ZERO TO THREE
Early connections last a lifetime

Early Childhood Mental Health Consultation

Policies and Practices to Foster the Social-Emotional Development of Young Children

ZERO TO THREE
Early connections last a lifetime

Executive Summary

Healthy social-emotional development in young children paves the way for mental health in adulthood. However, Walter Gilliam's 2005 research dramatically showed that many young children were not developing these competencies. In fact, Gilliam showed that preschoolers were being expelled or suspended from their early childhood setting at an alarming rate (Gilliam, 2005). Equipped with this information, states have begun looking for new and innovative ways to reverse this trend. Early childhood mental health consultation (ECMHC) is emerging as an effective strategy to help young children and their families increase social and emotional health while decreasing challenging behavior (Duran et al., 2009). This paper provides an overview of ECMHC, current issues, and possible future directions.

ECMHC is a preventative intervention that places ECMH consultants in early childhood settings to build social-emotional competence in programs and classrooms. Consultants also partner with families to address a child's individual needs and/or provide information, training, and resources to all families. According to Cohen and Kaufmann (2005),"Early childhood mental health consultation aims to build the capacity (improve the ability) of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 6 and their families" (p. 15). This indirect approach of building capacity of a young child's caregivers and families is a departure from traditional one-on-one therapeutic mental health services. The consultation services are voluntary and offered at no cost to the program or to the family. The delivery of services can be child-focused, classroom-focused, or program-focused consultation.

This paper draws upon the research completed by Georgetown University Center for Child and Human Development's (GUCCHD) report, *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs* (Duran et al., 2009). This paper also provides a snapshot of current programs across the nation, highlighting some of the challenges and innovations that are shaping the field.

Key Findings

Best Practices and Research: GUCCHD's research focused on three pathways to obtain a national view of ECMHC—conducting site visits across the nation, gathering information from a national scan, and receiving feedback from an expert panel. Taken together, the research identified core program components that lead to positive outcomes. These components are building a solid program infrastructure, recruiting and hiring highly qualified consultants, and providing high-quality services. The catalysts of creating and maintaining positive relationships and a program's readiness for ECMHC spur the core components on to achieve positive outcomes for children, families, staff, and programs (Duran et al., 2009).

The research base has produced some outcome data on children, staff, programs, and families.

Child Outcomes

- Decreased problem behaviors, especially externalizing ones
- Decreased numbers of children expelled for behavior
- Greater gains in socialization, emotional competence, and communication
- Improved social skills and peer relationships

Staff Outcomes

- Improved self-efficacy for staff
- Increased confidence working with children
- Reduction in teacher stress levels
- Increased teaching skills and communication with families
- Increased sensitivity when working with children
- Increased involvement with parents

Program Outcomes

- Reduced staff turnover
- Increased shared philosophy of mental health (when consultants were seen as a partner)
- Inconsistent findings on improved classroom environments

Family Outcomes (fewer studies included measures of family outcomes)

- Increased access to mental health services
- Improved communication with staff
- Improved parenting skills
- Inconsistent findings on parenting stress

Even though these results are promising, more randomized control trials are needed to deepen the research base and to begin answering some of the remaining questions on ECMHC's effectiveness. GUCCHD's research identified the following questions:

- What level of intervention intensity is needed to produce good outcomes?
- What are the best service models?
- What types of activities are most important for the consultant to provide?
- Which outcomes should be targeted, and how should these be measured?
- What is the longitudinal impact?
- What is the cost-benefit of ECMHC?

These unanswered questions have made it difficult to pinpoint the specific features of ECMHC that are necessary to achieve positive outcomes. Until these questions can be answered, there will continue to be wide variability in implementing ECMHC. This will ultimately slow the expansion of the field as an evidence-based practice (Duran et. al, 2010).

State Profiles: This paper profiles 13 states. The paper is not meant to be a comprehensive list of states' ECMHC programs; rather, it is meant to serve as a sampling of what states are doing. The state profiles underscore the variability of how ECMHC programs are funded, managed, implemented, and staffed.

Funding and Management Responsibility

Funding sources can include the Child Care and Development fund, state general revenue funds, and mental health funds. The majority of the states profiled use multiple funding sources to finance their ECMHC programs. The lead or coordinating agency for ECMHC programs varies by state as well. The majority of state programs are administered by their Department of Human Services, Early Care and Education Department, or Department of Education. The duties of managing the program are handled in-house, are contracted out to a nonprofit or educational institution, or are distributed through regional entities or the release of a competitive procurement.

Consultation Services

Generally speaking, all the states provide very similar activities for child/family, classroom, and program consultation. Because of the individualized nature of the consultation, the length of services vary in most programs. ECMHC programs frequently contend that the service is complete when the goals are met. However, some programs do have general guidelines for the length of consultation. States have combined evidence-based resources and frameworks with their ECHMC programs. Some of the most common pairings are the Pyramid Model, reflective supervision/practice, Incredible Years, Motivational Interviewing, and Facilitating Attuned Interactions.

Program Reach

The majority of states focus on providing services to licensed child care centers and, to a lesser degree, to family child care homes. This stands to reason given that ECMHC grew out of state response to the increase in expulsions and suspensions of young children in their early care and education settings. Although child care centers are the most common target audience, many states have broadened their focus to include other early learning environments. ECMHC services are becoming available in such diverse settings as home visiting, Head Start/Early Head Start, child welfare, Part C Early Intervention, primary care, local education agencies, and as a form of outreach to the community.

Qualifications

Most states require that the consultants have a master's degree in social work, early childhood, psychology, counseling, or other related field. In addition to the educational requirement, ECMHC programs require extensive knowledge, experience, and skill in early childhood development, working collaboratively in a group setting, and working with young children and their families (Duran et al., 2010).

Considerations

There are many considerations that need to be fully vetted to create a successful program. Considerations around system infrastructure, funding streams, workforce development, consultation delivery, best practices, evaluation, and realistic expectations are important to think through as a state plans to implement ECMHC.

Conclusions

ECMHC is increasingly becoming a proven strategy to develop social-emotional competencies in young children. Positive outcomes for children, staff, and programs have been attributed to ECMHC services. However, more research is needed in this field to begin identifying specific components that are critical in achieving successful outcomes. As states continue to create, implement, and expand these services, ECMHC has the potential to transform professionals' approach to mental health for young children and their families.

Section I:

Introduction

Healthy social-emotional development for young children provides a solid foundation for school readiness and other positive long-term outcomes (Duran et al., 2010; National Research Council & Institute of Medicine, 2000; Raver & Knitzer, 2002; Thompson & Raikes, 2007). Most children successfully progress in their development and become socially and emotionally competent. However, some children need additional support in managing behaviors, building healthy relationships, and regulating emotions.

Early care and education (ECE) providers are becoming increasingly concerned with the growing number of children who are presenting with severe and challenging behaviors (Duran et al., 2009). This concern, coupled with the limited training most ECE providers receive on how to foster children's social-emotional growth, has led to preschoolers being suspended or expelled from early childhood settings at an alarming level. This increased rate of expulsion (Gilliam, 2005) for preschoolers has gained national attention. In 2014, the United States Department of Education Office for Civil Rights revealed that more than 5,000 preschoolers were suspended at least once during that school year—with African American boys being at disproportionate risk (U.S. Department of Education Office for Civil Rights, 2014). Research has also provided some insight into what may reverse this trend. Access to mental health consultation is associated with lower rates of preschool expulsion (Gilliam & Shahar, 2006).

Two federal initiatives have helped propel early childhood mental health consultation (ECMHC) into the national spotlight. Both Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) and Race to the Top–Early Learning Challenge (RTT-ELC) have provided funding opportunities for states, communities, and tribal nations to begin implementing ECMHC. The success of both of these initiatives served as a catalyst to expand and replicate these programs.

What Is ECMHC?

ECMHC is emerging as an effective strategy to help young children and their families increase social-emotional health while decreasing challenging behavior (Duran et al., 2009). ECMHC is a preventative intervention that places ECMH consultants in early childhood settings to increase social-emotional competence in programs and classrooms. Consultants also partner with families to address a child's individual needs and/or provide information, training, and resources to all families. According to Cohen and Kaufmann (2005), "Early childhood mental health consultation aims to build the capacity (improve the ability) of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 6 and their families" (p. 15). This indirect approach of building capacity of a young child's caregivers and families is a departure from traditional one-on-one therapeutic mental health services. The consultation services are voluntary and offered at no cost to the program or to the family.

This strategy uses a variety of services:

- Child–focused consultation
- Classroom–focused consultation
- Program-focused consultation

Generally speaking, *child-focused consultation* is needed when a specific child's behavior is of concern to parents and/or teachers/caregivers. The consultant's role in this situation may be to facilitate the development of an individualized plan for the child. In *classroom-focused consultation*, the consultant works with a teacher/caregiver to increase the level of social-emotional support for all the children in the class. This can occur through observations, modeling, and sharing of resources and information. Directors and administrators are supported by the consultant in *program-focused consultation*. In this scenario, the focus may be on policies and procedures to benefit all children and adults in the program (The RAINE Group, 2014).

Within these consultation approaches is an array of mental health services and supports that can be provided concurrently. The continuum of promotion—prevention—intervention ensures a comprehensive approach. Section II will describe how some states embed this continuum into the *Pyramid Model for Promoting the Social Emotional Competence of Infants and Young Children* developed by Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention (TACSEI). Providing consultation services across various settings in a young child's environment is emerging as a successful approach to address challenging behaviors and to promote social-emotional competence.

States' Responses

Across the nation, states are increasingly investing in ECMHC. Due to the relationship-based nature of this approach, the consultants can individualize accordingly to meet the distinct and diverse needs of the program and the child and family. However, because this strategy does not have a defined curriculum or a prescribed set of steps and activities, implementation of ECMHC looks a little different in each state (Duran et al., 2010). Differences include the experience and education of the consultants, frequency and duration of the consultant's time, and financing of the program. There is also wide variability in the settings where the consultation can occur. The majority of ECMHC programs occur in Early Head Start and Head Start programs, child care centers, and family child care homes.

