

Pennsylvania Early Childhood Mental Health Consultation Program

Fiscal Year 2011-12 Report



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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). ECMHC is designed to improve the ability of early care and education (ECE) program staff and families to address mental health problems, particularly behavioral, in children birth-five years. ECMHC involves a early childhood mental health professional consultant working collaboratively with early care and education staff, programs and families to improve their ability to prevent, identify, and respond to mental health issues among children in their care. 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.

A systematic review of more than 30 evaluations of early childhood mental health consultation conducted across the country showed evidence that these programs can lead 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). Reductions in staff turnover and expulsions from child care were also seen across many of these studies. 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.

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 2011-2012 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)

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 form a statewide ECMH Advisory Committee and to develop the Early Childhood Mental Health Consultation (ECMHC) Program. The ECMH Advisory Committee was formed to build relationships and leadership within

Pennsylvania's Department of Public Welfare and to provide recommendations related to promoting social-emotional health among young children, to the Department of Public Welfare Secretary. The Committee, composed of key stakeholders in early childhood mental health including representatives from Department of Public Welfare program offices, Department of Health, private foundations, physical health care providers, mental health providers, the Pennsylvania Key, Regional Keys, parents, early childhood advocates, county human service programs, managed care organizations, and early childhood educators, met from 2008 to June 2012. During these years the ECMH Advisory Committee developed and worked to promote systematic implementation of the 2009 ECMH Recommendations at the local, regional, and state levels.

The ECMHC program began as the Infant/Toddler Mental Health Project, a grant-funded pilot in 2006 with a focus on supporting early care and education teachers in meeting the social and emotional needs of children ages birth through three years who were exhibiting concerning behaviors. The mental health consultants work to increase efforts among early care and education practitioners to retain children with challenging behaviors in the classroom, identify children with behaviors that may indicate increased risk for social-emotional and/or developmental delays. Once a child is identified, consultants work to build the capacity of parents and teachers to meet the social-emotional needs of the child, reduce challenging behaviors, to establish collaborative relationships with other child-serving systems, and to assist families with accessing more intensive services when indicated.

Early Childhood Mental Health Consultation Program Model

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. The Early Childhood Mental Health Consultation program is open to all state-registered or certified early care and education facilities enrolled in Keystone STARS, Pennsylvania's program to promote continuous quality improvement in early learning and school-age environments. The program is administered by each of the six Regional Keys to Quality. The Regional Keys are responsible for supporting early care and education practitioners in their effort to offer quality programs.

The ECMH Consultation Program is a child-specific consultative model which addresses the social-emotional development of young children within their early care and education (ECE)

program. Services are provided at the request of the director or teacher and with the permission of the child’s parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning).

The Pyramid 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.

Design

The ECMH Consultation program is implemented by the six Regional Keys with oversight from the Pennsylvania Key. In FY 2011-2012 the program employed thirteen full-time and one part-time ECMH consultants. ECMH consultants are Masters-level professionals with strong educational backgrounds in mental health, child development and early education.

Consultation services include:

- Child-specific mental health consultation to early childhood programs such as observation, team planning, creation of individualized strategies and coaching
- Targeted professional development to address program-specific needs such as problem identification, referral processes, classroom management strategies, and the promotion of healthy social and emotional development

- Referrals to community based providers (mental health, early intervention, physical health) and assistance with access to more intensive services to meet the child’s and/or family’s needs.

The ECMH Consultation program is an essential component of Pennsylvania’s Keystone STARS Child Care Quality Initiative. The quality of the early care and education environment is positively affected by the on-site coaching and assistance of the ECMH consultant.

“The mental health component of Keystone STARS is a great asset to our program” –ECE director response on the ECMHC program feedback survey.

The focus on teacher-child-parent interactions and approaches to promote social-emotional competence serves to enhance the program’s effectiveness in preparing young children for academic success. 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 screening results 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, delivery of professional development sessions, sharing of resources, and/or potential referrals to other community services.

