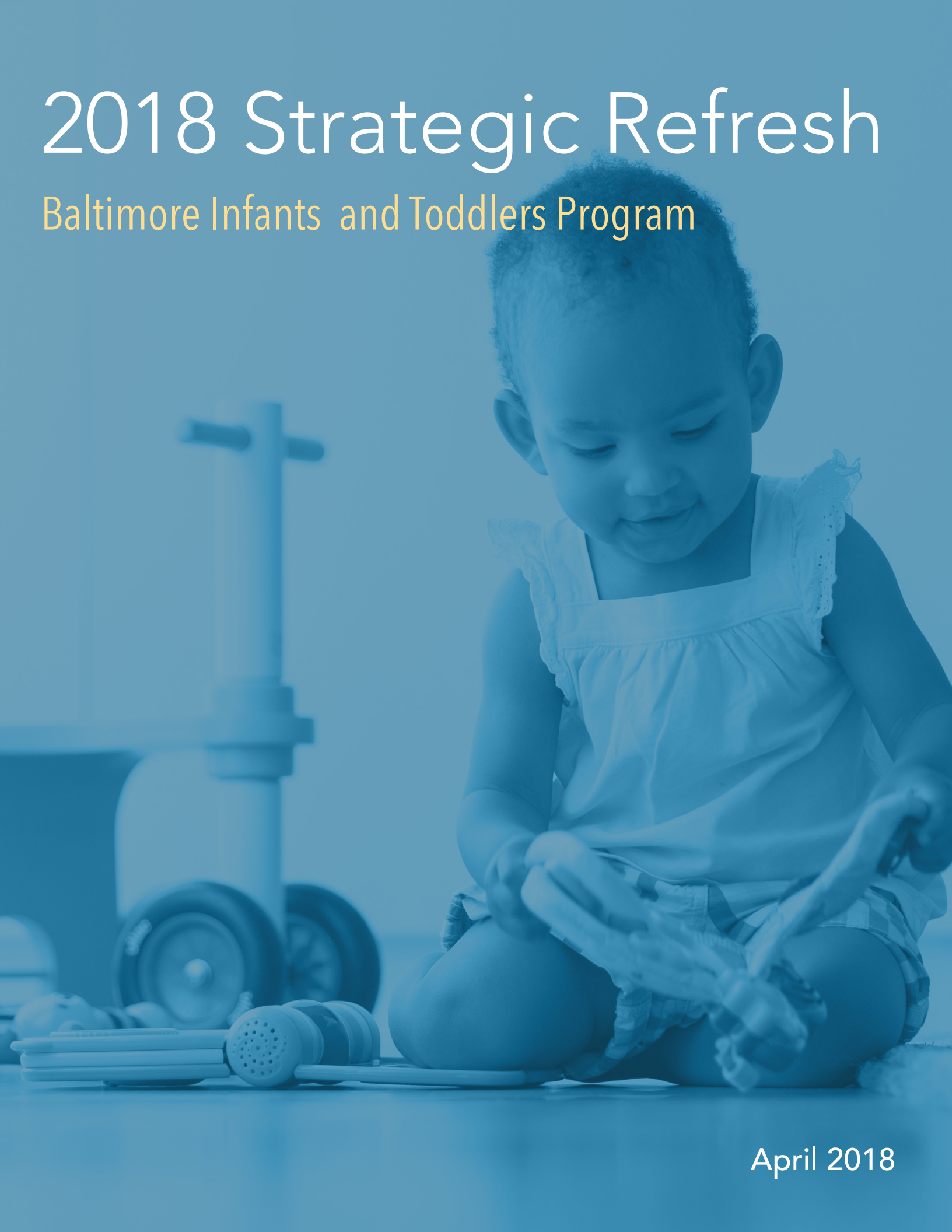
2018 Strategic Refresh

Baltimore Infants and Toddlers Program



April 2018

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EARLY INTERVENTION IN BALTIMORE CITY

The early years matter. The earliest years of a child's life represent a time of rapid development and learning, when the important architecture of the brain is built. Early experiences and interactions lay the foundation for later learning and development (Center on the Developing Child, 2007). Recognizing the importance of these early years, IDEA Part C was established to ensure families with children from birth to age three have access to services designed to identify developmental delays and disabilities and provide needed supports. Early Intervention (EI) services can reduce long-term negative consequences of early delays (Cooper and Vick, 2009), and offer opportunities to enhance children's potential for personal and education growth. In addition to intervening early in children's lives, the strength of EI as a prevention program lies in its mandate to address all areas of a child's development, including cognitive, communication, social, emotional, and physical delays and to include the family as the child's first and most important teacher (Woods et al., 2010). Early Intervention is an integral part of a broader early childhood care and education system. Operating not as a stand-alone set of supports and services, early intervention agencies work in partnership with many child- and family-serving systems including health, education, and social services.

EARLY INTERVENTION AND BALTIMORE'S COMMITMENT TO YOUNG CHILDREN

Early Intervention services in Baltimore City are delivered through the Baltimore Infants and Toddlers Program (BITP). BITP has integrated its work into the broader community-wide efforts of B'More for Healthy Babies and its current endeavor to create a systemic and multi-tiered approach to ensuring the needs of all children and families in Baltimore City are being adequately and equitably addressed. Over the years, B'More for Healthy Babies has implemented a number of successful efforts addressing the most pressing needs of children and families in the city. Building on the success of an initiative designed to reduce high infant mortality rates in the city, B'More for Healthy Babies has engaged in an effort to develop a framework and strategic approach to achieving population-level outcomes for families and children in Baltimore City. BITP plays an integral part in the B'More for Healthy Babies strategic approach, contributing to the overall planning and implementation, and focusing deeply on the early intervention services and supports it provides as part of the larger B'More for Healthy Babies mission.

THE STRATEGIC REFRESH PROCESS

In alignment with the larger B'More for Healthy Babies strategic planning process, BITP has undertaken an agency-wide effort to develop a five-year strategy for improving and enhancing early intervention services for infants and toddlers with special needs in Baltimore City. This "Strategic Refresh" represents a deep commitment to providing services and supports that reflect current research and best practices, tackle issues of racial inequity within systems and services, and address the unique needs of the community in Baltimore City, including children's social and emotional health and development.

In alignment with the larger B'More for Healthy Babies strategic planning process, BITP has undertaken an agency-wide effort to develop a five-year strategy for improving and enhancing early intervention services for infants and toddlers with special needs in Baltimore City.

While research clearly shows that early intervention provides a critical support for young children with developmental delays and disabilities, there are persistent unmet needs. These include: 1) A gap between the number of children who would be eligible, and those who are referred for services. 2) A lack of available resources to support children who have been assessed. 3) Racial disparities - the research shows that African American children under the age of 24 months are five times less likely to receive EI services than White children. 4) At-risk children, such as those who have experienced homelessness, who are more likely to be born at a low birth weight and to have learning disabilities and developmental delays, are greatly underserved.

These realities are particularly relevant to the goals and objectives BITP has set for the strategic refresh. The primary goal of this work is to identify opportunities to expand participation and ensure early intervention services and supports include children's social and emotional health, are family-centered, racially equitable, accessible, and high quality.

