



Pennsylvania Early Childhood Mental Health Consultation Program

Annual Report 2013-2014

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1. Preface

In the first few years of life children experience rapid cognitive, social and emotional development. This development is critical for their future, contributing to school readiness and productivity as adults. National studies estimate that between 7 percent and 25 percent of children age 0–5 experience mental health issues — also known as social-emotional development problems —that negatively affect their everyday functioning, development and school readiness. Because early childhood development is so important to a child’s future, providing prevention services for young children who need them is one of the best ways to reduce the chance of later problems at school, at home and in their communities. Simply stated, a child’s early experiences set the stage for how they relate to other children, how they relate to adults, how they manage feelings, and how they feel about themselves.

Early Childhood Mental Health Consultation (ECMHC) has emerged as an effective strategy for supporting young children's social and emotional development and addressing challenging behaviors in early care and education settings (Gilliam & Shahar, 2006). Early childhood mental health consultation aims to strengthen the capacity of staff, families, programs, and systems to promote positive social and emotional development as well as prevent, identify, and reduce the impact of mental health problems among children from birth to age 6 (Kaufman et. al., 2012). ECMHC involves a professional consultant with infant/early childhood mental health (ECMH) expertise working collaboratively with early care and education staff, programs and families. In contrast to direct therapeutic services, which may label a child, ECMHC offers an indirect approach to reducing problem behaviors in young children and, more broadly, promoting positive social and emotional development.

Evidence shows that early childhood mental health consultation programs has led to improvements in child behaviors, changes in teacher attitudes and behaviors, and characteristics of the early childhood settings associated with higher quality care (Brennan, et al., 2008; Perry, et al. 2010). A reduction in staff turnover and expulsions from child care has also been noted as a result of this type of programming. In addition, Gilliam (2005) reported that prekindergarten programs with on-site early childhood mental health consultants had lower rates of expulsion than those without access to this service.

2. Introduction

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 (Zero to Three, 2003). Young children’s “mental health” refers to emotional wellbeing and positive social development from birth through age 5 (Nelson & Mann, 2011). Early childhood mental health is influenced by:

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

This report details the work of the Pennsylvania Early Childhood Mental Health (ECMH) Consultation Program for the 2013-2014 fiscal year based on three program goals:

1. Reduce the number of children expelled from childcare due to behavior challenges
2. Increase understanding among early care and education practitioners and families of social-emotional development and its impact on educational success, and
3. Link and bridge systems and services of behalf of a child, family, and program.

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

2.1 History of Early Childhood Mental Health in Pennsylvania

In February 2006, the BUILD Infant-Toddler Task Force issued a report with 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*
- *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*

Pennsylvania’s response to these recommendations was to develop the Early Childhood Mental Health Consultation (ECMHC) Program which began as a grant-funded pilot in 2006 focusing on

infants and toddlers. Since 2006, the project has evolved into a statewide program funded by the Office of Child Development and Early Learning with the task of addressing the social emotional needs of children birth to five.

3. Early Childhood Mental Health Consultation Program Model

The Early Childhood Mental Health Consultation program is open to all state-registered and 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 five 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. Additionally a blended model of consultation and targeted programmatic professional development (ECMHC Blended Model) is available. 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 Model 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 and his colleagues (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.

3.1 Program Design

The ECMH Consultation program is implemented by the five Regional Keys with oversight from the Pennsylvania Key. In FY 2013-2014 the program employed seventeen consultants, in either full or part-time positions. 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, developmental screening, team planning, creation of individualized strategies and coaching
- 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
 - This may include the ECMHC Blended Model, a combination of child-specific consultation coupled with the delivery of six hours of CSEFEL Module 1 to the ECE facility’s staff.
- 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.

“ECMHC is an excellent service to have for providers and programs to help staff understand and find ways to help children be successful in the child care environment.” -ECE Director

The focus on teacher-child-parent interactions and approaches to promote social-emotional competence

Summary of FY 2013-2014 Services

287 early learning facilities in 47 counties were visited by an ECMH consultant

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

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

serves to enhance the program's effectiveness in preparing young children for academic success. Additionally, ECMH consultation is shown to modify teacher practices by building teacher confidence, increasing the use of more positive classroom strategies, increasing the use of praise, and utilizing more effective limit-setting strategies (Dickstein, 2009).

