

## **Episode 5 Transcript**

[Audio Link](#)

Narrator ([00:10](#)):

Welcome to Early Childhood Policy Matters, a podcast for early childhood professionals and strategic partners hoping to use research to inform policy and better serve children, families, and their communities. Today, we look at the components of a successful statewide, early childhood mental health system. Host Neil Horen sits down with three respected leaders to discuss their own work and what they've learned about building and maintaining systems at the state level. Later we'll hear from Tamilah Richardson, Associate Director of Early Childhood Learning with the Virginia Department of Education. But we begin with Minnesota's Catherine Wright and Teya Dahle. Catherine Wright is the Minnesota Department of Human Services Early Childhood Mental Health System Coordinator. In addition to her state role, she also works part-time providing psychological assessments and treatment to young children and families. And Teya Dahle is the Minnesota Department of Human Services Early Childhood Mental Health Consultation System Coordinator. She also provides psychotherapy to young children and their families, and is an instructor for the University of Minnesota Infant and Early Childhood Mental Health Program. Let's listen in.

Neal Horen ([01:32](#)):

Catherine and Teya, thanks so much for joining me today and super excited to highlight the great work that Minnesota has been doing. Catherine, maybe you could start us out with a little bit about your state's approach to early childhood mental health overall.

Catherine Wright ([01:48](#)):

Sure. I'll say that we started building our system about 15 years ago. So it's been a while since we started and we started off with looking at screening first. And at the time, our state was interested in providing social-emotional screening and primary care. When that happened, our primary care provider said they would not do screening unless they had a place to refer the young children to. So at that time, our Director started to bring in zero to three and we as a state started to train a number of our clinicians in the DC zero to three at the time and have since that time trained over 3,000 clinicians in now what is the DC zero to five. In addition to that, we also train clinicians in early childhood mental health interventions, and we've trained hundreds of clinicians in interventions such as child-parent psychotherapy, parent-child interaction therapy and attachment biobehavioral catch-up.

When we've been growing that system, part of what we realized is that we really wanted to start thinking about how do we prevent early childhood mental health issues? And so the way we started thinking about that approximately five years ago was to really start to think about providing mental health consultation as a prevention service and wanted to have a service statewide that was available to childcare programs that were in our quality rating system. And so about five years ago, we started to build that system. And oftentimes folks ask how do you pay for it? Well, I'll say for all of our clinical services, we use Medicaid or insurance to pay for them. For mental health consultation, we have three different strong funding streams, federal dollars from both the Behavioral Health Block Grant and from the Childcare Block Grant and State dollars in addition to some recent dollars from PDG.

Neal Horen ([03:46](#)):

Who were some of the other folks that you had on board with you as you embarked on this move forward, and then say, hey, we're going to take a little money out of this pot, a little money out of the

Behavioral Health Block Grant. Somebody else is probably thinking, I want some money out of that pot. How did you pull these folks together? Was there an initiative at the state level? Was there a particular Governor's initiative? How did that collaboration come about?

Catherine Wright ([04:13](#)):

In about 2007, there was an initiative by a number of the advocacy organizations around mental health, including the National Alliance for Mental Illness in Minnesota that really pushed forward some agendas to get funding available through our legislature. And at that time we got about a million dollars, a little bit over a million dollars to start to build the early childhood mental health system in addition to dollars to build other initiatives in the State. And Teya and I both sit in the Behavioral Health Division. And so the Block Grant is a part of our Division already. And at the time when I started, there was a lot of interest in using some of those Block Grant dollars from our Mental Health Block Grant to start to really build the infrastructure, in addition to using those State dollars. And so we used a lot of our Block Grant dollars to really think about how to build capacity within our clinicians and to really train them up, knowing that many of them didn't come into the field to serve young children and they needed extra training.

Other key partners that have been with us the entire time have been Headstart. Headstart has been a phenomenal partner and because Headstart requires mental health consultation and mental health services in the program, we worked very closely with them to help think about how to identify what our system needed. And then our other very strong system partner at the time when we started was our Department of Education, which manages our Part C and Part B619. And so we've done a lot of integration with, for instance, the majority of the children who qualify for a DC zero to five diagnosis, if they're under age of three, they automatically qualify for Part C services.

Neal Horen ([06:02](#)):

Have you seen ups and downs based on who's been in leadership positions? Obviously there's been elections and changes in who's sitting in places to make decisions. How have you been able to maintain this path forward?

Catherine Wright ([06:17](#)):

One of the things that we've been successful with is one, certainly having leadership that's been consistent, at least in me, but also we've been able to really gather some wonderful data to show how important intervening young matters, and we've built very strong partnerships across the clinical community, across the State and within our Tribal Nations, where I think that oftentimes clinical agencies would be very concerned if we no longer had resources. And we've also had the ability to have some of our expertise at our University come and speak to the legislature about why early intervention matters and why early childhood mental health can prevent a number of issues later on and also save the State money. So that has been very, very helpful to have partnerships, like with the University of Minnesota, partnerships within our clinical community, partnerships within Headstart and within our Department of Education.

