

Pennsylvania Early Childhood Mental Health Consultation Program Report

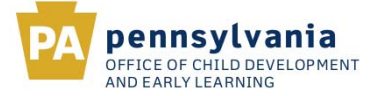
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**Pennsylvania Early Childhood Mental Health Consultation Program
Report Fiscal Year 2008-2009**

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Introduction

This report details the work of the Early Childhood Mental Health (ECMH) Consultation Program for the 2008-2009 fiscal year based on three established goals: *reduce the number of children expelled from childcare due to behavior challenges, increase understanding among early care and education practitioners and families of social-emotional development and its impact on educational success, and link and bridge systems and services of behalf of a child, family, and program.*

The information contained within this report was compiled by demographic and programmatic data collected by Early Childhood Mental Health (ECMH) consultants across the Commonwealth and through program feedback surveys which are distributed to and completed by early learning directors and teachers who have received consultation services.

Early Childhood Mental Health Research Base

Early childhood mental health is defined as the developing capacity of the young child to experience, regulate and express emotions, form close and secure interpersonal relationships and explore the environment and learn – all in the context of family, community, and cultural expectations for young children. Early childhood mental health is synonymous with healthy social and emotional development.

Early childhood mental health is influenced by:

- Biological/genetic factors
- The quality of adult relationships
- Care-giving environments
- Community context

“The emotional, social, and behavioral competence of young children is a strong predictor of academic performance in early elementary school.” (Zero to Three, 2003)

“From the last two decades of research, it is unequivocally clear that children’s emotional and behavioral adjustment is important for their chances of early school success.” (Raver, 2002)

This statement causes us to ask whether there is causality between early school success and later academic success. The evidence is clear, *“aggressive young children who are rejected by their classmates in their first years of schooling are at grave risk for lower academic achievement, greater likelihood of grade retention, greater likelihood of dropping out of school, and greater risk of delinquency and of committing criminal juvenile offenses in adolescence.” (Raver, 2002).*

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Early Childhood Mental Health in Pennsylvania Background

In February 2006, the BUILD Infant-Toddler Task Force issued a report with recommendations to promote “Infant and Toddler Development.” The report included recommendations in three focus areas, one of which was to improve social-emotional outcomes for young children in Pennsylvania. The recommendations were to:

- *Develop leadership within the Department of Public Welfare to spearhead socio-emotional health needs*
- *Coordinate increased communication regarding the importance of socio-emotional health in state programs that serve families with infants and toddlers*
- *Assure efforts to identify infants and toddlers at risk for developmental delays*
- *Increase awareness of family support programs to help at-risk families with Infants and toddlers*

The ECMH Advisory Committee was formed in order to build relationships and leadership within Pennsylvania’s Department of Public Welfare to spearhead efforts to promote socio-emotional health among young children. The committee is composed of key stakeholders in early childhood mental health including representatives from Department of Public Welfare program offices, private foundations, physical health care providers, mental health providers, the Pennsylvania Key, family members and advocates, county human service programs, managed care organizations, and early childhood educators. The committee worked for a year to prepare recommendations for advancing the healthy social and emotional development of Pennsylvania’s young children. On September 1, 2009, the ECMH Advisory Committee presented recommendations to the Department of Public Welfare Secretary, Estelle Richman.

In response to these recommendations, the Infant/Toddler Mental Health Project began as a grant-funded pilot in 2006 with a focus on supporting early care and education teachers in meeting the social and emotional needs of children ages birth through three years who were exhibiting concerning behaviors. The program staff worked to increase efforts among early care and education practitioners to identify infants and toddlers at risk for developmental delays. Staff worked to build capacity of parents and teachers to meet the social-emotional needs of their children, to establish collaborative relationships with other child-serving systems and to assist families with accessing more intensive services when indicated.

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Early Childhood Mental Health Consultation Program Overview

Since the beginning of the pilot, the project has evolved into a statewide program funded by the Office of Child Development and Early Learning with expanded reach to include children ages, three to five. The Early Childhood Mental Health Consultation program is open to all state-registered or certified early care and education facilities enrolled in Keystone STARS, Pennsylvania's program to promote continuous quality improvement in early learning and school-age environments. The program is administered by each of the six Regional Keys to Quality. The Regional Keys are responsible for supporting early care and education practitioners in their effort to offer quality programs.