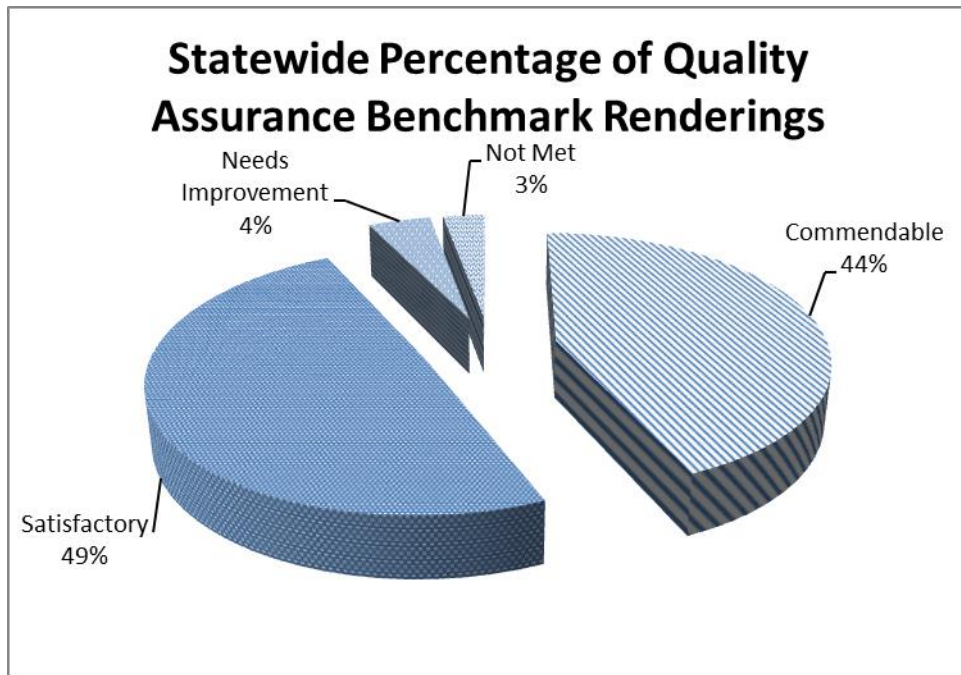
Children referred to ECMHC receive a social-emotional screening using the Ages and Stages Questionnaire: Social-Emotional© (ASQ: SE). This screening is completed by the child's teacher, as well as the child's parent/guardian, in most cases. The consultant also administers the Teaching Pyramid Observation Tool-Short Version (TPOT-S) or the Teaching Pyramid Infant Toddler Observation Scale-Short Version (TPITOS-S), depending on the age of the child. These tools measure ECMHC related indicators that related to the implementation of The Pyramid Model in the child's educational environment. The child's teachers are also complete the Strengths and Difficulties Questionnaire (SDQ) and the Childcare Worker Job Stress Inventory (JSI). The results from all screening conducted are discussed with the child's caregivers. Screening results coupled with observations from all team members, inform the creation of an action plan which includes next steps for all participants. For the consultants next steps may include on-site coaching, recommendations for adjustments to the environment, delivery of professional development sessions, sharing of resources, and/or potential referrals to other community services. All screening tools, with the exception of the ASQ:SE, are completed at pre-consultation and post-consultation intervals.

3.2 Program Evaluation

The ECMH Consultation Program uses three methods of project evaluation: demographic and programmatic data collected by Early Childhood Mental Health Consultants, results from the ECMHC Program Feedback Survey completed by directors and teachers who received consultation and the ECMHC Quality Assurance review. Both data collection and ECMHC Program Feedback Surveys have been used since the program's inception. ECMHC Quality Assurance Case File Review monitors expectations for accountability, quality, and fidelity in the delivery of ECMHC services across the Commonwealth.

Sixty-nine ECMH case files were evaluated using the Early Childhood Mental Health Program Quality Assurance Checklist during the fiscal year. The checklist provides indicators based on the ECMH Program Manual. Each indicator has a benchmark target and is assigned one of the following renderings: Commendable, Satisfactory, Needs Improvement, or Not Met based on

the completion of the indicator. The following table indicates the percentage of case files for each benchmark rendering:



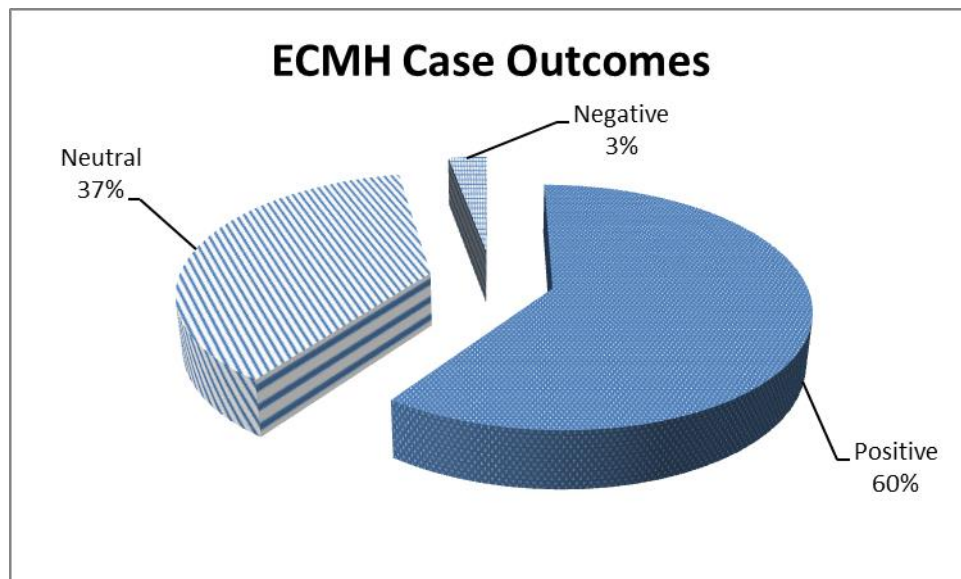
The Quality Assurance review showed 93% of case files that met or exceeded benchmark (satisfactory or commendable). The review also demonstrated that the consultants, across the state, continued to improve adherence to the Program Manual and ECMHC policy and procedures. Following the QA review, each Regional Key was provided with a report of the Quality Assurance findings. The report included action steps for specific areas where a need for improvement was identified. The complete Statewide Quality Assurance Review report is available for review by contacting the ECMHC Program Manager.

