Potential Improvement Strategies

Evidence-Based Practices

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's important in their culture related to infants' and toddlers' skills in this area of development

Using cultural humility as a foundation for building stronger, trusting relationships with families that gives better basis for having social-emotional, mental health conversations with families

Referral

- Revisit policies and/or strengthen outreach for CAPTA, domestic violence and other social services agencies/organizations
- Strengthen use of the LTSAE resources, especially the Milestones Tracker App and the children's books as they include social and emotional development at all age levels and also include activities for families and early care providers that support the development of social and emotional development
- Training for referral sources; add QR codes to our public awareness materials to link directly to referral into new state data system
- Equity of access. Building Strong Foundations grant, their analysis of data could help us identify specific strategies
- Helping early care and education providers including private in-home providers in knowing when to refer to EI for social-emotional concerns

Eligibility Determination

- Require or promote use of social-emotional screening tool (e.g., ASQ-SE, BITSEA) for all children
    - NC requiring ASQ-SE
- Consider use of screening for maternal (and/or partner) depression, anxiety and/or other risk factors like trauma
    - Georgia uses Bright Futures Pediatric Risk Factors Tool
- Training on exactly what constitutes "atypical" behavior to make sure we don't miss any children who really should be determined eligible

Assessment for Service Planning

- Routines-Based Conversations (or at least use the structure for gathering more info on the social relationship part in each routine) – www.eieio.ua.edu
- Develop recommendations and policies around including team members with IMH expertise
- Outcome Breadth Infographic from ECTA
- COS Practice Scenarios resource – are there examples that would help with S-E outcome?
- Encourage participation in assessment by extended family members and other caregivers who know and support the child to get clearest picture possible
- Consider adding a question or two about social-emotional issues to the family assessment questions. Would promote consistency across local systems and help us understand the family's thoughts on this issue
- Recognize that deeper conversations about family mental health may need to wait until after intake and assessment, until a relationship has been developed with the family

- Eco-mapping relationships
- Consider impacts of COVID pandemic … on children and parents
- Talking with all families about the importance of social-emotional development from the start and including S-E assessment for all children (not just when it's a problem or concern) will reduce stigma and make it easier to discuss
    - TED Talk by Mol[ly Wright (7 year old) on YouTube about how every child can thrive by five. Families have said it helped them realize importance of social interaction and communication
- Develop recommendations, policies and resources around assessment tools
    - For social-emotional development (Devereux, ITSEA) – We have a state staff member trained in Devereux and DECA. Devereux comes with lots of resources including info to help you develop outcomes (and SC could implement, don't have to be clinician). DECA looks at resilience and protective factors and points to strategies to address areas of concern; typically done by a provider who knows the child and family
        - Michigan using electronic Devereux (e-DECA I/T). Found it was important to use a fidelity checklist to ensure consistency in implementation across providers
    - For parent-child relationship (PICCOLO, DPICS)
    - Perinatal Mental Health certification (Richmond) – also fits under service delivery (ongoing assessment)
    - Importance of birth history and ACES and potential impact on parent-child bonding
    - For diagnosis (DC:0-5) – NC has trained 50 staff so far. Who in VA is already doing this and how can we coordinate and collaborate with them? State Part C staff member trained

Intervention/Services

- Writing outcomes/strategies that reflect appropriate social-emotional development within family routines
- Family outcomes on IFSP – where and how to document them
- Support parent-child interaction through use of treatment models that can be delivered by EI providers that are not clinicians
    - Mothers and Babies – perinatal depression intervention; Early Impact Virginia home visiting programs use it.
- Pyramid Model (NC, GA, NV)
    - Nevada has Pyramid Model coaches and mentors. Program coaches and practitioner coaches
    - Links with coaching
    - CSEFEL and National Center are two separate groups (due to funding)
    - Use ECPMI EI Implementation Checklist up-front as self-assessment for planning and overall needs assessment; and baseline data. Build awareness and readiness
    - Jackie Robinson-Brock conducting a survey in Virginia about how early childhood systems are using the Pyramid Model
- Coaching (NC)
- Parents Interacting with Infants -PIWI
- Family-Guided Routines Based Intervention - FGRBI
- Facilitating Attuned Interactions (FAN – approach to strengthening parent-provider relationship) - https://www.erikson.edu/professional-development/facilitating-attuned-interactions/

