A Resource Guide for Developing Integrated Strategies to Support the Social and Emotional Wellness of Children

January 2021

Early Childhood National Centers
NATIONAL CENTER ON Early Childhood Quality Assurance

Early Childhood National Centers
NATIONAL CENTER ON Afterschool and Summer Enrichment

CENTER OF EXCELLENCE FOR Infant & Early Childhood Mental Health Consultation
Growth. Advancement. Impact.

Early Childhood National Centers
National Center on Tribal Early Childhood Development

CHILD CARE State Capacity Building Center

National Center for Pyramid Model INNOVATIONS

Office of Child Care

ADMINISTRATION FOR CHILDREN & FAMILIES

Acknowledgments

This document was developed with funds from Grant # 90TA0002-01-00 for the U.S Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Office of Child Care, and Health Resources and Services Administration, by the National Center on Early Childhood Quality Assurance, in partnership with the National Center on Afterschool and Summer Enrichment, the Child Care State Capacity Building Center Infant and Toddler Specialist Network, the National Center on Tribal Early Childhood Development, the National Center for Pyramid Model Innovations (funded by the U.S. Department of Education), and the Center of Excellence for Infant and Early Childhood Mental Health Consultation (funded by the Substance Abuse and Mental Health Services Administration at the U.S. Department Health and Human Services). This resource may be duplicated for noncommercial uses without permission.

Contents

Acknowledgments 2

Contents 1

Section 1: Benefits of Integrating Strategies to Support the Social and Emotional Wellness of Children, Families, and Providers 3

Section 2: Implementation Considerations—Theory of Change and Logic Models 8

What Does a Theory of Change Model Look Like? **8**

What Is a Logic Model? 9

Section 3: Initiative Delivery Strategies 11

Social and Emotional Wellness Strategies 11

Section 4: A Stage-Based Framework for Implementing a Social and Emotional Wellness Strategy for Children, Families, and Providers 13

Core Implementation Components 13

Stages of Implementation 14

Section 5: The Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children: Implementing Evidence-Based Promotion, Prevention, and Intervention Practices in Early Care and Education Programs 17

Overview 17

Implementation Strategies 18

Implementation Examples 19

Section 6: Infant and Early Childhood Mental Health Consultation (IECMCH): A Prevention-Based Approach to Supporting Social and Emotional Wellness in Early Care and Education Settings 21

Overview 21

Implementation Strategies 21

Implementation Examples 22

Section 7: Relationship-Based Care for Infants and Toddlers: A Training for Trainers Professional Development Strategy 24

Overview 24

Implementation Strategies 25

Implementation Example 26

Section 8: Social and Emotional Strategies for School-Age Children 27

Overview 27

Section 9: Integrating Social—Emotional Supports as Part of the Child Care and Development Fund Quality Activities 29

Child Care and Development Fund and Quality Set-Aside Basics 29

CCDF and Quality Activities 30

Other Approved Quality Improvement Activities 31

References 32
Appendix A. Logic Models 35
Appendix B. Examples of Social and Emotional Development in State QRIS Standards 40
Appendix C. Conceptual Framework 53
Appendix D. Landscape of States' Pyramid Model Implementation 54
Appendix E. Landscape of IECMH Consultation Implementation 69
Appendix F. Pyramid Model Resources 79
Appendix G. IECMHC Resources 81
Appendix H. General Social and Emotional Wellness Resources 83
Appendix I. Federal Technical Assistance 87

Section 1: Benefits of Integrating Strategies to Support the Social and Emotional Wellness of Children, Families, and Providers

Introduction

The social and emotional well-being of young children is an important goal for many federal, state, territory, tribal and local programs. “Healthy social and emotional development refers to a child’s capacity to experience, manage, and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn” (ZERO TO THREE, 2009, para. 5). The foundation of social and emotional wellness is established in nurturing and responsive relationships. These relationships include a child’s family and the early childhood professionals providing care in early childhood settings. The early childhood system of care thrives when there is an integration of social and emotional wellness strategies to support all three—children, families, and providers.

Supporting Young Children

A child’s social and emotional well-being affects his or her overall physical and mental health. Addressing the needs of the “whole child” focuses on teaching supports and nurtures all areas of children’s development and learning, which is a powerful strategy as young children grow, develop, and transition to kindergarten. Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development. “As young children develop, their early emotional experiences literally become embedded in the architecture of their brains” (National Scientific Council on the Developing Child, 2004, p.1). Therefore, identifying strategies to support a child’s social and emotional well-being is just as important as his or her physical health. This includes supporting children in establishing meaningful relationships with others, including relationships with adults and peers; assisting children in managing their emotions; and helping them respond appropriately to others’ emotions. Just as the ability to regulate one’s own emotions and manage successful interactions with other people is key for later academic performance, mental health, and social relationships (National Scientific Council on the Developing Child, 2004), behavioral problems at a young age are strongly linked to behavioral challenges in adolescence (e.g., drug use, violence, and dropping out of school).

Strategies that might be integrated into a state, territory, or tribal system to support *young children* include the following:

1. Implementation of a social and emotional learning program, such as Circle of Security or Incredible Years
2. Adoption of positive behavior interventions and support frameworks, such as the Pyramid Model for Promoting the Social and Emotional Competence in Infants and Young Children
3. Embedding of social and emotional indicators for quality rating improvement systems
4. Inclusion of social and emotional development in early learning guidelines

Supporting Families

Effective strategies to support the social and emotional wellness of children include engaging children's families. The stability and quality of a child's relationship with caring adults lay the foundation for his or her developmental outcomes. Social and emotional wellness strategies that include families allow adults to learn how to support their child in building social and emotional skills and teach adults themselves how to practice and model such skills (McClelland et al., 2017). In addition, early emotional and social development must be incorporated into services to support parents who are struggling to manage routine behavioral difficulties in their young children, as well as those who are trying to figure out whether, when, and how to deal with more serious social or emotional problems (Brooks-Gunn et al., 2000).

Strategies that might be integrated into a state, territory, or tribal system to support *families* include the following:

1. Inclusion of a social and emotional protective factors framework, such as Strengthening Families
2. Adoption of a statewide initiative to support a statewide network of resources for parents and families, such as Help Me Grow

Supporting Early Childhood Professionals

Finally, providing supports for early childhood professionals in early learning settings affects the degree to which a child's social and emotional wellness is fostered. The science of development supports that "greater attention must be focused on the social and emotional development of children in both pre-professional training programs and continuing professional education" (National Scientific Council on the Developing Child, 2004, p. 4). Providing training on social and emotional wellness reduces the incidence of expulsion of young children from early childhood programs and increases the confidence of early childhood professionals to

support children with challenging behaviors. Strategies such as the Pyramid Approach and infant and early childhood mental health consultation reinforce the facilitation of a shared approach with caregivers to support social and emotional well-being in early childhood.

Strategies that might be integrated into a state, territory, or tribal system to support *early learning and school-age programs* include the following:

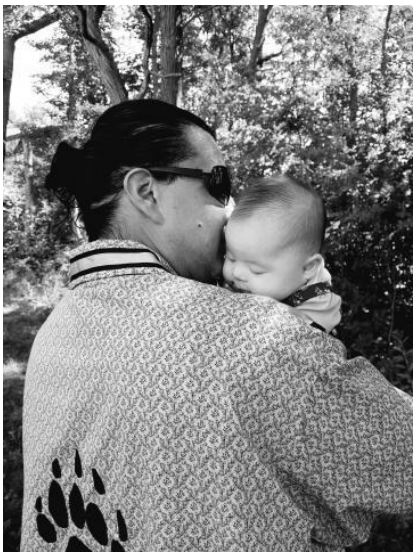
1. Integration of responsive caregiving or relationship-based care training and professional development
2. Incorporation of social and emotional professional development, intentionally supporting skills children need to manage their emotions and recognize the emotions of others (e.g., emotional literacy, emotional regulation, empathy, and perspective-taking), which would also include social skills, such as social understanding, development of self-confidence, and positive social interactions with peers and adults
3. Increased access to infant and early childhood mental health consultants to support early childhood professionals
4. Increased access to coaches who can support responsive, relationship-based care
5. Professional development on the use of social and emotional learning screeners
6. Use of child care health consultants to support developmental surveillance or screening in early childhood settings
7. Support of trauma-responsive training for early childhood professionals
8. Creation and adoption of a social and emotional toolkit for use by providers
9. Identification and alignment of social and emotional measurement strategies across initiatives and organizations using the Common Indicators of Social-Emotional Well-Being in Early Childhood, which is being piloted by Project Linking Actions for Unmet Needs in Children's Health and Child Trends
10. Ensure core knowledge and competencies for the early childhood workforce include a focus on the understanding of best practices to support social and emotional development

11. Implementation of social and emotional professional development to support social and emotional learning skills in school-age children (including emotional literacy, emotional regulation, insight building, empathy, perspective-taking, and problem-solving) and the embedding of supporting skills, such as communication skills, social understanding, development of self-confidence, assertiveness, and positive social interactions with peers and adults
12. Support of trauma-responsive training for youth care professionals (see the National Center on Afterschool and Summer Enrichment's Adverse Childhood Experiences Resources)
13. Creation and adoption of a social and emotional learning toolkit for use by providers, like the Afterschool Alliance's Social Emotional Learning toolkit

Benefits of Implementing an Integrated and Comprehensive System of Social and Emotional Supports

Research indicates that children that have a strong social and emotional foundation have increased benefits in the following areas:

- Better physical health—improving social and emotional skills promotes healthier lifestyles, reduces risky behavior such as substance use, and has been linked with a lower body mass index (Bavarian et al., 2016; Moffitt et al., 2011)
- Improved academic achievement and increased school readiness
- Increased ability to follow classroom rules and routines
- Enhanced attention span and ability to persist at challenging tasks, which predicts greater enjoyment of school
- Reduced problem behaviors
- Elevated rates of high school graduation and productive employment (Jones et al., 2015)



Benefits for families include the following:

- Enhanced confidence in their parenting skills
- Increased understanding of social and emotional wellness
- Improved ability to manage children's difficult behaviors

Benefits for early learning programs include the following:

- Increased family engagement
- Increased staff “competence and confidence in the support of children”
- “Reduced turnover in the program”
- “Reductions in child challenging behavior”
- “Increases in children’s social skills”
- “Increased satisfaction of program staff and families”
- “Changes in classroom and program climate”

(National Center for Pyramid Model Innovations, n.d., para. 3)

Section 2: Implementation Considerations—Theory of Change and Logic Models

Promising practices show that an effective implementation strategy for launching a new initiative contains four essential elements: an articulated theory of change model (addressing what you are trying to achieve) to guide services, initiative delivery strategies, staff-provider relationships, and staff training and support. Before embarking on the implementation of a social and emotional wellness initiative, stakeholders should clearly define and articulate the scope and focus of the work. A theory of change and a logic model are two tools that support the development of a comprehensive plan to articulate the "what," "why," and "how" of a social and emotional wellness initiative.

What Is a Theory of Change?

A theory of change is an essential driver in effectively designing, operating, and evaluating any new initiative. It describes "the set of assumptions that explain both the mini-steps that lead to the long-term goal of interest and the connections between program activities and outcomes that occur at each step of the way" (Weiss, 1995). A well-articulated theory of change allows Child Care and Development Fund (CCDF) Administrators to identify goals and variables that need to be measured in order to support anticipated outcomes. "From a practical point of view, going through the exercise of developing, refining, and promoting a theory of change enables program leadership and staff to articulate the "what," "why," and "how"" of interventions that improve social and emotional wellness (Center of Excellence for Infant and Early Childhood Mental Health Consultation, n.d., para. 1).

What Does a Theory of Change Model Look Like?

"A basic TOC [theory of change model] explains how a group of early and intermediate accomplishments sets the stage for producing long-range results. A more complete TOC articulates the assumptions about the process through which change will occur and specifies the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be brought about and documented as they occur" (de la Mata, 2018, paras. 7–8).

A theory of change tool can be found in the Innovation for Social Change's *A Tool to Develop Your Theory of Change*. The Center of Excellence for Infant and Early Childhood Mental Health Consultation describes an example of a theory of change developed by Dr. Deborah Perry in *Theory of Change Examples from GUCCHD and Arizona's Smart Support Program*.

What Is a Logic Model?

"A logic model is a graphic depiction (road map) that presents the shared relationships among the resources, activities, outputs, outcomes, and impact for your program. It depicts the relationship between your program's activities and its intended effects" (Centers for Disease Control and Prevention, n.d., para. 1). Logic models are particularly important to use in establishing your goals, which are uniquely linked to your intended target population.

Like a road map, a logic model shows the intended route and the steps to be taken to reach a specific endpoint. A detailed model indicates how each activity will lead to desired changes. A logic model also expresses the thinking behind your initiative plan and helps make stakeholders' expectations explicit. **Appendix A** covers guidance on developing a logic model and a logic model template.

How Do These Differ?

A theory of change differs from a logic model in that the primary purpose of a theory of change is to explain the cause and effect between specific elements of an intervention and a particular outcome. While a logic model graphically displays the link between inputs, outputs, and outcomes, it does not explain the necessary conditions under which that outcome is expected to result. Logic models also provide important contextual information, such as who stakeholders for the program are, the rationale for selecting this program for this population, and other elements. The theory of change gives the "big picture" and summarizes work at a strategic level, while a logic model illustrates the implementation-level understanding of the change process.

Developing a Logic Model

Ideally, a logic model is developed during your design of the initiative. However, network partners can create a logic model at any time to help bring clarity to the work, create consensus or a better understanding of the network, or help focus an evaluation. A clearly articulated logic model will help identify the scope and goals of your initiative. A logic model will help stakeholders do the following:

- Articulate their understanding of the current community or state needs related to social and emotional wellness and determine the changes they hope to make through a targeted initiative implementation.

- Identify who needs to be involved in the initiative planning and implementation and whom the initiative is targeting.
- Identify activities planned to contribute toward the initiative.
- Determine the resources needed to launch and sustain the initiative.
- Clarify assumptions and examine the external factors that could influence the results.

Section 3: Initiative Delivery Strategies

Ideally, decisions about service delivery strategies are grounded in evidence that suggests that the strategy will help produce positive results and is informed by valid and reliable data. In addition, launching a child, family, and provider social and emotional wellness strategy should consider the reality of using specific strategies (for example, professional development, coaching, or consultation services) based on the following:

- The identified interests, strengths, and needs of children, families, and providers
- The community and early care and education system context, including other resources and services available
- Ways to avoid duplication and maximize partnering with existing resources across all sectors (e.g., health, early learning, family support, home visiting, and community institutions)
- An analysis of the equity of services available and barriers to accessing them, such as opportunities for training and professional development or availability of training in a first language
- Opportunities for training and coordination across resources for other early learning programs (e.g., schools, centers, home visiting, and family child care)
- Available personnel and funding
- The time it takes to achieve the intermediate outcomes
- The capacity to simultaneously offer multiple services

Social and Emotional Wellness Strategies

There are many strategies to help increase the social and emotional wellness of children, families, and providers. In addition to considering the research on the value of social and emotional health, states, territories, or tribes should consider the most common needs of the audiences being served and the activities that will best address those needs, including the following:

- **Coaching and consultation:** These activities could occur through program visits, virtual consultation or coaching, phone calls, emails, learning communities, webinars, or other locally designed strategies.
- **Training and professional development:** This may include access to types of learning opportunities that best suit the unique professional learning needs and workplace conditions (e.g., distance learning, professional learning offered in multiple languages, topical training at community sites or onsite, connecting providers to credit-bearing professional learning opportunities, and offering training during nontraditional hours).

- **Connections to peers, professional support, and the community:** This may include hosting meetings to increase provider opportunities for peer and professional connections, using meetings and communication to share information on community resources, and gathering input on needs to strengthen future supports.
- **Training for trainers:** This may include developing a cadre of trainers that can provide professional development on social and emotional learning, relationship-based care, or early childhood mental health.
- **Infant and early childhood mental health consultation:** "Infant and early childhood mental health consultation 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." (Center for Infant and Early Childhood Mental Health Consultation, n.d., para. 1).
- **Pyramid Model:** The Pyramid Model is a framework of evidence-based practices for promoting young children's healthy social and emotional development. The National Center for Pyramid Model Innovations provides states with the technical assistance and training to establish the systems and policies needed to implement, sustain, and scale up the implementation of the Pyramid Model by early education and care programs.
- **Positive Behavioral Interventions and Supports (PBIS):** PBIS is an evidence-based multi-tiered framework "to improve and integrate all of the data, systems, and practices affecting student outcomes every day" (PBIS, n.d., para. 3).
- **Quality rating and improvement systems:** States often address social and emotional development in their quality standards.