The remainder of this report provides a summation of the demographic data and accomplishments of Pennsylvania's Early Childhood Mental Health Consultation program during the 2013-2014 fiscal year.

4. ECMH Consultation Program Goals

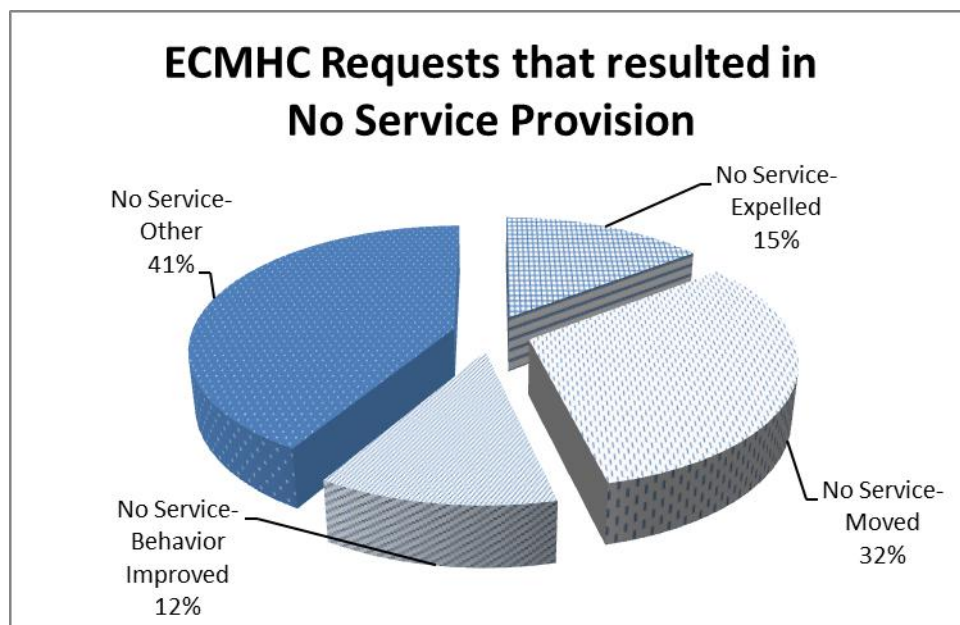
4.1. Goal 1: Reduce the number of children expelled from child care due to behavior issues

National studies demonstrate the effectiveness of early childhood mental health consultation in decreasing the likelihood of expulsion for children with challenging behaviors (Gilliam & Shahar, 2006). With new perspective, knowledge, skills, and strategies, provided through ECMH consultation, ECE practitioners can promote early childhood mental health, address current challenging behaviors and prevent future concerns that might arise (Kaufman, et. al., 2012). It has been shown that 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. The chart depicts outcomes of consultation as: Positive –goals were met or the child accepted for additional services; Neutral – case closed for reasons unrelated the child's behavior; Negative – the child is asked to leave the facility due to challenging behaviors. Of note, Pennsylvania has used the same case outcome definitions since 2009.

