

SSIP Workgroup

May 24, 2023 Meeting Notes

Workgroup Participants: Jaylene Trueblood, Sarah Moore, Anne Brager, Kathryn Marchese, Brandie Kendrick, Chrishonna Greene, Tracy Walters, Kelly Hill, Deana Buck, Ariel Chambers

Absent: Elizabeth Lyon, Lisa Terry, Lorelei Pisha, Dawn Lero, Jackie Robinson Brock, Emily Amerson, Jessica Monaco, Naomi Grinney

**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

1. Survey of Current Practices sent to all local system managers including a question about the pyramid model.
2. 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
3. Establish a committee

**Action Items and Discussion:**

* 1. Finalize executive summary and recommendations to submit to the state.
  + Information included from emailed responses was provided for today’s discussion.
  + We reviewed a chart that included cultural diversity and racial equity from the national institute of early education research. Percentage of children receiving EI in Virginia is close to national percentage. Virginia is also similar to national average of percent of boys and girls receiving EI. Virginia is below national average percentage in American Indian/Alaska Native, above for Asian, above for Black or African American, below for Hispanic or Latino, significantly above for Native Hawaiian or Other Pacific Islander, above in two or more races and slightly above for white. These are national averages and Virginia’s demographics may vary.
  + We reviewed a chart created that included languages, cultural sensitivity and gender findings for the tools we considered.
  + The ASQ-SE2 is used in Alexandria for all children, and they require that the race/ethnicity section be filled out using the online platform to track trends. This is one reason to consider using this tool. The tool is emailed to the family after referral is received. Provider reviews prior to intake and asks any follow-up questions. If language is a barrier, it is completed with an interpreter at intake. If it is not finished prior to intake, it is completed during the intake meeting.
  + We focused on recommendations related to screening and will discuss assessment recommendations at our June meeting.

**Next Meeting:**

1. Continue finalizing executive summary focusing on assessment.

2. Update on pyramid model workgroup.

* Workgroup continues to meet to establish knowledge base of the pyramid model and how it relates to practices already in place in Virginia. At the June meeting, Dana Childress will present on adult learning principles to help the group determine the best course of roll out and implementation of the pyramid model for sustainability.

3. Establish sub workgroup to develop recommended practices around including eligibility and/or assessment team members with Infant Mental Health or related expertise to submit for review by the full workgroup at our August meeting.

Reference tool: [**https://www.iecmhc.org/tutorials/consultative-stance/mod2-1/#:~:text=Key%20Elements%20of%20the%20Consultative%20Stance%201%**](https://www.iecmhc.org/tutorials/consultative-stance/mod2-1/#:~:text=Key%20Elements%20of%20the%20Consultative%20Stance%201%)

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**Future Steps:**

1. Coordinate with facilitators for the workgroup on assessment tools for mitigating factors to on how to package screening/assessment tools from both workgroups.

2. Develop an introduction on the importance of assessing social-emotional development for an assessment/screening toolkit. Lisa Terry recommended reviewing existing descriptions.

**Next Meeting Date: June 28th at 12:00.**