PDG B-5 TA CENTER

New York State's Agency Partnerships to Support Infant and Early Childhood Mental Health Consultation Scale-Up for Infants and Toddlers

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This brief is grounded in the perspectives of stakeholders across New York state's analogous sectors of health, mental health, education, child welfare, higher education, and local and national technical assistance engaged in the work of building a sustainable, statewide Infant and Early Childhood Mental Health Consultation (IECMHC) program that aims to improve the quality of early care and education (ECE) services for New York's infants, toddlers, and their families. Focusing on New York's journey may help other state and national leaders understand: 1) how support for infant and early childhood mental health on a statewide level grew steadily over the past two decades; 2) efforts required to coordinate among cross-sector partners in a complex service delivery system; and 3) how an evidence-based statewide model for IECMHC came together in ways that built on the previous state and national implementation, research, and evaluation efforts.

What is infant and early childhood mental health consultation?

According to the Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE, 2021), IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention, and their home. Please see this brief from the Preschool Development Grants B-5 (PDG B-5) Technical Assistance Center for an overview of the state of research and implementation efforts to support IECMHC for policymakers and program leaders.

Introduction

To build the capacity of early childhood providers to serve infants, toddlers, and young children inclusively and support their development across domains, many states have invested in interventions such as infant and early childhood mental health consultation (IECMHC), a research-based, capacity-building approach that has consistently demonstrated positive impacts for children, early care and education (ECE) providers, and related professionals. Despite a growing evidence base, scaling and sustaining IECMHC has proved challenging for states, Territories, and Tribes. Several states that received Preschool Development Birth-5[1] awards articulated goals related to financing and expanding IECMHC broadly, as well as building and sustaining the

[1] PDG Birth-5 federal grants were first awarded in FY 2019 and FY 2020 to support states in building, enhancing, and expanding birth through 5 mixed delivery systems and high-quality B-5 programs and services. These awards differ significantly from previous federal Preschool Development Grants as well as Race-to-the Top Early Learning Challenge grants. However, several states have leveraged multiple federal funding opportunities to build the infrastructure for a statewide IECMHC service delivery program.

IECMHC workforce and related supports (Administration for Children and Families, 2020a; Trivedi et. al, 2021).

For several years, over diverse funding opportunities, New York state has been developing the infrastructure to support statewide delivery of IECMHC, with a particular focus on supporting infants and toddlers. By building on collaborative relationships with a range of cross-sector partners, leaders in New York are implementing an ambitious plan to expand IECMHC in a mixed service delivery system. To understand how IECMHC has unfolded over time in New York state, the relevant policy literature was reviewed and key informant discussions were conducted with program leaders, advocates, local and national technical assistance providers, national children's mental health experts, and practitioners.

A deliberate focus on infants and toddlers

"The experiences in the first 1,000 days of life are critical. By supporting the caregivers of infants and toddlers, we are able to provide intervention at the earliest possible point in the child's educational experience… Through the collaborative relationship between the infant and toddler caregiver and the mental health consultant, the skills of the provider are enhanced to create a healthy social-emotional environment for the infants, toddlers and families served by their center or family setting. Additionally, by providing this type of support for this age group, we will be able to create more equitable experiences for children and families, with the goal of impacting suspension and expulsion for children of color…which will ultimately work towards dismantling the preschool-to-prison pipeline."

–Program Leader

Part I: Building steady support for infant and early childhood mental health (IECMH)

The New York state ECE system is expansive and complex, with several different agencies in an oversight and regulatory role, augmented by other public and private entities that provide services (New York State Council on Children and Families, 2019). In the context of this complex service array, several stakeholders from New York discussed a cross-system approach of public and private partnership investments in infant and early childhood mental health that developed over the past 2 decades.

Some of the awareness-raising and advocacy coalesced at a regional level with state and even national implications. For example, in New York City, representatives from academic, local and municipal government, human services agencies, and children's advocacy organizations came together to form the New York City Early Childhood Mental Health Strategic Workgroup, an advisory group to the municipal Department of Health and Mental Hygiene. Experts on the working group represented the diverse and interrelated fields of child welfare, juvenile justice, early childhood special education, mental health, and early care and education. The group produced an influential **white paper** in 2005 (updated in 2011), *Promoting the Mental Health and Healthy Development of New York's Infants, Toddlers and preschoolers: Advancing the Agenda Sustaining the Gains, A Call to Action*, that

recommended state and municipal government play a more active role in the provision of early childhood mental health services and supports across a continuum of promotion, prevention, and treatment. In the advocacy following the release of the original white paper, rule changes by both the New York State Office of Mental Health and the New York City Department of Health and Mental Hygiene clarified mental health clinics regulated by the New York State Office of Mental Health could request amendments to their licenses to serve children under age five. The city and state soon developed new mental health programs with expanded eligibility criteria to serve children under age five.