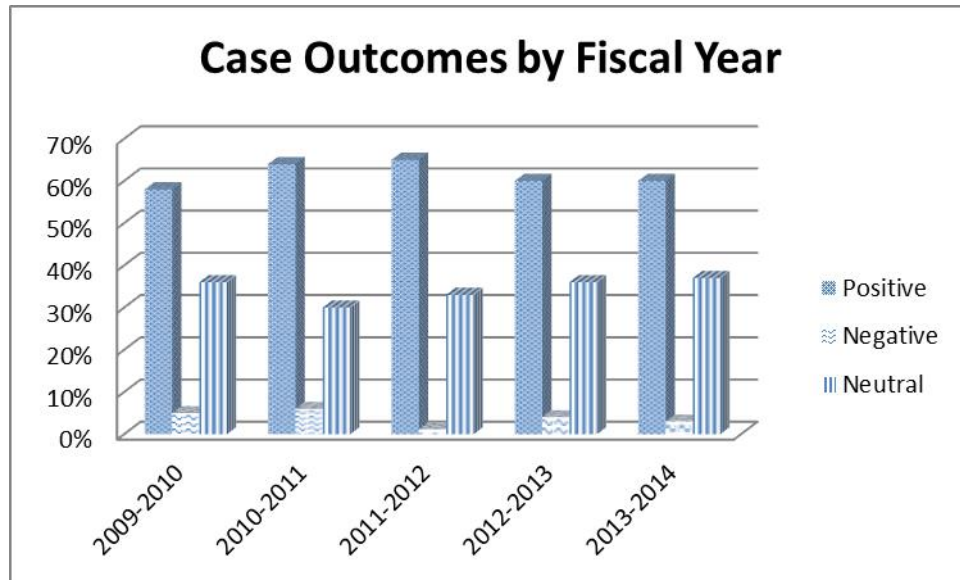


In FY 13-14 60% of cases had a positive outcome, remaining consistent with FY 12-13. Cases closed due to expulsions decreased by 1% from the previous FY to 3%. Thirty-seven percent (37%) were closed when the child left the program for reasons other than the child's behavior (neutral outcome), remaining relatively consistent with the previous fiscal year (36%). These reasons have included, but are not limited to, family relocating, family employment reasons, and the child entering school-age programming.

Additionally, during FY 2013-14 the ECMHC program was able to capture the number of requests for ECMHC that did not result in the provision of consultation services due to various reasons (n=41). These cases were captured using a closing status of "No Service" following the notice that ECMHC was no longer needed. The breakdown was as follows:



The ECMHC program has consistently begun to provide facilities with resources to use in the classrooms where a child is waiting for ECMHC service provision which may be a reason for the noted improved behavior changes. Reasons cited for the "no service-other" category were not limited to center and/or parent changing mind with regard to ECMH, loss of funding for childcare (CCIS or parental loss of employment), and facility closure. Additionally, the ECMHC program will look further into the number of children expelled prior to service provision and how that number may be impacted by the Regional waiting lists for ECMHC.



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

The ECMHC Program Feedback Survey provides ECE professionals with an opportunity to report impact of consultation services on their understanding of social and emotional development at the end of consultation of services. For the current fiscal year, 157 responses were secured; a 36% response rate. The response rate has improved 4% continues to be attributed to intentional follow up by consultants/regional keys with regard to closed ECMHC cases. Survey results indicate:

- 97% of respondents indicated they had an excellent or good understanding of the possible reasons for the child’s challenging behavior following ECMH Consultation, remaining constant with last fiscal year.
- 93% indicated that they have an excellent or good understanding of new methods to address challenging behaviors following consultation, remaining fairly constant with last fiscal year.
- 94% of respondents indicated they had an excellent or good understanding of children’s social emotional needs following ECMH consultation, a slight decrease from 97% last fiscal year.
- Respondents who participated in the ECMH Blended Model indicated that they were likely or extremely likely to do the following (I/T: n=19; Preschool: n=22):
 - Use of observation to build strong relationships with infants, toddlers, preschoolers and their families. (I/T: 100%; Preschool: 100%)
 - Use of strategies that support responsive caregiving. (I/T: 100%)
 - Use of strategies that can be used to design my classroom so that it supports social emotional development and prevents challenging behaviors. (Preschool: 100%)
 - Use of strategies that help you to read infant/toddler behavioral cues. (I/T: 100%)
 - Use of schedules and routines that support social emotional development and prevents challenging behaviors. (Preschool: 100%)

- Knowledge of temperament traits that help to build relationships with the children you care for. (I/T: 100%)
- Use of positive feedback and encouragement that will effectively support children’s positive social behaviors. (Preschool: 100%)
- Use of strategies that help you form and sustain relationships with infants, toddlers, and families. (I/T: 100%)
- Knowledge of what behaviors are developmentally appropriate for specific age groups that will help me to have developmentally appropriate expectations for my classroom and the children I care for. (Preschool: 100%)

According to current research, we know that a child’s early experiences determine the course of children’s social-emotional development, which in turn affects early learning, behavior, relationships, and the ways in which children react and respond to the world around them throughout their lives (Zero to Three, 2012). Professional development opportunities provided by ECMH in child care centers and in the community, can help practitioners support social and emotional development, prevent behavioral problems, support relationships with families, and identify early warning signs of developmental/behavioral concerns (Zero to Three, 2009). This goal is accomplished in two ways: provision of professional development to the ECE field at conferences and professional development events and on-site technical assistance to ECE professionals receiving ECMHC services. Professional development sessions conducted by ECMH consultants addressed:

- Early Childhood Brain Development
- Challenging Behavior
- Building collaborative relationships with families
- Providing responsive care
- Positive Behavior Support
- Social-emotional development
- The impact of PLAY
- Stress Reduction

Summary of Professional Development Activities:

169 hours of professional development were provided to early care and education professionals.

118 hours of resource and referral were provided by consultants in addition to hours spent on individual cases.

Each of the Regional Keys offered numerous professional development events for early care and education program directors and distributed ASQ screening kits to programs that participated. Use of these screening tools increases 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.