Section 4: A Stage-Based Framework for Implementing a Social and Emotional Wellness Strategy for Children, Families, and Providers

The stage-based framework for implementing an initiative involves four stages: exploration, installation, initial implementation, and full implementation. In addition, implementation research has included the identification of a set of *three core implementation components*: using teams to lead implementation efforts, using data and feedback loops to inform decisionmaking and continuous improvement, and developing a sustainable implementation infrastructure. These core implementation components are threaded throughout each implementation stage (Metz et al., 2015). **Appendix C** illustrates how the three core implementation elements are mapped across each of the implementation stages.

Core Implementation Components

Using Teams to Lead Implementation Efforts

Implementation teams are groups of individuals who have the task of intentionally monitoring and supporting various aspects of implementation. Teams may include key personnel such as initiative coordinators, providers, and key stakeholders (e.g., parents, program developers, funders, mental health consultants, child care resource and referral staff, training and technical assistance organizations, community members). Members of the team should mirror the race, language, and culture of the audiences to be served. Ideally, implementation teams are established at every level of the initiative. For example, a statewide implementation model may require implementation teams at the state, regional, and local levels to support a large-scale initiative.

Implementation teams should have adequate knowledge and skills in several specific areas in order to be effective team members. Teams should contain one or more members who are knowledgeable about social and emotional wellness, understand the implementation infrastructure necessary to support such an initiative, and are committed to using data and feedback loops for continuous improvement.

Using Data and Feedback Loops to Inform Decisionmaking and Continuous Improvement

Successful social and emotional wellness initiative implementation relies on continuous quality improvement (CQI) through the regular assessment and feedback of data across planning, implementation, and outcomes. This process can be as simple as soliciting informal verbal feedback about what worked well and what could be improved in the future during planning calls or team meetings. This element is also critical for shoring up feedback loops and

connecting current child care policy (e.g., Child Care and Development Block Grant [CCDBG]) Act of 2014, child care licensing rules and regulations) to practice. Continuous improvement cycles should demonstrate the Plan, Do, Study, Act cycle on an organizational scale (see the National Implementation Research Network's "Framework 5: Improvement Cycles" web page, which discusses the Plan, Do, Study, Act phases).

Developing a Sustainable Implementation Infrastructure

General infrastructure capacity refers to skills or characteristics (at the individual level) and the overall functioning (at the organizational and community levels) associated with the ability to implement or improve a social and emotional wellness initiative. For example, when developing general infrastructure capacity to undertake the launch of a new social and emotional wellness initiative, organizations would want to focus on hiring individuals with adequate knowledge and background in mental health and social and emotional learning. At the organizational level, building the infrastructure capacity would involve developing a clear mission, strong leadership, effective organizational structure, good working climate, adequate technology, and data-informed decisionmaking processes. At the community level, building general infrastructure capacity would focus on bringing additional resources and building cross-sector community linkages, including links with health, family support, and early learning sectors.

Stages of Implementation

Stage I: Exploration

The first stage of initiative implementation is exploration. Team activities in this stage include assessing child, family, provider, and community needs; considering possibilities for meeting those needs; judging the feasibility of different implementation models and activities to meet identified needs; and developing an action plan and necessary resources for its implementation. To determine initiative feasibility, you may choose to engage in some of the following activities:

- Complete a needs, strengths, and opportunities assessment.
- Engage in discussions with your target audiences (consider both focus groups and one-on-one conversations) to gather information on their needs and develop an understanding of the barriers they face to accessing existing resources.
- Explore key considerations for implementation of activities, use of data, and feedback loops.
- Conduct a scan of available social and emotional learning or mental health resources to support implementation.

Engaging in these activities will increase the likelihood your efforts are informed by timely and accurate data collection and information on readiness for implementation.

Stage II. Installation

During the installation stage, new services are not yet being delivered; however, the necessary individual and organizational competencies and supporting infrastructure are being established so that the initiatives can be successfully implemented.

During this time, network teams actively build their capacity to launch the innovations selected during the exploration stage. Implementation teams gather data during this phase and make any adjustments to the approach or the implementation supports (e.g., training, coaching, leadership strategies) or infrastructure (e.g., data collection processes) to facilitate success.

Exploring Funding Resources

As part of the implementation process, available funding sources will need to be considered. The logic model and corresponding action plan that implementation teams develop provide clarity on required financial resources for start-up and implementation. Implementation teams can access other funding options to supplement CCDF financial supports, such as the following:

- Foundations: Foundation Directory Online is a nonprofit service organization that offers an online listing of grants in the United States.

Stage III. Initial Implementation

During the initial implementation stage, service delivery begins and is offered to target audiences. The implementation team may consider launching the initiative to providers before families or vice versa. The key activities of the initial implementation stage involve strategies to promote continuous improvement. The following six questions help to promote continuous improvement during initial implementation:

1. What does the initiative look like now?
2. Are we satisfied with how the service delivery model looks?
3. How will we know if we have been successful with implementation?
4. What can we do to maintain the success?
5. What can we do to make the initiative more efficient and durable?
6. What possibilities exist for expanding the reach of the services?

Stage IV. Full Network Implementation

Evaluation of Network Services

Evaluation, the fourth stage, is a critical element in a program's implementation and should be used to validate the efficacy and continued implementation of the initiative. Evaluation informs the continuous quality improvement of the services. Process and outcome evaluation will look at impacts, benefits, and changes to the target audiences (as a result of the initiative efforts) during their participation, after their participation, or both. As addressed in the logic model, an evaluation will examine these types of changes in the short, intermediate, and long term.

Designing the Evaluation

There are four main steps to developing an evaluation plan:

1. Identify the objectives and goals.
2. Develop the evaluation questions.
3. Develop the evaluation methods.
4. Set up a timeline for evaluation activities.

The first step in designing an evaluation is to clarify the initiative's objectives and goals. What are the main things to be accomplished, and what has been established to accomplish them? Clarifying these will help identify which major program components should be evaluated.

The second step is to develop evaluation questions and evaluation methods. Consider the following key questions when designing an initiative evaluation:

- What purpose will the evaluation serve? What do you want to know and decide as a result of the evaluation?
- Who are the audiences for the information from the evaluation (e.g., CCDF Lead Agency, funders, providers)?
- What kinds of data are needed to inform the evaluation?
- Who will provide the evaluation data?
- How will the data be collected?
- When is the information needed?
- What resources are available to collect the information?

Supervision and support for network staff may enhance their capacity and effectiveness. For example, family child care network staff who have regular opportunities to reflect with a supervisor about their work with providers may feel more confident and effective in their roles. Peer support, including opportunities to share strategies and problem solve with other staff, is also important for network staff because working with family child care providers can sometimes be isolating and challenging.

Section 5: The Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children: Implementing Evidence-Based Promotion, Prevention, and Intervention Practices in Early Care and Education Programs

Overview

The Pyramid Model for Promoting Social and Emotional Competence in Infants and Young Children (Fox et al., 2003; Hemmeter et al., 2021: Hemmeter, Ostrosky, & Fox, 2021) was developed to provide early educators with guidance on the promotion, prevention, and intervention practices that are needed to support young children's social-emotional development and intervene effectively with challenging behavior. In programs implementing the Pyramid Model, practitioners are offered ways to establish nurturing and responsive relationships with children and families; provide predictable and supportive environments; promote the development of social, emotional, and behavioral skills; and address challenging behavior through understanding the behavior and designing interventions that are positive and focused on teaching new skills. The implementation of the Pyramid Model is guided by a program-level leadership team that (a) establishes and maintains staff buy-in, (b) fosters family engagement, (c) establishes program-wide expectations related to social-emotional skills and behavior, (d) provides ongoing professional development and coaching for classroom fidelity of implementation of Pyramid Model practices, (e) establishes procedures for addressing challenging behavior using a team-based process, and (f) uses data for decision-making.

The Pyramid Model can be implemented within family child care homes, child care centers, Head Start, public preschool programs, early intervention, and early childhood special education programs. In some programs, the implementation of the Pyramid Model has been referred to as using PBIS. The Pyramid Model is recognized as offering PBIS practices that are developmentally appropriate and culturally responsive.

The National Center for Pyramid Model Innovations (NCPMI), funded by the Office of Special Education Programs, offers free resources to help practitioners, programs, trainers, coaches, and states implement the Pyramid Model. Those resources also include resources developed by previous Pyramid Model Technical Assistance Centers (e.g., Center on Social Emotional Foundations for Early Learning). These resources include:

- A statewide implementation guide with materials for each stage of implementation
- Training modules for practitioners and families
- Materials and guidance for providing practice-based coaching on Pyramid Model practices to program staff

- Implementation fidelity tools and data decision-making guides
- A behavior incident tracking system that provides data for addressing behavior incidents in a program and identifies potential equity issues in the use of exclusionary discipline
- Materials and resources for practitioners to use in their work with children and families
- Robust resources on trauma, equity, addressing suspension and expulsion, family engagement, supporting children and families during the pandemic, and inclusion

Implementation Strategies

Thirty-two states and territories have initiated state efforts for implementing the Pyramid Model within early childhood programs (see **Appendix D** for listing of states). These efforts have included statewide professional development, integration of the implementation of the Pyramid Model within QRIS, systematic state implementation and scale-up, and the training of trainers and coaches. The implementation strategies used in establishing the Pyramid Model within programs has been deeply informed by implementation science and the lessons learned from over 15 years of implementation success.

The developers of the Pyramid Model recommend that statewide implementation teams establish critical structures to implement, scale, and sustain the Pyramid Model within local programs. Each of these key structures uses data tools to examine the fidelity of the implementation of the model, to measure outcomes, and to guide their implementation process. These key structures are:

- **State leadership team.** It is important to convene a cross-sector and collaborative team of state leaders that will guide statewide implementation and scale-up.
- **A professional development network of program (i.e., implementation) coaches.** The network of program coaches provides training, technical assistance, and coaching to the leadership teams of local programs engaged in implementing the Pyramid Model.
- **Implementation sites and high-fidelity demonstration sites.** Local programs identify a leadership team to guide implementation of the Pyramid Model within their program. Implementation sites that are implementing the Pyramid Model with fidelity are selected to serve as demonstration sites where others can learn more about the approach and outcomes.

The implementation of the Pyramid Model involves a robust menu of professional development for practitioners and program leaders. Programs implementing the approach identify a leadership team to guide implementation within their site. Leadership teams receive training and guidance for working together, using data for decision-making, and supporting practitioners as they implement Pyramid Model practices. Practitioners receive training in the implementation of the Pyramid Model practices with infants, toddlers, and preschoolers. Practitioner coaches are trained in the use of practice-based coaching to support practitioners in reaching fidelity of practice implementation and receive training in observation tools that are used to assess practice implementation fidelity and identify coaching needs (i.e., *Teaching Pyramid Observation Tool* (TPOT), *Teaching Pyramid Infant-Toddler Observation Scale* (TPITOS). In addition, key personnel within programs are trained in a process to use to

develop and implement interventions for children with persistent challenging behavior (*Prevent-Teach-Reinforce for Young Children*).

The implementation of the Pyramid Model across all classrooms in a program occurs over time and follows an integrated stage-based framework of implementation. It is a systems change initiative that includes changes in policies and procedures, family engagement and support, ongoing professional development, approaches to behavior intervention, and practices within the classroom. As a result, it might take several years to fully implement the model in all of the program's classrooms.

Implementation Examples

Statewide Implementation in Wisconsin

Wisconsin has been building the capacity of early childhood programs and practitioners to implement the Pyramid Model since 2009. A cross-sector state leadership team works to build and guide this effort to provide Pyramid Model training and support to practitioners and leaders in child care, public preschool, early childhood special education, family resource centers, and Head Start programs.

In 2016, an evaluation of the Pyramid Model work in two Wisconsin communities found that children in Pyramid Model programs had better social and emotional skills and less problematic behavior than children in non-Pyramid Model programs. The positive outcomes achieved through the implementation of the Pyramid Model resulted in a substantial funding allocation for the work from the State Department of Children and Families.

The Wisconsin Alliance for Infant Mental Health coordinates the Wisconsin Pyramid Model Initiative (https://wiaimh.org/pyramid-model-home). The services include state and regional coordination of training for early childhood practitioners and infant and early childhood mental health consultants in Pyramid Practices, guiding regional Pyramid Model communities of practice, providing training and coaching support for program-wide implementation within communities, and promoting intentional integration of infant mental health consultation and Pyramid Model coaching. By 2019, the Wisconsin Pyramid Model effort provided training and implementation support to 112 implementation sites, 120 trainers, 305 classroom coaches, and 10 implementation coaches to support programs in their program-wide implementation.

Early Care and Education Program Implementation in Florida Community

The Children's Academy Fishhawk (CAFH, https://childrensacademyfishhawk.com/) in Florida is a community child care program that enrolls about 125 children from birth to 5 years old. After successfully implementing the Pyramid Model in their first location, Children's Academy Fishhawk sought to start their new location using the Pyramid Model framework to support children's social-emotional learning. In 2018, they received training to become a program-wide implementation site.

The program identified a leadership team to plan for implementation and has met monthly in an ongoing process to ensure that all classes were receiving training and coaching on the use of Pyramid Model practices. The leadership team includes the director, assistant director, and two teachers, one representative of the infant/toddler classrooms and one representative of preschool classrooms. The assistant director received additional training and support to build the needed skills to serve as a practitioner coach. The practitioner coach supports teachers in their use of Pyramid Model practices in their classrooms. The practitioner coach and the leadership team use TPOT and TPITOS to assess teacher strengths and needs and to see growth in their practices over time.

CAFH has also successfully teamed with teachers and families to support children needing more intensive supports in the classrooms. Teachers involved in teaming to develop behavior plans have reported great success with decreasing individual children's challenging behavior.

Section 6: Infant and Early Childhood Mental Health Consultation (IECMCH): A Prevention-Based Approach to Supporting Social and Emotional Wellness in Early Care and Education Settings

Overview

In IECMHC, consultants with expertise in early childhood development and mental health form collaborative partnerships with adults who care for young children. Within that collaboration, professionals build their capacity to support children's healthy social-emotional development and to respond appropriately to mental health needs (Cohen & Kaufmann, 2000; rev. 2005; SAMHSA, 2014). There are IECMHC programs across the country at the state, tribal, and local levels.

IECMHC is a broad intervention that is implemented in systems serving young children, including early childhood education, home visiting, child welfare, early intervention, and primary care. By definition, IECMHC is an indirect service (typically working with the provider, not with the child directly), is multilevel, and is focused on equity. IECMH consultants work at multiple levels to address systemic issues and build workforce capacity to create nurturing settings and healthy relationships for all children. During the consultation process, early care and education professionals reflect upon their relationships and interactions with families and children to build self-awareness, perspective-taking, and empathy, while also learning skills related to collaboration with families and behavior management. All consultation depends upon a trusting relationship with a consultant in which difficult topics, including racial disparities and bias, can be productively discussed.

Evidence for IECMHC consistently indicates that it has significant positive effects on early childhood professionals (e.g., improved self-efficacy, reduced stress) and on young children (e.g., increased protective factors, reduced challenging behaviors (Brennan et al., 2008; Conners-Burrow et al., 2012; Heller et al., 2011; Perry et al., 2010; Shivers, 2015).

Implementation Strategies

There are five stages to implementation of infant and early childhood mental health consultation. The phases of consultation may repeat or continue in an on-going capacity. It is critical to understand the role of the consultant and the consultee in each of these stages.

Initiation

In this stage, there is an establishment of expectations and an alignment of philosophy. Expectations include how often and how long the consultant will be available, expectations for the consultee and how they will be available. It is a stage in which all parties come to understand what the expected outcomes are, how they will be measured, and overall philosophies of the consultant and the consultation program as well as that of the consultee be it an individual or a program.

Exploration

In this stage, the consultant explores concerns, establishes priorities, and identifies mutually agreed upon goals. This is achieved through the collaborative relationship that has been established and a thorough examination of the concerns raised. For example, if there are challenging behaviors identified, in the exploration stage these concerns are discussed in terms of how to interpret the behavior as well as how they are impacting their consultee. Next, specific measurable priorities and goals are identified so that a plan can be established.