- Strengthen use of the LTSAE resources, especially the Milestones Tracker App and the children's books as they include social and emotional development at all age levels and also include activities for families and early care providers that support the development of social and emotional development
- Focus on caregiver-child dyad
- More hands-on work on vocal skills
- Taking the time to model serve and return. So many families have disconnected from the idea of looking at their children and responding to them.
- Clarify the SCs/ EI Professionals role around supporting families in making referrals for other services for them as a means of supporting the parent-child interaction
- DEC Recommended Practices - The interaction practice guides for practitioners and for families as well as the interaction performance checklist are great tools. Especially consider DEC Recommended Practices (INT1- INT5).
- Awareness of and supporting parents/other family members grieving
- Look to expand the ECMH consulting program that DOE is piloting for ECCE providers/programs to include consultation to EI when fully implemented (IECMH consulting to EI providers in place in Maryland and Ohio)
- Identifying intervention that will work best for each individual family given environment, culture, parents' mental health, trauma, and other factors
- Continuing to find ways for training, supports, and resources to be delivered in a variety of formats to make them accessible to all parents (in person, videos, group format, etc.). Also, making sure information about the process and benefits is provided in different ways.
- Helping parents understand the importance of social communication skills and social-emotional skills in general. Be more direct in educating parents about the importance of their relationships as having an impact on their child's development.
- More ways to embed skills in everyday activities
- Help parents understand what is typical at each age so they can help identify when child may be falling behind and be better able to ask for additional support when needed
- Information on how my child's diagnosis would/could impact his social and emotional development
- Pamphlet or book for parents with specific steps to take, guiding parents on building a child's social awareness
- Encourage participation by fathers/partners
- Involving siblings in supporting intervention strategies since they are such an important part of building positive social-emotional skills
- Giving families more options for group services or opportunities to be around other children and families in their community
    - Maybe a social roster for parents in the same area to try to have social outings together
    - Gatherings based on shared interests, needs, diagnosis
    - Playgroups
    - Parenting classes (e.g., behavior management)
    - Family events
    - EI services in small groups to support socialization
    - Emotional and social supports to new parents (earlier and more often)
    - Support groups for families
    - Virtual playgroups or meet-ups
    - Snack and chat for families to meet and chat via virtual platform or in-person

- Access to deaf mentors
- Supporting language acquisition with and for children who are deaf or hard of hearing to ensure child is not isolated within the family or community (since communication is important to positive social-emotional skills) … such as access to free ASL classes for families who choose this mode of communication; helping families help their child bridge the gap to communicate with others outside the family
- Addressing social determinants of health and how those impact family's ability to deal with social-emotional development
- Having LCSWs or other qualified MH providers participate in formal teaming meetings to provide consultation and support to other providers
- Partner with Early Head start or other providers supporting the same family to address family social-emotional health and relationships
- Develop a schedule for using ASQ-SE (initial then 6 month review and annual; or every 3 mos) – helps keep an eye on things but also opens opportunity for parent and providers to spend some time talking about this topic
- Include BCBAs in early intervention services
- Potential role of lactation consultant in supporting social-emotional development, parent-child bond and interaction

Treatment (clinical level) – need to consider what is within EI and what is a referral

- Dyadic treatment, like PCIT
- Parenting programs – e.g., Circle of Security, Triple P Parenting, Incredible Year, Nurturing Parenting … Do we have any of these in Virginia? Do we refer families to them? Should any EI practitioners be trained? (NC has some EI providers trained in Triple P)

Infrastructure

Personnel/Professional Development/Technical Assistance *- the primary mechanism by which the state ensures that infants, toddlers, and young children with disabilities and their families, are provided services by knowledgeable, skilled, competent, and highly qualified personnel, and that sufficient numbers of these personnel are available in the state to meet service needs*

