**Virginia State Systemic Improvement Plan**

***State Identified Measurable Result****:* ***Increasing the percentage of infants and toddlers who substantially increase their rate of growth in the area of positive social-emotional skills (including social relationships) by the time they exit early intervention***

Broad Improvement Strategy 1: Identify and implement initial and ongoing eligibility determination and assessment for service planning practices related to social-emotional development that effectively inform eligibility decisions, the child outcome summary process, IFSP development and service delivery

|  |  |  |  | **Indicators of Success & Evaluation Plan** |
| --- | --- | --- | --- | --- |
| **Steps** | **Projected****Timelines** | **Who Will Work on This** | **Resources Needed and others who can help\*** | **Short-Term** | **Long-Term** |
| 1. Establish recommended and/or required practices for use of a social-emotional screening tool(s) as part of eligibility determination and for ongoing developmental monitoring
 | 2022 – 2024Completed | State staff with stakeholder group | National resources and other states’ policies and practices | Practice Manual updated and available on ITCVA website *In process* | By 2026, monitoring and fidelity assessment indicate practitioners are using the recommended and/or required screening and assessment tools and practices consistently and as intendedReferrals of children experiencing or at high risk of social-emotional delays (e.g., CAPTA referrals) increase from 2022 – 2025Annual Family Survey indicates by 2026 an increase over baseline in percent of families agreeing that their knowledge about importance of social-emotional skills has increasedMonitoring conducted in 2024 – 2026 indicates IFSP outcomes and services are informed by social-emotional screening and/or assessment results |
| 1. Establish recommended and/or required practices for use of a social-emotional assessment tool(s) as part of initial and ongoing child assessment and additional questions on the family assessment tool
 | 2022 – 2024Completed | State staff with stakeholder group | National resources and other states’ policies and practices | Practice Manual updated and available on ITCVA website *In process* |
| 1. Develop recommended practices around including eligibility and/or assessment team members with Infant Mental Health or related expertise
 | 2023 - 2024Completed | State staff with stakeholder group | National resources and other states’ policies and practices | Practice Manual updated and available on ITCVA website*In process* |
| 1. Examine inequities/bias in eligibility determination and assessment practices/tools
 | 2023 Completed | State staff with stakeholder group | National resources and tools; work from other statesDBHDS DEI Officer | Practice Manual updated, as needed, and available on ITCVA website*In process*Necessary training and resources identified |
| 1. Explore screening or assessing for other factors that impact infants’ and toddlers’ social-emotional development, such as parental depression, anxiety, trauma, parent-child interaction, attachment and temperament
 | 2023 – 2024Completed | State staff with stakeholder group | National resources and other states’ policies and practicesEarly Impact Virginia Alliance | At least one resource is developed and posted to the ITCVA website to share the information gained and/or communicate new practices*Toolkit* |
| 1. Develop, adopt or adapt educational resources and training in a variety of formats for families, other caregivers and referral sources – importance of positive social-emotional skills and social relationships, what is typical at each age level, and red flags (Coincide with implementation of screening and assessment recs – so families have info when screening is happening/ahead and know this is what we’re looking at and why). Maybe video or webinar. Something to include with confirmation email. Digital toolkit. Curriculum for parent group. Use parent portal to house resources)
 | 2024Revise to 2025 | State staff and New Path Family Support Director with stakeholder group | Learn the Signs Act Early tools and productsNICU Project documentsPEATC, Center for Family InvolvementPrivate agencies, independent contractors offering parent classes | Resource(s) available on ITCVA website and widely disseminated to relevant groups and individuals (e.g., referral sources, families and organizations that support families) |
| 1. Conduct outreach with targeted referral sources (e.g., CAPTA, domestic violence and other social service organizations) to strengthen relationships and streamline referral processes and information sharing, as needed, to ensure timely referrals for children with potentially delayed or atypical social-emotional development
 | 2023-2024Revise to 2025 | State staff and local systems | National resources and other states’ policies and practicesLearn the Signs Act Early team | Regional or statewide meeting notes indicate outreach to multiple targeted referral sources in all regionsNumber of referrals from CAPTA and/or other targeted referral sources within 1 year of completing targeted outreach activities |
| 1. Once screening and assessment practices and tools are identified, develop an implementation plan including professional development activities and resources needed to support implementation
 | 2023 – 2024Revise to 2024 - 2025 | Professional development team with stakeholder input | National and other states’ resourcesPublisher resources | Implementation steps in place and added to SSIP |
| 1. Gather baseline data on the following:
* How many children were found eligible based on only delayed or atypical social-emotional development
* How many children were found eligible based on delayed or atypical social-emotional development combined with other areas of delay or atypical development
* What factors or circumstances are associated with or lead to determining a child eligible based only on delayed or atypical social-emotional development
 | 2025 | Data Manager and Technical Assistance Consultants | TRAC-ITInformation from local systems | Baseline data is collected and shared in a monthly ITCVA update |
| 1. Consider automatic eligibility category(ies) for children at very high risk for social-emotional/infant mental health delays or disorders
 | 2024-2025Revise to 2025 - 2026 | State staff with stakeholder group | Information from other statesNational research | Recommendations are made to VICC and State Lead AgencyState regulations and Practice Manual are updated if eligibility criteria are adjusted |
| 1. Develop/adapt/adopt and implement a fidelity measure and process for expected screening, eligibility and assessment practices
 | 2025 - 2026 | State staff with stakeholder group | National and other states’ resources | Fidelity tool and process in place and reflected in Practice Manual |
| 1. Identify and implement additional professional development and/or other supports needed to sustain the use of expected screening, eligibility and assessment practices with fidelity
 | 2025 - 2026 | State staff with stakeholder group | National and other states’ resources | Professional development and/or other supports are identified and the SSIP is updated to reflect additional activities, as needed |

