy 1.4**

**1.4: (1) DISSEMINATE INFORMATION TO EI PROVIDERS AND CDW STAFF ON THE CENTER ON THE SOCIAL AND EMOTIONAL FOUNDATIONS FOR EARLY LEARNING (CSEFEL) PYRAMID MODEL**

Many SSIP teams, including Family Involvement and Assessment Practices, are reviewing family-friendly SE information to disseminate with families and other EI stakeholders. In addition to CSEFEL, teams are reviewing the SE toolkit materials created by the collaboration between the U. S. Department of Education, Health and Human Services and *Too Small To Fail*, a joint initiative of the Clinton Foundation and The Opportunity Institute.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**1.4: (2) COLLABORATE WITH JUST IN TIME PARENTING TO PROMOTE SE AWARENESS**

Just in Time Parenting is a monthly electronic and mailed newsletter that includes information on social emotional information as well as developmental milestones. The newsletters provide a range of information for prenatal care, and resources for newborn up to five years old. This information is shared with families within the CDW program so they can access information or sign up to receive the newsletter. (See <http://extension.udel.edu/fcs/human-development-and-families/>)

**Has this activity been implemented as intended?**

Yes; completed throughout Phase III.

**1.4: (3) PROMOTE COMMON LANGUAGE AND COLLABORATIVE DISSEMINATION TO ENSURE FAMILIES RECEIVE CURRENT, USEFUL INFORMATION**

Birth to Three, and the Collaboration Implementation Team, would like to work together with EI stakeholders to collect information and resources that partner initiatives develop so that CDW FSCs, along with all contributing stakeholders, can share and disseminate to families statewide. Collaborative stakeholders were asked to list the resources they share with families on the following topics:

- Social Emotional
- Developmental Milestones
- Developmental Screening
- Family Engagement
- Other

Similar to Activity 1.3: (3) COLLABORATE WITH EI STAKEHOLDERS TO DEVELOP COMMON, CONSISTENT LANGUAGE ON EI PRACTICES TO BE DISSEMINATED STATEWIDE, Collaboration Implementation Team members would like informational materials that are developed by Early Childhood (EC) and EI stakeholders to use common language, but also be disseminated to the entire population. Collaborating with new EC initiatives around these shared resources is important to ensure that initiatives are maximizing, not duplicating, their efforts, and families receive information that is current and useful.

**Has this activity been implemented as intended?**

Yes; this activity is ongoing and will be a focus of year two of implementation.

**Status of Collaboration Implementation Team Improvement Strategy 1.4 Outcomes:**

*One short-term outcome has been met for Improvement Strategy 1.4. The team will strive to complete the second short-term outcome and intermediate outcome throughout year two of implementation.*

**PHASE III SUMMARY AND ACCOMPLISHMENTS:**

As the team has progressed, some activities have required assistance from other implementation teams. The teams are working more closely together to support their improvement strategies and this cross-collaboration has allowed for deeper stakeholder engagement. Although activities and outcomes may need revision over time, the Collaboration Implementation Team ensures continued communication among teams, which allows for increased coordination and more effortless transition. The positive survey results (See *Phase III Collaboration Implementation Stakeholder Survey Results* below) demonstrate the progress being made by the core team members and they are now beginning to apply what they are learning within their own networks and building capacity beyond the regular attendees.

The team completed the following activities in Phase III:

- Review and Revise OA With DPBHS to Access Available Services for Part C Eligible Children Through an Interagency Agreement

- Ensure Stakeholder Input in the CCDBG Application Regarding Young Children With Disabilities and SE Development for Young Children
- Strengthen and Expand Screening Around Trauma Informed Care, Including Toxic Stress, for Young Children
- Review Environmental Scan from Project Launch for Available Services and Supports
- Collaborate With Just in Time Parenting to Promote SE Awareness

The team made progress on several activities and identified additional activities as a result of new, statewide initiatives. Team members provided valuable input on the CCDBG application and will now participate on both of the work groups developed: Resource and Referral Work Group and Expulsion Work Group. Active participation on these workgroups will ensure Collaboration Implementation Team members have the ability to influence decisions that impact statewide policy. The team discussed the importance of evidence-based developmental screening and reviewed the data from their collaborative partners. The team concentrated on three foundational activities to promote, coordinate, strengthen and expand screening to meet the needs of Delaware families facing the greatest need: Developmental Screening, Referral by Source, and the CoIIN Initiative. Members of the Collaboration Implementation Team have been placed on CoIIN teams designed to expand developmental screening.

The Collaboration Implementation Team partnered with the Family Involvement Implementation Team to develop a comprehensive provider outreach plan that promotes the importance of screening and follow-up with physicians. They convened a Communication Collaborative to partner with EI stakeholders to develop common, consistent language on EI practices to be disseminated statewide and ensure families receive current, useful information.

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

#### **Focus for Year two of Implementation:**

- Continued integration and collaboration across EI stakeholders
- Continued data collection on number of screens completed on children aged birth to three and the number of those that are high risk
- Continued discussion around the need for an integrated database to avoid over screening of children
- Discuss and explore the possibility of adding screening results to the Delaware Health Information Network (DHIN)
- Develop a process to track referrals to ensure collaborated and coordinated follow-up
- Discuss ways to assure the screenings connected to a referral have available services and resources
- Align and disseminate resources and materials developed by EI stakeholders regarding developmental screening and EI intervention

#### **Phase III Collaboration Implementation Stakeholder Survey Results**

The Collaboration Implementation Stakeholder Survey was created and distributed to the Collaboration Implementation Team on September 20, 2016 via Survey Monkey (SM). The survey was designed to collect data related to the knowledge team members have gained as a result of their participation on the Collaboration Implementation Team. The data collected will be used to fulfill a part of the Evaluation Plan for the team. There were 15 possible respondents, which includes all members who have consistently participated in work of the Collaboration Implementation Team. Thirteen team members responded for a participation rate of 87%.

**Table 13: Collaboration Implementation Team Survey Results**

<u>Survey Question</u>	<u>YES</u>	<u>NO</u>	<u>Responses</u>
<b>Since joining the Collaboration Implementation Team, do you know more about the statewide developmental screening initiatives PEDS and ASQ?</b>	100%	0%	13
<b>Since joining the Collaboration Implementation Team, do you feel you have a shared purpose regarding developmental screening initiatives PEDS and ASQ?</b>	100%	0%	13
<b>Since joining the Collaboration Implementation Team, do you know how to guide others to the statewide developmental screening initiatives PEDS and ASQ?</b>	83.3%	16.6%	12
<b>Since joining the Collaboration Implementation Team, do you know of services and supports that would be useful to programs based on the statewide developmental screening initiatives PEDS and ASQ results?</b>	91.6%	8.3%	12

Feedback from Evaluation Discussion:

Question three may have received a lower score because respondents aren't clear how to guide others to statewide developmental screening initiatives or because of the way the sentence was written. Respondents may have known how to direct others before joining the Collaboration team and that knowledge has not changed.

We will reach out to respondents to clarify the response to question 3 and draft a one-page document to provide education on how to guide others to PEDS and ASQ.

After reviewing the results, team members recommended re-drafting SM questions (removing, "Since joining the Collaboration Implementation Team") and sending to all SSIP team's members and the ICC members in May 2017.

## Professional Development Implementation Team

### **Theory of Action:**

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

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

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

Early in Phase III, the Training Administrator for Birth to Three, who was also the co-lead for the Professional Development Implementation Team, resigned from Birth to Three and the position is still vacant. Despite the departure of a key leader, and the transition to a new Part C Coordinator, the Professional Development Implementation Team continued to meet monthly throughout Phase III, with one nationally certified RBI trainer.

Completing the draft document titled *RBI Flow for Children Eligible by Developmental Delay or Informed Clinical Opinion* (See Appendix G) was a major milestone early in Phase III, and many activities under the improvement strategies were accomplished as a result of the Professional Development Implementation Team's tentative approval of the timeline and process outlined in this document. The co-lead for the Professional Development Implementation Team then took full responsibility for convening monthly Community of Practice (CoP) calls and the CoP continued to serve as a structure for practitioners to interact regularly to share learning and garner support for improving their practice. This regular time together also provides the CoP facilitator an opportunity to give feedback to practitioners on patterns she observes from reviewing RBI video recordings submitted by providers and FSCs. Some of the challenges that are being addressed within the CoP reflection time, as well as the individual coaching sessions, have been captured in the Professional Development team meeting notes. The CoP calls are intended to focus on the practices, rather than process, so the following list highlights some of the intersections between policy, implementation of the process and practice:

- Recording information in the DHSSCares data system
- Expectations for specific points within the workflow (e.g., when interventions begin)
- Roles and responsibilities as practitioners begin working through the process
- Questions and clarification about how to conduct the interview more smoothly and naturally

- Primary discipline decisions and concerns about coordination among key people that could result in service delays
- ECO map and interview flow discussion, as well as reflection on practice, as priority elements being applied through an implementation science approach

Thus, the team has been working to unpack the details for each of the items in the *RBI Flow for Children Eligible by Developmental Delay or Informed Clinical Opinion* document through an intentional process. The plan is to add clear descriptions and definitions over time.

The *Professional Development Implementation Team Strategy Outcomes and Activities* graphs below depict the Improvement Strategies and Activities designed in Phase II. The *Professional Development Implementation Team Improvement Strategy Activity Status* graphs outline the updates accomplished during Phase III and the narrative section provides more detailed updates on the activity as it relates to statewide EBP implementation.

**Table 14: Professional Development Implementation Team Strategies and Activities to Meet Outcomes 1-7**

**Improvement Strategy 1- Develop Policy for Funding of Pilot**

- (1.1) Paying for RBI's during pilot
- (1.2) Paying for RBI's long term, CPT codes

**Improvement Strategy 2- Develop Process for Training and Building Capacity**

- (2.1) How many days will the training be?
- (2.3) Who will be trained?
- (2.4) What is the role of coaches?
- (2.5) What are the expectations of coaches?
- (2.6) Future training responsibilities
- (2.7) Delaware Certification requirements
- (2.8) Building Capacity

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

- (3.1) Receiving the referral
- (3.2) When to do the ECO map
- (3.3) Sequence of initial meetings
- (3.4) Do we do an RBI for 6 months and/or annually to update IFSP?
- (3.5) Established Condition (EC) and Developmental Delay (DD) Children
- (3.6) Identifying provider agency
- (3.7) Deciding who the RBI pair will be
- (3.8) Most likely provider discipline selection
- (3.9) Communication between providers, handoffs
- (3.10) Split services and implications
- (3.11) Do we need a discipline specific evaluation prior to starting services?

