NC Early Childhood FOUNDATION

i(cs) INSTITUTE for CHILD SUCCESS

What Works for Third Grade Reading

NC Pathways to Grade-Level Reading Working Paper

Early Intervention: Health and Development on Track, Beginning at Birth

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I. Pathways Measure of Success

Percentage of children showing improvement with early intervention services

II. Definitions

The following terms are referenced in this brief:

ABCD is a national developmental screening, prevention and early intervention program model, begun in North Carolina in 2000, that now operates in 27 states.[i]

Developmental delay is defined broadly by the federal IDEA Part C program as a delay in one or more of the following five areas of early childhood growth and development relative to age-expected milestones: physical development including vision and hearing, cognitive development, communication, social or emotional development, and adaptive development.[ii] Each state has its own legal definition of developmental delay.

Child Find is the component of the federal Individuals with Disabilities Education Act (IDEA) that requires every state to implement comprehensive policies to find and refer young children who may have a disability to that state's early intervention program.[iii] The system includes screening for child health and development, public awareness and outreach, interagency coordination, a process for managing referrals, eligibility definitions, and a process for tracking children once referred.[iv]

Developmental disability is an instance in which a child under the age of three needs early intervention services because the child is experiencing a development delay as defined above, or who has a diagnosed physical or mental condition, which may include genetic abnormalities, severe attachment or nervous system disorders, congenital infections, and secondary impacts from toxic substance exposure, including fetal alcohol syndrome.[v]

Developmental monitoring, or developmental surveillance, involves medical professionals examining children as part of well-child visits to identify signs of developmental delay or problems.[vi]

Developmental screening involves health care or other professionals engaging with a child to determine if he or she is learning basic skills as expected for his or her age. This screening often occurs during regularly scheduled well-child visits with a pediatrician. The American Academy of Pediatrics recommends that all children be screened at nine months, 18 months, and 24 or 30 months in addition to recommended developmental surveillance at every well child check. If a child is at high risk of developmental challenges, additional screening or monitoring may be needed.[vii]

Early Intervention is the process of providing services, education and support to infants and toddlers who have been evaluated as having a physical or mental delay, disability or special need, or whose risk

factors place the child at high risk of delay.[viii] These services are offered to parents regardless of income level as part of the federal IDEA Part C program for infants and toddlers with developmental delays or disabilities. State eligibility requirements vary, but each of the following services must be available:

- Physical and motor skills such as reaching, rolling, crawling, and walking
- Cognitive skills such thinking, learning, solving problems
- Communication skills such as talking, listening, understanding
- Social-emotional development and skills such as playing and feeling secure and happy
- Self-help skills such as eating and dressing[ix]

EPSDT is the Early Periodic Screening, Diagnostic, and Treatment program for children in low-income families funded through the federal Medicaid program. This program provides funding for well-child visits and needed screenings and treatments for diagnosed conditions for children living with income-eligible families.

IDEA is the federal Individuals with Disabilities Education Act. Under this federal law, all states must provide children with a free and appropriate public education. **Part C** defines the services that must be available for very young children, ages birth to three, diagnosed with atypical development. Services must be provided by qualified personnel and delivered in natural contexts at no cost to families (unless a state has established a sliding fee payment arrangement). Parents, caregivers, or a professional may refer a child for Early Intervention/IDEA Part C evaluation.[x] The definition of conditions warranting IDEA Part C intervention and the allocation of funding for the delivery of these services is determined by each state.[xi] See "special education," below, for a description of IDEA Part B, for school-aged children.

Individual Family Service Plan (IFSP) is an IDEA plan for services to address developmental delays of young children. The IFSP may become an Individualized Education Plan if the child continues to need services beyond the age of three.

Infant mental health refers to how well a child's social-emotional skills are developing during the period from birth to age three.[xii]

Low birthweight is defined as less than 2,500 grams or 5 pounds, 8 ounces. In the United States, one in 12 babies are born at low birth weight. While some low birth weight babies are born healthy, others at low birth weights experience serious health problems.[xiii]

North Carolina Infant and Toddler Program is the state's IDEA Part C agency.

