

I. SSIP Improvement Strategy and Evaluation Details

A. Improvement Strategy 1. Assessment:

BWEIP will develop guidance on the use of valid, reliable, and culturally- appropriate social-emotional tools and methods to assess children birth to age three.

BWEIP will provide support to EI providers to implement assessment guidance for social-emotional development.

BWEIP will have guidance on use of valid, reliable, culturally- appropriate tools and methods to assess social-emotional skills and needs of children birth to age three.

EI Providers have appropriate assessment tools and methods to evaluate social and emotional development of infants and toddlers of all cultures.

EI Providers and families will develop social-emotional outcomes on IFSPs.

B. Key State Improvement Plans or Initiatives That Align With This Improvement Strategy

1. Baby Watch Early Intervention has been chosen by the Governor’s Office of Management and Budget as one of the programs in state to participate in the Utah Success Initiative. Any organization is comprised of multiple factors. People, policies, technology, business processes, performance measures, organization design, strategies, and goals each play a role in organizational performance. When all of these factors work in harmony toward a common goal, organizations can thrive. Aligning all of these variables to achieve maximum system performance is the core of the SUCCESS Framework.

- S et Goals, Targets and Performance Measures
- U se Analysis and Thinking Tools
- C reate Strategy
- C reate Organization
- E ngage Employees and Customers
- S ynchronize Projects and Policies
- S tay Focused

The Baby Watch System Goal: To improve parent/caregiver capacity to facilitate improved child developmental outcomes for infants and toddlers 0-3 with developmental delays and/or disabilities.

The Measure: Value as the consideration of quality (Child and Family Outcomes), value (number of children and families served) and cost (operating expense).

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2. Social Emotional Community of Practice: As Utah Part C works to transform its system of education to ensure that all students are prepared for lifelong learning, work, and citizenship, we recognize the incredible potential, through our State Systemic Improvement Plan (SSIP), to put an intentional and particular focus on the needs of children and youth with disabilities.

To assist us in the ongoing development and implementation of our SSIP, Utah Part C is making continuing its commitment to participate in the Social/Emotional Community of Practice offered by the National Center for Systemic Improvement (NCSI). Participation in this Collaborative will assist Utah Part C in identifying issues and opportunities related to improving outcomes for children and youth with disabilities, engage in professional learning and growth in order to build our capacity in the areas of *data use, knowledge utilization, systems change, and communication & collaboration*, and improve our system of general supervision.

Utah Part C has also joined the Results Based Community of Practice offered by the National Center for Systemic Improvement (NCSI). To enhance state capacity to manage change and scale-up effective practices to improve results for infants and toddlers with disabilities and their families • To apply continuous improvement approaches to align and leverage the work of the SSIP and other state Part C activities within the state’s broader improvement efforts. • To learn from and collaborate with other states, supporting each other in implementation, data collection, evaluation and reporting of their SSIP and SPP • To problem-solve Phase III challenges with national TA content experts and cross-state support.

3. Performance Based Contracting: (Appropriate use of S/E assessments) (IFSP S/E Outcomes)
Baby Watch Early Intervention is strengthening its evidence-based practices and strategies in the following areas to increase the capacity to serve and improve outcomes for children and their families.
 - a. Procurement, contracting, and Auditing: To improve transparency, consistency and accountability of the program statewide BWEIP is working to standardize practices and incorporate performance and outcome based contracting. This may include strategies such as competitive procurement, restructuring funding use and more comprehensive auditing.
 - b. Process and Practice: To improve statewide operations through strategies such as data-driven decision making to expedite and prioritize services, evidence-based assessment of parent outcomes, and program evaluation.
 - c. Capacity Development: Family needs and program requirements will likely always outpace and outgrow funding allocation, so more rigorous operational data analysis, management, and evaluation will be needed for capacity-building, in terms of gaining time and proficiency.

4. BWEIP and SSIP Work Teams are collaborating with a child psychologist on the “*The Baby Watch Early Intervention, Social-Emotional Project*”
 - a. To review and determine an appropriate and allowable set of social-emotional assessments for use EI providers in Utah.

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- b. To create a protocol for social-emotional delays at referral and intake.
 - c. To provide training for Utah EI providers on “*How to Measure a Relationship- a Practical Approach to Dyadic Intervention*” by Dr. Barbara Stroud.
5. BWEIP was housed at The Utah Department of Health (UDOH), Bureau of Child Development (BCD) until November 30 1, 2016. BWEIP staff and SSIP Work Team members continue to collaborate with the BCD programs and projects to enhance infrastructure within the early childhood community of professionals. As of December 1, 2016 the UDOH moved BWEIP back to the bureau of Children with Special Health Care Needs (CSHCN) which more closely aligns with our mission. With this move BWEIP has strengthened its base of support. The mission and programs in each bureau include the following;



<http://www.health.utah.gov/cshcn/pdf/Strategic%Plan.pdf>

The mission of the CSHCN is to assure quality health care and related services for children and youth with special needs and their families throughout the state of Utah.