**Social Emotional Professional Development Sessions
Conducted at Statewide Events:**

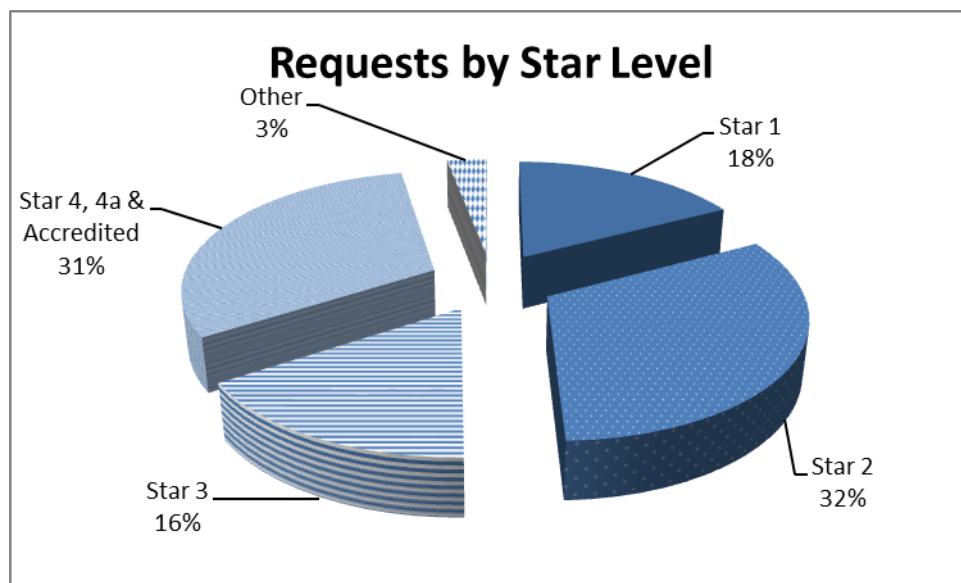
Program-wide PBIS Implementers Forum, PBIS Behavior Institute
5th Annual Infant Mental Health Conference, Early Childhood Education Summit,
Pre-K Counts and Head Start Supplemental Assistance Grantee meeting

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

ECMH consultants help facilitate links to appropriate services for children who need them and provide information to practitioners and families about community resources. Out of the 509 children that were provided ECMH consultation during FY 13-14:

- 295 referrals for children and their families to community – based resources for more intensive services.
- Of those referred, 44% of referrals were accepted for service, with 6% pending approval as of June 30, 2014 and 20% were not pursued due to parent/guardian decision.
- 53% of referrals were for children’s mental health services
- 32% were referred to Early Intervention for an evaluation, 22% were for EI 0-3and 78% were for EI 3-5

In the ECMHC Program Feedback Surveys, teachers and directors are asked about the effects of the ECMH consultation program on identifying and accessing appropriate services for young children and families. One Hundred percent (100%) of respondents with cases where a referral was made regarded ECMH consultants as very or somewhat helpful with accessing services for



children. Eighty percent (80%) of the responding teachers and directors rated their knowledge of the resources available to children and families in their community at excellent or good as a result of working with the ECMH consultant.

5. ECMH Consultation Program Demographic Data

5.1 Total Number of Children Served (n=509)

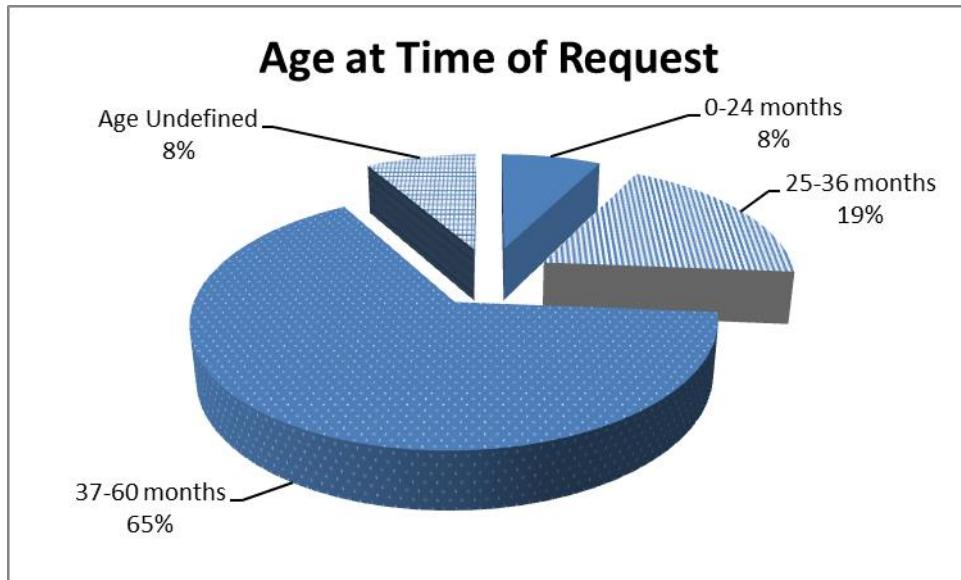
ECMH consultation was provided to 509 children this fiscal year, with 117 of those cases transitioning from FY 13-14. Reasons for transitioning cases are due to continued progress needed toward action plan goals and cases becoming active near the end of the fiscal year. There was a 13% decrease in the number of children served compared to FY 12-13. This decline is a result, in part, of a reduction in ECMHC staffing due to open positions. Additionally, the number of children served is more accurately reflected for FY 13-14 due to the implementation of the ECMHC Database. In previous years, the number of children served was equal to the number of requests received, due to the established data collection system.

