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Infant and Early Childhood Mental Health (IECMH) Policy Series

State Stories of IECMH Policy Innovation: Awareness, Leadership and Workforce Development

February 4, 2021

Session 2 of 5

Introductions- IECMH Team



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Lindsay Usry
Director of IECMH Strategy
Maryland



Dr. Lee Johnson III
Senior Policy Analyst
Washington D.C.



Julie Cohen
Associate Director of the
Policy Center, Arizona



Paola Andujar
Program Associate
Maryland



Therese Ahlers
Senior Technical Assistance
Specialist, Wisconsin



Meghan Schmelzer
Senior Policy Analyst
Michigan

Introduction of Partners: National Center for Children in Poverty (NCCP)



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Sheila Smith

Co-Director

National Center for Children in Poverty
Bank Street Graduate School of Education



Dan Ferguson

Research Associate

National Center for Children in Poverty
Bank Street Graduate School of Education

State Presenters



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Sara van Driel, PhD
Implementation Consultant , Triple P America
North Carolina



Shannon Bekman, PhD, IECMH-E[®]
Director, Right Start for Colorado
Mental Health Center of Denver



Dallas Rabig, LPC, NCC, IMH-E[®] - Clinical Mentor
State Coordinator, Infant and Early Childhood Mental Health
Alabama Department of Early Childhood Education



Jane Duer M. ED. IMH-E[®] - Policy Mentor
Director, Infant and Early Childhood Special Programs,
Alabama Department of Mental Health



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Let's Take a Poll :
Q1: What is your Primary
Professional Role?



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Let's Take a Poll :
Q2: Did you attend the first session
on December 3, 2020?

Today's Agenda: IECMH State Policies



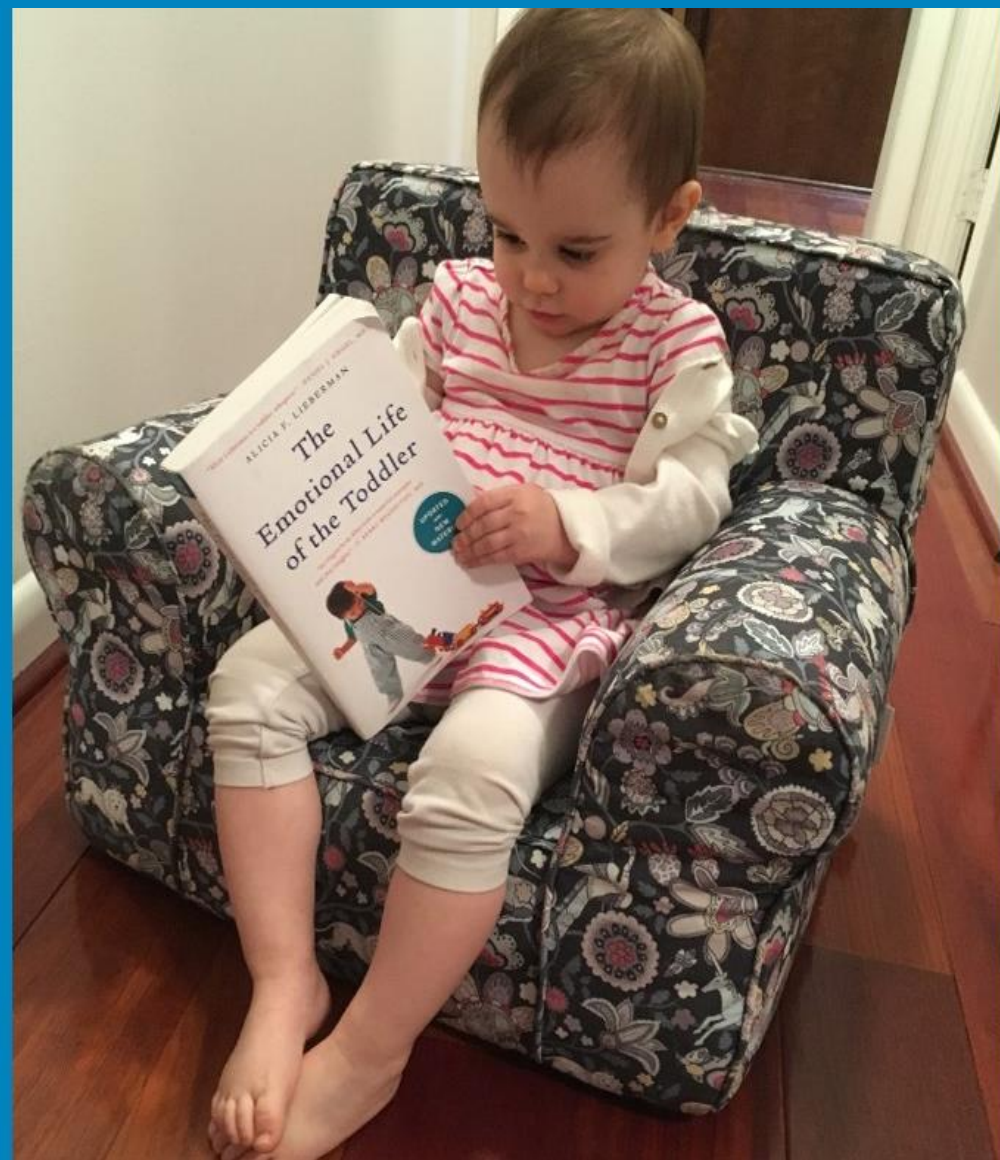
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- Overview of IECMH
- Define IECMH Policy
- Specific strategies to advance IECMH Policy
 - Awareness
 - Leadership
 - Workforce Development
- Panel Discussion
- Wrap Up

What is IECMH?



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The developing capacity of a child from birth to age five to:

- Experience, express and regulate **emotions**;
- Form close, secure interpersonal **relationships**; and
- **Explore** their environment and learn;

All in the context of family, community, and culture¹

Why is IECMH Important?



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- It is the **foundation** for all future development
- ALL experiences make an **impact**
- Infants and young children **can** and **do** experience mental health problems

Photo © Kiwi Street Studios

Continuum of IECMH Supports & Services



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Promotion



Prevention

Developmentally
Appropriate
Assessment and
Diagnosis



Treatment



Increasing intensity and specialization of services and supports



Defining Policy

- a course or principle of action adopted or proposed by a government, party, business, or individual. a statement of intent, implemented as a procedure or protocol.
- a written document that includes actionable steps or dedicated support to promote, solidify or institutionalize a practice or procedure for the intention of formalizing, enhancing and/or sustaining the effort.

