

Indicator 11:
Delaware State
Systemic
Improvement
Plan (SSIP)
Phase III Year 2

April 2

2018

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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%	64.89%		

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

Measurement and Data Analysis

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

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

Delaware has exceeded initial expectations established by a range of stakeholders in Phase I. Although 2014 to 2015 demonstrated a slight decrease, Phase III Year 2 (P3Y2) saw social-emotional outcomes

continue to rise moving from 61.15% to 64.89%, representing the percent of children “who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.”

Another notable point is that the number of exit Child Outcome Summary Forms (COSFs) continued to rise from Phase III Year 1 (P3Y1) to P3Y2. Delaware will continue to 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, Delaware expects to continue with updated improvement strategies.

EXECUTIVE SUMMARY

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

One of the more important achievements has been the improvement in the number of child outcome summary (COS) forms being submitted and the increased overall quality of these forms, more accurately reflecting scores in all three areas of child outcomes.

Another additional ongoing success of the SSIP include the achievements made by the Collaboration Implementation Team and the Family Involvement Implementation Team, which have now combined efforts. This collaboration builds on the many other projects that increase the number of screenings and strengthen provider outreach. Awareness materials are reaching families, making them better aware of available resources and community supports. One of the goals for the upcoming year is to broaden the network where families can access program materials. Members on this team also actively collaborate with stakeholders from the Early Childhood Comprehensive Systems Impact Grant, Help Me Grow, and the Delaware Early Childhood Council to strengthen the developmental screening process in Delaware.

The implementation of the RBI was one of the more significant challenges that Delaware has experienced over the past two phases of the SSIP. Through evaluation it was determined that these routine-based interviews were carried out with inconsistent fidelity. That, and insufficient infrastructure prevented Delaware from successfully supporting this model. As a result, SSIP stakeholders on the Professional Development Implementation Team, Assessment Practices Implementation Team, and Monitoring and Accountability Implementation Team convened and introduced a new model that is a functional family assessment that fits in better with the Delaware infrastructure. We expect this to be implemented within the next year. The new Functional Family Assessment process will be implemented in an integrated way within the early intervention practices and will consider IFSP, MDA, and COSF processes.

The integration of these teams will support improved practices and Delaware will continue to evaluate this projects along with the other SSIP activities. Newly created opportunities for data sharing and materials such as infographics will allow Delaware to share and distribute data and information more readily and in an easier to understand format.

Phase III Year 2

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

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

source: Delaware Education Research and Development Center

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

Stakeholder Involvement

Phase I described the wide breadth of stakeholders engaged in designing Delaware's SSIP. Phase II saw an increased level of participation as additional agency and organization representatives participated in SSIP meetings and activities. During Phase III, these teams began to cross-collaborate as goals and activities bridged the individual implementation teams. Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remain actively engaged in decision-making activities and providing leadership and guidance for SSIP activities. Meetings, conference calls and emails are the primary channels whereby stakeholders are informed of ongoing SSIP activities. For detailed information about how stakeholders were involved in previous phases, please review previous SSIP reports on <http://www.dhss.delaware.gov/dhss/dms/birth3pubs.html>

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

Collaboration with Technical Assistance (TA) Providers

Delaware received ongoing assistance from several Office of Special Education Programs (OSEP) Technical Assistance Providers, particularly IDC, DASYS, and NCSI. Assistance came in the form of conference calls, facilitation of meetings, brainstorming, and structuring progress steps and goals. These TA Providers also assisted Delaware in creating infographics, a visual image such used to represent information or data (see Appendix A – SSIP Infographic) and providing a venue for stakeholders to share and review online resources. Their ongoing guidance has proved invaluable, not only throughout the SSIP development and implementation process but advising with other program-related activities including the development of awareness materials and guidance documents.

In addition, in August 2017, Birth to Three met with OSEP to review the State Systemic Improvement Plan Phase III Year 1 (P3Y1) report submitted in March 2017. OSEP's feedback was mostly positive, with strengths noted in the areas of continuous coordination, multiple and diverse stakeholder involvement, having a consistent contact person, and creating a supportive infrastructure.

Five Teams Collapse into Two

As goals and activities bridged the individual implementation teams, after submission of the SSIP Phase III Year 1 (P3Y1) plan in 2017 stakeholders decided to combine team efforts and form two cross-collaboration teams to become more effective in moving forward with next steps and goals. Team One formed a union between Collaboration and Family Involvement, and Team Two combined members from Assessment Practices, Professional Development, and Monitoring and Accountability. Cross collaboration among these two teams will position Delaware to move towards sustainability with many of the activities being implemented.

Team One: Collaboration and Family Involvement

The goal of Team One for P3Y2 was to align statewide developmental screening, provider outreach, informational materials and community resources. Topics for consideration included data collection, outreach efforts, informational materials, and program evaluations.

