

Investigation of top strategies picked by VICC group:

Family Capacity and availability Strategies: (Group members: 2 CIS Coord., Autism consultant, Private Ins., UVM Graduate CIS Intern)

1. Set schedule that works for the family (not necessarily a perfect setting as families don't live in perfect settings)
2. Providing services in child care setting
3. Be there for families when not ideal situation
 - a. Flexibility for family during different times and days
4. Moving away from direct service and more coaching
 - a. Need to understand different learning styles
 - b. Parents don't have time to read large articles
 - c. Might not have a lot of education-to understand what providers are saying
5. Connect learning that can happen during routines
6. Not provider that "fixes" the child-promote parent as teacher
7. Intervention more user friendly
8. How to make most of the little time parents have:
 - a. Parent could understand/want to work with child on what provider says
 - b. Check-in and hold parent accountable
9. Offer resources to parents around their personal needs to help them best help their child.
10. Uses of tools-ECO map (where family supports are)-is their another family member helping with child? (ex. Grandma could help by reading a book to child).

Mental Health Resources Strategies:

1. Relationships with family building capacity with families for towards competence and confidence (self-awareness)
2. Education about private providers taking Medicaid [geographical variation]
3. Data about accessing mental health services and who is more likely, i.e. class, generation [teenage moms], data about households with parents who have a diagnosis
4. Holistic approach to services
5. Home visiting clinical services for some families, i.e. for maternal mood disorder (NCSS pilot)
6. Family as 'client'
7. Family plans/goals –IFS
 - a. More flexible documents i.e. family pan vs one plan
8. Functional, measurable goals achievable → professional development

9. Compensation and professional learning opportunities –depth and incentives
10. Family engagement and helping families understand how their mental health is important to their child's health

Lack of natural supports for families (empty eco-maps/isolation):

1. Making sure community resources are easily available
2. Accompany families to community activities/events to help them feel comfortable
3. Offer year round play groups
4. Looking at what is already working and why
5. Looking at what the root cause is for the isolation and try to help address (making appropriate referrals to other supports for family)
6. Offering parent matches or support groups—VFN
7. Making sure staff has a good understanding of what is available for families
8. Helping families recognize their own strengths

Availability of parents to 'be there' and outside stressors:

1. Relationship building between providers and families
2. Family priorities may not be social-emotional development (or other things providers might bring up)
3. Lack of availability to other services which are needed to support social-emotional development, i.e. mental health
4. Lack of availability of mental health supports for parents
5. Assessing protective factors and having that inform plans/services [not a checklist]

Staff Turnover Strategies: (Group Members: 5 CIS Coordinators, Mental Health, Head Start)

1. More money
2. Use the universal system to provide alternative compensation (free access to library, webinars etc.)
3. Explore “reasonable” case load #
 - a. In order to have more time for PD
 - b. In order to provide quality service
4. EI credential that is meaningful and has value to the field and are recognized
5. Cross training of community providers related to part C and transdisciplinary value
6. The required paperwork has increased with no increased support or time

7. Regional meeting for problem solving and community build “Friday conversations”

Caregivers across environments get the same level of support and info about strategies:

1. Consistent info across settings
2. Meeting both in the home and in childcare center/also with DCF staff, Easter Seals Foster families, OT/PT/SLP
3. Meet during pick-up time at childcare, or on their lunch break
4. Use of communication NOTEBOOK, higher professional development, tech vide/emailing/texting
5. Streamlining goals as much as possible given the “other plans” that the family may need to adhere to
6. Family centered philosophy—How are we doing with that? Reflective supervision, routine based intervention, how to prioritize needs, across settings...across regions?