North Carolina Interagency Coordinating Council is the forum though which policy makers, providers, and parents work together to assure that the needs of young children with disabilities are met. The council makes policy recommendations, supports service evaluations, identifies appropriate services for young children from birth through the preschool years, and guides the work of local interagency coordinating councils.[xiv]

Social and emotional development is the process through which children develop skills necessary to build strong attachments with adults, maintain positive relationships with peers and adults, construct a healthy personal identity, and manage their own behaviors through self-regulation.[xv] Social-emotional development is often described in terms of a child's temperament, attachment, social skills or social competence, and emotional regulation.[xvi]

Special education is a program of instructional services designed to meet the specific educational needs of children with delays or disabilities. Services for preschool children (ages three through five) and school-aged children (K-12) are provided free of charge through the public education system. These services are available through IDEA Part B.[xvii]

Transition services assist a toddler with a continued delay or disability (and his or her family) to move from a Part C early intervention program or service to Part B of the IDEA program or some other appropriate continuing service. The IDEA program specifies a formal progress for transferring from Part C to Part B.[xviii]

III. Early Intervention: Why it Matters

About 13 percent of American children ages three to 17 years have a developmental or behavioral disability. These include autism, intellectual disability, attention-deficit/hyperactivity disorder, and/or language or communication delays. Many children with developmental disabilities are not identified before they reach fourth grade at about age ten.[xix]

Undetected developmental problems and emotional disturbance may cause physical delays, the inability to maintain relationships, and serious impediments to learning. Poor peer relationships are associated with later emotional and mental health problems, school dropout, delinquency, aggression, poor social skills, and lack of empathy.[xx]

In 2015, the North Carolina IDEA Part C program served just over 10,000 young children through IDEA Part C: about 1,400 infants ages birth to one year, 3,100 toddlers ages one to two years, and 5,700 toddlers ages two to three years. Through age two, more boys than girls were served.[xxi]

Children who receive early and regular developmental screenings and early access to high quality early intervention services, if needed, demonstrate improved social competence and cognitive abilities in the short-term and often achieve long-term educational benefits, including math and reading skills on par with peers.[xxii] Early detection and diagnosis helps parents and child care and early education teachers make appropriate decisions about educational programs.[xxiii]

Early intervention programs can be a wise investment to increase the efficiency of other systems that interact with children with disabilities, including the school system and social safety net programs. The Federal Reserve Bank of Minneapolis classifies Early Intervention Services as "economic development initiatives" as some programs return up to $8 for every $1 invested.[xxiv]

IV. Early Intervention: Connections to Other Pathways Measures of Success

Just like the domains of child development, the Pathways Measures of Success are highly interconnected. The table and text below outline the measures that *influence* or *are influenced by* Early Intervention.

Health and Development on Track, Beginning at Birth	Supported and Supportive Families and Communities	High Quality Birth-to-age-Eight Learning Environments with Regular Attendance

Healthy Birthweight	Formal and Informal Family Supports	High Quality Birth-through-age-Eight Early Care and Education
Social-Emotional Health	Safe at Home	
Physical Health	Positive Parent-Child Interactions	

Healthy Birthweight

Children born at low birthweight have more chronic health and development conditions than babies born at normal birthweights. Low birthweight children experience higher rates of vision and hearing impairment and cerebral palsy, miss more days of schools, and have more learning difficulties.[xxv] These are conditions that can be identified by developmental screenings early in babies' lives. See the Pathways brief on *Healthy Birthweight*.

Social-Emotional Health

Very young children's social-emotional development, also called infant mental health, is closely intertwined with behavioral indicators of developmental delay. Developmental screening can identify infant behavioral symptoms of early anxiety and even depression in the first years of life. These may appear as slow growth and physical delays, infant crying that cannot be consoled, sleep problems, and fearfulness.[xxvi] These may be addressed through evidence-based interventions available through Early Intervention.[xxvii] Young children who experience development delays may also experience problems with social interactions and social competence, including spending more time playing alone. Peer interactions may be fewer and more negative.[xxviii]

Physical Health

Early intervention catches physical delays and differences early in a child's life and intervenes with appropriate treatment. Undetected developmental problems may cause delays in acquiring speech and language.[xxix] Having age-appropriate motor skills and coordination has been shown to have an effect on cognitive and social-emotional development, as well as academic achievement.[xxx]

Formal and Informal Family Supports, Safe at Home, and Positive Parent-Child Interactions

