Infant–Early Childhood Mental Health: An Interdisciplinary Approach

November 15, 2017
Hot Topics Webinar
Welcome

Thank you for the support you provide infants and toddlers in your state, territory, or tribe.
Presenters

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State Capacity Building Center

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State Capacity Building Center
Overview

◆ Infant–early childhood mental health (I-ECMH)
◆ Child Care and Development Fund (CCDF) and quality initiatives supporting I-ECMH
◆ Strategic I-ECMH systems-building considerations
◆ State examples
◆ Questions and reflections
◆ Resources
Defining I-ECMH and Exploring Initiatives
Our Words

- What’s one word that comes to mind when you think of infant–early childhood mental health?
If you set out to describe a baby, you will find you are describing a *baby and someone*. A baby cannot exist alone, but is essentially part of a relationship.

(Winnicott, 1964, p. 88)
Infant–Early Childhood Mental Health

The developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture.

(Zero to Three, 2016, para. 1)
What Does the Research Tell Us?

- Infants and toddlers can experience toxic stress, trauma, and adverse childhood experiences.
- Children in child care settings are more likely to be suspended or expelled than children in K–12 settings.
- Early relationships that are consistent and nurturing support all children.
- In addition to child care, there are many family services that support I-ECMH.
- There is a need for an interdisciplinary approach to I-ECMH.

How Can CCDF Statewide Quality-Enhancement Activities Support I-ECMH?

- **Professional Development**: Offer a progression of professional development that allows an individual to move from introductory to advanced level training.

- **Entry-level credentials**: Establish credentials that include practice-based professional development focused on early childhood social-emotional and behavioral health.

- **Higher education**: Work with local institutions of higher education to ensure that teacher preparation includes a strong I-ECMH component.

- **Early childhood mental health consultation**: Leverage federal, state, and private funding to implement statewide I-ECMH child care consultation systems.

- **Endorsements for I-ECMH and family mental health specialists**: Invest in endorsements that recognize a set of knowledge, skills, and competencies in I-ECMH.

How Can CCDF Statewide Quality-Enhancement Activities Support I-ECMH?

- **Career pathways:** Build early childhood career pathways that incorporate I-ECMH competence at each step in the career ladder.

- **Models to support early intervention and healthy interactions:** States and territories may adopt specific frameworks that promote children’s social-emotional and behavioral health.

- **Core knowledge and competencies:** Integrate I-ECMH within state and territory core knowledge and competency statements for the infant and toddler and early childhood workforce.

- **Regulatory professional learning requirements:** Include I-ECMH as a suggested content area within state or territory child care regulatory professional learning requirements.

- **Quality improvement incentives:** Offer quality-improvement incentives for programs that address I–ECMH child care consultation within the quality rating and improvement system or other quality improvement initiatives.

(Office of Child Care, 2016b; U.S. Department of Health and Human Services & U.S. Department of Education, n.d.)
Child Care Systems and I-ECMH

- The child care system is a critical partner in strengthening infant–early childhood mental health.

- Approved 2016–2018 CCDF Plans outline key ways that state and territory child care systems are embedding I-ECMH–related efforts to improve access to and quality of child care for infants and toddlers.

(Office of Child Care, 2016a)
I-ECMH in Early Learning Guidelines and Competencies

As of the 2016 CCDF State Plans:

- **49** states and territories have early learning guidelines that address social and emotional development.

- **49** states and territories have infant/toddler or early childhood core knowledge and competencies that include social and emotional and mental health indicators.

- **35** states and territories have developed or adopted I-ECMH specialized knowledge and competencies.

(Korfmacher, 2014; National Center on Early Childhood Quality Assurance, 2016; Office of Child Care, 2016a)
I-ECMH Credentials, Endorsements, and Certificates through Child Care Systems

Data reflects the 2016 CCDF State Plans

(Korfmacher, 2014; Office of Child Care, 2016a)
I-ECMH Professional Development Supported by Child Care Systems

Data reflects the 2016 CCDF State Plans

(Early Childhood Training and Technical System, n.d.; Office of Child Care, 2016a)
I-ECMH Consultation

- Over 50 percent of states and territories reported in their 2016–2018 CCDF Plans that they are engaged in I-ECMH consultation activities.

