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In Depth Policy Analysis

Early Childhood Mental Health Services: Four State Case Studies

by

Kimberly Moherek Sopko, Ed.D.

December 2009

Project Forum
National Association of State Directors of Special Education (NASDSE)
1800 Diagonal Road - Suite 320

Project Forum at National Association of State Directors of Special Education (NASDSE) is a cooperative agreement funded by the Office of Special Education Programs of the U.S. Department of Education. The project carries out a variety of activities that provide information needed for program improvement and promote the utilization of research data and other information for improving outcomes for students with disabilities. The project also provides technical assistance and information on emerging issues and convenes small work groups to gather expert input, obtain feedback and develop conceptual frameworks related to critical topics in special education.

This report was supported by the U.S. Department of Education (Cooperative Agreements No. H326F050001. However, the opinions expressed herein do not necessarily reflect the position of the U.S. Department of Education, and no official endorsement by the Department should be inferred.

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Ph: 703-519-3800 ext. 326 or Email: nancy.tucker@nasdse.org

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Early Childhood Mental Health Services: Four State Case Studies

INTRODUCTION

A variety of components contribute to an effective early childhood mental health (ECMH) service system. This document describes state models for addressing each of four components: 1) consultation; 2) workforce preparation and professional development; 3) partnerships; and 4) financing. Project Forum at the National Association of State Directors of Special Education (NASDSE) completed this document as part of its cooperative agreement with the U.S. Department of Education's Office of Special Education Programs (OSEP). A list of the many acronyms used throughout the document is provided in Appendix A for the reader's convenience.

BACKGROUND

ECMH services are relationship-based since infants and young children depend on parents/family/care-takers to provide for their basic survival needs and their social emotional health. ECMH is defined by ZERO TO THREE[1] as the "social, emotional, and behavioral well-being of children birth through five and their families, including the developing capacity to experience, regulate and express emotion; form close, secure relationships; and explore the environment and learn."[2]

Children's mental health has been a focus of many professional organizations and the federal government for decades and is essential for children's success in schools. The President's New Freedom Commission on Mental Health produced a final report in 2003 that emphasized building a mental health system that is evidence-based, recovery-focused and consumer- and family-driven. Based on that report, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed a *Federal Mental Health Action Agenda (2005)* and released a report[3] based on its national 2002-03 survey of school mental health services. This action agenda emphasized initiation of a national, focused effort on mental health services for children to promote early intervention for those at risk of mental disorders and to identify strategies to serve children in relevant systems.

In 2008, the National Center for Children in Poverty released a report, *Unclaimed Children Revisited: The Status of Children's Mental Health Policy in the United States,*[4] which documents how current child mental health policies respond to the needs of children and youth with mental health issues across the United States. This report describes a developmentally appropriate public mental health framework, a system of core values and principles and characteristics of the next generation of mental health services. The report indicates that 44 states implement one or more initiatives to meet the mental health needs of infants and young children (birth to age 5) in an age-appropriate manner, but most initiatives are not statewide (Cooper, et al., 2008).

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[1] A national nonprofit organization that strives to improve the lives of infants and toddlers by disseminating information and providing training and support for professionals, policymakers and parents.

[2] Available at http://zerotothree.org.

[3] Available at http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4068/ A summary of this report is also available at: http://www.projectforum.org/docs/SchoolMentalHealthServicesintheUS.pdf.

[4] Available at http://www.nccp.org/publications/pub_853.html.

Three federally funded national centers focused on early childhood mental health are the Center on the Social and Emotional Foundations for Early Learning[5] (CSEFEL); the Technical Assistance Center on Social Emotional Intervention[6] (TACSEI); and The Early Childhood Mental Health policy team of the National Technical Assistance Center for Children's Mental Health[7] (National TA Center). CSEFEL is a resource center for disseminating research and evidence-based practices to early childhood programs across the United States. TACSEI disseminates research and information on evidence-based practices that improve the social emotional outcomes for young children with, or at risk for, delays or disabilities. Both of these centers work from the same conceptual model, the widely endorsed Pyramid Model[8] framework that builds upon a tiered public health approach of universal supports, targeted services and intensive services. **The National TA Center** helps states and communities develop ECMH systems of care through training and technical assistance, dissemination of research and information and provision of an Early Childhood Mental Health Academy.[9]

It is essential that children with disabilities are also included in a comprehensive mental health system. Part B of the Individuals with Disabilities Education Act 2004 (IDEA) focuses on children with disabilities ages three to twenty-one years, and indicates that, "*Funds reserved under paragraph (b)(1) of this section [States may reserve a portion of their allocations for other state-level activities] also may be used to carry out the following activities: …to assist LEAs [local education agencies] in providing positive behavioral interventions and supports and mental health services for children with disabilities" [34 CFR §300.704 (b)(4)(iii)].*

Part C of IDEA focuses on infants and toddlers with disabilities ages birth to three years and has one reference to mental health stating that, *"Psychological services include obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development" [34 CFR §303.12(d)(10)(iii)].*

METHODOLOGY

Project Forum collaborated with TACSEI, CSEFEL and the National TA Center to develop a series of interview questions for four components of an ECMH system and to select interviewees in four states. Collaborators identified states with high quality systems for each of the four component areas. Those invited to participate included the IDEA Part B, Section 619 state coordinator; the IDEA Part C state coordinator or appropriate designees.