Approach to Plan Development

Planning has been an iterative and intentional process designed to ensure that BITP had the information and input needed to make informed decisions and develop strategies that serve to advance the City's objectives and meet the needs of children and families.

STEP 1. CONVENE A CROSS-AGENCY LEADERSHIP TEAM

The work began with the convening of a cross-agency leadership team, which helped guide the planning process and provide input and resources as needed. The team met regularly to track progress and advise on next steps.

STEP 2. STAKEHOLDER ENGAGEMENT

To ensure the strategic plan accurately reflected the needs and priorities of the community and built on existing strengths and opportunities, a series of focus groups and interviews were conducted. Focus groups brought families and EI staff to the table to share insights and experiences with the early intervention process. One-on-one key informant interviews gathered information from community leaders, advocates, and program administrators who provided input on the role of BITP as part of a broader system of supports and services.

STEP 3. REVIEW OF LITERATURE AND EXISTING LANDSCAPE

A comprehensive review of the literature and existing landscape provided BITP with a solid grounding in research- and evidence-based early intervention practices as well as an understanding of current conditions and needs in Baltimore City. Community spotlights provided practical examples of approaches and successful practices being implemented in comparable cities.

STEP 4. REFINE AND PRIORITIZE STRATEGIES

The literature review, landscape study, and results from the focus groups and interviews were compiled and analyzed to culminate in a final report which included a set of key considerations and suggested strategies. The leadership team then engaged in a process of refining and prioritizing strategies and identifying potential measures of success for each.

STEP 5. DEVELOP STRATEGIC PLAN

An initial framework for the Five Year Strategic Plan was created and shared with the community through a series of convenings and information sessions, leading to a final five-year plan.

WHAT'S IT LIKE FOR YOUNG CHILDREN IN THE CITY?

The population of children under 5 years living in Baltimore City is:

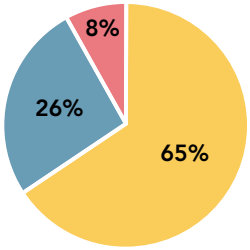
41,301

MORE THAN 30% OF THE POPULATION

15,000 CHILDREN

under 5 years in Baltimore City are living in poverty compared to 13% statewide.

Children represent the second highest segment of the population living in poverty.



The racial and ethnic breakdown for children shows a rich diversity with:

- **65%** being black or African American: 26,907
- **26%** being White: 10,661
- **8%** being Hispanic or Latino: 3,352

This points to the need for culturally informed responsive interventions that recognize the strengths of families and prioritize racial equity.

Children who grow up in poverty face a variety of associated health and academic disadvantages putting them at higher risk for developmental delays or disabilities.

82% of Black or African American kids in Baltimore ARE LIVING IN POVERTY (12,150 children)

9% of White children in Baltimore City ARE LIVING IN POVERTY (1,293 children)

6% of Hispanic children in Baltimore City ARE LIVING IN POVERTY (903 children)

This points to the need to carefully assess issues of equity and access to services. Poverty disproportionately impacts African American children under 5 years old. While African American children represent 65% of the total population, they represent 82% of the population living below the poverty level, whereas White children represent just 9% and Hispanic children account for only 6%. Researchers have looked at the effectiveness of early intervention for vulnerable children and found that children with disabilities are often "doubly vulnerable" with both exposure to the stressors of poverty and their disability.

Baltimore City has the LARGEST NUMBER OF CHILDREN IN THE STATE REFERRED TO CHILD WELFARE AND PLACED IN FOSTER CARE.

In Baltimore City, CHILDREN ENTERING THE CHILD WELFARE SYSTEM AT BIRTH are a growing segment of the population, possibly due to increased identification of newborns affected by fetal substance exposure.

Research tells us that children involved in the child welfare system and foster care are at higher risk for developmental delays.

Baltimore City children under 18 account for

42.9% of children in welfare system statewide.

CHILDREN IN BALTIMORE CITY ARE MORE LIKELY TO BE...

While rates are decreasing, Baltimore City ranks higher than the rest of the state and the nation in two health related indicators associated with later developmental delays and disabilities.

BORN TO ADOLESCENTS

32.6 per 1,000 15-19 year-old females

LOW-BIRTH WEIGHT

11.7% in 2016

Research shows that babies born to young mothers and those who experience poor birth outcomes, such as low birth weight, have a higher probability of experiencing delayed motor and social development. If not addressed early, these delays put children at higher risk for poor educational outcomes when they enter school.

Data from the 2017-2018 Kindergarten Readiness Assessment (KRA) showed:

41% of children

in Baltimore City demonstrated readiness, up from 38% in 2016-2017.

Young children from low-income households (37% demonstrate readiness), who are English learners (21%), or with an identified disability (15%) are significantly less likely to start school ready to succeed.

This points to the potential unmet need for young children who could have benefited from early developmental screening, evaluation and intervention services. Access and participation in early intervention services often boost school readiness by eliminating delays before school entrance.

EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES

30% of children in Baltimore City have experienced 2+ ACEs.

Exposure to ACEs can have long term effects on health and well-being and can be passed on to second generations. Families with young children in Baltimore City are experiencing levels of trauma that make them more likely to need early intervention services, particularly social-emotional support.

SOURCES: US Census Bureau, 2010-2014 American Community Survey 5 Year Estimates; MD Alliance for the Poor, 2016; Maryland Department of Health Vital Statistics Administration, 2016; Ready at Five, 2018

WHAT IS BALTIMORE CITY'S VISION FOR THE FUTURE?

All Baltimore City Infants and Toddlers and their families will have equitable access to a high quality early intervention system to ensure children's optimal development and future success.

Based on this vision for ensuring all children and families are receiving the highest quality services and supports, BITP centers its work on the following core values:

- **ACCESS** - To ensure that all children and their families have access to and are receiving the services they need-–especially those children and families who are at highest risk.
- **QUALITY** - To ensure services are high quality, appropriately designed and delivered to meet the needs of children and families in the community and address all areas of development.
- **EQUITY** - To ensure services and supports are delivered in a manner that recognizes and builds on cultural and linguistic characteristics and beliefs and ensures all families have equal access and supports to sustain services.

Based on the findings from the Strategic Refresh Report, subsequent efforts by the Leadership Team to refine and prioritize goals, and guided by its core values, BITP identified five goals and related strategies, actions steps, and measures of success that would inform their work over the next five years. The following is a summary of each goal including supporting research, a snapshot of the Baltimore landscape, identification of primary areas for improvement, and an overview of intended strategies and action steps.