Summary of FY 2011-2012 Services

338 early learning facilities in **59** counties were visited by an ECMH consultant

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

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

Each month an average of 2344 children were impacted by consultation services delivered in ECE programs

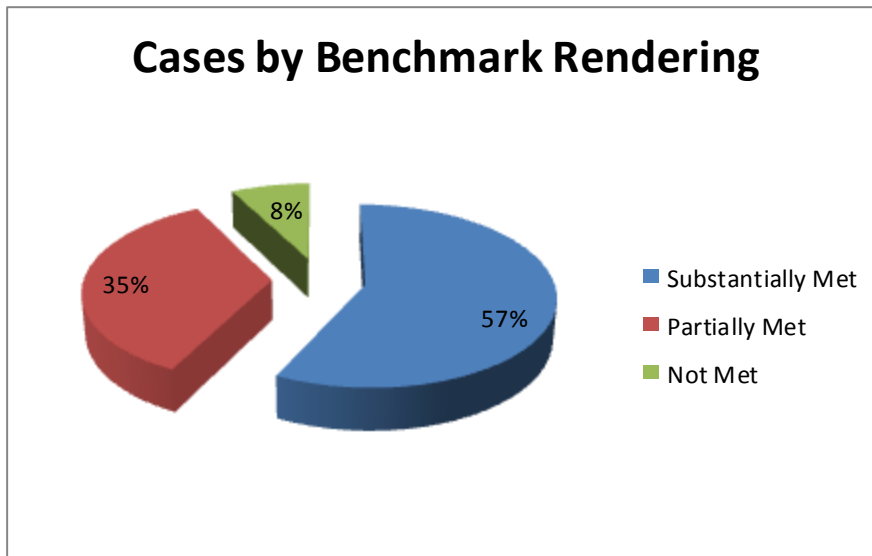
Each month an average of 321 ECE teachers received on-site ECMH consultation

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 ECMHC case file review. Both data collection and ECMHC Program Feedback Surveys have been used since the program's inception. ECMHC Quality Assurance Case File Review was introduced in pilot phase in FY 2011-2012 to apply consistent expectations for accountability and quality in the delivery of ECMHC services across the Commonwealth.

ECMH case files are evaluated using the Early Childhood Mental Health Program Quality Assurance Checklist. The checklist provides indicators based on the ECMH Program Manual. Each indicator has a benchmark target and is assigned one of the following renderings: Fully Met, Substantially Met, Partially Met or Not Met based on the completion of the indicator.



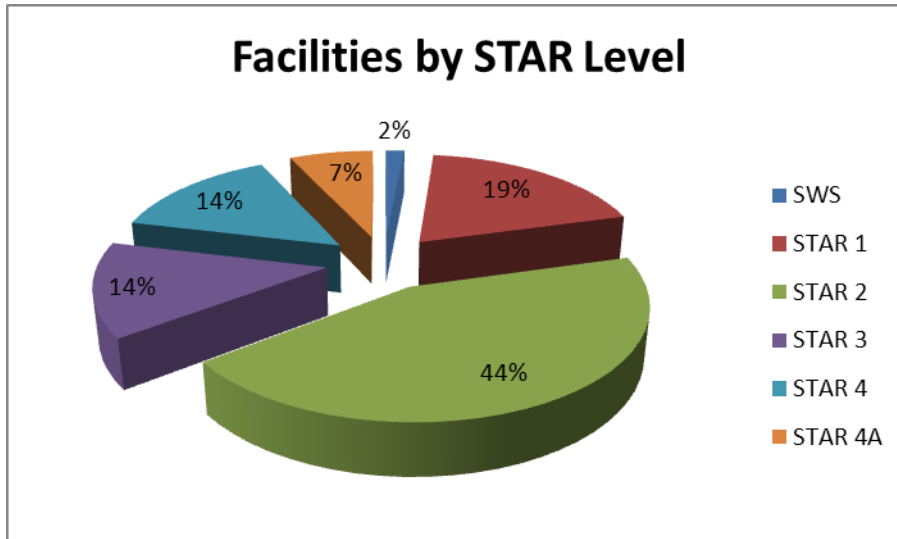
The pilot Quality Assurance review demonstrated that the consultants, across the state, are fairly consistent in their adherence to the Program Manual and ECMHC policy and procedures. Following the pilot QA review, each consultant was provided with a report of the Quality Assurance findings. The report 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 2011-2012 fiscal year.