Phase III Year 1 (P3Y1) Collaboration Team

Goals and Accomplishments:

- 1. P3Y1 Goal:** Continue integration and collaboration across EI stakeholders-leadership from ICC.

Work Accomplished: The team successfully collaborated with the Child Care Development Block Grant (CCDBG) and helped draft the statewide expulsion statement. Team members continued collaboration with the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) Initiative. Then, the original members of the Collaboration Team revised their next steps and decided that this first goal was too broadly written. Instead, Delaware will focus on collaboration across physician outreach, developmental screenings and resource development and distribution activities. Regarding developmental

screening, the Collaboration Team will be working closely w Help Me Grow (HMG) and the Early Childhood Comprehensive Systems grant to maximize physician outreach, increase developmental screenings across childcare and more targeted work for children who are not eligible for early intervention. Specifically, a Memorandum of Understanding is being developed with United Way/HMG to track children and provide care coordination for children who are not eligible for early intervention. In addition, the Collaboration Team is working very closely with the Office of Early Learning in Delaware’s Department of Education to increase the skill level of child care providers to conduct screenings and make referrals to Part C, Part B and HMG.

2. **P3Y1 Goal:** Continue data collection on number of screens completed on children aged birth to three and the number of those that are high risk- leadership from HMG and ECCS Impact Grant.

Work Accomplished: Delaware had a minor setback in funding for STARS level childcare and therefore screening did not expand as originally intended. ASQ in child cares didn’t increase because of funding. Delaware is in a position to receive additional funding for the STARS program and therefore screening will expand more in the next fiscal year. Essentially, this additional funding will allow the State to increase screening training in child care by regenerating the momentum for STARS levels 3, 4, and 5 to conduct additional screenings as well as maintain a statewide database. Additionally, Birth to Three has submitted a budget increase in preparation for an 8.6% growth to accommodate new referrals. If funded, Birth to Three can act on those referrals with follow up assessment and service coordination.

3. **P3Y1 Goal:** Continue discussion around the need for an integrated database to avoid over screening of children-leadership from the Delaware Early Childhood Council.

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

4. **P3Y1 Goal:** Develop a process to track referrals to ensure collaborated and coordinated follow-up-leadership from the Monitoring and Accountability Implementation Team.

Work Accomplished: The current DHSS CARES system tracks referrals that have a PEDS or ASQ screen. There is a year’s worth of data and since small state need to build more data for better analysis. Currently approximately 17% of all referrals are reported to have had a PEDS or ASQ screening identified as part of the referral.

5. **P3Y1 Goal:** Discuss ways to assure the screenings connected to a referral have available services and resources—leadership from the Family Involvement Implementation Team.

Work Accomplished: Birth to Three is coordinating the revision of the Parent and Family Brochures, the Family Guide, and reviewing the Family Rights document and ensuring additional resources are available for distribution. Delaware has expanded the opportunities for stakeholder input into these documents and assures that families will serve as an integral part of

the development of awareness materials. Additionally, Birth to Three is committed to building on the existing awareness campaign by increasing the distribution outreach materials to regularly include libraries, state service centers, WIC clinics, and other community facilities, in addition to the current hospital and physician outreach. Delaware also taking a lead in Trauma Informed Care and gathering resources for those children and families who have experiences adverse childhood trauma.

- 6. P3Y1 Goal:** Align and disseminate resources and materials developed by EI stakeholders regarding developmental screening and EI intervention- align with the Family Involvement Implementation Team Primary Care Provider Outreach plan.

Work Accomplished: Delaware began to survey and reach more healthcare providers in order to improve collaboration, communication, and referrals. See Appendix B for PowerPoint Presentation on Primary Care Provider Outreach Project.

Phase III Year 1 (P3Y1) Family Involvement Team

Goals and Accomplishments:

- 1. P3Y1 Goal:** Continue to research and identify training opportunities for coordinators to attain and maintain an appropriate understanding of SE development and family-driven concerns.

Work Accomplished: Birth to Three hired a new Training Administrator, as such, work on this goal was incremental. However, since her hire, the new Training Administrator has had the opportunity to attend Trauma Informed Approach training hosted by Wilmington University and sponsored by DHSS. This Train the Trainer process will enable the Training Administrator to provide training to staff at Birth to Three and Child Development Watch so they may be able to better serve families. See Appendix C for additional information.
- 2. P3Y1 Goal:** Continue to support the Primary Care Provider Outreach pilot.

Work Accomplished: The outreach pilot began in July 2017 in Kent and Sussex counties. The target audience was pediatric primary care providers and staff. Since July, the program has provided educational training to over 125 providers and staff in 20 offices. See Appendix B for additional information.
- 3. P3Y1 Goal:** Develop a *Menu of Participation* for families.

Work Accomplished: Personnel turnover did not allow for substantiated progress to be made on this goal.
- 4. P3Y1 Goal:** Update the CDW/Birth to Three brochure.