Plan Development

The consultant and the administrators, staff, and/or family mutually agree upon a plan. Approaches may include implementing program-wide social-emotional supports, promoting positive relationships between members of teaching teams, adjusting the routine or the environment for a particular child, teaching new skills, and/or preventing challenging behavior.

Plan Implementation

The consultant supports the administration, family, and/or staff to implement new strategies and approaches. This may entail modeling, and it certainly includes reflective time between consultant and consultee, measuring the approach, sharing resources and ongoing observations. Other consultation activities are employed as needed.

Revisit Plans and Goals

The consultant and the family and/or staff plan a time to revisit the plan to determine if it is working. The goals and/or plan are updated. The consultant works with staff and families to maintain progress. This is an ongoing continuous quality improvement process and is dependent on the dosage that has been established (the length of time a consultant remains with a program).

Implementation Examples

Smart Support Arizona

The Smart Support program is operated by Southwest Human Development (SWHD, https://www.swhd.org/), Arizona's largest not-for-profit agency dedicated to early childhood

development. SWHD serves as both the administrative home for Smart Support and its largest consultation services provider. The program is funded by First Things First, an Arizona citizens' initiative passed in 2006 to fund quality early childhood development and health programming through a tax on tobacco. Smart Support services are provided without cost to Arizona Department of Health Services licensed child care centers and Department of Economic Security regulated family care providers.

Smart Support provides services that match the individual needs of early care and education programs, including one or a mix of child-focused consultation, classroom-focused consultation, and program-focused consultation. Mental health consultants work with teachers and family child care educators to increase their skills and capacities, rather than working directly with a child.

Early Childhood Consultation Partnership—Connecticut

Connecticut's **Early Childhood Consultation Partnership®** (ECCP, http://www.eccpct.com/) is a nationally recognized, evidence-based infant early childhood mental health consultation program designed to meet the SE needs of infants, toddlers, and preschoolers. Mental health consultation is an intervention that builds the capacity of families, providers, and systems to prevent and treat social and emotional issues in young children. ECCP's statewide capacity and high quality practices position ECCP to be a solid response to the system level changes necessary to children's success.

- ECCP is an Evidenced-Based, Best Practice program that is solidly backed by three rigorous Random Control Trial evaluations (Preschool (1) 2007& (2) 2010 & a Pilot Infant Toddler 2010) conducted by W. Gilliam, Ph.D., Yale University.
- ECCP is a national model identified as one of six top effective early childhood mental health consultation programs in the country. "A Study of Effective Early Childhood Mental Health Consultation Programs." Georgetown University. 2009.
- ECCP has been highlighted as a promising practice by Zero To Three, Center For Law and Social Policy, National Center for Children in Poverty, Georgetown University Center for Child and Human Development, Office of Head Start, National Association for Directors of Special Education and internationally by Preschool Education (Beijing).
- ECCP actively partners with statewide collaborations such as CT Infant Mental Health Association, Birth to Three, CT Department of Children and Families, CT Department of Education, (Early) Head Start, and School Readiness.
- ECCP is a very cost-effective service that makes maximal use of funds in the service of children, families, and early childhood professionals.
- Ninety-nine percent of children at risk of suspension or expulsion were not suspended or expelled at the one-month follow up of their classroom teacher receiving ECCP consultation services.

See **Appendix E** for Landscape of IECMHC Implementation.

Section 7: Relationship-Based Care for Infants and Toddlers: A Training for Trainers Professional Development Strategy

Overview

The free *Relationship-Based Care for Infants and Toddlers: A Training for Trainers* series is offered by the Child Care State Capacity Building Center's Infant/Toddler Specialist Network via a request from the state, territory, or tribal Child Care and Development Fund Administrator. The series provides rationale and guidance for implementing relationship-based care in family child care homes and early care and education centers that serve infants, toddlers, and their families.

The content is based on the understanding that relationships are essential for healthy development. Responsive, nurturing relationships with caring adults provide safety and support for infants and toddlers to develop a sense of security and discover the world around them. Group care for infants and toddlers should be organized to promote the development and strengthening of relationships between caregivers, infants, toddlers, and families.

The training for trainers (TFT) relies on the essential program practices for relationship-based care described by the Program for Infant/Toddler Care (PITC) (Lally & Mangione, n.d.). PITC offers these six essential program practices as a framework for relationship-based care:

1. Primary caregiving is the practice in which the care of each infant or toddler is assigned to one specific caregiver who is principally responsible for caring for that child in the care setting and communicating with the child's family.
2. Continuity of care is the practice in which primary caregivers and children stay together for as long as possible—preferably for the children's first 3 years—creating opportunities for caregiver-child, caregiver-family, and child-child relationships to develop and deepen over time.
3. Small group care is the practice in which primary caregivers provide care for infants and toddlers in discrete groups, creating an intimate setting for interactions, care routines, and exploration.
4. Individualized care is the practice of being responsive and adapting to each infant's and toddler's interests, needs, and abilities to support their healthy development.
5. Culturally responsive care is the practice of caring for children from culturally diverse families in ways that are consistent with their home practices and values.
6. Inclusive care is the practice of actively including infants and toddlers with disabilities or delays in group care settings, with appropriate accommodation and support.

PITC's program practices create an opportunity for responsive interactions that can lead to deep, nurturing relationships between the caregivers and the infants and toddlers over time.

In addition to the six program practices, this series includes an introductory session, a philosophical foundation for relationship-based care, and an overview of adult learning and planning for next steps. The sessions are designed to be facilitated by training and technical assistance professionals, including trainers, consultants, specialists, coaches, college faculty, program monitors, and mentors. State, territory, and tribal leads may also participate in this training, as appropriate. Each session includes a slide deck, resources, learning activities, video links, and a detailed facilitator's guide. Facilitators can tailor the sessions to the needs, interests, and availability of the participants.

Implementation Strategies

Training Format

This TFT is typically offered as a 2-day, in-person event. It can also be offered as an online virtual training or a hybrid training—a combination of in-person and virtual learning. Contact your regional Infant/Toddler Specialist at the Child Care State Capacity Building Center to individualize the training format to the needs and interests of your state, territory, or tribe. Contact information for Infant/Toddler Specialists can be found in the *Infant/Toddler Resource Guide*.

Recommended Preparation

The series is designed for training and technical assistance professionals who have a background in infant and toddler learning, development, and care. There is a substantial amount of content and guidance in the materials; however, the facilitator should be knowledgeable and capable of responding to questions and concerns not covered in the materials.

Requirements for Participants and Implementation Support

Participants in the TFT commit to facilitating the training in their own communities within a certain time frame. They receive ongoing implementation support from the Infant/Toddler Specialist. The specific time frame is defined by the participants; the Infant/Toddler Specialist; and the state, territory, tribe, or host agency. Most frequently, the time frame is 6 months. Participants have the flexibility to individualize aspects of the training to meet the interests and needs of the infant and toddler caregivers they support. When participants develop their own training, they will work with the Infant/Toddler Specialist to maintain fidelity. Participants will receive continued individualized support from the Infant/Toddler Specialist as they move toward broader implementation.

Implementation support can be tailored to include the following:

- A community of practice
- Coaching
- Consultation
- Office hours with the Infant/Toddler Specialist

Implementation Example

Michigan has adopted relationship-based care as part of the infrastructure of its infant and toddler child care learning communities. After participating in *Relationship-Based Care for Infants and Toddlers: A Training for Trainers*, the infant and toddler specialists in Michigan began using this training as a foundation for the professional development offered in their newly formed learning communities. The training components have been added as approved trainings to the Michigan registry. The state now includes this training within the scope of work for Michigan's Infant/Toddler Specialist Network and learning communities as an ongoing requirement.

Oregon is currently working to align the *Relationship-Based Care for Infants and Toddlers: A Training for Trainers* curriculum with its professional development system's Core Knowledge and Competencies. In addition, Oregon is adding the training into its registry system in anticipation of the TFT in which Oregon's Infant/Toddler Specialists will participate at the beginning of 2021.

Section 8: Social and Emotional Strategies for School-Age Children

Overview

School-age children are defined as children 5–12 years of age who attend compulsory schooling (NCASE, 2019). School-age children represent roughly 45 percent of all children served through the Child Care and Development Fund (CCDF) (NCASE, 2020). School-age care takes place both before and after school, on weekends, on school holidays, and during the summer. In an effort to provide effective care to school-age children, it is important to understand how they develop relationships, manage their emotions, cope with stress, and develop social skills, as young children and through adolescence.

Access to developmentally appropriate frameworks and strategies can help school-age care programs and family child care educators meet the social and emotional health needs of school-age children. The following information is based on the understanding that relationships are essential for healthy development. Responsive, nurturing relationships with caring adults and peers provide safety and support for school-age children to develop a sense of security and discovery, and to excel socially, emotionally, and academically.

The Pyramid Model and Positive Behavioral Interventions and Supports (PBIS)

Both the Pyramid Model and Positive Behavioral Interventions and Supports (PBIS) emphasize evidence-based practices, behavior analysis, prevention and behavioral sciences, learner outcomes, embedded training and coaching, capacity building, explicit teaching and instruction, and continuous progress monitoring and evaluation (Farrell, A; Collier-Meek, M; & Pons, S., 2013). They differ primarily with regard to the chronological age and developmental stages in focus—that is, infants, toddlers, and preschoolers as compared to school-age children and youth.

PBIS is a proactive approach that schools and out-of-school programs can use to improve environmental safety and promote positive behavior by teaching children positive behavior strategies. Some relevant PBIS guiding principles are as follows:

- Children can learn behavioral expectations for different situations.
- Children learn expected behaviors for each setting through explicit instruction and opportunities to practice and receive feedback.
- Each child is different, so programs need to give many kinds of behavioral support.

- How programs teach behavior should be based on research and science.
- Tracking a child's behavioral progress is important.
- Programs gather and use data to make decisions about behavior interventions.
- Program staff members are consistent on how they encourage expected behavior. (Farrell, A; Collier-Meek, M; & Pons, S., 2013).

Collaborative for Academic, Social and Emotional Learning (CASEL) Framework

Social and emotional learning (SEL) is the process through which all young people acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (CASEL, 2020). According to CASEL, the goal of programs should be to foster the development of five interrelated sets of cognitive, affective, and behavioral competencies: *self-awareness, self-management, social awareness, relationship skills,* and *responsible decision-making* (CASEL, 2020). These core competencies provide children with a foundation for social relationships and academic achievement.

- *Self-Awareness* is the ability of the child to recognize and name her or his emotions. It also includes the ability to understand her or his own needs, as well as her or his strengths and limitations. This awareness of self is crucial to early school success. (CASEL, 2020).
- *Self-Management* is the ability to regulate emotions and behaviors so that goals are achieved. In addition, it involves persevering with difficult tasks and in complex social interactions. It requires children to remember and generalize what they have been taught, initiate changes in their behavior, and constantly monitor their behavior in varying situations. These foundational self-management skills emerge during the preschool years as the brain develops and continue to evolve throughout early childhood and adolescence. (CASEL, 2020).
- *Social Awareness* is the ability to understand what others are feeling and have the understanding to take their perspective. Theory of mind is the ability to understand how different beliefs, motivations, moods, and levels of knowledge affect our own behavior as well as the behavior of those around us. It is a necessary component of perspective-taking, which is the child's ability to relate to others, empathize with them, and see things from their viewpoint. (CASEL, 2020).
- *Relationship Skills* refer to the child's ability to form positive social relationships, work together, and deal effectively with conflict. Research suggests that when children are intentionally taught social skills, given practical opportunities, and receive guidance during teachable moments, they develop positive relationships and friendships. (CASEL, 2020).
- *Responsible Decision-making* is when children learn to make positive choices about their personal and social behavior, and thereby make responsible decisions. Focus in the classroom and school community needs to be placed on problem-solving, reflection, perceptive thinking, self-direction, and motivation skills that will contribute to lifelong success (CASEL, 2020).

Section 9: Integrating Social—Emotional Supports as Part of the Child Care and Development Fund Quality Activities

Child Care and Development Fund and Quality Set-Aside Basics

A core element of the Child Care and Development Fund (CCDF) is improving the quality of child care services and ensuring that parents have access to high-quality child care options.

The law says that states, territories, and tribes must develop strategies for increasing the supply and quality of services for children in underserved areas, infants and toddlers, children with disabilities, and children in nontraditional-hour care.

Lead Agencies are required to provide quality improvement activities directly or through contracts with local child care resource and referral agencies or other appropriate organizations. Activities should be aligned with a statewide needs assessment of what is required to carry out such services.

The law designated set-asides, or percentages of funding that must be set aside for use on specific topics such as quality improvement and infant and toddler care. The increase in the minimum quality set-aside began in fiscal year (FY) 2016. For states and territories, the infant and toddler quality set-aside began in FY 2017; for tribes, the set-aside began in FY 2019.

Table 1. Phase-In of Set-Asides for States, Territories, and Tribes

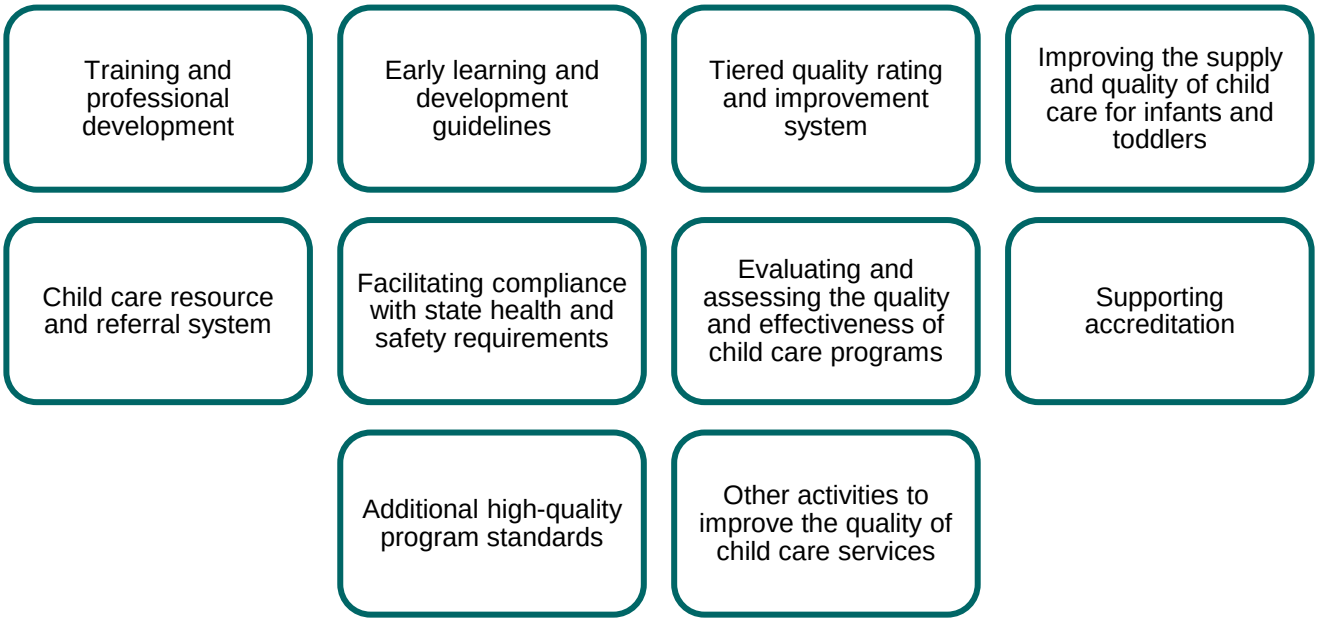
Type of Set-Aside	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020 (& Ongoing)
State and territory quality set-aside	7%	7%	8%	8%	9%
State and territory infant and toddler set-aside	-	3%	3%	3%	3%
State and territory total quality set-aside	7%	10%	11%	11%	12%
All Tribal Lead Agencies quality set-aside	-	4%	7%	7%	8% (FY 2022 increase to 9%)

Type of Set-Aside	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020 (& Ongoing)
Tribal Lead Agencies infant and toddler set-aside (tribes with medium and large allocations)1	0%	0%	0%	3%	3%

CCDF and Quality Activities

"The CCDBG Act and CCDF final rule require states to fund at least one of the following 10 quality activities that will improve the quality of child care services provided in the state" (Office of Child Care, n.d., para. 1). The following approved quality improvement activities provide opportunities for new or expanded investments in social-emotional supports (see figure 1).