CSHCN provides and promotes family-centered, coordinated care and facilitates the development of community-based systems for these children and their families. CSHCN activities focus on reduction of preventable death, disability and illness in children due to chronic and disabling conditions.

Goals include:

All children with special health care needs will receive coordinated ongoing comprehensive care within a medical home.

All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.

All children will be screened early and continuously for special health care needs.

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All children will be screened early and continuously for special health care needs.

Services for children with special health care needs and their families will be organized in ways that families can use them easily.

Families of children with special health care needs will partner in decision making at all levels.

All youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work, and independence

Children with Special Health Care Needs Programs

To assure quality health care and related services for children and youth with special needs and their families throughout the State of Utah.

Autism System Development - To identify needs and promote available statewide services to assist families and individuals with autism and their caregivers.

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- Child Health Advanced Records Management (CHARM)** - To provide secure, child-specific, integrated public health information that is accessible to health programs and professionals that have a specific need for this information
- Children’s Hearing Aid Program (CHAP)** - To provide early access to hearing aids for hearing impaired infants and young children of financially eligible families, in order to maximize their communication and learning potentials.
- Critical Congenital Heart Defect (CCHD) Screening** - To create a safety net for all babies born in Utah by educating health care providers, improving the screening process and diagnostic technology, and creating a statewide CCHD screening and data collection system.
- Cytomegalovirus (CMV) Public Health Initiative** - To educate women of child-bearing age in Utah on the risks of Cytomegalovirus during pregnancy and to teach them strategies for CMV prevention; to facilitate the screening of eligible infants for the presence of congenital CMV infection that allows for early detection and intervention.
- Early Hearing Detection and Intervention (EHDI)** - Utah’s Early Hearing Detection and Intervention Program provides newborn hearing screening oversight to assure all infants born in Utah have access to early screening, identification and intervention for hearing loss.
- Fostering Healthy Children Program (FHCP)** -To promote the health and well-being of children in foster care by assuring access to timely health care for children in Utah’s foster care system so their needs will be met in a timely manner.
- Integrated Services Program** - To provide coordinated care planning, education and resources to CSHCN and their families to assist them in making informed decisions about primary and specialty health care, behavioral health and social services to help meet their needs during the pediatric life cycle through transition to adulthood.
- Kurt Oscarson Children’s Organ Transplant Fund** - To provide financial support for children under age 18 who require organ transplants through an interest-free loan.
- Newborn Bloodspot (Heelstick) Screening Program** - To provide a statewide system for early identification and referral of newborns with certain metabolic, endocrine, exocrine, immunologic or hematologic disorders that can produce long-term mental or physical disabilities or death if not treated early.
- Technology Dependent Waiver** - To provide home and community-based services for technology dependent, medically fragile individuals with complex medical conditions who would otherwise require care in a Medicaid enrolled skilled nursing facility.
- Utah Birth Defects Network (UBDN)** - The Utah Birth Defect Network seeks to prevent birth defects and secondary disabilities by monitoring occurrence, conducting research, providing education and outreach.

The mission of the Bureau of Child Development (BCD) is to support the health and development of Utah families and their children. The bureau also houses the Utah evidenced-based Home Visiting Program, a Developmental Screening program, Early Childhood Utah – a statewide interagency body whose function is to work to improve Utah’s early childhood system, the Longitudinal Data System Project, the Child Care Licensing Program, and the Strengthening Families Protective Factors project. BWEIP has many natural and planned opportunities to interface with these programs and projects. BWEIP is a partner on the activities of all these projects. These partnerships allow us to maximize the use of resources and funding and facilitates interagency agreements.

- a. Child Care Licensing: Supports working parents by protecting the health and safety of children in regulated child care programs. This is accomplished by:

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Establishing and enforcing health and safety standards for child care programs.
 Training and supporting providers in meeting the established health and safety standards.
 Providing the public with accurate information about regulated child care.

b. **Developmental Screening Program:** The statewide program trains early care and education providers to use developmental screening tools and share screening results with parents and help early care and education providers connect children and families to community resources for child development.

c. **The Early Childhood Comprehensive System (ECCS) Collective Impact Grant:** The partnership will provide the Bureau of Child Development with an opportunity to strengthen the work that is currently happening with early childhood/developmental screening and/or collective impact of child find and data sharing by:

Participation in the Regional Early Childhood Utah groups by local early intervention providers from each designated region (Ogden, Salt Lake, and San Juan).
 Participation in the support of a Decision Tree that connects EI to Help Me Grow resources and mental health resources when developmental screenings indicate a need but children do not qualify for EI services.

d. **Office of Home Visiting:** Promotes a coordinated service continuum of research-informed home visiting that supports healthy child development and ensures the safety of young children and family members by:

Developing state infrastructure to support home visiting
 Supporting a local continuum of services
 Providing training and technical assistance to local programs
 Securing Sustainable funding
 Evaluating outcomes and quality of services

6. **Utah Association of Infant Mental Health (UAIMH)** mission is to promote a unified understanding of infant mental health across programs and to develop a statewide system of resources in support of infant mental health for all families living in Utah.