The following criteria were used to select appropriate states:

- The state applies evidence-based practices in the identified area.
- The state has a high quality program or plans for a high quality program that can be replicated by other states.
- The program is implemented statewide or in more than five localities.
- The program has a family focus.

[5] http://www.vanderbilt.edu/csefel/.
[6] http://www.challengingbehavior.org/index.htm.
[7] http://gucchd.georgetown.edu/programs/ta_center/topics/early_childhood.html.
[8] http://www.challengingbehavior.org/do/pyramid_model.htm.
[9] http://gucchd.georgetown.edu/programs/ta_center/services_systems/policy_academy.html.

Individuals in the four selected states responded to a series of foundational interview questions as well as questions about a specified component. The participating states and corresponding identified component were:

- Connecticut—consultation;
- Michigan—preparation/professional development;
- Ohio—partnerships; and
- Illinois—finance.

A list of individuals who participated in the interviews in May/June 2009 is provided in Appendix B. Appendix C provides information about the agency or division within the agency responsible for early childhood mental health in each of the four states interviewed.

FINDINGS: STATE MODELS

Connecticut - Consultation

Overview

In Connecticut, the Early Childhood Consultation Partnership (ECCP®)[10] is a statewide program designed to meet the social emotional needs of children birth through five in their early care and education settings by building the capacity of caregivers through support, education and consultation. This statewide initiative, funded by the Department of Children and Families, Early Childhood Prevention[11] and managed by Advanced Behavioral Health (ABH),[12] a nonprofit managed behavioral health care company, was collaboratively created by the state of Connecticut's Mental Health Strategy Board and the Department of Children and Families (DCF). A subcomponent of the ECCP® program, the Early Childhood Behavioral Consultation (ECBC) program, [13] was co-created by Connecticut's state education agency (SEA), and DCF to address the needs of preschool children with disabilities.

Through its ECBC program, the ECCP® provides intensive on-site behavioral health consultations, training and technical assistance to community-based urban early care and education programs that serve the preschool-age populations, including three- and four-year-old children with disabilities who receive special education and related services under an individualized education program (IEP). The ECBC program provides further support by:

- creating a behavioral health team (BHT) to develop the community-based urban early care and education programs internal resource capacity to effectively address children's challenging behaviors and social emotional needs;
- supporting the community-based urban early care and education program directors' efforts in revising and implementing behavioral guidance policies and procedures and developing a center-wide action plan;
- enhancing the social emotional environment of classrooms and social emotional development of children at the centers; and
- involving families as active participants in meeting the social emotional needs of their children.

[10] For more information about ECCP® visit http://www.abhct.com/casestudies_earlyint.htm or contact Liz Bicio at ebicio@abhct.com
[11] For more information, contact Kathleen Bradley at kathy.bradley@ct.gov
[12] http://www.abhct.com
[13] For more information about ECBC, contact Michelle Levy at michelle.levy@ct.gov or Liz Bicio at ebicio@abhct.com

The ECBC program integrates key concepts from the pyramid model for promoting social emotional competence in infants and young children developed by CSEFEL and TACSEI.

Part C staff also provides early intervention services to children in early care and education programs, and if appropriate, recommend that the program make a referral to ECCP if there are behavioral concerns beyond which the Part C staff can address.

ECMH policy

There is no specific state policy regarding ECMH; however, different groups providing mental health services may have their own policy statements and definitions of ECMH consultation. Part C service guidelines on Infant Mental Health were recently revised. Legislative appropriations allocated through the DCF provide funding support for the ECCP®.

Staff with dedicated time for ECMH

Connecticut has 21 full-time ECMH consultants employed through the ECCP® program and all are early childhood mental health specialists with a Master's degree in social work, education, psychology or a related field. The ECMH consultants serve the state and are based in nonprofit community agencies throughout the state. They facilitate positive learning environments and coordinate behavioral and mental health services in the community as they serve the individual child and family within the context of a classroom, school, or home; support classroom teachers and established programs such as Early Head Start; and support centers and center directors with training, collaboration, and monthly ECMH consultation groups.

Part B, Section 619 does not have state-level personnel dedicated solely to ECMH at this time, although some time and funds are set aside to support ECMH consultation in early childhood (EC) programs.

Data

The SEA does not collect data specific to ECMH, but does require the ECBC program to provide data and documentation of its activities and efforts at addressing the social emotional, behavioral and mental health needs of children ages three through five with disabilities served under the IDEA. Data is provided on a quarterly basis in addition to an annual report of project activities. The IDEA Part B Section 619 program seeks to document and ensure the accountability, results and outcomes for the use of 619 funds and to ensure that children ages three through five with disabilities: (1) receive the individualized ECBC services and supports; (2) receive supports and services that optimize their social emotional, behavioral and mental health needs; (3) are supported in the options and opportunities available for them in their community, primarily access to, and support in, the community early education or care programs; and that (4) have developmental and functional skills in the social emotional, behavioral and mental health area so that they may succeed in kindergarten.