It is important to note that there are pockets of programs that serve caregivers and families not only in the traditional settings as described above but also in very diverse settings. Arkansas' Project PLAY provides training to child welfare partners (child welfare staff, foster parents, attorneys and judges) about the importance of quality and stability of child care for foster children. The Early Childhood Consultation Partnership (ECCP®) in Connecticut also provides consultation services in foster care, kinship care homes, substance abuse residential facilities, and community resource centers.. The Instituto Familia de la Raza, an early intervention program in San Francisco, serves settings that have a high percentage of at-risk Latino children and low-income families, including a nonprofit program that serves homeless children. The Early Childhood Mental Health Consultation Project in Maryland also serves foster care providers and grandparents. In Illinois, consultation services are made available to staff and programs within the Early Intervention (Part C) system. Many states such as Illinois, Louisiana, and Virginia have incorporated ECMHC into their home visiting program. These programs offer consultation services to program supervisors and home visitors as well as children and families. Section III will provide more in-depth state profiles.

Federal Response

In 2014, the U.S. Departments of Health and Human Services and Education issued a policy statement on expulsion and suspension policies in early childhood settings. The importance of ECMHC is referenced throughout this document stating that "...all program staff should have a strong set of skills; equally essential, however, is ensuring that they have access to additional support from specialists or consultants, such as early childhood mental health consultants...." (U. S. Department of Health and Human Services and U. S. Department of Education, 2014, p. 7). The policy statement also encourages states to leverage funding streams to provide access to ECMHC for early learning programs.

In the fall of 2015, the Administration for Children and Families (ACF) released an informational memorandum to state, territorial, and tribal lead agencies administering child care programs under the Child Care and Development Block Grant (CCDBG) Act. This memo focused on state policies to promote social-emotional and behavioral health of young children. The intent was for lead agencies to use the recommendations provided while preparing the Child Care and Development Fund (CCDF) state plans. Among the guidance offered by the memo was to establish a statewide ECMHC system by leveraging federal, state, and private funding. Other recommendations included establishing a statewide system of age-appropriate Positive Behavior Intervention and Supports (PBIS), establishing expulsion and suspension policies, and including social-emotional indicators in states' quality rating frameworks. This memorandum is meant as guidance and not a mandate, encouraging child care lead agencies to consider these policy recommendations as state plans are developed (Log No: CCDF-ACF-IM-2015-01, Issuance Date: September 8, 2015; Originating Office: Office of Child Care).

In October 2015, the U.S. Department of Health and Human Services launched the National Center of Excellence in Infant and Early Childhood Mental Health Consultation with a 4-year, $6 million grant. This Center of Excellence (CoE) was born out of a 2-day meeting on ECMHC in September 2014. Representatives from across the nation met to answer key questions: (a) What is ECMHC and why is it worth investing in?; and (b) What is ECMHC's unique value to ECE systems and home visiting programs? The recommendations and information garnered from this meeting were then shared with federal partners on the last day. This convening of experts paved the way for the creation of the CoE. The mission of the CoE is to build strong, sustainable mental health consultation systems across the country.

The CoE's goals are to:

- Promote social-emotional and behavioral development
- Improve children's social skills and adult-child relationships
- Reduce challenging behaviors, expulsions, and suspensions
- Increase family-school collaboration
- Increase classroom quality
- Reduce teacher stress, burnout, and turnover

Areas of focus for the CoE include:

- Racial disparity and inequity
- ECMHC models in home visiting, tribal communities, and ECE
- Core competencies of ECMHC consultants
- Policy
- Messaging
- Financing/funding

- Research/evaluation
- Economic assessment/cost-benefit analysis

Three agencies within the U.S. Department of Health and Human Services are partnering to support this new CoE: the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and ACF. Led by SAMHSA, these agencies have contracted with Education Development Center, Inc., to be the project lead agency and GUCCHD to be a project partner. The CoE is in the beginning stages of this work but will focus on three major activities:

- Convening a national Expert Workgroup to develop a multipurpose toolkit to support adoption, implementation, and infrastructure-building
- Creating and disseminating the toolkit to states, tribes, and communities
- Providing intensive training and technical assistance to 12–15 states and tribes

The remainder of the paper will delve more deeply into ECMHC programs. Section II will discuss best practices and research. Section III will highlight some states and provide concrete examples of how they are implementing ECMHC programs. Finally, Section IV will pose some guiding questions for states to consider in designing and creating their ECMHC program.

Section II:

Best Practices and Research

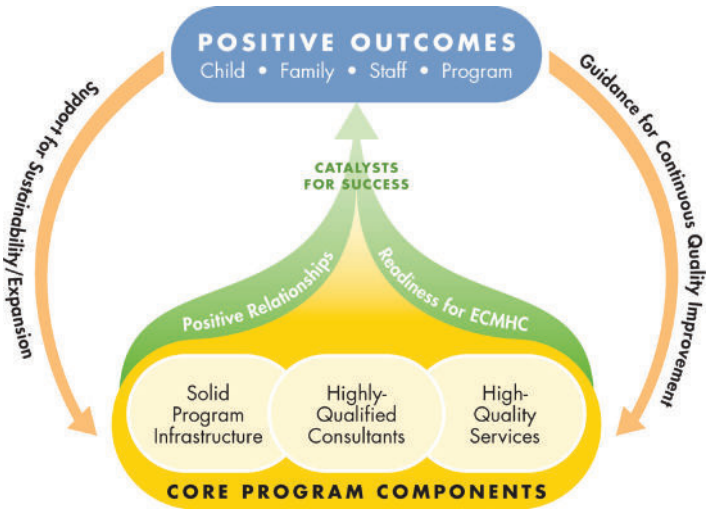
As ECMHC has become more widespread, so has the need for data-driven information to help states and communities design effective consultation programs that produce positive outcomes for children, families, staff, and programs. There is some movement not to "reinvent the wheel" but rather to look to states that have been successful in implementing ECMHC. For example, Connecticut's ECCP program (which is available for licensing- replication) is piloted in Nassau County New York in partnership with Docs for Tots of NYC and the Child Care Resource and Referral Agency (CCRR) in Nassau. This program was made possible by using supplemental funding made available after Super Storm Sandy. Regardless of whether an existing program is replicated or a new program created, it is important to consider best practices of effective ECMHC services.

Core Components of Effective ECMHC Programs

GUCCHD produced its seminal report *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs* (Duran et al., 2009). The following is a recap of lessons learned and insights gleaned from their research.

The GUCCHD team used a combination of making site visits across the nation, gathering information from a national scan, and receiving feedback from an expert panel to find common core elements of effective programs. The framework (see Figure 1) illustrates the components, catalysts, guidance, and support needed to promote positive outcomes.

Figure 1: GUCCHD's Framework for Effective ECMHC Programs



The three main core components include: a solid program infrastructure, highly qualified consultants, and high-quality services. The following lists some of the key points under each component.

Solid Program Infrastructure

- Strong leadership
- Clear model design
- Strategic partnerships
- Evaluation
- Financing
- Community outreach and engagement

Highly Qualified Mental Health Consultants

- Knowledge
  - Typical and atypical child development
  - Cultural and linguistic competence
  - Infant-early childhood mental health
  - Best practices in ECMH
  - Service systems and community resources
- Skills and experiences
  - Work at multiple levels (group, one-on-one, children, adults, etc.)
  - Communicate effectively
  - Develop targeted and individualized strategies
  - Build strong, healthy relationships

High-Quality Services

- Include all types of consultation (child-focused, classroom-focused, and program-focused consultation)
- Provide an array of services/activities
  - Information-gathering
  - Provider/family education and emotional support
  - Linkages to other services as needed

In addition to the core components, two catalysts were identified as necessary to achieve positive outcomes: positive relationships and readiness for ECMHC. Due to the collaborative nature of ECMHC, a strong, trusting, and positive relationship is critical between consultant and consultee. Readiness factors for programs and staff include openness to gaining new skills and knowledge. Taken together, the components and catalysts promote positive outcomes, which then drive continuous quality efforts and support sustainability and expansion opportunities (Duran et al., 2009).

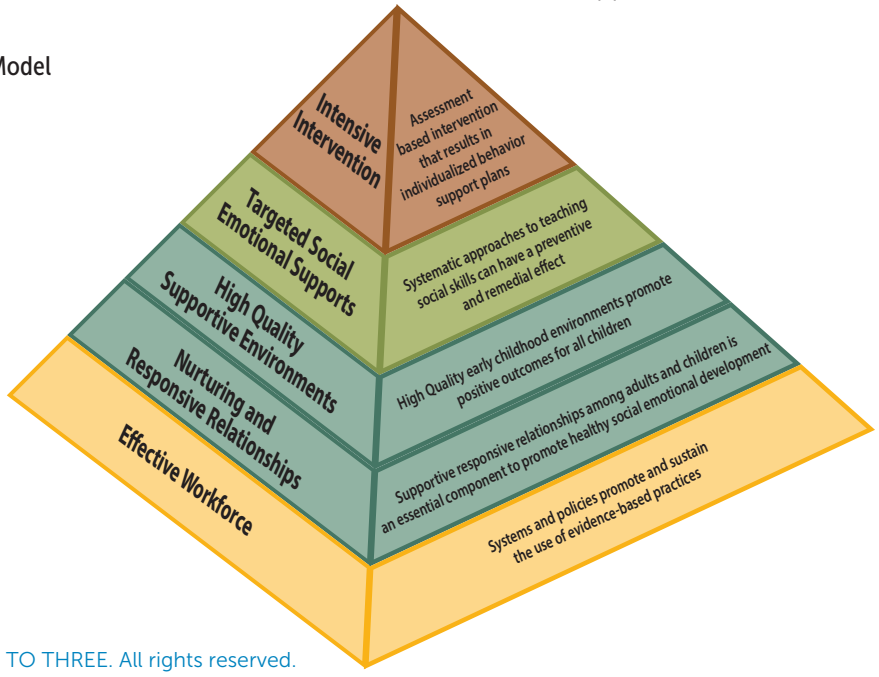
Promotion–Prevention–Intervention Continuum

ECMHC is most effective when its services are offered through a comprehensive approach that spans a continuum. The public health continuum of promotion—prevention—intervention offers an inclusive methodology that targets all areas. Promotional activities are universal for all children and staff. These activities are designed to strengthen positive social-emotional health and foster positive relationships. Prevention activities are geared toward children who are at risk for social-emotional or behavioral problems. Activities can include targeted training and supports to meet the needs of the children at risk. Intervention activities are designed for individual children who may be struggling with challenging behavior (Duran et al., 2009). In this situation, the consultant may facilitate the development and implementation of an individualized behavior support plan. It is important to reiterate that the consultant does not provide the intervention but rather supports all the caregivers in a child's life to follow the agreed-upon plan of action. All levels of consultation-focused services (child, classroom, and program) can be addressed concurrently.