<p>(3.12) Where to document most likely service provider per MDA team assessment</p> <p>(3.13) Do we share the RBI notes or only the outcomes?</p> <p>(3.14) How to handle timeline challenges (cancellation, illness etc.)</p> <p><b>Improvement Strategy 4-Develop Policy for Families</b></p> <p>(4.1) How to explain RBI to families</p> <p><b>Improvement Strategy 5- Develop Policy for IFSP Document</b></p> <p>(5.1) RBI as assessment tool</p> <p>(5.2) Use of RBI to fill in the MDA</p> <p>(5.3) How to integrate RBI info into IFSP form</p> <p><b>Improvement Strategy 6- Develop Policy for the COSF</b></p> <p>(6.1) Use of RBI for COSF</p> <p>(6.2) MEISR and COSF</p> <p><b>Improvement Strategy 7- Develop Policy for Systems (Monitoring and Accountability)</b></p> <p>(7.1) Should we/can we revamp IFSP document?</p> <p>(7.2) Data system modifications</p>
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**Table 15: Professional Development Implementation Team Improvement Strategy 1 Activity Status**

**Develop Policy for Funding of Pilot**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No]</b> <b>Timeline</b>	<b>Success And Challenges</b>
11: Paying for RBI's during pilot	MOU for Services Related to RBI Between Provider agency and DHSS/Birth to Three	Yes; completed in Phase II.	MOUs were drafted and signed during Phase II.
1.2: Paying for RBI's long term, CPT codes	See Appendix H, <i>RBI Billing Requirements</i>	Yes; completed February 2017.	Proper codes will be used when billing RBI.

**Summary of Professional Development Implementation Team Improvement Strategy 1**

Professional Development Implementation Team Improvement Strategy 1 completed.

**Table 16: Professional Development Implementation Team Improvement Strategy 2 Activity Status**

**Develop Process for Training and Building Capacity**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No]</b> <b>Timeline</b>	<b>Success And Challenges</b>
2.1: How many days will the training be?	Routines Based Interview (RBI) Delaware Certification Training Document, Meeting Notes	Yes; completed in Phase II.	Document can be updated and added to Delaware RBI Implementation Plan.

2.2: Who will be trained?	Meeting Notes, Other correspondence, email, etc.	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Training will continue throughout years two and three of implementation.
2.3: What is the role of coaches?	Meeting Notes and Spreadsheet	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Certified coaches help train and build capacity. The roles will be more clearly articulated in years two and three of implementation.
2.4: What are the expectations of coaches?	Meeting Notes and Spreadsheet	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Certified coaches help train and build capacity. The expectations will be more clearly articulated in years two and three of implementation.
2.5: Future training responsibilities	Meeting Notes and Spreadsheet	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Certified coaches help train and build capacity. Discussions among team members around the needs and most appropriate format will inform future training.
2.6: Delaware Certification requirements	Meeting Notes and Spreadsheet	Yes; completed in Phase III.	Passing written test, achieving fidelity determined by video tape and submission of ECO Map, functional goals and reflective checklist. 80% for the video per the checklist. One month after trained, test is due, four months after trained, video is due. Trainee fills out checklist and hands it in with submission. If self-reflective checklist does not score high, do not turn it in or the video attached to it.
2.7: Building Capacity	Meeting Notes and Spreadsheet	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Certified coaches help train and build capacity. RBI training and certification will continue in future years of implementation.

### **Summary of Professional Development Implementation Team Improvement Strategy 2**

Almost 90 EI staff has been trained since the first training in Phase II, November 2015. Training will continue through years two and three of implementation. Capacity building, and the role of coaches, will continue to be discussed throughout year two of implementation.

**Table 17: Professional Development Implementation Team Improvement Strategy 3 Activity Status**

**Develop (EI) Process for Initial Referrals When Using the RBI**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
3.1: Receiving the referral	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)</i>	Yes; draft was completed in Phase III and is in use but may need additional discussion in year two of implementation.	Team members will review suggested changes if necessary.
3.2: When to do the ECO map	Meeting notes	Yes; completed in Phase III.	Team members utilize the ECO map at the appropriate time.
3.3: Sequence of initial meetings	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)</i>	Yes; draft was completed in Phase III and is in use but may need additional discussion in year two of implementation.	Team members will review suggested changes if necessary.
3.4: Do we do an RBI for 6 months and/or annually to update IFSP?	Meeting Notes and Spreadsheet	Yes; in progress. This will be an ongoing discussion in year two of implementation.	Team members will discuss this in year two of implementation.
3.5: Established Condition (EC) and Developmental Delay (DD) Children	Meeting Notes and Spreadsheet	No; the process has been delayed as a result of changes in staffing.	Developmental Delay Flow was drafted in Phase III. Team members will draft and finalize Established Condition Flow in year two of implementation.
3.6: Identifying provider agency	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)</i>	Yes; draft was completed in Phase III and is in use but may need additional discussion in year two of implementation.	Team members will review suggested changes if necessary.
3.7: Deciding who the RBI pair will be	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)</i>	Yes; draft was completed in Phase III and is in use but may need additional discussion in year two of implementation.	Team members will review suggested changes if necessary.
3.8: Most likely provider discipline selection	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD)</i>	Yes; draft was completed in Phase III and is in use but may need additional discussion in year two of	Team members will review suggested changes if necessary.

	<i>and Informed Clinical Opinion (ICO)</i>	implementation.	
3.9: Communication between providers, handoffs	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)</i>	Yes; draft was completed in Phase III and is in use but may need additional discussion in year two of implementation.	Team members will review suggested changes if necessary.
3.10: Split services and implications	Meeting Notes and Spreadsheet	Yes; in progress. This will be an ongoing discussion in year two of implementation.	It would be best to have the child's needs served within the same provider agency to avoid complications and duplication of services. However, if that is not possible, then the RBI notes and outcomes should be shared.
3.11: Do we need a discipline specific evaluation prior to starting services?	Meeting Notes and Spreadsheet	Yes; completed in Phase III.	If assessment identifies qualified delay but the RBI does not, there will not be a discipline specific evaluation administered unless the provider feels it completely necessary. If the interviewer is skilled, the RBI will most likely identify the need. Birth to Three had an expanded leadership meeting and this topic was discussed and it was decided that there is no need for a discipline specific evaluation unless it is identified as a goal by the family. The RBI and the subsequent communication and increased teaming will draw out that information and treat as necessary.
3.12: Where to document most likely service provider per MDA team assessment	See Appendix I, <i>Provider Referral Form</i>	Yes; completed in Phase III.	The internal referral form was updated to include the following: RBI needed, Preferred discipline, RBI scheduled, RBI completed, Provider
3.13: Do we share the RBI notes or only the outcomes?	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by</i>	Yes; draft was completed in Phase III and is in use but may need additional	Team members will review suggested changes if necessary.

	<i>Developmental Delay (DD) and Informed Clinical Opinion (ICO)</i>	discussion in year two of implementation.	
3.14: How to handle timeline challenges (cancellation, illness etc.)	Meeting Notes and Spreadsheet	Yes; in progress. This will be an ongoing discussion in year two of implementation.	While it is ideal for two people to complete the RBI, if needed it can be completed by one person in order to comply with required timelines. Team members will continue to discuss this in year two of implementation.

### **Summary of Professional Development Implementation Team Improvement Strategy 3**

The team discussed many of the activities under *Professional Development Implementation Team Improvement Strategy 3*. Some activities were completed and some require further discussion in year two of implementation and beyond.

### **Table 18: Professional Development Implementation Team Improvement Strategy 4 Activity Status**

#### **Develop Policy for Families**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
41: How to explain RBI to families	See Appendix J, <i>RBI Family Statement</i>	Yes; completed October 2016.	Draft was reviewed and finalized in Phase III. It was disseminated to use when explaining RBI to families.

### **Summary of Professional Development Implementation Team Improvement Strategy 4**

Professional Development Implementation Team Improvement Strategy 4 completed.

### **Table 19: Professional Development Implementation Team Improvement Strategy 5 Activity Status**

#### **Develop Policy for IFSP Document**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
5.1: RBI as assessment tool	Meeting Notes and Spreadsheet	Yes; completed in Phase III.	For EC children, RBI will be the MDA/Family Assessment. For DD children, traditional assessment tool will be used to determine

			eligibility and RBI will be the MDA/Family Assessment.
5.2: Use of RBI to fill in the MDA	Meeting Notes and Spreadsheet	Yes; in progress. This will be an ongoing discussion in year two of implementation.	After eligibility is determined, RBI counts as MDA and helps fill initial IFSP.
5.3: How to integrate RBI info into IFSP form	See Appendix G, <i>Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)</i>	Yes; draft was completed in Phase III and is in use but may need additional discussion in year two of implementation.	Team members will review suggested changes if necessary.

### **Summary of Professional Development Implementation Team Improvement Strategy 5**

The team discussed many of the activities under *Professional Development Implementation Team Improvement Strategy 5*. Some activities were completed and some require further discussion in year two of implementation and beyond.

### **Table 20: Professional Development Implementation Team Improvement Strategy 6 Activity Status**

#### **Develop Policy for the COSF**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
6.1: Use of RBI for COSF	Meeting Notes and Spreadsheet	Yes; in progress. This will be an ongoing discussion in year two of implementation.	Team members will discuss this in year two of implementation.
6.2: MEISR and COSF	Meeting Notes and Spreadsheet	Yes; in progress. This will be an ongoing discussion in year two of implementation.	Team members will discuss this in year two of implementation.

### **Summary of Professional Development Implementation Team Improvement Strategy 6**

The Professional Development Implementation Team will continue to discuss how the RBI, and possibly the MEISR, will influence the COSF in year two of implementation.

### **Table 21: Professional Development Implementation Team Improvement Strategy 7 Activity Status**

#### **Develop Policy for Systems, Collaborate with the Monitoring and Accountability Implementation Team**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
7.1: Should we/can we revamp IFSP document?	Meeting Notes	Yes; in progress. This will be an ongoing discussion	Team members will discuss this in year two of

		in year two of implementation.	implementation.
7.2: Data system modifications	See Appendix K, <i>RBI Flow and Data Entry</i>	Yes; completed in Phase III.	The Monitoring and Accountability Implementation Team added a User Defined Option (UDO) into DHSSCares under the SEA Section under "Assessment Tool Not Otherwise Specified" and developed the <i>RBI Flow and Data Entry</i> process document to assist CDW staff with entering RBI information into the data system.

### ***Summary of Professional Development Implementation Team Improvement Strategy 7***

The Professional Development Implementation Team will continue to discuss ways to revise the IFSP document to make it more RBI-friendly. The team intends to create an intentional practice-informed feedback loop to improve the IFSP development process, making more explicit connections between the outcome of the interview, embedded practices within RBI, and service delivery that is responsive to the child's needs and family routines. The team will also remain focused on the impact the RBI has on the data system and maintain the collaboration with the Monitoring and Accountability Implementation Team to ensure alignment in regard to data collection, quality and use of data to inform practice. These will be ongoing activities in year two of implementation.