Strategic Refresh Goals and Strategies

ACCESS

Children will have equitable access to early intervention services that are timely, continuous, and culturally and linguistically responsive

Strategy 1 Require data-driven planning and decision-making to improve access and continuous services delivery
Strategy 2 Meet state-mandated timelines for evaluations and start of services
Strategy 3 Strengthen partnerships with other child and family serving agencies to increase early identification, improve referral adherence and align services to family needs
Strategy 4 Strengthen culturally and linguistically responsive practices for engaging and retaining families

FAMILY PARTNERSHIPS

Families are authentically engaged as active partners in the identification, planning, and development of early intervention services

Strategy 5: Adopt evidence-based practices to strengthen family engagement throughout the early intervention process

SOCIAL-EMOTIONAL DEVELOPMENT

Families receive the services and coaching needed to effectively support their children's social-emotional development

Strategy 6: Expand capacity to address social-emotional needs of children
Strategy 7: Improve identification of children with social-emotional delays

TRANSITIONS

Children and families transition seamlessly from early intervention to preschool special education services

Strategy 8: Incorporate families' perspectives into the planning for transition from early intervention to preschool special education services
Strategy 9: Strengthen policies, practices and communication across BITP and receiving agencies to effectively support children and families with transitions

SYSTEM-LEVEL SUPPORTS

BITP has the required infrastructure and funding to administer a high quality early intervention system

Strategy 10: Increase system-wide professional development support for staff
Strategy 11: Create a resource development strategy to leverage existing funding and secure additional revenue sources

ACCESS

Children will have equitable access to early intervention services that are timely, continuous, and culturally and linguistically responsive

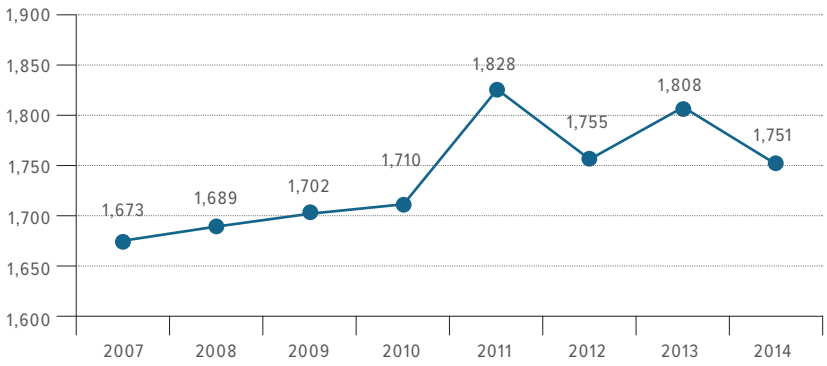
Frequent early developmental and behavioral screening, along with timely referrals, are the first steps in accessing early interventions (ACF, 2013). Support and guidance from the Federal Department of Health and Human Services and the American Academy of Pediatrics among others, has resulted in a significant rise in screenings in recent years. However, research finds screening and referrals are less likely to occur without strong and ongoing relationships and frequent communication between referring sources and early intervention agencies. The importance of maintaining ongoing "feedback loops" – particularly with medical practices - has been identified as a key component in sustaining screening and referrals (Dunst et al., 2004).

To ensure culturally and linguistically diverse children are being screened appropriately, special provisions must be made. Processes need to be in place to determine which language and assessment tools are most appropriate for each child. Professionals conducting screening or assessments should be skilled and knowledgeable about the cultural implications of the assessment process to obtain a non-biased picture of children's abilities. These and other considerations will help practitioners to determine whether certain patterns of development and behavior are caused by a disability/delay or simply the result of cultural and linguistic differences.

The period of time between a family receiving a referral and an evaluation being scheduled is where many drop out. Issues of communication, logistics, and access to information about early intervention, as well as prevalence of a "wait and see" attitude among referral agencies, and family fears of stigma associated with participating in early intervention have been identified as major barriers to referral adherence. Children who are low-income or culturally and linguistically diverse are at greater risk for failing to access evaluation and assessment.

BITP has prioritized increasing the number and percentage of children and families served. The number of children served per year reveal a 5% increase since 2007, which has outpaced the growth in population in Baltimore City (.05 %

Figure 1. Annual Data for Children Served by Baltimore Infants and Toddlers Program Between CY2007-2014



from 2010-2015). While this progress is positive, data indicates that not all children who may need early intervention are being identified and provided with needed services.

Analysis of current data indicates that a number of potentially eligible children are not progressing to evaluation assessment after referrals have been received.

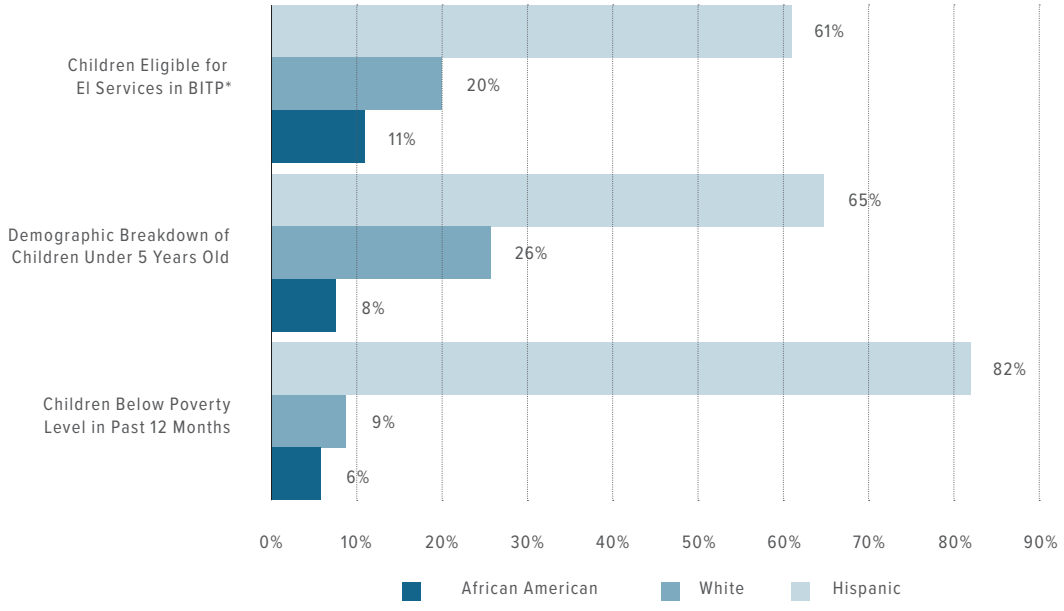
A focus on screening and referral represents an opportunity to ensure all children needing services are accessing the system. As the single point of entry for EI services in the city, BITP is well positioned to enhance family and community outreach and develop strategies designed to strengthen relationships with referring agencies and medical practices.

BITP receives referrals from parents and family members; physicians, hospitals, or other health care professionals; private providers; Department of Social Services (DSS); and other sources, such as childcare providers, foster parents, social workers, etc. High-risk children, such as those entering the child welfare system or living in homeless shelters, are routinely screened and are referred for evaluation and assessment. BITP works in partnership with DSS and Early Head Start to complete their evaluation and assessment.

Analysis of current data indicates that a number of potentially eligible children are not progressing to evaluation and assessment after referrals have been received. Almost half of the children referred to BITP (41%) are not being evaluated and assessed for eligibility due to unsuccessful attempts at contacting the family after the referral was received. This reason supersedes the proportion of children who were found ineligible for services after a full evaluation was completed (35%).