Work Accomplished: Review of current version was initiated but personnel turnover did not allow for substantiated progress to be made on this goal.

- 5. P3Y1 Goal:** Continue to update the Family Guide and disseminate once completed.
Work Accomplished: Review of current version was initiated but personnel turnover did not allow for substantiated progress to be made on this goal.
- 6. P3Y1 Goal:** Continue to review family engagement models.
Work Accomplished: This goal will be revisited over the next reporting period.
- 7. P3Y1 Goal:** Continue to create a databank of resources and services for Service Coordinators to use to refer families.
Work Accomplished: Personnel turnover did not allow for substantiated progress to be made on this goal.

Team One Collaboration and Family Involvement Plans for Phase III Year 2 (P3Y2):

While positive interagency collaboration and increased opportunities for family participation are ongoing statewide activities, Team One strives to strengthen its existing cross-collaborative relationships. Although this new cross collaboration team has not convened yet in 2018, work will resume and monthly meetings and conference calls will resume in May 2018. Through a series of meetings and the assistance of federal TA providers set the following activities as goals particularly for P3Y2:

- 1.** 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.
- 2.** Implement and evaluate the Memorandum of Understanding w HMG/United Way.
- 3.** Participate in project to establish an integrated database. (While DECC is taking lead on this project, Birth to Three will provide input in determining critical data elements and how child outcomes will be included.)
- 4.** Monitor and analyze referral data once a large enough data pool is received. This analysis will aid in answering if the push for developmental screenings is helping with early identification.
- 5.** Convene meetings, webinars, etc. for families to review Birth to Three materials for updates and new developments. Families and stakeholders will also assist in identifying new distribution outlets for awareness materials.
- 6.** Continue to reinforce outreach activities to community pediatricians and targeting neurologists, geneticists, neonatologists and other high-risk specialty physicians.
- 7.** Work Department-wide to develop a sustainable provider-outreach plan that extends beyond the Delaware Part C SSIP.
- 8.** Continue working with Maternal Child Health-DPH to become part of Delaware Thrives; Child Development Watch would be included as a resource on this website.

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

The original goal of Team Two for P3Y2 was to determine how to align the MultiDisciplinary Assessment (MDA), Routines-Based Interview (RBI), Child Outcomes Summary Form (COSF) and Individualized Family Service Plan (IFSP). Topics for consideration included data collection, the intake process, training, quality of COSF, parent-informed COSF, how RBIs and IFSPs impact transition, and alignment of informational materials.

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

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

Phase III Year 1 (P3Y1) Professional Development Team

Goals and Accomplishments:

- 1. P3Y1 Goal:** Continue to discuss the role and expectations of coaches
Work Accomplished: Delaware had chosen to reevaluate continuation of RBI; this goal is no longer applicable
- 2. P3Y1 Goal:** Continue to discuss future training responsibilities
Work Accomplished: Needs assessment was conducted for Child Development Watch; Training Administrator is following up and scheduling appropriate trainings.
- 3. P3Y1 Goal:** Develop a criteria/competencies for Delaware Certification standards
Work Accomplished: Personnel turnover did not allow for substantiated progress to be made on this goal.
- 4. P3Y1 Goal:** Continue to discuss building capacity
Work Accomplished: Delaware had chosen to reevaluate continuation of RBI; this goal will be revisited based on future activities
- 5. P3Y1 Goal:** Continue to discuss completing an RBI for 6 months and/or annually to update IFSP
Work Accomplished: Delaware had chosen to reevaluate continuation of RBI; this goal is no longer applicable
- 6. P3Y1 Goal:** Continue to discuss use of RBI to inform the MDA
Work Accomplished: Delaware had chosen to reevaluate continuation of RBI; this goal is no

longer applicable

- 7. P3Y1 Goal:** Continue to discuss use of RBI to inform initial and exit COSF
Work Accomplished: Delaware had chosen to reevaluate continuation of RBI; this goal is no longer applicable
- 8. P3Y1 Goal:** Continue to discuss MEISR and COSF
Work Accomplished: Personnel turnover did not allow for substantiated progress to be made on this goal.
- 9. P3Y1 Goal:** Gather data and feedback on the utilization of the *Routines-Based Interview (RBI) Flow for Children Eligible by Developmental Delay (DD) and Informed Clinical Opinion (ICO)* and the *Routines-Based Interview (RBI) Flow for Children Eligible by Established Condition (EC)* to track trends and identify challenges.
Work Accomplished: Delaware had chosen to reevaluate continuation of RBI; this goal is no longer applicable

Phase III Year 1 (P3Y1) Assessment Practices Team

Goals and Accomplishments:

- 1. P3Y1 Goal:** Define what would impact outcomes data.
Work Accomplished: The team made a concerted decision to shift its focus to discussions that will hopefully have an immediate impact on outcomes data. Discussions occurred regarding the impact that RBI had on the assessment process and the tools that were used through the process. Since Delaware has chosen to reevaluate continuation of RBI, this goal will be redefined based on future activities.
- 2. P3Y1 Goal:** Identify new co-leads for this team.
Work Accomplished: This goal is no longer necessary as this team has become part of a cross-collaborative team.
- 3. P3Y1 Goal:** Identify path forward for this team
Work Accomplished: The team will met to 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. Since Delaware has chosen to reevaluate continuation of RBI, this goal will be redefined based on future activities

Phase III Year 1 (P3Y1) Monitoring and Accountability Team

Goals and Accomplishments:

- 1. P3Y1 Goal:** Continue to train Birth to Three staff on what data should be provided on an audit tool and where to obtain such data.

Work Accomplished: Audit tool was updated to educate those who are auditing charts on the data to be monitored as well as where to locate necessary data.
- 2. P3Y1 Goal:** Continue to provide professional development to support staff responsible for data input.

Work Accomplished: Staff trainings continued through the year. Training will undergo review for trainer effectiveness and user skill retention. Much work was accomplished on increasing the number of Child Outcome Summary (COS) Forms received and entered into DHSSCares. This directly impacted the results of Indicator 3—Child Outcomes on the Annual Performance Report.
- 3. P3Y1 Goal:** Continue to communicate the value of accurate data entry

Work Accomplished: Daily communication made on the importance of accuracy of data entry.
- 4. P3Y1 Goal:** Continue to perform periodic chart review for timeline compliance

Work Accomplished: Birth to Three conducts chart review annually; identification of instances of noncompliance necessitate more frequent chart reviews.
- 5. P3Y1 Goal:** Continue to create process/policies based on identified issues.

Work Accomplished: In order to track referrals that were made with an accompanying screening, Child Development Watch continued to increased data collection regarding referrals received from PEDS And ASQ screenings through the utilization of User Defined Options (UDO) that were previously added to DHSSCares in July 2016
- 6. P3Y1 Goal:** Continue to identify additional ways to utilize data collected by team.

Work Accomplished: Enhanced data collection efforts and warehousing to provide valuable information necessary to identify needs and forecast trends.
- 7. P3Y1 Goal:** Encourage peer chart review.

Work Accomplished: Personnel turnover did not allow for substantiated progress to be made on this goal.
- 8. P3Y1 Goal:** Begin conversations about data sharing to broader stakeholders.

Work Accomplished: Personnel turnover did not allow for substantiated progress to be made on this goal.
- 9. P3Y1 Goal:** Discuss Provider monitoring protocol

Work Accomplished: Personnel turnover did not allow for substantiated progress to be made on this goal.

Team Two Professional Development, Assessment Practices, and Monitoring and Accountability Plans for Phase III Year 2 (P3Y2)

Team Two convened as a cross-collaboration team and will include those stakeholders previously assigned from the Professional Development, Assessment Practices, and Monitoring and Accountability Implementation Teams. Although this new cross collaboration team has not convened yet in 2018, work will resume and monthly meetings and conference calls will resume in May 2018. In addition, now that state employees can access previously restricted training and collaboration websites, Delaware plans to utilize sites that participants can access to share and review documents. This access will allow stakeholders to remain actively involved.

Though a series of meetings and the assistance of federal TA providers set the following activities as goals for P3Y2:

1. Identify process to ensure functional family outcomes are included on the IFSP.
2. Review data system training for effectiveness and user skill retention.
3. Revise processes/policies based on issues identified through monitoring.
4. Create provider monitoring protocol.
5. Determine practicality of self-audits for compliance timelines and peer review for functional outcomes.
6. Collaborate with Part B/619 to create a comprehensive Child Outcomes/Building Blocks Manual
7. Determine how to improve data sharing and communication with stakeholders.

Moving Forward

A subgroup of Team Two, which includes stakeholders from the previous Personnel Development, Assessment, and Monitoring and Accountability Implementation Teams, has already met to establish a solid foundation for a Delaware-specific functional family assessment process. This development process will incorporate input from a diverse set of stakeholders with focus on the need to build more supports into the infrastructure to ensure system sustainability. Both Team One and Team involve stakeholders that are not only implementing new practices, but their programs are also intended beneficiaries of the practices; essentially, buy-in already exists.