### **PHASE III SUMMARY AND ACCOMPLISHMENTS:**

The Professional Development Implementation Team was very active during Phase III and worked hard to accomplish the following:

- Completed determining how to pay for RBI's long term, CPT codes
- Discussed the role of the coaches
- Discussed the expectations of coaches
- Discussed future training responsibilities
- Discussed Delaware Certification requirements
- Discussed building capacity
- Completed the *Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)* that covers the following
  - Receiving the referral
  - When to do the ECO map
  - Sequence of initial meetings
  - Identifying provider agency
  - Deciding who the RBI pair will be

- Most likely provider discipline selection
- Communication between providers, handoffs
- Do we share the RBI notes or only the outcomes?
- How to integrate RBI info into IFSP form
- Discussed split services and implications
- Completed decisions regarding discipline specific evaluations
- Updated the internal *Provider Referral Form* to identify if RBI has been completed or is needed
- Discussed completing an RBI for 6 months and/or annually to update IFSP
- Discussed how to handle timeline challenges (cancellation, illness etc.)
- Completed *RBI Family Statement* to explain RBI to families and disseminated
- The Monitoring and Accountability Implementation Team added a UDO into DHSSCares under the SEA Section under “Assessment Tool Not Otherwise Specified” and developed the RBI Flow and Data Entry process document to assist CDW staff with entering RBI information into the data system
- Determined how RBI will be used as assessment tool
- Determined use of RBI to fill in the MDA

#### **Focus for Year two of Implementation:**

In years two and three of implementation, the Professional Development Implementation Team will:

- Continue to discuss the role and expectations of coaches
- Continue to discuss future training responsibilities
- Develop a criteria/competencies for Delaware Certification standards
- Continue to discuss building capacity
- If necessary, review the *Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)*
- Continue to discuss split services and implications
- Continue to discuss how to handle timeline challenges (cancellation, illness etc.)
- Continue to discuss completing an RBI for 6 months and/or annually to update IFSP
- Draft and finalize Established Condition (EC) Flow and disseminate
- Continue to discuss use of RBI to fill in the MDA
- Continue to discuss use of RBI to inform initial and exit COSF
- Continue to discuss MEISR and COSF

## **Family Involvement Implementation Team**

Theory of Action:

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

Phase I identified gaps in child development outcomes data when comparing Delaware's averages to national averages. Social relationships, knowledge and skills, and actions to meet needs were reported categories in which Delaware was found to be lower compared to the national averages for these

outcomes. In addition, during Phase I stakeholders repeatedly stressed the importance of ensuring families have information about SE development in order to provide their children with the experiences and opportunities that will promote SE competencies.

The *Family Involvement Implementation Team Strategy Outcomes* graphs below depict the improvement strategies, and expected outcomes, designed in Phase II. The *Family Involvement Implementation Team Improvement Strategy Activity Status* graphs below outline activities for each improvement strategy and the updates accomplished during Phase III. The narrative immediately following provides additional information needed to further describe an updated activity when necessary.

**Table 22: Family Involvement Implementation Team Improvement Strategy 1.1- Outcomes**

<p><b>Improvement Strategy: 1.1</b> Identifying and engaging interested parties in improving family involvement in early childhood SE development.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Birth to Three identifies and engages interested parties in improving family involvement in early childhood SE development.  <b>Short-Term:</b> A variety of families and professionals will meet to discuss effectual, culturally competent family engagement relating to SE development.  <b>Intermediate:</b> Appropriate strategies regarding family engagement and SE development will be introduced and implemented.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Table 23: Family Involvement Implementation Team Improvement Strategy 1.1- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.1: (1) Review statewide training opportunities and services to provide customized learning opportunities to service providers to better understand and engage families.	Training agendas, Delaware Professional Development (DEPD) course agenda, Conference agendas	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to research training opportunities to better assist FSCs.
1.1: (2) Develop a Community Outreach team to educate physicians and other stakeholders about the EI model.	Primary Care Provider Outreach pilot	Yes; completed several updated drafts of the Primary Care Provider Outreach pilot throughout Phase III. This activity will be an ongoing activity	Team members will continue to support the Primary Care Provider Outreach pilot.

		throughout years two and three of implementation.	
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### Summary of Family Involvement Implementation Team Improvement Strategy 1.1

Birth to Three works with CDW leadership staff to assure program activities and TA result in continued progress with regards to compliance and high-quality programming. All new staff participates in a 15-hour orientation to EI which utilizes both online and in-person learning. These modules are also used as resources for veteran service coordinators to ensure consistency on the content knowledge needed for practice. One-to-one TA is available to all staff when the need is identified through supervision on and chart monitoring. New staff members have opportunities to observe seasoned staff, and are paired with a mentor. Supervisors monitor and observe new staff to ensure competence with essential EI and coordination practices.

One-to-one TA is also provided to individual staff if the need is identified through supervision and chart monitoring. Additional training and ongoing TA is offered regionally at CDW sites on topics such as transition planning, early childhood outcomes and other topics when needs are identified. Table 40, *Monitoring and Accountability Implementation Team Trainings and Exercises*, lists TA provided to CDW staff in Phase III.

Delaware Professional Development Now (DEPDNow) is a collaborative effort among Delaware organizations invested in the development of quality child care and early learning including Nemours Children's Health Systems, DIEEC, DOE and OEL. DEPDNow currently offers 19 online quality-assured professional development courses ranging from topics such as Secrets of Infant Behavior to Inclusion: Best Practice. This valuable resource offers not only the necessary education piece, but also the convenience of fitting into coordinators' busy schedules, enabling coordinators to work more effectively with families to ensure more positive outcomes.

PIC, PAT and Prevent Child Abuse Delaware have partnered with CDW to offer trainings and address CDW staff on topics like Transition and Family Engagement. Both CDW North and CDW South have specialized presentations for staff during monthly meetings on various topics like *Early Childhood Mental Health Consultation* and *Working with Premature Newborns*.

CDW is using a statewide, cohesive approach to engaging children, families, and PCPs in Delaware's EI programming. As PCP's guide efforts of comprehensive pediatric care in Delaware, CDW has initiated outreach efforts to perform program evaluation amongst CDW and providers. This outreach reviews and analyzes the effectiveness of CDW operations, PCP knowledge and perceptions of EI.

Birth to Three and CDW identified that although a statewide cohesive effort is necessary for a comprehensive provider outreach initiative, Phase III would focus on CDW South; Kent and Sussex Counties as a target pilot group. This pilot group will provide Birth to Three and CDW valuable insight to meet the needs of the providers and the families referred. This would also allow for CDW to implement target activities in a feasible, time efficient manner, using a small scale version of the upcoming statewide initiative.

CDW's PCP Outreach Pilot for Kent and Sussex Counties began with the following activities in Phase III:

1. Development of a Strategic Plan; Devising a framework and guidelines for next steps as CDW began to assess and strengthen collaboration with Delaware's Primary Care Pediatric providers. Through this process Outreach Goals were defined:

**Goals:** The goals for CDW's PCP Outreach Initiative are to:

- Enhance and strengthen collaborative relationships amongst CDW and PCPs
- Guide and sustain best collaborative practices on behalf of the children and families served
- Establish and sustain provider outreach programming
- Improve CDW client EI outcomes
- Identify a decrease in direct service expenditures within CDW operations

**To guide next steps and best practices, the following activities were completed:**

2. Identified two Data Mining Indicators; Number of Incomplete Referrals & Number of Unsuccessful Referrals

#### Indicators

**Incomplete referrals** are any referral that cannot be appropriately and/or efficiently triaged through CDW programming due to lack of referral history, child/family demographic information, wrong referral document used (such as a prescription pad), lack of insurance information or other reason applicable that effects the integrity of the referral.

**Unsuccessful referrals** are any referral that is sent to CDW for evaluation/services but closed in the same year. Reasons for closure were reviewed. There are two categories for Unsuccessful referrals:

- referrals sent with PEDS Screener, and
- referrals sent without PEDS Screener.

3. Data was mined using these two indicators from referrals received in Kent and Sussex counties  
**Data Outcomes from these activities are below:**

**Indicator 1 (Incomplete Referrals):** # of Incomplete (not enough information) referrals in CDW South (Kent and Sussex Counties) with associated trends

#### **South:**

Sample # of Referrals received in 2015 (randomized sample): 437

Of these 437 referrals,

- 101 were referred by a provider after completing a PEDS Screen
- 274 were referred by a provider without a PEDS Screen
- 62 were referred by parents

Removing parent referrals (as the parents are asked all of the necessary referral information when they call in to place the referral)

***The total number of referrals = 375***

Of the 375 total referrals, 206 referrals were Incomplete in 2015; **69% of referrals sent from providers were Incomplete**

- 56 PEDS Screen referrals were Incomplete
- 150 NON PEDS referrals were Incomplete
- Nemours- 143 total referrals & 106 were Incomplete

Incomplete referrals can take 30 minutes to 2-3 days to gather the necessary data for the referral to triage through CDW programming and begin the timeline for EI services. Incomplete referrals result in a delay in service and money spent on inefficient processes. Birth to Three and CDW recognized cost containment opportunities by decreasing the number of incomplete referrals that are referred to CDW South.

**Indicator 2 (Unsuccessful Referrals):** # of children referred to CDW South in 2015 and closed in the same year. There are two categories for Unsuccessful Referrals:

- PEDS Screener referrals;
- NON PEDS Screener referrals

#### **South:**

Of the PEDS screener referrals sent in 2015, the following information represents the number of child cases closed in the same year:

- 97 PEDS Screener referrals were sent in 2015\*
- 50 closed in the same year (2015)

\*Note: This reflects # of PEDS screener referrals documented by CDW, and may not be reflective of all referrals sent in 2015.

The reasons for case closure included the following:

- completed goals on IFSP (2 cases)
- aged out; did not qualify for transition (1 case)
- ineligible on initial MDA assessment (15 cases)
- no contact with family/caregivers (11 cases)
- moved out of state (1 case)
- transitioned (1 case)
- withdrew before services initiated/ before IFSP (18 cases)

#### **Trending opportunities for improvement**

- 15% of PEDS Screener referrals in 2015 were Unsuccessful in the same year
- 18% of PEDS Screener referrals in 2015 were Unsuccessful due to parent withdrawal
  - Recognized potential for direct correlation to parent knowledge of CDW programming, parent/family engagement, and program satisfaction

Of the NON PEDS screener referrals sent by providers in 2015, the following information represents the number of child cases closed in the same year:

- 696 total NON PEDS Screener referrals in 2015
- 313 closed in the same year (2015)
  - Reasons for closure included;
    - 138 determined ineligible by MDA
    - 175 withdrew from programming prior to IFSP

### **Trending opportunities for improvement**

- 20% of NON PEDS Screener referrals in 2015 were Unsuccessful in the same year
- 25% of NON PEDS Screener referrals in 2015 were Unsuccessful due to parent withdrawal

Potential for direct correlation to parent knowledge of CDW programming, parent/family engagement, and program satisfaction is recognized. Unsuccessful referrals result in a great number of man hours spent on inefficient processes resulting in money spent on inefficient processes. Birth to Three and CDW recognized cost containment opportunities by decreasing the number of Unsuccessful referrals in CDW South.