To facilitate cooperation among individuals and agencies concerned with promoting conditions that will bring about the optimal development of infants and infant-caregiver relationships.
 To encourage the realization that infancy is a sensitive period in the psychosocial development of individuals.
 To promote education and research of the effects of mental development during infancy on later normal and psychopathological development.
 To support the implementation of evidence-based programs of promotion, intervention, and prevention designed to foster

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positive infant-caregiver relationships.

7. The State Practice Model is presented as a framework for all who work with children 0-5. *An Initiative of the Utah Interagency Coordinating Council For Infants and Toddlers with Special Needs carried out by the Expanding Options for Infant Mental Health Committee.* The following Tool Kits were developed to support the State Practice Model:

PROMOTION TOOL KIT- Resources to support healthy social emotional development in children birth to five

PROACTIVE INTERVENTION TOOL KIT -Information on screening and first line interventions for children birth to five

INTERVENTION/TREATMENT TOOL KIT - Information on assessment, evidence based models of intervention and clinical treatment for infants and young children birth to five.

8. Training and Support for Early Identification of Autism in Early Intervention Systems

University of Utah, Brigham Young University, Utah State University

Working with Utah Regional Leadership Education in Neurodevelopmental and Related Disorders (URLEND) and Utah Baby Watch

- **Statement of need:** Among the states in the CDC prevalence studies, Utah has the lowest rate of early identification of autism spectrum disorders (33% of children with autism were identified in educational and/or health records by the age of 3).
- **Purpose and Description:** This project proposes to (1) Collect needs assessment data from early intervention agencies under the purview of Utah Baby Watch to determine training needs regarding identification or documentation of autism spectrum disorders in children, birth to 3 (Fall 2014); (2) Develop an evidence-based curriculum to address identified training needs, specifically including autism screening using the Modified Checklist for Autism in Toddlers (M-CHAT-R/F: Winter 2015); (3) Deliver the training in one-day workshops in 6 EI areas (SL county/Tooele, Utah county/central Utah, northern Utah, southern, eastern, and southeastern Utah) in Summer 2015; (4) Follow up on training with regular (monthly) video conference consultation to support training and implementation (Fall 2015, Winter 2016).

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C. Improving Infrastructure and/or Practice

1. Is this improvement strategy intended to improve one or more infrastructure components? If so, check all that apply.

Governance <input type="checkbox"/>	Accountability <input type="checkbox"/>	Professional development <input type="checkbox"/>
Data <input type="checkbox"/>	Quality standards <input type="checkbox"/>	Technical assistance <input type="checkbox"/>
Finance <input type="checkbox"/>		

2. Is this strategy intended to directly improve practices? **Yes** **No**

D. Intended Outcomes

Type of Outcome	Outcome Description
Short term	BWEIP develops useful guidance on use of valid, reliable, culturally- sensitive tools and methods for assessing social emotional skills and needs of children birth to age three.
Short term	EI Providers have access to and utilize appropriate assessment tools and methods to evaluate social and emotional development of infants and toddlers of all cultures.
Intermediate	EI Providers and families develop social emotional outcomes on the IFSP.
Long term	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally-diverse backgrounds as measured by the Child Outcomes Summary Form (COSF).

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E. Improvement Plan

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)
1. Determine: What assessment tools and methods are being used by EI providers to assess the social/emotional (S/E) developmental domain?	Run a BTOTS query for SFY13 - SFY15 to identify assessment methods for children referred with and without initial concerns in the social/emotional domain who are <12 months and >=12months at time of initial referral.	Data consultants' time	Data Manager	Get data consultant the BTOTS query to run while BTOTS maintenance is being conducted after the assessment methods query is finished. Jan. – Feb. 2016

Activity 1. Phase III Update:
 SSIP Query - Assessment Methods Used for Social Emotional; and Adaptive Domains

Overarching Questions:
 At the time of the initial referral to early intervention, do assessment methods used for the social/emotional (S/E) developmental domain differ depending on whether a child has initial referral concerns in this area compared to a child who does not?
 Does the assessment method for social/emotional also differ children less than 12 months of age compared to those 12 months of age or older?
 Does the assessment method for social/emotional also differ across the 15 early intervention programs for each age group?

Query Timeframe:

- SFY13 (7/1/12 -6/30/13);
- SFY14 (7/1/13-6/30/14); and
- SFY15 (7/1/14-6/30/15)

Age at Referral:

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    graph LR
      A["Child <12 Months at Initial Referral & Child >= 12 Months at Initial Referral"] --> B["S/E Concerns at Initial Referral"]
      A --> C["No S/E Concerns at Initial Referral"]
      B --> D["S/E Assessment(s) Methods Used"]
      C --> E["S/E Assessment(s) Methods Used"]
    
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Query Details

Initial referrals only (Does not include transfer referrals)
 Children less than 12 months of age at the time of the initial referral that leads to an initial eligibility determination
 Children 12 months and older in age at the time of the initial referral that leads to an initial eligibility determination
 Identify whether initial referral concerns were for or included the social/emotional developmental domain
 Identify the assessment method(s) used for the social/emotional developmental domain when social/emotional was an initial concern vs. when it was not