Collaboration with OSEP and their federally funded centers will be another focus for Phase III Year 3 (P3Y3). Stakeholders are determining the level and of support that might be needed over the next year, including the level and type of assistance Delaware might need ensuring smooth integration of the new family focused assessment process into existing MDA, IFSP, and COSF processes. In addition, in August 2018, Delaware will apply for a technical assistance opportunity involving the implementation of the Pyramid Model. This opportunity would allow Delaware stakeholders to work with the National Center for Pyramid Model Innovations (NCPMI) to “guide a state leadership team, establish a professional

development network of external coaches, train local implementation programs, and guide the use of data decision-making by state and local programs.” (NCPMI brochure)

In addition to having stakeholders work across SSIP-specific initiatives, Delaware will continue active participation across statewide initiatives, particularly:

- Delaware Early Childhood Council Subcommittees, particularly Early Learning Data & Policy, and Healthy Young Children & Families
- Home Visiting
- Project Launch
- Early Childhood Comprehensive Systems Impact Grant

The Delaware Early Childhood Council has also instituted an Early Learner Survey for all Kindergarteners. This survey will help assure that early childhood programs are ensuring developmentally appropriate practices. The survey will be able to capture trends and progress through social emotional development data.

The governor’s initiative to support this trauma-informed approach will allow our family service coordinators to better work with families and children with adverse childhood experiences. Activities regarding the trainings on the Trauma Informed Approach will include space on the delaware.gov website to facilitate access to supporting materials for staff working with children and families. Eventually this training and mindset will be infused with every program in the state. (See Appendix A)

Future collaboration efforts will also include continuing opportunities to reflect with practitioners during the ongoing Healthcare Provider Outreach Project (See Appendix B).

In order for many of these changes to be sustainable, policies on documentation need to initiate within the Birth to Three office. The more that everyone feels ownership and embeds the activities into their own work responsibilities the more it will be sustainable.

IDC has created Data Processes Toolkits. For all of the processes carried out, 619 data, SSIP, APR, there are OSEP-sponsored technical assistance providers that will meet with Delaware to assist in documenting job responsibilities, data collection timelines, and methods of analysis. These discussions would result in a handbook of each of the processes. As process documentation has been identified as a need, Delaware plans to reach out to IDC for guidance and support.

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

Appendix A – SSIP Infographic



Delaware's State Systemic Improvement Plan (SSIP) *Improving Social Emotional Outcomes*

What is the SSIP?

A multi-year plan for how the state improves outcomes for children with disabilities served under IDEA. It is part of the Office of Special Education Programs' (OSEP) Results Driven Accountability framework (RDA). The SSIP is indicator 11 of the the State Performance Plan (SPP).

What is the SIMR?

Delaware's State Identified Measurable Result (SIMR) is to increase the number and percentage of infants and toddlers who demonstrate progress in the area of social emotional development for Part C eligible children.

SSIP Phases I & II

Phase I
2013-2015



- ✓ Analyzed Data & Infrastructure
- ✓ Chose a SIMR
- ✓ Developed a Theory of Action
- ✓ Drafted Improvement Strategies

Phase II
2015-2016

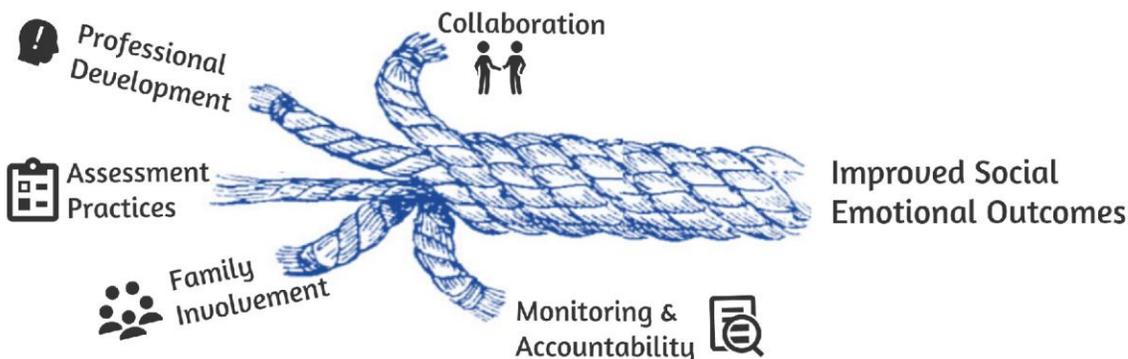


- ✓ Strengthened Infrastructure
- ✓ Supported programs to implement strategies
- ✓ Planned for Evaluation

Tying it all Together in Phase III

2017-2020

Implement Improvement Strategies in Five Strands of Action



Evaluate

- ❓ To what degree did we accomplish the improvement strategies in each strand?
- ❓ How will we sustain the improvement strategies in each strand?
- ❓ Are social emotional outcomes improving?