Many states such as Arkansas, Maryland, Massachusetts, and North Carolina offer trainings to support teachers in strengthening their classroom practices at all levels of the Pyramid (See Figure 2). The *Pyramid Model for Promoting the Social Emotional Competence of Infants and Young Children* developed by CSEFEL at Vanderbilt University has been called the "companion" to the continuum by providing a framework for organizing activities along the mental health continuum (Duran et al., 2010). Funding for CSEFEL and TACSEI ended in 2012; however, the two websites (including products and resources) are still accessible. The Pyramid Model Consortium is a nonprofit organization that was created to continue the work of the Pyramid Model. Their mission is "to promote high fidelity use of the Pyramid Model for supporting social emotional competence in infants and young children." Much of their work still centers on providing training and technical assistance to states. As of FY16, all ECMHC programs in Massachusetts incorporated the Teaching Pyramid Observation Tool (TPOT) and the Devereux Early Childhood Assessment into their service delivery model.

The Pyramid Model framework and resources are sustained through the Pyramid Consortium. The model itself has not changed. The base of the pyramid focuses on nurturing and responsive relationships and high-quality supportive environments for all children (promotion). The middle tier represents targeted social-emotional supports (prevention), and the top of the pyramid is intensive intervention (intervention). The base of the pyramid is an effective workforce that is well-trained on best practices in young children's social-emotional development. The Pyramid Model uses trained Pyramid coaches to maintain fidelity to the model. ECMH consultants can either serve as the coach or as a support to the coach.

Figure 2: The Pyramid Model



Positive Behavior Support is the umbrella term used to describe all the behavior interventions that are implemented within a program or classroom. PBIS and the Pyramid Model are two interventions that fall under this umbrella. PBIS arose out of the 1997 reauthorization of the Individuals With Disabilities Education Act (IDEA). Individual schools and school districts implement PBIS. The implementation of this strategy in ECE settings is in a state of semantic flux. Terminology such as Program-Wide Positive Behavior Supports, Early Childhood Positive Behavior Supports, and Pyramid Model have all been used interchangeably. They describe a multitier approach that promotes social and academic success. This comprehensive approach is used to provide intensive individualized interventions to children with challenging behavior (the top tier of the Pyramid, intervention) and is also used to provide program-wide promotion and prevention strategies. Regardless of which term is used, the goal is to provide the supports needed for young children to achieve basic lifestyle goals while reducing the challenging behavior that might impede those goals. To successfully implement this approach throughout a program, it is essential that each of the following components are implemented (Carter and Van Norman, 2010):

- Leadership team
- Staff buy-in from all staff
- Family involvement
- Program-wide expectations
- Classroom implementation of the Pyramid Model
- Staff professional development
- Behavior support procedures
- Data-based decision-making

Value-Added Components

Some states and communities have added complementary pieces to their ECMHC programs. Two of these complementary practices are described below.

Reflective Supervision: Reflective supervision is the regular collaborative reflection between a service provider and supervisor with an emphasis on relationship-building. The central focus of the interaction is the emotions/feelings and reactions around the provider's work. The work of an ECMH consultant can be very isolating due to the itinerant nature of the work; it can also be very intense and draining. States, including California, Kentucky, Louisiana, and Michigan, and communities, such as San Francisco, are using reflective supervision to mitigate the effects of the intensity of this work (Duran et al., 2010).

Early Childhood Mental Health Curricula: Some consultation programs are combining consultation services with other early childhood mental health curricula. The two most common curricula used are The Incredible Years (www.incredibleyears.com) and Second Step (www.cfchildren.org). The Incredible Years is a series of evidence-based programs that target parents, teachers, and children. Their goal is to "promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children" (The Incredible Years, 2013). Parents learn appropriate responses to children's needs, while teachers develop ways to improve environments and relationships in the classroom. Second Step is a violence prevention curriculum designed to increase social competence in children. Consultation programs in California and North Carolina are using these integrated approaches with some positive results on environment and child behavior (Duran et al., 2010).

STATE HIGHLIGHT

In February 2016, Ohio announced a $9.1 million award to strengthen their Early Childhood Mental Health services. A portion of this funding is reserved to establish a centralized intake hotline to prevent preschool exulsion. Critical elements of this system include:

- Dedicated to preschool and kindergarten teachers
- Ability to call for an in-person consultation
- Immediate access to strategies and resources

This system is designed to triage providers' concerns around children exhibiting challenging or concerning behaviors.

Research on Outcomes

The research base for ECMHC has grown substantially (Brennan, Bradley, Allen, et al., 2011). The current evidence base has produced some outcome data on children, staff, programs, and families.

Child Outcomes

- Decreased problem behaviors, especially externalizing ones
- Decreased numbers of children expelled for behavior
- Greater gains in socialization, emotional competence, and communication
- Improved social skills and peer relationships

Staff Outcomes

- Improved self-efficacy for staff
- Increased confidence working with children
- Reduction in teacher stress levels
- Increased teaching skills and communication with families
- Increased sensitivity when working with children
- Increased involvement with parents

Program Outcomes

- Reduced staff turnover
- Increased shared philosophy of mental health (when consultants were seen as a partner)
- Inconsistent findings on improved classroom environments

Family Outcomes (fewer studies included measures of family outcomes)

- Access to mental health services
- Improved communication with staff
- Improved parenting skills
- Inconsistent findings on parenting stress

The majority of these findings have been from state evaluations where there are a wide variety of measurement tools, with most using teacher and/or parent report. Notably, Connecticut has participated in three randomized control (RCT) evaluations demonstrating the program's effectiveness. The results have been published in The Journal of the American Academy of Child & Adolescent Psychiatry (September 2016). (See Section III- State Profiles) and one pilot Infant Toddler RCT. The field needs more randomized control trials to continue to deepen the research base and to begin answering some of the remaining questions on ECMHC effectiveness (Duran et al., 2009).

According to the GUCCHD study, questions include:

- What level of intervention intensity is needed to produce good outcomes?
- What are the best service models?
- What types of activities are most important for the consultant to provide?
- Which outcomes should be targeted, and how should these be measured?
- What is the longitudinal impact?
- What is the cost-benefit of ECMHC?

These unanswered questions have made it difficult to pinpoint the specific features of ECMHC that are necessary to achieve positive outcomes. Until these questions can be answered, there will continue to be wide variability in implementing ECMHC. This will ultimately slow the expansion of the field as an evidence-based practice (Duran et al., 2010). Fortunately, evaluations are underway in the states of Arkansas, Maryland, and Michigan that may begin to answer some of these questions. Reports and publications are posted on their respective websites as they become available.

Section III

State Profiles, Cross-Site Analysis, and Core Competencies

State Profiles

For the purposes of this paper, 13 states have been profiled. This paper is not meant to be a comprehensive list of states' ECMHC programs; rather, it is meant to serve as a sampling of what other states are doing.

Table 1 provides information on:

- Agency that administers the ECMHC program
- Funding stream(s)
- Who has management responsibility for the program
- Name of the program
- Focuses of the consultation
- Service delivery area
- Providers who are eligible for consultation services
- Minimum qualifications of the consultants
- Contact information
- Website link

Table 1. Profiles of thirteen states' ECMHC programs

State	Department	Funding	Management Responsibility	Name of Program	Consultation Focus	Service Delivery Area	Providers	Minimum Consultant Qualifications	Contacts	Website(s)
Arizona	The Arizona Early Childhood Development and Health Board (later renamed to First Things First)	State Tobacco Tax and Preschool Development Grant funds	Southwest Human Development a nonprofit dedicated to early childhood development	Smart Support	Child/Family, Classroom, and Program	State available (open to all regions, but each community must vote to use Tobacco Tax dollars for early childhood mental health consultation)	Child care centers, home visiting (in voter approved regions)	Master's level	**Dr. Alison Steier**, Director, Smart Support, Southwest Human Development, asteier@swhd.org	Smart Support: www.nccp.org/projects/files/event_download_256.pdf
Arkansas	The Arkansas Department of Human Services, Division of Child Care and Early Childhood Education	Child Care and Development Fund/Quality Initiative	University of Arkansas for Medical Sciences (partners with community health centers)	Project PLAY (Positive Learning for Arkansas' Youngest) Formally known as: Arkansas Early Childhoood Mental Health Consultation Pilot Project	Child/Family, Classroom, and Program	Statewide with consultants in nine communities	Licensed child care centers (priority goes to children in foster care), Head Start, Arkansas Better Chance (ABC) programs (QRIS)	Master's level licensed or license-eligible mental health professional	**Nicola Edge**, formerly Conners-Burrow naedge@uams.edu	http://familymedicine.uams.edu/research-and-scholarly-activity-continuing-medical-education-cme/community-research-family-and-preventive-medicine/ecpd/projectplay
Colorado	The Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support	Federal funds, State funds (Colorado legislators approved spending authority in 3/2016 to double (17 to 34) the number of mental health consultant positions	The Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support	Early Childhood Mental Health Specialist (ECMHS) program	Child/Family, Classroom, and Program Other settings by request	Statewide (community mental health centers and other community based organizations)	Licensed child care centers, family child care homes, Head Start, Early Head Start, Migrant and Tribal Head Start, and preschools	Master's level	**Jordana Ash**, jordana.ash@state.co.us	http://www.coloradoof-ficeofearlychildhood.com/ecmentalhealth
Connecticut	The Connecticut Department of Children and Families (DCF), and The Connecticut Office of Early Childhood (OEC)	State dollars, Federal Preschool Development Grant (OEC), Project Launch	Advanced Behavioral Health (ABH) (a nonprofit behavioral health care company, subcontracts with community-based provider agencies)	ECCP® (Early Childhood Consultation Partnership)	Child/Family, Classroom, and Program, Community Providers	Statewide (Universal Access)	Licensed child care centers, family child care homes, Head Start, Early Head Start, private and public schools, child's home, other service locations	Master's level Clinical license preferred	**Elizabeth Bicio**, LCSW, Director Early Childhood Consultation Partnership, ebicio@abhct.com	www.eccpct.com