While biological factors like low birthweight can be predictive of developmental challenges in the very early years, social, familial, and economic influences on the child and family appear to result in longer-term developmental and academic challenges.[xxxi] Recent research reveals that children's developmental delay may be associated with stressful family life events, including parental work stressors, caregiver anxiety, family violence, and low social support. Children living in families struggling with both low income and maternal depression are particularly at risk for developmental delays in language and communication,[xxxii] and one in two low-income mothers with young children may experience depression.[xxxiii] High-quality parent-child interactions improve children's outcomes with early intervention.[xxxiv] High-quality early intervention programs provide needed supports for families, educate and empower parents to advocate for their children,[xxxv] and help to improve the quality of parent-child interactions.[xxxvi] New research indicates that risk factors may impact developmental delays differently over the first five years of children's lives, reflecting the impact of child health and family and community environment factors.[xxxvii]

High Quality Birth-through-age-Eight Early Care and Education

Screening for and detecting developmental delays provides an opportunity for children's needs to be met early on, reducing the need for remedial or special education services later in life.[xxxviii] Childcare providers may be among the first people to notice that young children are having physical, learning, communication, or social emotional challenges. Conversations with parents and assistance in connecting them with supports and services is a key responsibility of the early care and early education field. Practitioner awareness of IDEA Part C and developmental benchmarks in early care settings can serve as a protective factor for children needing referrals.[xxxix]

V. Policy Options to Ensure Effective Early Intervention

Review and Expand Developmental Screenings. *Review county-by-county ABCD screening rates and expand investment in the ABCD developmental screening program to reach 100 percent of Medicaid-eligible children participating in EPSDT-recommended well-child visits. These data should be disaggregated by county and by race/ethnicity. See Appendix A for more information on ABCD*.

ABCD is a national developmental screening, prevention, and early intervention program model now operating in 27 states, led by the National Academy for State Health Policy and supported by The Commonwealth Fund.[xl] ABCD began in North Carolina in 2000. In North Carolina, ABCD has been expanded to include all 14 networks across the state supported by Community Care of North Carolina (CCNC).[xli]

In 2013, 40 North Carolina pediatric practices with a total of 239 medical providers participated in ABCD. Across these practices, just over 36,000 children were served; 57 percent of these children were covered by Medicaid.[xlii] In September 2016, North Carolina was recognized nationally for leading the nation in EPSDT services, with a rate of developmental screening at well-child visits of 84 percent.[xliii]

A recent example of philanthropic action to increase screenings suggests that all eligible children are not yet being screened. Smart Start of Forsyth County, Inc. (SSFC) is currently expanding early childhood developmental screenings in a seven-county area, including Forsyth County. Smart Start of Forsyth County has been awarded almost $200,000 from the North Carolina Partnership for Children to implement an evidenced-based screening program for children birth to five years of age in cooperation with Northwest Community Care Network (NCCN) of Winston-Salem, and local pediatric practices throughout the seven-county region.[xliv] The need for this award suggests that the current ABCD and North Carolina *Health Check* programs are not yet sufficient to meet existing needs.

Consolidate Developmental Screening Tools. *Conduct a policy and practice review of developmental screening and assessment tools in use through the North Carolina Health Check program to determine if a smaller group of authorized tools would increase efficiency and accountability.*

The 2016 *Health Check Program Guide* does not specify the developmental screening tools to be use in the Health Check process, leaving that decision to the provider. The *Guide* refers to the American Academy of Pediatrics' list of 20 scientifically-validated developmental screening tools. It also identifies three tools for autism screening as well as 15 tools for screening for emotional/behavioral health risks. Several other states are considering consolidating the use of screening and assessment tools.[xlv]

Establishing a core of common screening and assessment tools would enable North Carolina to conduct better analytics on the status of young children's development (as funded through Medicaid) from birth. If linked through billing data with the provider sector, this analytic process could identify gaps in service provider type and location.

Expand IDEA Part C Eligibility to Include At-Risk Children. *Working with the North Carolina Interagency Coordinating Council, explore feasibility and cost for expanding eligibility parameters of IDEA Part C to include children at risk of conditions based on the current science of trauma and toxic stress.*

Five states have adopted IDEA Part C eligibility criteria that include at-risk circumstances: Illinois, Massachusetts, New Hampshire, New Mexico, and West Virginia.[xlvi] North Carolina does not currently include an at-risk determination in its IDEA Part C eligibility guidelines.