Query #1 Fields

Race/Ethnicity - Primary language - Date of initial referral - Age at initial referral (actual age) that lead to an initial eligibility determination
 Grouping for age at initial referral that lead to an initial eligibility determination: <12 months of age, >=12 months of age
 Initial referral concerns: Included social/emotional developmental domain, Did not include social/emotional developmental domain
 Assessment method(s) used for social/emotional developmental domain
 Initial eligibility determination status: Standard score, Informed clinical opinion, Medical diagnosis, Qualifying medical diagnosis, Not eligible

Query #2 Fields

For the group of children identified with initial referral concerns in the S/E developmental domain who are eligible and have an initial IFSP

Add the following data fields for these children to the query: ISFP services on the initial IFSP only - Service category only - All IFSP outcomes on the initial IFSP only
 For each outcome: Number, Date, Outcome, All ratings and dates of the ratings for the outcome

Query Results

The concerns about a child’s development captured in this query are those shown on the “Referral” tab entered at the time of initial referral/intake. These concerns are conveyed to the early intervention (EI) staff member either directly by the parent/guardian of a referred child or by a non parent referral source such as a hospital, physician, child care program, public health facility, public agency in the child welfare system, etc., with additional input from a parent/guardian.

Results

In Tables 1 through 3, the results of the data query for the three fiscal years are shown.
 The data was grouped by the age of the child at the time of initial referral/intake (less than 12 months of age or 12 months and older) and by whether S/E concerns were identified at the time of initial referral/intake (“+” indicating that S/E concerns were mentioned by the referral source vs. “-“indicating that no S/E concerns were mentioned by the referral source).
 Three groupings emerged as the most frequently used assessments for the S/E domain by EI providers in the data analysis:
 (1) criterion-referenced tests, specifically the ELAP and the HELP;

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- (2) standardized or norm-referenced tests, specifically, the Bayley II/III or the BDI/BDI-2; and
- (3) all other assessments

Across each of the three years, a similar pattern of assessment use for assessing developmental delays in the S/E was found. For children younger than 12 months old, whether S/E concerns were identified, the ELAP or the HELP were the most frequently used assessments.

In fact, EI providers used criterion-referenced tests most commonly in this age group for children without S/E. Standardized testing was the least frequently used type of assessment.

Table 1. SFY13 Assessment Data for Initial Referrals

	<12 Months (4.49%)		>12 Months (11.6%)	
	+ S/E Concerns (n=57)	- S/E Concerns (n=1,233)	+ S/E Concerns (n=408)	- S/E Concerns (n=3,106)
ELAP or HELP	66.7% (n=38)	81.0% (n=999)	27.9% (n=114)	46.1% (n=1,433)
Bayley or BDI	12.3% (n=7)	9.6% (n=118)	26.0% (n=106)	28.6% (n=888)
Other	22.8% (n=13)	9.4% (n=116)	46.1% (n=188)	25.3% (n=785)

Table 2. SFY14 Assessment Data for Initial Referrals

	<12 Months (5.86%)		>12 Months (15.36%)	
	+ S/E Concerns (n=80)	- S/E Concerns (n=1,283)	+ S/E Concerns (n=497)	- S/E Concerns (n=3,288)
ELAP or HELP	61.3% (n=49)	77.8% (n=998)	24.1% (n=120)	45.2% (n=1,487)
Bayley or BDI	12.5% (n=10)	10.3% (n=132)	29.7% (n=148)	27.7% (n=911)
Other	26.25% (n=21)	11.9% (n=153)	66.2% (n=329)	27.1% (n=890)

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Table 3. SFY15 Assessment Data for Initial Referrals

	<12 Months (4.2%)		>12 Months (13.45%)	
	+ S/E Concerns (n=58)	- S/E Concerns (n=1,319)	+ S/E Concerns (n=534)	- S/E Concerns (n=3,436)
ELAP or HELP	60.3% (n=35)	77.0% (n=1,015)	21.5% (n=115)	55.1% (n=1,550)
Bayley or BDI	12.0% (n=7)	11.9% (n=157)	26.9% (n=144)	29.0% (n=998)
Other	27.7% (n=16)	11.1% (n=147)	51.5% (n=275)	25.8% (n=888)

2. Determine: What does the query data of assessment methods tell us about assessments used previously for initial S/E concerns?	A. Describe differences within and, across fiscal years, age of referral, type of initial concerns. B. Goal is to understand what assessment methods are being used currently, whether they are “failing” because they are not valid, reliable, and/or culturally-sensitive, and/or what other issues might be at play (given the age of the child?).	Other issues identified from the analysis	Data Manager, SSIP Coordinator, and Consulting Psychologist	As soon as data is available. March – May 2016
Activity 2. Phase III Update: Baby Watch has been without a data manager and a business analyst since May of 2016, so A. and B. were not fully executed. Additionally, we determined that less than 5% of children referred were referred for with a social emotional concern, so while it is suspected that the instruments may have not been appropriate of sensitive enough to detect a social emotional delay, we did not have a big enough sample size to make the determinations.				
3. Determine: What do we know about the characteristics of currently used assessments for measuring S/E?	Review publishers’ documentation for assessments currently used to measure S/E to see if there is more to could learn, e.g., are some more appropriate for infants vs. children >= 12 months of age?		Data Manager, SSIP Coordinator, and EI staff	BW staff determine what other assessments to review by spring 2016, limit number in BTOTS by late 2016
Activity 3. Phase III Update: Staff reviewed publisher’s documentation and ECO Center Crosswalk to compare and contrast the four most commonly used				