(Office of Child Care, 2016a)
Strategic I-ECMH Systems-Building Considerations
Infant–Early Childhood Mental Health System Essential Elements

- Policy
- Public Awareness
- Evidence-Based Practice
- Promotion
- Prevention
- Intervention
- Workforce and Professional Development
- Financing
I-ECMH: An Issue for *All* Disciplines, Sectors, and Systems

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State Strategies for Improving I-ECMH

- Promote the cross-cutting nature of I-ECMH
- Encourage early identification and response
- Increase access to I-ECMH services and financing
- Build capacity and competence in I-ECMH practice
- Promote public awareness of the impact of early experiences on success in school and life

(Zero to Three, 2013)
Existing I-ECMH Efforts

What I-ECMH initiatives is your state, territory, or tribe currently working toward?
Strategic I-ECMH System-Building Questions to Consider

**Access**

- What existing I-ECMH services and supports for expectant parents, infants, young children, and families are available?
- Are there waiting lists for I-ECMH services and supports?

**Delivery**

- Does your state, territory, or tribe have a plan for delivering I-ECMH services?
- To what extent is there a formal training program for I-ECMH providers?
- What is the plan for growing the number of professionals who have specialized knowledge and competencies in I-ECMH?

(Zero to Three, 2013)
Strategic I-ECMH System-Building Questions to Consider

**System-Level Issues**
- Do I-ECMH issues have traction in your state, territory, or tribe?
- Can you link I-ECMH to other early childhood issues that are high priorities on the policy agenda?
- Does your state, territory, or tribe have an infant mental health association? If so, what are its strategic priorities?
- Who are your I-ECMH champions?

**Financing**
- How are I-ECMH services and supports funded?
- Can your state, territory, or tribe garner additional funding for I-ECMH services?

**Incorporating I-ECMH into Practice and Policy**
- Is the use of evidence-based I-ECMH approaches required by your state, territory, or tribe mental health and partner agencies?
- Does your state, territory, or tribe have an approved list or definition of evidence-based approaches for I-ECMH?

(Zero to Three, 2013)
Where Do We Begin?

- Conduct a scan of current I-ECMH system initiatives and investments
- Develop or refine I-ECMH system goals and outcomes
- Determine the fit and feasibility and readiness to change
- Clarify system approach and develop an implementation plan
- Implement the plan and monitor results
State Examples
State Example

- Michigan
  - Ashley McCormick, LMSW, IMH-E © (III), Infant Mental Health Specialist and Endorsement Coordinator, Michigan Association for Infant Mental Health
    asmccormick@mi-aimh.org
The Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health (IECMH-E®) is intended to recognize experiences that lead to *competency* in the infant, young child-family field. It does not replace licensure or certification, but instead is a credential meant as *evidence of specialized knowledge, skill & practice in this field.*
Endorsement® verifies that an applicant has attained a level of education as specified, participated in specialized in-service trainings, worked to deliver high quality, culturally sensitive, relationship-focused services to infants, young children, parents, other caregivers and families with guidance from qualified reflective mentors, supervisors & consultants.
What Are the MI-AIMH Competency Guidelines®?