State	Department	Funding	Management Responsibility	Name of Program	Consultation Focus	Service Delivery Area	Providers	Minimum Consultant Qualifications	Contacts	Website(s)
Illinois	The Illinois Children's Mental Health Partnership (ICMHP) and Department of Human Services (DHS)	State funds, Part C Early Intervention funds, Maternal Infant, and Early Childhood Home Visiting (MIECHV) funds (ICMHP)	ICMHP Board and Department of Human Services	ICMHP and Part C Intervention	Child/Family, Classroom, and Program	All the programs combined have a presence throughout the state: each program individually has a select target area	Child care providers (CCR&R), Part C Early Intervention, preschools, Community Mental Health providers, home visiting program supervisors	Master's level, encouraged to earn Illinois Infant Mental Health endorsement	**Alli Schuck**, Acting Managing Director, ASchuck@voices4kids.org **Linda Delimata**, Mental Health Consultation Director, lindadelimata@hotmail.com **Delreen Schmidt-Lenz**, Part C, delreen@consolidated.net	http://icmhp.org/initiatives/earlychildconsult.html
Louisiana	The Louisiana Department of Education, The Louisiana Department of Children and Family services, The Louisiana Department of Health/Office of Public Health/ Bureau of Family Health	State, private, and federal funds: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Project LAUNCH	Tulane Institute of Infant and Early Childhood Mental Health (some of the programs are Tulane-branded)	Nurse-Family Partnership and Parents as Teachers (home visiting; funded by MIECHV), (QRIS/ TIKES), Tulane Parenting Education Program, Tulane Early Childhood Collaborative Lafayette Consultation, and Project LAUNCH	Child/Family, Classroom, and Program	All the programs combined have a presence throughout the state; each program individually has a select target area	Child care centers, Part C Early Intervention, pediatric primary care providers, home visiting teams, Family Resource Centers home visiting teams	Master's level (each consultation program has its own set of qualifications)	**Alison Boothe**, PhD, aboothe@tulane.edu **Sarah Hinshaw-Fuselier**, PhD, sarah.fuselier@la.gov **Gina Easterly,** PhD, gina.easterly@la.gov **Letia O.Bailey**, lbailey@tulane.edu **Mary Margaret Gleason**, MD, mgleason@tulane.edu **Amy Zapata**, amy.zapata@la.gov **Leslie Broughman-Freeman**, Leslie.broughmanfree-man@la.gov	www.qrslouisiana.org/child-care-providers/child-care-center-mental-health-consultation
Maryland	The Maryland State Department of Education (MSDE)	State funds	MSDE (contracts out to all 12 licensing regions to serve 24 jurisdictions)	Early Childhood Mental Health (ECMH) Consultation Project	Child/Family, Classroom, and Program	Statewide (in the 12 child care licensing regions)	Child care centers, family child care providers, Head Start/ Early Head Start, pre-k classrooms, foster care providers, grandparents, informal providers, pediatricians, family health care centers	Bachelor's degree and experience and knowledge in early childhood.	**Tresa Hanna**, Tresa.Hanna@maryland.gov	www.marylandpublic-schools.org/MSDE/divisions/child_care/program/ECMH.htm

State	Department	Funding	Management Responsibility	Name of Program	Consultation Focus	Service Delivery Area	Providers	Minimum Consultant Qualifications	Contacts	Website(s)
Massachusetts	The Massachusetts Department of Early Education and Care (EEC)	State funds	Six mental health agencies (through a competitive procurement)	ECMH Consultation	Child/Family, Classroom, and Program (some variation across regions)	Statewide	Head Start, private center-based child care, independent and system-affiliated family child care, private and public schools and out-of-school programs	Master's level clinicians	**Evelyn Nellum**, Evelyn.Nellum@state.ma.us	www.mass.gov/edu/birth-grade-12/early-education-and-care/provider-and-program-administration/early-childhood-mental-health/early-childhood-mental-health-ecmh-consultation.html
Michigan	State funds (Child Care Expulsion Prevention Program) and Race to the Top Early Learning Challenge funds (Social and Emotional Specialized Consultation)	State funds (Child Care Expulsion Prevention Program) and Race to the Top Early Learning Challenge funds (Social and Emotional Specialized Consultation)	MDHHS, Division of Mental Health Services to Children and Families and Michigan Department of Education	Child Care Expulsion Prevention (CCEP) Program and Social and Emotional Specialized Consultation	Child/Family, Classroom, and Program	Statewide (CCEP); 3 counties (Social and Emotional Specialized Consultation)	Licensed child care centers and group day care homes, registered family day care homes, and informal care providers	Master's level, required to earn Michigan IMH endorsement	**Mary Mackrain**, M. Ed, Consultant, mackrainm@michigan.gov	http://michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_7145-14785--,00.html www.michigan.gov/greatstart
North Carolina	The North Carolina Division of Child Development and Early Education	Child Care and Development Fund (CCDF)	Child Care Services Association (CCSA)	NC Infant Toddler Quality Enhancement Project	Classroom and Program only	Statewide (through QRIS system)	Early care and learning facilities	Bachelor's degree and experience and knowledge in early childhood	**Ginger Thomas**, NC Infant Toddler Enhancement Project, ginger@childcare-services.org	www.childcareservices.org
Ohio	The Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Governor's Early Childhood Education Office	State funds (initially funded by Race to the Top-Early Learning Challenge funds)	Mental Health Boards (local certified behavioral health providers receive funding for these specialized services)	Whole Child Matters: Early Childhood Mental Health (ECMH) Initiative and Ohio Partnership to prevent Preschool Expulsion	Child/Family, Classroom, and Program and centralized intake hotline	75 out of 88 counties (all counties may access the hotline)	Child care providers, Head Start, preschools and families	Bachelors with State license, Master's level preferred. ECMH Consultants must earn Ohio ECMH Credential	**Valerie Alloy**, Ph.D, valerie.alloy@mha.ohio.gov	http://mha.ohio.gov/Default.aspx?tabid=279

State	Department	Funding	Management Responsibility	Name of Program	Consultation Focus	Service Delivery Area	Providers	Minimum Consultant Qualifications	Contacts	Website(s)
Pennsylvania	The Pennsylvania Office of Child Development and Early Learning	Child Care and Development Fund and Part C Early Intervention funds	Five Regional Keys to Quality (agencies responsible for supporting early care and education practitioners in their efforts to offer quality programs)	ECMHC Program (formally known as Infant/Toddler Mental Health Project)	Child-Focused	Statewide (through QRIS system)	State-registered or certified early care and education facilities enrolled in Keystone STARS (QRIS)	Master's level	**Jennifer Murphy**, ECMH Coordinator, jenmur@Berksiu.org	www.pakeys.org/pages/get.aspx?page=Programs_ECMH www.parecovery.org/services_child.shtml#consult
Rhode Island	The Rhode Island Department of Human Services and Rhode Island Department of Health	Child Care and Development Fund Project LAUNCH, MIECHV, Race to the Top-Early Learning Challenge (ends 9/2016)	Bradley Hospital (SUCCESS); Department of Health	SUCCESS (Supporting Children's Competencies in Emotional and Social Skills) (DHS)	Child-Focused with some classroom/program level consultation	Statewide	Child care centers, Head Start, State funded pre-k, preschools (exploring expansion to family child care providers	Master's level: licensed or post-doctorate	**Rebecca Silver**, Ph.D. rebecca_silver@brown.edu **Blythe Berger**, ScD (DOH) Blythe.Berger@health.ri.gov and **Kristine Campagna** (DOH) Kristine.Campagna@health.ri.gov	Website is still being designed and created

Cross-Site Analysis

The State Profiles located in Table 1 (see previous pages) provide a quick overview of each state's ECMHC program. The cross-site analysis will delve more deeply into the states—their commonalities and differences, best practices, and strategies used in creating, implementing, and evaluating their ECMHC programs.

Administering Agency: In 2008, GUCCHD (Duran et al., 2009) sent out an online survey to both the State Children's Mental Health Director and the Early Childhood Comprehensive Systems Coordinator in all 50 states and U.S. territories. Thirty-five states and territories (65% response rate) responded to this national scan. Of those, 29 respondents affirmed the presence of ECMHC services in their state. The majority of respondents named the lead or coordinating agency for ECMHC programs as mental health (72%) and/or ECE (59%).

Of the 13 states profiled above, 8 states administer their ECMHC programs in one agency.

Department of Human Services	Arkansas
	Colorado
ECE Departments	Massachusetts
	North Carolina
	Pennsylvania
Department of Mental Health and Addiction Services (in partnership with the Governor's Early Childhood Education Office)	Ohio
Department of Education	Maryland
Arizona Early Childhood Development and Health Board (First Things First)	Arizona

Five of the states co-administer ECMHC programs. In Illinois, the MIECHV program is funded and administered through a governor-appointed board named Illinois Children's Mental Health Partnership; however, other departments are responsible for other programs and consultation to service providers under Part C is administered through the Department of Human Services. These two agencies do work in partnership with each other and have begun working on connecting all their systems together through the Mental Health Consultation Initiative. Louisiana has multiple ECMHC programs throughout the state, some are supported with federal funding, others through state or private/local funding. There is not one agency that coordinates all programs. The Michigan Department of Health and Human Services and the Department of Education administer their programs. The Connecticut Department of Children and Families is the primary funder of ECCP. However, the Office of Early Childhood administers the Federal Preschool Development Grant. Many of Rhode Island's programs are administered through the Department of Health and their SUCCESS program is under the Department of Human Services. SUCCESS coordinates and collaborates on a routine basis with the other ECMH initiatives, such as RI Project LAUNCH.

llinois Children's Mental Health Partnership	Illinois
Department of Human Services	

Department of Health Department of Children and Family Services Department of Education	Louisiana
Department of Health and Human Services, Division of Mental Health Services to Children and Families Department of Education	Michigan
Connecticut's Department of Children and Families Connecticut Office of Early Childhood	Connecticut
Rhode Island Department of Human Services Rhode Island Department of Health	Rhode Island

Management Responsibility: There is variability among the states on how the programs are managed. Some states directly manage their programs, while other states contract out these duties or have management responsibility spread out across different entities. Table 2 provides a snapshot of the types of arrangements that generally exist among the profiled states.