In 2015, just over 10,700 infants and toddlers were served through IDEA Part C in North Carolina, and in 2016-17, the agency applied for $12.6 million to manage and deliver its services.

See Appendix B for *Best Practices in IDEA Part C Implementation and Sustainability*. This may be useful in examining whether and how to expand North Carolina IDEA Part C services to reach more vulnerable children.

Monitor Maternal Depression Screening and Services. *Partner with North Carolina researchers to determine, once data becomes available, (1) the extent to which sufficient numbers of mothers are being screened for maternal depression under new 2016 Medicaid administrative policy, (2) the sufficiency and effectiveness of needed services, and (3) the extent of racial/ethnic and/or geographic disparities in screening and service delivery to mothers with post-partum depression.*

Because research has shown that maternal depression following the birth of a child can negatively impact children's early development, screening for post-partum maternal depression is an important early intervention issue. Of the 14 CCNC network practices, eight screen for postpartum depression. The screening process also focuses on helping parents to understand the processes of early child development.[xlvii] The North Carolina Health Check Program supports both the early identification of risk for post-partum maternal depression during EPSDT visits in the child's first year as well as referral of appropriate services for the mother.[xlviii] In July 2016, North Carolina Medicaid began to reimburse providers for up to four maternal depression risk screens administered to mothers during the infant's first year postpartum.[xlix] The first round of data collection on that project will be available later in 2017.

VI. Proven and Promising Practice Options for Effective Early Intervention

Expanding Developmental Screenings at Well-Child Visits

Engaging pediatricians in developmental screenings and early literacy development during well-child visits has been shown to be very effective. Initiatives like Reach Out and Read build those connections and could be expanded in North Carolina.[l]

Reach Out and Read, founded in 1989, is a practice used by physicians to promote young children's literacy skills as part of the well-child visit. It is included here because physicians also screen for and educate parents about children's development, using a book as a tool. Reach out and Read Carolinas

operates in 195 sites across North Carolina, with ten more sites coming soon, pending completion of training.[li]

Improving Transition Planning from IDEA Part C to IDEA Part B and from Preschool to Kindergarten for Students with Special Needs

For children with special needs and vulnerabilities, supported transitions from family to school and from early developmental services to public preschool and elementary school are critical to maintain gains. The federal IDEA program defines the process and actions that must be taken for young children and their families receiving Part C services as they transition to Part B services or leave the IDEA system but continue to need supports or interventions.[lii]

The North Carolina General Assembly's 2016 Conference Report, summarized by the NC Early Childhood Foundation, described legislation requiring "…Department of Health and Human Services to recommend that both NC PreK and preschool teachers prepare a preschool-to-kindergarten transition plan for each child receiving assistance through NC PreK or child care subsidy programs. The plan should document the child's strengths and needs based on the five Goals and Developmental Indicator domains for children's developmental and learning progress that are based on the NC Foundations for Early Learning and Development."[liii] While this specific requirement is directed at children enrolled in the federal Child Care Development Fund subsidy payments, it is reasonable to expect that a similar level of transition planning would be helpful for children enrolled in IDEA Part C and IDEA Part B preschool special education services. Current individualized child outcome data could be provided to teachers and other service providers as children transition.

Expanding Early Intervention Best Practices to Family Support Settings, Including Social Service, Health, Education and Workforce Agencies

Key Principles for Providing Early Intervention in Natural Environments[liv] is a consensus document created and informed by a national workgroup of researchers and practitioners that offers guidance on integrating early intervention best practices into other settings serving families:

- **Use Every Day Experiences.** Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
- **Focus on Families.** All families, with the necessary supports and resources, can enhance their children's learning and development.
- **Providers are Supporters.** The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.
- **Create a Dynamic, Individualized Process.** The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles, and cultural beliefs.
- **Functional Outcomes.** IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
- **Family Priorities are Central.** The family receiving team and community support has their priorities, needs, and interests are addressed most appropriately by a primary provider

- **Use Implementation Science.** Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.[lv]

See Appendix C for a guide with resources for integrating early intervention in specific family service contexts.