5.2 Requests for ECMHC (n=468)

For the fourth year in a row STAR 2 facilities had the highest request for service rate at 32%, which is a slight decrease compared to last fiscal year (34%). However, there was a significant increase in referrals from STAR 4 facilities this fiscal year, 31%, up from 16%. This increase may be attributed to the Rising STARS initiative. Three percent (3%) of requests were reported as having an undefined Star Level (missing identifier in database) or “No Star Level” which may illustrate that the facility lost their Star Level between the time of ECMHC request for service and the date of this report. Please reference the Continuous Quality Improvement (CQI) section of this report for the remediation plan regarding this data point.

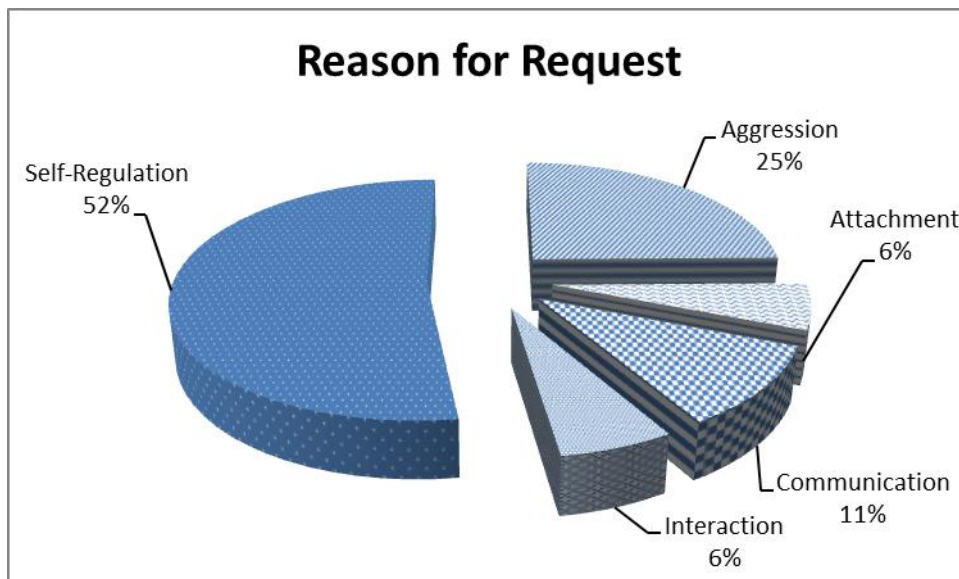
ECMHC services were most often requested for children over age three years (65%). This illustrates a 15% decrease from FY 12-13. There was a slight increase in referrals for children birth to twenty-four months (8%) and twenty-five to thirty-six months (19%) this fiscal year.

5.3



Reason for Request of ECMHC

When requesting consultation services, teachers or directors indicate the reason for request from a list of possible concerns. Most requests were made for externalizing behavior concerns, such as aggression (25%) and self-regulation (52%). Self-regulation and aggression make-up over 75% of all requests for services. During FY 13-14, there was a slight increase (2%) across referral categories for Attachment, Communication, and Interaction.