The ECMH Consultation Program is a child-specific consultative model which addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the director or teacher and with the permission of the child's parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning).

The Pyramid is designed to help organize a variety of evidence-based approaches, activities, and practices focused on young children's healthy social and emotional development. Consultants work directly with the child's teachers and parents to increase their capacity to understand and address the child's developmental needs. Research supports ECMH Consultation as an effective approach to promoting social-emotional competence in young children. Brennan, et.al (2006) found that children in classrooms that received consultation showed greater improvement in social-emotional development and decreased problem behaviors than children in comparison groups that received no consultation. Within the same report there is evidence that as a result of consultation teachers felt more competent and effective and that they were more attuned to the needs of children. Finally, programs were found to benefit from ECMHC in studies that reported lower staff turnover and fewer children expelled for behavior. The following information details Pennsylvania's ECMHC Program impact on similar factors known to increase social-emotional competence of young children.

Design

During FY 08-09 the ECMH consultation program contracted with the six Regional Keys to employ six full-time and one half-time early childhood mental health consultants. ECMH consultants are Masters-level professionals with strong educational backgrounds in mental health, child development and early education. Consultation services include:

- Child-specific mental health consultation to early childhood programs such as observation, team planning, creation of individualized strategies and coaching

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- Targeted professional development to address program-specific needs such as problem identification, referral processes, classroom management strategies, and the promotion of healthy social and emotional development
- Referrals to community based providers (mental health, early intervention, physical health) and assistance with access to more intensive services to meet the child’s and/or family’s needs.

The ECMH Consultation program is an essential component of Pennsylvania’s Keystone STARS Child Care Quality Initiative. The quality of the early care and education environment is positively affected by the on-site coaching and assistance of the ECMH consultant. Strategies offered by consultants are in line with the standards and expectations of quality care, in general. The focus on teacher-child-parent interactions and approaches to promote social-emotional competence serves to enhance the program’s effectiveness in preparing young children for academic success. Children who are referred to the consultation program receive a social-emotional screening using the ASQ:SE. This screening is completed by the child’s teacher, as well as the child’s parent/guardian, in most cases. The screening results are discussed with the child’s caregivers and this information, coupled with observations from all team members, informs the next steps in the consultation process, which may include creation of an action plan, on-site coaching, professional development sessions or resources, and/or potential referrals to other community services.

Evaluation

The ECMH Consultation Program used two primary methods of project evaluation: demographic and programmatic data collected by Early Childhood Mental Health Consultants (ECMHC) across the Commonwealth and program feedback elicited by early learning directors and teachers who have received consultation services through self-reported surveys. The data collected is intended to demonstrate progress toward the following programmatic goals:

- To reduce the number of children expelled from child care due to behavioral issues
- To increase early childhood educators understand of social and emotional develop and its impact on educational success
- To link and bridge systems and services on behalf of a child, family and program.

The remainder of this report will include a summation of the demographic data and accomplishments of Pennsylvania’s Early Childhood Mental Health Consultation program during the 2008-2009 fiscal year.

Summary of service data 2008-09

244 early learning facilities were visited by an ECMH consultant

434 individual children received child-specific consultation as requested by early care and education staff

255 referrals were made to community-based agencies for more intensive services for a child or family

61% of referrals were accepted for service

5,054 children were impacted by consultation services delivered in their early care and education programs

837 early childhood educators received on-site ECMH consultation and/or professional development

