SoonerStart SSIP Development: Phase II
Stakeholder Meeting
February 2021
Agenda

• SIMR* in Detail
  • What: Social-emotional health of SoonerStart children
  • Who to target: population differences

• Interventions
  • Other states’ activities
  • Oklahoma context
  • Opportunities and options

*State-Identified Measurable Result
What is the SSIP?

• State Systemic Improvement Plan: a comprehensive, ambitious, achievable multi-year plan designed to improve outcomes for children with disabilities and their families through systems and practice change.
## Results from First Stakeholder Meetings

Which of the following child or family outcomes should be a priority?

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping Families Help Their Children Develop and Learn</td>
<td>39</td>
<td>36.8%</td>
</tr>
<tr>
<td>Improving Social Emotional Health</td>
<td>25</td>
<td>23.6%</td>
</tr>
<tr>
<td>Helping Families Communicate Their Child's Needs</td>
<td>14</td>
<td>13.0%</td>
</tr>
<tr>
<td>Improving Behaviors</td>
<td>13</td>
<td>12.3%</td>
</tr>
<tr>
<td>Improving Skills and Knowledge</td>
<td>13</td>
<td>12.3%</td>
</tr>
<tr>
<td><strong>Total Responses/Participants</strong></td>
<td><strong>106</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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Phase II Stakeholder Meetings


Selected SIMR

• Social-emotional development of infants and toddlers in SoonerStart
  • Children will have better social-emotional outcomes as SoonerStart helps families help their children learn and grow.

• Reasoning
  • Must select a single outcome for federal reporting.
  • Can evaluate multiple areas for improvement.
  • Family outcomes more difficult to measure than child outcomes.
Next Steps

• Understand the broader context of S/E development in Oklahoma:
  • What factors affect young children and their families?

• Review program data in more detail:
  • Who in SoonerStart is in most need of targeted S/E interventions?

• Consider strategic interventions:
  • What should SoonerStart do to improve S/E development?
Oklahoma Context

Social-Emotional Development of Infants and Toddlers
State of Babies 2020

- Approx. 25% of states fall into each category, overall (G,R,O,W)
- Other “G” states:
  - Texas
  - New Mexico
  - Louisiana
  - Arkansas
  - 6 others
Indicators of Strong Families

- **Family resilience**: 87.1% (Min: 77.1%, Max: 91.8%)
- **TANF benefits receipt among families in poverty**: 12.0% (Min: 2.7%, Max: 88.2%)
- **Crowded housing**: 11.6% (Min: 5.6%, Max: 28.4%)
- **Infant/toddler maltreatment rate (per 1,000 infants/toddlers)**: 30.0 (Min: 2.0, Max: 38.3)
- **Time in out-of-home placement**: 12.9% (Min: 4.9%, Max: 71.1%)
- **Two or more adverse childhood experiences**: 20.9% (Min: 1.2%, Max: 20.9%)
Indicators of Positive Early Learning Experiences

- Parent reads to baby every day: 41.8% (Min: 28.2%, Max: 59.4%)
- Developmental screening received: 30.9% (Min: 16.0%, Max: 60.0%)
- Percentage of infants/toddlers receiving IDEA Part C services: 5.2% (Min: 2.9%, Max: 28.0%)
- Cost of care, as % of income single parents: 38.3% (Min: 24.6%, Max: 89.1%)
- Percentage of income-eligible infants/toddlers with Early Head Start access: 8.0% (Min: 3.0%, Max: 23.0%)
- Low/moderate income infants/toddlers in CCDF funded-care: 6.6% (Min: 1.8%, Max: 9.7%)

Phase II Stakeholder Meetings
Indicators of Good Health

- **Infant mortality rate (deaths per 1,000 live births)**: 7.7
  - Min: 3.7
  - Max: 8.6

- **Uninsured low-income infants/toddlers**: 6.9%
  - Min: 0.6%
  - Max: 15.5%

- **Late or no prenatal care received**: 6.8%
  - Min: 1.7%
  - Max: 11.3%

- **Preterm births**: 11.4%
  - Min: 7.8%
  - Max: 14.2%

- **Babies with low birthweight**: 8.3%
  - Min: 5.9%
  - Max: 12.1%

- **Ever breastfed**: 74.3%
  - Min: 60.5%
  - Max: 92.4%
KIDS COUNT 2020

- Economic well-being: 33rd
- Family & community: 40th
- Education: 48th
- Health: 49th
### Impact of Economic Factors