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Broad Improvement Strategy 2: Identify and implement evidence-based service delivery practices to promote positive social-emotional development for all eligible infants and toddlers and provide effective intervention to address delays and concerns

|  |  |  |  | **Indicators of Success & Evaluation Plan** |
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| **Steps** | **Projected****Timelines** | **Who Will Work on This** | **Resources Needed and others who can help \*** | **Short-Term** | **Long-Term** |
| 1. Explore available evidence-based practices to support positive social-emotional development and social relationships (e.g., Pyramid Model, PIWI, FAN, DEC Recommended Practices) in order to identify a core practice that will be implemented statewide
 | 2022Completed | State staff with stakeholder group | National and other states’ resources | * Core evidence-based practice is identified
 | By 2026, monitoring and fidelity assessment indicate practitioners are using the identified evidence-based core service delivery practices consistently and as intendedBy 2026, monitoring indicates an increase from 2022 in the percent of children whose IFSPs include family outcomesBy 2026, monitoring indicates an increase from 2022 in the percent of children whose IFSPs include an outcome or short-term goal supporting the child’s social-emotional developmentAnnual Family Survey indicates by 2026 an increase over baseline in percent of families agreeing that they know how to help their child develop positive social and emotional skills |
| 1. Understand from various communities, including those who are here as refugees and immigrants, what the concept of “social-emotional skills” means to them and what is important in their culture related to infants’ and toddlers’ skills in this area of development
 | 2023- 2024Revise to 2025 | State staff and New Path Family Support Director | Center for Family Involvement, PEATCNational and other states’ resources | At least 4 minority, immigrant and/or refuges communities are engaged in addressing this activityAt least one resource is developed to share what is learned with planners and practitioners  |
| 1. Strengthen state practice manual language, guidance and support for documenting family outcomes on the IFSP and identifying services and supports (including less-common supports like infant massage, lactation consultant, etc.) to meet those outcomes
 | 2023 – 2024StartedRevise to 2024-2025 | State staff with stakeholder group | National and other states’ resources | Practice Manual updated and available on ITCVA website |
| 1. Establish and implement practices for accessing clinical-level treatment, including evidence-based dyadic treatment, when needed (e.g., when to access, who determines the need, who provides it, etc.)
 | 2023 – 2024Update to 2025 | State staff with stakeholder group | DBHDS Child and Family Services staffNational and other states’ resources | Practice Manual updated and available on ITCVA website |
| 1. Identify, and share statewide, strategies for using Infant or Early Childhood Mental Health endorsed practitioners, LCSWs and other mental health specialty providers effectively throughout the early intervention process to support children, families and other providers
 | 2023 – 2024Started | State staff with stakeholder group | IECMH Advisory GroupNational and other states’ resources | At least one resource is developed to share identified strategies with planners and practitioners |
| 1. Strengthen the ways Virginia’s early intervention system provides or helps families access parenting and family support services and group activities for families (e.g., parenting classes/programs, deaf mentors, interest or diagnosis-based family groups, playgroups, outings, etc.)
 | 2023 – 2024Delete | State staff and New Path Family Support Director with stakeholder group | National and other states’ resourcesEarly Impact Virginia Alliance, PEATC, disability-specific groups | Map or directory of available parenting and family support services developed and disseminated to all local systemsGreat Ideas resource developed and disseminated to local system managers sharing family group activities used in local systems across the state |
| 1. Develop, adopt or adapt general educational resources in a variety of formats for families and other caregivers about how to support the child in developing positive social-emotional skills and social relationships (suspension/expulsion prevention for child care settings)
