Office of Child Care Initiative to Improve the Social-Emotional Wellness of Children: Perspectives from the Field – Infant and Early Childhood Mental Health Consultation

February 12, 2021, 2:00 p.m.–3:30 p.m. ET
Welcome

Richard Gonzales
Director, Division of Interagency and Special Initiatives
Project Manager, Preschool Development Grants Birth through Five (PDG B-5)
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care
Introduction of Panelists

- **Laura J. Johns**, National Center on Early Childhood Quality Assurance
- **Linda Delimata**, Professional Development Coordinator for Infant and Early Childhood Mental Health (IECMH) Consultation in Illinois
- **Lauren Rabinovitz**, Program Director for Center of Excellence for Infant and Early Childhood Mental Health Consultation
- **Brandy Fox**, Director of Cross Sector IECMH Initiatives for The Pennsylvania Key
- **Nicola A. Edge**, Associate Director for Research and Evaluation Division of the Department of Family and Preventive Medicine, University of Arkansas for Medical Sciences
- **Rachel Machen**, Division of Child Care and Early Childhood Education Family Support Unit
Agenda

- Welcome and context
- Social-emotional wellness: Why this, why now?
- Infant and early childhood mental health consultation
- State presentations
- Questions
- Next steps
Poll Question 1

Is your state, territory, or tribe currently implementing mental health consultation to support children, families, and providers?

- Yes
- No, not at this time
- Unsure
Social-Emotional Wellness—Why This, Why Now?

Effects of the pandemic on the social-emotional (SE) health of children, especially those experiencing multiple hardships, include the following:

- Changes in routines
- Long-term psychological effects, feelings of uncertainty, fear, and loss of control
- Isolation from friends and extended family
- Loss of family members
- Access to health, community, and social supports

Increased stress of caregivers and families:

- Financial insecurity and challenges in accessing basic needs
- Tensions in relationships and domestic violence related to household confinement
Relationships Are Central to Brain Development

- Babies learn from interacting with others
- The brain is developing quickly from pre-birth to age 3
- Secure relationships support attachment, self-regulation, motor development, language, cognition, etc.
- Our work focuses on the relationships parents, caregivers and providers have with the very young children we serve
IECMHC

- 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 homes.

- Improves children’s social, emotional, and behavioral health and development.
Common IECMHC Activities

- Reflective Practice - with supervisor, team, home visitor and supervisor
- Case consultation - thinking through cases and thickening the story
- Explore/Develop Strategies to Support Children and/or Families
- Reflect on/Discuss Implementation of New Strategies
- Linkage to Evidence-based and Culturally Relevant Services
- Professional Development on topics related to social/emotional development or mental health
Benefits of IECMHC

IECHMC is an approach that is backed by evidence for the following:

➢ Improving children’s social skills
➢ Reducing child externalizing behaviors
➢ Preventing preschool suspension and expulsion
➢ Improving child-adult relationships
➢ Reducing provider stress, burnout, and turnover
➢ Improving adult self-efficacy
### What IECMHC Is and Is Not

#### What IECMHC Is

<table>
<thead>
<tr>
<th>What IECMHC Is</th>
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<tr>
<td>Indirect service that benefits young children</td>
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<td>Promotion-based</td>
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<td>Prevention-based</td>
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<td>Provided by a master’s prepared mental health professional</td>
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<td>Builds the capacity of families and professionals</td>
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<td>Supports and sustains healthy social and emotional development of young children</td>
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<td>Delivered in a variety of child-serving systems (ECE, HV, etc.)</td>
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<td>Delivered in a natural or community setting</td>
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## What IECHMC Is and Is Not

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<th>What IECMHC is not</th>
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<tr>
<td>Direct service and/or therapy</td>
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<td>Focused solely on families</td>
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<td>Always provided in a center-based setting</td>
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<td>Group therapy</td>
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<td>Psychological treatment for staff, families, or children</td>
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<td>Training and Technical Assistance (TTA)</td>
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The Workforce