Further analysis of eligibility indicates that a majority of children found eligible for services were African American (61%), representing over twice the number of White children and four times the number of Hispanic children. Compared to

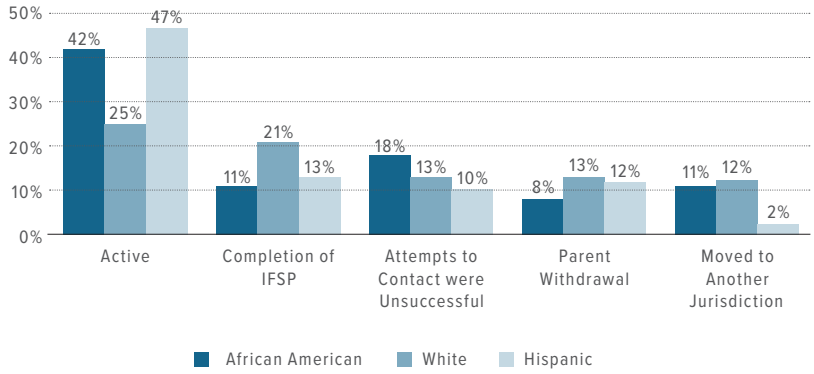
Figure 2. Comparison of Eligibility Data for Baltimore Infants and Toddlers Program & Baltimore Census Data by Race/Ethnicity and Povery Level for CY2015



Census data, these numbers seem consistent with the demographic composition of Baltimore City overall. However, when taking into account factors that may impact the healthy development of children and increase the likelihood of need for early intervention services, such as poverty, these numbers suggest there may be unmet need. For example, according to Census data estimates, 82% of African American children in Baltimore City are living in poverty and 61% of children eligible for EI services are African American.

Examining the key barriers to service delivery by race/ethnicity provides other valuable insights. Of the eligible children who are African American, 42% remained active within the BITP program in CY2015 - higher than the percentage for all eligible children (38%) - however they also had the highest rate (18%) across race/ethnicity categories of becoming inactive due to unsuccessful contact with their families. Of the eligible children who are White, 25% remained active within the BITP program - the lowest percentage across race/ethnicity categories. Although, a closer look at the data suggests that this may be due to completion of their IFSP and transition from the program rather than due to facing barriers to service delivery. Of the eligible children who are Hispanic, 47% remained active within the BITP program – the highest across race/ethnicity categories – and had the lowest percentage where attempts to contact families were unsuccessful (10%) and becoming inactive due to relocation (2%). Support from the Primeros Pasos program for Hispanic families may have played a role in maintaining high levels of engagement and responsiveness.

Figure 3. Status Breakdown of Key Barriers by Race/Ethnicity for CY2015



Primary Areas for Improvement

Outreach & Public Education Services: Lack of understanding among families about the benefits of early intervention or fear of being labeled indicates a need to increase understanding of the EI system and address the stigma that may be associated with accessing services.

Referral Adherence: While referral adherence is a universal challenge, understanding existing barriers to engaging families, particularly low-income and African American and Hispanic families, might reveal factors contributing to potentially eligible children being disproportionately lost between referral and evaluation.

Timing: Reducing the time between referral and assessment is important, particularly for expediting access for high needs and mobile families and children (i.e. families living in homeless shelters and children entering the welfare system at birth).

Based on these and other findings captured from the Strategic Refresh Report, the following strategic directions have been identified to address the need for increased access:

STRATEGIES & ACTION STEPS

	1–2 YEARS	3–5 YEARS
STRATEGY 1 **Require data-driven planning and decision-making to improve access and continuous service delivery**	• Gain a deeper understanding of barriers to family participation in evaluations and/or services • Monitor the percentage of evaluations that result in eligibility by center and/or team • Develop a data plan outlining the additional information needed to understand and address disparities in access to and continuous use of services, particularly for children in highly impacted populations • Establish data collection and reporting methods to examine data trends over time	• Implement the developed data plan to inform decision-making, reduce disparities and increase reach and continuity in service delivery • Create data-sharing agreements across provider agencies to ensure services are reaching highly impacted populations • Leverage existing data partnerships between Department of Health, Department of Social Services, and Department of Education to track program effectiveness longitudinally
STRATEGY 2 **Meet state-mandated timelines for evaluations and start of services**	• Continue quality improvement processes (LEAN process) to improve time allocations for evaluation, assessment, and IFSP planning, as well as the service delivery cycle	
STRATEGY 3 **Strengthen partnerships with other child and family serving agencies to increase early identification, improve referral adherence and align services to family needs**	• Strengthen formal, ongoing communication and feedback loops between BITP and referral sources to: 1) streamline the referral process to and from BITP and 2) share/receive timely feedback on evaluation results and services provided • Create cross-agency teams to identify children and families in highly impacted populations being served in other programs • Partner with child care providers to increase understanding of early intervention and encourage referrals	• Conduct public awareness campaigns to increase family and community understanding of early intervention and encourage referrals
STRATEGY 4 **Strengthen culturally and linguistically responsive practices for engaging and retaining families**	• Review and replicate successful approaches implemented through the Primero Pasos and Kodom Kol programs	• Increase match of families with providers who speak their home language and understand the family's culture • Increase resources to expand the availability of interpretation services for provider use with linguistically diverse children and families • Recruit and retain bicultural and bilingual providers across all developmental disciplines throughout the EI system in order for staff diversity to reflect that of children and families

WHAT DOES PROGRESS LOOK LIKE?

- Increase in eligible children referred to and receiving continuous early intervention services through BITP
- Movement towards a representative proportion of African American children being identified and eligible to receive services
- Timely delivery of early intervention services to meet state guidelines and expectations
- Increase in match between bicultural and bilingual providers in BITP and the diverse families being served

WHAT CAN BE BUILT ON?

- **BITP's status as the city's single point of entry for EI services.** Referrals come from a variety of sources, and there is widespread awareness if its services
- **Connections to the Child Welfare System.** Currently, children are screened and referred to BITP through the MATCH (Making All the Children Healthy) program, with screenings conducted by the Department of Social Services and Catholic Charities.
- **Existing Community Partnerships.** Partnerships with the Kennedy Krieger Institute, area hospitals, the Maryland Family Network, School Readiness Coalition, Baltimore City Child Care Resource Center, Baltimore City Head Start Collaborative, City Schools' Judy Centers, and local libraries (including the Enoch Pratt) represent opportunities for enhanced service delivery.
- **Kodom Kol and Primeros Pasos.** Two programs operated by BITP in partnership with the Kennedy Krieger Institute serving diverse families provide a model for expanded supports for culturally and linguistically diverse children and families.
- **University of Maryland Demonstration Project.** Designed to support and engage families of newborns in the neo-natal intensive care unit, this project has proven successful in helping families navigate complex systems, and could help inform adaptation of some of the effective elements of the program

WHO CAN HELP?

The Local Interagency Coordinating Counsel L-ICC, B'More for Healthy Babies, city agencies, Baltimore City Public Schools (City Schools), the Department of Social Services, Maryland Chapter of the American Academy of Pediatrics, local hospitals, families,
community providers.