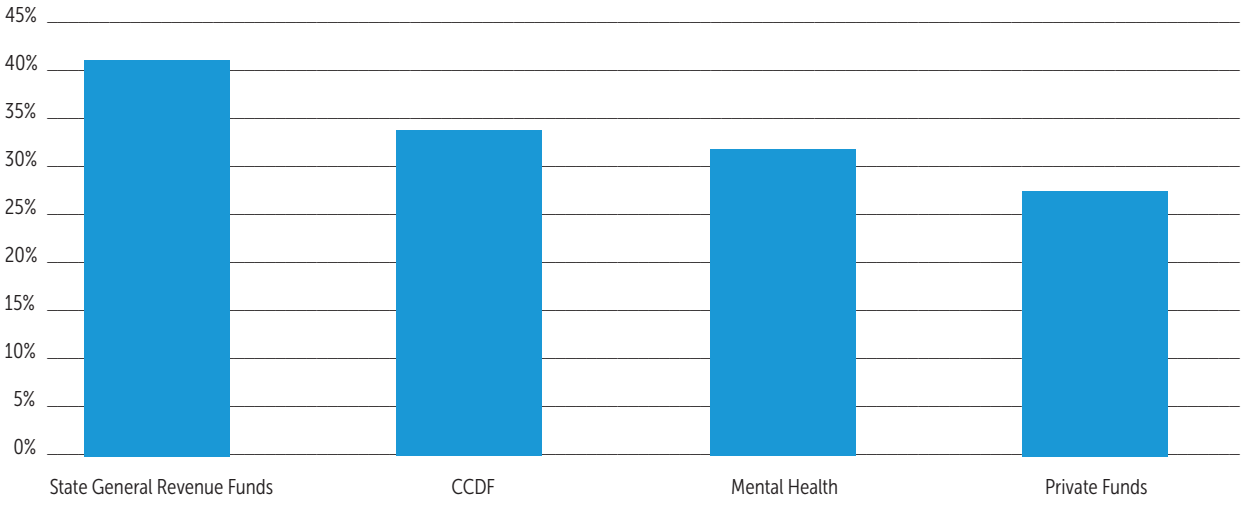
Table 2. Management responsibility

States	State agency manages directly	Contracts with a nonprofit	Contracts with an educational institution	Distributes through regional entities	Distributes through competitive procurement
Arizona		x			
Arkansas			x		
Colorado	x				x
Connecticut		x			
Illinois	x				
Louisiana	x		x		
Maryland				x	
Massachusetts					x
Michigan	x				
North Carolina		x			
Ohio				x	
Pennsylvania				x	
Rhode Island					x

Funding: The respondents in the national scan most frequently identified state general funds (41%) as the funding source for these services. Following state general funds were child care and development (34%), mental health (32%), and private funds (28%); (Duran et al., 2009) (See Figure 3.)

Figure 3. Funding stream findings from national scan

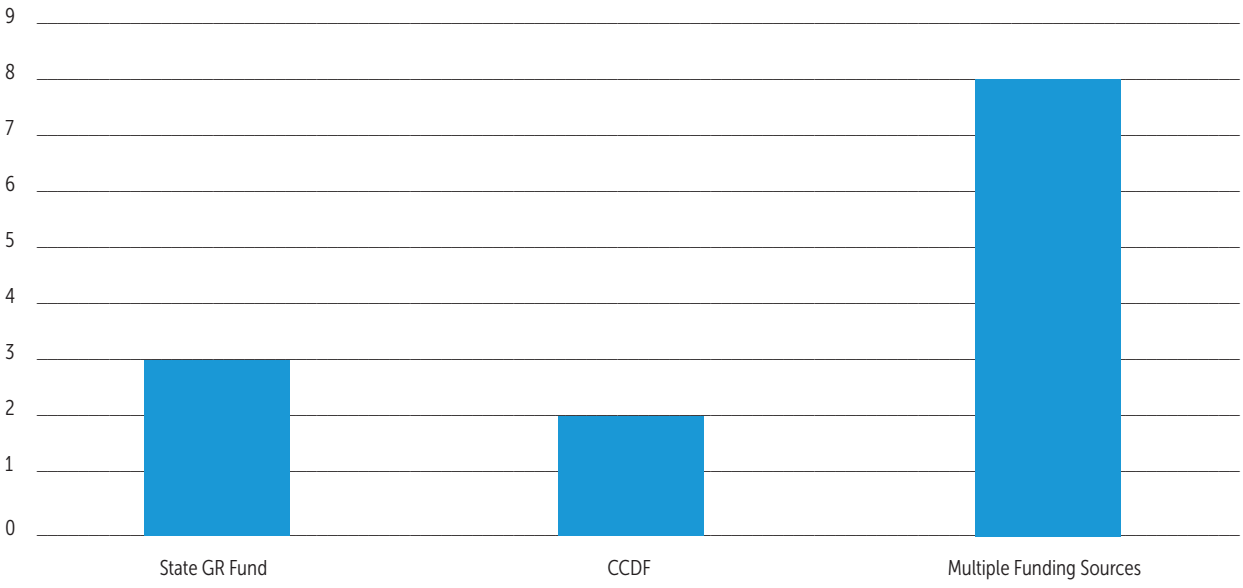
State Funding Streams For ECMHC



As can be seen in Figure 4, many of the profiled states do not have funding streams that are as cut and dried as they were for the GUCCHD national scan. The majority of states utilize multiple funding sources to finance their ECMHC programs. Please see Table 1 at the beginning of Section III for a more complete look at the funding sources used by the states.

Figure 4. Funding streams from state profiles

State Profile Funding Streams



It is important to note that there is a certain level of fluidity that occurs within these programs. State revenues can fluctuate from year to year, as can the focus of the program and the array of services offered. For example, in Massachusetts, funding levels between 2009 and 2016 were cut by 75%, from $2.6 million for FY 09 to $750,000 for FY16. This funding loss decreased the number of grants that were awarded, which effected who and how many received services. Currently, the Massachusetts Department of Early Education supplements the funds designated in the state budget to support the ECMHC grant. A total of $1.25 million is made available for ECMHC grants. In North Carolina, the array of services offered had to be altered based on decreased federal CCDF funds. Their program now only offers promotion and prevention strategies, and any child-specific interventions are referred to another agency. Some states have expanded their programs. Maryland started with pilot sites and then expanded statewide. Arkansas shifted their original focus from Head Start programs and state funded pre-k classrooms to also include other licensed child care providers and continues to expand their reach throughout the state.

Consultation Services: Generally speaking, all the states provide very similar activities for child/family, classroom, and program consultation. All are spurred on by the goal of reducing suspension and expulsion of young children. The *Research Synthesis of Early Childhood Mental Consultation* paper (Duran et al., 2010) provided the most concrete examples of activities that can be used. The activities below are a progression of the promotion—prevention—intervention continuum.

Child- or Family-Centered Consultation:

- Provide families information on social-emotional development
- Provide ideas and tips on creating a supportive home environment
- Design targeted supports to meet the needs of a child
- Offer families trainings on effective strategies for addressing challenging behavior
- Conduct home visits
- Engage families and staff in developing individualized service plans
- Provide linkage to referrals and resources in the community

Classroom and Program Consultation:

- Assess strengths and challenges within the early childhood setting/environment
- Support early childhood staff in creating a more prosocial environment
- Offer ideas and resources for teaching young children social skills
- Guide selection and use of social-emotional screening tools
- Support early childhood staff
- Train early childhood staff on implementing individualized behavior support plans
- Work with the program to develop inclusive policies for working with children with challenging behavior

One of the challenges is the lack of clear research on which components of the consultation model are critical to achieve positive outcomes (Duran et al., 2009). One of the components that still needs more research is dosage—the number of visits over a specific period of time needed to get the desired results. Because of the individualized nature of the consultation, most programs do not want to be held to a limited time period. ECMHC programs frequently contend that the service is complete when the goals are met. However, some programs do have general guidelines for the length of consultation.

- Arizona
    - Classroom/program-focused: 2–3 hours per week until goals are achieved

- Arkansas
  - Classroom/program-focused: 6-month partnership with the child care center
  - Child/family-focused: 3 months
- Connecticut
  - Child/family-focused: 6-8 weeks, up to 1-2 hours weekly
  - Classroom-focused: 14-16 weeks, up to 4 hours weekly
  - Program-focused: up to 10 months, up to 6 hours weekly
- Louisiana
  - Classroom/program-focused: 6 months, visits once or twice per week (varies by program)
- North Carolina
  - Classroom/program-focused: average 9 months, time on-site decreases as time increases

Many states have written agreements that are signed by the consultant and ECE program. This agreement outlines roles and responsibility of both parties and includes a tentative timeline. This helps clear up any misunderstandings that may occur when a consultant is asked to intervene. This agreement can contain:

- Program demographics
- Anticipated duration of services
- Services the ECMH consultant will provide
- Expectations of the service provider
- Signatures
- Contact information
- Other

Evidence-Based Resources and Frameworks: As previously discussed, some states have combined evidence-based resources and frameworks with their ECMHC programs. Some of the most common pairings are the Pyramid Model, reflective supervision/practice, Incredible Years, Motivational Interviewing, and Facilitating Attuned Interactions.

Pyramid Model: The Pyramid Model/PBIS is a good example of an evidence-based resource that can be used. States that have aligned their ECHMHC programs with the Pyramid Model include:

- Arizona
- Arkansas
- Maryland
- Massachusetts
- North Carolina
- Pennsylvania

Benefits of the Pyramid Model include:

- Provides a common language for ECMH consultants and early childhood staff.
- Provides a framework for organizing the strategies along the promotion—prevention—intervention continuum (Duran et al., 2010).

Reflective Supervision/Practice: Based on the itinerant nature of consultation and the fact that it can be highly emotional and potentially draining, many states infuse reflective supervision as part of their practice, including:

- Arkansas
- Arizona
- Colorado
- Connecticut
- Illinois
- Louisiana
- Michigan
- Rhode Island

Whether in-person or by phone, reflective practice has become a staple of ongoing support for the consultants and may be mandatory.

Incredible Years: The Incredible Years (2013) curriculum promotes emotional and social competence in young children and helps prevent aggression and emotional problems. There are programs designed for parents and preschool teachers. Ohio, Rhode Island, and North Carolina are implementing the Incredible Years curriculum within the context of ECMHC.

Motivational Interviewing: Rhode Island trains all their consultants in Motivational Interviewing. Although originally designed for use with people with mental health and substance abuse disorders, it has been found effective in various settings within multiple frameworks. This approach holds four principles (Substance Abuse and Mental Health Services Administration, n.d.):

- Expressing empathy and avoiding arguing
- Developing discrepancy
- Rolling with resistance
- Supporting self-efficacy

Facilitating Attuned Interactions (FAN Approach™): Arizona, Arkansas, and Louisiana are incorporating the FAN Approach from the Fussy Baby Network® at Erikson Institute (2012). The FAN Approach focuses on parents'/caregivers' urgent concerns while promoting long-term care giving capacity, and it uses core processes to help the consultant match or attune interactions appropriately to the parent, teacher, child care provider, etc. Arkansas has rolled the FAN Approach into their new consultant training. In Louisiana, The Fussy Baby Network® New Orleans and Gulf Coast provides support to any infant caregiver (e.g., mom, dad, grandparent, nanny) who has concerns about the infant's temperament and behavior during the first year of life.