<table>
<thead>
<tr>
<th>Economic Factor</th>
<th>Impact</th>
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</thead>
<tbody>
<tr>
<td>22% of children ages 0-5 live below the federal poverty level</td>
<td>Indirect</td>
</tr>
<tr>
<td>20% of children and families experienced food insecurity at some point in the last year</td>
<td>Indirect</td>
</tr>
<tr>
<td>24,000 children live in a household without a vehicle</td>
<td>Indirect</td>
</tr>
<tr>
<td>Impact of Family Factors</td>
<td>HAS IMPACT ON SOCIAL-EMOTIONAL DEVELOPMENT</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>15,591 children experienced abuse or neglect, 45% were age 4 or less.</td>
<td>Direct</td>
</tr>
<tr>
<td>35% of children live in single parent families</td>
<td>Direct</td>
</tr>
<tr>
<td>4,513 children under age 5 in foster care</td>
<td>Direct</td>
</tr>
<tr>
<td>52,000 children being cared for by grandparents</td>
<td>Direct</td>
</tr>
</tbody>
</table>
# Impact of Educational Factors

<table>
<thead>
<tr>
<th>Impact</th>
<th>Indirect</th>
</tr>
</thead>
<tbody>
<tr>
<td>39% of children under age 6 are read to by a family member less than 4 days per week.</td>
<td>✓</td>
</tr>
<tr>
<td>24% of children under age 6 attend childcare outside the home.</td>
<td>✓</td>
</tr>
<tr>
<td>12% of children live with a caregiver who has not graduated from high school.</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Impact of Health Factors

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>Impact on Social-Emotional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>28% of children have experienced two or more adverse experiences</td>
<td>Direct</td>
</tr>
<tr>
<td>9.3% of babies born with Low Birth Weight</td>
<td>Indirect</td>
</tr>
<tr>
<td>23,000 children under the age of 5 without health insurance</td>
<td>Indirect</td>
</tr>
<tr>
<td>Maternal Depression (actual rate unknown)</td>
<td>Direct</td>
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</tbody>
</table>

HAS IMPACT ON SOCIAL-EMOTIONAL DEVELOPMENT
SoonerStart Data and Results for Social/Emotional Development
Interpreting Z-Scores in BDI-2

- Each child’s score is compared to a national mean and standard deviation, depending on the developmental age of the child.
- Because the Z-score is standardized against the mean, it is easily comparable across all children, regardless of age.
Comparing Average Personal-Social Domain BDI-2 Scores

- SoonerStart Eligibility
- DHS Referrals
- Gender
- Race/Ethnicity
- Medicaid Eligibility
- Region

- Three year trends
SoonerStart Eligibility: Average P/S BDI

Eligible: -0.6883

Not Eligible: 0.073
DHS Referral: Average P/S BDI Score

Below Average
- Infant Transition Program: -0.821
- Friend: -0.769
- SoonerStart staff: -0.713
- Department of Health: -0.672
- Hospital: -0.620
- Relative: -0.615
- Medical provider: -0.498

Above Average
- Parent: -0.463
- Other: -0.442
- Childcare provider: -0.419
- Foster parent: -0.374
- DHS: -0.369
- School/LEA: -0.317
- Early Head Start: -0.255

DHS
Gender: Average P/S BDI Score

Male: -0.5118
Female: -0.385
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Average P/S BDI Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Islander</td>
<td>-0.868</td>
</tr>
<tr>
<td>Asian</td>
<td>-0.698</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>-0.56</td>
</tr>
<tr>
<td>Black or African American</td>
<td>-0.483</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>-0.472</td>
</tr>
<tr>
<td>Above Average</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>-0.452</td>
</tr>
<tr>
<td>American Indian</td>
<td>-0.401</td>
</tr>
<tr>
<td>State Avg</td>
<td>-0.466</td>
</tr>
</tbody>
</table>
Medicaid Eligibility: Average P/S BDI

Medicaid Eligible: -0.510

Not Medicaid Eligible: -0.351
Region: Average P/S BDI Score

Below Average
8: SE (Poteau)  -0.637
5: S Central (Norman)  -0.624
4: SW (Chickasha)  -0.618
2: W Central (Guthrie)  -0.56

Above Average
3: Central (OKC) -0.441
1: N-N/W (Stillwater) -0.436
7: NE (Tahlequah) -0.361
6: NE Central (Tulsa) -0.322

State Avg -0.322
Engagement: Sub-Group Focus?