Analyzing and Using Administrative Data to Better Serve Children and Save Money

IDEA and other large administrative service and benefits databases have information on waitlists, transitions between Part C and Part B, children and family outcomes, service gaps, and disparities and disproportionality by race/ethnicity, geography, or disability status that can be analyzed and used to better serve children and families and save the state money.

Data analysis can provide valuable insight into real or perceived gaps or discrepancies in service and can be used to devise strategies to improve referrals, access or service delivery. For example, time spent on a wait list for early intervention services can result in the loss of critical developmental opportunities for a child. Since preventative services are more cost-effective and impactful than remediation services down the line, analyzing data on waitlists and using it to shorten or eliminate children's waits for services can both result in better outcomes for children and be more cost effective for the state.

A toolkit, entitled *B6 Data Reporting Tools: Educational Environments, Ages 3-5* provides training and technical assistance resources to assist states in accurately reporting educational environment data for children ages 3-5 with disabilities. This reporting is required for the federal Office of Special Education Programs Child Count and SPP/APR Indicator 6.[lvi]

Increasing Inclusion of Children with Disabilities in Early Education Environments

The federal IDEA requires that children with disabilities be educated in the "least restrictive environment," preferably in natural environments.[lvii] Federal fiscal year 2013 data reveals that 24 percent of all young children with disabilities (i.e., three-, four- and PreK five-year old children) do attend classroom settings with their peers. Because every young child should have access to learning and growth opportunities across community settings, the NC Inclusion Initiative published the *North Carolina Inclusion Planning Guide*. The Guide provides a series of steps for a collaborative process at the community level to plan for and execute opportunities for the inclusion of young children with disabilities in high quality early childhood programs.[lviii] As NC PreK expands, best practices for inclusion as articulated in the *Guide* can be considered.

The inclusion of young children with disabilities as full participants in high quality early childhood settings has been shown to increase positive outcomes for all children and to provide academic and social-emotional benefits for children identified with disabilities. In addition, children with disabilities reap other benefits including the opportunity to make friends.[lix] Evidence demonstrates that children with special needs served in regular education settings had better post-secondary education, employment, and independent living outcomes.[lx]

Increasing Access to Infant and Early Childhood Mental Health Consultation within Early Childhood Programs

Infant and early childhood mental health consultation is an evidence-informed practice that places a specially-trained mental health consultant within early childhood programs, such as home visiting and early education. The mental health consultant works as part of the program team to build the capacity of program staff to employ "skilled observation" to recognize young children's social-emotional needs and challenges and to engage with children and their families in trauma-responsive ways.[lxi] While infant and early childhood mental health consultants may come from a variety of fields, formal training and licensure is required, along with demonstrated skills in mental health assessment, infant health, community programs, and the cultural context of children, families, and providers served.[lxii] There is strong evidence that this type of consultation to program providers improves the social, emotional and behaviors outcomes of young children, and benefits both providers and programs.[lxiii]

Increasing access to mental health consultation would also require increasing the pool of trained mental health specialists who are competent to work with infants and very young children and their families.

VIII. Evidence-Based and Promising Program Options for Effective Early Intervention

Programs identified below are largely directed at providing *intervention services* (i.e., treatment and support) for infants with mental health challenges, and their families, when developmental screening and assessment identify them as in need of service. In addition, trauma-informed practice should pervade the child- and family-serving system.

Attachment Bio-Behavioral Catch-up (ABC)

Attachment Bio-Behavioral Catch-up is an infant-parent intervention developed to treat infants ages six to 24 months who have experienced early adversity. Over ten sessions, parents are coached in a set of skills and videotaped to help them reflect on their behaviors. Traumatized infants whose parents completed the ABC sessions had more normalized stress responses.[lxiv]

Parent-Child Interactive Therapy (PCIT)

Parent-Child Interaction Therapy is a parent-child intervention in which specially trained coaches work with parents of children ages two to seven years old with disruptive behaviors. Parents are coached to develop communication, positive discipline, and child management skills. Weekly coaching is provided. Research shows improvements in parental skills and positive behaviors toward their children and reductions in children's negative behaviors.