Neal Horen ([07:15](#)):

Yeah. I love that. And so it makes me think, Teya, as somebody who's been in lots of different spaces here, right, you've been a consultant in the system and now get to oversee this piece of the system. I wonder, what do you see as the thing that's kept this moving forward on this path that led to such success for Minnesota?

Teya Dahle ([07:38](#)):

Certainly the financial support, the coordination of systems, the support we have from our Childcare Division has been very influential. And then Catherine forged many relationships with international or national leaders around mental health consultation that provided and continue to provide our consultants training in the area of mental health consultation with a specific emphasis, too, on diversity informed practice. So our consultants get annual training. We meet for about a week each year, and then there's ongoing consultation that they receive to reflective consultation from supervisors, so that we have that relational thread throughout our services.

The other thing that we've done too with PDG funding, and we've expanded our mental health consultation to include family, friend and neighbor providers. So we're partnering with various existing groups of family, friend and neighbor providers and are offering mental health consultation monthly to some of their groups. And I'm really excited too, because we've got our first two groups that up and running and the providers there identify as Latinx and we've been able to offer a mental health consultant to who identifies as a Latina.

Neal Horen ([09:07](#)):

So far, it sounds like, well, this worked out perfectly, exactly how we wanted, and we got the funding and we're moving forward and we've trained thousands of people. And I can imagine somebody listening, going "Well, how am I supposed to do that?" So could you both maybe share some of the challenges that have come up over the years as you've really tried to follow your North Star here and get to where you are today?

Teya Dahle ([09:30](#)):

I think part of, again, we've been having conversations across our State for 15 years. So this is not fast work. Relationship building is slow and steady, and conceptualizing funding streams and thinking with partners about how to do things differently when it's always been done a certain way does not happen quickly. So I'll say it hasn't been easy. It's taken a long time, but having consistent relationships and continually working on them and continually sharing data has been very helpful for us.

Catherine Wright ([10:06](#)):

And the referrals require relationships as well. So when we have providers, quality coaches that we work with in the quality rating system who understands what mental health consultation is and can do a warm handoff to our consultants, the referrals seem to be higher in areas where that occurs.

Neal Horen ([10:33](#)):

Where would you suggest that somebody maybe start in their journey, or if they're early on, what are the prime places to jump in?

Teya Dahle ([10:42](#)):

The way that we started with mental health consultation is we actually went to the leaders in the nation to find out what they did first, and then we copied them. So the state that we did a lot of copying from was actually Louisiana, mostly because they have a similar size population and they also have, their parishes are similar to our regions and our counties. So I learned a great deal from them about how to set up a system, how to think about training, how to think about coverage across an entire state.

And then I also tapped into the very smart people of Arizona and California to find out what does the supervision need to look like? How do we need to train our consultants up? How do we make sure that everybody is doing the same things? And then how do we really design a strong evaluation system? So I'll say the way to start is learn from people who've already done it, find out what's worked for them. And I always ask people, "How are you paid?" There's different payment structures all across the board. And I tried to have some of those pieces in place before I tried to implement anything.

Neal Horen ([11:53](#)):

So one other thing, Catherine, I think you and Teya have done such a nice job of laying this out. It sounds like, oh, that's easy. And yet what we hear from states and territories all the time is yeah, well we have consultation going, but it's there's a little bit here. And yeah, it's in Headstart because it's required, but it doesn't look quite the same. And then we have another pocket here. How did you all pull this together so that it's more of an integrated, this is our mental health consultations system for Minnesota?

Catherine Wright ([12:22](#)):

Certainly we did a lot of research about what works in other states and we didn't have very robust mental health consultation. Headstart did. And Headstart was one of our lead partners in the beginning, but our other systems might have had some reflective consultation, certainly public health did, but Childcare did not. We are a state that has a lot of coaching. So we had the opportunity to create something from scratch based on research and really use our very robust mental health pool of clinicians across the state, in all of our counties and in our Tribal Nations to really build a strong team of consultants, but build it from the beginning and not have to try to make something fit that already existed.

Neal Horen ([13:11](#)):

So I just want to thank Catherine Wright and Teya Dahle from Minnesota, as you've heard just an incredible journey over the years, a long journey, relationship-driven, that has led to some really good outcomes and use of data to keep this effort around infant and early childhood mental health consultation, moving forward in Minnesota. I thank you both for your time and your knowledge. It's super helpful and really will be a great boon to other folks who are trying to figure this out within their state or territory. So thank you very much.

Narrator ([13:47](#)):

Now we turn to Virginia and host Neil Horen's interview with Tamilah Richardson. Tamilah is the Associate Director of Early Childhood Learning with the Virginia Department of Education and serves as the department's Virginia Kindergarten Readiness Program Liaison. Let's listen in.

Neal Horen ([14:18](#)):

Tamilah, thanks so much for joining us. Maybe we could start with where you see early childhood mental health fitting into the overall system. Right? When we talk about early childhood systems, it's pretty broad. So where does mental health fit in there?