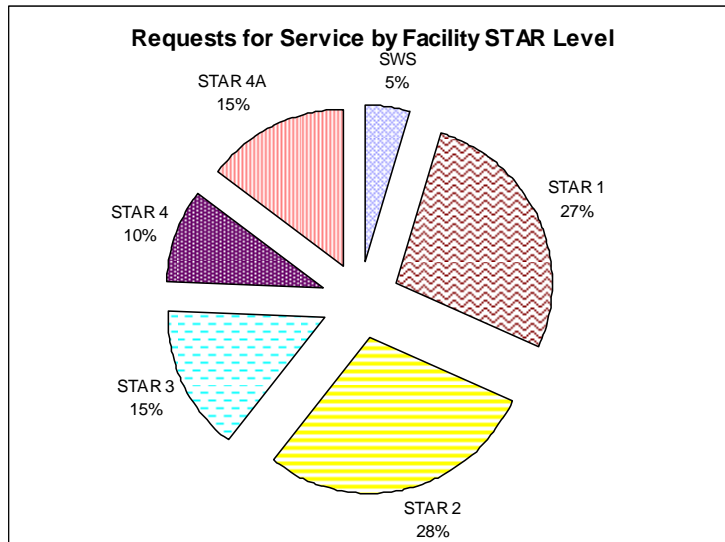
48 counties (72%) received services from the ECMH consultation program

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ECMH Consultation Program Demographic Data

Early learning facilities reached n=244

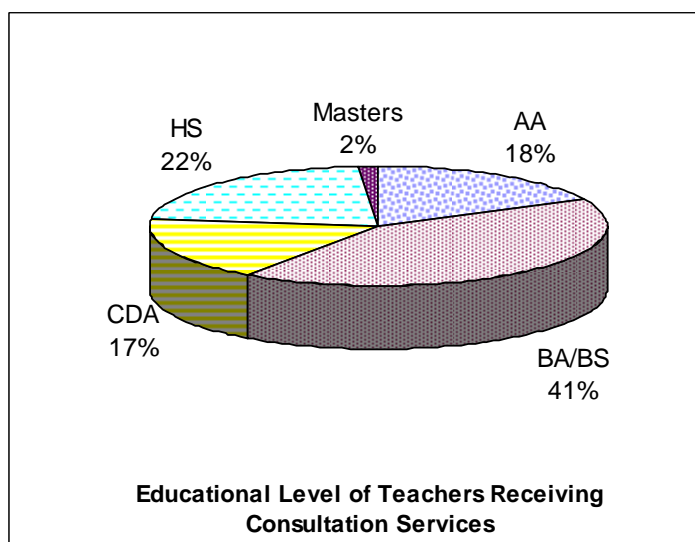
Consultation was provided far more often in center-based (235) versus home-based (9) facilities.



Facilities at levels one and two in Keystone STARS requested services most often, 27% and 28% respectively. This is consistent with previous years. Children in higher quality programs are less likely to experience behavioral challenges as the environment and practices are supportive of their social-emotional needs and overall development.

Early childhood educators received on-site consultation or professional development n=837

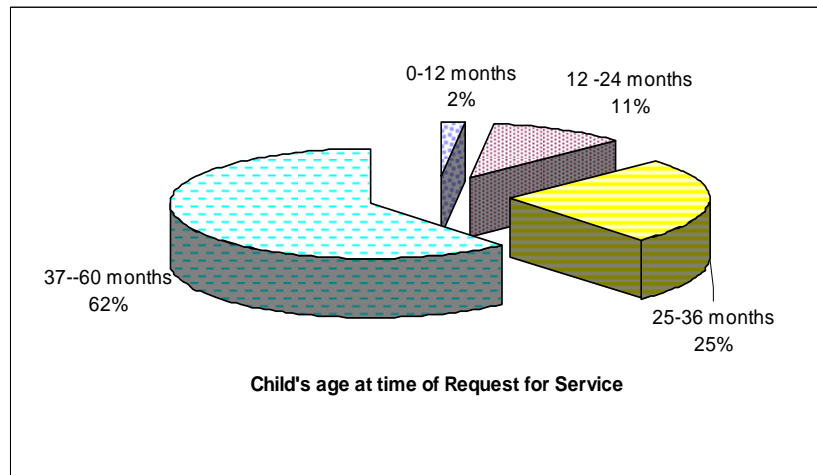
Pennsylvania’s Early Learning Keys to Quality has focused on improving the quality of early learning environments as well as the professional development of teachers. Of those educators who received consultation services, 78% had attained education beyond high school and nearly half had a bachelor’s degree or above. ECMH consultants build upon this educational foundation by offering strategies, coaching and professional development which emphasize the importance of social-emotional development to school readiness and prepare teachers to address behavioral challenges in their classrooms. Specific examples of professional development activities and outcomes as a result of the ECMH consultant’s involvement are described later in this report.