Figure 1. Options for Quality Activities



1. Supporting the training and professional development of the child care workforce
2. Improving development or implementation of early learning and development guidelines by providing technical assistance to eligible child care providers
3. Developing, implementing, or enhancing a tiered quality rating and improvement system (or other system of quality improvement, even if not called a QRIS, as long as the other quality

[1] Child Care and Development Fund, 45 C.F.R. § 98.50(b) (2016).

improvement system contains the elements of a QRIS). A QRIS is a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

a. Program standards
b. Supports to programs to improve quality
c. Financial incentives and supports
d. Quality assurance and monitoring
e. Outreach and consumer education

4. Improving the supply and quality of child care programs and services for infants and toddlers
5. Establishing or expanding a statewide system of child care resource and referral services
6. Facilitating compliance with state requirements for inspection, monitoring, training, and health and safety standards
7. Evaluating and assessing the quality and effectiveness of child care programs and services offered in the state
8. Supporting accreditation
9. Supporting state or local efforts to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development
10. Carrying out other activities determined by the state to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, for which measurement of outcomes is possible relating to improved provider preparedness, child safety, child well-being, or entry to kindergarten.

Other Approved Quality Improvement Activities

Other quality improvement activities can be implemented that improve the quality of child care services provided, so long as outcomes related to the improvement of provider preparedness, child safety, child well-being, or entry to kindergarten can be measured (Office of Child Care, n.d., para 2).

References

Bavarian, N., Lewis, K. M., Acock, A., DuBois, D. L., Yan, Z., Vuchinich, S., et al. (2016). Effects of a school-based social-emotional and character development program on health behaviors: A matched-pair, cluster-randomized controlled trial. *The Journal of Primary Prevention*, *37*(1), 87–105. https://doi.org/10.1007/s10935-016-0417-8

Boustani, M. M., Frazier, S. L., Chu, W., Lesperance, N., Becker, K. D., et al. Common elements of childhood universal mental health programming. *Administration and Policy in Mental Health and Mental Services Research*, *47*, 475–486 (2020). https://doi.org/10.1007/s10488-020-01023-4

Brooks-Gunn, J., Berlin, L. J., & Fuligni, A. S. (2000). *Early childhood intervention programs: What about the family?* In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (p. 549–588). Cambridge: Cambridge University Press. https://psycnet.apa.org/record/2001-06693-024

CASEL (2020). CASEL SEL Framework. https://casel.org/wp-content/uploads/2020/12/CASEL-SEL-Framework-11.2020.pdf

Center of Excellence for Infant and Early Childhood Mental Health Consultation. (n.d.) *Theory of change examples from GUCCHD and Arizona's smart support program.* U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration. https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/theory-change-ex-from-gucchd-az-smart-support-prgm.pdf

Center of Excellence for Infant and Early Childhood Mental Health Consultation. (n.d.). *About IECMHC.* U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration. https://www.iecmhc.org/about/

Centers for Disease Control and Prevention. (n.d.). *Logic models*. https://www.cdc.gov/eval/logicmodels/index.htm

Collaborative for Academic, Social, and Emotional Learning (2019). CASEL'S SEL Framework: What Are the Core Competence Areas and Where Are They Promoted? https://casel.org/what-is-SEL/

de la Mata, G. (2018, February 8). *A tool to develop your theory of change*. Innovation for Social Change. https://innovationforsocialchange.org/en/tool-develop-theory-change/

Farrell, A; Collier-Meek, M; & Pons, S. (2013). Embedding positive behavior interventions and supports into afterschool programs. *Beyond Behavior.* https://www.researchgate.net/publication/264977490_Embedding_positive_behavior_interventions_and_supports_into_afterschool_programs

Fox, L., Dunlap, G., Hemmeter, M. L., Joseph, G. E., & Strain, P. S. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behavior in young children. *Young Children, 58* (4), 48–52.

Hemmeter, M. L., Fox, L., Snyder, P., Algina, J., Hardy, J., Bishop, C., et al. (2021). Corollary child outcomes from the Pyramid Model professional development intervention efficacy trial. *Early Childhood Research Quarterly, 54*, 204–218. https://doi.org/10.1016/j.ecresq.2020.08.004

Hemmeter, M.L., Ostrosky, M., & Fox, L. (Eds) (2021). *Unpacking the Pyramid Model: A Practical Guide for Preschool Teachers*. Baltimore: Paul H. Brookes.

Housman, D.K. (2017). The importance of emotional competence and self-regulation from birth: a case for the evidence-based emotional cognitive social early learning approach. *International Journal of Child Care and Education Policy, 11*, 1-19.

Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early social-emotional functioning and public health: The relationship between kindergarten social competence and future wellness. *American Journal of Public Health, 105*, 2283–2290. https://doi.org/10.2105/AJPH.2015.302630

Lally, J. R., & Mangione, P. L. (n.d.). *About the Program for Infant/Toddler Care*. WestEd; California Department of Education. https://www.pitc.org/about

McClelland, M. M., Tominey, S. L., Schmitt, S. A., & Duncan, R. (2017). SEL interventions in early childhood. *The Future of Children 27*(1), 33–47. https://files.eric.ed.gov/fulltext/EJ1145093.pdf

Metz, A., Naoom, S. F., Halle, T., & Bartley, L. (2015). *An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems* (OPRE Research Brief OPRE 2015-48). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/es_cceepra_stage_based_framework_brief_508.pdf

Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., et al. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences, 108*(7), 2693–2698.

National Afterschool Association (2018). Guide to Positive Interventions and Supports in Afterschool https://naaweb.org/professional-development/item/938-guide-to-positive-behavioral-interventions-and-supports-in-afterschool

National Center for Pyramid Model Innovations. (n.d.). *Understanding program-wide implementation of the Pyramid Model*. U.S. Department of Education, Office of Special

Education Programs; University of South Florida. https://challengingbehavior.cbcs.usf.edu/Implementation/Program/index.html

National Center on Afterschool and Summer Enrichment. (2019). Adverse Childhood Experiences and the School-Age Population. https://childcareta.acf.hhs.gov/resource/adverse-childhood-experiences-and-school-age-population

National Center on Afterschool and Summer Enrichment (2020). National Data Profile of Federal Supports for Afterschool and Summer Child Care. https://childcareta.acf.hhs.gov/sites/default/files/public/ncase-national-saccdataprofile-full-report-2020_3_0.pdf

National Scientific Council on the Developing Child. (2004). Children's Emotional Development Is Built into the Architecture of Their Brains: Working Paper No. 2. http://www.developingchild.net

Office of Child Care. (n.d.). Options for quality activities. In *Fundamentals of CCDF administration*. U.S. Department of Health and Human Services, Administration for Children and Families. https://childcareta.acf.hhs.gov/ccdf-fundamentals/options-quality-activities

Positive Behavioral Interventions and Supports. (n.d.). *What is PBIS?* https://www.pbis.org/

SAMHSA (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Weiss, Carol. (1995). *Nothing as Practical as Good Theory: Exploring Theory-Based Evaluation for Comprehensive Community Initiatives for Children and Families* in 'New Approaches to Evaluating Community Initiatives'. Aspen Institute.

Smith, T. (2018). Tier 1 Positive Behavior Interventions and Supports in Afterschool Programs Regent University, ProQuest Dissertations Publishing.

Witt, P. & Caldwell, L. (2018). Youth Development: Principles and Practices in Out-of-School Time Settings, 2nd Edition. Sagamore-Venture: Urbana, IL.

Youth.gov (n.d.). Youth Development Principle Retrieved from: https://youth.gov/youth-topics/positive-youth-development

ZERO TO THREE. (2009, March 10). *Laying the foundation for early development: Infant and early childhood mental health*. https://www.zerotothree.org/resources/443-laying-the-foundation-for-early-development-infant-and-early-childhood-mental-health

Appendix A. Logic Models

Table 1. Logic Model Development Guidance

Note: Use this logic model guidance to support your work. Some draft examples are provided to support your thinking.

Logic Model Elements	Guidance	Examples
Overarching goals	Enter the overarching goal(s) of the work. These goals typically will not be completely within the program's sphere of control, but the program works to affect these overarching goals. These are often population-level, broad-based outcomes.	
Priorities	Briefly summarize the rationale or context for why the strategies have been selected. Enter short phrases that summarize the problem, any mandates the program is under, and higher-level priorities. Context should be more fully fleshed out in the action plan that accompanies this logic model.	
Inputs	Describe the existing resources that are available prior to program implementation. These could be reflective of human resources, technology, time, equipment, and other resources.	Grant funding from CCDF Lead Agency

Logic Model Elements	Guidance	Examples
Outputs	Describe, at a high level, what the initiative does and for whom. ♦ Strategies: A strategy is a broad approach by which the network will achieve its objectives. These are not the specific day-to-day activities. They describe clusters of activities and tasks that will be conducted in order to accomplish the outcomes. Strategies should be written using action words such as "form workgroup," "gather data," and "conduct survey." Strategies will become more thorough when you describe their associated milestones or key activities in the action plan. ♦ Participation: Describe the immediate target population associated with the strategy.	**Strategies** ♦ Facilitate social and emotional wellness communities of practice. ♦ Provide onsite coaching for providers. ♦ Deliver technical assistance for providers. ♦ Develop and distribute family resources. **Participation** ♦ Child care providers ♦ Professional development providers ♦ Quality rating and improvement system coaches ♦ Infant and early childhood mental health consultants
Outcomes	Outcomes refer to the changes that are expected to occur as a direct result of implementing the strategies. They often reflect a change in attitudes, behaviors, knowledge, skills, status, or level of functioning. Short-term outcomes can typically be accomplished in 1 to 3 years and are often expressed at the level of individual change. Intermediate-term outcomes may take 4 to 6 years. These usually build on the progress expected by the short-term outcomes. Outcomes are written as objectives in your action plan.	**Short term** ♦ Improved social and emotional wellness **Intermediate term**
Impact	Impacts are the long-term changes that are expected to happen if the strategies are carried out effectively, are sustained, or both. These are often about conditions and may take 7 to 10 years to accomplish.	**Long term**

Logic Model Elements	Guidance	Examples
Logic assumptions	Describe the logic behind your underlying assumptions about why the strategies will produce the desired short-term outcomes and why the short-term outcomes will lead to long-term outcomes and effects. Include any evidence-based linkages, where applicable.	
External factors	Describe the environment surrounding your program. You may want to describe the political environment and how it affects your work, any pending changes that need to be monitored, or stakeholders' concerns to be addressed.	On November 19, 2014, the President signed into law bipartisan legislation that reauthorized the CCDBG Act for the first time since 1996. The law made many important statutory changes focused on reforming child care to better support the success of both parents and children in low-income families and increase their access to healthy, safe, high-quality child care.
Evaluation focus	Describe any external factors that could influence the success of your program or that may need to be monitored throughout. This element is optional. **Evaluation focus–Outputs:** Briefly describe what outputs might need to be evaluated. **Evaluation focus–Outcomes:** Briefly describe what outcomes might need to be evaluated.	**Outputs** ♦ Reach of training efforts **Outcomes**

Sample Logic Model Template

Overarching Goal(s):
Overarching Objective(s):

PRIORITIES	INPUTS	OUTPUTS		OUTCOMES		IMPACT
		Strategies	Participation	Short Term Accomplished in 1–3 years	Medium Term Accomplished in 4–6 Years	Long Term Accomplished in 7–10 Years
Rationale for social and emotional wellness activities and initiatives	What are resources to support the work	What initiative will do	Who initiative will reach or impact	Often about learning	Often about action	Often about conditions

LOGIC ASSUMPTIONS	EXTERNAL INFLUENCES

EVALUATION FOCUS—OUTCOMES	EVALUATION FOCUS—IMPACT

Appendix B. Examples of Social and Emotional Development in State QRIS Standards

The following table provides examples of how some states address SE development in their quality standards. While many states do not address SE development explicitly in their quality standards, they often take a more comprehensive approach such as requiring that participating programs align their curriculum with the state's early learning guidelines or conduct ongoing developmental screenings or assessments to inform instruction. The information in the following table was pulled from the QRIS Compendium and state websites in 2016.

State QRIS and Standards Website(s)	QRIS Standards
Arizona Quality First http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Documents/Quality%20First%20Points%20Scale.pdf	**Curriculum and Child Assessment** **2a.** Teachers, Directors, and Assistant Directors have completed the approved 2-hour training on the Introduction to the Arizona Early Learning Standards and Infant-Toddler Developmental Guidelines. **2b**. The Arizona Early Learning Standards and Infant-Toddler Developmental Guidelines are clearly reflected in the written activity plans. **AND** There is a written process for sharing curriculum with families. **2c**. Assessment of children's growth and development is an ongoing process and is conducted during children's daily activities and routines to assess progress in the four domain areas of social, emotional, cognitive, and physical development. **AND** Parent-Teacher conferences are offered once per year. **4a**. Program follows the Arizona Program Guidelines for High Quality Early Education Birth through Kindergarten recommendations for transitions between environments. **4b.** Written curriculum plans include specific learning objectives for children based on each child's documented or observed assessment information. **4c.** Assessment of children's growth and development includes gathering and documenting information received from families either from child information survey, daily communication with families, or formal conferences held with families. AND Programs use a variety of methods that include observation/anecdotal notes, children's work samples, and developmental checklists. **6a.** Teachers, Directors, and Assistant Directors have completed the approved training on at least two of the modules of the Arizona early learning standards or Infant-Toddler Developmental Guidelines. **6b**. Written activity plans include strategies, modifications, and/or adaptations to fully involve all children with special health and/or developmental needs including gifted and talented (e.g., adaptive materials are listed to be gathered, wide range of materials allow for individual use based on development).

State QRIS and Standards Website(s)	QRIS Standards
Arkansas Better Beginnings http://arbetterbeginnings.com/sites/default/files/pdf_files/ProvidersandTeachers-Providers-Centers-BetterBeginningsRuleBook.pdf	**Learning Environment** **2.C.2** Written daily plan for each group include all areas of development as defined in the Arkansas Early Childhood Education Framework or the Arkansas Framework for Infant and Toddler Care.
California California Quality Rating and Improvement System https://www.cde.ca.gov/sp/cd/rt/californiaqris.asp	**Social Emotional Development Goal Pathway**: Children receive support to develop healthy social and emotional concepts, skills, and strategies. Related Elements: CORE 1.2 Developmental and Health Screenings: Program works with families to ensure screening of all children using the **ASQ & ASQ-SE**, if indicated, at entry, then as indicated by results thereafter. **AND** Program staff uses children's screening results to make referrals and implement intervention strategies and adaptations as appropriate. Resources: ♦ CA CSEFEL Teaching Pyramid Overview Tiers 1–4 ♦ CA Foundations and Frameworks Social Emotional Development ♦ Ages and Stages Questionnaire—SE
Colorado Colorado Shines https://www.coloradoshines.com/resource/1440607605000/asset_pdfs1/asset_pdfs1/ColoradoShinesProgramGuide.pdf	**Learning Environment:** **Transitions** **2**.4 The program has written policies and procedures that describe how transitions are supported among all early childhood and home settings and how transition information is shared with families. 2.5 The program offers information sessions and/or individual family meetings specific to child transitions (e.g., what to expect in terms of transitions from one classroom to another, from home to a classroom, to another setting, connecting families with schools for children transitioning into school) in order to help prepare the child and family for transition and to help the child adjust to new settings. **Curriculum** **4.1** The program uses a curriculum that has been aligned with the domains of Colorado's Early Learning and Development Guidelines and is age specific to the children the program serves to include: All Ages: 1) physical development and health; 2) social and emotional development; 3) language and literacy development; 4) cognitive development; 5) approaches to learning Preschool Ages (3–5): 6) literacy knowledge and skills; 7) logic and reasoning; 8) mathematics knowledge and skills; 9) science knowledge and skills; 10) social studies knowledge and skills; 11) creative arts expression

State QRIS and Standards Website(s)	QRIS Standards
	Continuity of Care 4.4 Primary caregiving practices are part of program policies and procedures. 4.5 Continuity of care practices are part of program policies and procedures. **Child Assessment** **4.10** Developmentally appropriate child assessments (e.g., observation data, portfolios, work samples) are conducted within 90 calendar days after enrollment, and at least one other time within a year. Results of assessments are shared during parent/teacher conferences in a culturally and linguistically appropriate manner. **4.11** The program has a child assessment system that has been aligned with Colorado's Early Learning and Development Guidelines. **4.12** The program provides documentation that 75% of educational staff participate in annual training or maintain reliability on use of the selected child assessment tool(s). **4.13** Assessment results are used to individualize curriculum and lesson planning.
Delaware Delaware Stars for Early Success https://www.delawarestars.udel.edu/qris-revision-update/	**Currently Revising**
Georgia Quality Rated https://qualityrated.decal.ga.gov/Content/Documents/PM_RatingRubric.pdf	**Intentional Teaching Practices** **1.1** The program utilizes an age-appropriate curriculum that supports development across five learning domains (cognitive, social, emotional, physical, and approaches to play), and classrooms, materials, curriculum, and interactions reflect value for children's home languages, traditions and culture. **1.2** Curriculum is aligned with the Georgia Early Learning and Development Standards. **Written Health Information and Resources** **3.3** Everything at 2-point level and Screening tools (Ages and Stages Questionnaire and Ages and Stages Questionnaire Social-Emotional) are used annually with family permission to provide early detection of health-related issues and developmental delays to support early intervention.
Indiana Paths to Quality http://www.in.gov/fssa/pathstoquality/files/CentersPTQStandards.pdf	**Licensed 2 Child Care Centers** Provide an environment that is welcoming, nurturing, and safe for the physical, emotional, and social well-being of all children **Licensed 3 Child Care Centers—Level 3** **8. A written curriculum reflects the program philosophy and goals and is based on child development and appropriate practice and provides for the various ages, ability levels, and developmental stages of the children. This curriculum meets the following requirements:** 1. Provides for children's physical, cognitive, language, literacy, and social emotional development. It includes goals for children that are consistent with the Indiana Foundations for Young Children. 2. Families are made aware of the curriculum of the program through one or more of the following ways: parent handbooks, newsletters, orientation, and/or family meetings.