FAMILY PARTNERSHIPS

Families are authentically engaged as active partners in the identification, planning, and development of early intervention services

To most effectively achieve positive outcomes for children and families, EI services must recognize and support the centrality of the family; provide interventions that are embedded in everyday routines and activities; and reflect the integrated nature of learning and development. These practices must begin with evaluation, assessment, and IFSP planning and extend across service delivery and transition planning. Research finds that effective early intervention facilitates family decision-making about services they desire and increases their capacity to support their child's participation in everyday activities (McCormick et al., 2009; Gatmaitan and Brown, 2015). The use of goal-setting approaches such as Routines-Based Interviews (RBI) and eco-mapping during assessment and IFSP planning have been effective with all families, including culturally and linguistically diverse families. To increase family engagement in delivery of intervention services, providing support through coaching is broadly recognized as an effective strategy. Coupled with an effective teaming approach that reduces the number of providers routinely engaged with families, coaching builds confidence and efficacy and provides families with the knowledge and skills needed to support their child's ongoing development.

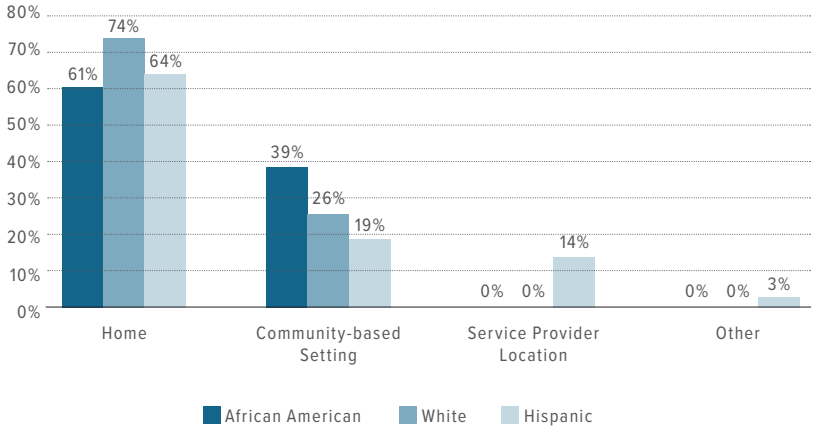
To increase family partnerships during assessment and IFSP planning, BITP is moving away from a "child-centered" process and will be adopting the use of routines-based interview (RBI) protocols. The following comment from an EI community stakeholder illustrates this intent: "I think that the RBI will answer our outcomes issue...[the process] cannot be service provision driven, it has to be family driven."

Eligibility determination and IFSP planning are highly sensitive points in the EI process. When explanation and planning are rushed, families are often left confused and frustrated. To address the importance of this phase of the EI process, it is important to allow enough time to hear from families and respond to questions and concerns: "Eligibility is the most sensitive for families – it's a point in services where you need to have more time and a slower process." Recognition that moving to a routines-based interview approach will necessitate expanding the assessment and planning period to ensure families' full engagement is captured in the following statement: "…if we are going to write good outcomes for people, you're going to need to get to know them and ask them open-ended questions that facilitate information from them that you can use for those outcomes...You have to get to the point where mom says 'it's really a problem for me to take this child to the grocery store.' She's not going to tell you if you say 'what is your need?'"

In keeping with the importance of utilizing a family-centered approach and delivering services in the context of children's natural learning environment, program data highlights BITP's commitment to supporting this approach. In CY2015, 72% of EI services were provided in the families' homes and 25% in community-based settings, while less than 3% of services were provided in settings not typically considered "natural environments," such as service provider locations, early intervention centers, etc. However, the data does reveal a higher percentage of Hispanic children being served in settings not typically considered natural environments. While BITP program data highlights this disproportionality for Hispanic children, it does not shed light on the underlying reasons behind these service-setting decisions, although a lack of Spanish-speaking providers has surfaced as one issue that hinders services to Spanish-speaking families.

With the majority of services currently being delivered in the home, BITP intends to focus family partnership efforts on increasing staff capacity to assume a coaching role with families and on adopting a

Figure 4. Percentage of Services Provided by Setting and Race/Ethnicity for CY2015



family-focused teaming approach. To that end, BITP is investigating a move from its current multi-disciplinary team approach – involving multiple discipline-specific providers working with children and families - to an interdisciplinary approach that will help alleviate confusion among families stemming from interacting with multiple service providers. As one stakeholder reflected, "I think for the family they feel that disjointedness. This person comes on this day for half an hour, this person comes on this day for an hour… There's a lot of people involved doing a lot of different things but I think it ends up very disjointed."

Primary Areas for Improvement

Time and Tools for Engagement: Families need time to be engaged in the assessment and planning process and opportunities to ask questions and share goals and priorities for themselves and their children. The current evaluation, assessment, and planning process does not allow time for establishing relationships and authentically engaging families in planning for their child's services and supports.

Coaching Capacity: Families need to play an important role in early intervention services in order to support their child's goals and development. Parent coaching offers a means to build parents' confidence and competence in the context of home. BITP service providers and families alike need information and support to build their capacity to assume these roles.

Based on these and other findings captured from the Strategic Refresh Report, the following strategic directions have been identified to strengthen family partnerships:

STRATEGIES & ACTION STEPS

	1–2 YEARS	3–5 YEARS
STRATEGY 5 **Adopt evidence-based practices to strengthen family engagement throughout the early intervention process**	• Establish systemic use of Routines-based Interview practices • Train all Early Intervention staff in Facilitating Attuned Interactions (FAN approach) and establish the necessary supervision and support structure	
	• Develop and phase in an inter-disciplinary teaming protocol for service coordinators and providers to make service delivery more seamless for families	

WHAT DOES PROGRESS LOOK LIKE?