The DCF and ECCP® collaborate to collect data and use a customized and centralized data system that can produce reports at statewide program and individual consultant levels and produce child-specific action plans, classroom action plans and center action plans. The ECMH consultants enter data that include their activities, hours of both direct and indirect service provided and types of requested service activities. Data also include demographics,

numbers of children (with or without disabilities) receiving services, goals, strategies, family satisfaction and pre- and post-measure of child and classroom characteristics. Slightly different data are collected by ECBC that links to the State Performance Plan (SPP)[14] since that program is targeted to children with disabilities. The data and reports generated through the ECCP® information system help provide program oversight and quality assurance. ECCP® has served more than 2,000 children annually and demonstrated the following outcomes:

- 97% of children initially determined to be at risk of suspension or expulsion remained in the classrooms after child-specific services were completed; and
- 95% of the classrooms served demonstrated an improvement in the overall quality of care.

A rigorous random-controlled evaluation of the program conducted by Walter S. Gilliam, Ph.D. of Yale University in 2007 showed that ECCP® demonstrated program impacts that were of a significant magnitude.

Other programs also collect data but there are no statewide uniform or coordinated data systems and therefore data are difficult to track statewide.

ECMH consultation service providers and training received

The Connecticut Infant Mental Health Association is currently establishing competencies for ECMH, based on competencies developed by the state of Michigan. Early intervention staff (Part C) also work with clinical psychologists, child care staff and oversee Board Certified Behavior Analysts (BCBA). Head Start programs require ECMH consultants with a Bachelor or Master's degree.

ECMH consultants receive training on consultation models, adult learning theories, readiness for change, transitions, social emotional development, early childhood development, conflict resolution, working with resistant families, systems theory, community mental health, assessment and appropriate tools, and anxiety, trauma, and separation issues. ECCP® also provides a mentoring program.

Part B Section 619 provided statewide trainings to ECCP® consultants and ECBC staff on the CSEFEL/TACSEI pyramid which also included individualized technical assistance.

Who receives ECMH consultation services

ECCP® provides services to any child birth through five years with social emotional or behavioral issues and at no cost to the family or center. Typically, children are associated with an early care or education setting but ECCP® may also serve families and children connected to and/or receiving services through Connecticut's DCF Foster Care program. The ECBC is specifically designed to serve children with disabilities in community-based early care and education programs. Children and families not served by DCF, nor enrolled in early care or education programs, are hard to reach and do not often receive consistent services.

Family involvement

[14] IDEA requires each state to have a performance plan that evaluates that state's efforts to implement the IDEA requirements and describes how the state will improve such implementation.

The level of family involvement varies by programs and services, but all recognize the importance of family. Parents are highly involved in the development of service plans in the Part C, Part B Section 619 and ECCP® programs. The ECCP® program also provides parent training on social emotional development and an in-home component.

Michigan - Preparation/Professional Development

Overview

The governor's Project Great Start created a blueprint[15] or strategic plan for Michigan's EC system of programs, services and supports. The Early Childhood Investment Corporation (ECIC) was formed in 2005 to implement the Great Start Blueprint. The ECIC is a cross-agency and community collaborative that collects information about child, family, and community needs; educates and advocates for policy changes; and provides training and consultation to community leaders to support healthy development (physical, emotional, and learning) of young children. The ECIC Social Emotional external advisory board committee developed long-term social emotional outcomes for Michigan's Great Start Blueprint:

- *Infants, toddlers, young children and their parents are socially and emotionally healthy;*
- *An early childhood mental health system of care that promotes social emotional health for all young children, prevents emotional disturbance in infants and young children at-risk of failure and provides early intervention for very young children with emotional disturbance; and*
- *All infant and early childhood practitioners and settings support healthy social emotional development.*

The Michigan Department of Community Health (MDCH) provides infant mental health specialists to support children birth to three and families who are identified as at high risk for social emotional disturbances or having a disorder in infancy requiring mental health intervention or treatment with the parent(s) and child together, primarily in-home. The services are funded through MDCH and local community mental health agencies.

The Child Care Expulsion Prevention Programs (CCEP) have ECMH professionals that provide support to child care providers and parents of children (birth through five years) who are at risk of expulsion from child care and/or educational settings due to behavioral and emotional challenges. The 12 programs serving 35 counties are funded through the Michigan Department of Human Services (DHS) and the MDCH. Community mental health agencies, the Michigan Community Coordinated Child Care Association and Michigan State University Cooperative Extension, Better Kids Care, collaborate to provide these services.

The Michigan Association for Infant Mental Health (MI-AIMH) is an interdisciplinary, professional organization focused on promoting nurturing relationships for all infants and young children. MI-AIMH works closely with the MDCH-Mental Health Services to Children and Families.

ECMH policy

[15] http://www.ecic4kids.org/about_us.cfm.

There is not a specific policy for ECMH services, but there is mental health policy across the birth to 18 years spectrum. The MDCH[16] provides technical guidance on family-centered practices and mental health services for different age groups of children (7 through 17 years; 4 through 6 years; birth through three years). This Department has contractual relationships with community mental health agencies and provides guidance to these agencies. Since children receiving Medicaid are the largest population of mental health service recipients, Medicaid policy generally guides mental health services. In addition, all home based service providers who work with children birth to three are required to participate in training and supervision specific to infant mental health and to meet criteria for professional endorsement as specified by MI-AIMH.

Staff with dedicated time for ECMH

The MDCH has four staff members fulfilling a total 1.5 full time equivalency (FTE) for ECMH. The amount of staff in local community mental health agencies varies by region. A larger region may have one coordinator and eight staff members, while a small region may have one person that works with ECMH plus has other responsibilities.