“Little P”

- Programmatic/organizational
- MOUs
- Cost sharing agreements
- HR policies

“Big P”

- City/County/State/Federal government
- Legislation
- Executive orders
- Medicaid state plans

Sheila Smith

Co-Director

National Center for Children in Poverty

Bank Street Graduate School of Education



Dan Ferguson

Research Associate

National Center for Children in Poverty

Bank Street Graduate School of Education



Introduction to PRiSM



- Online resource at www.nccp.org/prism-project/
- A searchable collection of profiles that describe the most promising, research-informed infant-early childhood mental health (IECMH) policies
- Most are statewide; some scaled initiatives; all supported by public funds
- Audience: state and local policy leaders, advocates, and stakeholder groups working on efforts to strengthen IECMH

PRiSM IECMH Strategies

Child Social-Emotional Screening

Parent Depression Screening

Risk Factor Screening and Response

Effective Assessment and Diagnosis (DC: 0-5)

Case-management/Linkage to Services

IECMH Consultation in Early Care and Education (ECE) programs

Professional Development/Coaching in ECE

IECMH in Pediatric Settings

IECMH in Home Visiting

IECMH in Part C Early Intervention

Dyadic Therapy

Parenting Programs

Vulnerable Children

Workforce Development



National Center for Children in Poverty

Bank Street Graduate School of Education

PRiSM Profile Content

Profiles feature...

- Policies/Rules/Guidance
- Services Scale/Reach
- Implementation supports
- Monitoring data and evaluation
- Funding sources



PRiSM's Additional Content

- Research summaries: Evidence base for each strategy
- Resources: Key policy briefs and planning tools
- Links to state/local resources, policies, and tools within profiles



Policy Strategy	State or Locality
<p>Maternal Depression Screening and Response</p> <p>Screening for maternal depression in pediatric and other settings, and on-site or referral to evaluation and treatment.</p> <p>See summary of evidence</p>	<p>Louisiana: LAMHPP consultation to healthcare professionals</p> <p>Massachusetts: Statewide MCPAP for Moms training and consultation to healthcare professionals</p> <p>Michigan: Medicaid-funded screening and referral to MIHP home visiting</p> <p>New York: HealthySteps screening and onsite referral and supports</p> <p>North Carolina: Medicaid-funded screening and data-informed quality improvement</p>
<p>Child Social-Emotional Screening and Response</p> <p>Child social-emotional screening in pediatric and other settings, and on-site or referral to evaluation and treatment.</p> <p>See summary of evidence</p>	<p>Alabama: Statewide Help Me Grow screening and follow-up coordination</p> <p>Minnesota: Statewide task force guidance for screening and referrals in Medicaid, public health, kindergarten, and child welfare</p> <p>New York: HealthySteps screening and onsite referral and supports</p>

Minnesota

(return to [PRiSM homepage](#))

Minnesota Strategies

- [Child Social-Emotional Screening and Response](#) ([Learn more about this strategy](#))
- [Effective Assessment and Diagnosis \(DC:0-5\)](#) ([Learn more about this strategy](#))

Child Social-Emotional Screening and Response

Minnesota has developed a [comprehensive system](#) of policies and supports for social-emotional screening of infants, toddlers, and preschoolers. Social-emotional screening is promoted in pediatric settings through the state's [EPSDT program](#) and several other initiatives that serve young children, including: the [Follow Along Program](#) for children birth to 36 months; the Minnesota Department of Education's [Early Childhood Screening Program](#) for three-year-olds through kindergarten-aged children; Early Head Start and Head Start; and child welfare which requires social-emotional screening of young children who receive protective services or are in out-of-home placements. Clear policies and protocols help ensure effective screening across programs in this system.

- Guidance for providers in pediatric settings recommend a minimum of seven social-emotional screenings through age four, with additional social-emotional screenings provided and billable, as needed.
- In the Follow Along Program, operated through local public health departments, a nurse or other professional invites parents (by phone or a home visit) to complete ASQ-SE and ASQ screenings on a regular basis, shares

Child Social-Emotional Screening and Response

(return to [PRiSM homepage](#))

Introduction

In a clinical report, the American Academy of Pediatrics highlights the important role of behavioral screening in identifying and treating child behavioral and emotional problems.¹ Psychosocial and behavioral assessment is also a key element in the screening program recommended by the American Academy of Pediatrics' [Bright Futures](#), which offers theory-based and evidence-driven guidance for all preventive care screenings and well-child visits.

State Profiles that Include Child Social-Emotional Screening and Response

- [Alabama](#)
- [Minnesota](#)
- [New York](#)

Research Support for Child Social-Emotional Screening and Response

Social-emotional screening tools are better at identifying young children at risk for behavioral and social-emotional issues than broad developmental screening tools.² In a study of low-income children from two to 60

North Carolina: Awareness



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Sara van Driel, PhD
Implementation Consultant
Triple P America





Building Awareness for Infant and Early Childhood Mental Health in North Carolina: Taking a Population Health Approach to Parenting Support

Sara van Driel, PhD

Implementation Consultant

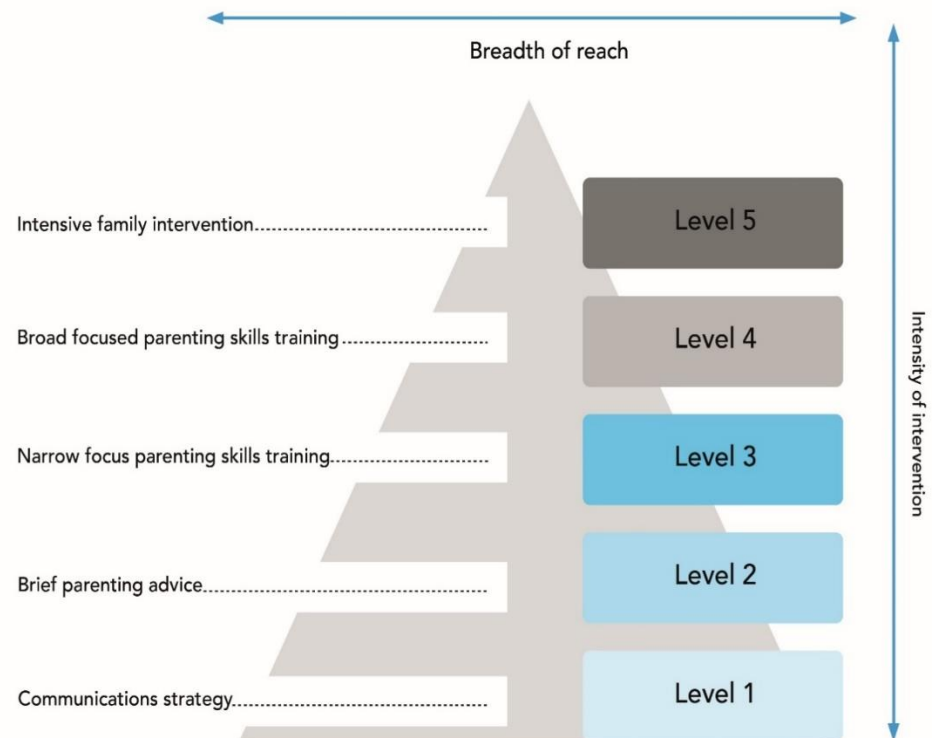
Triple P America

What is a population health approach to parenting support?