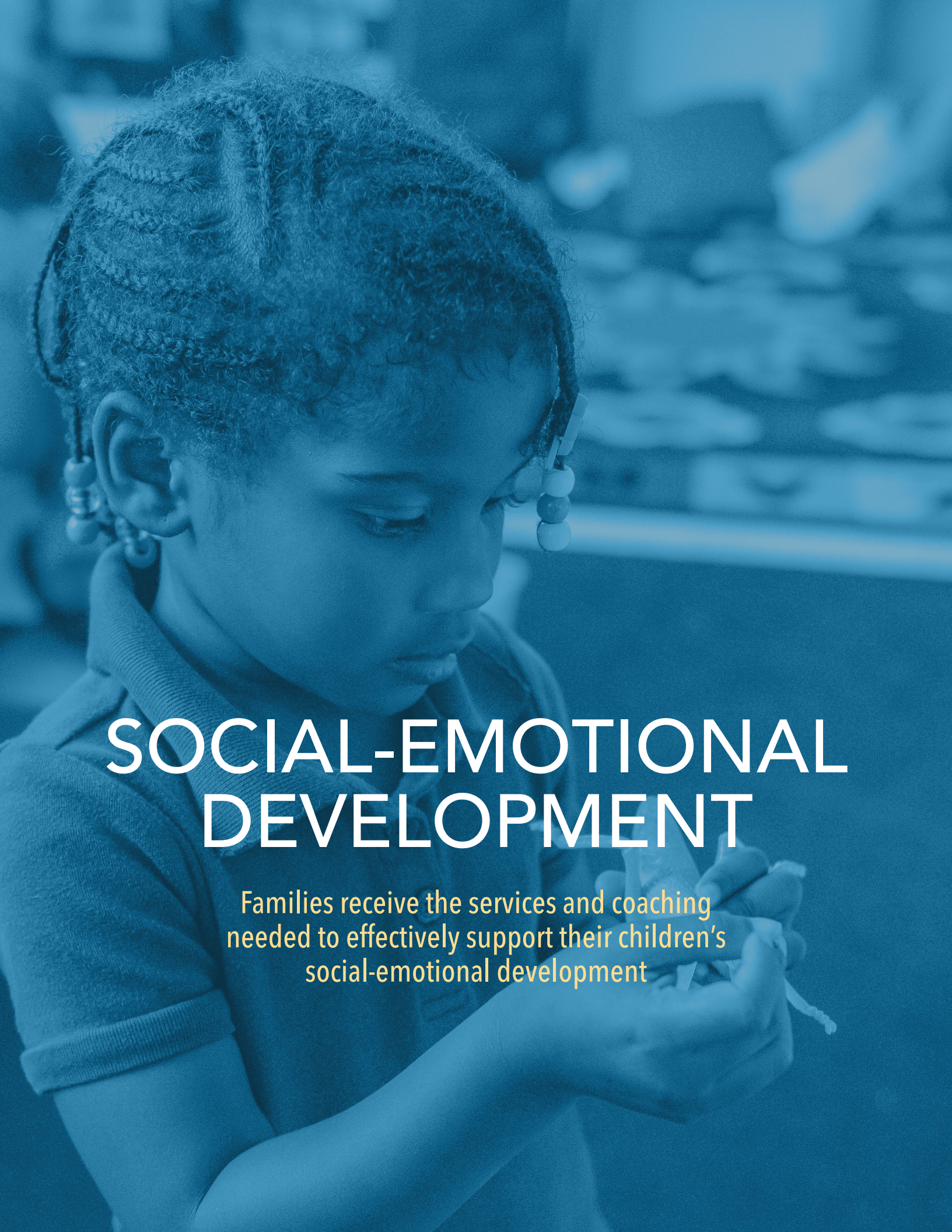
- Increase of eligible families participating in a Routines-based Interview as part of the initial IFSP process
- Increase in cases using a teaming approach
- Increase in number of providers trained in the FAN approach

WHAT CAN BE BUILT ON?

- **MSDE Support:** Family engagement has been lifted up as a state priority and the Maryland State Department of Education (MSDE) is providing technical assistance and funding to BITP to support implementation of related strategies.
- **FAN Implementation:** BITP can build upon the commitment by B'more for Healthy Babies to implement FAN across all agencies and partners that provide direct services.
- **BITP Family Support Network:** BITP currently operates a Family Information and Support Network that serves as a clearinghouse for connecting families to community resources and supports.
- **Community Partnerships:** BITP maintains strong partnerships with a number of family-serving agencies and organizations in Baltimore City including the Family Network and the School Readiness Coalition.
- **The LEAN Process:** BITP has been engaged in an internal operations effort to streamline processes and improve overall efficiency of the agency.

WHO CAN HELP?

MSDE, L-ICC, community partners, families



SOCIAL-EMOTIONAL DEVELOPMENT

Families receive the services and coaching needed to effectively support their children's social-emotional development

25%

of children under the age of four experience or witness a traumatic event, and children living in high-poverty communities are even more likely to experience trauma.

A recent rise in attention given to the social-emotional development of young children stems from the growing understanding of the importance of the early years as well as societal changes putting more children at risk for poor health and developmental outcomes (Ensher & Clark, 2016). "Social, emotional, and behavioral problems are now among the top five chronic disabilities affecting children under the age of 18 in the United States" (Halfon et al., 2012).

Estimating the prevalence of social-emotional delays among young children 0-5 years remains a challenge. Risk factors related to poverty, including parental stress, chronic health and mental health problems, and family and community disorganization and violence can result in children's continuous exposure to stress causing what is known as "toxic stress." It is estimated that 25% of children under the age of four experience or witness a traumatic event, and children living in high-poverty communities are even more likely to experience trauma (Harden, 2015). Adverse Childhood Experiences (ACEs) can have long-lasting effects on health and mental health status. Research indicates that children exposed to two or more ACEs are twice as likely to be diagnosed with a developmental or behavior-related problem. When children reach school age, exposure to ACEs can result in lower rates of school engagement and academic achievement.

An effective system of care that addresses the social-emotional development of young children and their families is characterized by three key components:

- **Implementation of a tiered set of services and supports,** that includes prevention, and focused and intensive intervention
- **A focus on trauma and trauma-informed care** that is integrated into all aspects of the service delivery process
- **Professional development** that includes training, supervision and consultation.

BITP program data reveals that 54% of children exiting the program during CY2015 were identified as having a social-emotional delay at entry into the BITP system.

Figure 5. Prevalence of Social Emotional Delays in Children

Measure	Value
Prevalence of S-E Delays-National*	11%-26%
Prevalence of S-E Delays-BITP**	54%

Source(s):
*American Academy of Pediatrics, 2012, Brown et al, 2012, Weitzman et al, 2013, and Squires et al, 2015
**Queried BITP program data CY2015 - PLOD data to estimate comparing chronological age vs. developmental age for S/E Domain

Currently, one BITP evaluation center includes a child psychologist, and another center includes a developmental pediatrician. Children who are suspected of having an autism spectrum disorder, social-emotional issue or behavioral concern are seen at these centers when possible. The developmental pediatrician or child psychologist use the M-CHAT tool to assess children suspected of having an autism spectrum disorder. If a child with behavioral concerns is evaluated, any member of the evaluation team can complete the "Personal-Social Domain" of the Battelle Inventory. BITP recently introduced a tool called the "Developmental Behavioral Observations Sheet" to be completed by the person who spends the most time with the child during the day (e.g., parent, child care provider, or teacher). Currently, the ASQ-SE2 is also completed on a case-by-case basis at the discretion of the service coordinator. Social-emotional services offered through BITP include the following:

- Children suspected of having an autism-spectrum disorder can be enrolled in the Kennedy Krieger Center for Autism and Related Disorder's (CARD) therapeutic day program.
- To address the needs of children with other social-emotional delays, BITP service coordinators and service providers have been trained in Social Emotional Foundations for Early Learning (SEFEL) and are able to help coach families in behavior management strategies.
- Children and families needing clinical intervention are referred to a clinical program through the "Linkages" section of the IFSP. Service linkages are community services and supports designed to enhance the family's capacity to meet the needs of their child and family.

54%

of children exiting the program during CY2015 were identified as having a social-emotional delayat entry into the BITP system

Primary Areas for Improvement

Deployment of Mental Health Specialists: Limited access for families to available mental health specialists needed for early identification, assessment, planning, and delivery of effective behavioral and early mental health interventions.