Data

The MDCH collects data on family satisfaction and improvement of infant/child development, parent responsiveness and family environment. There are statewide data on the number of children/families receiving services but they are not disaggregated by age or disability. MDCH also uses the Objective Problems Checklist (OPC) to follow progress in programs. This tool has been validated and will be posted on the Eastern Michigan University website in the near future. Infant mental health specialist staff are piloting the Massie/Campbell Scale of Mother-Infant Attachment Indicators during Stress (ADS) and/or the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO) assessment. Training is provided.

The CCEP programs use the Devereux Early Childhood Assessment (DECA) [17] in some locations. Other locations are piloting the ADS and the PICCOLO. Training is provided and a cadre of trainers-of-trainers is being developed to use the tools and collect data. Additionally, the CCEP program is currently undergoing a rigorous evaluation to document the program as an evidence-based practice.

Professional Standards or Competencies

MI-AIMH has developed ECMH standards that have been adopted for use by 10 state systems. The competency guidelines provide a structure for the MI-AIMH Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health. There are four levels of competency within this endorsement:

1. Infant Family Associate;
2. Infant Family Specialist;
3. Infant Mental Health Specialist; and
4. Infant Mental Health Mentor.

[16] http://www.michigan.gov/mdch.

[17] http://www.devereux.org/site/PageServer?pagename=deci_index.

MI-AIMH also provides steps for completing core competencies and the different levels on its website,[18] but the competency guidelines are not available on the web. Suggested guidelines for teaching institutions on training infant mental health specialists,[19] as well as guidelines for reflective supervision, essential to best practice in the infant and ECMH field are also provided online by MI-AIMH.

To systematically encourage competency, all MDCH staff working with children birth to three years and families are required to earn the MI-AIMH endorsement, minimum level, Infant Family Specialist, beginning October 2009. This is a policy designed to develop quality services to infants, toddlers and their families.

Preservice professional preparation and development

Wayne State University has an ECMH specialization within its Early Childhood Master's program and since 1988 has offered an interdisciplinary Graduate Certificate in Infant Mental Health. Michigan State University offers an Infant/Early Childhood specialization that is cross-disciplinary at a graduate level. The University of Michigan's postgraduate certificate specialization in Infant Mental Health is not currently active.

Inservice training and technical assistance

Training is provided by MI-AIMH, MDCH, SEA and CCEP and its partners as well as national experts and consultants. Training is offered through annual conferences; monthly meetings; state and regional infant and child development meetings that focus on observation skills, behavior management, supportive relationships and autism. The Part C technical assistance group sponsors a joint training with the infant mental health community and includes family support workers and early intervention providers to focus on targeted issues such as homelessness, domestic violence, poverty and children at-risk for failure.

Training is often cross-disciplinary and across agencies since it is open to all providers who work with the birth through five year population and their families. Information is disseminated through websites, outreach strategies, notices through the MDCH, home-based services and community partners.

Focus of training

A large portion of MDCH training focuses on observation and assessment, particularly the crosswalk between the DC:0-3 R,[20] ICD 9 CM[21] and the DSM IV-R.[22] Training also addresses the purpose of infant and ECMH programs and services; who is eligible for services; and who provides services, but is more content-driven to support preventative intervention and treatment. MI-AIMH provides many training opportunities designed to promote competency, e.g. a 48-hour training addressing attachment, early development, parent-child interaction and relationships, assessment, cultural competency and reflective practices. Currently, there is no training on funding or data collection.

[18] http://www.mi-aimh.org/endorsements_overview.php.
[19] http://www.mi-aimh.org/documents/training_for_infant_mental_health_specialists.pdf.
[20] Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised
[21] the International Classification of Diseases, Ninth Revision, Clinical Modification
[22] Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revised

Much training is focused on effectively providing outreach to families and being respectful and engaging with families. The Great Start collaboratives have parent advisory councils that receive training on promotion, prevention, intervention and social emotional development.

Resources for parents

The ECIC[23] has publications available for parents and community members on social emotional development such as *Social Emotional Health and School Readiness: A Guide for Parents with Children Birth to Age 5*[24] on its website. The MI-AIMH continues to develop resources for parents, maintains a website and has an easy to use social emotional development resource for both a 0-3 year population and 3-5 year population in English, Spanish and Arabic.

Funding for professional development

Michigan obtains funding for professional development through federal research grants, block grants, Medicaid and foundation support. Additional funds are acquired by partnering with other organizations for training. The Great Start system received large grants from the Kellogg and Skillman Foundations.

Ohio – Partnerships

Overview

Ohio implemented an ECMH consultation program in 2000 to support local communities in meeting the behavioral health needs of young children and their families. Due to this successful program, approximately 90% of children at risk of removal from their early childhood setting for social emotional or behavioral issues were able to remain in those settings. In 2007, a logic model[25] was developed to link activities with outcomes and to lay the foundation for state funding and required reporting. This is currently an integral part of ECMH initiatives in Ohio. In fiscal year 2008-09, the state earmarked funds for ECMH treatment and 13 counties received funds to implement evidence-based practices in ECMH treatment. There are 88 counties in Ohio, with 50 mental health boards providing services, and Ohio is currently developing regional networks to increase efficiency of service delivery and decrease duplication of services.

ECMH policy

There is not a statewide policy on ECMH, but Ohio does provide guidance through its Part C policies and Early Learning Program Guidelines for preschool programs.[26] For example, all children must be screened using the Ages and Stages Questionnaire: Social

[23] http://www.ecic4kids.org.