- Having support available for **every parent** in the community
- **Not a one-sized** fits all approach
- **Collaboration** amongst community partnerships
- Incorporating an **awareness** and communication campaign

The Triple P System



To achieve ...



For children



- Improved behavior and social emotional skills
- Better self-regulation
- Improved health
- Better parent-child relationship

For parents



- Decreased stress, anxiety, and depression
- Increased confidence and competence in parenting
- Better parent-child relationships

For community



- Decreased out-of-home placements
- Decreased child maltreatment cases
- Decreased child maltreatment injuries
- Improved health
- Decreased juvenile justice cases

Why Triple P for North Carolina?

From the perspective of DHHS – first funder for Triple P in NC



Population-based approach to parenting support

Destigmatizes seeking parenting support

A positive approach to parenting support

Evidence-based, good investment

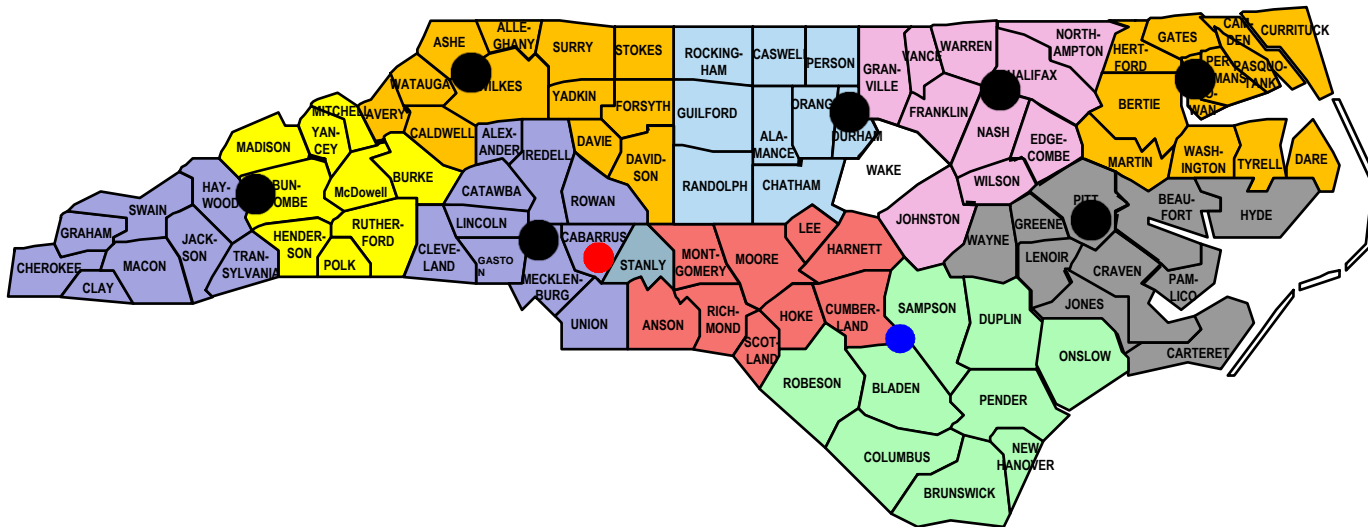
Could train existing workforce to deliver Triple P

Ultimate goal: "Triple P Spoken Here"

What does Triple P look like in North Carolina? The infrastructure, funding, and partnerships




Statewide regional coverage coordinated by lead implementing agencies



Primary Funders:  NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

James B. Duke
THE DUKE ENDOWMENT

 **John Rex** 20 YEARS
Endowment
advancing positive change for children

Support System Partners:



What does Triple P delivery look like in North Carolina?



A discussion and a tip sheet shared on traveling in the car as car seats are distributed at a local health department.

Information shared on promoting infant development through new mom care packets.

Small groups of parents engaging in discussion and tailored planning for bedtime routines for their children.

Parents engaging in a series of groups on positive parenting as an alternate to school suspension.

Parents learning coping skills so that they can put into place their parenting plans.

Why a Level 1 awareness and communication campaign?