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<p>assessments/evaluations used by EI providers to assess Social/Emotional and mental health concerns in Utah.</p> <p>The SSIP Stakeholders Assessment Group determined the commonly used instruments do not meet the needs for assessment of all children in the EI programs. With the wide variety of characteristics and issues presented in the social emotional domain and the family engagement component it is valuable to identify instruments that will provide further information for social emotional development, infant mental health and family engagement.</p>				
<p>4. Determine: Does the 2014 CSPD needs assessment contain any information that would inform the discussion of the adequacy of currently used assessment methods (in general and in particular, for the S/E developmental domain)?</p>	<p>A. Review the needs assessment to determine what information relates to this question.</p> <p>B. Goal is to determine what specific currently used assessments or aspects of them are identified problematic. Note: assumption is that we are not allowing any assessments currently that are not valid and reliable so what is the issue?</p>		<p>SSIP Core Work Team, SSIP Coordinator, and CSPD staff</p>	<p>Workgroup discussion June 2016 Crosswalk with CSPD redesign</p> <p>Determine with Core Work Team a limited and recommended S/E assessment set by fall 2016 and pilot with a few EI programs</p>
<p>Activity 4. Phase III Update:</p> <p>A. CSPD Need Assessments conducted in 2014 with 356 EI providers responding</p> <p>90 % rated the 2014 social emotional module important to very important to their early intervention preparedness</p> <p>87% rated the 2014 social emotional module as somewhat to very effective</p> <p>40% requested further training on addressing social emotional concerns and well as the family relationship</p> <p>B. Problematic instruments for social emotional assessment</p> <p>The SSIP Stakeholders Assessment Group determined that an instrument that tested in all areas of development didn't focus enough on social emotional areas, especially if there were concerns identified at referral. The typical instruments used by providers to assess social emotional and mental health concerns were inadequate to look at the broad range of characteristics and issues.</p> <p>The stakeholder group is continuing to review screeners and assessments/evaluations for social emotional, mental health issues, the parent-child interaction and early signs of autism spectrum disorders.</p>				
<p>5. Determine: Are there other valid reliable, culturally-sensitive assessment methods for S/E testing that could replace or be added to the current list of assessments used?</p>	<p>A. Identify other possible assessment measures and methods that are available in the S/E domain, including whether they are age-specific.</p> <p>B. ECTA has a list of assessments that could be shared with workgroup for review and consideration.</p>		<p>SSIP Core Work Team, SSIP Coordinator, EI staff, and Consulting Psychologist</p>	<p>Implement limited assessment selection late 2016</p>
<p>Activity 5. Phase III Update:</p> <p>Identify and review of other assessments not currently in use in Utah EI including ECTA list</p>				

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The SSIP Stakeholders Assessment Group reviewed screening and assessment instruments with an emphasis on Social and Emotional development compiled by our EI agencies, Nebraska Early Childhood Mental Health Work Group, ECTA, NCSI Karen Moran Finello, TACSEI, our consulting Psychologist.

The stakeholder group narrowed it down to 18 instruments that we reviewed, separated into screeners, assessment/evaluations, and environmental/parent-child interactions and identified they type of tool, age ranges, time to administer, administered by, validity and reliability.

Initially the stakeholder group had planned to narrow down the list to just a few for recommendation to EI Agency providers, but found that task difficult because of the variety and differences in what individual instruments specialized in.

Currently the stakeholder group is in the process of compiling more information about a number of the instruments and will do further review, including costs, languages and target behaviors. The stakeholders that are EI providers will use some of the new instruments before further recommendations are made to EI Agencies

<p>6. Determine: What will the process for evaluating and selecting other possible assessments in the S/E domain be?</p>	<p>Determine criteria for selecting other assessment measures and methods: what criteria will be used to evaluate them; who will evaluate them; would multiple evaluations be appropriate; how does this process work over time as other assessment measures and methods are identified as possibilities? How will the evaluation and selection of other assessment measures and methods be documented? Who will review and analyze the data?</p>	<p>Literature review and expert opinions considered Participation by work team</p>	<p>SSIP Core Work Team, SSIP Coordinator, EI staff, and Consulting Psychologist</p>	<p>Ongoing</p>
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Activity 6. Phase III Update:

- ' We have an assessment committee comprised of Stakeholders from around the state and BW staff to review Social/emotional instruments.
- ' We will met to discuss instruments that the committee members have been reviewing to narrow down the number and select the most appropriate instruments
- ' Criteria included validity, reliability, areas of focus, type of instrument, age group, time frames for administration, parent/provider administration, costs of protocols
- ' We have and will add in other instruments into our reviews.
- ' When recommendations from the committee are made the Agency Providers will look at the recommendations and make comments if desired, BW will make final recommendations