ECMH Consultation Program Demographic Data

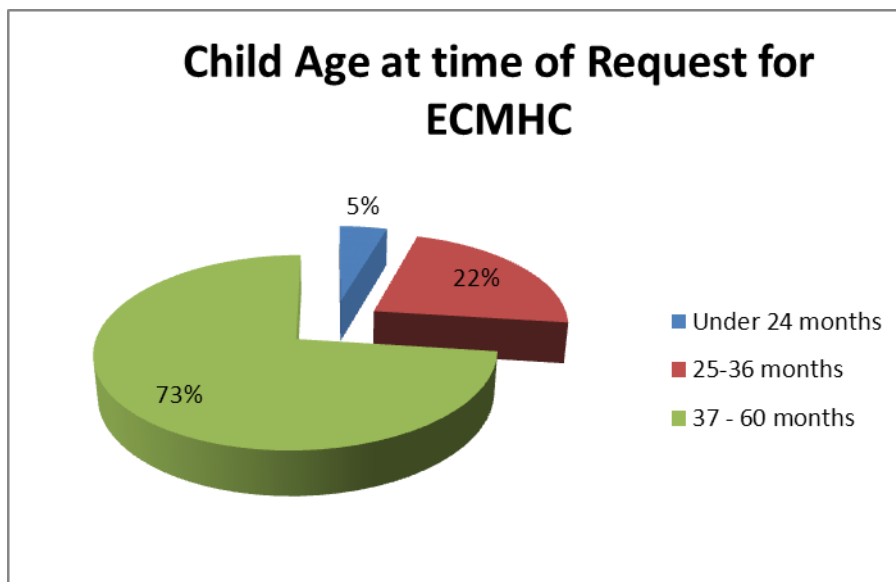
Early learning facilities reached (n=338)

Consultation was provided primarily in center-based (97%) versus family or group (3%) facilities. For the second year in a row STAR 2 facilities had the highest request for service rate at 44%. This is an 8% increase over FY 10-11.



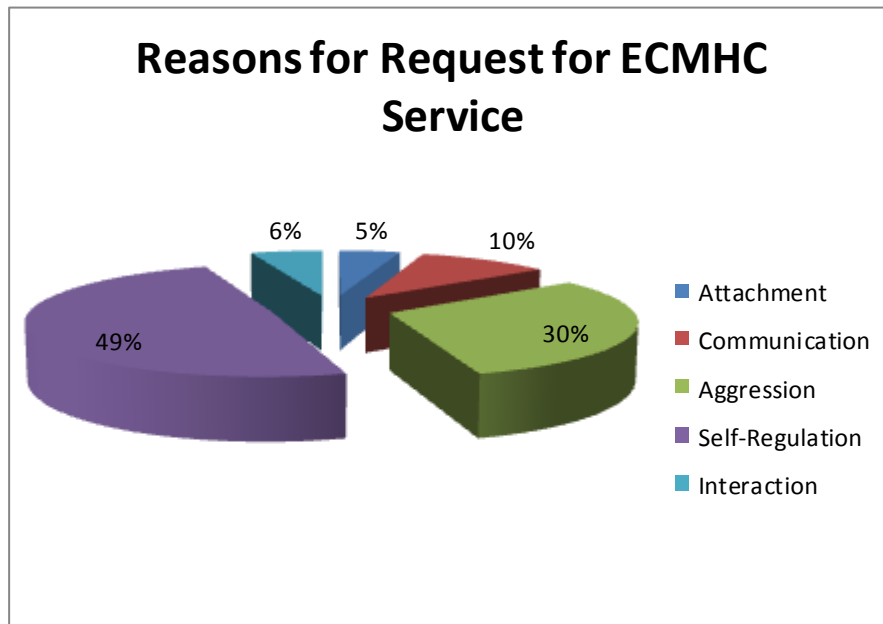
Requests for service for child-specific consultation for children (n=480)

ECMHC services were most likely to be requested for children over age three years. Requests for service for children under three years of age decreased 2% from fiscal year 2010-11. This is consistent with a March 2010 Zero to Three research which found caregivers have limited understanding of typical social and emotional development in infants and toddlers.