Excerpt from an early, influential public policy document from New York City

"Development of the more comprehensive mental health system for young children that this White Paper calls for depends on changing many of the current policies and practices of the individual public systems that serve children and families—notably, systems focused on developmental disabilities, mental health, health care, early childhood care and education, and child welfare. This report presents system-by-system recommendations for changes designed to advance progress by viewing mental health as not the responsibility of any one child-serving system but of all."

–New York City Early Childhood Mental Health Strategic Workgroup, 2005/2011, page 6

Discussants for this brief highlighted another historic opportunity to reframe policy in ways that were proactive and supportive of social-emotional development—*The Children's Mental Health Act of 2006*. This legislation mandated the development of short- and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children through age 18. The advocacy and planning that followed the Act were reflected in **The Children's Plan** (2008), which was inclusive of services for infants, toddlers, and preschoolers. The Children's Mental Health Act and follow-up work built on the momentum of regulatory and program changes to reframe a service delivery system that had predominately supported school-age children and youth.

Stakeholders also reported on several significant local and national funding opportunities that enabled the implementation and evaluation of models for IECMHC at the county, municipal, or community level. For example, through SAMHSA's **Project LAUNCH**,[2] the New York City Department of Health and Mental Hygiene worked from 2010–2015 to expand and strengthen programs and services for children birth through 8 across the city, particularly in two vulnerable communities. Activities included implementing

[2] Linking Actions for Unmet Needs in Children's Health Grant Program—or Project LAUNCH—is offered by the Substance Abuse and Mental Health Services Administration (SAMSHA) to promote the wellness of young children, from birth to 8 years of age, by addressing the social, emotional, cognitive, physical, and behavioral aspects of their development. It should also be noted that several other communities in New York state received Project LAUNCH funding, including Westchester and Schenectady Counties.

an early childhood mental health consultation project using the Incredible Years[3] intervention, in partnership with 72 ECE teachers and assistants. Another local opportunity that was instructive in developing the statewide model for IECMH was a replication of Connecticut's Early Consultation Partnership (ECCP)[4] to build resilience and enhance classroom social-emotional environments. This intervention—known as *Nassau Thrives*—was implemented in 35 classrooms impacted by Superstorm Sandy in Nassau County from 2013–2017 through a Superstorm Sandy block grant. A few of the discussants for this brief were involved in these early pilots and expressed appreciation for the consultation they received by national experts in IECMHC model development, research, and evaluation. Of note, many of the implementation and evaluation partners involved in these early efforts are involved in the current statewide IECMHC program.

> "Everybody in the system should be mental health-informed. They don't have to be a mental health specialist, but it really should be a thread that runs through anything touching the lives of young children. Through little grants here and there—some that were time-limited and federal, some that were funded by city or state agencies—we've pushed to get people to understand that consultation is a really profound preventive measure that really can have significant impact…We've had so many different grants and then the funding goes away, and they still want us to do consultation. We have gotten some philanthropic dollars, but we really need a kind of sustainable way to support this."
>
> *–Policy stakeholder/program leader*

Since 2016, the New York City Department of Health and Mental Hygiene has funded the NYC Early Childhood Mental Health Network (ECMHN), comprised of 7 specialized early childhood mental health clinics that employ mental health consultants. These consultants receive ongoing training from the New York City Early Childhood Training and Technical Assistance Center (TTAC) and the model draws on foundational and current work from Georgetown University Center for Child and Human Development (GUCCHD), as well as the work of the Center for Excellence in Infant and Early Childhood Mental Health Consultation (CoE). Consultation has been provided to 7,410 ECE teachers, staff, families and center-based ECE sites across NYC that serve children and families, largely from communities of color. The ECMHC clinics also provide relational, trauma-informed mental health treatment and family peer support services beginning prenatally through age 5 for children and their families.

[3] The Incredible Years is a training curriculum designed to promote social and emotional competence and to prevent, reduce, and treat aggression and emotional problems in young children. See Pidano et al. (2015) for a discussion of the evidence base for this approach, including implementation in conjunction with mental health consultation.