Program Reach: The program reach for ECMHC is fairly consistent from state to state. The majority of states focus on providing services to child care centers and, to a lesser degree, to family child care homes. This stands to reason given that ECMHC grew out of state response to the increase in expulsions and suspensions of young children in their ECE settings. Although child care centers are the most common target audience, many states have broadened their focus to include other early learning environments.

Child Care Centers: Research has shown that more than 50% of consultative services are provided in a center-based environment (Hoffman & Ewen, 2007). Oftentimes, it is a referral for an individual child that brings the consultant to the center. This provides an opportunity for the consultant to begin building a relationship with the teachers and the administrators of that child care center. This initial

meeting often opens the door for the consultant to begin providing universal promotion and prevention strategies throughout the classrooms and the program (Duran et al., 2010).

Some states such as Louisiana and North Carolina also include consultative services to all providers within their Quality Rating and Improvement System (QRIS) to build workforce capacity on social-emotional competencies. Recently, Louisiana has moved from a traditional QRIS system to one that is based on the grading system used for the Louisiana school system statewide. The TIKES program provides consultation services which are voluntary to all centers that accept state funding with priority given to child care centers rated as unsatisfactory or approaching proficiency. Pennsylvania provides ECMHC to providers only within their QRIS.

Head Start/Early Head Start: Colorado, Maryland, Massachusetts, and Ohio serve Head Start/Early Head Start centers in addition to child care programs. Massachusetts provides supplemental services to Head Start/Early Head Start Programs. Connecticut's ECCP program aligns their ECMHC goals with Head Start Performance Standards. The initial focus in 2004 of the ECMHC program in Arkansas was to serve Head Start and state-funded pre-k programs before expanding in 2008 to also include private licensed child care providers. This program was further expanded in 2015–2016 to support the launch of the state's new expulsion prevention initiatives. The DHS/Division of Child Care and Early Education launched a support system for providers, called BehaviorHelp, which coordinates resources needed to prevent expulsion, including teacher training, on-site technical assistance and ECMHC through Project PLAY. Project PLAY accepts referrals from BehaviorHelp for child focused consultation services.

Home Visiting: Home visiting has become an important vehicle to build social-emotional competence in early childhood staff and families. States such as Arizona, Colorado, Illinois, Louisiana, and Oregon are providing services to home visitors and supervisors through federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) dollars. Consultants provide services to program managers and supervisors as well as accompany direct service staff on home visits if needed. The master's-level clinician consultants who provide services to the Nurse-Family Partnership (NFP) home visiting program in Louisiana spend from one half to two thirds of their time providing direct services to families. Other activities for the NFP ECMH consultants can include:

- Attending weekly case conferences
- Meeting weekly with the team supervisor
- Consulting with nurses
- Collaborating on joint cases
- Conducting in-service trainings
- Providing community outreach and coordination

In Illinois, the consultant's responsibilities center more on reflective practice to strengthen the relationships of all involved in the home visiting program. Activities include:

- Reflective consultation with the program manager/supervisor
- Reflective consultation with individual staff
- Group reflective consultation
- Training
- Home visits
- Co-facilitation of groups
- Child Welfare: As efforts around the nation are becoming more intentional around foster care and the child welfare system, some states are specifically targeting consultation services to these

children and their ECE providers. In Arkansas, children in foster care are a priority population. They focus on the importance of high-quality child care for this vulnerable population. Through their consultative model, Project PLAY (Positive Learning for Arkansas' Youngest), they: Prioritize services for centers serving children in foster care

- Educate caseworkers, foster parents, courts, and Court Appointed Special Advocate volunteers on the importance of high-quality, stable child care
- Provide materials for use by child care providers and child welfare partners, such as Every Child in Foster Care Deserves our Best, *Meeting the Special Needs of Foster Children in Child Care,* and *Child Care and Child Welfare Partnership Toolkit*

Arkansas' efforts to support foster children can be assessed through these publications:

1. Perry, D. & Conners-Burrow, N.A. (2015). Addressing Early Adversity Through Mental Health Consultation In Early Childhood Settings. *Family Relations*, 65, 24-36. Doi 10.1111/fare.12172
2. Conners-Burrow, N.A., Patrick, T., Steier, A. & Lloyd, E.C. (2013). A New Focus for Mental Health Consultation: Increasing Child Care Quality and Stability for Young Children in Foster Care. *Zero to Three*, 33 (5), 38-44.

Maryland also provides support to this population encompassing foster care providers and grandparents.

In Louisiana, the Tulane Parenting Education Program provides a licensed clinical social worker and a licensed psychologist (Tulane faculty) to provide consultation services to eight Family Resource Centers throughout the state. These consultants meet by telephone with workers for 1.5 hour sessions twice a month. Consultation addresses a wide array of issues including but not limited to:

- Understanding attachment needs of young children in foster care
- Child-centered foster care
- Effects of trauma on children and their caregivers
- Impact of domestic violence on families, including child behavior and development
- Mental health issues impacting children and caregivers
- Specific interventions to facilitate safe and nurturing parent-child interaction

Resources

Arkansas

Child Care and Child Welfare Partnership Toolkit

http://familymedicine.uams.edu/files/2012/05/crg_Toolkit.pdf

Meeting the Special Needs of Foster Children in Child Care

http://familymedicine.uams.edu/files/2015/08/project-playfoster-care-brief-for-cc-staff-WEB.pdf

Early Intervention (Part C): Early Intervention and ECMHC are uniquely poised to share a symbiotic relationship. Consultants may have to refer families to Part C programs, and Part C workers can benefit by increasing their social-emotional competence. Connecticut, Illinois, and Louisiana all reach out to providers of Part C Early Intervention. Connecticut partners with relevant Mental Health systems and services. Louisiana coordinates their consultation efforts with Part C Early Intervention (as well as primary care and early care and education) in their Project LAUNCH grant. Consultation in all three of these settings aims to increase capacity of the child serving professionals to identify and meet needs of the families served in these settings.In Illinois, the ECMHC program focused on Part C Early Intervention is run through the Department of Human Services. Consultation is included in *Illinois's Child & Family Connections Procedure Manual* (Illinois Department of Human Services, 2015) as a required standard.

Called SE (Social Emotional) consultants, their role is to provide:

- Professional development

- Clinical consultation
- Systems support to infuse relationship-based, reflective practice throughout the Early Intervention process

The SE consultants provide services including reflective practice to the program managers, individual and group case consultation, and coordination of all the programming components including screenings. There is a SE consultant placed in each of the 25 regions of the state.

Primary Care Providers: Some states are reaching out to pediatricians and other primary care providers. Maryland through the Race to the Top Early Learning Challenge Grant (RTT-ELC) offers trainings on developmental screening tools for pediatricians. An additional partnership with primary care includes a pediatrician staffed statewide ECMH consultation hotline. The hotline provides immediate consultation to other pediatricians and family practice providers on behavioral concerns, psychotropic medications, and referrals to ECMHC resources and services. This partnership with the pediatricians grew out of a collaboration with the University of Maryland-Child and Adolescent Psychiatry and the Maryland chapter of the American Academy of Pediatrics and is known as B-HIPP. Louisiana provides consultative services to primary care providers through their Tulane Early Childhood Collaborative. Consultation ranges from low intensity consultations such as web-based resources and lunch n' learn instructions to in-person co-located support and diagnostic consults. Rhode Island used RTT-ELC funds to place ECMH consultants in primary care offices in Providence.

Schools: Although most ECMHC programs are focused on young children under 5 years old and their families, it is worth noting a few examples of programs reaching into the school system. Massachusetts provides services to private and public schools and out-of-school programs. Illinois is focusing on building capacity in after-school programs with their Illinois Collaborative With Youth and has completed a successful pilot targeting this setting. Connecticut has a small amount of funding through their Project LAUNCH grant to pilot ECCP in kindergarten through third grade.

Community Outreach: In order to build social-emotional competence across early childhood systems, some states are extending their consultative reach to include community partners. Arizona, Connecticut, and Illinois are examples of states that provide consultation services as part of their community outreach. Arizona considers their consultants as "Ambassadors of Mental Health" and collaborates with other partners working in the same early childhood settings. Connecticut has monthly mental health consultation groups which can include ECE staff, administrators and community-based providers of Early Intervention (Part C) services, birth to three providers, child welfare workers, and family child care providers. These monthly meetings also provide opportunities for child care centers that are on a wait list for consultative services to access consultation strategies and resources immediately. Connecticut ECCP Consultants are regular and active participants in local and state community collaborative groups such as School Readiness Provider Groups; Head Start Advisory Boards; Family Engagement meetings; DCF Head Start Collaboration meetings; Director's Forums; etc.

Each ECMHC program uses a variety of methods to promote their consultation services. Flyers, calls to individual programs, mailings, and website presence are a few strategies used to get the word out. As a program matures, word of mouth becomes important as the community becomes aware of the services that are available.

Often a request for services needs to come from the program director. Some programs do accept requests by teachers and families on the condition that the program director will agree and support whatever services are implemented.

Qualifications and Ongoing Support: As noted in the Section III State Profile table, most states require that the consultants have a master's degree in social work, early childhood, psychology, counseling, or other related field. In addition to the educational requirement, ECMHC programs require extensive knowledge, experience, and skill in early childhood development, working collaboratively in a group setting, and working with young children (Duran et al., 2010). Below are some examples of states' qualifications as well as their approaches to training new staff and providing ongoing support.