Delaware Health and Social Services
Birth to Three Early Intervention System Part C



Appendix B – Healthcare Provider Outreach Project

Child Development Watch Healthcare Provider Outreach for Kent and Sussex Counties



Dr. Jessica Heesh Butler

Purpose of Provider Outreach

- **Child Development Watch (CDW) is using a statewide, cohesive approach to engaging children, families, and Primary Care Providers (PCP) in Delaware’s Early Intervention programming.**
- **As Primary Care Providers guide efforts of comprehensive pediatric care in our state, Child Development Watch initiated a Kent and Sussex county pilot to educate providers and perform program evaluation amongst CDW and PCP offices.**
- **This outreach reviewed and analyzed the effectiveness of CDW operations, PCP knowledge and perceptions of Early Intervention.**



Outreach Details

- Outreach pilot began in July 2017
- Outreach was for Kent and Sussex counties
- The target audience was pediatric primary care providers and staff
- This outreach effort reached over 125 providers and staff and 20 offices were provided an educational training.



Goals

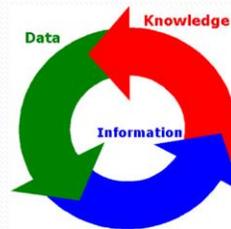
- **To educate providers and staff in Kent and Sussex counties**
- **Evaluate the effectiveness of CDW referrals and services**
- **To further support Delaware's Medical Home initiatives by providing and supporting comprehensive, coordinated, compassionate, and culturally effective care coordination**
- **To develop and sustain ongoing efforts of community engagement to align in building, managing and sustaining comprehensive pediatric service delivery.**

Outreach Activities

1. Developed Referral Form
2. Developed CDW At A Glance
3. Initiated healthcare office visits and education with materials disseminated to staff and families
4. Completed healthcare office surveys.
5. Perform Outreach Evaluations

Outreach Evaluation Plan

- **Evaluations:**
 1. Tracked monthly compliance on use of new **referral form**
 2. Trended qualitative data feedback on **provider office visits**
 3. Trended responses from **PCP survey**
 4. Mined data and analyzed **CDW referral data for 2017**



Referral Form Data

- July to December 2017
 - Approx. 85% of non Nemours providers are using referral form
 - **>50% of referral forms are incomplete**

Area for Improvement

- Providers are using referral form but not at 100% completion. Concerns include:
 - Not enough room to write referral information
 - Supplementing reason for referral with additional medical records
 - Blank areas on form (parent demographics, primary language)
- In 2018, aim to track # of referrals that include ICD10 codes to support sustainable EI billing



Provider Office Visit Feedback

- Healthcare offices were provided formal CDW education
- Common trends/feedback included:
 - CDW Referral: Great form, more efficient form, not enough room to write on the referral form
 - CDW Program Process (Intake, Eligibility, MDA, Care Coordination): Great process, no complaints from any office visited
 - MDA Document/receipt of document: Approx. 25% of practices informed that they did not receive timely MDA reports; requested timely contact from FSC regarding family updates
 - Awareness of CDW programming: 10% of practices were not aware of CDW services
 - PCP Office requests of CDW: 40% requested the entire IFSP to be sent for the child's medical chart
 - MCO feedback: Great resource, Family Voices helpful; 85% of offices aware of Family Voices resource
- Are CDW families getting what they need/ any family complaints?
 - o% of PCP offices reported family/caregiver complaints of CDW services

Provider Survey Data

- Provider office survey was sent to 35 offices
- 51% response rate
- Total of 11 questions
- Took less than 3 minutes to complete
- Sent fax and email links to Kent and Sussex PCP practices to complete survey



Survey Outcomes

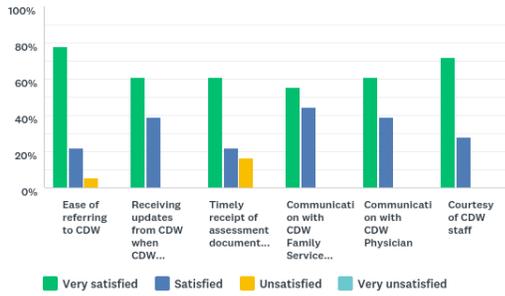
Question 1-Question 11 responses:

- 1- Roles responded:
 - MD, RN, NP, LPN, CC, Other
- 2- County of healthcare practice:
 - Kent 30%, Sussex 70%
- 3- Satisfaction of CDW services:
 - Very Satisfied 65% , Satisfied 35%, 0% Unsatisfied
- 4- Level of comfort referring to CDW:
 - Very comfortable 70%, Comfortable 30%



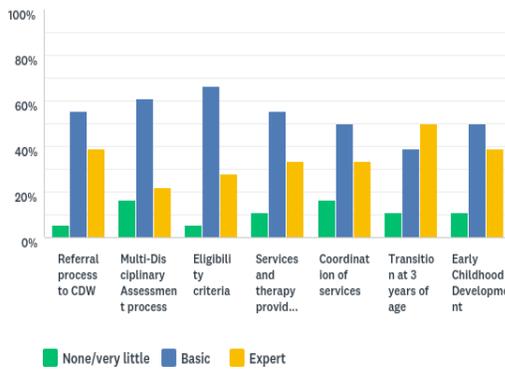
• 5- Satisfaction of CDW practices and services:

Q5 How satisfied are you with the following Child Development Watch practices and services?