[24] http://www.ecic4kids.org/documents/social_emotional_2009.pdf.

[25] http://mentalhealth.ohio.gov/what-we-do/provide/children-youth-and-families/early-childhood/mental-health-consultation-and-treatment.shtml.

[26] http://www.ohiohelpmegrow.org/professional/laws/policies.aspx and http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1390&ContentID=5590&Content=66730 and http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1390&ContentID=23620&Content=63852.

Emotional (ASQ:SE) within 45 days of their initial referral to Part C. If a concern is noted, the child is referred to the local mental health agency. The ASQ:SE is also used as a mechanism for measuring outcomes for the federal monitoring process under Part B, Section 619 and Part C in the state. From 2007-2009, the SEA supported implementation of the Early Learning Program Guidelines by providing training to general special education preschool staff within the early learning community (not limited to schools) by using the Center on the Social and Emotional Foundations for Early Learning (CSEFEL).

The Department of Mental Health (DMH) provides a description of ECMH with a variety of information on its website.[27] Additionally, the DMH uses the DECA system at both an individual consultant level and to develop action plans for an early childhood center.

Staff with dedicated time for ECMH

The ECMH program administrator in the DMH is the primary staff person who oversees ECMH programs. This administrator collaborates with four Part B, Section 619 staff as well as Part C staff regarding ECMH, but there is no specifically designated staff from either part of IDEA for ECMH.

Data

The DMH collects data regarding center satisfaction, increased protective factors and decreased child-specific behavioral concerns, training evaluations, number of children at-risk for expulsion and number of children maintained in their settings. These data are posted on its website. Child-specific as well as center-based action plans are also tracked. The DMH previously collected data on the number of children with disabilities receiving ECMH services when additional funding was available, but does not currently collect this data.

Part B, Section 619 and Part C collect data from the ASQ:SE screenings and number of participants in ASQ:SE training but no data specific to ECMH. Data collected is used for the Early Childhood Outcomes Summary Report.

Collaborative Efforts

In general, there is greater local-level collaboration than state-level collaboration. There are several collaborative efforts simultaneously occurring:

- The DMH; Part B, Section 619; and Part C staff collaborate and communicate to support ECMH.
- A variety of agencies are brought together at mental health regional meetings to discuss collaborative training and address ECMH licensing issues.
- A cross agency workgroup developed two competencies documents, *Core Competencies for Early Childhood Mental Health Professionals*[28] and a social emotional competencies document for early childhood educators (not yet published).
- The governor's initiative, a Center for Early Childhood, plans to consolidate multi-agencies such as education, job and family services, mental health, human services, developmental disabilities services, county boards, the Head Start collaborative, child

[27] http://mentalhealth.ohio.gov/what-we-do/provide/children-youth-and-families/early-childhood/index.shtml.
[28] http://b9962ed140049a571a710839f1f71c989aaf09ce.gripelements.com/pdf/what-we-do/provide/children-youth-families/core-competencies.pdf.

care and child welfare into one center at the SEA to support collaboration across agencies to benefit young children.
- A Head Start Collaboration Office was established and its advisory committee is part of the Governor's Center for Early Childhood initiative. Currently, these initiatives are co-locating and organizing before consolidating into one center or central location. Additionally, the Early Childhood Advisory Council (ECAC) was created in August 2007 under the Early Childhood Cabinet, but state agencies do not serve on this advisory council.

Ohio also has a Special Quest Grant for cross-agency professional development on inclusionary practices that can serve as an avenue to address ECMH issues as they arise.

Collaboration with providers outside the mental health field

The collaborative focus in Ohio is wellness with mental health as an integral part of it. With this focus, agencies collaborate to support the well-being of children in general. Most collaboration occurs at the local level through educating the community and people who work with children. With ECMH consultation, children are able to receive effective services rather than just medication and are more readily referred to other services they may need.

The Healthy Child Care Ohio consultants attend ECMH consultants' regional networking meetings to share information and provide training on ASQ and inclusive child care. The SEA works with the child care programs and supports professional development that counts toward the "Step Up to Quality" volunteer rating system for child care programs.

Ohio's Maternal Depression programs collaborate and use their data base to ensure young children have opportunity to receive ECMH services.

Key partners

When Ohio established its ECMH consultation program, there was a collaborative philosophy in place with the perspective that all agencies involved in any aspect of mental health needed to be included in the program. Partners include:
- the Department of Mental Health;
- the Department of Education;
- the Department of Mental Retardation and Developmental Disabilities;
- Help Me Grow;
- the Department of Child Welfare;
- Family and Children First (a state and county collaborative);
- the child care resource and referral agency;
- families;
- advocates, researchers, evaluators, and psychiatrists;
- providers , including consultants, local administrators, and supervisors;
- mental health board members;
- alcohol and drug addiction programs;
- children's hospitals;
- the Bureau of Child Care;
- the Head Start association and collaborative; and
- the Developmental Disabilities Council.

Information sharing

Information is shared through regional and state-level meetings, Early Childhood cabinet meetings, the Special Quest group, competency workgroup, emails, websites and word of mouth. Part B, Section 619 is currently restructuring its website and the DMH has an ECMH website with extensive information. Local level mental health programs also communicate through brochures, flyers and word of mouth.