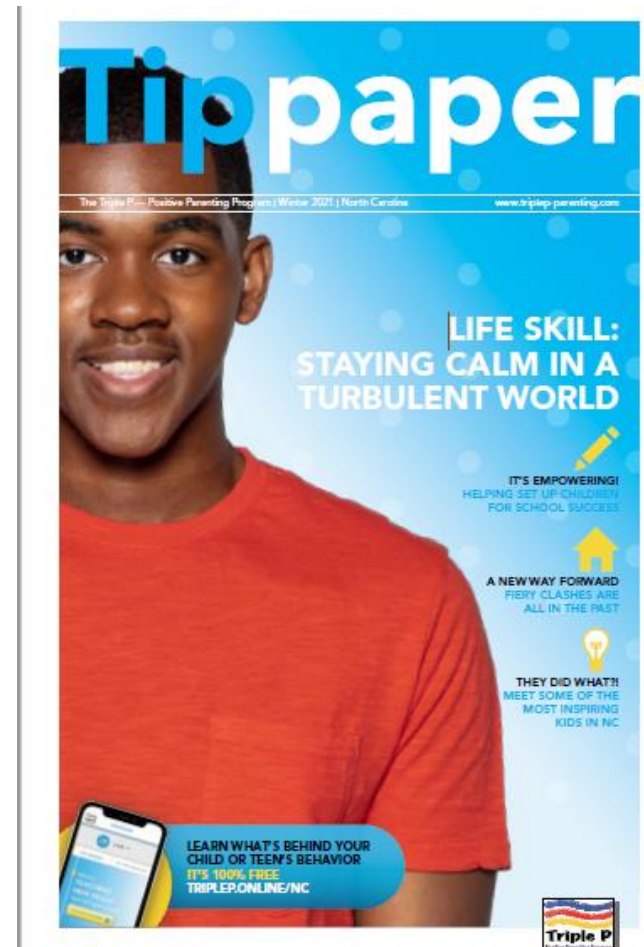
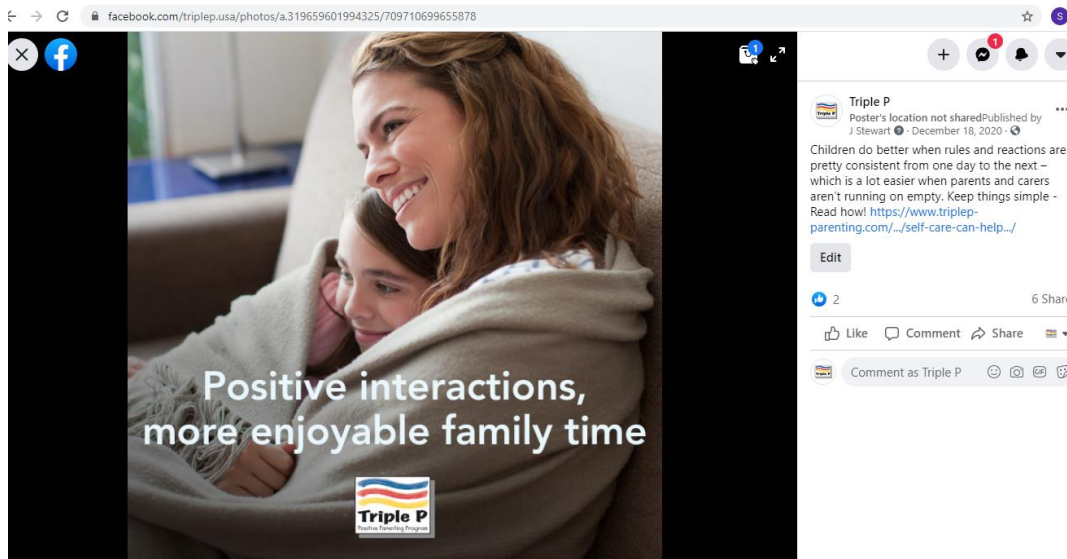
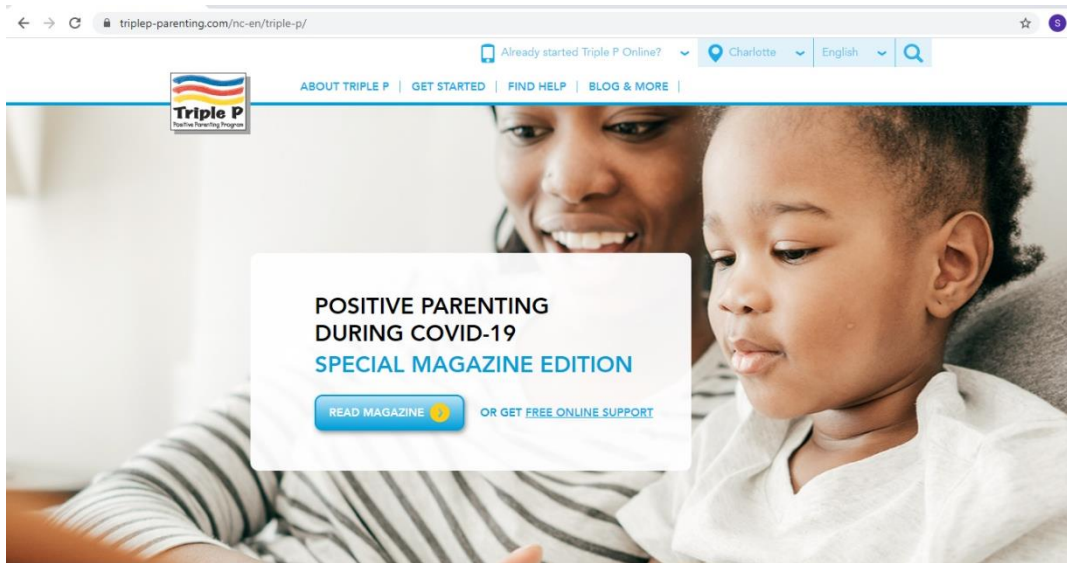
Because parents can't access support that they don't know exists.

To help parents and broad community partners know that parenting support exists and where to access it.

Because there is still a stigma around seeking parenting support:
"Needing support must mean I'm a bad parent."

To change norms to:
"Every parent needs support from time to time, and seeking support makes me a good parent."

North Carolina's Level 1 Campaign takes a multi-channel approach




Measuring impact

NORTH CAROLINA
Triple P
 Positive Parenting Program



Quarter 2 • April - June, 2019


Triple P Children Served




Number of services provided
7,399

Triple P Caregivers Served

Number of services provided
5,405



Triple P Practitioners



209
 Newly Accredited Practitioners this Quarter for a total of 4,056 accredited practitioners since 2010.

Triple P Qualitative Data Parent Feedback

“This program has been life changing for our family. I feel more confident and I have been given a lot of new skills and ideas to use on my parenting journey.”

“I absolutely enjoyed it. It helped me more than I thought it would. It saved my life! I didn't think it would work; the teacher proved me wrong.”

“This program should get more publicity. Absolutely LOVE the ideas and thoughts in this program.”

“I really found this program helpful. It is the handbook every parent needs for being a good parent. A+++++++!!!!!!”

Questions? Please contact Zita.Roberts@dhhs.nc.gov

NORTH CAROLINA
Triple P
 Positive Parenting Program



Pre- and Post-Test Outcome Data
 Calendar Years 2017 & 2018



SIGNIFICANT DECREASES IN:

- The difficulty of child behavior
- How demanding and stressful parenting is
- Parent hostility, laxness and over-reactivity



SIGNIFICANT INCREASES IN:

- Pro-social behaviors in children
- Feelings of confidence and support among parents
- Feelings that parenthood is rewarding and fulfilling



SIGNIFICANT DECREASES IN CHILDREN'S:

- Emotional problems
- Conduct problems
- Hyperactivity

PARENT FEEDBACK

“This is a great program. It gives you more ways to look and deal with things that come up with everyday life.”

“Best program I have seen in the state”

“Triple P has helped me so much”

“Great program, great results”

“Fantastic program”

Questions? Please contact Zita.Roberts@dhhs.nc.gov





Additional Awareness Building Examples

Infant and Early Childhood Mental Health

The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being

Social and emotional development, or **infant and early childhood mental health**, is the developing capacity of a child from birth to 5 years old to...

Form close and secure **adult and peer relationships...**

Experience, manage and express a **full range of emotions...**

Explore the environment and learn...

...all in the context of family, community, and culture.

Where can we promote social and emotional well-being?

- Pediatric health care
- Early intervention
- Child welfare
- Policy
- Judicial system
- Home visits
- Early care and education
- Early connections

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Additional Awareness Building Examples

The logo for vrooom, featuring the word "vrooom" in a bold, orange, lowercase font with a trademark symbol (TM) to the right. The letters are stylized, with the 'o's having a circular cutout.