Funding and Identifying Revenue Streams: The need to provide more services to support social-emotional and behavioral needs of children and families is complicated by a lack of clarity (at the state and federal levels) with regard to available revenue streams that can be deployed to support service delivery.

Supporting Service Providers: Service providers are often called upon to address issues ranging from basic behavior management and parenting support to more serious issues related to supporting trauma-exposed children and families. Providers need specialized knowledge and support for developing the capacity to effectively play this role.

According to feedback from the L-ICC, behavioral issues are on the rise and are a growing concern in Baltimore City. Conditions contributing to this include an increase in the diagnosis of autism spectrum disorders, increase in the number of children born to substance-abusing mothers, and an increase in the number of reports of abuse and neglect. One community stakeholder who was interviewed stated that attachment issues were becoming more prevalent, and another commented that because of the "sheer volume of trauma" in the city, much of it was going unaddressed. This observation is validated by findings that many children with social-emotional and behavior issues are not being identified until they enter school. In 2017-2018, almost half (46%) of children entering Baltimore City Public Schools (City Schools) at age five do not meet the kindergarten readiness benchmarks for social-emotional development.

Overall, there is consensus among stakeholders, including practitioners and families, that there is a general lack of social emotional services and trained practitioners available in the city to address current levels of need. Across the field, there is limited access to professionals trained to identify social-emotional and behavioral/mental health needs in both children and families. Stakeholders in Baltimore City see the inclusion of behavioral specialists as part of the intervention team as a pivotal element that could expand BITP's capacity to address social-emotional needs more effectively as part of the overall service delivery plan.

Based on these and other findings captured from the Strategic Refresh Report, the following strategic directions have been identified to address the need for increased support for social-emotional development:

STRATEGIES & ACTION STEPS

	1–2 YEARS	3–5 YEARS
STRATEGY 6 **Expand capacity to address social-emotional needs of children**	• Define and implement a comprehensive (3-5 year) plan for BITP to 1) incorporate social-emotional development and behavioral health goals into the IFSP process; 2) ensure those social-emotional services are delivered; and 3) monitor social-emotional service delivery and client progress using child outcome data • Convene the Mental Health Working Group to establish partnership agreements between BITP and external agencies currently providing social-emotional and behavioral health supports to improve access to services and provide BITP teams with ongoing consultation and support	
STRATEGY 7 **Improve identification of children with social-emotional delays**		• Ensure evaluation teams have appropriate capacity to assess social-emotional delays and are using validated tools

WHAT DOES PROGRESS LOOK LIKE?

- Increase in families completing the ASQ-SE2 as part of eligibility evaluation
- SE interventions in IFSP as services (not linkages) for all eligible children
- Increase in providers implementing SE services as identified on IFSP

WHAT CAN BE BUILT ON?

- **Access to social-emotional screening and early identification.** A number of community agencies and organizations conduct developmental screening that includes a social-emotional component, potentially alleviating the concern that children are not being identified early enough. Currently, those screening early include home visiting programs, pediatricians, Department of Social Services/MATCH, and Early Head Start.
- **Community-wide focus on social-emotional development.** In an effort to begin to address the need for more social-emotional supports for children and families, B'More for Healthy Babies commissioned the 2016 report, "The Baltimore City Early Childhood Social-Emotional Health Landscape."

WHO CAN HELP?

MSDE, Family League of Baltimore, B'More for Healthy Babies, City Schools Judy Centers, Kennedy Krieger, University of Maryland Center for Infant Study, Behavioral Health Systems Baltimore, Early Head Start, Department of Social Services, pediatricians, home visitors.

TRANSITIONS

Children and families transition seamlessly
from early intervention to preschool
special education services

For children and families engaged in EI Part C, the transition to early childhood special education, Part B presents major changes in how services are delivered and how children and families are engaged and supported. As Lazzari and Kilgo state, moving from a family-centered to a child-focused educational approach can present challenges to both children and families and should include careful planning, collaboration, and communication among children, families, and sending and receiving institutions (as cited in Bruns & Fowler, 2001). Close attention to these processes is especially important for families and children from diverse linguistic and cultural backgrounds for whom communication and ability to navigate two complex systems can be a major barrier to participation and engagement in the decision-making process.

Therefore, to be most effective, transitions must place family engagement at the center of the work and specifically address issues of cultural, linguistic, and economic diversity. In addition, children and families are more likely to make successful transitions when planners: move beyond a single event to an ongoing planning process; routinely communicate and collaborate with each other; include strategies to adequately prepare children; and create continuity across settings (Bruns & Fowler, 2001; Rosenkoetter et al., 2009).

Children in Baltimore City may transition to an IEP at the time of their third birthday or they may remain in the EI system until the first day of school following their fourth birthday with an extended IFSP, if they qualify for continued special education services. A goal of the extended IFSP is to provide families and children with an opportunity to make the transition to an IEP at a time that is most appropriate. For children transitioning out of the EI system into preschool special education, BITP supports families through the development of a transition plan designed to meet the needs and abilities of each child and family. In CY2015, snapshot data for BITP suggests that approximately 25% of eligible children in the program participated in the transition process. Current data does not provide a clear picture of how many children and families are utilizing and experiencing

Primary Areas for Improvement

Collecting the Right Data: Identifying new data points and disaggregating existing data is needed to more clearly understand the transition needs and experiences of families and children. Data can answer outstanding questions about which families are choosing an Extended IFSP and what disparities may exist across racial and linguistic populations.

Strengthening Cross-Agency Planning: Inherent differences between Part C and Part B present a true challenge to supporting transitions. Strategies designed specifically to engage the public schools and other receiving agencies in ongoing planning and engagement with families will help bridge the gap.

potential benefits of the extended IFSP option, although the data that is available suggests it is currently a small percentage (4% or less).

It is generally recognized within BITP and across the broader community that basic differences between Part C and Part B present challenges and barriers to supporting effective transitions. Nevertheless, there is recognition that there is a need to establish practices that could help support better adjustment as children move across systems.

Communication and preparation of families and children have been identified in the literature as important elements of transition. Input from local stakeholders indicates that communication with families to help them understand and prepare for transition varies and in some cases may need improvement: "I think that when they wrote the law…the language and everything becomes a lot different and I don't think that we do a good enough job on our end to really explain. Maybe it needs to start at referral. I'm not sure. What I'm saying is that the language and the philosophies are different."

Based on these and other findings captured from the Strategic Refresh Report, the following strategic directions have been identified to address the need for more coordinated transitions:

STRATEGIES & ACTION STEPS

	1–2 YEARS	3–5 YEARS
STRATEGY 8 **Incorporate families' perspectives into the transition process from early intervention to preschool education services**	• Strengthen data protocols to track children as they move to an extended IFSP or transition to an IEP • Conduct an in-depth analysis of family experiences with the transition process (e.g., via surveys, focus groups, and exit interviews) to identify effective approaches, barriers and rationale for moving to an IEP or extended IFSP • Analyze transition data by race/ethnicity, income level, and other relevant variables to monitor trends and address potential disparities for diverse families and highly impacted populations • Create and distribute materials (e.g., FAQs, public service video, etc.) that address concerns identified above and explain the continuum of early intervention service options from birth to five	
STRATEGY 9 **Strengthen policies, practices and communication across BITP and receiving agencies to effectively support children and families with transitions**	• Landscape existing transition policies and practices across all agencies	• Use the LEAN process to improve transition practices between BITP, private providers, and Baltimore City Public Schools for families with IFSPs and extended IFSPs

WHAT DOES PROGRESS LOOK LIKE?