Create a shared framework across all sectors and disciplines of the infant, young child and family field across the full spectrum of service delivery:

- promotion
- prevention & early intervention
- treatment & intervention
- policy, research & practice

Promote systems growth and change

Build a comprehensive infant & early childhood workforce to support, intervene with and sustain mental health
The MI-AIMH Endorsement® IMH-E® and ECMH-E®

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<th>Coming soon! Early Childhood Mental Health Endorsement ECMH-E®</th>
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MA-AIMH Endorsement®: 4 Career Pathways

Infant Family Associate Promotion
Early Care & Education
Administrator
Case Manager
Wraparound

Infant Family Specialist Prevention and Early Intervention
Part C
Early Head Start
0–3 Home Visiting (PAT, HFA, NFP)
Mental Health Consultant

Infant Mental Health Specialist Intervention
Infant Mental Health Home Visiting
Child Parent Psychotherapy

Infant Mental Health Mentor Macro
Researcher
Faculty
Reflective supervision
Policy
Advocacy
Administrator
Systems and institutions have been impacted by adoption of the *Competency Guidelines®* and *Endorsement®*
Timeline of Systems Changes in MI

2000: MI-AIMH received a grant to hire an Executive Director and Administrative Assistant

2000: MI-AIMH received funding to complete the Competency Guidelines® and a systematic plan for workforce development

2002: Endorsement for Culturally Sensitive Relationship-Focused Practice Promoting Infant Mental Health® was completed!
Timeline of Systems Changes in MI

2007: Childcare Expulsion programs included Endorsement® as a requirement within their hiring guidelines

2008: Detroit-Wayne County included Endorsement® as a requirement within their hiring guidelines for IMH HV programs

2009: Medicaid required all providers of IMH HV in the state to earn Endorsement®
Timeline of Systems Changes in MI

- **2014:** Part C requires Endorsement® as Infant Family Associate for staff not otherwise credentialed or licensed.
- **2014:** Maternal Infant Health Providers, providers with degrees in psychology, social work or counseling must also be endorsed.
- **2017:** Child care licensing allows 4 hours of reflective supervision from an endorsed provider to count as 1 hour of required training.
Timeline of Systems Changes in MI

2017: The University of Michigan received $1 million in funding to evaluate IMH HV to become an EBP

2018: MI-AIMH opens Early Childhood Mental Health Endorsement® (ECMH-E®) to all 3–6 professionals
State Example

- Colorado
  - Jordana Ash, LCSW, IMH-E © (IV-C), Early Childhood Mental Health Director, Colorado Office of Early Childhood

  jordana.ash@state.co.us
A look at Colorado’s approach

Systems-level

Position of leadership within state government

Financing/ Delivery/ Access

Creating an inclusive, statewide early childhood mental health strategic plan

Policy & Practice

Using child care rule-making to incorporate I-ECMH
Infant-Early Childhood Mental Health Consultation in Child Care

• More than a decade of state funded support for I-ECMH Consultation

• Capitalized on momentum of CCDF reauthorization & national child care suspension/expulsion policy papers; doubled the size of state-funded I-ECMH Consultation to 34 FTE in 2016

• Philanthropy as an escalator
On the horizon in 2018

- Continued strategic planning work, including exploring financing for I-ECMH consultation

- Scaling CO’s system of I-ECMH Consultation through theory of change, consistent use of new hire action plan, resources, and training

  - Dedicated attention to bias and culturally sensitive practice through required training on the impact of bias for consultants, weaving throughout learning calls, and Reflective Supervision/Consultation.

  - Improvements to database system to better reflect and capture services

- Suspension and expulsion multi-method study
Questions and Reflections
I-ECMH System-Building Resources from Zero to Three


- **Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health**, [https://www.manatt.com/getattachment/39a0eff7-1bc6-4763-8e35-459e9ae8ed40/attachment.aspx](https://www.manatt.com/getattachment/39a0eff7-1bc6-4763-8e35-459e9ae8ed40/attachment.aspx)

I-ECMH System-Building Resources

- National Center of Excellence for Infant and Early Childhood Mental Health Consultation, [https://www.samhsa.gov/iecmhc](https://www.samhsa.gov/iecmhc)


I-ECMH Competencies


Resources for Tribal Communities from the Center of Excellence for Infant and Early Childhood Mental Health Consultation


- **Key IECMHC Resources for Tribal Communities**, https://www.samhsa.gov/sites/default/files/key-iecmhc-resources-tribal-communities.pdf
References


References


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A Service of the Office of Child Care

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