Wisconsin Alliance for
Infant Mental Health



Speak
for
Wisconsin
BABIES
Support Early Relationships

Tips for Supporting Infants &
Young Children's Transition
as we Re-open



All About Feelings
Photo Contest



Alabama: Leadership



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Jane Duer, M.Ed., IMH-E®

Director, Office of Infant & Early Childhood
Special Programs, Alabama Department of
Mental Health



Dallas Rabig, LPC, IMH-E®

State Coordinator IECMH, Alabama
Department of Early Childhood Education



Alabama's Infant & Early Childhood Mental Health System of Care and Mission



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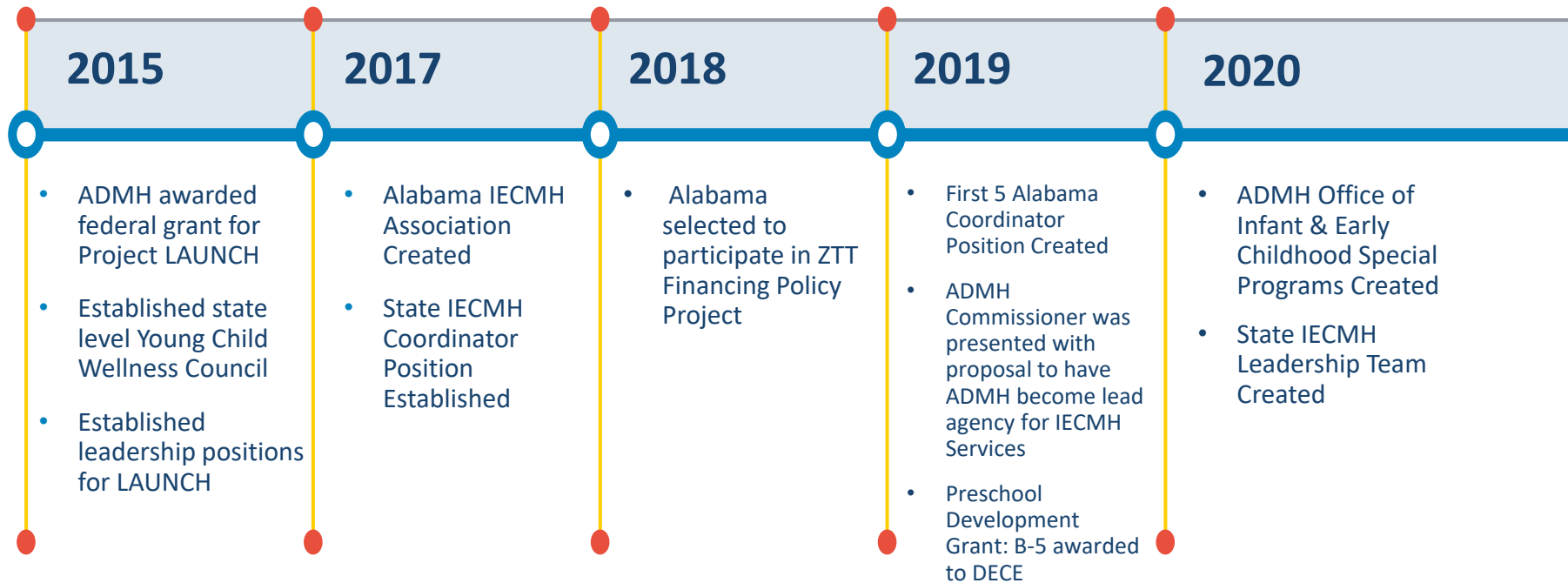
- **VISION** - Every child has opportunities from the start to reach their full potential within healthy positive relationships.
- **MISSION** - To create and sustain a culturally sensitive system that promotes positive early experiences through collaborative partnerships, empowering families, and building capacity across communities.



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Building State-Level IECMH Leadership

Our Timeline



Project LAUNCH 2015-2019



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- SAMHSA awarded the Alabama Department of Mental Health (ADMH) to enhance early childhood services through an emphasis on infant and early childhood mental health (IECMH) at the local level and create infrastructure at the state level
- State Young Child Wellness Council created
- Two IECMH consultants hired for Tuscaloosa County to support Early Intervention providers, Early Head Start and Head Start teachers, one pediatric practice, and enhance support to home visitors and childcare providers
- Brought in nationally recognized experts on IECMH and related topics
- Increased screenings and assessments of development through ASQ 3 and ASQ SE (through Help Me Grow)
- Identified the major gaps in mental health services for birth-5 in the state

FUNDING SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA) federal grant

AMOUNT: Approx. \$7.5 million over five years (2015-2019)

First Five Alabama & State IECMH Coordinator Position 2017



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Alabama's IECMH Association (First 5 Alabama)

Affiliate of the Alliance for the Advancement of Infant Mental health

FUNDING SOURCES: The Kellogg Foundation (initial)

State IECMH Coordinator position created and filled

FUNDING SOURCES: the Alabama Department of Early Childhood Education & the Alabama Department of Mental Health - State and Federal Funds

Strengthening Infrastructure and Setting Goals through ZTT Policy Financing Project 2018



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- Alabama selected as one of the nine states and the District of Columbia to participate in Cohort 2 of the ZTT Policy Financing Project
- Partnership with Alabama Medicaid Agency
- Proposal submitted in Sept. 2018 by Jane and Dallas to the ADMH Commissioner to request from legislature additional state funds for FY20 to create what would become the Office of Infant and Early Childhood Special Programs (OIECSP)

Sustaining and Expanding IECMH Beyond Project LAUNCH 2019



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- Grant funding awarded to Alabama Partnership for Children by the Alabama Department of Human Resources
 - Six IECMH Consultant positions created
 - First 5 Alabama full-time Coordinator position created
- Alabama Department of Early Childhood Education receives Preschool Development Grant: B-5 funds which are used for massive professional development initiative across the state around IECMH capacity building
- Alabama legislature funds ADMH to create IECMH services within the Office of Infant & Early Childhood Special Programs, including five IECMH Consultant positions, a State Reflective Supervision Coordinator position, and a Manager for IECMH Services



ADMH created the Office of Infant and Early Childhood Special Programs (OIECSP)

- EI Coordinator became OIECSP Director
- IECMH Services were added to the long-standing EI Services within ADMH
- Eight full-time IECMH Consultation positions were created and filled by Sept. 2020
- State IECMH Reflective Supervision Coordinator position was created through a contract with the University of Alabama
- Manager of OIECSP position was created through a contract with the Alabama Partnership for Children and has just recently become an employee of ADMH – IECMH Services Coordinator
- Sustained the support of the State IECMH Coordinator position at ADECE
- Began to develop evaluation and long-range planning