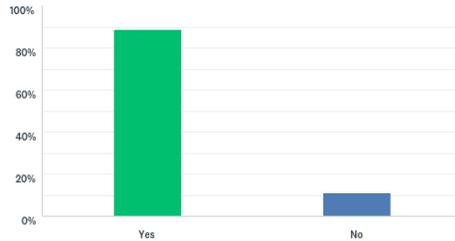
• 6- Indicate current level of knowledge in:

Q6 For each of the following topics, please indicate your current level of knowledge



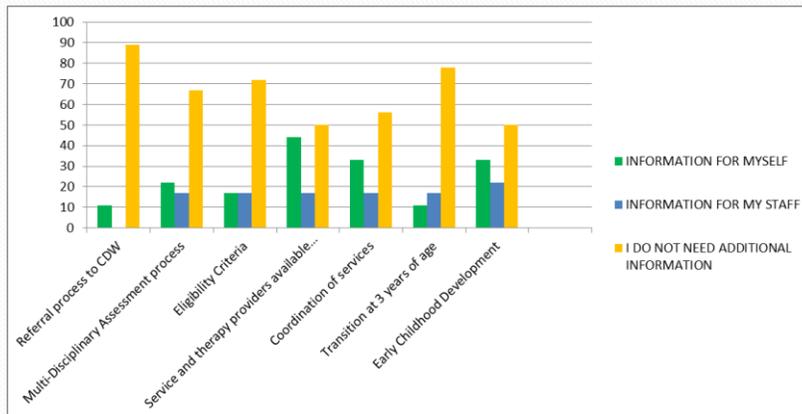
• Have you received a visit from someone at CDW

Q7 Have you received a visit from someone at CDW to talk about the program? If yes, was it helpful?



- 100% of respondents who had an office visit stated that it was “helpful”.
- Other comments provided:
 “Nice to have visual contact”, “Good info on referral”, “Staff was able to ask questions”, “Great handouts for families”

• Topics you would like more information on



- 9- Do you need more CDW brochures for families
 - Yes 61%
 - No 39%

- 10- Additional topics related to EI and CDW to learn about
 - None

- 11- Include name below
 - Responses withheld

Statewide Referral Data 2017

- Total CDW Referrals North and South (2017)= 2,270
 - Total PEDS Referrals: 330 (Jan 2017-Jan 2018)
 - 14.5% of total CDW referrals are PEDS
 - 85.5% of total CDW referrals are Non PEDS

- Total Referrals CDW North
 - 1182

- Total Referrals CDW South
 - 1088

Sources of CDW South Referrals 2016-2017

Source of Referral	# of Referrals in 2016	Source of Referral	# of Referrals in 2017
Childcare	2%	Childcare	2%
DFS	8%	DFS	5%
Doctors	45%	Doctors	47%
Hospitals	12%	Hospitals	11%
NHS	1%	NHS	1%
Outside Agencies	4%	Outside Agencies	3%
Parents/Guardians	26%	Parents/Guardians	30%
State Agencies	2%	State Agencies	1%

Success in numbers

- Initially, evaluation targets were developed for this Healthcare Provider Outreach pilot. Many of those targets have been met:
 - Target 1- >80% compliance in provider use of referral form; **85% of non-Nemours providers use referral form**
 - Target 2- 50% of targeted Kent and Sussex Pediatric Primary Care Providers visited; **57% were visited**
 - Target 3- Decrease *Incomplete* referrals by 10%; **To be measured in 2018**
 - Target 4- Decrease *Ineligible* referrals by 20%; **To be measured in 2018**

Outreach Success continued...

- Healthcare Provider Outreach has:
 - Strengthened relationships with healthcare providers
 - Re-defined systems processes amongst CDW and partners in care; resolved large referral system issues with one of our greatest referral sources
 - Put a face to a name for CDW and providers
 - Allowed for ongoing collaboration with Building Bridges and Delaware's Autism Initiatives, American Academy of Pediatrics Delaware Chapter, Help Me Grow/211, and other community partners
 - Through healthcare provider visit discussions, discussion surfaced on maximizing the utilization of already developed Delaware based platforms to share relevant pediatric healthcare information across multiple medical and developmental sectors. This innovative thinking has now been presented to the AAP and relevant partners for consideration.
 - Most importantly, it has furthered the connection between providers, families and Early Intervention by using a collaborative approach to educate and engage our community partners to improve child and family outcomes.