State QRIS and Standards Website(s)	QRIS Standards
	3. Staff members are oriented to the curriculum. Lead teachers plan daily activities with assistants so that curriculum can be implemented effectively to provide support for children in their active learning experiences. 4. The curriculum and goals for children are reflected in everyday practice including through daily, weekly, or monthly written lesson plans. 5. Assessment is appropriate to the curriculum and focuses on children's strengths. It may include portfolios, conversations, anecdotal notes, and developmental notes. **Licensed Child Care Home—Level 2** **10a. The home is welcoming, nurturing, and safe for children to have interactions and experiences that promote their physical, social, and emotional wellbeing. Indicators must include:** 1. Each child and his/her family are warmly acknowledged upon arrival and departure. 2. Each child feels safe, accepted, and protected. This is supported by daily practices that reinforce respect for people, feelings, ideas, and materials. 3. The environment includes representation of each child and family (including all age groups, abilities, and cultures), which might include books, pictures, photographs, music/songs, games, toys, dress-up clothes/materials, and foods. 4. A place for storage of each child's personal belongings and possessions is labeled with the child's name. 5. Caregivers communicate with and listen to children (both verbal and nonverbal messages) with lots of one-on-one attention throughout the day and usually at eye-level, including time when the caregiver is down on the floor with the children. 6. Children's ideas, requests, and questions are acknowledged with a verbal response or physical gesture. 7. Children's feelings are acknowledged with an accepting, non-critical verbal response, or physical gesture. 8. Caregivers refrain from negative verbal or physical responses to children at all times, which includes yelling, criticizing, scolding, threatening, using sarcasm, name calling, yanking, pinching, squeezing, or spanking. 9. Destructive or disruptive behavior is addressed with children (face to face rather than from a distance) by the caregiver, explaining the effect of the behavior, stating the desired behavior, and redirecting or helping the child make alternate choices. 10. Conflicts are resolved by/with children through a problem-solving approaches (acknowledge feelings, listen to children share what happened, ask for ideas or solutions, and follow through). 11. The caregiver sometimes joins in children's play, expanding upon their ideas and playing interactively. 12. The home is generally characterized by varying sounds and/or comfortable conversation from engaged children and involved adults. **10b**. **Specific Infant/Toddler indicators must include:** 1. Infants are frequently held and comforted when crying. 2. Infants are given one-to-one attention during feeding and diapering. 3. Caregivers engage in many one-to-one face-to-face interactions with infants/toddlers, including singing and playful interactions. 4. Caregivers acknowledge infant/toddler babblings with a verbal response, vocal imitation or physical gesture. 5. Caregivers engage in conversation with toddlers. 6. Caregivers give toddlers simple words to use to express feelings. Verbal toddlers are then encouraged to use words in conflict situations.

Maine Quality for ME https://www.maine.gov/dhhs/ocfs/ec/occhs/qualityforme.htm	**Centers:** **Learning Environment/Developmentally Appropriate Practice** **Step 2** 3. The curriculum guides the development of a daily schedule that is predictable yet flexible and responsive to the individual needs of children. The schedule provides time and support for transitions, includes both indoor and outdoor experiences, and is responsive to the child's need to rest or be active (National Association for the Education of Young Children ((NAEYC)) criteria 2.A.07). 4. The program has a written method for curriculum planning that includes planning from children's interests and skills. 5. Each program site has one teacher or staff member responsible for educational programming who has completed the training in Maine's Early Childhood Learning Guidelines. **Authentic Assessment** **Step 2** 15. Evidence is collected two times per year on children's development in the following areas: • Social/Emotional • Cognitive • Physical (gross and fine motor) development • Communication Examples of evidence include children's work, observations, interviews with families, audio tape, video tape, and photographs. This evidence is incorporated in curriculum planning. For programs serving infants and toddlers, the observations are linked to Supporting Maine's Infants and Toddlers—Guidelines for Learning and Development (ITLG), and for programs serving children 3–5 years, the observations are linked to Maine's Early Childhood Learning Guidelines (ECLG), which are used as a guide for planning. **Step 3** 13. Evidence is collected three times per year on children's development in the following areas: • Social/Emotional • Cognitive • Physical (gross and fine motor) development • Communication Examples of evidence include children's work, observations, interviews with families, audio tape, video tape, photographs. This evidence is incorporated in curriculum planning. For programs serving infants and toddlers, the observations are linked to Supporting Maine's Infants and Toddlers—Guidelines for Learning and Development, and for programs serving children 3–5 years, the observations are linked to Maine's Early Childhood Learning Guidelines, which are used as a guide for planning. **Step 4** 10. Evidence is collected four times per year on children's development in the following areas: • Social/Emotional • Cognitive • Physical (gross and fine motor) development • Communication Examples of evidence include children's work, observations, interviews with families, audio tape, video tape, and photographs. This evidence is incorporated in curriculum planning. For programs serving infants and toddlers, the observations are linked to Supporting Maine's Infants and Toddlers—Guidelines for Learning and Development, and for

State QRIS and Standards Website(s)	QRIS Standards
	programs serving children 3–5 years, the observations are linked to Maine's Early Childhood Learning Guidelines, which are used as a guide for planning.
Maryland Maryland EXCELS http://olms.cte.jhu.edu/olms2/data/ck/sites/217/files/Child%20Care%20Center%20Standards%20March%202014%20(5).pdf http://olms.cte.jhu.edu/olms2/data/ck/sites/217/files/Family%20Child%20Care%20Standards%20March%202014.pdf	**Child Care Center and Family Child Care Standards** **Developmentally Appropriate Practice** Positive Guidance **DAP 3.1** Staff use positive behavioral supports and strategies with children that include providing choices and using redirection. **DAP 3.2** Staff use positive behavioral supports and strategies with children that include: providing choices, using redirection, and clear rules and expectations. **DAP 3.3** Staff use positive behavioral supports and strategies with children that include: providing choices; using redirection, reflection, and problem solving; and clear rules and expectations. **DAP 3.4** Staff use positive behavioral supports and strategies with children that include: providing choices; using redirection, reflection, and problem solving; and clear rules and expectations developed with input from the children. **DAP 3.5:** Staff use positive behavioral supports and strategies with children that include: providing choices; using redirection, reflection, and problem solving; and clear rules and expectations developed with input from the children. **Teaching Strategies** Planning **DAP 5.2** Lesson plans include age-appropriate activities reflective of children's interests and skills; address the developmental needs of each and every child; and include information from an IFSP/IEP, if provided. **DAP 5.3** Lesson plans include age-appropriate, domain-based activities reflective of children's interests and skills; address the developmental needs of each and every child; are informed by observations; and include information from an IFSP/IEP, if provided. **DAP 5.4** Lesson plans include age-appropriate, domain-based activities reflective of children's interests and skills; address the developmental needs of each and every child; are informed by observations and information gained from families about their children; and include information from an IFSP/IEP, if provided. **DAP 5.5** Lesson plans include culturally competent, age-appropriate, domain-based activities reflective of children's interests and skills; address the developmental needs of each and every child; are informed by ongoing assessments, observations, and information gained from families about their children; and include information from an IFSP/IEP, if provided.
Massachusetts Massachusetts Quality Rating and Improvement System http://www.mass.gov/edu/docs/eec/qris/20121116-qris-center-based-standards.pdf **UNDER REVISION** Massachusetts StrongStart: Quality Early Education and Care | Mass.gov	**Level 3** Educators are provided with opportunities to use outside consultants with expertise in the age of the children served to assist them in implementing strategies that support positive relationships/interaction and prevention/intervention techniques. **Level 4** Staff utilize strategies that ensure a positive classroom environment, engage children in learning, and promote critical thinking skills.

State QRIS and Standards Website(s)	QRIS Standards
Minnesota Parent Aware Parent Aware Quality Rating and Improvement System: Standards and Indicators 2016 (state.mn.us)	**Teaching and Relationships with Children** T4. Kindergarten transition support. Program supports children and families as children transition to kindergarten, T4.2. Kindergarten transition plan. Program provides written guidance to families for planning their child's kindergarten transition. T4.3. Kindergarten transition activities. Program offers a variety of activities that transition children to kindergarten. (4 points)
Montana Best Beginnings Best Beginnings STARS to Quality (mt.gov)	**Star 2** **Center** Professional Development Pyramid Model (8 hours) EQT 3**:** Introduction to the Pyramid Model (2 hours): Director and all caregiving staff (DIR, PCG, AID) EQT 3.1: Montana Blended Pyramid Module 1 (6 hours): Director and all caregiving staff (DIR, PCG, AID). High Quality Supportive Environments Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children HQSE 6: All or selected classroom education staff (PCG, AID) will work to implement Module 1 topics. **Family/Group** Professional Development Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children (8 hours) EQT 3: Introduction to the Pyramid Model: Promoting Social Emotional Competence & School Readiness in Young Children (2 hours): Director and Caregivers (DIR, ACG) EQT 3.1: Montana Blended Pyramid Module 1 (6 hours) (Prerequisite Introduction): Director and Caregivers (DIR, ACG) High Quality Supportive Environments Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children HQSE 4: Program staff will work to implement Module 1 topics using an evidenced-based coaching model. **Star 3** **Center** Professional Development Pyramid Model Trainings (6 hours) EQT 4: Montana Blended Pyramid Module 2 (Prerequisite: Introduction and Montana Blended Module 1): Director (DIR) and caregiving staff (PCG, AID) must complete this course.

State QRIS and Standards Website(s)	QRIS Standards
	High Quality Supportive Environments Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children HQSE 4: At least 50% of classrooms are working to implement Pyramid Model Module 1 and Module 2 topics. Suggested Pyramid Model tools for implementation: Inventory of Practices-sections related to Modules 1 and 2 and the first two levels of the Pyramid. HQSE 4: Work with external coach to use *Teaching Pyramid Observation Tool* (TPOT for Preschool age) or *Teaching Pyramid Infant/Toddler Observation* Scale (TPITOS) as a guide for coaching and implementation. Program is encouraged to request CCR&R coach to administer TPOT and/or TPITOS. HQSE 4: Director will communicate with families about the Pyramid Model using the brochure *Positive Solutions for Families.* **Family/Group** Professional Development Pyramid Model Trainings (6 hours) EQT 4: Montana Blended Pyramid Module 2 (Prerequisite Introduction and Montana Blended Module 1): Director and Caregivers (DIR, ACG). High Quality Supportive Environments Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children HQSE 4: The program will work to implement Pyramid Model Module 1 and Module 2 topics. Suggested Pyramid Model tools for implementation: Inventory of Practices-sections related to Modules 1 and 2 and the first two levels of the Pyramid. HQSE 4: Work with external coach to use *Teaching Pyramid Observation Tool* (TPOT for Preschool age) or *Teaching Pyramid Infant/Toddler Observation* Scale (TPITOS) as a guide for coaching and implementation. Program is encouraged to request CCR&R coach to administer TPOT and/or TPITOS. HQSE 4: Director will communicate with families about the Pyramid Model using the brochure *Positive Solutions for Families.* **Star 4** **Center** Professional Development Pyramid Model (hours will vary)

State QRIS and Standards Website(s)	QRIS Standards
	EQT 4**:** Module 3 Overview (2 hours): Any education staff (DIR, PCG, AID) *not* taking Preschool Module 3a and 3b or I/T Module 3 (Prerequisite: Introduction and Montana Blended Modules 1 and 2) are required to take this course. EQT 4: Pyramid Model Module 3 Courses: The Behavior Support Team, as identified using the Pyramid Model guidance and the help of the coach, will attend Preschool Module 3a and 3b (12 hours**)** and/or Infant Toddler Module 3 (5 hours). The coach will help the team determine which modules should be taken. <u>High Quality Supportive Environments</u> Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children HQSE 2: All Classrooms will work toward implementation of the Montana Pyramid Model using: TPOT and TPITOS assessment results. Inventory of Practices Benchmarks of Quality for data-based decision making HQSE 2: Program will identify a Behavior Support Team. This team will take the lead in developing individualized support plans as needed. HQSE 2: A 30-minute Introduction to the Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children will be offered to parents by the program. **Family/Group** <u>Professional Development</u> Pyramid Model (hours will vary) EQT 4: Module 3 Overview (2 hours); **OR** Infant Toddler Module 3 (5 hours); **AND/OR** Preschool Module 3a & 3b (12 hours). <u>High Quality Supportive Environments</u> Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children HQSE 2: The program will continue to work toward full implementation of the Pyramid Model using Pyramid Model tools. HQSE 2: A 30 minute Introduction to the Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children will be offered to parents by the program. **<u>Star 5</u>** **Center** <u>High Quality Supportive Environments</u> Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children HQSE 3: The Pyramid Model will be fully implemented program-wide and maintained. **Family/Group** <u>High Quality Supportive Environments</u>

State QRIS and Standards Website(s)	QRIS Standards
	Pyramid Model: Promoting Social Emotional Competence and School Readiness in Young Children **HQSE 3:** The Pyramid Model will be fully implemented program-wide and maintained.
Nevada Silver State Stars QRIS Nevada Home (nvsilverstatestars.org)	**Policies and Procedures** 1 Star On-going child assessment includes at least on informal method such as observations, portfolios, or teachers anecdotal records. 2 Star On-going child assessment includes at least one formal method such as checklists, screening tools, or assessment tools. 5 Star Preschool lesson plans align with Nevada Pre-k Standards. **Health and Safety** 3 Star Center has a behavior support team. 4 Star Center has documented improvement plan based on the Inventory of Practices for Promoting Social Competence. 5 Star Center is a Nevada TACSEI Project demo site.
New Mexico FOCUS WHAT IS QUALITY? – NewMexicoKids	**Foundations of Quality—Full Participation of Each Child** **Promoting Social Relationships** Beginning **Building Positive Relations** Classroom and program staff promote a positive environment by greeting children and families on arrival, using proper names, and verbally interacting with each child. Interactions are supportive and adults engage children at eye level. **Implementing Preventive Practices** Resources have been provided for families of children who scored “Refer” in the ASQ-SE. The learning environment is arranged to eliminate wide spaces, allow children to interact in different areas, and reflect children’s interests. The classroom schedule includes a balance of large- and small-group activities, minimizes the number of transitions between activities, and is posted visibly. Transitions are addressed so that there is minimal waiting with nothing to do, and so children are notified individually and in a group about the upcoming transition. Classroom rules are brief, clear, and posted. Intermediate to Advanced **Implementing Targeted Social-Emotional Supports**

State QRIS and Standards Website(s)	QRIS Standards
	There is evidence of a follow-up on ASQSE referral conducted by the program with parental consent. The classroom staff demonstrate interactions with children to a) develop their self-esteem—active listening with children, no judgmental statements, responsive to children's ideas, recognizing children's efforts; b) encourage autonomy by providing children with opportunities to make choices, allowing children time to respond or complete tasks independently, creating opportunities for decisionmaking, problem-solving, and working together and teaching children strategies for self-regulating and/or self-monitoring behaviors; and c) promoting children's individualized emotional regulation by helping them recognize emotional cues, identify appropriate choices, and solve problems. High Quality **Addressing Concerning Behaviors** If applicable, and with written parental consent, the classroom staff actively participate in the child's social-emotional support plans/strategies. In collaboration and consultation with the mental health agency/individual(s) supporting the child and family, strategies are integrated into the classroom. Mental health agency/ individual(s) and educators embed the goals into the daily schedule and, as appropriate, incorporate typical peers in the activities. *New Mexico takes a comprehensive approach to addressing whole child development through observation, curriculum, assessment, screening, and professional development. Please refer to the FOCUS quality standards for more information.*
New York QUALITYstars NY QUALITYstarsNY | QUALITYstarsNY Standards	**Center** Child Observation and Assessment COA 2 Provider collects information at enrollment about the child's development including social emotional concerns, dominant language, preferences, and any special needs. Curriculum Planning and Implementation CPI 2 Program uses a written curriculum or curriculum framework that is developmentally appropriate and addresses the key domains of child development. **Family Home** Child Observation and Assessment COA 1 Provider collects information at enrollment about the child's development including social emotional concerns, dominant language, preferences, and any special needs. Curriculum Planning and Implementation CPI 2 Program uses a written curriculum or curriculum framework that is developmentally appropriate and addresses the key domains of child development.