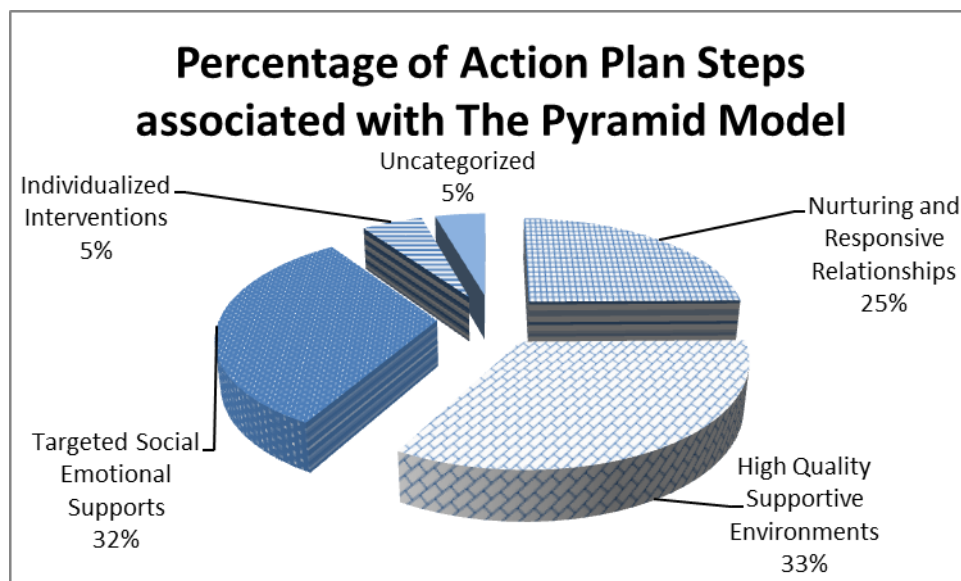


6. ECMHC Program Service Delivery Data

6.1 Action Plan Goals and Strategies

ECMH consultation services 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 Model includes a tiered approach that includes universal strategies appropriate for all children, prevention strategies for those children needing skill development, and intervention strategies for those children not responding to the previous supports put in place. ECMHC Action Plan Strategies focus on Nurturing and Responsive Relationships and High Quality Supportive Environments and Targeted Social Emotional Strategies. Individualized interventions (tertiary) focus on obtaining additional supports to assist a child in being successful in the early care and education setting, such as a referral to a community based service and the development of an individualized intervention plan.

Action Plan Goal Strategies were assigned the associated Pyramid Model tier level to illustrate how ECMH consultants are supporting the implementation of this model in the early care and education environments they are working in. Ninety percent (90%) of all action plan goal strategies were focused on Nurturing and Responsive Relationships, High Quality Supportive Environments, and Targeted Social Emotional Supports and illustrate fidelity to the PA ECMHC program model. These strategies are directly related to the use of the Teaching Pyramid Observation Tool (Short Version) and the Teaching Pyramid Infant Toddler Observation Scale (Short Version) that are used to measure outcomes.



6.2 ECMHC Blended Model Delivery

The ECMHC Blended Model was delivered to 36 programs across the Commonwealth as an action plan goal in an open ECMHC case. This model includes, in addition to on-site consultation services, the provision of six hours of professional development using The Center for Social Emotional Foundations in Early Learning Training Module 1 Social Emotional Development within the Context of Relationships (Infants/Toddlers) and Building Relationships and Creating Supportive Environments (Preschool). There is growing evidence that brief workshop-style training is not enough to help teachers and practitioners acquire and apply complex new skills in early care and education settings. (Zaslow, et. al., 2010). Coaching and other on-site, individualized professional development strategies (consultation, mentoring, and technical assistance) have emerged as promising strategies to support the application of new teaching strategies and overall quality improvement among practitioners in early care and education settings (Isner, et. al., 2011).

The Blended Model seeks to build practitioner skills within a program around the base of the Pyramid Model which builds knowledge of developmentally appropriate behavior as well as universal strategies to support all children in the ECE setting. In addition, it is documented that increasing teacher understanding of base of the Pyramid increases a teacher's ability to generalize and apply information and skills learned during the consultation process within a classroom and a program.

“The activities in the CSEFEL training really made us look at ourselves, our reactions and the culture of our families. Most of us made some new discoveries that will help better ourselves in our positions here. The consultant was generous with her time and the over-all experience was positive.” –ECE Director

6.3 ECMH Consultation Program Screening Tool Outcomes

The following screening tool outcomes represent the initial measurement of variables within the Pennsylvania ECMHC program. The findings suggest ECMHC is effective in improving ECE teacher's perception of children's strengths and difficulties, decreasing job stress, and increasing the use of CSEFEL Pyramid Model practices for the participating practitioners. The findings provide a baseline for future outcome comparison within the ECMHC program.

6.3a Teaching Pyramid Observation Tool (TPOT/TPITOS) Outcomes (n=245)

ECMH consultants administer the TPOT or TPITOS Short Versions, depending on the age of the identified child at pre and post consultation intervals. Two hundred-forty-five complete data sets were available for analysis this fiscal year. Incomplete data sets were attributed to multiple cases that transitioned from the previous FY where the TPOT/TPITOS were not required.

A paired *t* test was conducted on the TPOT/TPITOS data sets to determine the extent to which ECMH consultation increased the implementation of CSEFEL Pyramid Model practices in the early care and education setting. Overall, there was a statistically significant impact in the implementation of Pyramid Model practices following ECMH consultation [(M=-6.73, SD=11.57) $t(244)=-9.11, p<.001$].

6.3b. Strengths and Difficulties Questionnaire (SDQ) Outcomes (n=178)

The SDQ is a self-report provided by the ECE practitioner at pre and post consultation intervals. It is only used for children who are under 3 years old, as instructed by the developer (Goodman, 2005). The ECMHC program obtained 178 complete data sets of the SDQ this fiscal year, a 47% return rate. Incomplete data sets can be attributed to multiple cases that transitioned from the previous FY where the SDQ was not required and to the barriers of obtaining self-report measures.