• Discussion: should we consider a sub-group focus when targeting interventions, and why?

• Feedback
  • Poll
  • Jamboard
Opportunities and Options for SSIP Activities

Oklahoma and Other States’ Activities
Other States’ Activities: S/E Development

- Using evidence-based screeners and assessments to evaluate social-emotional health.
- Expanding follow-up for ineligible children at risk in S/E.
- Screening for maternal depression.
- Expanding routines-based interventions.
- Implementing Pyramid Model frameworks and evidence-based practices.
- Providing Infant and Early Childhood Mental Health Consultation (IECMHC) to program personnel.
- Providing “dyadic treatment” therapy for infants and parents.
Follow-up for Ineligible Children

• Only 3 states provide formal follow-up referrals for ineligible children.
• 11 states, including Oklahoma, have no written policies about providing support for ineligible children.
• Many in Oklahoma are referred to Child Guidance through the OSDH.
Maternal Depression Screening

• Over half of states report that screening or referral for maternal depression-related services is *not* offered to parents of infants and toddlers enrolled in Part C.

• Not much is known about what happens in response to a positive screening result.

• Oklahoma does not offer screening to mothers.
Routines-Based Interventions

• Family-Guided Routines Based Intervention (FGRBI) is a commonly used method of coaching family members to use targeted interventions in the course of daily routines to address developmental delays.

• 21 states are using the RBI. Oklahoma already uses a similar family interview process to guide the IFSP process.
Pyramid Model Frameworks

• At least 6 states provide training for the EI workforce to build its capacity to identify and support children’s social-emotional development using a pyramid model approach.

• The pyramid model is a tiered intervention framework focusing on healthy early childhood social-emotional development.
  • Built of tiers of evidence-based practices to support the whole child and the family.

• Oklahoma does not currently implement the Pyramid Model framework in SoonerStart.
Infant & Early Childhood Mental Health Consultation

• Over half of the states (29) reported that IECMHC is offered to professionals working with EI children.

• IECMHC is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in relevant settings.*
  • The aim is to build adults’ capacity to strengthen and support the healthy social/emotional development of children early (before intervention is needed).

* https://www.samhsa.gov/iecmhc/about
Specific Dyadic Treatment Models

<table>
<thead>
<tr>
<th>Evidence-based (EB) dyadic treatment models</th>
<th>States that require EB dyadic treatment model</th>
<th>States that recommend EB dyadic treatment model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Parent Psychotherapy/Infant Parent Psychotherapy/Toddler Parent Psychotherapy</td>
<td>KY, MT</td>
<td>AK</td>
</tr>
<tr>
<td>Parent-Child Interaction Therapy (PCIT)</td>
<td>KY</td>
<td>PA</td>
</tr>
<tr>
<td>Promoting First Relationships (PFR)</td>
<td>WA</td>
<td>AK</td>
</tr>
<tr>
<td>Attachment and Biobehavioral Catch-up (ABC)</td>
<td></td>
<td>KS</td>
</tr>
<tr>
<td>Watch, Wait and Wonder (WWW)</td>
<td></td>
<td>AK</td>
</tr>
</tbody>
</table>

*Not all states that report offering dyadic treatment identified specific models.*

- 24 States reported providing dyadic treatment, a form of therapy in which the infant and parent are treated together by a clinician who supports the parent to engage in positive interactions with the child through coaching.
SoonerStart Activities to Support S/E Health

• SoonerStart has not implemented an evidence-based treatment model for children with S/E deficits

• Providers support families when challenging behaviors are identified by the families
  • Improving behavior can be incorporated into the IFSP
  • Focus tends to be on behavior rather than underlying social-emotional causes (such as trauma)

• Few outside referrals are made because of a lack of partners
Existing Programs Serving Young Children and Families

- Department of Health/Infant & Maternal Health
- Department of Human Services
- Head Start & Early Head Start
- Oklahoma Association for Infant Mental Health
- Oklahoma Department of Mental Health & Substance Abuse Services
- Oklahoma Partnership for School Readiness
- Oklahoma Family Network
- OSDE, School Climate Transformation in the Student Support Office
- SoonerSuccess
- Multitude of Local Programs
Summary: Current Initiatives in Oklahoma

- Activities in programmatic siloes
- Common approaches, but low coordination across programs
- Growing consensus toward using evidence-based approach using a tiered intervention framework called the Pyramid Model
The Pyramid Model in Oklahoma's Head Starts

Paula A. Brown
What is the Pyramid Model?