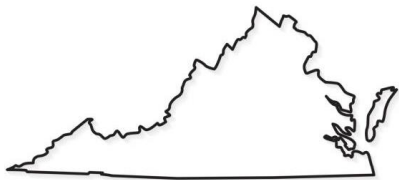


Alabama's IECMH Leadership Team

- **Jane Duer**- Office of Infant Early Childhood Special Projects, Director, Alabama Department of Mental Health
- **Dallas Rabig**- State IECMH Coordinator, Alabama Department of Early Childhood Education
- **Stacey Snead**- State Reflective Supervision Coordinator – University of Alabama
- **Sarah-Ellen Thompson**- IECMH Services Coordinator, Alabama Department of Mental Health



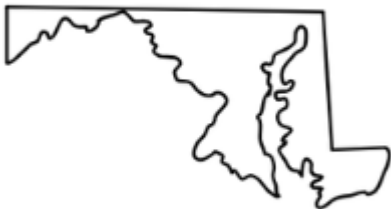
Additional Leadership Examples



- **Virginia** – State Early Childhood Mental Health Coordinator



- **Washington** –
 - Medicaid Clinical Nurse Advisor and Maternal Child Health Consultant
 - Medicaid Infant & Early Childhood Mental Health Manager
 - IECMH Consultation Manager



- **Maryland** – Chief of Early Childhood Services

Colorado: Workforce Development



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Shannon Bekman, PhD, IECMH-E®
Director, Right Start for Colorado
Mental Health Center of Denver





RIGHT START

— FOR COLORADO —

A Colorado Infant and Early
Childhood Mental Health Initiative

Presented by: Shannon Bekman, PhD, IECMH-E®

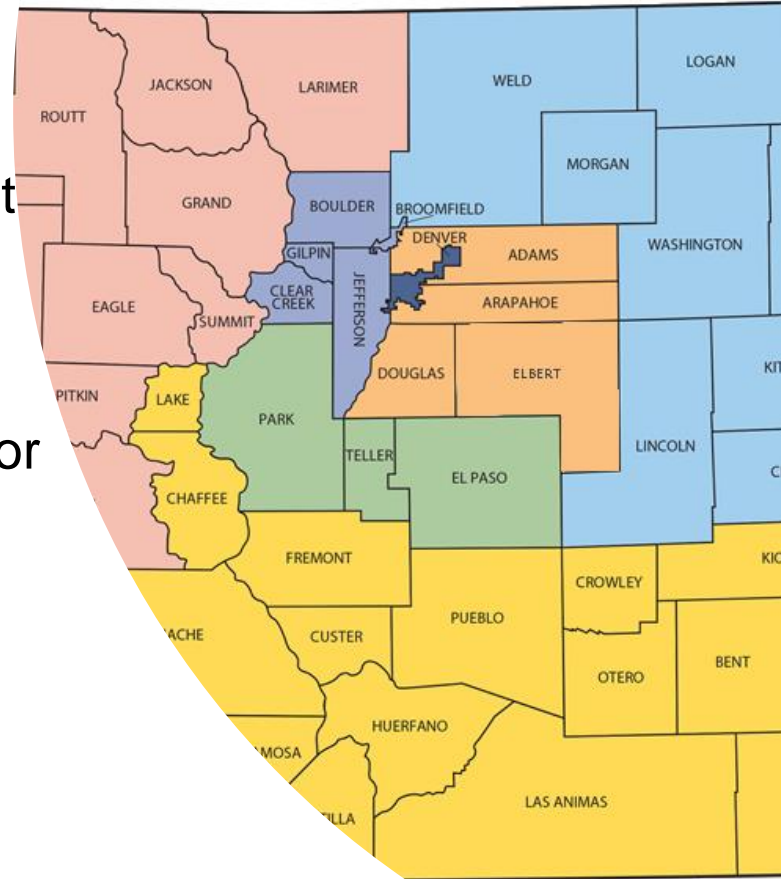
 | Mental Health Center of Denver

mhcd.org/right-start-colorado |   

Overview of Right Start for Colorado

Intended Goals:

- Increase access to a full range of infant and early childhood mental health services
- Build ***statewide workforce capacity*** for individuals serving the birth to 5 population
 - Mental Health Clinicians
 - Allied professionals



RIGHT START

— FOR COLORADO —

Infant and Early Childhood Mental Health

The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being



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Who is included in the infant & early childhood mental health workforce?

Clinical and Allied IECMH Professionals



Allied Professionals
(Promotion, Prevention
& Identify and Refer)



Clinical Providers
(Provide IECMH intervention/treatment)



RIGHT START

— FOR COLORADO —

IECMH Workforce Development

Clinical Workforce Development Foci:

- Relationship Assessment
 - Developmentally Sensitive Diagnosis (e.g., DC:0-5™)
 - Evidence-Based/Evidence-Informed Treatments
 - Diversification of Workforce
-
- Focus on state infrastructure development
 - CPP Training of Trainers
 - IECMH-E Endorsement of professionals who can mentor others
 - DC:0-5 crosswalk

RIGHT START

— FOR COLORADO —

IECMH Workforce Development

Allied Workforce Development :

- Promoting awareness of IECMH
 - Promoting knowledge of local IECMH clinical services
 - Encouraging referrals for intervention, when indicated
-
- Partnerships with state level Part C services, home visitation programs and Child welfare

RIGHT START

— FOR COLORADO —

How is this Funded?

- A combination of Federal SAMHSA dollars-
 - We are 1 of 9 Infant and Early Childhood Mental Health Grantees in Cohort 1
- Generous philanthropic support from numerous Colorado Foundations



RIGHT START

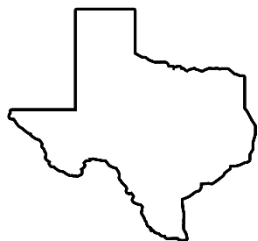
— FOR COLORADO —



Additional Workforce Development Examples



- **New York** – Statewide DC:0-5 training



- **Texas** – Childcare IECMH workforce development



- **Illinois** – IECMH Credential system including 10 months of reflective practice groups