Trauma Informed Child-Parent Psychotherapy (TI-CPP)

Trauma Informed Child-Parent Psychotherapy is a highly effective treatment for children ages birth through six who have experienced traumatic events, and their parents. The treatment guides parents through a process of repairing parent-child "relationship breaches" resulting from traumatic events. This intervention, disseminated through National Child Traumatic Stress Network, has been implemented 143 sites.[lxv] CPP is also one of the few empirically-validated interventions that is "routinely conducted with ethnic minorities."[lxvi]

Appendix A. **Developmental Screening in North Carolina**

Assuring Better Child Health and Development (ABCD)
ABCD is a national developmental screening, prevention and early intervention program model now operating in 27 states, led by the National Academy for State Health Policy and supported by The Commonwealth Fund.[lxvii] ABCD began in North Carolina in 2000 as a three-community network pilot designed "to identify and develop a set of best practices by which primary care physicians can identify children five or younger with developmental delays and arrange for early intervention."[lxviii] ABCD has now expanded to include all 14 networks across the state supported by Community Care of North Carolina (CCNC).[lxix]

North Carolina has been recognized for leading the nation in services to children receiving Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), with a rate of screening at EPSDT visits of 84 percent.[lxx] In federal fiscal year (FFY) 2013, 40 North Carolina pediatric services with a total of 239 medical providers, participated in ABCD, serving over 36,000 children, 57 percent of whom received Medicaid.[lxxi]

Key objectives of ABCD are to create a model Medicaid program for children including medical, social and developmental needs, engage with local communities, integrate across existing services to reduce duplication, respond to parental developmental concerns, and monitor and track Medicaid impact. The model has two major components: to integrate a standardized developmental screening tool as part of well-child visits and to collaborate with families, state, and local agency staff to improve the effectiveness of community systems serving these children.[lxxii]

Lessons learned through the ABCD program nationally include that, despite high rates of screening, there are gaps in the subsequent referral for and access to services process along with effective case management to support children and families with more complex needs.[lxxiii]

***Health Check*: North Carolina's EPSDT Program for Medicaid Children and Mothers**
Children eligible for Medicaid have, under the federal EPSDT program, rights to receive the medical services they need, regardless of whether they are normally covered. North Carolina's program is called *Health Check* and ensures that children receive regular preventive care, and diagnoses and treatment of health problems.[lxxiv] *Health Check* is administered by the North Carolina Division of Medical Assistance.

As the result of the work of ABCD over the past decade, North Carolina now "requires the use of a formal, standardized developmental screening tool at Medicaid-funded well-child Early Periodic Screening, Diagnosis and Treatment (EPSDT) visits."[lxxv] These visits and screenings occur in accordance with Bright Futures Guideline and the federal EPSDT periodicity schedule.

In its *2016 NC Health Check Program Guide*, DMA reports on changes to the Medicaid program to align it with the *CMA Information Guide* cited above. Importantly, providers should use brief screens only to identify risk of a developmental, emotional, or behavioral problem. They may not be used to ""assess or change an already diagnosed health condition or illness."[lxxvi] The Program Guide does not specify "scientifically-validated" developmental screening tools to be employed through the Health Check process, leaving that decision to the provider. The Program Guide does refer to a chart created by the American Academy of Pediatrics that lists 20 scientifically-validated developmental screening tools.[lxxvii] The Program Guide also identifies three tools for autism screening, as well as 15 tools for screening for emotional/behavioral health risks.

Appendix B. **Best Practices in Implementing and Sustaining an Effective Early Intervention Service Delivery Approach**

The National Early Childhood Technical Assistance Center (NECTA) at the University of North Carolina's Frank Porter Graham Child Development Institute created the *Interactive Guide to Implementing and Sustaining Effective Service Delivery Approaches: Stages and Steps.*[lxxviii] The guide, anchored in effective national, state, and local service delivery approaches and strategies, may be a useful tool to assess North Carolina's infrastructure, capacity, and areas for greater IDEA Part C investment.

Text below in the "Steps" section has been summarized.

