

State Systemic Improvement Plan:

Broad Improvement Strategies and Potential Activities

Focus Area: Improving positive social-emotional skills, including social relationships, for infants and toddlers served in early intervention.

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.

- Revisit policies and/or strengthen outreach for CAPTA (Child Abuse Prevention), domestic violence and other social services agencies/organizations. Include referral to EI on all Plans of Safe Care (for substance exposed infants). Getting more information from these referral sources on the child that will help with eligibility and assessment; and sharing their expertise on what to look for and consider. How to keep vulnerable families engaged and ensure their privacy is protected. Timing of referral.
- Have DSS use ASQ-SE for kids they're planning to refer.
- Training for referral sources on social emotional red flags.
- Establish relationships with DSS, hospitals, OBs and preparing and connecting with families (substance-exposed infants) ahead of time
- Examine equity of access and bias in eligibility determination and assessment
- Helping early care and education providers including private in-home providers in knowing when to refer to EI for social-emotional concerns
- **Require or promote use of social-emotional screening tool** (e.g., ASQ-SE, BITSEA) for all children
- Consider use of screening for maternal (and/or partner) depression, anxiety and/or other risk factors like trauma.
- Assess temperament
- **Determining eligibility based solely on social-emotional development when appropriate. Training on exactly what constitutes "atypical" behavior to make sure we don't miss any children who really should be determined eligible.** What would impacts of trauma look like in an infant or toddler
- Routines-Based Conversations (or at least use the structure for gathering more info on the social relationship part in each routine)
- Develop recommendations and policies around including eligibility and/or assessment team members with Infant Mental Health expertise
- 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 social-emotional assessment for all children (not just when it's a problem or concern) will reduce stigma and make it easier to discuss
- Develop recommendations, policies and resources around **assessment tools** (for social-emotional development, parent-child interaction, etc.) - SEAM

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.

- Writing IFSP outcomes/strategies that reflect appropriate social-emotional development within family routines
- Family outcomes on IFSP – where and how to document them; service coordination role
- Develop a schedule for using ASQ-SE (initial then 6 month review and annual; or every 3 months) – helps keep an eye on things but also opens opportunity for parent and providers to spend some time talking about this topic
- Strengthen use of the Learn the Signs Act Early resources, especially the Milestones Tracker App and the children's books
- Identify and implement statewide a core evidence-based practice to support positive social-emotional development and social relationships (e.g., Pyramid Model, PIWI, FAN, DEC Recommended Practices)
- Maintain coaching and natural learning environment practices
- Ensure access to clinical-level treatment services (e.g., PCIT ... available in CSBs) when needed
- Support parent-child interaction through use of treatment models that can be delivered by EI providers that are not clinicians (e.g., Mothers and Babies)
- 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
- 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
- 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
- Provide or assist parents in accessing evidence-based and research-informed parenting groups
- Giving families more options for group services or opportunities to be around other children and families in their community. Family support liaison (Fairfax) – outings, virtual groups, with and without kids. Important for parents and for kids ... social opportunities and support
- Access to deaf mentors

- Addressing social determinants of health and how those impact family's ability to deal with social-emotional development
- Having Licensed Clinical Social Workers or other qualified mental health 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
- Statistically, people only receive about 45 minutes to an hour of information before checking out due to being overwhelmed. This is also a factor we have to consider when looking at the implementation of this plan

3. Build a sufficient, sustainable and accessible workforce of highly effective and diverse practitioners to implement the eligibility determination, assessment for service planning, and service planning and delivery practices identified in strategies 1 and 2.

- 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
- Infant Mental Health Endorsement
- Look to expand the Early Childhood Mental Health consulting program that Department of Education is piloting for early care and education providers/programs to include consultation to EI when fully implemented
- Use of practice-based coaching as a model of technical assistance and professional development
- **Reduce stress for practitioners and leaders** – and recognize impact of new requirements and initiatives; high caseloads
- **Recruiting and retaining** – students, etc. (not just teachers and therapists ... think about mental health workforce too); VCU as preservice location for Infant Mental Health. Outreach to personnel preparation programs to establish relationships, speak to students about EI, offer internships/placements for students. **Especially in virtual world.**
- Identify and implement strategies to increase diversity of workforce
- Build reflective supervision capacity to support all providers, including Infant Mental Health Endorsement candidates
- Use existing and emerging evidence-based and accessible professional development mechanisms to support learning and implementation of practices
- Use Infant Mental Health endorsed and other specialty providers effectively to support children, families and other providers

- Value mental health providers as one of the core services, like Occupational Therapy, Physical Therapy, Speech-Language Pathology and Developmental Services
- 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.
- Importance of unique perspective service coordinator brings (broader family picture) – ensure professional development in place to support that
- Training on equity and historical and intergenerational trauma

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.

- Implement 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
- Identify and implement targeted monitoring activities
- Coordinate with Arc of Virginia, PEATC and Center for Family Involvement to identify strategies to expand engagement with diverse families in reviewing and analyzing data
- Anyone eligible based only on this area of development or atypical development?