Mental Health Consultant

- Masters degree in social work, psychology, or related field (preferably licensed)
- Have at least 2-3 years experience working as a mental health professional
- Possess attributes and skills critical to this work such as a consultative stance, cultural sensitivity, and empathy
- Have specialized knowledge and deep understanding of social, emotional, and relational health
Evidence Based for IECMHC

- Children’s social-emotional wellbeing improves
- Consultees/ improve their social-emotional support for young children
- IECMHC may yield programmatic changes

Improvements for children and adults
IECMHC and Systems

- Identified as a promotion and prevention strategy
- Core components of an IECMHC system:
  - Collaborative and strategic partnerships
  - Implementation planning
  - Workforce development
  - Data-driven approaches
  - Strategic financing

Families and Caregivers

IECMHC and Equity

Disruptor of BIAS

- Perspective taking
- Emotional Regulation
- Self-awareness
- Parallel Process
- Empathy

Shivers, Farago, Gal-Szabo, under review
IECMHC and Implicit Bias

Figure 2. Proposed theoretical framework for the mechanisms through which ECMHC may impact implicit bias and expulsions

- Asking reflective questions
- Creating a holding environment
- Raising issues of race and gender
- Cultivating cultural awareness
- Exploring contextual influences

Increased Reflective Capacity

Reduced Influence of Implicit Bias

Changes in Teachers’ Perspective and Behavior

Reduced Expulsions

Davis, Perry & Rabinovitz, 2019
Supporting IECMHC to ADVANCE and IMPACT the mental health of young children, their families and staff in early childhood settings across the country.

https://www.iecmhc.org/; email: iecmhc@Georgetown.edu
Pennsylvania’s IECMH Consultation Project

Brandy Fox, Director of Cross-Sector IECMH Initiatives
Historical Lens

• 2006 BUILD Infant Toddler Task Force Recommendations

• 2006-2008 Grant Funded IECMH Consultation Project

• 2009 IECMH Consultation Project Expanded “Statewide”
  • ECMH Advisory Committee Recommendations
Historical Expansion of IECMH Consultants

- 2006: 3.5 FTE
- 2007: 7.5 FTE
- 2008: 8 FTE
- 2009: 12 FTE
- 2010: 13.5 FTE
- 2012–2019: 16.5 FTE
- 2019–2020: 26 FTE
Fiscal Year 2019–2020

- Transition of Regionally Employed staff to PA Keys
  - Merge IECMHC and IT TA Staff
  - Single point of referral
  - Aiming for more equitable distribution of services
2020–2021 Program Funding

- Federal:
  - Childcare Development Block Grant: $2,312,544
  - IDEA: $485,000

- State:
  - PreK Counts: $300,000
IECMHC Program Goals

• Reduce expulsion and suspension practices,

• Increase understanding among early care and education practitioners and families of social-emotional development and its impact on educational success, and

• Link and bridge systems and services of behalf of a child, family, and program.
PA IECMHC Program

- Childcare Focused Approach
  - Children birth-5 with puzzling development or challenging behavior
- Request & Parent/Facility Agreement
- Onsite Consultation (avg 10 visits)
- Focused on adults who are in relationship with child(ren)
Pennsylvania Infant Early Childhood Mental Health Consultation Project

PA IECMHC is Grounded in Pyramid Model

• Support social emotional development to prevent challenging behaviors

• Implement strategies in the context of routines and environments

• Promote skill building with enough intensity to affect change

• Individualize interventions to meet children’s and families’ strengths and needs
Tying Pyramid Model Practices to:

- IECMH Theory and Principles
- Trauma Informed Practices
- Child Development Trajectories
- Reflective Practice and Strengths Based Approaches
IECMHC
Reach &
Outcomes
5,265 Requests for IECMHC since 2006
42,120 to 78,975 children 0-5 impacted

10,530 to 15,797 teachers impacted
2019-20* CHILDREN RECEIVING CHILD CARE SUBSIDY

- No Assistance: 66%
- State Funded PreK: 3%
- Philly PreK: 1%
- Subsidy: 30%
2017-20 RACE/ETHNICITY OF CHILDREN SERVED THROUGH IECMHC (N=1409)
2013-20 REQUESTS BY STAR LEVEL (N= 3252)

- STAR 4: 39%
- STAR 3: 20%
- STAR 2: 25%
- STAR 1: 13%
- No STAR: 1%
- Unknown: 2%
2013-20 EARLY INTERVENTION INVOLVEMENT (AT TIME OF REQUEST)
After consultation, teachers’ reports of children’s difficulties were significantly reduced, from $M=19.34$ to $M=16.99$, $[t(237)=6.63, p<.001]$. This finding suggests that teachers perceived children’s behaviors to be less negative after engaging in consultation.