### **Data driven outcomes were identified and the following activities were completed:**

1. **Developed a Provider Database;** Detailing provider names, credentials, office names, addresses, telephone and fax numbers, associated websites and email addresses. This database is used to streamline CDW processes and build capacity in the communication efforts amongst CDW clinicians and PCP's.
2. **Developed and disseminated a Statewide PCP survey;** A survey was sent via SM to over 400 Pediatric PCPs in New Castle, Kent and Sussex counties to obtain baseline provider information regarding their perception and knowledge surrounding CDW processes, medical home practices, and provider satisfaction with CDW programming.
3. **Results from the Statewide PCP survey are described in Appendix L.**

The data received from the Statewide PCP survey was trended to detail Objectives and Activities that would drive CDW's PCP Outreach Initiative next steps that began in Phase III and will be ongoing in year two of implementation. Objectives are detailed below. Measurement indicators (when and with what activity) will be part of year two of implementation's Provider Outreach development.

***Table 24: Primary Care Provider Outreach Objectives and Activities***

<b>Objective Type</b>	<b>Objective</b>	<b>Measured by:</b>	<b>When to be completed:</b>	<b>By Whom:</b>
<b>Short Term (0-3 months)</b>	Identify 3 or more gaps in pediatric provider knowledge of CDW processes and EI Practices	PCP Survey	Completed 12/2016	Family Involvement Implementation Team
<b>Short Term</b>	Identify 3 ways to improve communication/processes	PCP Survey	Completed 12/2016	Family Involvement

<b>(0-3 months)</b>	amongst referring providers		Activities: Provider Database, Referral Form and building of education file	Implementation Team
<b>Moderate (6-9 months)</b>	Provide CDW paper & electronic education file to $\geq 80\%$ of Kent and Sussex primary providers	Tracked files sent	Ongoing	To be determined
<b>Moderate (6-9 months)</b>	Identify a decrease in <i>Incomplete</i> provider referrals by 10%	Track process changes in referrals received over 6 month time period (Date TBD)	Ongoing	To be determined
<b>Moderate (6-9 months)</b>	Identify a decrease in <i>Unsuccessful</i> provider referrals by 20%	Track process changes in referrals received over 6 month time period (Date TBD)	Ongoing	To be determined
<b>Moderate (6-9 months)</b>	Identify 3 key drivers of provider satisfaction and engagement	CDW Ambassador visits; informal Q&A  Re-survey providers with satisfaction tool using SM	Ongoing	To be determined
<b>Long Term (9-12 months)</b>	Initiate 2 CDW prompted activities to respond to the identified needs of the provider, identify successful practice changes that resulted from this outreach, to improve and enhance provider engagement and assist in establishing and sustaining provider outreach efforts	CDW Ambassador visits; informal Q&A  Re-survey providers with satisfaction tool using SM	Ongoing	To be determined
<b>Long Term (9-12 months)</b>	Identify a savings of direct service costs related to improved efficiency in services rendered and improved efforts amongst providers and CDW within EI programming.	To be determined	Ongoing	To be determined

<b>Long Term (9-12 months)</b>	Identify a tool to measure family satisfaction/family and child impact of Provider Outreach Initiative.	COSF, Annual Survey, Family Satisfaction surveys with Likert scale, etc.	Ongoing	To be determined
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Table 25 below reflects Activities completed in Phase III and Activities to be completed to reach these Objectives in year two of implementation.

***Table 25: Primary Care Provider Outreach Activities Completed and To Be Completed***

<b><u>Outreach Activities Completed in Phase III</u></b>	<b><u>Meaningful Activities To Be Completed in Year 2 of Implementation</u></b>
<b>Developed Statewide provider database Completed</b>	Identify CDW prompted activities to increase communication and collaboration with providers
<b>Statewide CDW Provider Survey Completed</b>	Develop electronic education file to send to providers in response to survey & education requests <ul style="list-style-type: none"> <li>Track Data of files sent</li> </ul> <p>In person outreach (CDW Ambassador) to all medical provider practices for in-service and informal Q&amp;A</p>
<b>Statewide referral form developed and approved by Birth to Three</b>	Send simplified referral form to all practices for use <ul style="list-style-type: none"> <li>Track provider office use of form with Data Tracking Sheet</li> </ul> <p>Measure for process/practice changes when sending/receiving referrals;</p> <p>Track process changes in referrals received over 6 month time period (Date TBD)</p> <ul style="list-style-type: none"> <li>Re-survey providers with satisfaction tool</li> </ul>
<b>Added ICD10 codes to referral documents to support EI billing services</b>	Track for completion of ICD10 codes using Data Tracking Sheet

CDW's PCP Outreach Initiative has utilized Delaware's partners in care and many current practice foundations to build from the foundation of strength in Delaware's communities.

#### **Alignment with DPH/MCH/AAP Foundations**

CDW's PCP Outreach Initiative is aligned with the practice and philosophy of the Medical Home; supported by the Delaware Division of Public Health, Maternal and Child Health Services and the American Academy of Pediatrics (AAP). The AAP details that a medical home is, "an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families" (The National Center for Medical Home Implementation, Sia, C., 2016).

The National Survey of Children with Special Health Care Needs identified that Delaware in 2009/2010 was below the national average for Medical Home performance amongst children with special

healthcare needs. This survey identified multiple gaps in Delaware's care for this target population but most importantly the following was noted:

- Only 58.1% of children received 2 or more types of effective care coordination when needed
- Only 19% of children received any help with arranging or coordinating care
- 68.8% were very satisfied with communication between doctors and nurses when needed
- 51.9% were very satisfied with communication between doctors and school when needed (Data Resource Center for Child & Adolescent Health, 2010).

The AAP (2016) review of evidence based literature has identified that Pediatric Medical Homes have proven to:

- Reduce odds of having a time burden of arranging/coordinating care, providing care, or both for their child
- Decrease spending more than 6 hours/week providing care at home by 20%
- Decrease emergency department utilization by 17% over a 3 year period
- Decrease inpatient admissions by 47% over a 3 year period
- Comprehensive care decreased total hospital and clinic costs to \$16,523 compared to usual care costs of \$26,781 per child/ year
- Healthcare providers reported to be highly satisfied with medical home model
- Improved quality of care outcomes were identified

As a part of Delaware's Division of Public Health/Maternal and Child Health Services, their 2015-2020 Action Plan to meet Title V Grant goals included the goal to;

- Increase the percent of children with and without special healthcare needs having a medical home
- Increase the percent of children with appropriate insurance

CDW shares this vision in facilitating partnerships of strength amongst community organizations and stakeholders, building a solid foundation of pediatric service delivery by

- Providing evaluation and management of services for children with established conditions (children with determined medical conditions)
- Providing Care Coordination and Case Management from birth to three years of age until transitioned into Part B programming
  - Assuring timely and appropriate insurance coverage is in place for all Part C eligible and CDW program participating children
- Providing comprehensive, family-centered services to families and children eligible for Part C programming
- Performing ongoing quality assurance of CDW programming through annual satisfaction surveys and initiatives like PCP Outreach to assure that CDW is maintaining ongoing communication with PCPs, the child's primary point of contact and providing high quality services.

As children with special healthcare needs are a part of CDW's birth to three populations, CDW provider outreach efforts have been developed using Medical Home foundations of practice and care.

Below are the percentages of children who are "established condition" within CDW programming, likely falling under the children with special healthcare needs indicator.

- Approximately 18% of children served by CDW in Kent and Sussex are children with established condition.
- Approximately 27% of children served by CDW in New Castle are children with established condition.

CDW assures as a member of the community-based system serving children with special healthcare needs, that our care is family-centered, comprehensive, coordinated, compassionate and culturally effective as aligned with the DPH, MCH, AAP and the medical home principles. We strive to develop and sustain ongoing efforts of community engagement to assure, as community partners, our visions align in building, managing and sustaining comprehensive pediatric service delivery programs.

#### **Status of Family Involvement Implementation Team Improvement Strategy 1.1 Outcomes:**

*Both short-term outcomes have been met for Improvement Strategy 1.1. The team will strive to complete the intermediate outcome throughout years two and three of implementation.*

**Table 26: Family Involvement Implementation Team Improvement Strategy 1.2- Outcomes**

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

**Table 27: Family Involvement Implementation Team Improvement Strategy 1.2- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.2: (1) Identify ways to engage families in EI processes to develop more family-driven	<i>Menu of Participation</i> for families	No; the process has been delayed.	Team members will continue to discuss how to make this activity develop from idea to reality. This

resources and supports.			activity has been delayed as a result of focus on other Family Involvement opportunities related to RBI. This activity will be addressed in year two of implementation.
1.2: (2) Define Family Involvement.	ED-HHS Policy Statement on Family Engagement: From the Early Years to the Early Grades	Yes; completed in Phase III.	Team members reviewed the ED-HHS Policy Statement on Family Engagement: From the Early Years to the Early Grades and agreed with the language.
1.2: (3) Update CDW/ Birth to Three brochure to inform families and educate providers.	Updated Update CDW/ Birth to Three brochure	No; this activity will be completed in year two of implementation.	An updated Birth to Three brochure will be drafted in year two of implementation.
1.2: (4) Update the Family Guide.	2017 Family Guide	Yes; in progress. This activity is ongoing and will be completed in year two of implementation.	Members of the team met and started the process of updating the Family Guide.
1.2: (5) Review family engagement models, information and resources including Triple P and CDC/Act Early to identify parent engagement opportunities.	Meeting Minutes	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members reviewed family engagement models and will continue reviewing in year two of implementation.
1.2: (6) Discuss creating databank of resources and services for Family Service Coordinators (FSC) to use to refer families.	Databank of resources	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue discussions related to the creation of a databank of resources.
1.2: (7) Create Family-Friendly Language to Describe RBI to Families.	Family-friendly language for families	Yes; completed in Phase III.	Team members will continue to support the statewide implementation of the RBI.

### Summary of Family Involvement Implementation Team Improvement Strategy 1.2

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

Finance Committee (JFC). This strengthened increase in family engagement will prove to be as beneficial to service coordinators as it will be to families. It will reinforce the EI model and result in deeper understanding and partnership. As a result of cross-collaboration amongst SSIP teams, Phase III found families more engaged in all of the opportunities described above. The Family Involvement Implementation Team will work on drafting this *Menu of Participation* so FSCs will feel more confident describing these opportunities to families.