State QRIS and Standards Website(s)	QRIS Standards
Ohio Step Up to Quality http://www.earlychildhoodohio.org/files/sutq/ProgramStandards081913.pdf	**Center** Curriculum and Planning One Star Program engages in a process to identify a written, research-based, comprehensive curriculum aligned with the Early Learning and Development Standards and/or Ohio's K-12 Standards (appropriate to the age groups served) that is developmentally appropriate. Each classroom has a copy of the Early Learning and Development Standards and/or Ohio's K-12 Standards (appropriate to the age groups served). Teachers utilize a written, dated plan of activities. Two Star Program obtains a written, research-based, comprehensive curriculum aligned with the Early Learning and Development Standards and/or Ohio's K-12 Standards (appropriate to the age groups served) that is developmentally appropriate. Each teacher has daily access to a copy of the curriculum. Teachers use a written, dated plan of activities that is aligned to all developmental domains in the Early Learning and Development Standards and/or Ohio's K-12 Standards (appropriate to the age groups served). Three Stars Program implements a written, research-based, comprehensive curriculum aligned with the Early Learning and Development Standards and/or Ohio's K-12 Standards (appropriate to the age groups served) and demonstrates its alignment to assessment. Teachers use a written, dated plan of activities that is aligned to all developmental domains in Early Learning and Development Standards and/ or Ohio's K-12 Standards (appropriate to the age groups served). Four and Five Stars Teachers plan intentional and purposeful activities and experiences that meet the needs/ interests/abilities of children across all developmental domains (5 points). Teacher supports children's active engagement through opportunities for exploration and learning (3 points). **FCC standards are the same; however, the word "'teacher" is replaced with "program" as applicable for One to Three Star programs.*
Oregon Oregon QRIS https://91372e5fba0d1fb26b72-13cee80c2bfb23b1a8fcedea15638c1f.ssl.cf1.rackcdn.com/cms/Standards2014Center1_231.pdf	LD12: The program facilitates and supports children's positive social and emotional development. The program has a written policy on behavior management that encourages the use of: clear expectations, proactive/preventative strategies, and redirection of misbehavior. **Evidence:** Copy of program's policy on behavior management that demonstrates all the criteria above
Wisconsin Young Star https://dcf.wisconsin.gov/youngstar/providers/rating-criteria	**Group and Family Child Care** Health and Well-being Optional Points

State QRIS and Standards Website(s)	QRIS Standards
	D.1.3 Social Emotional/WI Pyramid Model/Inclusion Training POINTS AVAILABLE: 2 For 1 point 50% of the staff have one of the Registry-verified trainings/equivalencies listed below. 3 credits of inclusion training; (for example: a course from the Inclusion Credential) The Wisconsin Pyramid Model for Social and Emotional Competence Infant Toddler and/or Preschool Module (24 hours); 15 or more hours of training in Positive Behavior Intervention and Supports (PBIS); 15 or more hours of Guiding Children's Behavior in School-Age Care; • 12 or more hours of training in Tribes® TLC; or 15 or more hours of YoungStar-approved non-credit training on inclusive practices, serving children with disabilities, and children with special health needs. For 2 points The Director and an individual from every classroom must have one of the Registry-verified trainings/equivalencies listed below. 3 credits of inclusion training; (for example: a course from the Inclusion Credential) The Wisconsin Pyramid Model for Social and Emotional Competence Infant Toddler OR Preschool Modules(24 hours); 15 or more hours of training in Positive Behavior Intervention and Supports (PBIS); 15 or more hours of Guiding Children's Behavior in School-Age Care; • 12 or more hours of training in Tribes® TLC; or 15 or more hours of YoungStar-approved non-credit training on inclusive practices, serving children with disabilities, and children with special health needs.

Appendix C. Conceptual Framework

Table 1: An Integrated Stage-Based Conceptual Framework for Implementation

Implementation Component	Exploration	Installation	Initial Implementation	Full Implementation
Implementation teams	Form implementation teams; develop the teams' work and communication protocols	Establish or adopt implementation team competences; confirm availability of resources to support network(s)	Problem solve what is and is not working and use data at each meeting to promote improvement	Use CQI data; develop and test improvements
Data and feedback loops	Conduct needs assessment; develop a logic model; determine fit, feasibility, and readiness	Assess infrastructure gaps; implement policy practice feedback loops and assess team competencies	Assess the reach of the initiative and test data to stabilize an evidence-based approach	Assess outcomes; collect data to determine fidelity and quality
Implementation infrastructure	Determine necessary system components to support practice, organization, and systems change	Develop required infrastructure elements to support practice, organization, and systems change	Improve elements to support practice, organization, and systems change	Maintain data-informed practice; produce a more efficient or effective system to support desired outcomes

Source: Metz, A., Naoom, S. F., Halle, T., & Bartley, L. (2015, May). *An integrated stage-based framework for implementation of early childhood programs and systems* (Research Brief OPRE 2015-48). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/sites/default/files/documents/opre/es_cceepra_stage_based_framework_brief_508.pdf

Appendix D. Landscape of States' Pyramid Model Implementation

Table 1. Pyramid Model State Implementation Scan

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
AK	Professional Development	Implementing				✓		https://www.threadalaska.net/index.cfm/calendar.catalog_class?typeid=20&Classid=1469
CA	Professional Development, Trainer and Coach Cadre, Statewide leadership team and coordinating staff, Partner Implementation Sites, Training of facilitators for Positive Solutions for Families & CA Teaching Pyramid for Families	Fully Implementing	✓	✓	✓	✓		California Teaching Pyramid https://cainclusion.org/camap/map-project-resources/ca-teaching-pyramid/ Main Contact: Linda Brault lbrault@wested.org

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
CO	Statewide Pyramid Colorado Hub, Statewide Cross-sector Leadership Team, Trainer & Coach Certification, Implementation Communities, Demonstration Sites, Professional Development	Fully Implementing	From 2010 to 2016	From 2010 to 2016	✓	✓		Pyramid Colorado led by Healthy Child Care Colorado https://healthychildcareco.org/programs/pyramid-colorado/ Contact: Taren M. Schneider Taran@healthychildcareco.org
CT	State Leadership Team, Implementation Sites, Program Coaches, Professional Development	Implementing		✓	✓ PDG	✓	NCPMI, PMC	Connecticut Pyramid Partnership https://www.ctoec.org/pyramid-model/ Annual Report 2018–2019: https://www.ctoec.org/wp-content/uploads/2020/05/Pyramid-Partnership-Connecticut-Annual-Report-2018-2019.pdf Contact: Deb Resnick Deb.Resnick@ct.gov

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
FL	State Leadership Team, Community Leadership Team, Implementation Specialists, Implementation Sites	Installation			✓ PDG			Main Contact: Lisette Levy Lisette.Levy@oel.myflorida.com
GA	Statewide Leadership Team, Program Coaches, Professional Development	Implementing	✓				PMC	Georgia's Social Emotional Early Development Strategies For Success http://www.decal.ga.gov/InstructionalSupports/Seeds.aspx Main contact: Jennie Couture Jennie.Couture@decal.ga.gov
GU	State Team, Master Cadre, Integration Into PBIS						PMC	https://www.guamcedders.org/tag/pyramid-model/
HI	State Leadership Team (inactive), Implementation and Demonstration Programs/Sites, Professional Development	Implementing	✓	✓		✓		https://health.hawaii.gov/cshcn/hcch/

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
ID	State Leadership Team, Implementation Sites, Professional Development	Exploring/emerging Implementing in 15 programs statewide		✓	✓		NCPMI, PMC	https://idahotc.com/Pyramid#13411 Main Contacts: Omair Shamim–Head Start Collaboration Office omair.shamim@dhw.idaho.gov Melissa Crist–IdahoStars mcrist@uidaho.edu Renee Miner, co-lead reneeminer@boisestate.edu
IL	State Leadership Team, Implementation and Demonstration Programs/Sites, Professional Development, Master Cadre	Fully Implementing	✓		✓ PDG GEERS		PMC, NCPMI	Illinois' Pyramid Model State Leadership Team https://www2.illinois.gov/sites/OECD/Pages/Pyramid-Model.aspx Contact: Lori Orr Lori.A.Orr@Illinois.gov

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
IA	Professional Development, Consultant Pool State Leadership Team, Family Child Care, QRIS Integration, Site Scale Up	Fully Implementing		✓	✓ ECI Office	✓	PMC, NCPMI	Early Childhood - Positive Behavioral Interventions and Supports (EC-PBIS) https://iowaccrr.org/training/PBIS/ Contact: Melanie Reese melanie.reese@iowa.gov Wendy Van Haaften whoogev@dhs.state.ia.us
MD	State Leadership Team, Trainer, and Coach Cadre, TPOT and TIPITOS Assessors	Fully Implementing	✓			✓	PMC, NCPMI	Maryland SEFEL Pyramid Model https://www.mdpyramidmodelsefel.org/

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
MA	Professional Development, Coach and Trainer Cadre, Community, Learning Communities, State Leadership Team, Parent Training Center-Federation for Children with Special Needs, Training-Positive Solutions, Equity Initiative	Fully Implementing		✓	✓	✓	PMC, NCPMI	Massachusetts Pyramid Model-Departments of Early Education and Care https://www.mass.gov/orgs/department-of-early-education-and-care Departments of Elementary and Secondary Education https://www.doe.mass.edu/ Contact: Chris Pond Chris.pond@mass.gov Lauren Viviani: Lauren.M.Viviani@mass.gov
MN	State Leadership Team, Family Engagement, Implementation and Demonstration Programs/Sites, Professional Development, Evaluation/Data-Based Decision Making	Fully Implementing	✓	✓ 619 Part C		✓	NCPMI, PMC	Minnesota Centers of Excellence https://mncoe.org/mncoe/innov/pyramid/ Contact: Hope Bissel hope.beissel@metroecsu.org

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
MS	State Leadership Team, Implementation Sites, Professional Development, Program and Practitioner Coaching, Demonstration Sites, and TPOT Assessors/to Inform Practices	Implementing	✓		✓ SPDG		NCPMI, PMC	https://reachms.org/pbis-early-childhood/ Contact: Brittany Herrington Brittany.Herrington@usm.edu
MT	Implementation Coaching, QRIS Integration, Professional Development Through CC R&R	Implementing			✓ PDG		PMC	https://dphhs.mt.gov/hcsd/Childcare/STARS/PyramidModel

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
NE	State Leadership Team, Professional Development, Coach and Trainer Cadre Program Level Support TPOT and TIPITOS Assessors Evaluation, Data-Based Decision-Making	Fully Implementing	✓	✓	✓ Private funding PDG	✓	PMC	Pyramid Model as MTSS http://nemtss.unl.edu/pyramid-model/ Community Implementation https://rootedinrelationships.org/initiative/ Main Contact: Lynne Brehm lbrehm@nebraskachildren.org
NV	State Leadership Team, Training and Coaching Cadre, Model/Implementation Sites/Programs, Professional Development, Integration into QRIS	Fully Implementing	✓	✓		✓	NCPMI	Nevada TACSEI: Pyramid Model Partnership http://nvtacsei.com/about/ Contact: Janice K. Lee janicelee@unr.edu

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
NH	State Leadership Team and Work Groups, Community Collaboratives, Implementation Sites, Master Cadre, Process and Practice-Based Coach Cohorts, Cohorts of Reliable TPITOS/TPOT Administrators, DOE Data System, Professional Development, Family Engagement	Implementing	✓	✓ 619 SPDG SSIP	✓ PDG CARES ACT Head Start		PMC	NH Pyramid Model State https://ptan.seresc.net/blog/social-emotional-development-resources/pm-state-leadership-team/ NH Pyramid Model Annual Report 2020 https://challengingbehavior.cbcs.usf.edu/PyramidNation/State/docs/NH_annualreport_2020.pdf Contact: Debra Nelson Debra.Nelson@dhhs.nh.gov

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
NJ	State Leadership Team, Implementation Sites, Coaching, and TPOT to Assess Practices, Professional Development	Implementing			✓		PMC NCPMI	https://www.montclair.edu/center-for-autism-and-early-childhood-mental-health/professional-developmentformation/new-jersey-pyramid-model-partnership/ Professional development through https://www.grownjkids.gov/Welcome Main Contact: Kaitlin Mulcahy mulcahyk@montclair.edu
NM	Professional Development, Coaching	Implementing					PMC	http://www.cdd.unm.edu/ecln/FIT/pdfs/FIT_Annual2015_PyramidPPT.pdf

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
NY	State Leadership Team, Module Training and Classroom or Program Coaching Master Cadre, Implementation Sites/Programs, Community-Wide Leadership Teams, Pyramid Model Implementation Data System (PIDS) for All Data Collection	Fully Implementing	✓		✓ PDG ECCS Office of Mental Health		PMC	NY Pyramid Model http://www.nysecac.org/contact/pyramid-model Contact: Vicki Robert: Vicki.Robert@ccf.ny.gov Patricia Persell Patricia.Persell@ccf.ny.gov
NC	Implementation/ Demonstration Programs/Sites Professional Development, Webinar Series, Measuring Child Outcomes	Implementing	✓		✓	✓	NCPMI, PMC	North Carolina Preschool Pyramid Model https://nceln.fpg.unc.edu/ncppmresources and https://challengingbehavior.cbcs.usf.edu/PyramidNation/State/docs/NC_preschool_pyramid_model_project_201819_report.pdf

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
OK	State Team, Integration into QRIS	Exploring/Emerging					PMC	https://okschoolreadiness.org/projects/pyramid-model Main Contact: Debra Andersen dandersen@okschoolreadiness.org
PA	State Leadership Team, Implementation Specialists, Implementation Sites, Professional Development	Fully Implementing			✓		NCPMI, PMC	http://papbs.org/ProgramwidePBIS.aspx Contact: Susan Zeiders szeiders@pattan.net
SC	Statewide Leadership Team, Professional Development	Implementing	✓		✓ PDG		PMC	South Carolina Pyramid Partnership https://ed.sc.gov/districts-schools/special-education-services/programs-and-initiatives-p-i/preschool/sc-pyramid-partnership-mission-and-vision/

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
TN	State Leadership Team, Implementation/Demonstra-tion Programs/Sites, Professional Development, Higher Ed Courses, Family Modules, Cross-walked with IMH Competencies	Implementing	✓	✓ 619	✓ Federal block grant Comm. Mental Health Services	✓	NCPMI, PMC	Team Tennessee https://tnvoices.org/team-tn/ Main Contact: Connie Casha connie.casha@mtsu.edu
VT	Professional Development	Implementing	✓	✓ 619	✓ PDG	✓		Northern Light–Community College of Vermont https://northernlightsccv.org/trainings/pyramid-model-emtss-training-module-1/ Contact: Kate Rogers Kate.rogers@vermont.gov
VA	State Leadership Team, Professional Development, Training, Coaching	Implementing	✓		✓ ECCS		PMC	Main Contact: Bonnie Grifa bgrifa@vcu.edu