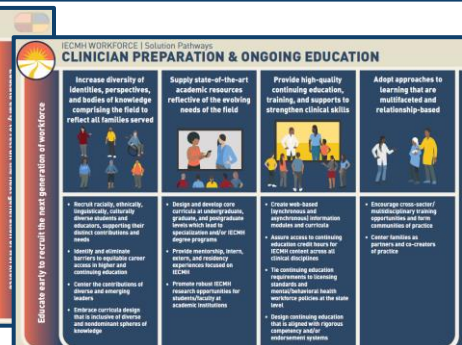
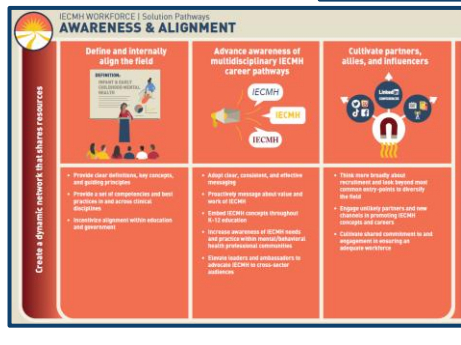
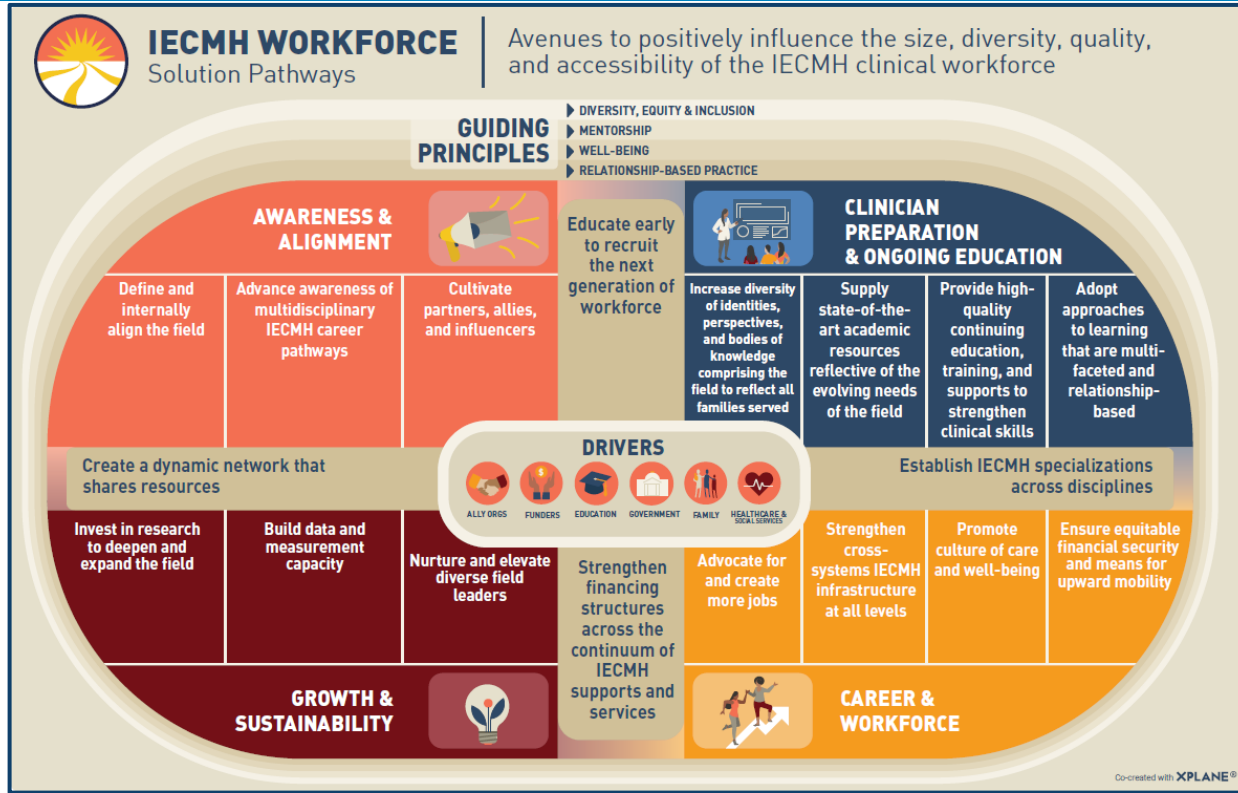


- **Michigan** – MI-AIMH and state offering Home Visitors reflective practice groups



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IECMH Clinical Workforce Solution Pathways





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Panel Discussion

IECMH Resources: Awareness & Leadership



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- **Awareness**

- ZTT: [Strolling Thunder](#)
- NCCP: [Alabama - Help Me Grow PRiSM profile](#)
- NCCP: [North Carolina - Triple P PRiSM Profile](#)
- [VROOM: Free, easy-to-use learning tips for children 5 and under](#)

- **Leadership**

- NCCP: Arkansas: [Infant and Early Childhood Mental Health Standards Workgroup](#)
- NCCP: Minnesota: [Minnesota Interagency Developmental Screening Task Force](#)

IECMH Resources: Workforce Development



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- ZTT: [IECMH Clinical Workforce Solution Pathways](#)
- ZTT: [Infant and Early Childhood Mental Health Competencies: A Briefing Paper](#)
- [ZTT: Infants, Toddlers, and Early Childhood Mental Health Competencies: A Comparison of Systems](#)
- ZTT [Professional Development: DC:0-5, The Growing Brain, Critical Competencies for Infant-Toddler Educators](#)
- NCCP: Massachusetts: [PIWI training for EI providers](#)
- NCCP: Oregon: [PCIT Training Center](#)
- NCCP: Wisconsin: [Pyramid Model](#)
- ***The Alliance for the Association of Infant Mental Health and Michigan Association of Infant Mental Health (AAIMH):***
 - AAIMH: [Infant Mental Health Journal](#)
 - AAIMH: [Best Practice Guidelines for Reflective Supervision/Consultation](#)
 - AAIMH: [RC/S via Distance Technology Guidelines](#)
 - AAIMH: [IECMH Workforce Development as Part of a Solution to the Opioid and Substance Use Disorder Crisis](#)
 - AAIMH: [Forming an Association for Infant Mental Health: A Getting Started “Idea Booklet”](#)
 - AAIMH: [What Makes an Association for Infant Mental Health Strong?](#)
 - AAIMH: [Endorsement is Good for Babies](#)
 - AAIMH: [Endorsement Capacity Assessments](#)
 - AAIMH: [General information on Endorsement](#)
- ***The National Center of Excellence for Infant & Early Childhood Mental Health Consultation (CoE)***
 - CoE: [Foundational Knowledge for Mental Health Consultants](#)
 - CoE: [Workforce Building Resources](#)
 - CoE: [Equity in IECMHC webinar resources](#)
- [Illinois Association of IMH: IECMH Credential \(I/ECMH-C\) and Reflective Practice Groups](#)
- [Alabama’s Infant Mental Health Association: First 5 Alabama](#)
- [The Intersection of Leadership and Vulnerability: Making the Case for Reflective Supervision/Consultation for Policy and Systems Leaders](#)



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Additional IECMH Resources from ZTT

- [Exploring State Strategies for Financing Infant and Early Childhood Mental Health Assessment, Diagnosis, and Treatment](#)
- [ZERO TO THREE Infant and Early Childhood Mental Health Policy Vignettes](#)
- [Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health](#)
- [Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health](#)
- [DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood](#)
- [Parenting Resources](#)



Resources from Webinar 1

- [How to Talk About IECMH Infographic](#)
- [State of Babies Yearbook](#)
- [Diversity-Informed Tenets for Work with Infants, Children, and Families](#)
- [EPIC – Empowered Parents in Community](#)
- [GARE: The Local and Regional Government Alliance on Race and Equity](#)
- [The Racial Equity Institute](#)
- [We Are: Working to Extend Anti-Racist Education](#)
- [Exploring State Strategies for Financing Infant and Early Childhood Mental Health Assessment, Diagnosis, and Treatment](#)
- [Infant and Early Childhood Mental Health Policy Series](#)
- [Expanding Infant and Early Childhood Mental Health Supports and Services: A Planning Tool for States and Communities](#)
- [Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health](#)
- [Building Back Better: ZTT's Transition Plan](#)
- [Join Think Babies!](#)



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Let's Take A Poll

Q3: Which policy theme from today would you most want to learn more about or pursue in the future?