Tamilah Richardson ([14:30](#)):

Virginia's doing a lot of work around expanding access to high quality early childhood care and education and opportunities. And so one of the things that's really critical in this work is how we're unifying in our efforts to really strengthen the system across all of our entire landscape, including

childcare and family day homes. And so building this early childhood mental health program fits in quite nicely into what we're doing here in Virginia to really strengthen that quality system-wide.

Neal Horen ([15:05](#)):

You talked about the mental health of children. Are there some specifics there that you'd point to as, this is where we're really aiming to bolster our efforts?

Tamilah Richardson ([15:15](#)):

As we look at our readiness data and look specifically at the high number of preschool suspension and expulsion, what we're really trying to do is to be a better support to the field. And we know that it's critical that the workforce that will be supporting children and families that are dealing with mental health issues early on that are getting in the way of school readiness, when we look globally at self-regulation and social skills and that importance as it relates to other key readiness domains.

Neal Horen ([15:51](#)):

Yeah, it's so interesting because your responses already quickly have gone from addressing the needs of children, now families, now staff. So it seems like that indicates that there's a promotion prevention intervention focus, right? That when we talk about mental health, it's not just one part of that continuum. Are there pieces along that continuum for each of those aspects that you all are trying to make sure get addressed?

Tamilah Richardson ([16:18](#)):

In terms of workforce development, we're looking at really pushing forward on our equity work. We know that we need to do more to make sure that the workforce that's supporting our children, who again, the disproportionate numbers of children of color that are impacted by challenging behaviors and exclusionary discipline. We know that's critically important, that we look to making sure that we are doing our best to make sure they're equitable opportunities, equitable support, and a clear understanding of what the needs are, the unique needs of each and every one of our families and children in terms of the cultural diversity here, which is something that as we are dealing with this pandemic and arguably the pandemic within the pandemic when we think about racial inequity, this is something that we know is really, really critical in supporting the workforce to really know and have those critical competencies to have that equity focused lens. All of these things are really key.

Neal Horen ([17:23](#)):

Is that something that you all are trying to align at the state level, how everybody is addressing workforce development?

Tamilah Richardson ([17:31](#)):

You know, just for a little bit of background, one of the things that I spoke to as being very unique about Virginia's situation is that we have legislative support and we have the Governor's Administration that supporting this. And so we actually had a legislative request to do a study on the feasibility of an early childhood mental health model. That legislation specifically called for the Department of Education to lead this work along with the Department of Social Services, along with the Department of Behavioral Health and Developmental Services, we pulled in our practitioners, we pulled in our psychiatrist and we pulled in our counselors. We pulled in our teachers, we pulled in our infant-toddler mental health specialists because we need that diverse perspective. And this is just the start of this galvanized effort, I

would say, in bringing forth some recommendations around what this model should look like, what this program should be as we try to scale it statewide. We don't want early childhood mental health to exist in a silo, because we know that it is connected to every aspect of our system and at every level we need to be intentional about making sure that this support, this program is available so that we can continue to push forward and have those positive and those equitable outcomes for all of our children here in Virginia.

Neal Horen ([18:57](#)):

How did that all come about?

Tamilah Richardson ([18:59](#)):

I would be remiss if I didn't speak to the strong advocacy and support that we've had from Voices for Virginia's Children, and also the support that we got from the National Center for Children in Poverty, who did a study in Virginia on preschool suspension and expulsion. And that data doesn't look good as it doesn't look good nationwide. So it took a lot of that advocacy. It took a lot of getting before commissions to be able to get some legs to this.

Neal Horen ([19:35](#)):

Were there challenges that you'd point to and say, "Boy, if I was talking to another state or territory or District of Columbia, here's what I'd say is watch out for this challenge?"

Tamilah Richardson ([19:45](#)):

One of the key things that was a challenge is making sure that there was a continuum of understanding between our counselors and practitioners that are on the medical mental health side of things, but also having background for the settings in which this will take place. And so we're talking about group-based early childhood settings. And then the other thing that I would say that's really something that is a challenge, and it's played out in the data impacting our children, it plays out when we look at the workforce, is having that diverse perspective when we speak about representation. So I think that's something that we really need to be intentional in making sure that everyone that needs to be at the table, including those that are most impacted by this, are involved meaningfully in this process, because the decisions that a state would aim to put forward in terms of policy and practice change are what are really directly impacting them. We really have to be aggressive in our efforts to make sure that there's diverse perspective.

The other piece is making sure that legislators really are well-informed and see the full picture as well. It has to be that we are speaking about and making sure that our legislators hear about early childhood mental health and how it is intricately important in this work.

Neal Horen ([21:12](#)):

I think this is really sage advice for folks and I so appreciate all that you've shared today, to really help folks start to think about what it really does look like to be successfully addressing the development of an early childhood system. So thank you very much.

Narrator ([21:34](#)):

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