

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.

Set Goals, Targets and Performance Measures

Use Analysis and Thinking Tools

Create Strategy

Create Organization

Engage Employees and Customers

Synchronize Projects and Policies

Stay 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).

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 Utah Part C is making a 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.

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.
 - 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 is housed at The Utah Department of Health, Bureau of Child Development, BWEIP staff and SSIP Work Team members collaborate with the following programs and projects to enhance infrastructure within the early childhood community of professionals. The mission of the 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:

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, 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 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).

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).

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
1. Phase III Update:				
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
2. Phase III Update:				
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 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
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	A. Review the needs assessment to determine what information relates to this question. 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		SSIP Core Work Team, SSIP Coordinator, and CSPD staff	Workgroup discussion June 2016 Crosswalk with CSPD redesign Determine with Core Work Team a limited

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)
general and in particular, for the S/E developmental domain)?	assessments currently that are not valid and reliable so what is the issue?			and recommended S/E assessment set by fall 2016 and pilot with a few EI programs
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?	A. Identify other possible assessment measures and methods that are available in the S/E domain, including whether they are age-specific. B. ECTA has a list of assessments that could be shared with workgroup for review and consideration.		SSIP Core Work Team, SSIP Coordinator, EI staff, and Consulting Psychologist	Implement limited assessment selection late 2016
6. Determine: What will the process for evaluating and selecting other possible assessments in the S/E domain be?	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?	Literature review and expert opinions considered Participation by work team	SSIP Core Work Team, SSIP Coordinator, EI staff, and Consulting Psychologist	Ongoing
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
8. Develop PD/TA to	Start in one particular local program.	Time to develop	Consulting	Pilot with selected EI

Activities to Meet Outcomes	Steps to Implement Activities	Resources Needed	Who Is Responsible	Timeline (projected initiation & completion dates)
support local programs in implementing the new S/E assessment guidance and policy.	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.	training schedule, materials, evaluation and revision	Psychologist, SSIP Core Work Team, SSIP Coordinator, and EI staff	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
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
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

F. 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
Social-emotional assessment guidance and support document work	Draft and final document, dissemination routes and numbers.	Fall 2016 – Winter 2017
Social-emotional referral probes and training	Form and training developed and implemented	Fall 2016 – Winter 2017
Social-emotional assessment guidance and support document used by EI Providers	TA, questions, helpline.	Fall 2016 – Winter 2017
Social-emotional assessment available in data base dropdown	Documentation that date social-emotional assessment list is added to BTOTS data base.	Fall 2016
Social-emotional assessments are being used	Data base assessment reports by program.	Fall 2016 - ongoing
Social-emotional goals are included on IFSP's appropriately	IFSP Query	Winter 2017 - ongoing

2. 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	<p>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?</p> <p>Was the guidance disseminated to local programs?</p> <p>Do providers understand expectations for use of the guidance?</p>	<p>Guidance documents exist</p> <p>100% of local programs receive the guidance information.</p> <p>80% of EI providers report understanding expectations for use of guidance.</p>	<p>Guidance document(s)</p> <p>Dissemination processes and lists showing 100% of local programs were sent the new guidance.</p> <p>Tracking of access by providers (web stats, other?)</p> <p>Survey of EI providers about usefulness of the guidance. (training survey?)</p>	Fall 2016 – Spring 2017
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	Do EI providers use the appropriate high quality assessment tools and methods to evaluate SE development for children of all cultures?	80% of IFSPs were developed with use of appropriate SE assessment tools and methods. (revise the % to be something increasing annually based on the baseline)	<p>Review of BTOTs with criteria:</p> <ul style="list-style-type: none"> ...compared to BWEIP list of tools ... compared to baseline 	Winter 2017 – Summer 2017
Intermediate	EI providers and families	Do EI providers and	80% of IFSPs include	Review of IFSP	Fall 2017

	develop functional SE outcomes on IFSP	families develop functional SE outcomes on IFSP?	functional SE outcomes as defined by meeting the criteria on rating scale. (revise the % to be something increasing annually based on the baseline)	documents using criteria/rating scale (to be determined)	
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

*** 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.