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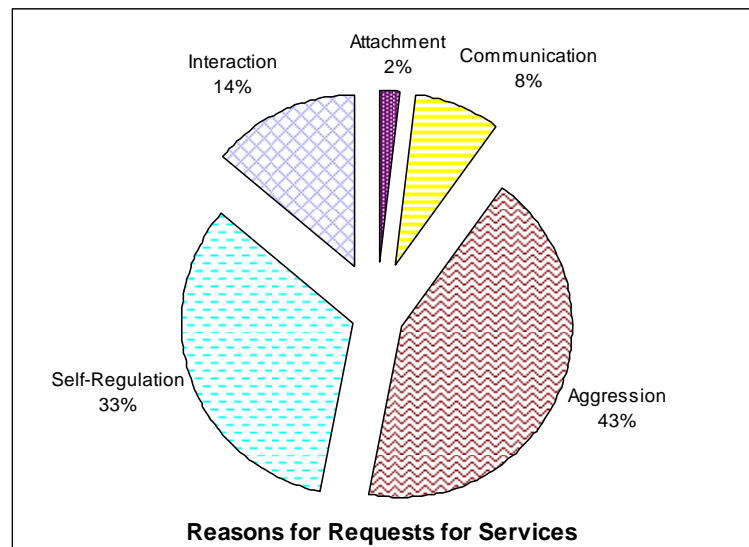
Requests for service for child-specific consultation for children n=434

Children in the age range of 37-60 months were referred by teachers most often (62%). Note that this age range includes a broader increment of 24 months. However, in general, the youngest children were least likely to be referred and referrals increased significantly as children reached older toddler and preschool ages. Only 13% of referrals were



for children under 24 months of age. This may suggest that teachers can benefit from an increased understanding of infant-toddler mental health and potential signs that young children are at risk. We may also conclude that teachers may perceive behavior as more problematic as children get older.

When requesting consultation services, teachers or directors are asked to indicate the reason for request from a list which includes attachment, communication, aggression, self-regulation and interaction. Most requests are made for externalizing behavior concerns, such as aggression and self-regulation. Managing externalizing behaviors in a group environment can be extremely challenging for young children. The early care and education staff request assistance in helping children with these behaviors from the ECMH Consultation Program because they are committed to learning better ways to manage these challenges so that children can remain in the early care and education setting.

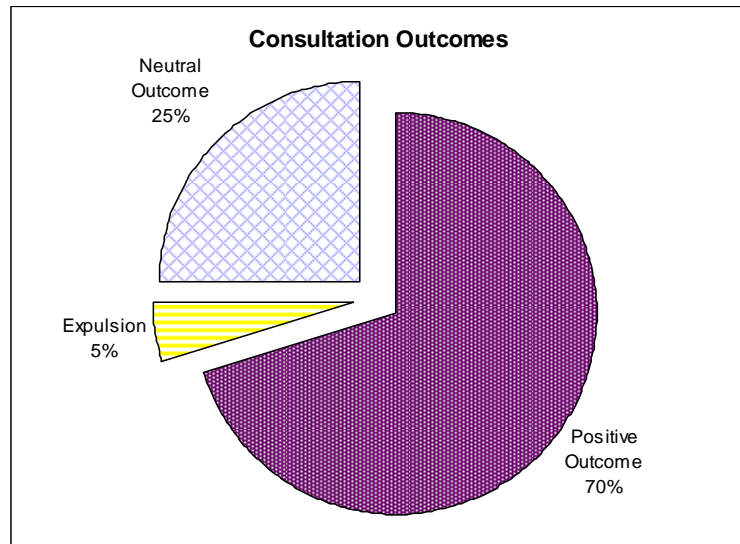


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ECMH Consultation Program Goals

