

SSIP Workgroup

January 25, 2023 Meeting Notes

Workgroup Participants: Jaylene Trueblood, Elizabeth Lyon, Kelly Hill, Naomi Grinney, Sarah Moore, Tracy Walters, Anne Brager, Lisa Terry, Deana Buck, Kyla Patterson, Jessica Monaco, Lorelei Pisha, Brandie Kendrick

Absent: Jackie Robinson Brock, Emily Amerson, Kathryn Marchese, Dawn Lero,

**Objectives to Consider and Current Status:**

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

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

* Survey of Current Practices sent to all local system managers.

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

* Survey of Current Practices sent to all local system managers.

1. Develop recommended practices around including eligibility and/or assessment team members with Infant Mental Health or related expertise
2. Examine inequities/bias in eligibility determination and assessment practices/tools

* Being addressed as part of tool review

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, and temperament

* Establish a committee

Link to Assessment Toolkit Developed from Previous SSIP: https://static1.squarespace.com/static/59a023cfbe42d6bbb81d66a5/t/6170721bc7954478de6b55ae/1634759195468/Assessment+Protocol+Toolkit.pdf

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

a. 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

* Survey of Current Practices sent to all local system managers including a question about the pyramid model.

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

* Establish a committee

**Action Items and Discussion:**

1. Introductions of new members.
   * Lorelei Pisha – new member of the VAEIPD team
2. Anne Brager provided an update on plans for sub-workgroups.
   * Three subgroups will be starting to meet.
     + Pyramid Model roll-out led by Cori Hill
     + Reflective Supervision led by Tracy Walters and Lorelei Pisha
     + Screening/Assessment for Related Factors led by Telisha Woodfin and Lisa Terry
   * If you are interested in joining one of these workgroups, please email Kyla Patterson.
3. Liz Lyon provided an overview of SEAM
   * Tool to assess and foster social emotional development.
   * Creators see this as fitting into Tier 2 of the pyramid model, but it can also be used in Tier 1.
   * Based upon a linked system framework.
     + Use ASQ-SE as screening tool then use SEAM Assessment and move to goal development and implementation of strategies.
   * Can be completed by caregiver or with professional in an interview manner.
   * Components are SEAM for Children, SEAM for parents, Environmental Scan Questionnaire and Curriculum which is in development.
     + SEAM for children is 2-18 months, 18-36 months, and preschool.
     + Benchmarks are listed and rated according to the individual child.
       - Prompts are given to help parents understand the benchmark.
   * Can be altered for different cultures and tailored for families you are working with.
   * Which questionnaires are used can be program specific and based upon family needs (SEAM for Children, SEAM for parents and Environmental Scan)
   * Lisa Terry said she prefers to use the questionnaire with the ages on it with the families she has worked with.
4. Jaylene Trueblood provided an overview of the MCHAT.
   * Jaylene updated the overview of the MCHAT in the assessment toolkit.
   * Tool is used to assess risk for autism disorder
   * In Chesapeake it is incorporated as part of the assessment, but they do follow-up questions if needed.
   * It is scored as low risk, medium risk, at risk
   * Can be used again after three months to monitor.
   * Can be scored electronically.
   * Chesapeake routinely uses it at initial assessment and annual.
     + In Chesapeake it a required assessment tool.
     + It is routinely used in Danville but not required.
     + Kelly Hill reported that one system she works with requires the MCHAT.
   * Easy and quick to administer and many items can be observed organically.
   * Helpful to open discussion about social and communication behaviors.
   * Useful in developing goals and outcomes.
   * Results are most reliable when used with recommended age range.
   * A license is not required but you must use the most recent version.
   * Can also identify sensory-processing and other developmental challenges the child may be having.
   * Tool is limited in terms of assessing all social-emotional skills.
5. Jaylene Trueblood shared what she learned at the DEC conference about how other states are using the pyramid model.
   * Jaylene attending Implementing the Pyramid Model within the EI system session.
     + NC, Nevada, and Oklahoma presented.
     + NC began with coaching and felt the pyramid model was the natural next step.
       - They had pilot sites for implementation.
         * Sites applied to participate.
       - Each site hired an implementation coach to work with the local system.
       - Handout was created for families.
       - Positive parenting program is used for staff professional development.
       - Most sites continued with implementation after the pilot.
     + Oklahoma identified a resource coordinator.
       - They did exploration and implementation in the same year, and they would recommend not doing both at once.
       - Universal promotion to all families and targeted support as needed.
       - Fidelity Tool is used to assess implementation.
       - Imperative to have feedback loops between local systems implementing the model and the state. Data can be used to determine support needed by staff.
       - They developed a handout and survey to keep families engaged.
       - They use the ASQ-SE and SEAM and developed a decision tree.
     + Nevada promoted staff buy-in to recognize implementation with families.
       - Buy-in is sustained with newsletters and ongoing training.
       - Social media was used to promote family involvement.
6. Next Steps
   * Deana Buck will review the ITSEA and provide an overview to be shared in February.
   * Naomi Grinney will review the POSI and provide an overview to be shared in February.
   * Dawn Lero will provide an overview of resources to support implementation of the pyramid model.

**Next Meeting:**

* February 22nd from 12:00 – 1:30
* Overview of ITSEA and POSI
* Overview of resources to support implementation of the pyramid model
* Update on status of sub-workgroups
* Discussion of any additional tools to review