[4] The research and evaluation of the ECCP by Walter Gilliam from the Yale Child Study Center has been highly influential in public policy around reducing and eliminating preK suspensions and expulsions through IECMHC. Please see the results of the randomized control trial (RCT) published in 2016.

In 2018 and again in 2020 Congress authorized historic increases in funds for the Child Care and Development Block Grant (CCDBG,[5] Administration for Children and Families, 2020b). These funds were intended to enable more families to access subsidized child care and improve the quality of care (Office of Child Care, 2018). New York state leveraged increased CCDBG funding through an infant and toddler quality set-aside[6] to support a statewide IECMHC model, the **Infant & Toddler Mental Health Consultation Project** (ITMH) by New York's Early Learning Council.

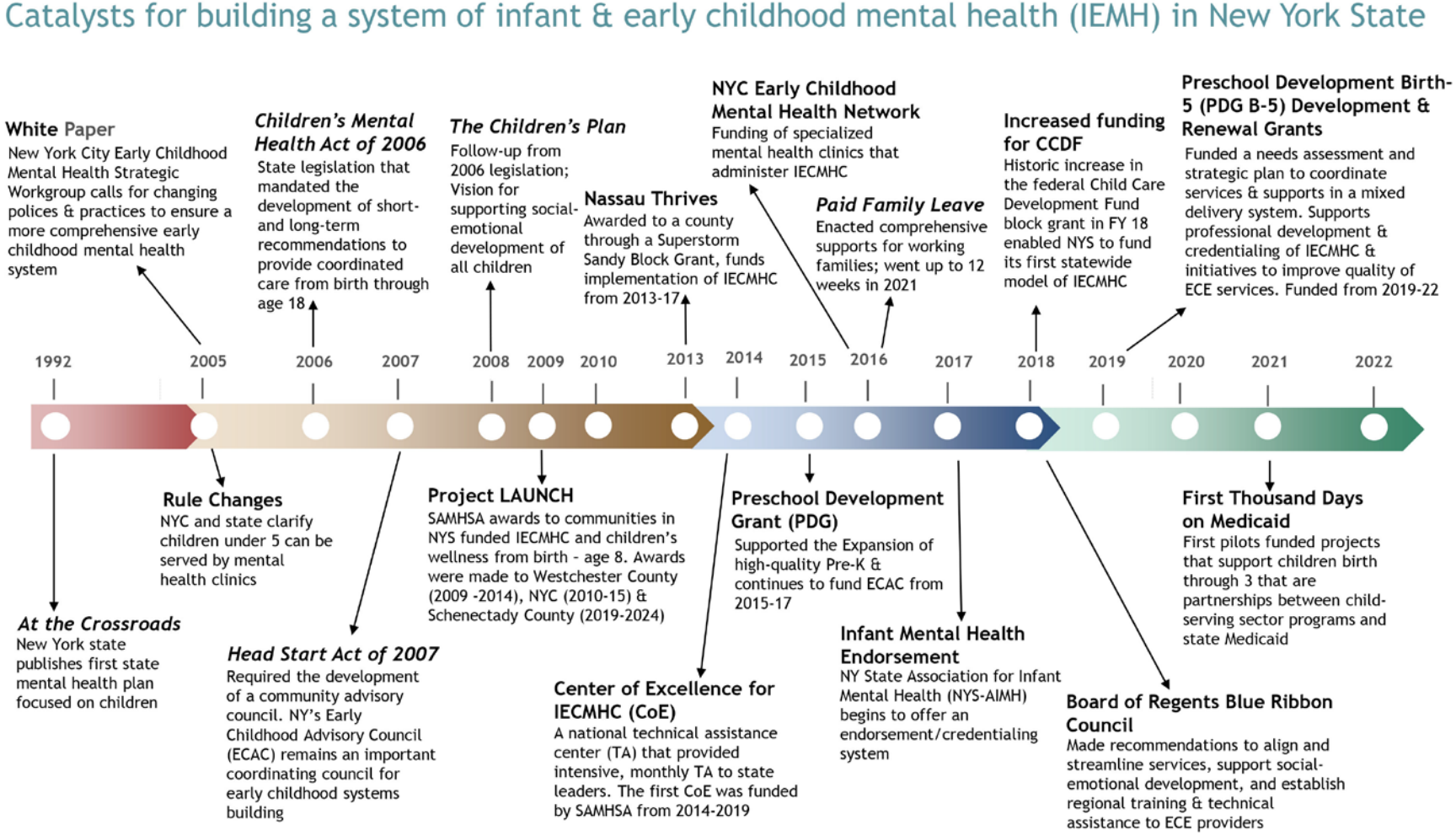
Figure 1 offers a timeline and summary of catalysts to advance IECMH practice in New York. The timeline demonstrates what policy stakeholders in New York have described as "steadily building momentum" to support infant and early childhood mental health. New York state is in the midst of a long journey towards building a more coordinated system and establishing the infrastructure to support an infant and toddler workforce that has the competencies to foster social-emotional development in the state's youngest and most vulnerable children. Strategies that have helped build the support for the expansion of early childhood mental health services and supports for infants and toddlers in New York state are relevant to other localities and have involved:

- Early engagement with stakeholders by IECMH champions who disseminated information about the societal benefits and cost-savings[7] associated with high-quality, well-designed, and comprehensive ECE that includes relationship-focused[8] supports for social-emotional development and mental health for infants, toddlers, young children, and their families
- The inclusion of infant and early childhood mental health practitioners at policy tables, such as the statewide **Early Childhood Advisory Council** (ECAC) with a roster of appointed members from across child-serving disciplines, including practitioners
- Reframing children's mental health as the responsibility of *all* child and family serving systems
- A paradigm shift among policy stakeholders over time from the focus on treating school-age children and adolescents to a prevention, mental health promotion, and early intervention framework with more substantial outcomes

[5] The Child Care and Development Block Grant (CCDBG) is administered to states, Territories, and Tribal communities to administer the Child Care and Development Fund (CCDF), a program that provides support to families to finance child care that will fit their needs and support child development. CCDF also aims to improve the quality of child care for all children.
[6] The CCDBG Act of 2014 is the legislation that authorizes the CCDF program. Please see the following resource for ACF's description of the way the law designates set-asides for use in specific areas: https://childcareta.acf.hhs.gov/ccdf-fundamentals/activities-improve-quality-child-care-services
[7] Several stakeholders in New York and other states reported that University of Chicago economist and Nobel Laureate James Heckman's work on the positive benefit-to-cost ratios for investing public funds in high-quality early childhood interventions has been highly compelling to decision-makers across sectors.
[8] Relationships-focused approaches acknowledge that the social-emotional development of infants, toddlers and young children occurs in the context of relationships. Interventions to address the mental health of young children occur in the context of caregiving relationships.

- Strong partnership among state agencies across analogous sectors and shared responsibility for funding and investments
- Commitment to increasing competencies of a cross-sector workforce by training about social-emotional development in the infant and toddler years, including the impact of early adversity on development and ways to build resilience in communities and families
- Shared commitment to reduce fragmentation in a complex service delivery system

Figure 1:Timeline of Catalysts Supporting IECMH in New York State



Part II: The Early Care & Learning Council's (ECLC) Infant & Toddler Mental Health Consultation Project

> "With three- and four-year-olds, there are behaviors that may not be normal in the classroom; but when you have someone complaining about a 12-month-old that's biting, its actually normal behavior. So rather than focus on the idea that the child is the behavioral problem, we really want to shift the focus to the environment. What's going on in the environment that's creating the circumstances in which that child can, for example, bite repeatedly?"
>
> *–Research and evaluation expert*

The Infant & Toddler Mental Health Consultation Project (ITMH) is a cross-systems, statewide approach that aims to improve infant and toddler social-emotional functioning, build teacher capacity to support infants and toddlers demonstrating challenging behaviors, and support child care settings in retaining all children in their placement—including reducing expulsions of young children of color. New York's Early Care and Learning Council (ECLC), a statewide membership organization, is coordinating the project alongside the 35 Child Care Resource and Referral agencies (CCR&Rs) across the state, who deliver the services in their local communities. The network of CCR&Rs that coordinate and plan for local child care services by working in every New York County. Organizations working in partnerships with ECLC include the CCR&Rs, Docs for Tots, a pediatrician-led organization supporting early childhood development that is the research and evaluation partner, and the New York Center for Child Development, which provides training and technical assistance.