At the end of consultation, teachers reported significantly reduced stress levels, from $M=68.32$ to $M=66.68$, $t(224)=2.14$, $p=.033$. This finding suggests that consultation may provide a support or buffer for professionals in a career characterized by high levels of burnout and turnover.

Teaching Pyramid Infant Toddler Observation Scale (TPITOS, short version)

For the TPITOS-S, there is a statistically significant increase in scores. Average scores increased from $M=79.52$ at pre-consultation to $M=82.28$ at post consultation, $[t(70)=-4.40, p<.001]$, indicating that adherence to The Pyramid Model increased after consultation.

Linking and Bridging Systems

2013-20 REFERRALS (N=1375)

- Child Mental Health: 49%
- Early Intervention (0-3): 8%
- Early Intervention (3-5): 28%
- Medical: 9%
- Adult Mental Health: 1%
- Technical Assistance: 1%
- Unknown: 4%

Tom Wolf, Governor
Noe Ortega, Acting Secretary of Education | Teresa Miller, Secretary of Human Services
Reduce Expulsion Risk

2013-19 IECMH CONSULTATION OUTCOMES (N=2135)

- Positive: 52%
- Neutral: 42%
- Negative: 4%
- Not Identified: 2%

Tom Wolf, Governor
Noe Ortega, Acting Secretary of Education | Teresa Miller, Secretary of Human Services
Barriers & Opportunities
FIGURE 1. Facilities by Key and Income

2013-19 OUTCOMES WHILE AWAITING IECMH CONSULTATION TO START (N=443)

- Child/Family Moved: 26%
- Behavior Improved, Consultation not Needed: 19%
- Other Reason IECMH Not Needed: 37%
- Child Expelled: 18%

Tom Wolf, Governor
Noe Ortega, Acting Secretary of Education | Teresa Miller, Secretary of Human Services
Recent CQI Efforts

- Expand Staffing (2019)
- Preschool Expulsion Risk Measure (Gilliam)
- Universal Tier of Consultation (in planning phase)
- All consultants trained in the CHILD (Gilliam/Reyes)
- Consultation in the time of COVID-19
Public Awareness

• Historically by “word of mouth” through OCDEL regional partners

• Increased promotion can have consequences
  • Demand vs. Supply (staffing)
  • Wait list = Increased Staff Anxiety

• Demand can also mean increased support for expansion
IECMHC in Arkansas
Why IECMHC? Why this Approach?

• Strong interest in bringing additional social-emotional/mental health supports into ECE

• Approach has always emphasized using our limited resources to support Arkansas’s most vulnerable children

• Approach is pragmatic and responsive to state needs—what can we do with what we have to respond to current needs?

• Then vs. Now
Project Play Goals

• Increase teacher use of nurturing and teaching strategies that promote children’s social-emotional skills
• Support the well-being of child care staff
• Increase teacher capacity to manage challenging behaviors
• Reduce suspensions and expulsion
• Promote home – school consistency
Collaborative Systems and Partners

• Project PLAY is staffed primarily through partnerships with Community Mental Health Centers
• Provides programmatic and child-specific consultation
• Services provided by mental health professional certified as consultant to child care
• Provide systems-level consultation to child care and child welfare systems
IECMHC History

• Partners:
  • DHS (DCCECE, DBHS, DCFS);
  • University of Arkansas for Medical Sciences
  • Community Mental Health Centers
  • Arkansas State University
• Pilots starting in 2004
• Re-launched as Project PLAY in 2011
• Became part of the expulsion prevention team in 2016
Programmatic/Classroom Focuses Consultation

- Consultants work with teachers to improve the care offered to all children in their classroom by helping to identify attitudes, beliefs and practices and classroom conditions that may be undermining quality relationships between teachers and children.