Benefits to families

Collaboration benefits families because using a consistent tool such as the ASQ:SE enables a consistent base for discussion across agencies. The ASQ:SE tool also creates a dialogue between parents and professionals resulting in better identification of resources, supports and services needed. Collaboration also enables families to receive services they need, improves the quality of services provided and removes the stigma of needing mental health services.

Funding that supports collaborative efforts

The ECMH consultation program initially started with general revenue mental health funds. Additional funding from Ohio Children's Trust Fund (OCTF) utilizing Community-based Child Abuse Prevention (CBCAP) dollars was added for 2006-2008. For 2009, federal child care quality dollars were utilized when OCTF chose to use the CBCAP dollars to instead fund the Incredible Years parenting program. The next two years of funding will be provided through Child Care Quality funds and DMH general revenue funds.

Federal state transformation grant (TSIG) funds were also used for ASQ:SE training, DECA training and outcome data collection, core competency development and training, development of web-based data collection and for the Maternal Depression program.

Local levied funds and contracts with other agencies such as Head Start are used to further support ECMH services.

Illinois – Financing

Overview

Illinois has an active ECMH partnership, and is also a participant in the Build initiative (BUILD).[29] BUILD was created in 2002 by the Early Childhood Funders Collaborative, a consortium of private foundations. BUILD supports state efforts to create comprehensive EC systems through a seamless framework of policies that promote high quality services in children's health, mental health and nutrition, early care and education, family support and parenting programs and services for children with special needs. BUILD currently works with seven states: Illinois, Michigan, Minnesota, New Jersey, Ohio, Pennsylvania and Washington. In Illinois, the Ounce of Prevention organization[30] serves as the lead agency for BUILD.

[29] http://www.buildinitiative.org/.
[30] http://ounceofprevention.org/.

ECMH policy

There is not a specific overall Illinois state policy regarding ECMH; however, there are policies for programs separated by funding streams. In its Part C *Child and Family Connections* procedure manual for the social emotional component, a policy statement and descriptions for ten elements necessary to support social emotional development in young children are included:

1. a social emotional specialist;
2. relationship-based reflective-practice training in early intervention;
3. weekly reflective consultation for the program manager;
4. monthly reflective supervision for staff;
5. social emotional screening;
6. integrated assessment and intervention planning;
7. case consultation,
8. integrated provider work groups;
9. parent-to-parent grants; and
10. a social emotional specialist network for mentoring/collaboration.

The ECMH partnership developed a job description for ECMH consultants that included responsibilities, skills and competencies needed and is currently developing competencies for other ECMH professionals. All programs in Illinois have accepted a relationship-based approach in providing ECMH services.

Staff with dedicated time for ECMH

While Illinois has staff under the Department of Mental Health (DMH) specifically for children and adolescents, they have no staff specifically for infants and young children. Additionally, they have no staff specifically designated for ECMH services under Part B, Section 619 or Part C. Illinois has staff for ECMH services but this varies by each program. The state has mapped locations of ECMH program staff by counties.

Data

Both Part B, Section 619 and Part C collect general data related to social emotional outcomes and family outcomes as required by OSEP, but not specific ECMH data. The state collects data on the number of children/families receiving services, including children with disabilities and their families, and the DMH is moving toward measuring improvement of a child's mental health using the DECA.

Additionally, the ECMH Partnership maintains a database on contact hours, who initiates contact and its duration. This Partnership is also being evaluated by the Herr Research Center[31] to determine effectiveness of its ECMH consultation network and workforce development process.

Funding infant and early childhood mental health services in Illinois

The Illinois State Board of Education's (ISBE) early childhood education funding stream, the Early Childhood Block Grant, which was enacted by the Illinois legislature in 1997, funds a continuum of services for children birth through five

[31] http://www.erikson.edu/hrc/hrcmentalhealth.aspx.

years and their families. This block grant combined three previously separate early childhood education programs (Prevention Initiative, Parental Training, and Prekindergarten) into one funding stream. Since 2004, 11% of this block grant is an "Infant Toddler Set Aside" modeled from the set-aside precedent established by the federal government for Early Head Start. This block grant is funded with state general revenue funds and bidders apply for this funding through a request for proposal (RFP) process. Illinois also provides program standards for the Early Childhood Block Grant.[32]

The Erikson Institute has a multiyear contract to build and sustain a statewide network of qualified infant and ECMH consultants. It is funded through the ISBE Early Childhood Block Grant with a matching grant from the Irving B. Harris Foundation. In addition, another family foundation challenged ISBE to put money for ECMH services into a universal prekindergarten program and agreed to match the amount for three years.

Illinois also provides funding for a program to enable physicians to screen mothers for postpartum and perinatal depression as a strategy for prevention. Additionally, the home visiting program and prevention initiative target promotion and prevention activities for expectant parents and their children ages birth through five years.

Funding early childhood mental health professional development

Some private foundations have developed partnerships to begin funding ECMH professional development, but there is not yet buy-in from other state agencies.

EMCH training is part of the overall IDEA Part C program (Child and Family Connections) training curriculum, but there are no funds specifically designated for ECMH. Child and Family Connections does provide some funding to support families so they may participate in meetings and workshops regarding ECMH.

Key partners

Within Illinois, there are many departments and private foundations that contribute to funding ECMH services. Funding is provided through the ISBE Early Childhood Block Grant; Part B, Section 619 and Part C; child welfare; the Federal Administration for Child and Families; Title V Maternal and Child Health block grants; Child Care and Development block grants; and potentially SAMHSA through the Project Launch program.