ITMH is one IECMHC program operating in New York and is the only *statewide* model. IECMHC is being offered across New York state in different parts of the public and private system, implemented through models that are at various stages of maturity and grounded in different theoretical perspectives. According to discussants for this brief, relevant work informing the development and implementation of the ITMH Project includes randomized control trials (RCTs) that demonstrate the effectiveness of the Whole Child Matters IECMHC model from Ohio (Reyes & Gilliam, 2021) and the ECCP model from Connecticut (Gilliam et. al, 2016). It is important to note that ITMH is at the beginning stages of full-scale implementation and evaluation results are still pending. This brief offers ITMH for further consideration as a promising statewide model that is coordinated across a complex set of players and funding streams.

The ITMH Project: Topline Components

- *Funding and sustainability.* The ITMH project is funded through a quality set-aside associated with New York's Child Care and Development Fund (CCDF), administered by New York state's Office of Children and Family Services (OCFS). The PDG B-5 renewal award is supporting professional

development opportunities, reflective supervision, and credentialing for consultants and related staff. With respect to sustainability, program leaders reported on state and policy level discussions to identify blended funding to sustain consultation. Longer term funding is also being discussed as part of Medicaid redesign in New York state.

- *Reach.* Up to thirty-five consultants are working across the states through CCR&Rs in seven regions. Consultant caseloads involve a mix of center-based child care and family child care homes. In this model, consultants typically support 3 to 5 family child care settings or classrooms in a center. Caseloads may vary based on the type of setting, and the intensity of the service that the consultant is providing.
- *Duration.* Consultative services for a single, center-based classroom or a family child care setting are typically three months, and this is by design. As one program leader noted, "People have to learn how to leverage the investment of one highly qualified person in the room—the consultant—and take on the skills the consultant is modeling and teaching, and then the consultant moves on to build capacity elsewhere." For key decision-makers, the very nature of the capacity-building, short-term consultative services facilitate an "equitable process," as not every ECE teacher or program can have access to someone as highly trained as an IECMH consultant, and there is a need for "a beginning, middle, and end so as many centers and family child care homes as possible can be served," which ultimately benefits more children.
- *Implementing a quality improvement framework.* The ITMH model uses a quality improvement framework from health care in which consultants and ECE teachers or administrators work together to engage in a Plan, Do, Study, Act—or PDSA—cycle. Consultant-consultee teams can work on multiple PDSAs at the same time or sequentially. The premise of this quality improvement framework in IECMHC settings is that "anyone can improve, whether or not you are in a stellar classroom, or one that is challenging." Another discussant for this brief noted "the most important part of the PDSA is building teacher capacity for engaging in reflective problem-solving." In this way, the consultants leave behind a process for teachers to use to test out their own practice

Adapting quality improvement methodology to IECMHC

"Rather than trying to change the world in a day, you make small changes, you do rapid cycles; and you ahead of time predict what you're going to see so that, if there is change you actually notice it…The most important thing that you then can do is *abandon* it if your solution doesn't work. There are so many people who try to solve a problem, and they are so attached to their solution…quality improvement trains you to let go of what doesn't work… In this case, it's empowering the provider and the consultant to solve specific problems, and to find solutions. They are building the providers capacity to support social-emotional health, but they're also building the capacity of the provider to continue that change after they've gone."

–Research and evaluation expert

changes in the future. A consultant described current PDSA cycles that include: managing a chaotic classroom by working on transitions, ways to improve communication between the lead and assistant teachers, and using strategies for working with young children who may be demonstrating signs of anxiety.