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 (30%) and self-regulation (49%). The decrease in the number of children under the age 24 months for whom ECMHC services were requested in conjunction with the majority (85%) of requests for ECMH being for externalized behaviors, suggests the need for targeted professional development for early care and education teachers and other caregivers. This professional development relates to the understanding of infant-toddler mental health and potential signs of risk in very young children.

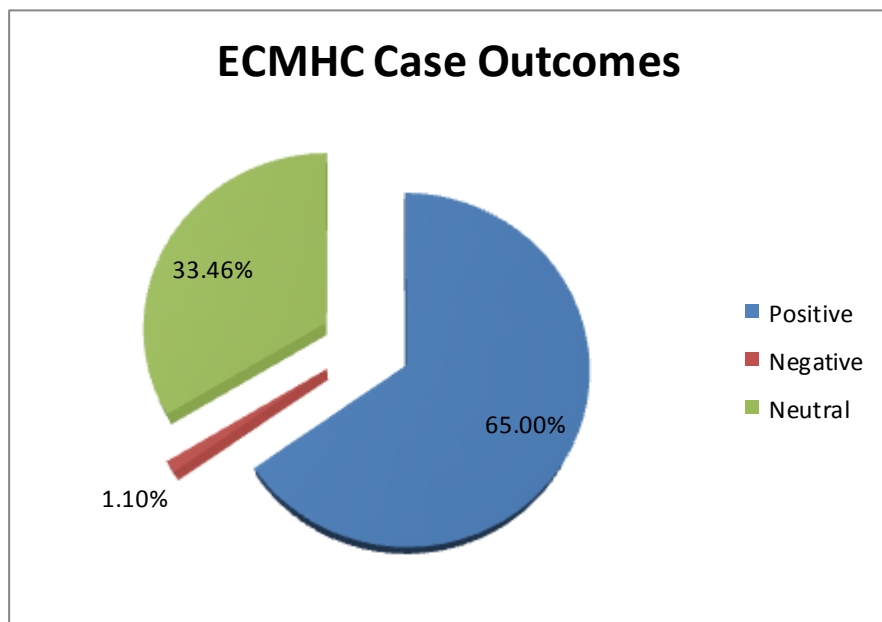


ECMH Consultation Program Goals

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

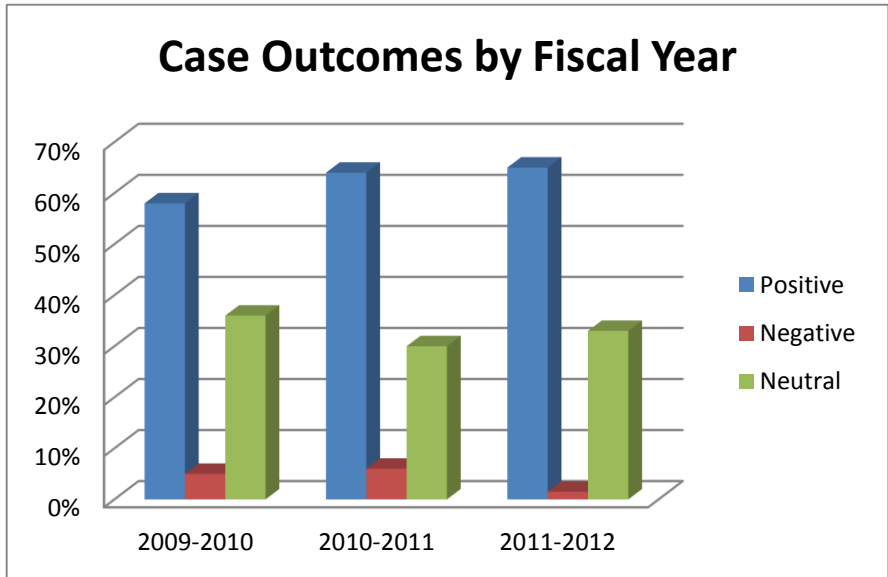
National studies demonstrate the effectiveness of early childhood mental health consultation in decreasing the likelihood of expulsion for children with challenging behaviors (Gilliam & Shahar, 2006). Teachers who receive on-site consultation are about 50% less likely to expel a child as a teacher without 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.