Goal 1: Reduce the number of children expelled from child care due to behavior issues

This is the primary goal of the ECMH consultation program. In several studies, early childhood mental health consultation has been noted as an effective approach for decreasing the likelihood of expulsion for children with challenging behaviors (Gilliam and Shahar, 2006). Teachers who receive on-site consultation are about 50% less likely to expel a child as a teacher without this support (Gilliam, 2005). The ECMH consultant works collaboratively with early childhood educators and parents to understand the nature of children's behavior, to



identify strengths that can be built upon and ultimately to help everyone feel more capable of meeting the children's needs and teaching social-emotional competence. As educators and families receive support from consultants, they are able to offer the same support to children. This is known as parallel process. It is these factors that minimize the likelihood that children will be expelled due to behavior issues. Of those children referred to the ECMH Consultation program, 70% were retained in their early care and education programs. The chart depicts outcomes of consultation as positive, neutral or expulsion. Positive outcomes were determined to be: goals of the action plan were met; child was accepted for additional support services; or team decided that the current early learning program was not a "good fit" and the family was provided with a referral to a more appropriate setting. In a few cases, the ECMH consultant continued to offer support in this new setting. Neutral outcomes were determined to be those that occurred for reasons unrelated to the early learning program, the child's behavior or the consultation program; one example being when a family moves to another area.

Goal 2: Increase the understanding of social and emotional development and its impact on educational success

In order to increase teachers' understanding of social-emotional development, consultants offered targeted professional development sessions on topics such as inclusion of all children; behavior guidance; building collaborative relationships with families; providing responsive care; and implementing the early learning standards while promoting social-emotional development. Additionally, several joint trainings were offered with EITA consultants on positive behavior support and social-emotional development using modules from the Center on the Social and Emotional Foundations for Early Learning.

Statewide Professional Development Events
 Early Childhood Education Summit
 Higher Education Diversity Institute
 Delaware Valley Association for the Education of Young Children
 Children's Trust Fund Trustee's Professional Development Day

Summary of Professional Development Activities

403 hours of professional development offered to early care and education community

153 hours of resource and referral were provided by consultants in addition to hours spent on referred children i.e. Warm-line, general calls/questions from parents and providers

521 participants benefitted from 33 sessions on Using the Ages and Stages Questionnaire as a Screening Tool

215 directors and teachers received training in Mind in the Making

4 sessions on Pre-school PATHS (Promoting Alternative Thinking Strategies) for 50 participants

In an effort to increase screening of young children across state programs, Pennsylvania initiated training on the Ages & Stages Questionnaire (ASQ) and the social-emotional component (ASQ:SE). Each of the Regional Keys offered numerous professional development events for early care and education program directors and distributed screening kits to programs that participated. Use of these screening tools will increase appropriate identification of children with potential delays. The ASQ offers a mechanism to understand and discuss children's development objectively and includes developmentally appropriate activities for caregivers to do with their children. Understanding of social and emotional development by early care and education staff is measured in the Program Feedback Survey administered at the conclusion of the consultative process. Survey results indicate:

- 61% of respondents felt that they understood the contextual influences of family and classroom environments on children's behavior. This understanding helped them to respond to behavior challenges sensitively, meeting children's social and emotional needs and enhancing competence.
- 82% of respondents conveyed that the information and strategies shared by ECMH consultants were applicable to all children in their programs. Therefore, consultation

services had a positive impact on all children within the classroom, not only the child referred.

- More than 75% of respondents noted improvement in their ability to foster healthy social and emotional development of all children.

Goal 3: Link and bridge systems and services on behalf of a child, family and program

One of the barriers to effective services for children and families is the complexity of the child-serving system in Pennsylvania. ECMH consultants help facilitate links to appropriate services for children who need them and provide information to practitioners and families about community resources. ECMH consultants referred 255 children (59% of cases) and their families to community based resources for more intensive services.