 | 2023 – 2024Started | State staff and New Path Family Support Director with stakeholder group | Learn the Signs Act Early tools and productsPEATC, Center for Family Involvement | Resource(s) available on ITCVA website and widely disseminated to relevant groups and individualsAt least 3 different formats are available  |
| 1. Once an evidence-based practice is identified for statewide use, develop an implementation plan including professional development activities and resources needed to support implementation
 | 2024Completed | Professional development team with stakeholder input | National and other states’ resourcesPublisher resources | Implementation steps in place and added to SSIP |
| 1. Develop/adapt/adopt and implement a fidelity measure and process for expected service delivery practices
 | 2025 - 2026 | State staff with stakeholder group | National and other states’ resources | Fidelity tool and process in place and reflected in Practice Manual |
| 1. Identify and implement additional professional development and/or other supports needed to sustain the use of expected service delivery practices with fidelity
 | 2025 - 2026 | State staff with stakeholder group | National and other states’ resources | Professional development and/or other supports are identified and the SSIP is updated to reflect additional activities, as needed |

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Broad Improvement Strategy 3: Build a sufficient, sustainable and accessible workforce of highly effective and diverse practitioners with the core competencies necessary to implement the eligibility determination, assessment for service planning, and service planning and delivery practices identified in broad improvement strategies 1 and 2

|  |  |  |  | **Indicators of Success & Evaluation Plan** |
| --- | --- | --- | --- | --- |
| **Steps** | **Projected****Timelines** | **Who Will Work on This** | **Resources Needed and others who can help \*** | **Short-Term** | **Long-Term** |
| 1. Ensure all practitioners know they have a role in supporting positive social-emotional development and a nurturing caregiver-child relationship and have the training and tools to do that
	* Foundational knowledge on social-emotional developmental milestones
	* Foundational knowledge about impact of birthing individuals’ and other caregivers’ health, including mental health, birth history and adverse childhood events on child social-emotional skills and child development more broadly. And understanding how this information informs coaching practices.
	* How to assess and talk to families about this area and about routines so it’s a conversation, not an interview.
	* Importance of parent-child interaction
	* Intervention strategies and knowing when to refer for more specialized treatment/intervention
 | 2022 – 2026Completed for 2024 | Professional Development Team, IECMH Endorsement Coordinator, and Early Childhood Mental Health Coordinator | Early Impact Virginia AllianceLearn the Signs Act Early TeamACE Interface Presenters DBHDS, CSB trainers and resources | * At least 2 new professional development activities, resources or tools relevant to all EI practitioners are developed per year to address these topics
* Evaluations of products and learning opportunities, when available, indicate at least 75% of participants/users gained knowledge and/or skills and plan to implement at least one new thing they learned
 | Diversity of Virginia’s early intervention workforce increases by 2026, as reported by local system managersNumber and diversity of IMH-endorsed practitioners working in Virginia’s early intervention system increases by 2026, based on data maintained by the IECMH Endorsement CoordinatorEvery local system reports access to at least one LCSW, IECMH-endorsed practitioner or other mental health specialty provider by 2026 |
| 1. Maintain Virginia’s Infant Mental Health endorsement program, with an emphasis on increasing the diversity of endorsees; improving cost-effectiveness and accessibility; ensuring those who complete the program feel competent and confident to work in EI; and increasing the number of candidates who complete the endorsement process, maintain their endorsement and stay in Virginia’s early intervention system
 | 2022 – 2026Completed for 2024 | IECMH Endorsement Coordinator and Early Childhood Mental Health Coordinator | VAIMHPrivate business partners - scholarships | * A written plan is in place to address the areas of emphasis
* At least 1 new strategy for recruiting and retaining diverse candidates is implemented in 2022