In FY 11-12 65% had a positive outcome, a one percent increase from FY 10-11. Cases closed due to expulsions decreased from 6% in FY 10-11 to only 1.1% this fiscal year. Thirty percent (30%) were closed when the child left the program for reasons other than the child’s behavior (neutral outcome). The slight increase in neutral outcomes may attributed to the economic climate According to the 2012 Child Care Aware of America report, *Parents and the High Cost of Childcare*, CCR&R agencies report that some parents are removing their children from licensed programs to informal child care settings to better make ends meet.

Pennsylvania has used the same case outcome definitions since 2009. During this time cases closed for reasons not related to the child’s behavior (neutral) remained consistent. Cases closed with positive outcomes increased slightly each year. Cases closed due to expulsion increased one percent from 2009-2010 to 2010-2011but decreased significantly in 2011-2012.



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

According to researchers, a comprehensive system for early childhood mental health includes an effective workforce that is well-trained on best practices in children’s mental health (Perry, Kaufman & Knitzer, 2007). 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 addressed:

- Early Childhood Brain Development
- Inclusion of all children
- Challenging Behavior
- Building collaborative relationships with families
- Providing responsive care
- Positive Behavior Support
- Social-emotional development
- Cultural Competence

Professional Development Instructor Institutes were conducted for:

- Mind In the Making: 7 Skills
- CSEFEL Modules

Summary of Professional Development Activities:

335 hours of professional development provided early care and education professionals.

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

824 participants benefitted from 37 sessions on Using the Ages and Stages Questionnaire as a Screening Tool

39 ECE facilities – (78 directors & lead teachers and 333 direct care staff) participated in Mind in the Making

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 consultation of services. Survey results indicate:

- 97.4 % of respondents indicated they had an excellent or good understanding of the possible reasons for the child’s challenging behavior following ECMH Consultation
- 89% indicated that they have an excellent or good understanding of new methods to address challenging behaviors following consultation.
- 93% of respondents indicated they had an excellent or good understanding of children’s social emotional needs following ECMH consultation.

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

Infant Toddler Symposium
PBIS Behavior Institute
3rd Annual Infant Mental Health Conference
Early Childhood Education Summit

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. ECMH consultants made 426 referrals for 659 children and their families to community based resources for more intensive services. Of those referred, 43% of referrals were accepted for service, with 11% were pending approval as of June 30, 2012 and 18% of referrals were not pursued due to parent/ guardian decision.

- 48% of referrals were for children’s mental health services
- 8% of the referrals for children’s mental health services were specifically for Parent Child Interaction Therapy
- 34% were referred for Early Intervention services, 31% of these were to infant/toddler and 69% were to preschool services.

The chart below indicates the status of referrals to additional services by service category. For example of the 10 referrals recommended for adult mental health services 16 percent were eligible, .5 percent were pending approval, 1% percent choose not to pursue the referral. The remaining percent were not eligible for services.

Type of Service	Percent Eligible	Percent Pending at close of FY	Percent uninterested in pursuing referral
Adult MH n=10	16%	.5%	1%
Child MH n=204	48%	11%	22%
STARS TA N=25	68%	.4%	2.5%
Medical n=33	33%	2%	.3%
EI 0-3 n=45	38%	13%	26.5%
EI 3-5 =100	38%	9%	10%

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. Respondents regarded ECMH consultants as very or somewhat helpful with accessing services for children. Eighty-one percent (81%) of teachers and directors indicated that their knowledge of the resources available to children and families in their community significantly improved as a result of working with the ECMH consultant.

Early Childhood Mental Health Consultation Program Positive Impact

The ECMH Consultation Program has positively impacted hundreds of early childhood education facilities and thousands of children and early childhood teachers. ECMH consultants provided much needed information regarding social and emotional development of young children to other providers in the community. Services to young children have been made available where in the past they had not. In FY 2011-2012 ECMH consultants provided services in 59 of the commonwealth’s 67 counties, an increase of eight counties from FY 2010-2011.

The greatest impact was the retention of 320 children in their early care and education settings, children who when referred to ECMHC were at risk of expulsion. In a national random-controlled study, ECMHC was assessed an effective means for reducing disruptive

classroom behaviors that are likely causes of prekindergarten expulsion (Gilliam, 2005). 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. The most effective way to support children's mental health is by supporting the adults who care for them. ECMH consultants support positive relationships between parents and children, parents and teachers, and teachers and children, because it is within these relationships that development and learning unfolds.