- IMH Endorsement
    - Building reflective supervision capacity to support endorsees; virtual component
- IECMH Competencies
    - Support awareness of the competencies for all practitioners, not just those getting Endorsement
- Social-Emotional Learning Path
- Provide Reflective Supervision (NC) to all providers
- Increase diversity of workforce
- Recruiting and retaining – students, etc. (not just teachers and therapists ... think about mental health workforce too); VCU as preservice location for IMH
- Collaborating with early care and education, early childhood special education re: appropriate expectations for infants' and toddlers' social-emotional skills
- Use of practice-based coaching as a model of TA and professional development can be an improvement strategy to support local systems
- Readiness

- Reduce stress for practitioners and leaders
- Understanding resources, services available to meet needs
- ECHO model of professional development and learning
- Make sure professional development is accessible in all areas of the Commonwealth (e.g., reflective supervision for endorsement is difficult to access in far SW and this makes it difficult to maintain endorsement)
- Use the IMH-endorsed providers we have effectively
- Need to make sure all practitioners know they have a role in supporting positive social-emotional development and a nurturing caregiver-child relationship and 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 ACES on child social-emotional skills and child development more broadly. Also has to inform how we coach families.
    - How to assess and talk to families about this area and about routines (which are such a window into social-emotional skills and broader family mental health). Get to the point where it's a conversation, not an interview.
    - Importance of parent-child interaction
    - Intervention strategies and knowing when to refer for more specialized treatment/intervention

Governance *- structures and partnerships are in place to support effective, efficient statewide service delivery systems for Part C that provide equitable access to services for all eligible children and their families*

- State Early Childhood Mental Health Coordinator hired and housed at State Lead Agency – collaboration across state agencies
- Support access to IMH Endorsed providers and others with IMH expertise for all areas of the Commonwealth – possibly by using hub approach
- Role of New Path Coordinator and other parent/family organizations
- Map existing organizations, programs and resources
- How we're organized and how that does/doesn't support ability to take students in addition to supporting children and families
- Value mental health providers as one of the core services, like OT, PT, SLP, DS
- Partnerships to support collaboration and coordination in support of refugee and immigrant populations (e.g. Ft Lee) and other historically marginalized groups
- Increase partnership with home visiting programs, early head start/head start, other organizations focused on social issues
- MT will be holding an Infant and Early Childhood Mental Health Summit in early 2022 with partners to identify shared policies and initiatives in an effort to identify and address the social and emotional needs of infants and toddlers in Montana
- Consider what role VICC can play in supporting our SiMR

Finance *- sufficient funds and resources are in place to support and sustain all components of the system, thereby facilitating the implementation of evidence-based practices*

- Increase funding and administrative support for I/ECMH endorsed candidates from EI
- Strengthen Medicaid funding for services by adding I/ECMH endorsed candidates and others with appropriate mental health qualifications to the list of providers approved by DMAS

- Increase reimbursement rates (e.g., ability to pay an LCSW enough to entice them to work in Early Intervention instead of other higher paying settings). Licensed mental health professionals should be in Reimbursement Category 1.
- Providing mental health treatment in natural environments is very expensive -it can be done, but it's difficult to manage the travel time, the therapist's time/expense. So finance is very important in this area
- Support on how to bill private insurance for mental health services
- Build alliances across local systems to increase capacity and "power" to negotiate rates and to bill, track and collect
- Birthing individuals' health (maternal health) – how we support parent in accessing and paying for these services.
- Use grant money to help early intervention providers with the cost of infant mental health endorsement and ongoing reflective supervision to keep certification

Monitoring and Accountability *- an ongoing process is in place for reviewing and evaluating the Part C system to identify areas for statewide improvement (compliance and quality)*

- Could use data on Indicator 3A (maybe combined with family survey data) to identify local systems (not just those with low %) where we want/need to reach out to families and other stakeholders to learn more
- Could use existing quality standards and fidelity measures, checklists and other tools

Data System *– a high-quality state data system is in place that enables the state to build better systems of services and programs that will improve outcomes for young children with disabilities and families served*

- New data system - will allow us to connect other factors (demographics, reason for eligibility, delivered services, service provider type/qualifications, etc.) to outcome data in order to better understand the impact of our improvement strategies and to identify new ones

(Blue font indicates already in place or under development)