Percent of candidates who complete endorsement within expected timelines increases by 2024 |
| 1. Identify and implement strategies to reduce stress and support the well-being of Virginia’s early intervention practitioners and leaders
 | 2022Completed | Early Childhood Mental Health Coordinator | National and other states’ resources | * At least 2 new strategies are implemented in 2022
 |
| 1. Identify and implement strategies to increase the diversity of the early intervention workforce
 | 2022 – 2024Completed for 2024 | Professional Development Team with stakeholder group | Early Impact Virginia AllianceNational and other states’ resources | * At least 2 new strategies are identified and implemented

*2024 - CC grant**Expansion of EI-preservice consortium* |
| 1. Identify and implement strategies to recruit and retain early intervention personnel with mental health expertise as well as personnel in other fields (OT, PT, SLP, education, etc.) with the knowledge and skills to support positive social-emotional development for all children
* Develop and implement marketing campaign for careers in EI
* Target specific fields/groups to recruit to EI: SW, Psychologists, mental health workers, retirees, part-time, after school hours, nurses
 | 2022 – 2023Continue in 2024Continue in 2025 | Professional Development Team and Early Childhood Mental Health Coordinator | National and other states’ resourcesVa-LEND | At least 2 new strategies are identified and implemented*State regulations change to add disciplines**EI-Preservice Consortium work* |
| 1. Strengthen Medicaid funding for early intervention by adding Infant or Early Childhood Mental Health endorsed candidates and others with appropriate mental health qualifications to the list of providers approved by the state Medicaid agency to deliver early intervention services and exploring options for reimbursement for services to the caregiver (based on family outcomes on the IFSP)
 | 2023 – 2024Started | State staff | DMASNational and other states’ resourcesNew expanded Medicaid benefits for adults | New provider categories are added*Fast track approved by BDHDS Board* |
| 1. Work with the state Medicaid agency to increase early intervention reimbursement rates overall and add licensed mental health professionals to Reimbursement Category 1
 | 2023 – 2024Revise to 2025-2026 | State staff | DMASPossibly funding for a rate study | Rate study is completed |
| 1. Build reflective supervision capacity to support all providers, including Infant Mental Health Endorsement candidates
 | 2023 – 2024Continue in 2025 | Professional Development Team, IECMH Endorsement Coordinator | Early Impact Virginia AllianceNational and other states’ resources | The percentage of EI practitioners for whom reflective supervision is available increases as reported in written surveys and/or verbal feedback in regional meetings*Piloting in two local systems, associated research* |  |
| 1. Explore options, including a hub or shared services approach, for increasing access to Infant or Early Childhood Mental Health Endorsed practitioners and others with this expertise for all areas of the Commonwealth
 | 2024 - 2025 | State staff with stakeholder input | Early Impact Virginia AllianceNational and other states’ resources | At least one new option is piloted or implemented*Hub now working for another service type … could be model* |  |
| 1. NEW: Package resources into an orientation schedule/toolkit for local systems to use when onboarding new providers and service coordinators to ensure consistent use of evidence-based screening, assessment and service delivery that supports positive social-emotional skills and social relationships
 | 2025 - 2026 | Professional Development Team |  |  |  |