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
WA	State Leadership Team, Professional Development, Program Coaches, Demonstration Sites	Installation/Early Implementation	✓	✓			NCPMI	Office of Superintendent of Public Instruction (OSPI) National Center for Pyramid Model Intensive Technical Grant Contact: Stella Lugalia Stella.Lugalia@k12.wa.us
WV	Statewide Leadership Team, Professional Development, Program Coaches, Demonstration Sites	Fully Implementing	✓		✓	✓		Early Childhood Positive Behavioral Interventions and Supports http://wvpbis.org/wvecpbis/about/ West Virginia Pyramid Model Partnership Project Launch https://www.westsideproud.com/wv-pyramid-model-partnership

State	Description of Activities	Exploring/ Emerging Implementing Fully Implementing	CCDF $	IDEA $	Other $	Original CSEFEL/TA CSEI State	NCPMI or PMC Partner	Initiative/ Organization Website & Contact Information
WI	State Leadership Team, Coaching and Training Cadre, Professional Development, Program Coaches and Demonstration Sites, Outcomes and Monitoring Using Pyramid Model Implementation Data System, Integration with Infant Mental Health Consultation with Pyramid Model; Connecting IMH-Endorsement with Pyramid Model	Fully Implementing	✓		✓	✓	PMC	WI Pyramid Model for Social Emotional Competence https://wiaimh.org/pyramid-model Contact: Julie Betchkal jbetchkal@wiaimh.org

Appendix E. Landscape of IECMH Consultation Implementation

Infant and Early Childhood Mental Health Consultation Initiatives

States	Description of Activities	For more information:
Alabama	The First 5 Consultation Project is a combined effort between multiple state agencies that serve children and families. It is unique in that it pairs an infant and early childhood mental health (IECMH) consultant with providers who care for infants, young children, and families to collaboratively provide a problem-solving and capacity-building intervention. Currently, IECMHC is available to licensed child care facilities, First Class Pre-K, and Early Intervention pilot sites.	https://children.alabama.gov/infant-early-childhood-mental-health/
Arkansas	Project PLAY matches early childhood mental consultants with early care and education providers in Arkansas. This service offers innovative techniques proven to positively impact the social and emotional development of children.	https://familymedicine.uams.edu/research-and-scholarly-activity/red/ecpd/projectplay/
Arizona	Smart Support consultants work with programs to design an individualized plan to meet the program's needs for children ages birth to 5. Services may include early childhood mental health consultation and professional development, implementation of classroom strategies, and resources or referrals for specific children or situations. The plan may be short- or long-term, depending on need.	https://www.swhd.org/training/smart-support/
Colorado	The Colorado Office of Early Childhood supports ECMH consultants. ECMH Specialists are experts in early childhood development and mental health. They work with professionals on-site at the program or another convenient location. ECMH Specialists work with providers and parents and caregivers.	http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Supporting-Social-Emotional-Development&lang=en

States	Description of Activities	For more information:
Connecticut	The Early Childhood Consultation Partnership (ECCP®) is a statewide, evidence-based, mental health consultation program designed to meet the social and emotional needs of children birth to 5 in early care or education settings. The program builds the capacity of caregivers at an individual, family, classroom, or center-wide level. It provides support, education, and consultation to caregivers in order to promote enduring and optimal outcomes for young children. The Department of Children and Families implemented this initiative through a contract with Advance Behavioral Health (ABH.) ABH is responsible for the development and administration of the program throughout the state.	http://www.abhct.com/Programs_Services/ECCP/
Delaware	Early Childhood Mental Health Consultants address school readiness for young children. The Division of Prevention and Behavioral Health Service in the Department of Services for Children, Youth and their Families offers Early Childhood Mental Health Consultations as a free service and partnership with Delaware early childhood education programs with a focus on children 2–5 years of age. All consultants are licensed mental health professionals with experience working in early childhood settings.	https://kids.delaware.gov/pbhs/services-offered.shtml and https://kids.delaware.gov/pbhs/pdfs/pbh-brochure-ecmhc.pdf
District of Columbia	Children and Youth Behavioral Health Services, Department of Behavioral Health supports the Early Childhood Mental Health Consultation Project, known as the Healthy Futures Program, which operates in 24 child development centers located throughout the District. Consultation focuses on improving the overall quality of the program and assisting staff to solve a specific issue that affects more than one child, staff member, or family.	https://dbh.dc.gov/service/children-youth-and-family-services

States	Description of Activities	For more information:
Illinois	Illinois Action for Children's Early Childhood Mental Health Consultants (ECMHC) provide services for center- and home-based early care and education providers who care for children from birth through 5 years old at no cost to the providers. This service is provided through the Illinois Department of Human Services, in collaboration with Caregiver Connections and the statewide consultation program, which is available throughout Chicago and Cook County.	https://www.actforchildren.org/for-providers/early-care-learning-program-supports/consultation-services/early-childhood-mental-health-consultants/
Iowa	The Iowa Department of Public Health is currently implementing a 5-year federal grant called Project LAUNCH. The purpose of this initiative is to support young children's healthy mental development by focusing on strategies that foster safe, stable, and nurturing relationships and positive experiences for children, newborn through age 8. Through Project LAUNCH, Iowa is developing infrastructure to support Infant and Early Childhood Mental Health Consultation, a service that pairs mental health clinicians with direct service professionals such as childcare providers, family support workers, and early interventionists. Mental Health Consultation is designed to support direct service staff and build their capacity to promote young children's healthy mental development.	https://iowaprojectlaunch.org/about-us
Kentucky	Kentucky's Early Childhood Mental Health Program (ECMHP) was created in state fiscal year 2003 as a component of a large, statewide early childhood development initiative, KIDS NOW, the majority of which is now administered by the Governor's Office of Early Childhood. ECMHP is co-administered by the Children's Behavioral Health and Recovery Services Branch within the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and the Early Childhood Promotion Branch within the Department for Public Health through a Memorandum of Agreement. In turn, DBHDID contracts with the 14 Regional Community Mental Health Centers (CMHCs) for program implementation. In addition, the program maintains contracts with the University of Kentucky for Early Childhood Mental Health (ECMH) training and consultation, and with Eastern Kentucky	https://dbhdid.ky.gov/dbh/ecmh.aspx

States	Description of Activities	For more information:
	University for staffing and resources related to the ECMHP. The ECMHP supports an Early Childhood Mental Health Specialist staff position in each of the 14 CMHCs. The Specialists' time is devoted solely to their regional ECMHPs and building regional capacity to better meet the social, emotional, and behavioral needs of children from birth through age 5 and their families.	
Louisiana	The Tulane Infant and Early Childhood Consultation and Support Services Program (TIKES,) is an intervention that teams a mental health professional with early childhood professionals to improve the social, emotional, and behavioral health of young children in early learning settings. TIKES, previously part of the Quality Start Program, was implemented in 2007 as a voluntary program for licensed child care centers, designed to recognize, support, and increase the quality of child care throughout Louisiana. Participating centers receive mental health consultation services from a licensed mental health professional for 6 months. In the spring of 2020, remote TeleMHC was added to support individuals in Louisiana that are caring for young children, aged 0-6 years, during this COVID-19 pandemic.	https://medicine.tulane.edu/departments/clinical-sciences/psychiatry/research/tikes
Maine	Early Childhood Consultation and Outreach (ECCO) is a program that provides services of an early childhood expert to educators, child care staff, and parents in order to develop effective strengths-based strategies and plans that support children's success across environments. ECCO consultants work with child care providers, Head Start centers, pre-schools, early elementary classrooms, and in homes with parents and foster parents. Services can be utilized for one child or for groups of children. ECCO responds to the unmet needs of at-risk children and changes outcomes for children in Washington County and beyond.	https://www.cccmaine.org/services-programs/early-childhood-consultation-outreach/

States	Description of Activities	For more information:
Maryland	The Infant and Early Childhood Mental Health (IECMH) Consultation Project improves the ability of staff, programs, and families to prevent, identify, treat, and reduce the impact of social, emotional and other mental health problems among children from birth through 5 years old. Based on the Project's success, the Maryland State Department of Education funded the expansion of the pilot program in 2006 to include 12 statewide child care licensing regions. In Maryland, the Project is both child/family and classroom/program focused. This hybrid model allows consultants to focus on specific child behaviors, while working with teachers to improve the overall quality of the classroom environment.	https://earlychildhood.marylandpublicschools.org/infant-and-early-childhood-mental-health-iecmh-consultation-project
Massachusetts	Early Childhood Mental Health Consultation (ECMHC) programs in the Department of Early Education and Care provide services to address and support the social-emotional development and behavioral health of children in early education and care programs. The ECMHC network provides consultation services that help support the social-emotional development and behavioral health of children in early education and care programs. ECMH consultants provide guidance to programs, educators, and families on addressing the developmental, emotional, and behavioral challenges of infants and young children in early education settings.	https://www.mass.gov/service-details/early-childhood-mental-health-consultation-program
Michigan	Michigan's RTT-ELC Grant provided, in some communities, social and emotional and family consultants to child care providers, helping them to nurture family partnerships in the care of their child(ren) and engaging families in meaningful ways and supporting their development as leaders for their own children and communities. Strategies for this project increase family access to resources designed to promote the physical, social, and emotional health of their children. RTT integrates, in some communities, social and emotional (mental health), master's degree prepared consultants into child care settings to provide programmatic coaching and support to increase the mental health climate and care for all children. In some cases, when a child	https://www.michigan.gov/mde/0,4615,7-140-63533_71176_71177_71178-345880--,00.html and https://www.michigan.gov/documents/mde/Infant_and_Early_Childhood_Mental_Health_Consultation_Infographic_654523_7.pdf and https://www.michigan.gov/mdhhs/0,5885,7-339-

States	Description of Activities	For more information:
	and family are experiencing risk or circumstances that inhibit their ability to learn and grow (e.g., trauma, post-partum depression), the consultant can provide short-term preventative supports and linkage for the family to intervention-based services as warranted. Michigan's RTT funding ended in December 2018. Through continued state funding, MDHHS Mental Health Services to Children and Families is able to continue to partner with local Community Mental Health Services Programs to deploy infant and early childhood mental health consultants to support home and center-based child care providers in recognizing and meeting the social-emotional needs of young children birth to age 5 in their care.	71550_2941_4868_7145_81755_81782-431109--,00.html
Minnesota	The Minnesota Department of Human Services (DHS) is responsible for Children's Mental Health. Coordination occurs across divisions with the goal of system alignment so that child care providers, coaches, and families are supported by and have access to information and resources. Mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges.	https://www.parentaware.org/programs/benefits-for-rated-programs/
New York	With support from the Office of Children and Family Services, and the Child Care Development Block Grant Funding, the New York Early Childhood Learning Council has: • Hired an Infant Toddler Mental Health Director (ITMH) and a Director of Research and Evaluation to co-direct project activities. • Collaborated with the New York Association for Infant Mental Health to support Infant Toddler Specialist in initiating the process to obtain their Infant Family Associate Endorsement. • Established a collaboration with New York Center for Child Development and Docs for Tots for to support the implementation of the statewide CCR&R ITMH Project.	https://earlycareandlearning.org/wp-content/uploads/2020/06/2020-Q1-ECLC-ITMHC-Fact-Sheet.pdf

States	Description of Activities	For more information:
	Next Steps: • Up to 35 Infant Toddler Mental Health Consultants (ITMHC) will be hired, statewide, at CCR&R agencies. The ITMHCs will: ○ Collaborate with Infant Toddler Specialists to promote healthy socio-emotional skills and practices. Work with providers and early childhood teachers to better understand mental health risk factors and to enhance their skills to support children and the classroom environment.	
North Carolina	North Carolina Infant Mental Health Association is currently exploring an IECMH Consultation Network.	http://www.ncimha.org/
Ohio	The Ohio Department of Mental Health and Addiction Services, Early Childhood Mental Health Consultation (ECMHC) Program's objectives are to build protective factors in young children, increase skills of parents, and promote the competencies of early childhood providers, especially for children ages birth to 6 years who are at risk for abuse, neglect, and poor social and emotional health. ECMHC targets the healthy social and emotional development of all young children in Ohio to ensure that they thrive and are ready for school. ECMH consultants team with early childhood providers to help them understand and problem-solve challenging child behaviors, both in and out of the classroom. Services include on-site child/family-focused technical assistance to parents, teachers, and staff; resources for parents, including art therapy, play therapy, or physical health referrals; and training and professional development. Consultants offer interventions for children and respond to the providers' programming needs, which include providing family enrichment activities and modeling helpful interactions with children.	https://mha.ohio.gov/Schools-and-Communities/Educators/Early-Childhood-Mental-Health#2791880-ecmh-consultation-and-treatment

States	Description of Activities	For more information:
Oregon	The Early Childhood Mental Health Consultation program provides prevention services, including Child and Family Consultation and Program-Level Consultation, in Multnomah County and the City of Portland. They serve young children, their families, and early care and education staff in early childhood settings that include: Head Start, Early Head Start, childcare centers, and family home childcare providers.	https://morrisonkids.org/programs/prevention-education/early-childhood-consultation/
Pennsylvania	The Infant Early Childhood Mental Health Consultation (IECMHC) Program is a child-specific consultative model that addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the director or teacher and with the permission of the child's parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning). Infant Early Childhood Mental Health Consultation (IECMHC) is designed to assist early care and education programs in meeting the social and emotional needs of children who exhibit challenging behaviors in the classroom.	https://www.pakeys.org/getting-started/ocdel-programs/early-childhood-mental-health-ecmh/
Rhode Island	SUCCESS (Supporting Children's Competencies in Emotional and Social Skills) is a free service that pairs early learning programs with Early Childhood Mental Health Consultants to support the social, emotional, and behavioral health needs of identified children. They strive to collaborate with early learning programs to ensure that all children have access to a safe and supportive learning environment, enter school ready to learn, and are poised for future success. SUCCESS offers consultation services to support children's social and emotional development and to reduce challenging behaviors in the classroom.	http://exceed.ri.gov/success

States	Description of Activities	For more information:
South Carolina	South Carolina Infant Mental Health Association is launching a IECMH Consultation Network in Fall 2020.	https://www.scimha.org/IECMH-Consultation-Network
Utah	The Children's Center is now offering Infant/Early Childhood Mental Health (IECMH) Consultation. These consultation services are offered at no cost to providers seeking support related to serving young children and their families. Examples of available consultation services include the following: Case Consultation, Provider Collaboration Support, Referral/Resource Coordination, Reflective Supervision, and Technical Assistance. They provide an online request form for providers to complete to request virtual services.	https://childrenscenterutah.org/our-services/iecmh-teleconsultation
Vermont	Early Childhood and Family Mental Health (ECFMH) Program Consultation: ECFMH providers serve as consultants to child care programs of various sizes, and to other types of programs as requested (e.g., DCF, other child focused agencies).	https://mentalhealth.vermont.gov/services/children-youth-and-family/services-and-support-children-youth-and-family/early-childhood
Virginia	Virginia Infant and Toddler Specialist Network offers infant and toddler mental health consultants (ITMHCs.) ITMHCs work regionally throughout the state to provide on-site coaching, mentoring, and parent education, training and technical assistance, as well as child observations and developmental screenings.	http://www.va-itsnetwork.org/
Wisconsin	Wisconsin sees the Preschool Development Grant Birth to 5 Strategic Plan for 2021–2023 as Wisconsin's opportunity to connect the dots to improve Wisconsin's Early Childhood State System. Two of their strategies are related to IECMHC, one within access and one within quality: Enhance access to programming for infant/early childhood mental health consultation (e.g., Wisconsin Pyramid Model) available to professionals across all infant/young child and family serving	https://dcf.wisconsin.gov/files/childcare/pdf/pdg/b5-strategic-plan.pdf https://wiaimh.org/iecmh

States	Description of Activities	For more information:
	disciplines including child care, home visiting, child welfare, Early Head Start, Birth to 3 early intervention, and pediatricians. Expand systems that give people who touch the lives of infants and very young children support through high-quality infant and early childhood mental health consultation to promote healthy social and emotional development.	