If requests to review instruments after the committee and BW has made recommendations BW staff will review new instruments and get feedback

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from Stakeholders.				
7. Develop statewide policy and guidance around use of appropriate assessment tools and methods for evaluating social emotional needs of infants and toddlers.	*Make sure local programs and stakeholders are engaged in the decisions about the policy and guidance. (Guidance and policy might consider use of a screener could be an option for those children where SE needs are not apparent ASQ SE, MCHAT)	Assessment selection rational, literature review of other EI assessment policy	SSIP Core Work Team, SSIP Coordinator, and EI staff	Summer 2016 – Winter 2017
Activity 7. Phase III Update: N/A Our Assessment committee is made up of six agency providers from around the state, representing urban and rural programs. Our consulting Psychologist, an ICC member and EI staff are also on the committee. We have begun talking about policy around the use of Social/emotional instruments for all children, or universal screening.				
8. Develop PD/TA to support local programs in implementing the new S/E assessment guidance and policy.	Start in one particular local program. Develop training materials and process including resources (considerations related to age of child, cultural diversity, etc). Conduct the training. Evaluate the training. Revise training based on feedback. Implement statewide. Integrate into the credentialing system.	Time to develop training schedule, materials, evaluation and revision	Consulting Psychologist, SSIP Core Work Team, SSIP Coordinator, and EI staff	Pilot with selected EI programs, monitor # of children with identified S/E deficits, IFSP outcomes, child S/E outcomes by 2018, other programs could serve as control group possibly
Activity 8. Phase III Update: N/A Summer 2015—Autism Trainings. The entities involved in planning and delivering the training were Utah State University, University of Utah, BYU, Utah Valley University, URLend, Intermountain Healthcare, Primary Children’s Medicaid Center, Autism Council of Utah, and Baby Watch staff. Among the states in the CDC prevalence studies, Utah has the 2 nd largest rate of autism and the lowest rate of early identification of autism spectrum disorders (33% of children with autism were identified in educational and/or health records by the age of 3). The American Academy of Pediatrics recommends all children at the age of 18 and 24 months be screened for autism. The autism training included autism risk factors, and a discussion of children with developmental delays vs. a child with autistic characteristics. The training stressed the implementation of universal screening for all children entering early intervention. The culturally diverse families or those in a lower socio-economic status are not being screened at the same rate as other children. With universal screening, they would receive the same opportunities for screening as other children. ’ They provided training on the MCHAT, how to administer and score it, and what the process is if the child fails the MCHAT. The MCHAT is a screener which can be accessed by all programs free of charge. There will be a monthly teleconference follow up to the training to discuss questions or issues people have about screening children.				

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<ul style="list-style-type: none"> June 2016 we had consultation and training for BW staff and SSIP stakeholders Topics included SSIP development, Social/emotional development, Social/emotional assessment tools, screening for Social/emotional, policy issues <p>We made tentative plans for statewide training for providers on Social/emotional development.</p>				
9. Determine: What will be the process for implementing new assessment methods in BTOTS?	Limits, triggers, in reference to referral criteria		Data Manager and SSIP Coordinator	Winter 2017
<p>Activity 9. Phase III Update: BTOTS consultants</p> <ul style="list-style-type: none"> We have had discussions about adding in Social/Emotional instruments in BTOTS. Some of the assessments will be easy to add, others will take reformatting the assessment tab in BTOTS. <p>When the assessment committee completes the review process BW will review the recommendations of the Assessment committee and Agency providers, BW staff will move forward to get Social/emotional instruments added to BTOTS.</p>				
10. Develop a monitoring tool to be used on home visits to include a section on assuring the implementation of appropriate assessment of social emotional needs for infants and toddlers. Professional Development /Technical Assistance)	Develop the tool and process for monitoring (input from stakeholders). Pilot the implementation of the tools as a monitoring tool. Revise the tool and process, based on the pilot. Integrate into the Professional Development /Technical Assistance (PD/TA). Integrate into the annual monitoring process.		SSIP Core Work Team, SSIP Coordinator, and EI staff	Spring 2017
<p>Activity 10. Phase</p> <ul style="list-style-type: none"> In our CSPD system we have developed an Observation/Demonstration Home Visit form for new providers and their coach. Included in the demonstrations are specific items of parent/child interactions, interactions within natural routines, recommendations for promoting the child's participation in everyday family and community life. See attachments PD7. PD8. & PD9. Plans have been made to increase Social/Emotional materials for our CSPD training platform. <p>At the Social/emotional training planned for September of 2017 we will discuss implementation of appropriate assessment of social/emotional needs for infants and toddlers.</p>				