Arizona

- *Qualifications*
  - Master's-level health clinician
  - 1 year post-master's relevant experience (MHCs); 3-years post-master's relevant experience and license (Supervisors)
  - Experience working with young children in groups (preferred)
  - Reflective capacity
  - High value on relationships
  - Knowledge and subscription to principles of an infant mental health perspective
- *New Consultant Training*
  - Extensive orientation training throughout the year
    - Visiting scholar talks
    - Participation in the "Quality First Academy" training for QRIS
- *Ongoing Support*
  - Weekly individual reflective supervision
  - Monthly group reflective supervision
  - Monthly book club
  - Weekly leadership meeting
  - Implementation manual
  - Monthly newsletter
  - Shadowing experienced MHCs
  - "Booster sessions" designed to review the key components of the program and procedures
  - Field visits with supervisor
  - Professional development

Arkansas

- *Qualifications*
  - Master's or doctorate degree
- *New Consultant Training*
  - Extensive 40-hour training prior to beginning work as a consultant
  - Working toward a certificate as a Mental Health Consultant to Child Care which requires:
    - Shadowing
    - Working with a peer mentor
    - Practice under supervision
    - Submission of a portfolio of work

Resources

Connecticut

ECCP® Early Childhood Mental Health Consultation Consultant Training Modules

www.eccpct.com/Customer-Content/www/CMS/files/ECCP_Training_Modules_Overview.pdf

- *Ongoing Support*
  - Reflective supervision
  - Administrative supervision
  - Quarterly training

Colorado

- *Qualifications*
  - Master's degree
  - Knowledge of infant and early childhood mental health
  - Experience in a clinical setting
  - Knowledge about ECE settings
  - Experience working with young children and families
  - Knowledge of typical and atypical settings
  - Experience working in a collaborative setting
  - Knowledge of adult mental health issues
- *New Consultant Training*
  - Orientation to the model including required measures such as DECA-C and Preschool Mental Health Climate Scale
  - Guidance on consultation approach
  - Training on *DC: 0–3R* (ZERO TO THREE, 2005) tools and documents
  - Essential readings
  - Shadowing an experienced consultant
- *Ongoing Support*
  - Bi-monthly (minimum) individual reflective supervision
  - Staff development topics: early childhood development, consultation skills, early childhood mental health assessment, maternal mental health, trauma, effective strategies for challenging behavior, etc..
  - Checklist to guide supervision and staff development

Connecticut

- *Qualifications*
  - Master's-level mental health professional
  - Experience in infant and early childhood mental health
  - Experience in adult mental health and adult learning
  - Experience in early care and education
  - Knowledge in typical and atypical child development
  - Experience in early childhood and community systems
  - Bilingual/culture-relevant to the population served

- *New Consultant Training*
  - IECMHC Workforce Development and ECCP Model training (14–16 weeks)
  - ECCP Mentor Program
  - ECCP EIS (ECCP Information System) Training
  - ECCP Training and Consultant Caseload Continuum
- *Ongoing Support*
  - Continuing education training
  - Administrative, Clinical, and Reflective Supervision
  - Monthly EECP Statewide staff meetings and reflective supervision groups
  - ECCP model fidelity supervision/monitoring

Data Systems: Data Systems: Connecticut's ECCP program has a centralized information system. This system guides the ECCP model; ensures model fidelity; and produces consultant-level, state-level, funder-level, and policy-level reports on outcomes and supports quality assurance and continuous quality improvement efforts.

Program Evaluations and Outcomes: The research base continues to grow with ECMHC programs. As noted earlier, a 2010 literature review identified 14 academically "rigorous" studies (Duran et al., 2010).

The child outcome findings associated with ECMHC were:

- Decrease in child externalizing behaviors
  - Inattention
  - Hyperactivity
  - Impulsivity
  - Aggression
- Increase in child prosocial behavior
  - Social skills
  - Cooperation
  - Self-control
- Mixed results in child internalizing behaviors
  - Withdrawn
  - Anxious
  - Sad
- Other outcomes included:
  - Improved parent-provider communication
  - Decreased parental stress
  - Improved teacher confidence
  - Reduced teacher turnover
  - Significant reduction in expulsions

Below are examples of the outcomes states are finding in their program evaluations.

Arizona

Evaluators: Indigo Cultural Center

Arizona's focus is on a "green model" of program evaluation and research, which is that everything used for research should inform:

- clinical work
- program improvement
- community outreach
- funding requirements

Outcomes: This analysis is from a summative outcome evaluation using data collected from 2010 through 2014. The results showed that Smart Support's model was highly effective for all children on all key indicators and was especially effective in positively shifting teacher ratings (i.e. perceptions) for African-American and Latino boys.

- Latino boys: increased initiative, self-regulation, attachment, closeness; decreased expulsion risk
- African American boys: increased self-regulation and attachment: decreased conflict (teacher-child relationship)
- Classroom mental health climate improved
- Teacher self-efficacy increased
- Teacher-child relationships improved
- Teacher's negative attributions of children decreased
- Children's self-regulation skills increased
- Children's attachment behaviors increased
- Children's initiative increased
- Children's risk of expulsion decreased

Resources

Georgetown University
Johns Hopkins University
Portland State University

Early Childhood Mental Health Consultation: An Evaluation Tool Kit

www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/ecmhc_toolkit.pdf

Arkansas

Evaluators: University of Arkansas for Medical Sciences, Department of Family and Preventative Medicine

Outcomes:

Provider outcomes:

- 74% of providers reported learning new strategies for dealing with behavior problems
- 87% of providers reported good relationships with their Project PLAY consultants
- Objective observers found that teachers were significantly more positive and engaged with children after consultation

Child outcomes:

- 57% decrease in physically aggressive behavior
- 40% decrease in children exhibiting "clinical level" behavior problems
- Significant decrease in teacher-reported behavior problems
- Significant increase in teacher-reported social skills

Other published evaluations include:

- Conners-Burrow, N. A., Whiteside-Mansell, L., Mckelvey, L., Virmani, E. A., and Sockwell, L. (2012), Improved Classroom Quality and Child Behavior in an Arkansas Early Childhood Mental Health Consultation Pilot Project. *Infant Mental Health Journal, 33*: 256–264. doi: 10.1002/imhj.21335. http://onlinelibrary.wiley.com/doi/10.1002/imhj.21335/abstract
- Conners-Burrow, N., McKelvey, L., Sockwell, L., Harman Ehrentraut, J., Adams, S., and Whiteside-Mansell, L. (2013), Beginning to "Unpack" Early Childhood Mental Health Consultation: Types of Consultation Services and Their Impact on Teachers. *Infant Mental Health Journal, 34*: 280–289. doi: 10.1002/imhj.213 http://onlinelibrary.wiley.com/doi/10.1002/imhj.21387/abstract

Connecticut

ECCP has participated in three randomized control evaluations www.eccpct.com/Program/Research

Gilliam, W.S., Maupin, A.N., and Reyes, C.R. (2016) Early childhood mental health consultation: results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*. 55 (9), 754–761. http://dx.doi.org/10.1016/j.jaac.2016.06.006

1. *Evaluators*: Yale University, 2007, 2010: *ECCP® Program Evaluation*

   Outcomes:

   - Consistently demonstrates ECCP's effectiveness
   - Decreased oppositional behavior
   - Decreased hyperactivity
   - Improved parent teacher partnerships

2. Evaluators: University of Connecticut, 2003: *Year One ECCP Implementation*

   Outcomes:

   - Strong fidelity to program design
   - Reduced likelihood a child would be expelled
   - Improved classroom social and emotional climate
   - Improved teacher capacity to address social, emotional and behavioral challenges

3. Evaluators: Georgetown University, 2009: *Study of Effective ECMHC*

   Outcomes:

   - Discovered essential elements of effective early childhood mental health consultation associated with positive outcomes. These core components (as discussed in Section II) include:
     - Solid program infrastructure
     - Highly qualified consultants
     - High-quality services
     - Model fidelity
     - Manualized model
     - Positive relationships
     - Readiness for ECMHC

Maryland

Evaluators: Maryland State Department of Education; University of Maryland School of Medicine; CKD Communications, LLC; and GUCCHD

Outcomes:

- ECMHC programs improve the effectiveness of early care service providers' approaches to promoting a classroom climate conducive to positive behavior and social-emotional functioning
- ECMHC interventions improve the overall level of social functioning for children and reduce the level of challenging behaviors in the classroom
- 88% of all the children served remained in their current care setting or moved to a more appropriate setting

Other States' Evaluations

Kansas

Evaluators: Vuyk, M. Alexanda; Sprague-Jones, Jessica; Reed, Christie; January/February 2016, Early Childhood Mental Health Consultation: An Evaluation of Effectiveness in a Rural Community. *Infant Mental Health Journal, 37*(1), 1–14. www.researchconnections.org/childcare/resources/31106?q=early+childhood+mental+health+consultation

Provider outcomes:

- Increased provider growth
    - Well-being
    - Scheduling and transitions
    - Connections with parents
- Increased positive discipline strategies

Child outcomes:

    - Increased prosocial behavior
    - Increased resilience
    - Increased overall well-being

Washington State

Evaluators: The Department of Early Learning and the Children's Mental Health Evidence-Based Practices Institute at the University Of Washington School Of Medicine

Child Care Consultation Pilot Project www.del.wa.gov/publications/research/docs/ChildCareConsultationFinalReport2010.pdf

Outcomes: The researchers noted that there were limitations to the research; these outcomes reflect indications in spite of the limitations.

- Consultants were enthusiastically received by providers and directors
- The program improved the quality of care, which likely resulted in positive outcomes for children
- Facility directors reported that consultation led to meaningful reductions in expulsions

STATE HIGHLIGHT

Connecticut's ECCP has developed and published *Solid Ground: A Resource for Early Childhood Mental Health Consultation*. This resource focuses on two major components of effective ECMHC programs:

- Key elements in developing and implementing ECMHC programs
- Importance of a data-driven system in implementing and monitoring a quality program

These components ensure uniformity of service delivery and ease of replication, which then builds capacity for participation in rigorous evaluations.

Core Competencies

Many states have developed competencies or guidelines for staff to help implement their ECMHC program. The table below lists some of these. More competencies can be found at the Herr Research Center at the Erickson Institute: *The Competent Early Childhood Mental Health Specialist* (Korfmacher & Hilado, 2008).