A paired *t* test was conducted on the SDQ data sets to determine the extent to which ECE teachers' perception of the identified child's strengths and difficulties changed significantly between pre- and post-consultation. While teachers' scores for identified children improved after intervention, scores in the mid-range indicated on-going difficulties and may illustrate further professional development for ECE practitioners on identifying strengths in the children they work with and reframing perceptions about challenging behaviors is needed. Despite the previously noted continued perception of challenging behavior by teachers, there was a statistically significant change noted following ECMH consultation with the SDQ [(M=2.29, SD=6.83) $t(177)=4.56, p<.001$].

6.3c. Child Care Worker Job Stress Inventory (JSI) Outcomes (n=110)

The JSI is a self-report provided by the ECE practitioners at pre and post consultation intervals. The ECMHC program obtained 110 complete data sets of the SDQ this fiscal year, a 29% return rate. Incomplete data sets can be attributed to multiple cases that transitioned from the

previous FY where the JSI was not required and to the barriers of obtaining self-report measures.

A paired *t* test was conducted on the JSI data set to determine the extent to which perceived stress levels were reduced between the pre- and post-consultation timeframe. Overall, the teachers' perception of job stress showed a statistically significant reduction after participating in ECMHC [(M=2.15, SD=13.64) $t(206)=2.27$, $p<=.05$].

7. Summary of ECMH Consultation Program Positive Impact

- Retention of 227 children in their early care and education setting, children who when referred to ECMHC were at risk of expulsion. 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.
- ECMH consultants provided services in 47 of the Commonwealth's 67 counties.
- ECMH consultants delivered a combined total of 168 hours Outreach Activities, including Program Promotion and Resource and Referral Activities, to expand the ECMHC program reach into new Stars Facilities not previously served and service delivery areas. Ages and Stages Questionnaires (ASQ) and Ages and Stages Questionnaire: Social Emotional (ASQ: SE) Professional Development was delivered by ECMH Consultants to 321 early care and education teachers. This professional development is an essential tool in assisting programs in meeting the STARS 2 standard to conduct age appropriate screening on all children within 45 calendar days of their entry into the program. According to ECMHC Program Feedback Surveys, 81% of the children referred for ECMH consultation were screened by the ECE practitioners using the ASQ: SE prior to the start of ECMHC services. The practice of universal screening is consistent with a prevention approach, the foundation of the Pyramid Model (Henderson & Strain, 2009).

8. Continuous Quality Improvement of PA ECMH Consultation Program

The ECMHC Program constantly strives to make improvements that enhance the quality of services provided to early care and education teachers, children and their families. One of the ways this is done is through data-based decision making. The ECMHC Program collects and uses data to inform and improve practices. The vision for ECMHC during FY 2014-2015 include the following modifications, as a result of the data collected:

8.1 ECMHC Database Implementation

A database was created and implemented in the 2^d quarter of FY 13-14. This has allowed for a more in depth look at the data points the ECMHC program collects. Further enhancements and data reporting features will be developed utilizing the existing data points. The ECMHC program will continue to implement measures to ensure accurate and complete data entry on a quarterly basis in addition to the current Quality Assurance Review process that occurs in the 3rd quarter of each fiscal year to assess fidelity to the program model.

8.2 Screening Tool Data Sets

Complete data sets (pre and post interval) are required to measure program outcomes. The ECMHC program will continue to engage ECE practitioners and ECE directors in completing the self-report screening tools required to support ECMH programmatic outcomes during FY 14-15. Of note, loss of continuity of care during the provision of ECMHC creates a barrier for complete data sets.

8.3 Comparison of Outcomes

The implementation of the ECMHC Database has now expanded the ECMHC program's to explore outcomes related to Child Specific ECMHC and the ECMHC Blended Model. Future data analysis will be focused on the comparison of screening tool outcome for both delivery methods. In addition, outcomes related to the potential impact of teacher education level, type of challenging behavior, program quality level and case outcomes on the effectiveness of ECMHC will be sought.

8.4 ECMHC Goal Achievement Follow Up Procedures

The ECMHC program will develop a Goal Achievement Follow-Up procedure for RK to implement to obtain follow-up information related to the continued implementation of ECMH Action Plan Goals and Strategies. The purpose of this process will be to determine, at 3 and 6 months post ECMH consultation, if the strategies put in place during consultation have remained in place and continue to be effective.

8.5 Action Plan Goal Development

The ECMHC program will develop a standard action plan goal formula to begin to align ECMHC goals in each ECMHC Program across the Commonwealth. This will also align with the development of the above mentioned ECMHC Goal Achievement Follow-Up procedure, as RK

leadership will have access to consistent goal statements in which to obtain post consultation implementation status upon.

“We absolutely loved working with the consultant and in fact recommended her to several other parents. We found her to have amazing positive energy and she excels in her ability to focus on a child's strengths and to reframe negative behavior in a way that explains the function and concretely giving strategies to effect change”. -Parent

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