Pyramid Model Overview Video
Programs’ Knowledge & Use of the Pyramid Model/Resources

Familiarity with the Model
• 33% are Familiar/Very Familiar
• 39% are Somewhat Familiar
• 28% are Not At All Familiar

Use of the Model
• 45% of staff are using a few Pyramid resources
• 55% of staff are using NO Pyramid resources (or none that directors are aware of)
Q5

Which Pyramid Model trainings have your staff accessed over the last 5 years (check all that apply)?

Answered: 14   Skipped: 4

- Infant Toddler Modules
- Preschool Modules
- Teaching Pyramid...
- The Infant Toddler Pyra...
- Prevent Teach Reinforce fo...
- Practice Based Coaching and...
- Positive Solutions fo...
- Parents Interacting...
- Other (please specify)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Program Adoption of the Model

• 1 of the 18 grantees is already implementing program-wide
• 9 have expressed interest in learning more

• 41% of the programs have not “adopted” the Pyramid Model at all
Effective Workforce in Head Start

- Most (if not all) Head Starts have a great starting point at the Pyramid base:
  - Head Start requires an Infant/Toddler CDA for staff who work with children 0-3 and at least an Associates Degree for teachers who work with children 3-5.
  - Ongoing professional development is a key part of every Head Start program.
  - The majority have PBC (Practice Based Coaching) as a part of their daily operations.
  - All Head Starts are required to have an ongoing social/emotional curriculum.
  - Mental Health Consultants are available on an “ongoing, regular basis” in all Head Start program (each program decides how that will be implemented).

- All of these elements help to build the first level of the Pyramid: effective relationships and high quality supportive environments.
Targeted Social Emotional Supports

• Utilizing the social/emotional curriculum and approach (i.e. Conscious Discipline), teachers:
  • work with children who need more practice learning and building new skills.
  • connect with families to build the relationships that are key to effective skill building.

• Mental Health Consultants work with teaching staff and families to supplement skill building when needed.

Examples:
• picture schedules;
• songs during transition;
• comfort items from home;
• social stories;
• transition reminders;
• jobs for ALL the children in the classroom;
• building the classroom family relationships among all the children.
Intensive Individualized Interventions

• The child’s teacher, parent, and the program mental health consultant work together to gather the data necessary to develop a behavior plan for children who need one.
• Often the behavior plan coincides with an outside referral to a mental health professional.
• **Important note:** Very few children should need this level of intervention.
  • If there are many, it is the program’s responsibility review the first level of the Pyramid (relationships and environments) to make improvements. When these are strong, few children truly need intensive interventions.
Questions?

Contact:
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Paula.brown10@okstate.edu
405-747-6681-cell
The Path Forward for the SSIP

• Implement a Pyramid Model approach
  • Aligns with state partners already moving in this direction
  • Creates opportunities to collaborate with related organizations
  • Is familiar to Oklahoma organizations and districts in the form of PBIS and MTSS

• Do something else
  • Go its own way with a different project, such as something implemented in other states
  • A project would be internally designed and managed
Engagement: Implementation Strategy?

• Discussion: what should SoonerStart do to improve the social-emotional development of children it serves, and why?

• Feedback:
  • Poll
  • Jamboard
What are other states doing?

• Medicaid can play a critical role in financing many EI services. A significant percentage of each state’s Part C population is likely to also be enrolled in the state Medicaid program. The use of Medicaid for certain EI services may free up limited state and federal Part C funds for other costs, including those related to services for children in Part C who do not qualify for Medicaid.

• Most of the states (33) reported that Medicaid reimbursement rates do not cover the full costs of EI services to address social emotional or mental health conditions for Medicaid eligible children.