- Increase in families describing an informed transition process
- Increase in families' active engagement in transition planning
- Increase in staff across agencies trained in effective practices for transitions

WHAT CAN BE BUILT ON?

- **Extended IFSP:** The Extended IFSP provides an opportunity to support children at age three who may need additional time and supports before moving to an IEP. The inclusion of school readiness planning within the Extended IFSP planning process can help ensure more children are prepared for the transition to an IEP.
- **Commitment to Equity:** Research reveals that culturally and linguistically diverse families are at highest risk for poor transition experiences. BITP's commitment to equity could have important implications for developing targeted approaches to transition for diverse families and children.

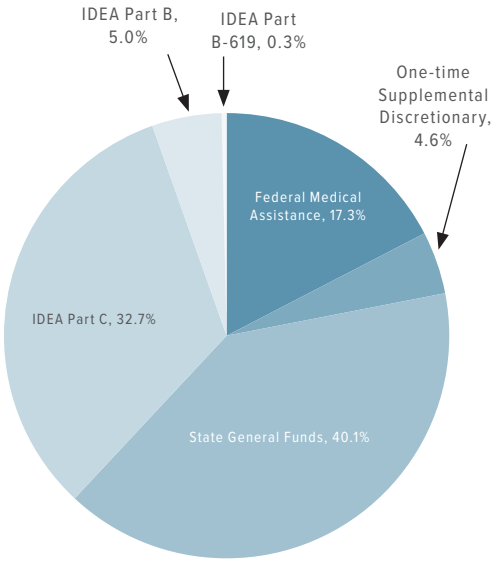
WHO CAN HELP?

City Schools, BITP community partners, Judy Centers, Early Head Start and Head Start programs

SYSTEM-LEVEL SUPPORTS

BITP has the required infrastructure
and funding to administer
a high quality early intervention system

Figure 6. FY15 Federal & State Funding Allocation to Local Lead Agency-BCHD



Effective early intervention systems are built on a combination of sound operations and management, broad-based commitment to supporting the growth and development of families and children, and a keen focus on the vision and guiding principles of the organization. Two pillars of this work include qualified staff with the specialized knowledge and skills needed to address the unique needs of all children and families, and adequate sustainable funding to ensure the continuation of high quality service delivery.

Training and ongoing professional development is recognized as key to maintaining quality and supporting staff professional growth. Working in conjunction with the local interagency coordinating council, BITP offers a calendar of training events focused on emerging issues and best practices. Potential enhancements to the current approach to training include the development of a common and easily accessible set of training opportunities for staff at various points in the employment continuum from entry level through specialized service provision. In addition, as BITP considers the adoption of new research-based models, training is seen as important to ensure implementation fidelity across all staff. Finally, the importance of ensuring staff have access to training, technical assistance and ongoing supervision to deliver high quality social-emotional services and supports is considered a priority.

With regard to funding, projecting need and developing strategies to support ongoing operations is an underlying consideration for any strategic planning process. BITP currently operates within the Baltimore City Health Department (BCHD), and receives funding from:

- IDEA Part B 619 Preschool Funds
- Maryland State Department of Education
- Medical Homes Grant
- Federal IDEA Part C
- Maryland State General Funds/Medical Assistance reimbursement

As BITP develops plans and strategies to increase access and boost quality, it will be important to anticipate future funds that will be needed to support and sustain identified new programs, policies, and increased numbers of children served. Considerations include investigating new funding opportunities and establishing partnerships that could be used to leverage additional revenue.

Primary Areas for Improvement

Building Common Knowledge & Competencies: Service delivery is provided through a mix of community-based agencies, City Schools, and BITP staff. Discipline-specific service providers may lack basic understanding of EI and overall, there is a need to develop a common platform for accessing training and information designed to support more uniform approaches to service delivery.

Funding: As BITP endeavors to expand service provision to reach more children and families, there is a clear need to identify potential funding sources and increase community-level advocacy to increase state funding levels.

Based on these and other findings captured from the Strategic Refresh Report, the following strategic directions have been identified to address the need for increased system-level supports:

STRATEGIES & ACTION STEPS

	1–2 YEARS	3–5 YEARS
STRATEGY 10 **Increase system-wide professional development support for staff**	• Develop a common on-boarding process via MSDE pilot to increase continuity in the foundational EI training received by all providers at career entry in BITP and partner agencies across the system • Develop a comprehensive training plan in partnership with the L-ICC that includes an iterative and cohesive set of professional development supports and that reflect BHB priorities, such as culturally and linguistically responsive practices, racial equity training, implementation of evidence-based coaching techniques with families, supporting transitions and support for acquisition of social-emotional competencies	• Establish competency-based career pathways for staff from entry level through advanced discipline-specific staffing positions as a way to distinguish and provide differentiated levels of professional support • Expand access and participation in professional development opportunities through development of an online training platform (e.g., competency-based training, tutorials, and performance measures)
STRATEGY 11 **Create a resource development strategy to leverage existing funding and secure additional revenue sources**	• Modify the BITP budget to leverage existing funding and direct resources to priorities identified as a result of the Strategic Refresh process • Improve billing and reimbursement for services provided	
	• Identify additional revenue sources (both public and private) to fill funding gaps and support strategic goals with an emphasis on resources tied to long-term and sustainable funding streams • Increase state and local investment • Develop an annual report to communicate the impact of BITP by sharing progress with organizational goals, service provision, budgeting, and outcomes in the interest of transparency and promoting engagement with key stakeholders (e.g., partner agencies, business leaders, funders, policymakers, etc.)	
		• Advocate for review of funding formula to be more equitable

WHAT DOES PROGRESS LOOK LIKE?

- Increase in number of staff trained on BHB priorities
- All EI staff complete common onboarding via MSDE pilot
- Increase in overall revenue from medical assistance reimbursement
- Increase in number of funders for a more diversified portfolio
- Increase in state and local investment
- Increase in funding formula to account for poverty and wellness

WHAT CAN BE BUILT ON?

- **Current Staff Training Plan:** The L-ICC includes a training committee chaired by a BITP administrator. The committee develops an annual training plan that reaches all BITP and community partner staff.
- **Community Commitment to Young Children and Families:** Baltimore has a strong tradition of supporting and investing in early childhood. Many current initiatives, such as the B'More for Healthy Babies work, are garnering national attention. BITP has an opportunity to leverage this support to enhance and expand services

WHO CAN HELP?

BITP staff, Health Department, Baltimore City Public Schools, Department of Social Services, community partners, families

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- Rebecca Dineen, Assistant Commissioner for Maternal and Child Health, Baltimore City Health Department
- Olivia Farrow, Deputy Commissioner for Youth Wellness & Community Health, Baltimore City Health Department
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