Birth to Three started the process of updating the Family Guide in Phase III. Team members met three times and will continue to meet until the guide is updated and shared with CDW for feedback. Once complete, the Family Guide will be printed and disseminated. Birth to Three and the Family Involvement Implementation Team will work on updating the informational brochure in year two of implementation.

The Family Involvement Implementation Team will be working collaboratively with the Collaboration Implementation Team to coordinate and disseminate resources from large initiatives like COLLIN and HMG. As noted in the table above, the team members are working together to compile resources and make them more accessible and widely available to families and other members of the public interested in improving SE development. The Family Involvement Team is considering the usefulness of a databank, and they recognize that it is not a good use of time and funds to create a specific repository. Instead, the team is focusing their attention on aligning and maximizing existing resources to better insure use and application across roles and settings. Support for Delaware's emphasis on RBI to promote family interaction and embed EBP into the routines of families in the child's natural environment is part of the broader efforts of the Family Involvement Implementation Team.

#### **Status of Family Involvement Implementation Team Improvement Strategy 1.2 Outcomes:**

*One short-term outcome has been met for Improvement Strategy 1.2. The team will strive to complete the second short-term outcome and the intermediate outcome throughout years two and three of implementation.*

#### **PHASE III SUMMARY AND ACCOMPLISHMENTS:**

The Family Involvement Implementation Team continued to work on the activities and strategies identified in Phase II to improve family involvement and increase SE outcomes amongst children served by EI. The team accomplished the following in Phase II:

- Researched and identified training opportunities for coordinators to attain and maintain an appropriate understanding of SE development and family-driven concerns.
- Developed a Primary Care Provider Outreach pilot to educate physicians and other stakeholders about the EI model using the TRACE model and *Seven Key Principles: Looks Like/Doesn't Look Like*.
- Identified ways to engage families in EI processes to develop more family-driven resources and supports.
- Defined Family Involvement.
- Started the work on updating the Family Guide.
- Reviewed family engagement models.
- Discussed creating a databank of resources and services for FSCs to use to refer families.
- Created Family-Friendly Language to Describe RBI to Families.

**Focus for Year two of Implementation:**

In years two and three of implementation, the Family Involvement Implementation Team will

- Continue to research and identify training opportunities for coordinators to attain and maintain an appropriate understanding of SE development and family- driven concerns.
- Continue to support the Primary Care Provider Outreach pilot.
- Develop a *Menu of Participation* for families.
- Update the CDW/Birth to Three brochure.
- Continue to update the Family Guide and disseminate once completed.
- Continue to review family engagement models.
- Continue to create a databank of resources and services for FSCs to use to refer families.

**Assessment Practices Implementation Team**

Theory of Action:

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

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

The *Assessment Practices Implementation Team Strategy Outcomes* graphs below depict the improvement strategies, and expected outcomes, designed in Phase II. The *Assessment Practices Implementation Team Improvement Strategy Activity Status* graphs below outline activities for each improvement strategy and the updates accomplished during Phase III. The narrative immediately following provides additional information needed to further describe an updated activity when necessary.

**Table 28: Assessment Practices Implementation Team Improvement Strategy 1.1- Outcomes**

<p><b>Improvement Strategy: 1.1</b> Researching and identifying assessment tools designed to capture SE strengths and concerns for infants and toddlers.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Birth to Three will research and identify assessment tools designed to capture SE strengths and concerns for infants and toddlers.  <b>Short-Term:</b> Child Development Watch will be able to more accurately assess SE development.  <b>Intermediate:</b> There will be an earlier identification of SE emotional needs.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Table 29: Assessment Practices Implementation Team Improvement Strategy 1.1- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.1: (1) Design a "DREAM" tool, listing ideal functions aimed at providing comprehensive information regarding a child's SE strengths and areas of improvement. This activity will allow for the team to express all areas of concern, experience and build continuity.	See Appendix A- <i>Indicator 11: Delaware State Systemic Improvement Plan (SSIP) Phase II Submission, 25 ideal functions list</i> , pages 38-39	Yes; completed 25 ideal functions list in Phase II.	Team members discussed and designed a 25 ideal functions list in Phase II.
1.1: (2) Research assessment tools used country-wide that may meet "Dream" tool criteria.	See Appendix A- <i>Indicator 11: Delaware State Systemic Improvement Plan (SSIP) Phase II Submission</i> , pages 39-40.	Yes; completed in Phase II.	Team members researched country-wide assessment tools.
1.1: (3) Discuss and dissect the 25 "Dream" tool criteria to decide on the most vital components of the instrument to be piloted.	See Appendix A- <i>Indicator 11: Delaware State Systemic Improvement Plan (SSIP) Phase II Submission</i> , page 40.	Yes; completed in Phase II.	Team members discussed and designed criteria for assessment tool comparison.

### Summary of Assessment Practices Implementation Team Improvement Strategy 1.1

The activities for Assessment Practices Implementation Team Improvement Strategy 1.1 were completed and described in detail in the State's Phase II submission. See Appendix A- *Indicator 11: Delaware State Systemic Improvement Plan (SSIP) Phase II Submission*, pages 37-40 for more information.

### Status of Status of Assessment Practices Implementation Team Improvement Strategy 1.1 Outcomes:

*One short-term outcome has been met for Improvement Strategy 1.1. The team will strive to complete the second short-term outcome and the intermediate outcome throughout year two of implementation with the completion of other activities related to the assessment tool.*

**Table 30: Assessment Practices Implementation Team Improvement Strategy 1.2- Outcomes**

<p><b>Improvement Strategy: 1.2</b> Discussing positives and negatives of each assessment tool as it relates to children with special needs and developmental delays.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Assessment Practices Implementation Team will compare current and alternative assessment tools designed to capture SE strengths and concerns for infants and toddlers.  <b>Short-Term:</b> Assessment Practices Implementation Team will pilot assessment tools designed to capture SE strengths and concerns for infants and toddlers.  <b>Intermediate:</b> Assessors will have valid, reliable tools to capture SE strengths and concerns for infants and toddlers.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Table 31: Assessment Practices Implementation Team Improvement Strategy 1.2- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.2: (1) Compare Delaware's commonly used assessment tools.	See Appendix A-Indicator 11: Delaware State Systemic Improvement Plan (SSIP) Phase II Submission, page 41.	Yes; completed in Phase II.	Team members compared Delaware's commonly used assessment tools.
1.2: (2) Compare alternative assessment tools to identify a tool that provides SE information robust enough to guide intervention and facilitate improvement.	See Appendix M, Assessment Practices Implementation Team Tool Comparison Chart	Yes; tool comparison chart review completed December 2016.	Team members reviewed the tool comparison chart based on 12 criteria comparing 29 assessment tools.
1.2: (3) Pilot up to three assessment tools.	Assessment tool pilot plan	No; the process has been delayed as a result of the team's decision to focus on COSF process.	Team members will develop a pilot for new assessment tool implementation in year two of implementation.

**Summary of Assessment Practices Implementation Team Improvement Strategy 1.2**

The Assessment Practices Implementation Team designed the tool comparison chart (See Appendix N) in Phase II based on 12 criteria, comparing 29 assessment tools. In Phase III, the team reviewed the chart over two full and two half day meetings for a total of six hours; February, April, half of June 2016 and half of December 2016. To determine which three tools would be chosen for the pilot, a Survey Monkey

(SM) was created on September 20, 2016 listing all 27 tools (2 tools were removed as they were deemed unnecessary). The SM was sent to the team on October 5<sup>th</sup> with directions on how to complete the task. Many team members responded that the SM was too long and confusing. The SM was resent on October 20, 2016 with an attached PDF of the SM and further explanation advising team members to fill it out by hand and then enter their selections in to the SM. This, too, made team members feel overwhelmed and the decision was made to review the SM as a group at the December 8<sup>th</sup> Assessment Practices Implementation Team meeting to narrow the larger list down to three tools. The team worked together reviewing the chart and reduced the list to eight Assessment Tools. Team members will request a copy of each tool for review at the first year two of implementation Assessment Practices Implementation Team meeting where the team will break into four work groups, review two tools based on the pre-selected criteria and report their findings to the larger team. The team will try to whittle the eight tools down to three or four and develop a pilot to test the tools. This will be one of the main focuses for the team for year two of implementation.

Choosing the assessment tools to be piloted and developing the pilot were delayed in Phase III by unanimous team decision. At the June 2016 Assessment Practices Implementation Team meeting, the discussion turned towards what exactly defines success or failure for the SSIP as a whole. COSF outcomes were discussed and the team decided to turn their attention to improving the COSF process and put the tool review and selection on hold. The August 2016 meeting focused strictly on COSF and, as a team, the COSF was broken down into the following three categories: Initial, Content and Exit. At the end of the August meeting, team decision was to have a group meeting with the Monitoring and Accountability Implementation team to work out the specific pieces of the COSF. On October 12, 2016 a combined COSF meeting including members of both the Monitoring and Accountability and Assessment Practices teams convened to discuss COSF. See *Combined SSIP Implementation Team COSF Meeting* section below for detailed information.

#### **Status of Assessment Practices Implementation Team Improvement Strategy 1.2 Outcomes:**

*One short-term outcome has been met for Improvement Strategy 1.2. The team will strive to complete the second short-term outcome and the intermediate outcome throughout year two of implementation.*

**Table 32: Assessment Practices Implementation Team Improvement Strategy 1.3- Outcomes**

<p><b>Improvement Strategy: 1.3</b> Discussing and identifying ways to improve processes in Assessment Practices.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Assessment Practices Implementation Team will identify challenges within the assessment process.  <b>Short-Term:</b> Assessment Practices Implementation Team will identify and implement positive changes to the assessment process.  <b>Intermediate:</b> The assessment process will produce reliable data.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Table 33: Assessment Practices Implementation Team Improvement Strategy 1.3- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.3: (1) Define areas of SE development assessed	Meeting Minutes	No; the process has been delayed as a result of XX.	Team members will continue to discuss this topic as they dig deeper into the choosing of assessment tools to pilot.
1.3: (2) Discuss and consider what impacts child outcomes data	Meeting Minutes	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue what impacts child outcome data.
1.3: (3) Discuss parties involved in initial assessment	Meeting Minutes	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to review parties involved in initial assessment to assure communication is shared appropriately and efficiently with families.
1:3 (4) Develop procedures, policies and protocols to assure providers and CDW assessors employ same assessment tools to afford consistent results	TA memos related to COSF, Work Flow documents related to RBI	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to develop guidelines around assessment practices.