Classroom Consultation

- 6 month partnership
- Visits once a week
- 5 regions; available to any licensed ECE program
- Also offer a menu of trainings
- 2011 – prioritized IECMHC for centers serving foster children

Project PLAY Model
Arkansas Expulsion and Suspension Workgroup

- Influenced by federal guidance
- Multi-disciplinary Workgroup
- First meeting held on January 7, 2015.

Internal to DHS/DCCECE:
- Licensing
- QRIS
- State-funded Pre-K Program
- CCDF Unit/Family Support

External Partners:
- DHS Division of Behavioral Health
- Professional Development Contractors (trainers, TA, ECMHC)
- Experienced ECE Professionals
- Special Education
- Head Start Collaboration
- Project Launch
Policy Changes

- CCDF Participant Agreement added language stating “No child shall be expelled without permission from the DCCECE”
- Policy alignments on suspension and expulsion between Head Start, Early Head Start, State Funded Preschool, and CCDF
- Licensing Regulations strongly discourage suspension/expulsion
- Collective message from partners and DCCECE that having different discipline policies based on funding source is discriminatory
- Creation of Behavior Help in 2016
Behavior Help Overview

1. Support request submitted to DHS
2. DHS BH Support Specialist interviews parent/provider
3. DHS BH Support Specialist assigns case for support

- **Tier 1**
  - Concerning behaviors are developmentally normal and provider frustration is not excessively high
  - DHS BH Support Specialists share information and resources with provider and/or parents

- **Tier 2**
  - Concerning behaviors are more serious and/or provider frustration is high
  - Short term technical assistance from a team of developmental/social-emotional experts

- **Tier 3**
  - Concerning behaviors are extremely severe and/or history of trauma or multi-system involvement
  - Early Childhood Mental Health Consultation
Target Audience

• Any person can make a referral for any child in a licensed child care program in Arkansas

• If Behavior Help is reaching capacity, cases will be assigned and triaged based on severity and funding source

• Program focuses on changing adult mindset

• All funded providers are trained on Behavior Help and how to submit a referral
Behavior Help Online
An electronic behavior help tool for The Division of Child Care and Early Childhood Education.

Sign-in
If you are already a registered user, click here to sign in. Otherwise, Contact your administrator to get an account.

Research-Based Behavioral Intervention
There are research proven ways to prevent suspension and expulsion.
- Train teachers to support social-emotional development.
- Access early childhood mental health consultation.
- Develop strong relationships with families.

Behavior Help can do just that!
Behavior Help Specialists/Tier 1

- Staff of the DHS/Division of Child Care and Early Childhood Education
- All have other roles (family support, pre-k specialist, etc.)
- Receive online requests for support and contact teacher/director to complete structured interview within 2 days
- Assign to DHS, TA or Mental Health Consultation (Project PLAY)
- Attend weekly staffing with TA and Project PLAY leadership
Behavior Help Triage

- 66% Technical Assistance
- 31% Mental Health Consultation
- 3% Both
TA Focused Cases/Tier 2

- Classroom change model focused on techniques that will benefit all children
- Provided by professional with experience in developmentally appropriate practice and strategies to support social-emotional development
- Services are flexible and short-term (usually 2-10 visits)
- Focused on building skills of teacher and creating a more supportive classroom environment
IECMHC Child Focused Cases/Tier 3

Child Focused Consultation

• When a specific child’s behavior is of concern to parents or teachers, the Mental Health Consultant helps these adults understand, assess and address the child’s needs by developing an individualized plan with the parents and teachers.