- *Evaluation*. Stakeholders and program leaders noted that implementation of the PDSA model strengthens the data-driven aspects of the ITMH approach. Data from the PDSA cycles continuously inform the larger model, which evaluation experts noted is a "key success and longevity indicator of well-established models such as ECCP because you know what's working and what's not working and change course accordingly." Additionally, a process evaluation is currently underway, and an outcome evaluation is planned.
- *Credentialing for consultants and supervisors.* CCLC is working with the New York State Association for Infant Mental Health **(NYS-AIMH)** to support an endorsement for all of the infant and toddler mental health consultants at the CCR&Rs. The NYS-AIMH Endorsement became available in 2017 and is based on a nationally recognized set of standards from Michigan. The Endorsement recognizes and documents the development of infant and family professionals within an organized framework of culturally sensitive, relationship-based learning and work experiences. There is an endorsement for different levels of the infant and toddler workforce: infant and toddler associates and specialists that work on mental health promotion and prevention, infant and toddler consultants that work on treatment and intervention, and mentors who provide supervision and reflection (NYS-AIMH, 2017).
- *Consultative focus and approach*. As is the case with other national models, program leaders noted that the central component of mental health consultation in ITMH is embedded in the relationship between the consultant and the ECE teacher or provider. ITMH consultants have been focusing on collaborating with child care providers about working with children in ways that support positive social-emotional development and mental health, providing insights about how cultural factors play a role in development, working with providers to target services and supports for children and families who need it, improving the classroom environment, and offering systems-level support to program administrators. As one consultant noted, "We acknowledge that the teachers are the experts in their rooms; we can provide another pair of eyes to figure out what is going on in a classroom…We are strengths-based and develop plans to work on with teachers, then assess together and provide feedback."
- *Service delivery mode*. Since the beginning of the pandemic, when the ITMH project launched, consultation has been delivered through a combination of in-person, virtual, and hybrid modalities. Practitioners and program leaders interviewed for this brief discussed the challenges of building initial relationships between consultants and ECE providers virtually. However, one consultant who also serves as a supervisor noted the flexibility of hybrid approaches to meeting consultant family needs to address a lack of school-age child care options during the pandemic. Program leaders

also reflected on the possibility of extending the reach of the ITMH project to more rural areas with hybrid options, particularly when there are diverse language needs in counties that lack consultants who are native speakers. These provider needs can be met by offering virtual consultation from consultants based elsewhere in the state.

- *Consultant and supervisor backgrounds.* According to program leaders, many of the ITMH consultants have a background in social work or counseling psychology, and several consultants have experience in education, community mental health, child welfare, and nursing. A few consultants and supervisors have operated their own child care facilities, and several have worked in early childhood special education or have other experiences working with people with developmental disabilities. A master's degree in counseling or social work is required for the ITMHC position. The CCR&R staff that provide supervision to the local ITMH consultants have backgrounds that include a focus on ECE and/or mental health.

> "This position fits into my whole kind of being: 1) my background in working with infants and toddlers, with having my own child care working with preschoolers of all these different backgrounds, 2) the early intervention piece, and then 3) the mental health piece, which is counseling that I've done in high school."
>
> *–A supervisor and consultant at a local program*

- *Supervision.* Individual supervision for consultants is provided by a supervisor, who sometimes carries a consultation caseload, and leads outreach to new programs that may benefit from ITMH services and supports. In addition to ongoing individual and group supervision by the CCR&R-based supervisors, consultants have access to group, reflective case discussions with national experts and CCR&R peers across the state. The New York City Early Childhood Mental Health Training and Technical Assistance Center (**TTAC**) serves as an ongoing resource to leadership and consultants. Supervisors also participate in reflective supervision[9] and monthly group-based consultation and discussion. Of note, supervisors in the ITMHC model are not required to have a background in mental health. A few stakeholders indicated that this was a challenge they are working through, in part by providing supervisors with more clinical support and access to expertise through training and supervision. Program leaders reported that the funding for the NYS-AIMH credentialing through PDG B-5 is offering critical opportunities to provide practitioners without extensive clinical backgrounds with more opportunities for clinical and reflective supervision.
- *Ongoing professional development*. Professional development for ITMH consultants through in-person learning and webinars are provided locally by the individual CCR&Rs and statewide through TTAC. Although during the pandemic many of the professional development activities pivoted to a

[9] An essential kind of reflective practice that has been built into many of the foundational models of IECMHC (Duran et al., 2009) is clinical and reflective supervision, an approach offering empathy and encouraging self-awareness for consultants to explore reactions to their work, manage difficult feelings, and understand the parallel processes that could underlie the relationship-focused work of IECMHC (Parlakian, 2001).

virtual or hybrid model, webinars are still followed by opportunities to engage in group discussion about topics, often with the local or national experts involved in the training.