Resources

ZERO TO THREE. (2017). Infant and Early Childhood Mental Health Consultation: A Briefing Paper. https://www.zerotothree.org/resources/1952-infant-and-early-childhood-mental-health-consultation-a-briefing-paper.
This briefing paper describes the core components and the evidence base for IECMHC. Policy recommendations are offered to guide efforts in states across the country.

Center for Early Childhood Mental Health Consultation. (n.d.) Best Practice Tutorial Series. https://www.ecmhc.org/tutorials/index.html.
Series of tutorials designed to enhance skills and knowledge around how to implement effective mental health consultation in Head Start and Early Head Start (HS/EHS) programs.

Center for Early Childhood Mental Health Consultation (CECMHC), Georgetown University Center for Child and Human Development. https://www.ecmhc.org/index.html.
CECMHC is a group of university researchers that develop strategies to help Head Start programs build a strong mental health foundation for their children, families, and staff. The team's approach is grounded in a set of principles and a research-based model of delivering high quality mental health consultation services.

Appendix F. Pyramid Model Resources

Federal Technical Assistance Resources

Ferro, J., Fox, L., Binder, D., & von der Embse, M. (2020). Pyramid Model Equity Coaching Guide. https://challengingbehavior.cbcs.usf.edu/Implementation/Equity/Guide/index.html

Fox, L, Binder, D. P., Hemmeter, M. L., Barton, E. E., & Vatland, C. (2018). Program-Wide Supports for Pyramid Model Implementation: Implementation manual. https://challengingbehavior.cbcs.usf.edu/docs/LeadershipTeam_ImplementationGuide.pdf

Fox, L., Veguilla, M., Ferro, J., & Binder, D. P. (2020). Data Decision-Making and Program-Wide Implementation of the Pyramid Model. https://challengingbehavior.cbcs.usf.edu/docs/roadmap/Roadmap_7_Data.pdf

National Center on Early Childhood Development, Teaching, and Learning and the National Center for Pyramid Model Innovations. Video: Implementing the Pyramid Model in Family Child Care Homes. https://www.youtube.com/watch?v=sQDigjLdi78&feature=youtu.be

National Center for Pyramid Model Innovations. (2020). The Behavior Incident Report System (BIRS). https://challengingbehavior.cbcs.usf.edu/docs/BIR_Overview_Factsheet.pdf

National Center for Pyramid Model Innovations. (2020). Program-Wide Implementation: Understanding Program-Wide Implementation of the Pyramid Model. https://challengingbehavior.cbcs.usf.edu/docs/Program-Wide_Implementation_factsheet.pdf

National Center for Pyramid Model Innovations. (2018). All Hands on Deck: Partnering with Infant and Early Childhood Mental Health Consultants to Implement the Pyramid Model. https://challengingbehavior.cbcs.usf.edu/docs/IECMHC_All-Hands-on-Deck.pdf

National Center for Pyramid Model Innovations. (2019). Let's Talk! Webinar: What Works in Reducing Suspensions and Disproportionality. https://challengingbehavior.cbcs.usf.edu/Training/Webinar/archive/2019/11-18/2019-11-18_Keeping-Children-in-School.html

National Center for Pyramid Model Innovations. (2019). Within the Framework Webinar: The Pyramid Model Goes to Family Child Care Homes. https://challengingbehavior.cbcs.usf.edu/Training/Webinar/archive/2019/08-19/2019-08-19_Family-Child-Care-Homes.html

National Center for Pyramid Model Innovations. (2018). Unpacking Coaching Webinar: The Power of Practice-Based Coaching in Supporting Early Educators' Use of the Pyramid Model. https://challengingbehavior.cbcs.usf.edu/Training/Webinar/archive/2018/07-16/2018-07-16_The-Power-of-Practice-Based-Coaching.html

National Center for Pyramid Model Innovations. (n.d.). Modules and Kits for Trainers. https://challengingbehavior.cbcs.usf.edu/Training/Module/index.html

Smith, B. J., Fox, L., Strain, P., Binder, D. P., Bovey, T., Jones, A., et al. (2018). Statewide Implementation Guide. https://ectacenter.org/sig

Smith, B. J., Dell, P., & Fox, L. (2018). Pyramid Model State Leadership Team Guidance for Preventing the Use of Suspension and Expulsion and Promoting Equitable, Inclusive, and Culturally Responsive Practice. https://challengingbehavior.cbcs.usf.edu/docs/LeadershipTeam_Guidance_State.pdf

von der Embse, M., Nemec, A. Vorhaus, E., Fox, L., Ferro, J. Hemmeter, M. L., et al. (2019). Program Leadership Team Guide: Implementing Practice-Based Coaching within the Pyramid Model. https://challengingbehavior.cbcs.usf.edu/docs/LeadershipTeam_PBC_Guide.pdf

Non-Federal Technical Assistance Resources

Pyramid Model Consortium ePyramid online learning modules. Online professional development program offers several courses in Pyramid Model practices including: (a) Infant/Toddler ePyramid Modules; (b) Preschool ePyramid Modules; (c) Birth to Five ePyramid Modules; (d) Trauma-informed care and the Pyramid Model; (e) Wellness: Taking care of yourself; and (f) Culturally responsive practices to reduce implicit bias, disproportionality, suspension, and expulsion. https://www.pyramidmodel.org/services/online-training/

Pyramid Model Consortium offers training and technical assistance in state capacity-building, program capacity-building, and training workshops. https://www.pyramidmodel.org/services/all-services/

Appendix G. IECMHC Resources

ECMHC and the Early Childhood System

This resource provides an overview of how IECMHC fits within a larger early childhood system. It offers information on the different components of an integrated IECMHC approach and identifies important strategic partner.

Illinois's Approach to Building and Sustaining IECMHC
This brief focuses on how Illinois has utilized multiple funding sources and strategic partnerships across the state to build IECMHC into numerous early childhood systems. Lessons learned and action steps are provided.

Financing IECMHC Efforts

Funding IECMHC: Lessons Learned from Arkansas's Project PLAY
This resource provides an overview of Project PLAY, the statewide IECMHC program in Arkansas. Financing lessons learned are presented including information on the use of a pilot project, building infrastructure, and partnerships.

IECMHC Funding Tip Sheet: Engaging Foundations
This tip sheet was designed to assist IECMHC programs plan for applying for financial support from foundations. Information is provided on the process of applying for a foundation grant, what foundations typically are interested in, and how a program can be prepared to respond quickly to these funding opportunities.

Empirical Studies on IECMHC Programs

What Works (2009)
This seminal reports summarizes the results of a mixed methods study that focused on six effective IECMHC programs in early care and education settings. A conceptual framework was developed that continues to influence the design of IECMHC programs nationally.

What's Working (2018): IECMHC and Family Friend and Neighbor Care
This report summarizes work done through a grant from the Robert Wood Johnson Foundation to the Georgetown University Center for Child and Human Development in 2018 to explore the role that IECMH consultants can play to support Family, Friend and Neighbor providers.

IECMHC and the Pyramid Model

Understanding Infant and Early Childhood Mental Health Consultation and the Pyramid Model: How do these approaches fit together and how are they different?
This resource was completed as part of the Center of Excellence for IECMHC, Phase 1. Many programs have both IECMH consultants and Pyramid coaches working together or in parallel. This brief provides information on how consultation and coaches fit together and highlights important differences.

All Hands on Deck: Partnering with Infant and Early Childhood Mental Health (IECMH) Consultants to Implement the Pyramid Model
This product was created by the National Center for Pyramid Model Innovations to explore the relationship between IECMH consultants and Pyramid Model coaches. The focus is on how consultants can support coaches in early childhood settings.

Designing an IECMHC Program

Developing and Implementing a Program-wide Vision for Effective Mental Health Consultation
This in-depth guide provides guidance and support for early childhood program administrators with respect to ensuring IECMHC in implemented in coordination with a wide vision for the center. It includes specific guidance on programmatic elements of IECMHC from hiring to supporting consultants.

Designing an IECMHC Program: Four Essential Building Blocks (Accompanying Worksheet)
Designing an IECMHC program is complicated and requires careful planning through a coordinated team of stakeholders. These two parallel resources simplify the design of IECMHC programs into four building blocks and provides guidance for how to explore each of these areas. A worksheet was created to help programs assess what has been completed and track progress.

Sample Needs Assessment
Conducting a needs assessment with stakeholders is a crucial first step in designing an IECMHC program. This resource provides a comprehensive overview and template of the necessary areas for data collection to complete a needs assessment specific to IECMHC program development.

The Georgetown Manual for School-Based Early Childhood Mental Health Consultation Services
This manual describes a framework to the provision of ECMHC in school settings. Georgetown University Center for Child and Human Development articulated this framework for ECMHC as implemented in a pilot program in a DC charter school for Pre-K 3- and 4-year-old classrooms. ECMHC services are organized into phases and described at multiple levels: child-/family-focused, classroom-focused, and programmatic consultation. The Appendix contains foundational materials describing the GU practice-based principles for ECMHC as well as tools to gather ECMHC data on children and classrooms. This document is intended as a resource that could aid other programs in the development of their manuals, though program manuals go beyond this content to also include site-specific implementation details.

A Day in the Life of an Early Childhood Mental Health Consultant
This resource contains a series of real-life vignettes that describe the different phases of the work that an MHC may encounter in the course of an average day. Reflective questions are included that make this a great resource for onboarding a new consultant.

Appendix H. General Social and Emotional Wellness Resources

Federal Technical Assistance Resources

Administration for Children and Families, Substance Abuse and Mental Health Services Administrations, Administration for Community Living, Offices of the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation. (n.d.). *Resource Guide to Trauma-Informed Human Services*. U.S. Department of Health and Human Services. https://www.acf.hhs.gov/trauma-toolkit

Administration for Children and Families. (n.d.). Resources Specific to Early Childhood Programs. U.S. Department of Health and Human Services. https://www.acf.hhs.gov/trauma-toolkit/early-childhood-programs

Administration for Children and Families. (n.d.). Resources Specific to Early Childhood Programs. U.S. Department of Health and Human Services. https://www.acf.hhs.gov/trauma-toolkit/early-childhood-programs. This resource is a compilation of issue briefs, information memoranda, webinars, and websites regarding trauma-informed care in early childhood programs.

Administration for Children and Families. (n.d.). *Resources Specific to Early Childhood Programs*. U.S. Department of Health and Human Services. https://www.acf.hhs.gov/trauma-toolkit/early-childhood-programs

Center for Early Childhood Mental Health Consultation. (n.d.) Taking Care of Ourselves: Stress and Relaxation. https://www.ecmhc.org/relaxation.html. This resource includes several tools for caregivers to help reduce stress.

Center for Early Childhood Mental Health Consultation. (n.d.). *Recognizing and Addressing Trauma in Infants, Young Children, and Their Families*. https://www.ecmhc.org/tutorials/trauma/mod1_0.html. This resource is a tutorial consisting of five modules related to trauma and infants, toddlers, and young children.

Center on the Social Emotional Foundations for Early Learning. (2011). PIWI: Parents Interacting with Infants. U.S. Department of Health and Human Services, Administration for Children and Families. http://csefel.vanderbilt.edu/resources/piwi/PIWI%20Script%20w%20cover%20and%20agenda.pdf#:~:text=The%20PIWI%20Philosophy%20has%203%20sections%2C%20covering%20beliefs,phrases%20that%20they%20think%20best%20captures%20its%20meaning.

Centers for Disease Control and Prevention. (2020). Coping with Stress. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html. This resource includes strategies to help adults and children cope with stress during an infectious disease outbreak.

Centers for Disease Control and Prevention. (2020). Coping with Stress. U.S. Department of Health and Human Services. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html

Centers for Disease Control and Prevention. (2020). *Infographic: 6 guiding principles to a trauma-informed approach*. U.S. Department of Health and Human Services. https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Centers for Disease Control and Prevention. (2020). *Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children*. U.S. Department of Health and Human Services. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschools-childcare%2Ftalking-with-children.html

Centers for Disease Control and Prevention. (n.d.). Infographic: 6 Guiding Principles to a Trauma-Informed Approach. https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm. This infographic provides an overview of a trauma-informed approach.

Child Care State Capacity Building Center. (2016). *The health and wellbeing of infant/toddler professionals: A need for compassion and commitment*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. https://scpitc.org/wp-content/uploads/2016/04/160216_SCBC_PPT_SC_Pitc_caregiver_wellness_final.pdf

Child Care State Capacity Building Center. (n.d.). The Health & Wellbeing of Infant/Toddler Professionals: A Need for Compassion and Commitment. U.S. Department of Health and Human Services, Administration for Children and Families. https://scpitc.org/wp-content/uploads/2016/04/160216_SCBC_PPT_SC_Pitc_caregiver_wellness_final.pdf. This PowerPoint slide deck highlights the need for workforce well-being and includes strategies to achieve this goal.

Harden, B. J. (2015). *Services for Families of Infants and Toddlers Experiencing Trauma*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/sites/default/files/opre/opre_nitr_brief_v07_508_2.pdf. This research-to-practice brief focuses on the impacts of trauma on infants and toddlers and how child care providers can support families.

Harden, B. J. (2015). Services for Families of Infants and Toddlers Experiencing Trauma: A Research-to-Practice Brief. Brief prepared for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/opre/opre_nitr_brief_v07_508_2.pdf

Head Start Early Childhood Learning and Knowledge Center. (2018). *Program Approaches for Staff Wellness*. [Video]. U.S. Department of Health and Human Services, Administration for

Children and Families, Office of Head Start. https://eclkc.ohs.acf.hhs.gov/video/program-approaches-staff-wellness

Head Start Early Childhood Learning and Knowledge Center. (2020). *COVID-19 and the Head Start Community: Mental Health and Wellness*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/mental-health-wellness

National Center on Pyramid Model Innovation. (n.d.) Emergencies and National Disasters: Helping Children and Families Cope. https://challengingbehavior.cbcs.usf.edu/emergency/index.html. This resource includes information to support children and families during national disasters, including the COVID-19 pandemic.

Office of Child Care. (2018). *Program Approaches for Staff Wellness*. https://eclkc.ohs.acf.hhs.gov/video/program-approaches-staff-wellness. This 1-hour webinar describes the importance of providing opportunities for staff wellness.

Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., & Ortuzar, C. (2020). *Supporting Social Emotional and Mental Health Needs of Young Children Through Part C Early Intervention: Results of a 50-State Survey*. National Center for Children in Poverty, Bank Street Graduate School of Education. https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf

Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., & Ortuzar, C. (2020). *Supporting Social Emotional and Mental Health Needs of Young Children Through Part C Early Intervention: Results of a 50-State Survey*. National Center for Children in Poverty, Bank Street Graduate School of Education. https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. https://s3.amazonaws.com/static.nicic.gov/Library/028436.pdf

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, Office of Planning and Innovation. https://s3.amazonaws.com/static.nicic.gov/Library/028436.pdf

The National Child Traumatic Stress Network. (2011). *Trauma and Families: Fact Sheet for Providers*. https://www.nctsn.org/resources/trauma-and-families-fact-sheet-providers. This resource offers providers information about trauma and ways providers can support families experiencing traumatic stress.

Non-Federal Technical Assistance Resources

Center for Early Childhood Mental Health Consultation. (n.d.). *Building trauma informed services*. https://www.ecmhc.org/tutorials/trauma/mod4_10.html

Creating Trauma-Informed Systems, by the National Child Traumatic Stress Network. Web page that provides a definition of a trauma-informed child and family service system.

The National Child Traumatic Stress Network. (n.d.). *Creating trauma-informed systems*. https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems

Appendix I. Federal Technical Assistance

The Office of Child Care supports states, territories and tribes in various ways. Among the most important is our training and technical assistance network. ACF's Early Childhood Training and Technical Assistance system offers CCDF Administrators information, tools, training, and other supports. The system brings together resources from child care, Head Start, and our health partners, and focuses on ensuring that all early childhood systems and programs have access to the highest quality materials. Tools and resources can be found on the Child Care Technical Assistance website and the Head Start Early Childhood Learning & Knowledge Center.

The Center of Excellence for Infant and Early Childhood Mental Health Consultation
https://www.iecmhc.org/

The National Center for Pyramid Model Innovations
https://www.ChallengingBehavior.org

The National Center on Afterschool and Summer Enrichment
ncase@edc.org

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

The National Center on Health, Behavioral Health, and Safety
health@ecetta.info

The National Center on Tribal Early Childhood Development
nctecd@ecetta.info

The State Capacity Building Center Infant Toddler Specialist Network
CapacityBuildingCenter@ecetta.info