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Evaluation Plan

1. Evaluation of Improvement Strategy Implementation

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Social-emotional assessment workgroup and SSIP stakeholder activity	Meeting dates, documents produced conclusion and recommendations.	Spring – Fall 2016
Phase III Update: SSIP/Assessment stakeholders' workgroup met several times during 2016. This workgroup was able to review current assessment used in Utah for social emotional concerns and determined that additional instruments should be reviewed before guidance could be determined.		
Social-emotional assessment guidance and support document work	Draft and final document, dissemination routes and numbers.	Fall 2016 — Winter 2017 Summer 2017- Winter 2018
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.		
Social-emotional referral probes and training	Form and training developed and implemented	Fall 2016 — Winter 2017 Summer 2017- Winter 2018
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.		
Social-emotional assessment guidance and support document used by EI Providers	TA, questions, helpline.	Fall 2016 — Winter 2017 Summer 2017- Winter 2018
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.		
Social-emotional assessment available in data base dropdown	Documentation that date social-emotional assessment list is added to BTOTS data base.	Fall 2016 Winter 2017
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.		
Social-emotional assessments are being used	Data base assessment reports by program.	Fall 2016 —ongoing Spring 2018 -ongoing
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.		
Social-emotional goals are included on IFSP's appropriately	IFSP Query	Winter 2017 – ongoing Spring 2018 -ongoing
Phase III Update: SSIP Stakeholder Subcommittee Work* (see below) Implementation delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.		

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Phase III Update: SSIP Stakeholder Subcommittee Work*

Promoting Social-Emotional Development in Infants and Toddlers

The ability of infants and toddlers to establish secure attachments and positive relationships with others is essential in developing later social-emotional competence and well-being. Through responsive, sensitive interactions with others, and especially with primary caregivers, foundational social-emotional skills will emerge.

Meaningful, functional outcomes will help parents teach their young children skills that will impact social-emotional and behavioral development. Functional outcomes happen in the context of everyday living and reflect the routines of the family. Functional outcomes are active and emphasize positive actions. Function is the element that tells "why" the outcome is important for the child and family. Almost any outcome can be a social emotional outcome if the function includes statements like, "bond, calm, regulate, trust, share, tum-take, gain independence, play, explore, resolve conflicts, participate in family activities and outings."

In addition to being functional, social-emotional outcomes need to be observable and measurable. If there is no way to observe the development or measure the development, how will we know when the outcome has been met?

Following are sample social-emotional outcomes that were written by the SSIP Social/Emotional Outcome committee for your review. Each outcome is functional, observable, and measurable. Ten areas of social-emotional development is covered with examples of outcomes for each of the areas. The areas include:

- Attachment/Bonding Family Interactions Pretend Play Separation
- Selfregulation Independence
- Relating to Other Children Imitation
- Turn taking/Sharing Conflict Resolution

We hope the work of our committee will assist you in completing the SSIP project currently being conducted by Baby Watch to "improve the social-emotional relationships for children of culturally diverse backgrounds."

Respectfully,

Marsha Johnson, DDI Vantage
Esperanza Reyes, ICC
Gina Troop, ICC

Melanie Linford, KWC
Connie O'Hara, KWC
Summer Gunn, USU

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SSIP Social/Emotional IFSP outcomes

Attachment/Bonding:

- Child will display affection toward the care giver by giving hugs, kisses, and soft touches during routine daily activities each day for 3 consecutive weeks.
- Child will use gestures such as holding up arms, waving, or pointing to increase communication exchanges between parent and child, 3 times a day for 3 consecutive weeks.
- Child will sit independently with hands free to engage in a social play activity with a care giver for 3 minutes across 3 consecutive play sessions.
- During family outings, child will show an understanding of socially appropriate behavior by smiling 80% of the time when eye contact is made with a stranger.
- Child will sit comfortably on parent's lap for stories, songs, or cuddles to increase bonding and trust 3 times a day for 2 consecutive weeks.
- Child will show attachment to mother by calling her "mom" within the next 3 months.

Family interactions:

- Mother will participate in 3 activities each day with her children during routine family activities for a month to help build mother-child and sibling relationships.
- Siblings will read to child for 5 minutes 3 times a week to increase family bonding and child's attention span.
- Family will go on a family outing once a month in the community to build a strong family identity.
- Family will have one meal together each day for 3 months to imitate independent feeding skills so child will learn to feed himself.
- During morning and evening meals, child will make eye contact with each family member during the next 3 weeks to acknowledge individual family members.
- Child will stand on one foot for 3 seconds while holding on to a stable object so he/she can kick a ball and play soccer with his/her siblings during 5 play opportunities.

Pretend Play:

- Child will put a blanket on a baby doll and rock the doll with prompting 80% of the time during a 4 week period to increase pretend play skills.

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Separation:

- In a community setting with family, child will look at his/her mother or father before approaching an unfamiliar person 100% of the time across 20 opportunities.
- Child will play at least 5 feet away from mom in an unfamiliar environment such as a community playground for 10 minutes during 5 play sessions.

Selfregulation:

- Child will stop her/his activity in response to the word, "No," and look at the care giver for redirection 4 of 5 opportunities over 3 consecutive weeks to increase self-regulation.
- Family will provide 15 minutes of calming activities prior to bedtime in order to reduce night waking and wandering to zero times a night for 2 consecutive weeks.
- Child will attend to a preferred activity directed by an adult for 5-10 minutes over 8 opportunities to increase his/her attention and prepare for preschool.