Positive Outcomes as a Result of Early Intervention

- **Family Survey 2017- Based on the data from the telephone, online, and mail surveys completed by families of children receiving CDW services:**
 - 96.8% of families were satisfied overall with the services they received;
 - 94.6% of families reported a positive perception of the life change in themselves and their family, in relationship to their experience with CDW;
 - 96.1% of families reported a positive change in their child's behavior and abilities since the beginning of their participation in CDW;
 - 94.7% of families reported a positive family-program relationship with CDW staff;
 - 94.3% of families reported a positive perception of family decision-making opportunities with CDW;
 - 94.4% of families reported a positive perception of the program's accessibility and receptiveness;
 - 94.0% of families reported a positive perception of their child's and family's quality of life;
 - 90.2% of families reported a positive perception about their understanding of social-emotional development as a result of the program;
 - 85.3% of families reported that they believe their insurance will cover their child's health care needs, and 53.7% of families reported knowing how to appeal an insurance denial.

Positive Outcomes as a Result of Early Intervention cont.

- **For the eighth year in a row, the survey incorporated questions about three federal outcomes, which are: “Families Know their Rights,” “Families Effectively Communicate their Children’s Needs,” and “Families Help their Children Develop and Learn.” Survey responses indicated:**
 - 89.1% of families responded that they knew their rights related to participating in the CDW program;
 - 97.4% of families agreed they could effectively communicate their children’s needs; and
 - 94.6% of families reported learning to help their child develop and learn.

2017 Child Outcomes

2017 Child Outcomes		
Indicator	Description	2016 / 2017 Performance Percentage
Percentage of infants and toddlers with an IFSP and demonstrating improved functioning upon exit from program:		
A. Positive social emotional skills (relationships, behaviors)	% with substantial rate of growth	63.28 / 61.15
	%functioning within age expectations	49.80 / 50.14
B. Acquisition of knowledge and skills (language/communication, problem solving)	% with substantial rate of growth	75.94 / 74.22
	%functioning within age expectations	48.58 / 50.41
C. Appropriate behaviors to meet needs (self-help skills)	% with substantial rate of growth	65.71 / 71.23
	%functioning within age expectations	53.85 / 55.31

Table 3

Impact on Families

- Provider Outreach increases the opportunity for a more streamlined, efficient way for families to access timely and appropriate care at the time of referral. Timely and effective service has a greater likelihood of engaging families from the beginning.
- Families participating in Early Intervention may be more likely to follow through with interventions for their child and communicate their wants and needs with their healthcare providers as we these strengthen relationships.
- Healthcare providers will be better equipped to provide and utilize the community supports that Delaware has to offer.

Practice Improvement Opportunities

- Internal CDW:
 - MDA documents need to be sent to healthcare providers quicker
 - Autism/PEDS screen systems review and management to assure we get these screening results with all CDW referrals
 - Send all Nemours related documents to HIM Fax to assure timely feedback to healthcare providers
 - Input eligibility data into 360 systems within 30 days of evaluation



New Systems Development for Referral Data

- Through Outreach, a system has been developed to allow access to CDW referral data without having to hand mine data through EHR systems
- This proposal will be utilized Statewide and will allow CDW North and South to identify and analyze trends for CDW referrals to assure patient and referring agency satisfaction with CDW services, processes and procedures
- This will allow for ongoing quality assurance

Practice Improvement Opportunities

- Ongoing Provider Outreach efforts will continue so that CDW may further develop and sustain ongoing efforts of community engagement.
- Outreach will expand its educational offerings to hospitals, NICU's, subspecialists, and medical childcares
 - Educate on referrals, CDW processes, and improving hearing and vision referrals
 - Increase cultural competency and extend outreach to ethnically diverse populations
 - Continue to collaborate with PCP offices
- Through SSIP, support the initiation of a Parent Representative group to imbed family centered feedback into outreach efforts
- Update CDW and Birth to Three brochures, healthcare provider and family take-a-ways to assure information shared is most up to date.
- Continue Outreach collaboration with Autism De., Building Bridges, DOE and DPH programs to assure alignment in efforts and vision of service



Thank You!

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- All Kent and Sussex Healthcare Pediatric Practices

Without all of you, this Outreach would not have been possible!

Appendix C – Trauma Informed Approach Training

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

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

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

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

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

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

In the last few weeks of the Train the Trainer process, these objectives will be narrowed down to a few priorities, and several learning objectives will be outlined. A pilot training class with a select few DHSS staff is scheduled for a date in late April, where a team from the Train the Trainer course will train 25 – 30 DHSS staff, in a one-day, approximately 6.5 hour training. Delaware will then have an opportunity to examine and discuss the training, making any adjustments or addressing any questions. The plan going forward is for teams of 2 individuals who have been trained in the Train the Trainer course, to then train 3 or 4 classes each, spreading the one-day Trauma Informed Approach training to approximately 1,000 DHSS staff throughout the year. DMS Birth to Three Early Intervention System, Training/Education Administrator has been given the opportunity to participate in the Train the Trainer process, and will be well equipped to train other DHSS colleagues within the early intervention system. This will include DMS Birth to Three staff, as well as Division of Public Health Child Development Watch employees. This training could likely occur in Spring, 2018.