### Summary of Assessment Practices Implementation Team Improvement Strategy 1.3

In Phase II, the Assessment Practices Implementation Team discussed how to define areas of SE development assessed. Team members agreed that professional development around SE development for FSCs was needed. Birth to Three has not been able to make this type of training a focus because of its intense focus on RBI implementation. However, as described in the Family Involvement Implementation Team section, Educational opportunities through other sources have been identified for various types of training. The Assessment Practices Implementation Team will continue to discuss this topic in years two and three of implementation.

A large portion of the time the Assessment Practices Implementation Team spent together focused on the COSF process and the related challenges. As discussed in the *Summary of Assessment Practices Implementation Team Improvement Strategy 1.2*, the team decided to focus their efforts on the COSF process and more information on the activities of *Assessment Practices Implementation Team Improvement Strategy 1.3* can be found in that section.

### Status of Assessment Practices Implementation Team Improvement Strategy 1.3 Outcomes:

*One short-term outcome has been met for Improvement Strategy 1.3. The team will strive to complete the second short-term outcome and the intermediate outcome throughout year two of implementation.*

**Table 34: Assessment Practices Implementation Team Improvement Strategy 1.4- Outcomes**

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

**Table 35: Assessment Practices Implementation Team Improvement Strategy 1.4- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.4: (1) Identify training requirements of chosen assessment tool(s)	Training criteria for assessment tool.	Yes; This activity will be addressed in years two and three of implementation.	Team members will identify training requirements of chosen assessment tool(s) in year two of implementation.
1.4: (2) Implement training with fidelity	Evaluation criteria for implementation plan.	Yes; This activity will be addressed in years two and three of implementation.	Team members will develop evaluation criteria in year two of implementation.

#### **Summary of Assessment Practices Implementation Team Improvement Strategy 1.4**

Team members will identify training requirements of chosen assessment tool(s) and develop evaluation criteria for implementation plan in year two of implementation.

#### **Status of Assessment Practices Implementation Team Improvement Strategy 1.4 Outcomes:**

*None of the outcomes have been met for Improvement Strategy 1.4. The team will strive to complete the short-term and intermediate outcomes throughout year two of implementation.*

#### **PHASE III SUMMARY AND ACCOMPLISHMENTS:**

The Assessment Practices Implementation Team had productive discussion during Phase III and produced the following accomplishments:

- Team members completed the review of the tool comparison chart based on 12 criteria comparing 29 assessment tools.

- Discussed what impacts child outcomes data.
- Discussed parties involved in initial assessment.
- Assisted in the development of procedures, policies and protocols to assure providers and CDW assessors employ same assessment tools to afford consistent results as it relates to the COSF.
- Met collaboratively with the Monitoring and Accountability Implementation Team to discuss and make decisions related to COSF challenges.

### **Focus for Year two of Implementation:**

As the Assessment Practices Implementation Team progressed through Phase III, lengthy conversations have unearthed many additional challenges related not only to assessment tools but also the overall COSF process. The team was not able to accomplish some of the activities members initially planned but instead made a concerted decision to shift its focus to discussions that will hopefully have an immediate impact on outcomes data. Additionally, more discussion needs to take place regarding the impact RBI will have on the assessment process and the tools used. The team will meet in year two of implementation and discuss whether to move forward with the activities previously described, including piloting a new the assessment tool, or changing direction to better align with the RBI.

## **Monitoring and Accountability Implementation Team**

### ***Theory of Action:***

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

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

The *Monitoring and Accountability Implementation Team Strategy Outcomes* graphs below depict the improvement strategies, and expected outcomes, designed in Phase II. The *Monitoring and Accountability Implementation Team Improvement Strategy Activity Status* graphs below outline activities for each improvement strategy and the updates accomplished during Phase III. The narrative immediately following provides additional information needed to further describe an updated activity when necessary.

### ***Table 36: Monitoring and Accountability Implementation Team Improvement Strategy 1.1- Outcomes***

#### **Improvement Strategy: 1.1**

Improve the process of gathering and measuring information in a systematic fashion.

**Outcomes:****Short-Term:** Identify all available data sources**Short-Term:** Improve the integrity of data collection**Intermediate:** Develop processes, policies and trainings to assist in increasing the integrity of data collection**Long-Term:** An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.**Table 37: Monitoring and Accountability Implementation Team Improvement Strategy 1.1- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.1: (1) Compile an inventory of data sources that is updated.	Meeting Minutes	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to identify SE data sources.
1.1: (2) Review the effectiveness of data collection tools and process.	Meeting Minutes, Updated Monitoring Tool, Chart Monitoring Report 2016, Process Memo	Yes; completed in Phase III.	Team members reviewed the Family Survey, COSF and auditing tools and their processes and updated them.
1.1: (3) Develop a rigorous and detailed training plan on data collection and monitoring.	Training attendance records	Yes; completed in Phase III.	Team members have developed and disseminated plan.

**Summary of Monitoring and Accountability Implementation Team Improvement Strategy 1.1**

A goal of the Monitoring and Accountability Implementation Team is to capture all possible data sources that produce SE outcome data including provider data. The team has currently identified the following data sources:

- Evaluation Report with plan of care/ Social Emotional Goals
- Monthly progress notes
- Discharge reports
- COSF ratings

One of the ways the Monitoring and Accountability Implementation Team worked on capturing and collecting SE referral data was to make changes to how SE data is tracked in DHSScares. Co-leads added four User Defined Options (UDOs) to be able to track referrals received and compile data on referral source including private practitioner utilizing PEDS, private practitioner not utilizing PEDS and referrals from childcares utilizing ASQ and childcares not utilizing ASQ.

Another goal of the team was to review data collection processes including chart auditing, COSF collection and the Family Survey Processes to determine efficiency and timeliness. Monitoring and Accountability Implementation Team co-leads and two members of Birth to Three spent two days reviewing the 2015 monitoring data and tool to research and develop efficient updates for 2016 chart review. Updates to the tool included step-by-step directions for the auditor to follow regarding where to find each section of information in either DHSS Cares or the chart. The tool proved to be very effective during the May 2016 audit and successfully decreased the time it took to monitor from four months in 2015 to six weeks in 2016. The expectation is that monitoring for high quality, timely and efficient service delivery will lead children to demonstrate improved SE outcomes.

The Monitoring and Accountability Implementation Team also worked on specific areas of the COSF to improve data. The Monitoring and Accountability Implementation Team is focused on the following:

- Pilot COSF
- Exit COSF Data
- Incomplete COSFs/Split Services
- COSFs with Errors
- Tracking Issues
- Timeline Regulations

During the April meeting, discussion related to the COSF revealed a COSF pilot tested in 2014. Most members of the team were unaware of the pilot and research was done to find the information related to it.

COSF data was extracted and analyzed by age, year and progress to determine if the COSF pilot, of providing COSF assessments to children 6 months of age or older should continue. The question was, are initial COSF outcomes of children younger than 6 months better or more accurate when completed at the time of intake or at the age of 6 months? Based on the data results, it was determined that there were sporadic implementation, thus insufficient data, to support the idea that a COSF created after 6 months resulted in better OSEP Outcomes. As a result, the pilot was terminated; all children entering CDW were required to have an initial COSF at the time of intake effective August 1, 2016.

Data from the pilot was reviewed during the August meeting and, as a result, team members decided to focus the majority their time on other COSF challenges that if improved, would help us move toward our SIMR. The Assessment Practices Implementation Team made the same decision during their August meeting. As a result, both teams decided to combine their individual October team meetings and convened a *Combined SSIP Implementation Team COSF Meeting* on October 12, 2016.

Additionally, in March 2016, the Monitoring and Accountability Implementation Team worked with the University of Delaware, the contractor who compiles and administers the family survey, to develop and include questions directly related to parents' experiences having access to social emotional materials and resources as well as knowledge acquisition. The survey revisions to include questions to address the aforementioned information were completed 3/31/16. The survey was administered statewide in April 2016.

**Status of Monitoring and Accountability Implementation Team Improvement Strategy 1.1 Outcomes:**

*One short-term outcome has been met for Improvement Strategy 1.1. The team will strive to complete the second short-term outcome and the intermediate outcome throughout year two of implementation.*

**Table 38: Monitoring and Accountability Implementation Team Improvement Strategy 1.2 - Outcomes**

<p><b>Improvement Strategy: 1.2</b> Create an infrastructure of consistent data input and reliable data output.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Effectively communicate the value of accurate data input.  <b>Short-Term:</b> Provide training to staff on data entry.  <b>Intermediate:</b> Produce accurate usable reports at regional, state and federal levels.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Table 39: Monitoring and Accountability Implementation Team Improvement Strategy 1.2- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.2: (1) Provide professional development to support staff responsible for data input.	Training Log of review of timely MDAs, COSF	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to assist co-leads in the provision of professional development to staff responsible for data input.
1.2: (2) Maximize usability of data warehousing system.	Cheat Sheets, User Guide	Yes; completed DHSSCares Data Entry Guide. Maximize usability is ongoing.	Team members will continue to work on any issues that arise related to the data warehousing system.
1.2: (3) Create a way to communicate staff and program improvement.	Reports	Yes; completed regional reports and will do so annually. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to effectively communicate the value of accurate data, staff and program improvements via regional reports.
1.2: (4) Increase the reliability of data outputs of queries.	Data Queries	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to increase the reliability of data outputs of queries utilizing data query reviews.