Independence:

- Child will sign "more" and "done" during snack time or play time, over 3 daily opportunities, for 2 consecutive weeks.
- Child will increase independence by opening cabinets and drawers to access acceptable play items, 3 out of 5 opportunities, over 3 consecutive weeks.
- Child will follow one-step directions, such as, "go get" to demonstrate confidence in completing directions independently, 2 times a day, across 5 consecutive days.
- Child will walk independently in the home without falling 80% of the time to safely explore a variety of toys or play with family members.

Relating to other children:

- Child will show interest in the activities of peers by looking at them, turning toward them, making vocal sounds, or reaching for an object, 3 times in a 5-minute interaction across 3 consecutive play periods.
- Child's mom will organize a play date with other young children 2 times per month so child can interact with peers to prepare for preschool during the next 3 months.
- Child will acknowledge others by expressing a greeting (waving, making eye contact, smiling, saying " Hi"), 8 out of 10

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- opportunities across 3 consecutive weeks.
- Child will use soft hands when playing with peers 80% of play time over 3 consecutive weeks to increase appropriate play skills.

Imitation:

- Child will engage in social games such as peek-a-boo, pat-a-cake, or other anticipation games by imitating 2-3 simple gestures of a play partner across 3 consecutive play sessions.
- During a music class, child will imitate the actions of a peer to 3 songs to increase social contact and interactions with same age peers in a social setting over 3 consecutive weeks.

Turn Taking/Sharing:

- Child will give a toy to a peer or sibling, when prompted, 4 of 5 consecutive opportunities each day over a period of 2 consecutive weeks to learn turn taking skills.
- Child will interact with peers during a group activity by waiting for his/her turn to play with a toy 80% of the time over 3 consecutive weeks to increase play skills.
- Child will throw a ball back and forth with a partner 5 times over 5 consecutive opportunities to improve play skills.
- Child's mother will use a timer throughout the day to support cooperative turn taking skills with her children for 3 consecutive weeks.

Conflict Resolution:

- Child will seek parent/adult assistance when agitated in a social setting with peers 4 of 5 opportunities over 3 consecutive weeks.
- Child will say, "mine" without prompting to show ownership of possessions when a peer tries to take his/her toy 80% of the time over 2 consecutive weeks.

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Evaluation of Intended Outcomes

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	BWEIP develops useful guidance on use of valid, reliable, culturally-sensitive tools and methods for assessing social emotional skills and needs of children 0-3	Did BWEIP develop guidance on use of valid, reliable, culturally sensitive tools and methods for assessing social emotional skills and needs of children 0-3?	Guidance documents exist	Guidance document(s)	Fall 2016— Spring 2017 Summer 2017- Winter 2018
		Was the guidance disseminated to local programs?	100% of local programs receive the guidance information.	Dissemination processes and lists showing 100% of local programs were sent the new guidance. Tracking of access by providers (web stats, other?)	
		Do providers understand expectations for use of the guidance?	80% of EI providers report understanding expectations for use of guidance.	Survey of EI providers about usefulness of the guidance. (training survey?)	
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.					
Short term	EI providers have access to and utilize appropriate assessment tools (and methods) to evaluate social and emotional	Do EI providers use the appropriate high quality assessment tools and methods to evaluate SE development for	80% of IFSPs were developed with use of appropriate SE assessment tools and methods. (revise the %	Review of BTOTs with criteria: <ul style="list-style-type: none"> ...compared to BWEIP list of tools 	Winter 2017— Summer 2017 Summer 2017- Winter 2018

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	development of infants and toddlers of all cultures	children of all cultures?	to be something increasing annually based on the baseline)	<ul style="list-style-type: none"> ... compared to baseline 	
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.					
Intermediate	EI providers and families develop functional SE outcomes on IFSP	Do EI providers and families develop functional SE outcomes on IFSP?	80% of IFSPs include functional SE outcomes as defined by meeting the criteria on rating scale. (revise the % to be something increasing annually based on the baseline)	Review of IFSP documents using criteria/rating scale (to be determined)	Fall 2017 Winter 2018 ongoing
Phase III Update: Delayed due administrative changes and staff vacancies as detailed in Summary of Phase III page 1.					
Long term (SiMR)	By FFY2019, Utah Early Intervention will increase child social relationships (Child Outcome A) by substantially increasing rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary Form (COSF).*				Winter 2019
Phase III Update: N/A					

*** SiMR as Child-Family Level Outcome**

By utilizing Summary Statement 1 of APR Indicator 3, the progress achieved in the SiMR will be a direct result of the developmental gains made by individual children. While the focus of implementation in Utah is a sub-population of children from diverse cultures, all children and families should benefit from the improved training and competence of early intervention providers. Additionally, the focus on cultural diversity regarding assessment, family engagement, communication, and IFSP services and goals should substantially increase the rate of growth in acquisition of knowledge and skills; and use of appropriate behavior to meet a child’s needs for the culturally diverse subpopulation.

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