• Several states have taken steps to improve Medicaid rates for EI services or adopt other policies that allow greater use of Medicaid for EI services, including those related to SE needs. Ten states have raised reimbursement rates for services; 9 states have expanded the types of EI services that can be covered by Medicaid; 6 states have changed provider requirements to allow Medicaid reimbursement for EI services, and 4 states have expanded allowable settings for these services.
Data Collection Considerations
Collecting Social-Emotional Data

• SoonerStart collects S/E data from:
  • Battelle Developmental Inventory – 2
  • Developmental Profile – 3
  • Ages and Stages S/E Questionnaire
  • Child Outcome Summary process at program entry and exit

• Other tools could be used
BDI-2

• PROs:
  • Assesses S/E developmental domain as part of overall eligibility determination tool.
  • Calculates a Z-score for each child that can be easily compared across children and across time.
  • Provides robust and valid results with little subjectivity.

• CONs:
  • Lengthy and time-consuming.
  • Must be conducted by trained personnel.
  • Not all children are assessed with the BDI (have automatic-qualifying conditions).
DP-3

• PROs:
  • Assesses S/E developmental domain as part of overall eligibility determination tool.
  • Can be administered remotely (currently used in place of BDI).
  • Uses standardized scores for comparison across children and time.

• CONs:
  • Must be conducted by a trained service provider.
  • Based on a parent interview and does not require skill demonstrations to assess eligibility.
ASQ-SE

• **PROs:**
  • Tool used before child is eligible as part of the developmental screening to determine need for evaluation.
  • Conducted by RC with parental involvement.
  • Can be used on all ages down to 1 month.

• **CONs:**
  • Not consistently used by all RCs statewide during screening process.
  • Not often used in IFSP development, even if the screening is completed.
  • No methodology to collect and analyze results.
Child Outcome Summary Form

• PROs:
  • Takes into account variety of data sources, including parent observations and objective assessments.
  • Conducted once for each child at entry and exit.
  • Aligns exactly with the published APR indicator 3 data.

• CONs:
  • Rating can be fairly subjective (only 35-40% correlation with related BDI scores).
  • Not reported annually for each child.
  • Scoring does not easily reflect change over short periods of time.
COS vs. BDI-2: Scores Correlation

Current Scores

Expected Scores
## S/E Screenings Used by Other States

<table>
<thead>
<tr>
<th>Screening</th>
<th>States that require</th>
<th>States that recommended</th>
<th>States that neither recommended nor require</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages &amp; Stages Questionnaires: Social-Emotional (ASQ:SE)</td>
<td>8</td>
<td>30</td>
<td>13</td>
</tr>
<tr>
<td>Brief Infant-Toddler Social and Emotional Assessment (BITSEA)</td>
<td>8</td>
<td>43</td>
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<tr>
<td>Temperament and Atypical Behavior Scale (TABS screener)</td>
<td>6</td>
<td>45</td>
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<tr>
<td>Greenspan Social-Emotional Growth Chart</td>
<td>5</td>
<td>46</td>
<td></td>
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<tr>
<td>Functional Emotional Assessment Scale (FEAS)</td>
<td>4</td>
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<tr>
<td>Survey of Well-Being of Young Children (SWYC)/ Baby Pediatric Symptom Checklist (BPSC)</td>
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<tr>
<td>Early Childhood Screening Assessment (ECSA)</td>
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### S/E Evaluations/Assessments Used by Others

<table>
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<tr>
<th>Assessment</th>
<th>States that require</th>
<th>States that recommended</th>
<th>States that neither recommended nor require</th>
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<tbody>
<tr>
<td>Developmental Assessment of Young Children (DAYC)</td>
<td>4</td>
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<tr>
<td>Devereux Early Childhood Assessment-Infant and Toddler (DECA-I/T)</td>
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<tr>
<td>Infant Toddler Social Emotional Assessment (ITSEA)</td>
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<tr>
<td>Social-Emotional Assessment/Evaluation Measure (SEAM)</td>
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<td>39</td>
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<tr>
<td>Behavior Assessment System for Children (BASC)</td>
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<td>44</td>
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<td>Greenspan Social-Emotional Growth Chart</td>
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<tr>
<td>Achenbach System of Empirically Based Assessment (ASEBA)/Child Behavior Checklist (CBCL)</td>
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<tr>
<td>Early Coping Inventory (ECI)</td>
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<tr>
<td>Carey Temperament Scales</td>
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