Funding data and accountability

While ISBE has combined its funding streams, various other funding streams to support ECMH services remain. The data and information systems to track fiscal information vary by funding stream and there is not yet a centralized fiscal accountability system.

[32] http://www.isbe.net/earlychi/html/03_standards.htm.

Maintaining funding

Interviewees in Illinois believe the current funding strategies will last even if the state administration changes. Child and Family Connections built mental health into its system and is infusing a mental health focus across a range of systems in general. There has been widespread and strong political support for ECMH services and programs for many years. Recently the EC director took members of ISBE to an early childhood center so they could see first-hand what is happening in that program and the importance of social emotional development and ECMH services.

FINDINGS: CHALLENGES AND SUPPORT NEEDED

Interviewees in the four states identified similar challenges that are summarized below:

- finding trained mental health consultation professionals with EC expertise;
- finding or maintaining funding for proactive services and programs, while decreasing dependence on Medicaid for funding;
- blending different funding streams such as IDEA, mental health, and Medicaid;
- establishing and consistently using a coordinated data system across all programs to provide quantifiable data that demonstrates program capacity and quantifies changes at the system level, classroom level, and individual child level that is usable and meaningful;
- collaborating and providing oversight of coordinated efforts rather than having many different programs operate in isolation;
- providing opportunities for families to receive services and supports earlier than they currently do; and
- supervising ECMH providers and designing a reflective supervision system.

The interviewees also shared similar ideas of the support needed from the federal level:

- funding and the ability to easily blend funding streams;
- Medicaid accepting the DC: 0-3R[33] coding instead of a DSM IV-R[34] label for young children;
- providing and funding higher education and personnel development grants to develop ECMH personnel with appropriate skills and competences;
- supporting recruitment, training, and retaining efforts for a workforce with the appropriate skills and competencies (including graduate level social workers and clinicians) motivated to work with young children;
- ensuring effective supervision, quality classroom environments and training to promote principles of relationship-based services;
- providing federal support for ECMH professional standards, promotion of evidence-based and promising practices, program evaluation, and innovation;
- establishing a federal focus with increased collaboration at federal level to incorporate the ECMH definition, standards, and strategies across EC programs to support states in building a strong infrastructure; and
- supporting innovations such as Baby Court in which ECMH is linked to court processes and child protective services (Michigan State University is currently working on this innovation).

[33] Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised
[34] Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revised

SUMMARY

Each of the four states has a governor's initiative and/or partnership focused on statewide early childhood mental health. Underlying themes for the four components explored were collaboration, the importance of families and a relationship-based approach to services, the need for qualified and specialized professionals, and the need for proactive support rather than reactive intervention.

Policy

There is no specific statewide policy on ECMH in the four states interviewed, however, all of the initiatives indicated that the individual programs often had policy statements that generally provide the purpose for the program, identify who is eligible, list the available services and identify who provides services.

Staff

Ohio has an ECMH program administrator in its DMH. Typically, a variety of staff at a mental health agency or organization and staff for Part B, Section 619 and Part C have responsibilities related to ECMH rather than a specific individual focused solely on ECMH at a state level. There is some collaboration between Part B, Section 619; Part C; and mental health agencies but it varies by state. At this point, Part C staff and mental health agency staff collaborate more than other staff.

Data

Data regarding ECMH services is generally collected through the statewide ECMH partnership or program and individual programs but not by Part B, Section 619 or Part C. All four states reported that a statewide uniform or coordinated data system for ECMH does not yet exist. Data may include information about the number of individuals/families served, family satisfaction and/or improvement in child development. Common assessment tools used to collect data include the Ages and Stages Questionnaire: Social Emotional (ASQ:SE) and Devereux Early Childhood Assessment (DECA). Two states specifically mentioned they collect data for OSEP required social emotional and family outcomes, but that data is not specific to ECMH. Likely, the other two states collect this data as well.

Challenges

State-reported challenges to ECMH services include the lack of qualified ECMH professionals, lack of funding and difficulty in blending funding streams and current Medicaid policy that leads to a reactive rather than proactive stance. Other challenges are uncoordinated data systems, lack of statewide oversight of programs and lack of effective collaboration across agencies.

Federal Support Needed

All states indicated a significant need for changes in Medicaid policy to accept the DC: 0-3R[35] coding to ensure ECMH services for young children and their families who need them. Leadership also needs to understand the importance of relationship-based services for

[35] Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised

young children and their families. All states report the need for funding of ECMH services and professional development to ensure a well-trained specialized workforce.

CONCLUDING REMARKS

ECMH is an important aspect of not only a mental health, but also an education system. Appropriate social emotional development and mental health is a contributing factor to a child's well-being and ability to learn and succeed in school. Some states are emphasizing and prioritizing ECMH, but an organized collaborative statewide system and federal support would prove beneficial to not only the young children and their families who need services, but also to all children and professionals in the education system.