- Children were referred most often to early intervention, 26% to infant/toddler and 23% to preschool services.
- Children's mental health services were sought for 28% of children.
- Of those referred, 61% of referrals were accepted for service, with another 20% pending approval

In program feedback surveys, teachers and directors were asked about the effects of the ECMH consultation program on identifying and accessing appropriate services for young children and families. Respondents (74%) regarded ECMH consultants as very or extremely helpful with accessing services for children. Teachers and directors (68%) indicated that their ability to refer children to appropriate services improved as a result of working with an ECMH consultant.

In addition to the ECMH consultation program, Pennsylvania has several initiatives aimed at increasing the coordination and accessibility of services to promote early childhood mental health. ECMH program coordinators and the project manager are involved in regional and state level activities that foster cross-system collaboration and linkages and address system-level barriers to access to services for children and their families. Other examples of efforts to coordinate early childhood systems are:

- Issuance of a joint announcement by the Offices of Child Development and Early Learning (OCDEL) and Mental Health and Substance Abuse Services (OMHSAS) which outlined considerations for accessing services for young children through the Early Intervention and Mental Health systems.
- Networking and joint training opportunities that included professionals from early intervention, early childhood education and children's mental health.
- Collaborative professional development offerings created by Early Intervention Technical Assistance to promote the use of Positive Behavior Supports in early care and education programs
- Cross-office support from OMHSAS to OCDEL's ECMH Consultation program in the form of a program liaison and access to clinical consultation for the ECMH consultants
- Sponsorship of a multidisciplinary cohort of thirty students to complete Chatham's Infant Mental Health Certificate Program

Early Childhood Mental Health Consultation Program Barriers

One of the greatest barriers faced by the ECMH consultation program staff is the limited number of professionals qualified to provide services to very young children. This has also made it difficult to expand the ECMH consultation program. At the close of the fiscal year, the program had eight consultants. Demand for services continues to exceed the staffing resources forcing the Regional Keys to maintain waiting lists of children for whom services have been requested. For this reason, the state chose to expand the program to include additional consultants (1.5 FTE). The expansion was difficult because of the challenges faced by the Regional Keys to obtain professionals with the specific background and experience that is necessary for a qualified early childhood mental health consultant.

Turnover among early childhood education staff was another barrier faced by the ECMH consultants. Developing relationships and coaching teachers to implement strategies takes time and consistency; staff turnover makes this process even more difficult. Children are obviously deeply affected by the loss of primary caregivers, and behavior often escalates again as a result. Caregiver turnover requires continuous training to assure that new staff are empowered as soon as possible to maintain and improve healthy social emotional environments for children.

Additional challenges cited by the consultants and practitioners included: the multiple and complex problems faced by families; the impact of poverty on families and children and the effect on parent-child relationships; parent mental health issues; behavior, and/or substance abuse disorders; the impact of abuse and neglect on the emotional development and attachment of very young children, (this affected foster and kinship families who were as much in need of

support as biological parents); and the growing number of children identified with multiple disabilities (mental health and rehabilitation needs).

Early Childhood Mental Health Consultation Program Strengths

Consistent themes emerged from the evaluative feedback of this program in FY 2008-09. These strengths were affirmed:

- **ECMH programming and services are characterized by flexibility.**
Consultants work with child care centers to schedule observations and to develop actions plans that meet needs of both the child and educator. Services are customized based on several factors including the reason for request, the child's developmental and behavioral characteristics, the early learning environment, the staff's knowledge and skills in social-emotional development, and the parents' perspective of the presenting challenges.
- **ECMH consultants are knowledgeable and skilled.**
ECMH consultants are highly qualified Masters level professionals with a strong background in child development, early childhood mental health and early care and education environments. They are skilled in coaching, relationship-building, collaboration, and accessing community resources.
- **Strong community relationships exist.**
Many ECMH consultants have long-standing and valued relationships with their local early childhood communities. Strong support from these community resources enhances the actual quantity and quality of programming. Feedback from teachers and directors has been resoundingly positive; consultants are viewed as caring, resourceful, knowledgeable and practical in their consultative practice. They are able to observe, listen to the parents' and teachers' perspectives, and present strategies for change in a supportive manner.