States	Name	Website
Alaska	Alaska's Infant and Early Childhood Mental Health Competency System	www.akaimh.org/competencies
California	California Training Guidelines and Personnel Competencies	http://cacenter-ecmh.org/wp/professional-development/training-guidelines-and-personnel-competencies
Colorado	Colorado's Infant Mental Health Competencies	www.coaimh.com
Connecticut	ECCP Early Childhood Mental Health Consultation Competencies	www.eccpct.com/Customer-Content/www/CMS/files/ECCP_Competencies_Summary.pdf
Maryland	Early Childhood Mental Health Consultation Guide: Standards, Rationale and Guidance for the State of Maryland	www.marylandpublicschools.org/NR/rdonlyres/5B3956EA-2AB2-43CF-BBEB-A310BF739236/29896/ECMHguide_082611.pdf
Michigan	Michigan Infant Mental Health Endorsement	http://mi-aimh.org/endorsement
Ohio	Ohio's Core Competencies for Early Childhood Mental Health Professionals	http://mha.ohio.gov/Portals/0/assets/Prevention/EarlyChildhood/core-competencies.pdf
Vermont	Early Childhood and Family Mental Health Competencies	http://northernlightscdc.org/career-pathways/professional-competencies-and-standards/ecfmh-competencies

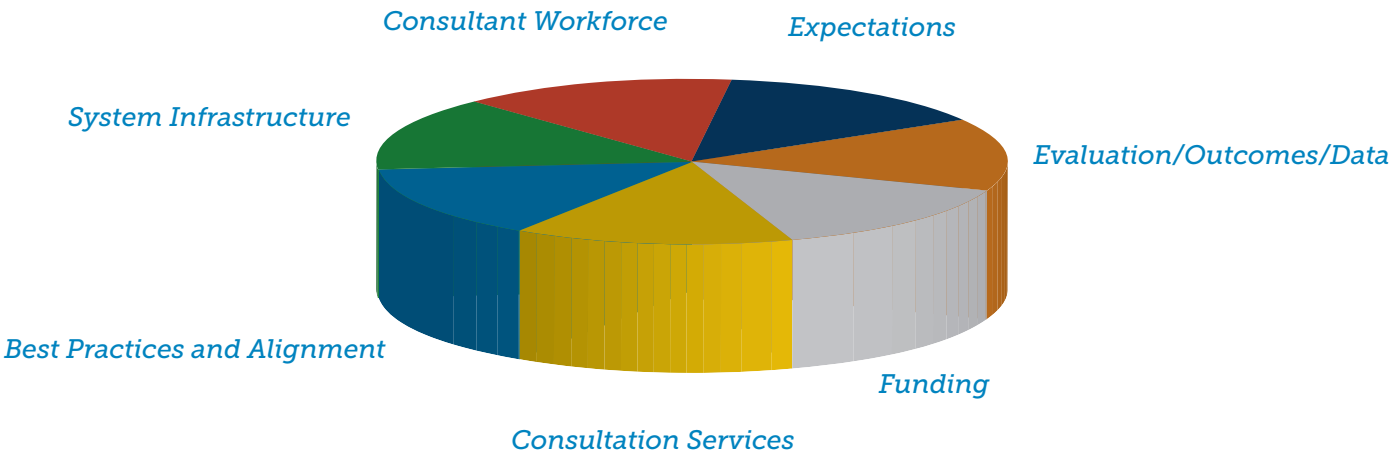
Section IV

Factors in Developing Policies and Procedures

Questions for Consideration

There are many considerations that need to be fully vetted to create a successful program. The following is meant to be a guideline of questions to ask, information to be gathered, and points to ponder. The considerations are broken down into seven pieces: system infrastructure, funding, consultant workforce, consultation services, best practices and alignment, evaluation/outcomes/data, and expectations (see Figure 5) (Cohen et al., 2009; Duran et al., 2009). Each piece of the "pie" is important and worth examining fully. We hope these questions will spur more questions and considerations.

Figure 5: ECMHC Considerations



System Infrastructure

- What early childhood programs already exist, where are they housed, and what is their funding mechanism?
- What are the gaps in services that need to be filled through ECMHC?
- Which agency will house this program?
- What is the agency's current capacity (staffing, logistics, etc.) to take on this program?
- What will need to occur to "make ready" the agency for this program?
- Will the same agency manage and administer the program, or will management be contracted out?
- If contracted out, to whom? Under what conditions?
- How will oversight be provided?
- Who will be the key champions for this program?
- What will you name this program? How will you message the need?

Funding

- What are the diverse funding streams that may be available?
- Which funding source(s) will be utilized?
- How stable is the funding stream? Is there a lot of fluctuation?
- Who will administer the funding?
- How will you advocate for funding?
- Does this issue have traction in your state?

Consultant Workforce

- What staff qualifications (education, skills, knowledge, and experience) will be required for consultants?
- Are there currently enough existing workforce candidates to meet these qualifications?
- What kind of professional development and training will be required for consultants?
- What kind of professional development and training will be required for supervisors?
- What kind of ongoing support will be provided (e.g., reflective supervision)?
- How will you help stabilize staff turnover?
- Will you engage higher education?

Consultation Services

- What is the desired target population?
- What types of consultation services will be funded (child-, classroom-, program-focused)?
- Which providers will be targeted (child care centers, Part C, home visiting, etc.)?
- How will you define high quality?
- How will you engage families?
- How will you handle "stigma" that may be associated with mental health?
- How will you engage providers (outreach and messaging)?
- What will be the level of intensity of services (frequency and duration)?

Best Practices and Alignment

- What research will guide the development of the program?
- Will this program embed other evidence-based models (e.g., Incredible Years)?
- Will this program parallel current early childhood workforce competencies and standards?
- Will this program be aligned with existing systems such as early learning guidelines, early childhood professional development systems, and QRIS?

Evaluation/Outcomes/Data

- What kinds of evaluation will occur?
- What are the desired outcomes? How will you know if you are successful?
- How will the state monitor the desired outcomes?
- How will data be collected?
- What type of data system needs to be implemented?
- How can this data be used to obtain additional funding?
- How can this data be used for continuous improvement?
- Will you structure your data collection to show a cost-benefit analysis?

Expectations

- What are realistic expectations for this program?
- What are the costs of implementing this program?
- What is a realistic timeline for implementing this program?

Conclusion

ECMHC is increasingly becoming a proven strategy to develop social-emotional competencies in young children. Although the majority of ECMHC services are offered through licensed child care centers, it is rapidly spreading to such diverse venues as primary care facilities, home visiting, schools, and early intervention settings. By partnering with ECMH consultants, these caregivers and providers learn how to set up environments where social-emotional health can flourish, mitigate potential concerns for children at-risk, and, if needed, provide early identification and referrals for children and their families. Early research has shown promising results. Positive outcomes for children, staff, and programs have been attributed to ECMHC services. However, more research is needed in this field to begin identifying specific components that are critical in achieving successful outcomes. Through the support and guidance of the federal government, more and more states are investing in ECMHC services. As states continue to create, implement, and expand these services, ECMHC has the potential to transform the approach to mental health for young children and their families.

Acknowledgments

ZERO TO THREE would like to thank the following individuals who gave their time and expertise to support the development of this policy brief:

Valerie Alloy, Lead, Early Childhood Mental Health Initiatives, Bureau of Children and Families, Ohio Department of Mental Health and Addiction Services

Jordana Ash, Early Childhood Mental Health Director, Colorado

Blythe Berger, Center for Perinatal and Early Childhood Health, Rhode Island Department of Health

Elizabeth Bicio, Director, Early Childhood Consultation Partnership (ECCP) and Early Childhood Programs Advanced Behavioral Health, Inc., Connecticut

Allison Boothe, Associate Professor of Psychiatry, Director, Tulane Infant and Early Childhood Mental Health Consultation and Support, Tulane University School of Medicine

Kristine Campagna, Chief, Office of Family Visiting and Newborn Screening, Rhode Island

Julie Cohen, Associate Director, ZERO TO THREE Policy Center

Rob Corso, Senior Research Associate, Vanderbilt University

Lanier De Grella, past Manager, Statewide Infant/Toddler Project, Child Care Services Association, North Carolina

Linda Delimata, Illinois Children's Mental Health Partnership, Illinois

Nicola Edge, Associate Professor, University of Arkansas for Medical Sciences College of Medicine, Department of Family and Preventative Medicine

Barbara Gebhard, Assistant Director of Public Policy, ZERO TO THREE, Washington, D.C.

Tresa Hanna, Program Developer, Maryland State Department of Education

Christina LePage, past Managing Director, Illinois Children's Mental Health Partnership

Mary Mackrain, Infant and Early Childhood Mental Health Mentor, IMH-E (IV Policy), Michigan Department of Health and Human Services, Mental Health Services to Children and Families

Jennifer Murphy, ECMH Coordinator, Pennsylvania Early Learning Keys to Quality

Evelyn Nellum, Policy Analyst, Massachusetts Department of Early Education and Care

Cindy Oser, Director of Infant-Early Childhood Mental Health (I-ECMH) Strategy at ZERO TO THREE and Co-Director of the Project LAUNCH Resource Center

Delreen Schmidt-Lenz, Statewide Training Coordinator for the Illinois Children's Mental Health Partnership

Alli Schuck, Acting Manager Director, Illinois Children's Mental Health Partnership

Rebecca Silver, Assistant Professor (Research), DPHB & Pediatrics, Brown University, Clinical Psychologist, Bradley Hospital, Rhode Island

Alison Steier, Director, Harris Institute, Co-Director, Mental Health Services, Southwest Human Development, Arizona

Ginger Thomas, Manager, Statewide Infant/Toddler Project, Child Care Services Association, North Carolina

Sue Washburn, Professional Development Director, Center for Early Learning Professionals, Rhode Island

Paula Zeanah, Director of Research, Cecil Picard Center for Child Development and Lifelong Learning and LFMC/OLOL Eminent Professor Endowed Chair in Nursing, College of Nursing and Allied Health Professions, University of Louisiana at Lafayette.

About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/public-policy.

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December 2016

Resources

Center for Early Childhood Mental Health Consultation
www.ecmhc.org

Georgetown University Center for Child and Human Development: Early Childhood Mental Health Consultation
http://gucchd.georgetown.edu/67637.html

Issue Brief: Integrating Early Childhood Mental Health Consultation with the Pyramid Model
http://challengingbehavior.fmhi.usf.edu/do/resources/documents/brief_integrating.pdf

Resource Compendium: What Works? A Study of Effective Early Childhood Mental Health Consultation Programs
http://gucchd.georgetown.edu/products/78366.html

Center on the Social and Emotional Foundations for Early Learning
http://csefel.vanderbilt.edu

Technical Assistance Center for Social Emotional Intervention
http://challengingbehavior.fmhi.usf.edu

Positive Behavior Intervention Support
https://www.pbis.org

The Pyramid Model Consortium. (2014)
www.pyramidmodel.org

Roadmap to State-Wide Implementation of the Pyramid Model
http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap_6.pdf

State Planning Resources: Center on the Social and Emotional Foundations for Early Learning
http://csefel.vanderbilt.edu/resources/state_planning.html

Three Building Blocks of Reflective Supervision
www.zerotothree.org/about-us/areas-of-expertise/reflective-practice-program-development/three-building-blocks-of-reflective-supervision.html and http://www.macmh.org/about-maiecmh/guidelines-reflective-supervision

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