### Summary of Monitoring and Accountability Implementation Team Improvement Strategy 1.2

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

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

**Table 40: Monitoring and Accountability Implementation Team Trainings and Exercises**

EXERCISE	DATE	NUMBER OF PEOPLE TRAINED	ONGOING EXERCISE
Statewide DHSSCares Consolidation User Testing	8/2/16- 8/5/16	2-4	
New staff DHSSCares Consolidation User Training	7/13/2016 7/28/2016 9/13/2016 10/18/2016 12/1/16 12/14/16 2/23/17 2/28/17 3/2/17	1 3 1 4 1 3 2 2 1	
Monitor MDA/IFSP Data From Caseload Reports For Completeness And Accuracy - Follow-Up For Cases Requiring Closure	7/19/16, 8/13/16, 8/25/16, 9/15/16 10/5/16, 10/7/16, 10/28/16, 11/2/16 11/22/16, 12/2/16, 12/29/16, 1/3/17 2/13/17, 3/10/17		Y
Review And Follow-Up On Charts Needing Entry/Exit COSF's Statewide	7/22/16, 9/27/16, 10/7/16, 10/17/16 11/15/16, 12/8/16, 12/14/16, 12/21/16 1/23/17	One-On-One With FSC	
Copy Forward Data Process For Annual IFSP	9/27/16, 10/17/16 11/15/16, 12/14/16 12/21/16, 2/13/17, 3/10/17	One-On-One With FSC	
Targeted Monitoring and TA Statewide	5/10/16-5/31/16	20-30	
Review Transition Reports In DHSSCares 360 For Validity, Fidelity And Cohesion With IRM And Core	5/18/16, 7/13/16, 8/2/16, 9/13/16 9/20/16, 9/27/16, 10/4/16		
TA MDA/IFSP Section 8 Natural Environment	7/29/16, 8/13/16, 8/25/16, 9/15/16 10/5/16, 10/7/16, 10/28/16, 11/14/16 11/28/16, 12/13/16, 12/22/16, 12/23/16 12/28/16, 1/3/17	One-On-One With FSC	
TA MDA/IFSP	7/29/16, 8/13/16, 8/25/16, 9/15/16 10/5/16, 10/7/16, 10/28/16, 11/14/16 11/28/16, 12/13/16, 12/22/16, 12/23/16 12/28/16, 1/3/17	One-On-One With FSC	
Chart Monitoring	5/10/16-5/31/16, 6/1/16-3/16/17		Y
TA MDA/IFSP Section 9	6/26/16, 7/29/16, 8/13/16, 8/25/16	2 FSCs	

	9/15/16, 10/5/16, 10/7/16, 10/28/16, 11/14/16, 11/28/16, 11/28/16, 12/13/16		
Review Procedures For Documenting Transition In DHSSCares	5/11/16, 6/1/16, 7/27/16, 8/3/16 9/21/16, 10/4/16, 11/3/16, 11/22/16 12/2/16, 12/29/16, 1/3/17, 3/10/17	One-On-One With FSC	
TA MDA/IFSP Section 9 And Edit Data In Charts For Closure	7/29/16, 8/13/16, 8/25/16, 9/15/16 10/5/16, 10/7/16, 10/28/16, 11/14/16 11/28/16, 12/13/16, 12/22/16, 12/23/16 12/28/16, 1/3/17, 3/10/17	One-On-One With FSC	
TA Monitor And Edit Data In Charts For Closure CDW North	4/6/16, 5/4/16, 6/22/16, 7/12/16 7/29/16, 9/22/16, 10/4/16, 11/3/16 11/22/16, 12/2/16, 12/29/16, 1/3/17 3/10/17		
TA MDA/IFSP Section 9	9/15/16, 10/5/16, 10/7/16, 10/28/16 11/14/16, 11/28/16, 12/13/16, 12/22/16 12/23/16, 1/5/17, 2/28/17, 3/17/17	One-On-One With FSC	
Continuous Monitoring And TA On Eligibility And Documentation Of Services In DHSSCares For Billing Purposes	7/1/16-3/20/17		Y

In addition to trainings, team members also created a DHSSCares User Guide to maximize accurate data entry. Data integrity reviews, that included more than one person running any one query, is also being performed to ensure valid and reliable data output. The value of accurate data as well as staff and program improvements were and will continue to be communicated via regional reports.

**Status of Monitoring and Accountability Implementation Team Improvement Strategy 1.2 Outcomes:**

*One short-term outcome has been met for Improvement Strategy 1.2. The team will strive to complete the second short-term outcome and the intermediate outcome throughout year two of implementation.*

**Table 41: Monitoring and Accountability Implementation Team Improvement Strategy 1.3- Outcomes**

<p><b>Improvement Strategy: 1.3</b> Ensure policies are in place to support high quality EI.</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Document processes in a consistent and manageable form for CDW and Providers.  <b>Short-Term:</b> Processes are recorded in a dependable, available format.  <b>Intermediate:</b> Updated Policy manual is accessible for CDW and Providers.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Table 42: Monitoring and Accountability Implementation Team Improvement Strategy 1.3- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.3: (1) Create a standardized protocol for monitoring of CDW (Review DEC Recommended Practices).	Protocol for periodic chart review	Yes; completed in Phase III.	Team members developed a protocol to guide monitors in where to find regulatory information.
1.3: (2) Create a process to monitor providers.	Protocol for Provider Monitoring	No; this activity will be addressed in later years of implementation.	Co-leads provided exit COSF and service delivery data EI Providers in an effort to begin identifying where they stand as it relates to service delivery. Team members will work towards developing a process to monitor providers.
1.3: (3) Put policies in place that support consistent and accurate data entry and foster high quality EI.	TA Memos	Yes; in progress. This activity will be ongoing and a focus of year two of implementation.	Team members will continue to identify and discuss frequent data errors and causes and create process/policies based on identified issues.

### Summary of Monitoring and Accountability Implementation Team Improvement Strategy 1.3

The Monitoring and Accountability Implementation Team Improvement Strategy 1.1 described how team members updated the audit tool used for monitoring and wrote the process for implementing monitoring (who will be monitored, how charts will be selected, when selection occurs, where monitoring occurs). In Improvement Strategy 1.3 the team developed clearly delineated protocol of instructions referring monitors where to find regulatory data in both the electronic and hard chart. This protocol was designed to ensure that all monitors were performing monitoring duties consistently therefore ensuring consistent and valid data collection, input and output.

While the provider monitoring protocol development is set for year 3 of implementation, in an effort to ensure that the policies in place to support high quality EI are being implemented by providers, exit COSF data as well as service delivery data were analyzed. Providers were furnished with exit COSF data in addition to service delay data that were out of compliance. This process was new under SSIP. Providers found this data enlightening and were more receptive and responsive to completing exit COSFs when services were delivered by two or more providers. This process assisted in improving the collection of exit COSFs. More specifically, there were 243 more exit COSFs collected this year than in the previous year.

The Monitoring and Accountability Implementation Team drafted eight TA memos designed to support consistent and high quality data entry and provide written process to guide EI staff and providers.

**Table 43: Monitoring and Accountability Implementation Team TA Memos**

<b>TA Memo</b>	<b>Purpose</b>
Service Determination, #16-04	This TA memo is to identify the appropriate parties to decide services as well as the guiding practices used to determine duration, frequency and intensity. According to IDEA regulation 34 CFR1 §303.344 (d)(B)(1), decisions about services, including location/environment, duration, frequency and intensity must be made by the child's IFSP team which includes the family, CDW FSC, the child's CDW Assessment team and applicable providers.
Interpreter Service, #02-1	The purpose of this TA memo is to describe the overall role of the interpreter when providing services and supports to Part C eligible children and their families with limited English proficiency. Specifically this TA memo will outline some steps required by the Birth to Three Early Intervention System in order to assure that interpreter services are made available, and who is responsible for payments when interpreter services are needed.
RBI Data Input in DHSSCares	The purpose of this process memo is to identify the location within DHSSCares where RBI data should be entered.
COSF Procedures for Split/Multiple Services	The purpose of this process memo is to describe the steps necessary to complete a COSF when there are multiple or split services.
RBI Flow and Data Entry	The purpose of this memo is to describe the steps necessary to enter RBI information in to DHSSCares.
RBI Billing Requirements	The purpose of the memo is to describe the steps required to be compensated after the completion of a Routines Based Interview (RBI), which is about the family's day-to-day life, focusing on the child's engagement, independence, and social relationships in order to create a strong relationship with the family, to obtain a rich and thick description of child and family functioning, and to result in a family-chosen list of functional and family outcomes/goals. The rate will be inclusive of completing the RBI, finalizing the functional outcomes and submitting all paperwork to CDW.
Third Party Liability (TPL) and non-ECE Claims	The purpose of the process memo is to describe the steps providers need to take when submitting Third Party Liability and non-Early Childhood Educator claims.
Adoption Policy	Developed in collaboration with DPH, the purpose of the policy is to guide the clinics on how to close a case in DHSSCares and open a new one when a child who is already in EI is adopted and provided a new name.

**Status of Monitoring and Accountability Implementation Team Improvement Strategy 1.3 Outcomes:**

*One short-term outcome has been met for Improvement Strategy 1.3. The team will strive to complete the second short-term outcome and the intermediate outcome throughout year two of implementation.*

**Table 44: Monitoring and Accountability Implementation Team Improvement Strategy 1.4- Outcomes**

<p><b>Improvement Strategy 1.4:</b> Develop a stakeholder driven model for data sharing</p>
<p><b>Outcomes:</b>  <b>Short-Term:</b> Summarize other data sharing group's data (ICC, DECC, Help Me Grow, Kids Count, etc.).  <b>Short-Term:</b> Create program evaluation report.  <b>Intermediate:</b> Increase awareness and expand the sharing for appropriate data to stakeholders.  <b>Long-Term:</b> An increased number of infants and toddlers will be able to demonstrate progress in the area of SE development.</p>

**Table 45: Monitoring and Accountability Implementation Team Improvement Strategy 1.4- Activity Status**

<b>Activity</b>	<b>Evidence/Data Source</b>	<b>Implemented As Intended? [Yes/No] Timeline</b>	<b>Success And Challenges</b>
1.4: (1) Create a systematic method for using monitoring data to answer questions about efficiency.	Document Analysis	Yes; this activity will be a focus of year 3 of implementation.	Team members will work towards using monitoring data to answer questions about efficiency.
1.4: (2) Expand data sharing.	Reportable Materials; PowerPoint Presentations, Educational Materials, Updated Websites	Yes; this activity will be a focus of year 3 of implementation.	Team members will explore reasons why we would want to share data, identify audience to share our data with and identify how we can share data with stakeholders (written report, presentations, brochures, etc.) and identify other ways we can use our data, other than APR and monitoring.

#### **Summary of Monitoring and Accountability Implementation Team Improvement Strategy 1.4**

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

#### **Status of Monitoring and Accountability Implementation Team Improvement Strategy 1.4 Outcomes:**

*None of the outcomes have been met for Improvement Strategy 1.4 as this is a focus of year 3 of implementation. The team will strive to meet them throughout year 3 of implementation.*

### **PHASE III SUMMARY AND ACCOMPLISHMENTS:**

As the Monitoring and Accountability Implementation Team has progressed through Phase III, collaborative discussions have identified additional and differing strategies and activities that will best sustain long-term SE outcomes amongst the children within Delaware's communities served by EI. The team has made great progress during this phase and the team effort has produced many accomplishments:

- Reviewed and compiled a listing of data sources that produce SE outcome data including provider data.
- Updated the audit tool used for monitoring and wrote the process with clearly delineated instructions for its correct use to reduce the likelihood of errors occurring during electronic and hard chart monitoring.
- Revised Family Survey to include questions directly related to SE development.
- Worked both independently as a team and collaboratively with the Assessment Practices Implementation team to address issues related to COSF
- Provided professional development to support staff responsible for data input
- Developed Cheat Sheets and User Guide for DHSSCares
- Added four UDOs to DHSSCares to track SE referral source
- Increased collection of exit COSF
- Discussed and drafted eight TA Memos

### **Focus for Year two of Implementation:**

In years two and three of implementation, the Monitoring and Accountability Implementation Team will:

- Continue to train Birth to Three staff on what data should be provided on an audit tool and where to obtain such data.
- Continue to provide professional development to support staff responsible for data input.
- Continue to communicate the value of accurate data entry.
- Continue to perform periodic chart review for timeline compliance.
- Continue to create process/policies based on identified issues.
- Continue to identify additional ways to utilize data collected by team.
- Encourage peer chart review.
- Begin conversations about data sharing to broader stakeholders.
- Discuss Provider monitoring protocol.