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Broad Improvement Strategy 4: Use data to understand who is and is not benefiting from our efforts to improve positive social-emotional skills and social relationships, what accounts for differences and how to promote equitable outcomes

|  |  |  |  | **Indicators of Success & Evaluation Plan** |
| --- | --- | --- | --- | --- |
| **Steps** | **Projected****Timelines** | **Who Will Work on This** | **Resources Needed and others who can help \*** | **Short-Term** | **Long-Term** |
| 1. Finalize the data model for the new statewide data system, ensuring collection of data and connections between data elements necessary to analyze child outcomes for a wide variety of subgroups
 | 2022Completed | State Lead Agency (EI and IT staff) and data system vendor with stakeholder input | Funding already allocated | * Data model is complete
 | A new data system is implemented and addresses the agreed upon data collection and reporting needsBy 2026, meeting agendas, notes, presentations, and other documentation indicate that local system managers and state staff use the new data system to correlate child outcome data with other program and demographic data in order to identify successes and to plan and evaluate improvement effortsVia regional and local meetings and report by Technical Assistance and Monitoring Consultants, all local system managers demonstrate by 2025 that they are able to use the new data system independently to correlate child outcome data with other program and demographic data in order to identify successes and to plan and evaluate improvement effortsMonitoring of local systems indicate they use the data system on a routine schedule to monitor timely data entry, consistent data quality and completeness (percent of exiters) for the child outcomes |
| 1. Identify reports and ad hoc tools for the new statewide data system that will support easy reporting and analysis of child outcome data at the state and local data
 | 2022Completed | State Lead Agency (EI and IT staff) and data system vendor with stakeholder input | Funding already allocated | * Reports and ad hoc functions identified
 |
| 1. Develop and deliver training on the new statewide data system to all users to ensure consistency of data entered as well as effective use of standard reports and ad hoc reporting functions
 | 2022Completed | State Lead Agency (EI and IT staff) and data system vendor  | Funding already allocated | * At least 3 training methods are used
* Training is widely accessed by all user types
* Training evaluations indicate at least 75% of participants who submit the post-training evaluation learned the basic skills needed to access and use the new data system and know where to go for additional information and support
 |
| 1. Implement the new data system statewide
 | 2022Phase I CompletedPhase II2023-2024Completed | State Lead Agency (EI and IT staff) and data system vendor  | Support may be needed to assist some local systems with integrating their local EHR with the new state data system | * Data system is live and accessible to all users –
 |
| 1. Develop and implement a schedule and process for state-level review and analysis of child outcome data from the new data system
 | 2024Revise to 2025 | State TA and Monitoring Consultants and Data Manager | None | Schedule is in place and added to the Monitoring Manual |
| 1. Address analysis and use of local child outcomes data on increasing positive social-emotional skills (including social relationships) to support data quality and program improvement through structured support in regional meetings, statewide meetings, and/or webinars
 | 2023-2026Completed for 2024 | State TA and Monitoring Consultants | Technology support for webinars from the VCU Partnership for People with DisabilitiesDaSY and/or ECTA consultation on tools and data interpretation, as needed, to support State staff in helping local systems | Regional and statewide meeting agendas indicate child outcome data analysis and use, including data quality, are addressed with local system managers at least once a year through FFY 2025 |
| 1. Develop and implement a cyclical monitoring approach that includes monitoring related to Indicator 3A (positive social-emotional skills, including social relationships)
 | Begin implementation 2024Began 11/24 | State TA and Monitoring Consultants with input from local system managers | National and other states’ tools and examples | Protocol is in place and sent to all local system managers*Protocols for this cycle include access, IFSP services address family priorities and concerns, services are delivered in accordance with IFSP* |

\*Generally, funding is only listed in the Resources Needed if there is an anticipated need for new or additional funding.