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Webinars To Come:

Session 3: March 25th – State Stories of IECMH Policy Innovation

- Invest in Promotion and Prevention Through MH
- Ensure an Array of Funding including Medicaid for IECMH Services

Session 4: Thursday May 6th- Advocacy

Session 5: Thursday June 3rd - Opportunity for Questions and Reflective Dialogue





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Many THANKS!!!





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ZERO TO THREE's Infant and Early Childhood Mental Health Policy Team



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NCCP:

Sheila Smith sheila.smith@nccp.org

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North Carolina:

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Alabama:

Jane Duer jane.duer@mh.alabama.gov

Dallas Rabig dallas.rabig@ece.alabama.gov

Colorado:

Shannon Bekman Shannon.Bekman@MHCD.org



National Center for Children in Poverty

Dr. Sheila Smith sheila.smith@nccp.org



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Sheila Smith is Co-Director of the National Center for Children in Poverty. She is a psychologist and early childhood researcher who leads NCCP's early childhood team. Her work focuses on research-informed policies and programs to promote the healthy development of infants and young children. She leads policy research and technical assistance at NCCP focused on strengthening IECMH in different sectors and advancing two-generation policies for families with young children facing economic hardship. She has a Ph.D. from University of Chicago and served as a Congressional Science Fellow in Child Development and Social Policy.

PRISM: Promoting Research-informed State IECMH Policies and Scaled Initiatives

National Center for Children in Poverty

Daniel Ferguson ferguson@nccp.org



ZERO TO THREE

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Daniel Ferguson is a Research Associate at the National Center for Children in Poverty, where he has been since 2003. His work on the center's early childhood team focuses on state policies and initiatives to promote infant-early childhood mental health. He is a graduate of Keble College, Oxford University, where he holds an MA (Oxon) in philosophy, politics, and economics.



North Carolina:

Sara van Driel Sara@triplep.net



ZERO TO THREE

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Sara van Driel is an advocate for helping to build communities that support families in raising the next generation with the best opportunity to achieve their full potential. She has a doctorate in Clinical-Community Psychology from the University of South Carolina, and as an Implementation Consultant for Triple P America, Sara currently supports implementation of Triple P – Positive Parenting Program across many states in the US, including North Carolina. Sara’s previous experience spans research, clinical practice, and training.

[Handout: What is the Triple P System](#)

Alabama:

Jane Duer jane.duer@mh.alabama.gov



ZERO TO THREE
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Jane Duer earned a master's degree in Education with teacher certification in Early Childhood Special Education from Auburn University , and recently became the first person in Alabama to hold Endorsement® as an Infant Mental Health Policy Mentor. For more than 25 years, Jane's work focused on infants, toddlers and preschoolers with developmental disabilities/special health care needs and their families. This experience included 21 years at Children's Hospital of Alabama providing direct services to hospitalized patients ages newborn to 4 years, and becoming the founding director of the hospital's community-based Part C Early Intervention program. In 2012, Jane moved to a state-level position within the Alabama Department of Mental Health as the Early Intervention Services Coordinator, overseeing ADMH contracted community based Part C EI Services across the state. Jane's scope of work broadened to include the building of Alabama's IECMH system of care when she became the Principal Investigator for SAMHSA's Project LAUNCH grant in 2015. Over the next five years, LAUNCH helped bring IECMH awareness and IECMH Consultation to Alabama and laid the groundwork that would lead to the creation of the current Office of Infant and Early Childhood Special Programs at ADMH which Jane now Directs. This new office includes the EI services originally in place but also includes the new IECMH services. Jane is a ZERO TO THREE Fellow (class of 2018) and has served as Council Co-Chair for the ZERO TO THREE Academy of Fellows since 2019.

[Alabama Department of Mental Health/Office of Infant and Early Childhood Special Programs](#)
[Alabama Family Central website](#)

Alabama:

Dallas Rabig dallas.rabig@ece.alabama.gov



ZERO TO THREE

Early connections last a lifetime

Dallas Rabig is a Licensed Professional Counselor (LPC), a National Certified Counselor (NCC), and holds an Infant Mental Health Clinical Mentor Endorsement[®] (IMH-E[®]) through First 5 Alabama[®]. She earned her Master's degree in Professional Counseling from Liberty University and is currently working on a PhD in Counselor Education and Supervision from the University of the Columbians where her research focuses on the effects of the current pandemic on military families. Currently she is the State Coordinator for Infant and Early Childhood Mental Health in partnership between Alabama Departments of Early Childhood Education and Mental Health to create a comprehensive early childhood mental health system of care. Dallas works to advance the Competencies for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health[®] across all disciplines through professional development opportunities, Reflective Supervision and Consultation, and as a member of the First 5 Alabama Endorsement Team. Dallas is active in state policy initiatives and systems building efforts to improve the overall wellness of children and families in Alabama. She works closely with state departments that serve children and families, providing consultation to staff struggling with the delivery of developmentally appropriate practice that is trauma informed. She is active in many professional associations and is often called on to speak on early childhood trauma and the effects of toxic stress on brain development and early learning.

[Alabama Department of Early Childhood Education](#)

Colorado:



Dr. Shannon Bekman Shannon.Bekman@MHCD.org

ZERO TO THREE

Early connections last a lifetime

Dr. Shannon Bekman is a licensed clinical psychologist at the Mental Health Center of Denver and the Director of *Right Start for Colorado*, a SAMHSA-funded infant and early childhood mental health (IECMH) initiative aimed at expanding Colorado's IECMH workforce and clinical services. She is also currently a ZERO TO THREE fellow. Prior to her current role, she developed Mental Health Center of Denver's infant and early childhood mental health programming and brought to Denver much needed clinical services for children ages 0-5 and their caregivers, with an emphasis on the amelioration of trauma. Dr. Bekman is passionate about serving young children who have experienced abuse, neglect and trauma and collaborating with all disciplines that touch the lives of very young children. Her expertise is in infant and early childhood attachment, trauma, and various dyadic psychotherapies.

[Right-Start-Colorado](#)