Stage	Steps	Resources
Explore Service Delivery Approaches with Stakeholders	*Articulate IDEA Part C scope, mission and principles with a diverse group of stakeholders.* *Determine approach and core features* *Compare existing system and practices with desired approach, identifying necessary changes* *Explore implementation including evaluation and sustainability*	• Agreed Upon Mission and Key Principles for Providing Early Intervention Services in Natural Environments (2008) • Seven Key Principles: Looks Like/ Doesn't Look like (2008) • Other States' Description of Vision, Mission, Principles and Values Underlying their Service Delivery Approach • Early Intervention Service Delivery Models (2008) • Service Delivery Approaches: Working with Families and Infants and Toddlers (2010) (NY) • High Quality, Team-based Early Intervention Services for Infants and Toddlers (IA) (2011) • State Structures for Part C Service Provision and Implications for Accountability, NECTAC • Self-Assessment on Effective Practices in Natural Environments: Integrating Child Outcomes Measurement into an Effective IFSP Process
Build Support and Commitment	*Provide multiple opportunities for stakeholders to advocate for changes in proposed approach* *Secure leadership support* *Develop communication plan* *Develop audience-specific messages and materials*	• State Guidance and Informational Documents on Services in Natural Environments and Transdisciplinary or Primary Provider Models, NECTAC • WA System Improvement Project's Monthly Updates • ESIT Publications for Families • Publications for ESIT Contractors/LLAs • MO Development and Implementation of EI Team Model

Develop Implementation Plan	*Build state and local implementation team process*	• WA Systems Improvement Project • On-line Training Modules: Foundations of Early Intervention; Initial and Ongoing Functional Assessment; Developing Initial and Continuing Individualized Family Service Plans
	Determine System Supports Including changes needed within state, regional and/or and local infrastructure, including funding mechanisms	• WA Part C System Improvement Project Flow Chart (2011) • WA Systems Improvement Project • MO Path to Early Intervention Teams in Missouri (2010)
	Build state training and TA capacity	
	Draft implementation plan	
Implement the Plan	*Adapt/Adjust infrastructure* to assure consistency and fidelity	• Guiding Concepts for Early Support for Infants and Toddlers (ESIT), (2010) • VA Practice Manual (2010) • MO First Steps Practice Manual (August 2009), MO Development and Implementation of EI Team Model (Updated March 2010) • Training Resources for Early Interventionists and Service Coordinators, NECTAC • DOD Educational and Developmental Intervention Services: CSPD Guidance on IFSP, IFSP Quality, Natural Environments and TD services • Pilots Launch, Policies and Procedures Work Begins - April 2011 Update
	Implement training and TA at state-wide, regional, program levels, and for, teams, individual providers, and families	
	Begin implementation	
	Fully implement	
Assure Sustainability	*Maintain/Expand support base*	• MO First Steps IFSP Quality Indicators Rating Scale (QIRS) includes guidance and exemplars
	Continue to review and revise infrastructure and fiscal support	
	Continue T/TA for fidelity	
	Evaluate for fidelity/quality	

Appendix C. Best Practices for Integrating Early Intervention into Family Support Settings[lxxix]

The text provided below is taken directly from the referenced resource.

Practitioner Type	Resource
Early Childhood (Division of Early Childhood, National Association for the Education of Young Children)	Key Principles of Early Intervention and Effective Practices: A Crosswalk with the Division for Early Childhood and National Association for the Education of Young Children Position Statement (December 2014)
School Psychology (National Association of School Psychologists)	Key Principles of Early Intervention and Effective Practices: A Crosswalk with the National Association of School Psychologists Position Statement on Early Intervention Services(December 2014)
Speech Pathology (American Speech-Language-Hearing Association)	Key Principles of Early Intervention and Effective Practices: A Crosswalk with the American Speech-Language-Hearing Association Resources (December 2014)
Physical Therapy (American Physical Therapy Association)	Key Principles of Early Intervention and Effective Practices: A Crosswalk with Physical Therapy Literature (December 2014)
Occupational Therapy (American Occupational Therapy Association)	Key Principles of Early Intervention and Effective Practices: A Crosswalk with Occupational Therapy Literature (December 2014)
Medicine (American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, & American Osteopathic Association)	Key Principles of Early Intervention and Effective Practices: A Crosswalk with Pediatric Medicine Literature (December 2014)
Educators and Discipline Practices	Key Principles of Early Intervention and Effective Practices: A Crosswalk with Statements from Discipline Specific Literature (December 2014)

[i] The Commonwealth Fund. (n.d.). *Archived: State Health Policy and Practices*. Retrieved from http://www.commonwealthfund.org/grants-and-fellowships/programs/archived-programs/state-health-policy-and-practices
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