Leveraging the Infrastructure of Child Care Resource & Referral

Several stakeholders and decision-makers in New York noted the advantages of implementing ITMH consultation through the CCR&Rs. The CCR&Rs were described as being "thoroughly embedded in their communities," and really "knowing the local area." Consequently, issues such as stigma around mental health in local communities can be addressed by CCR&R staff as they disseminate information about IECMHC in ways that are culturally competent and highly sensitive to local sociocultural contexts. Another way the ITMH project builds on the infrastructure of CCR&Rs is by being able to leverage infant and toddler specialists in ways that are helpful to the work of consultants. Infant and toddler specialists are often Bachelor's level professionals who can help with community outreach, facilitate professional development, and support providers who more directly engage with families. Differentiating the roles of these two kinds of early childhood professionals has also been a focus of training efforts in New York, and likely elsewhere, as infant and toddler specialist networks are also part of a national movement to support the ECE workforce (Zero to Three, 2016). Although there are distinct advantages to implementation through CCR&Rs, some of the experts interviewed for this brief expressed concerns about implementing IECMHC through agencies that are not mental health organizations. As states and localities continue to build partnerships across sectors in ways that advance IECMH, program leaders will have to carefully assess implementation issues, including the capacity of the implementing agencies to appropriately deliver children's mental health services and supports across a spectrum of universal and targeted interventions.

A focus on racial and ethnic justice

> "I really think that our consultants are the champions for equity in the ways they advocate and are the voice for the communities that they're serving, which is a very, very diverse population in New York state."
>
> *–Program leader, on ITMH's focus on equity*

From a historical perspective, much of the research, evaluation, and policy supporting IECMHC came together to investigate the effectiveness of this intervention in addressing persistent disparities in rates of expulsion from ECE settings for young boys of color (Gilliam, 2005; Lamont et al., 2013; U.S. Department of Education, Office of Civil Rights, 2014; 2021). National consultants who were interviewed for this paper described ITMH and other models of consultation in New York as highly centered on racial and ethnic disproportionality in disciplinary practices. Particularly in the context of the racial reckoning that has been unfolding as the program in New York came together, ITMH consultants join colleagues nationally in engaging in intensive training and reflection around the issues of equity as it relates to their practice. Consultants noted that CCR&Rs have been focusing on hiring for the new ITMH program and

training efforts on issues of racial justice in a very intentional way. Specific activities have included panel discussions with local African American leaders and opportunities for reflective conversations about racial identities. Local opportunities have been augmented by learning opportunities offered by TTAC. Topical trainings have included *Addressing racism and systematic inequity through mental health consultation* and *bias reduction during COVID-19.* Consultants also have the opportunity to engage in self-reflection and small group discussions that are guided in part by the results of ongoing assessment by the ECLC's Director of Equity and Inclusion. A consultant interviewed for this brief indicated that the equity-focused trainings and professional development opportunities "shined a light on experiences of racism" for both people of color who hadn't done a lot of thinking about implicit racism or bias, as well as practitioners and staff who are White and grew up in more homogenous communities but are committed to advancing the equity aspect of the work of IECMHC on behalf of young children of color.

A summary of lessons learned from New York's Infant & Toddler Mental Health Project for other state, local, and program leaders

New York state's ITMH is a promising model that is currently being implemented in family and center-based child care across the state. Future directions of this work in New York could include expanding this model to other segments of the mixed delivery system, including home visiting and pediatric primary care, for which there is evidence of impacts for other IECMHC models. Building on a history of strong strategic partnerships, stakeholders in New York are also leveraging their PDG B-5 awards to undertake more collaborative work with colleagues in New York State's Department of Education, Office of Special Education in order to more fully meet the social-emotional and behavioral health needs of young children (Coffey et. al, 2021). As was the case with other implementation opportunities in New York and nationally, decision-makers in New York are also thinking through sustainability for the ITMH after time-limited federal funding ends.

The focus of this brief was a statewide model for IECMHC that came together by building on 2 decades of momentum and local and statewide investments in strengthening children's mental health infrastructure. The New York state case study is instructive to other state and local decision-makers in the ways it demonstrates:

- Steady support to focus on infants and toddlers from historically marginalized groups in a service delivery system that had been focused on older children and youth
- How alignment across public and private child-serving sectors can occur even in a complex ECE service delivery system, with multiple agencies in an oversight and regulatory role
- Ways of leveraging local knowledge and infrastructure for a statewide program in part to advance racial and ethnic justice through a capacity-building intervention

- Broader opportunities for states to invest in improving the quality of infant and toddler services in a mixed delivery system by making strategic investments in the ECE workforce, such as IECMHC, credentialing that is part of a career ladder, and other kinds of ongoing professional development and supports

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For more information on this and other early childhood topics please visit The Office of Child Care's Technical Assistance webpage at https://childcareta.acf.hhs.gov/ and the Office of Head Start's Technical Assistance webpage at https://eclkc.ohs.acf.hhs.gov/about-us/article/training-technical-assistance-centers

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