## **Combined SSIP Implementation Team COSF Meeting**

Each team drafted and submitted COSF questions to be discussed during the meeting. Meeting questions were reviewed by both team's co-leads, additional members of Birth to Three and three TAs (Sharon S. Ringwalt, *The IDEA Data Center and NECTAC*, Haidee Bernstein, *Westat* and Patrice Linehan, *NASDSE*). In addition, Sharon Ringwalt connected leads with Kathi Gillaspay from *NECTAC, and the ECO*

*Center with the FPG Child Development Institute* who also reviewed the questions and provided valuable input including sharing the most recent updates to the COS modules.

Agenda topics for the meeting included the following:

- Building Blocks
- OSEP Requirements
- Discuss Roles and Responsibilities of COSF Liaisons
- Discuss Roles and Responsibilities of FSC and COSF
- Review Link to the Child Outcomes Summary (COS) Modules
- Filling out the COSF
- Teaming and the COSF
- RBI and COSF
- COSF as Part of the IFSP Process
- Exit COSF

Accomplishments of Combined SSIP Implementation Team COSF Meeting:

- Completed Roles and Responsibilities of COSF Liaisons
- Discussed Roles and Responsibilities of FSC and COSF
- Reviewed Link to the Child Outcomes Summary (COS) Modules
- Reviewed Filling out the COSF
- Discussed Teaming and the COSF
- Discussed RBI and COSF
- Discussed Exit COSF

Continued discussion on the following is needed:

- Building Blocks
- OSEP Requirements
- Roles and Responsibilities of FSC and COSF
- Child Outcomes Summary (COS) Modules
- Filling out the COSF
- Teaming and the COSF
- RBI and COSF
- COSF as Part of the IFSP Process

Additional discussion related to COSF challenges can be addressed in both the Assessment Practices and Monitoring and Accountability Implementation Teams in year two of implementation. Additionally, implementation teams can choose to convene another combined meeting if members feel it necessary.

## ACRONYMS

AAP	American Academy of Pediatrics
ACF	Administration for Children and Families
ADA	Americans with Disabilities Act
AIT	Auditory Integration Therapy
AOTA	American Occupational Therapy Association
APR	Annual Performance Report
APTA	American Physical Therapy Association
ASHA	American Speech, Language and Hearing Association
ASQ: SE	Ages & Stages Questionnaires: Social Emotional
ASQ-3	Ages & Stages Questionnaires, Third Edition
AT	Assistive Technology
AVT	Auditory Verbal Therapy
BIA	Bureau of Indian Affairs
CADRE	Consortium for Appropriate Dispute Resolution in Special Education
CAPTA	Child Abuse Prevention & Treatment Act
CARE	Child-Adult Relationship Enhancement
CCDBG	Child Care Development Block Grant
CCR & R	Child Care Resource & Referral Agency
CDC	Centers for Disease Control and Prevention
CCDF	Child Care Development Fund
CDS	Center for Disabilities Studies
CDW	Child Development Watch
CEC	Council for Exceptional Children

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CMS	Centers for Medicare and Medicaid Services (HHS) (formerly HCFA, Health Care Financing Administration)
CoP	Community of Practice
COSF	Child Outcome Summary Form
CPI	Center for Parent Information and Resources (Houses Legacy Resources from NICHCY)
CQI	Continuous Quality Improvement
CSEFEL	Center for Social and Emotional Foundations for Early Learning
CSPD	Comprehensive System of Personnel Development (Early Childhood)
CYSHCN	Children and Youth with Special Health Care Needs
DD	Developmental Disability/ Developmental Delay
DDDC	Delaware Developmental Disabilities Council
DEC	Division of Early Childhood (of the CEC)
DHIN	Delaware Health Information Network
DHSS	Department of Health and Social Services
DMS	Division of Management Services
DOE	Department of Education
DPBHS	Division of Prevention and Behavioral Health Services
DPH	Division of Public Health
DSAMH	Division of Substance Abuse and Mental Health
DSCYF	Department of Services for Children, Youth and Their Families
EBP	Evidence-Based Practice
EC	Early Childhood
ECAC	Early Childhood Advisory Council
ECAP	Early Childhood Assistance Programs
ECCS	Early Childhood Comprehensive Systems
ECE	Early Childhood Education/Educator

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ECMHC	Early Childhood Mental Health Consultant/ Consultation
ECO Center	Early Childhood Outcomes Center
ECO	Early Childhood Outcomes
ECPC	Early Childhood Personnel Center
ECSE	Early Childhood Special Education
ECTA Center	Early Childhood Technical Assistance Center
EDGAR	Education Department General Administrative Regulations
EHDI	Early Hearing Detection and Intervention
EHS	Early Head Start
EI	Early Intervention
ELF	Early Learning Foundations
EPSDT	Early Periodic Screening Diagnosis and Treatment (a Medicaid program)
ESEA	Elementary and Secondary Education Act (also known as NCLB)
ESY	Extended School Year
FAPE	Free Appropriate Public Education
FFY	Federal Fiscal Year
FERPA	Family Education Rights and Privacy Act
FHSM	Family Health and Systems Management
FM	Focused Monitoring
FPG	Frank Porter Graham Institute
FSC	Family Service Coordinator
FTE	Full Time Equivalency
GACEC	Governor's Advisory Council for Exceptional Citizens
GEPA	General Education Provisions Act
GSEG	General Supervision Education Grant (OSEP-funded)

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HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HMG	Help Me Grow
HMO	Health Maintenance Organization
HRSA	Health Resources and Services Administration
HS	Head Start
ICC	Interagency Coordinating Council
IDEA	Individuals with Disabilities Education (Improvement) Act of 2004
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IHE	Institution of Higher Education
ITCA	Infants and Toddlers Coordinators Association
JFC	Joint Finance Committee
LAUNCH	Project LAUNCH- Linking Actions for Unmet Needs in Children's Health
LEA	Local Education Agency (or school system)
LICC	Local Interagency Coordinating Council
LRE	Least Restrictive (educational) Environment
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureau
MCO	Managed Care Organization
MDA	Multi-Disciplinary Assessment
MDE	Multi-Disciplinary Evaluation
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NAEYC	National Association for the Education of Young Children

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NASBE	National Association of State Boards of Education
NASDSE	National Association of State Directors of Special Education
NCLB	No Child Left Behind
NICHCY	National Information Center for Children & Youth with Disabilities
NICU/PICU	Neonatal Intensive Care Unit/Pediatric Intensive Care Unit
OA	Operation Agreement
OAG	Office of the Attorney General
OCR	Office of Civil Rights (of U.S. Department of Justice)
OEL	Office of Early Learning
OMB	Office of Management and Budget
OSEP	Office of Special Education Programs (U.S. DOE)
OSERS	Office of Special Education & Rehabilitative Services (U.S. DOE)
OT	Occupational Therapy
PA	Prior Approval /Prior Authorization
Part B	Special Education (ages 3 to 22) of IDEA – Part of IDEA that regulates educational services to children with disabilities ages 3 through 21
Part C	Early Intervention (ages birth to 3) of IDEA – Part of IDEA that regulates early intervention services to children with disabilities ages birth to 36 months and their families
PCIT	Parent-Child Interaction Therapy
PCP	Primary Care Provider/Physician
PEDS	Parents' Evaluation of Developmental Status
PIC	Parent Information Center
POC	Purchase of Care
PT	Physical Therapy
PTI	Parent Training and Information
RBI	Routines-Based Interview

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RDA	Results-Driven Accountability
RN	Registered Nurse
RRCPP	Regional Resource Center Program
SAP	State Advisory Panel
SC	Service Coordinator/Coordination
SCHIP	State Children's Health Insurance Program
SE	Social Emotional
SEA	State Education Agency
Section 619	Preschool Section of the IDEA – The portion of IDEA that deals solely with the preschool program
SFY	State Fiscal Year
SHADE	Family SHADE- Family Support and Healthcare Alliance Delaware
SICC	State Interagency Coordinating Council
SIG	State Improvement Grant
SIMR	State-Identified Measurable Result
SLP	Speech/Language Pathologist
SPED	Special Education
SPP	State Performance Plan
SM	<i>Survey Monkey</i>
SSDI	Social Security Disability Income
SSI	Supplemental Security Income (Social Security)
SSIP	State Systemic Improvement Plan
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TCIT	Teacher-Child Interaction Training
ToA	Theory of Action

TRACE	Tracking, Referral and Assessment Center for Excellence
TRICARE	Military Health Care System (formerly Civilian Health and Medical Program of the Uniformed Services or CHAMPUS)
Triple P	Positive Parenting Program
WECEC	Wilmington Early Care and Education Council
UD	University of Delaware
UDO	User Defined Option

## REFERENCES

ECTA (2010-2017). Outcomes Measurement: Federal Requirements Retrieved from [http://ectacenter.org/eco/pages/fed\\_req.asp](http://ectacenter.org/eco/pages/fed_req.asp)

Child Care and Development Fund (CCDF) (2016). Plan for State/Territory: Delaware FFY 2016-2018 Retrieved from [http://dhss.delaware.gov/dhss/dss/files/ccdfplan\\_ffy2016\\_2018.pdf](http://dhss.delaware.gov/dhss/dss/files/ccdfplan_ffy2016_2018.pdf)

*The National Center for Medical Home Implementation* (2016). Retrieved from <https://medicalhomeinfo.aap.org/Pages/default.aspx>

*The National Survey of Children with Special Health Care Needs* (2010). Retrieved from <https://www.cdc.gov/nchs/slait/cshcn.htm>

ED-HHS Policy Statement on Family Engagement: From the Early Years to the Early Grades (2016). Retrieved from <https://www2.ed.gov/about/inits/ed/earlylearning/families.html>

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## APPENDICES

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

Appendix B- ECCS COLLN All Swim Lanes

Appendix C- Statewide CDW HMG Referral Form

Appendix D- Developmental Screening Communication Collaborative

Appendix E- Developmental Screening Info graphic

Appendix F- Developmental Screening FAQ Info graphic

Appendix G- Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)

Appendix H- RBI Billing Requirements

Appendix I- Provider Referral Form

Appendix J- RBI Family Statement

Appendix K- RBI Flow and Data Entry

Appendix L- Primary Care Provider Outreach Pilot Survey Data

Appendix M- Assessment Practices Implementation Team Tool Comparison Eligibility

Appendix N- Assessment Practices Implementation Team Tool Comparison Chart