Early Childhood Mental Health Consultation Program Positive Impact

The ECMH Consultation Program has positively impacted hundreds of early childhood education facilities and thousands of children and early childhood teachers. ECMH consultants provided much needed information regarding social and emotional development of young children to other providers in the community. Services to young children have been made available where in the past they had not. The program received more referrals than ever before as the availability of this service became known in the community.

ECMH consultants administered ASQ:SE and ASQ Developmental screenings in early care and learning facilities across the commonwealth. Of the ASQ:SE screenings administered (63% of children had a score that indicated need for further evaluation. The use of early screening by

ECMH consultants helped to ensure the children were referred for appropriate community services including Early Intervention and mental health.

Additionally, ECMH consultants provided 521 early care and education teachers with ASQ and ASQ:SE professional development sessions. This professional development is an essential tool in assisting programs in meeting the STARS 3 standard of conducting an age appropriate screening on all young children within 45 calendar days of their entry into the program.

The greatest impact was the retention of 70% of children in their early care and education settings. Children who were previously at risk of expulsion were able to be maintained as a result of ECMH consultation services. This stability is critical to children's mental health, to the mental health and quality of life for their families, and to the positive relationship between children and their caregivers. It has been said that the most effective way to support children's mental health is by supporting the adults who care for them. ECMH consultants support positive relationships between parents and children, parents and teachers, and teachers and children, because it is within these relationships that development and learning unfolds. Therefore, the preservation of relationships is the ultimate goal.

Vision for 2009-2010

The ECMH Consultation Program has grown considerably since its inception in 2006. During the 08-09 fiscal year seven full-time and one part-time ECMH consultants provided services in 49 of the commonwealth's 67 counties.

The ECMH Advisory Committee recommended that the ECMH Consultation Program be expanded to include one consultant per county. That may be several years in the future. However, the goal for the 09-10 fiscal year is to expand the program to nine full-time and one part-time consultant.

In order to offer ECMH consultants the support they need to provide quality services to early childhood educators, children, and families the program will build on its existing collaboration with OMHSAS to develop a peer supervision model for the consultants. Peer supervision groups can increase awareness of community resources, strengthen the ability to consult with other professionals and enhance the power to discriminate between normal variations, transient disturbances and more serious psychiatric disorders. Support and guidance are provided to one's colleagues within the context of an ongoing and trusted relationship in a way that mirrors the same empathy and guidance offered to the child and their family.

In reviewing data collected by ECMH consultants a pattern emerged suggesting that most requests for ECMH services are made when the child is on the cusp of transition. There is an increase in requests for service in the months preceding a transition to a preschool or kindergarten classroom. During 09-10 the ECMH consultation program will work to increase early childhood educators' understanding of social-emotional development of infants and toddlers, the importance of relationships in establishing a secure base from which children can explore the environment and express anxious behaviors, and to increase their ability to respond

in a manner that supports children's social and emotional well-being during these developmental transitions.

The ECMH consultation program will also identify and implement mechanisms to enhance collaboration with parents and increase activities aimed at supporting them with promoting the healthy social-emotional development of their children.

The ECMH consultation program will implement recommendations of the ECMH Advisory Committee that align with the program's goals and strategies. Recommendations were made within three focus areas: Prevention and Intervention, Professional Workforce Development, and Communication and Collaboration.

Key recommendations included:

- Supporting and promoting the use of existing screening instruments throughout programs serving young children (Prevention and Intervention)
- Expansion of early childhood mental health consultation to all early childhood serving systems (Prevention and Intervention)
- Adoption and promotion of a set of early childhood mental health competencies for all professionals and across all levels of service provision for families with children from conception through age five (Professional Workforce Development)
- Development of a system that supports comprehensive and effective clinical supervision (Professional Workforce Development)
- Development of an implementation plan for the OMHSAS/OCDEL joint announcement on "Behavior Supports for Young Children," providing specific guidelines for how to ensure access to and coordination of services for young children (Communication and Collaboration)

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