Project PLAY Approach

• 3 month partnership
• Weekly visits
• Partner with teacher and family to develop and support individualized plan
• Linkage to other services
• Support for well-being of staff
Reach

IN FY19-20, BEHAVIORHELP SERVED THE TEACHERS OF:

- 388 CHILDREN
- AT 217 CENTERS
- IN 54 COUNTIES.
Funding

• Behavior Help is dually funded using CCDF (federal) and Arkansas Better Chance Preschool (state) dollars

• Originally Behavior Help was funded by re-allocating expenses in contracts without adding additional funding

• Behavior Help builds off the DCCECE and contracted partners existing professional development infrastructure

• Over the past 5 years PDG (original and B-5) and Project LAUNCH have been integral supporting Behavior Help

• Occasional One-Time Funding
Barriers

• Seasonality of referrals creates overwhelming volume during certain months
• Overcoming historical ways of thinking about challenging behavior
• COVID – Virtual services were easier when continuing services than when beginning new partnerships
  • Volume is down but severity/trauma is elevated
• The balance between the DCCECE as a regulatory authority and a partner in Behavior Help
Lessons Learned

• Data collected through BH/Project PLAY on classroom environment point to workforce development needs of ECE providers
• We needed increased focus on trauma-informed care practices
• Partnerships at the state and community level are critical
  • BehaviorHelp team partners
  • Early Childhood Special Education
  • Child Welfare
  • ECE Professional Development Providers
Reduction in Teacher-Reports of Challenging Behavior

Strengths & Difficulties Questionnaire

**Significant decrease** in conduct & hyperactivity problems such as:
- Often fights with other children.
- Often argumentative with adults.
- Constantly fidgeting or squirming.

**Significant increase** in prosocial behaviors such as:
- Considerate of other people’s feelings.
- Shares readily with other children.
- Often offers to help others.
At the time their case closed, most children remained in the center who referred them to BehaviorHelp.

- Remained in center: 65%
- Other outcome: 11%
- Parent withdrew, kept at home, or outcome unknown: 11%
- Expelled from center: 6%
- Transferred to another center: 6%
- Aged/screened out of services: 6%
- Moved out of area: 3%

N=290
Teacher Satisfaction

Participants said they would use **BehaviorHelp again** and would **recommend BehaviorHelp** to other teachers.

- 89%
- 86%
Additional Support

• Funding
• Buy-In (multi-level)
• Extended collaboration
• Systemic and capacity building supports
• Prevention and training
Questions?
Funding and Resources
CCDF Quality Activities

- Training and professional development
- Early learning and development guidelines
- Tiered quality rating and improvement system
- Improving the supply and quality of child care for infants and toddlers
- Child care resource and referral system
- Facilitating compliance with state health and safety requirements
- Evaluating and assessing the quality and effectiveness of child care programs
- Supporting accreditation
- Additional high-quality program standards
- Other activities to improve the quality of child care services
Developing Integrated Strategies to Support the Social and Emotional Wellness of Children Web Page

Resource Guide Includes the Following

- The benefits of integrating strategies to support the social and emotional wellness of children, families, and providers
- Implementation considerations
- Social and emotional wellness initiatives and delivery strategies
- The pyramid model for promoting social and emotional competence in infants and young children
- Infant and early childhood mental health consultation
- Relationship-based care for infants and toddlers: A training-for-trainers professional development strategy
Resource Guide Includes the Following

- Social and emotional wellness strategies for school-age children
- The integration of social and emotional supports as part of CCDF quality activities
- Examples of social and emotional development in state quality rating and improvement system standards
- The landscape of states’ pyramid model implementation
- The landscape of IECMH consultation implementation
- Social and emotional wellness resources
- Federal technical assistance
Poll Questions 2 and 3

- Where is your state, territory, or tribe in thinking about this work?
  - Excited to start exploring
  - Engaged in planning
  - Piloting an initiative
  - Partially implementing
  - Fully implementing

- Would you be interested in receiving technical assistance or joining a community of practice related to mental health consultation?
  - Yes
  - No
Next Steps—Accessing Technical Assistance

- National Center on Early Childhood Quality Assurance
  - QualityAssuranceCenter@ecetta.info

- Center of Excellence for Infant and Early Childhood Mental Health Consultation
  - https://www.iecmhc.org/
Thank you!