APPENDIX A: ACRONYM DESCRIPTIONS

ABH - Advanced Behavioral Health

ADS - Massie/Campbell Scale of Mother-Infant Attachment Indicators during Stress

ASQ:SE - Ages and Stages Questionnaire: Social Emotional

BCBA – Board Certified Behavior Analysts

CCEP - Child Care Expulsion Prevention Programs

CSEFEL - Center on the Social and Emotional Foundations for Early Learning

DC:0-3 R - Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised

DCF – Department of Children and Families

DECA - Devereux Early Childhood Assessment

DHS – Department of Human Services

DSM IV-R - Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revised

EC – Early childhood

ECAC - Early Childhood Advisory Council

ECBC - Early Childhood Behavioral Consultation

ECIC - Early Childhood Investment Corporation

ECCP®- Early Childhood Consultation Partnership

ECMH - Early childhood mental health

ICD 9 CM - International Classification of Diseases, Ninth Revision, Clinical Modification

ISBE - Illinois State Board of Education

IDEA – Individuals with Disabilities Education Act 2004

MDCH – Michigan Department of Community Health

MI-AIMH - Michigan Association for Infant Mental Health

NASDSE - National Association of State Directors of Special Education

National TA Center - The Early Childhood Mental Health policy team of the National Technical Assistance Center for Children's Mental Health

OCTF –Ohio's Children Trust Fund

OPC – Objective Problems Checklist

OSEP - U.S. Department of Education's Office of Special Education Programs

PICCOLO - Parenting Interactions with Children: Checklist of Observations Linked to Outcomes

SAMHSA - Substance Abuse and Mental Health Services Administration

SEA – State Education Agency

SPP - State Performance Plan

TACSEI - Technical Assistance Center on Social Emotional Intervention for Young Children

TSIG - state transformation grant

APPENDIX B: LIST OF INTERVIEWEES

CONNECTICUT

Elizabeth Bicio, LCSW
Program Manager
Early Childhood Consultation Partnership
Advanced Behavioral Health, Inc.
ebicio@abhct.com

Kathleen Bradley, Ph.D
Program Supervisor
Early Childhood Intervention
Department of Children and Families
E-Mail: kathy.bradley@ct.gov

Linda Goodman, Director
Connecticut Birth to Three System (IDEA Part C)
linda.goodman@ct.gov

Michelle L. Levy, Associate Education Consultant
Connecticut Department of Education
Bureau of Early Childhood
michelle.levy@ct.gov

Maria Synodi, Coordinator
Early Childhood Special Education (Director, IDEA 619)
Connecticut Department of Education
maria.synodi@ct.gov

MICHIGAN

Lori C. Irish
Manager of Services to Children with Developmental Disabilities
Mental Health Services to Children and Families
Michigan Department of Community Health
irishl@michigan.gov

Mary Ludtke, Consultant
Department of Community Health
Mental Health Services to Children and Families
Email: ludtkem@michigan.gov

Deborah J. Weatherston, Ph.D., , IMH-E® (IV)
Executive Director, Michigan Association for Infant Mental Health
dweatherston@mi-aimh.org

OHIO

Kim Carlson
Director, Part B: Section 619

OH Department of Education
kim.carlson@ode.state.oh.us

Wendy Grove, Ph.D.
Training & Family Support Supervisor
The Ohio Department of Health,
Bureau of Early Intervention Services
Wendy.grove@odh.ohio.gov

Marla Hemmiger, MH Administrator
OH Department of Mental Health
himmegerm@mh.state.oh.us

ILLINOIS

Karen Freel, Ph.D.
VP Natl Research & Eval.
Ounce of Prevention fund
kfreel@ounceofprevention.org

Janet Gully, Chief
Bureau of Early Intervention (IDEA Part C)
janet.gully@illinois.gov

Pamela Reising Rechner
Illinois State Board of Education
Division of Early Childhood (IDEA Sec. 619)
preising@isbe.net

Samantha Wulfsohn, Ph.D.
Executive Director
Infant & Early Childhood Mental Health Consultation Project
Erikson Institute
swulfsohn@erikson.edu

Karen Yarborough
Build Initiative Project Manager
Senior Mgr, Kids PEPP
kyarborough@ounceofprevention.org

APPENDIX C: LEAD AGENCIES

The agency or division within the agency responsible for early childhood mental health is generally separate from the IDEA Part B and/or Part C agencies or division. The table below identifies those responsible for administration of ECMH services; IDEA Part B, Section 619; and IDEA Part C for each of the four states interviewed.

State	ECMH	Part B Section 619	Part C
Connecticut	Department of Children and Families http://www.ct.gov/dcf	Department of Education http://www.sde.ct.gov/sde	Department of Developmental Disabilities Services http://www.ct.gov/DDS
Michigan	Department of Community Health http://www.michigan.gov/mdch	Department of Education http://www.michigan.gov/mde	Department of Education http://www.michigan.gov/mde
Ohio	Department of Mental Health http://mentalhealth.ohio.gov	Department of Education http://www.sde.ct.gov	Department of Health http://www.ct.gov/dph
Illinois	Department of Human Services, Division of Mental Health http://www.dhs.state.il.us/page.aspx?item=29728	State Board of Education http://www.isbe.state.il.us/	Department of Human Services, Division of Community Health and Prevention http://www.dhs.state.il.us/page.aspx?item=31754

ACKNOWLEDGEMENTS

Project Forum wishes to acknowledge Neal Horen and Roxanne Kaufman from the National Technical Assistance Center for Children's Mental Health at Georgetown University; Barbara Smith at University of Colorado at Denver representing TACSEI; and Mary Louise Hemmeter at Vanderbilt University representing CSEFEL for their collaborative efforts in developing interview questions, identifying states and individuals to interview, and reviewing the document. Gratitude is also expressed to all individuals who participated in the interviews identified in Appendix B.