To promote the use of social emotional and developmental screening 824 early care and education teachers participated in ASQ and ASQ:SE professional development sessions conducted by ECMH consultants. This professional development is an essential tool in assisting programs in meeting the STARS 3 standard to conduct age appropriate screening on all children within 45 calendar days of their entry into the program. The practice of universal screening is consistent with a prevention approach, the foundation of the Pyramid Model (Henderson & Strain, 2009). Additionally, high quality professional development and technical assistance helps to ensure implementation fidelity of screening tools that promote the social-emotional wellbeing of children in the early learning environment (Cooper & Vick, 2009).

According to ECMHC Program Feedback Surveys: 70% of the children referred for ECMH consultation were screened by ECE practitioners using the ASQ:SE prior to the start of ECMHC services. When the child has not already been screened the screening is administered by the ECMH consultants. Consultants review the screening results with caregivers and teachers. Research shows when teachers have a better understanding of health social-emotional development it aides in their ability to distinguish which children need additional services and which would benefit from increase social-emotional promotion in the classroom.

Early Childhood Mental Health Consultation Program Challenges

According to the OCDEL an estimated 168,230 children, birth to 5, were served in a Keystone STARS facility. One challenge that the ECMHC program continues to face is the ability to serve more children across the commonwealth with a limited number of ECMH consultants. In addition, the limited number of mental health, speech, occupation and physical therapy professionals qualified to provide services to very young children also presents significant barriers for consultants attempting to link and bridge services on behalf of children, ECE programs and families. Rural areas are particularly underserved by these professionals making

it difficult for ECMH Consultants to assist families and programs in obtaining services needed to address a child's behavior.

Turnover among early childhood education staff continues to be a barrier faced by the ECMH consultants. Developing relationships and coaching teachers to implement strategies takes time and consistency. High staff turnover rates make this process difficult for consultants and young children. Children are deeply affected by the loss of primary caregivers, often resulting in the development or escalation of challenging behaviors.

Additional challenges cited by the consultants and practitioners included: the multiple and complex problems faced by families including; the impact of poverty on families and children, parent mental health issues (behavior, and/or substance abuse disorders), the impact of abuse and neglect on the emotional development and attachment of very young children, and the growing number of children identified with multiple disabilities (mental health and rehabilitation needs).

Early Childhood Mental Health Consultation Program Strengths

ECMHC can help to mitigate some of the challenges listed above; evaluations of several early childhood mental health consultation programs document the success of consultation in improving staff competence and confidence in working with children with challenging behaviors. Some of the programs also showed reduction in staff members' levels of stress and rates of staff turnover, as well as improvements in overall program quality. (Raver et. al, 2009; Duran et. al, 2009; Brennan et. al, 2008; Johnston & Brinamen, 2006).

Consistent strengths emerged from the ECMHC Program Feedback Surveys.

- **Flexible and Responsive programming and services**

Consultants work with child care centers to schedule observations and to develop action plans that meet needs of both the child and educator. Services are customized based on several factors including the reason for request, the child's developmental and behavioral characteristics, the early learning environment, the staff's knowledge and skills in social-emotional development, and the parents' perspective of the presenting challenges.

- **Knowledgeable and Skilled ECMH consultants**

ECMH consultants are highly qualified Masters level professionals with a strong background in child development, early childhood mental health and early care and education environments.

They are skilled in coaching, relationship-building, collaboration, and accessing community resources.

- **Strong community relationships**

Many ECMH consultants have long-standing and valued relationships with their local early childhood communities. Strong support from these community resources enhances the quantity and quality of programming. Feedback from teachers and directors has been resoundingly positive; consultants are viewed as caring, resourceful, knowledgeable and practical in their consultative practice. They are able to observe, listen to the parents' and teachers' perspectives, and present strategies for change in a supportive manner.

Vision for 2012-2013

The PA ECMH consultation model has historically provided child-specific consultation within a child care classroom. Within the child-specific consultation model, the mental health consultant works with the early care and education provider and a child and their family to address the behaviors of concern in an individual child. During fiscal year 2012-2013 the regional keys will be piloting a Blended ECMHC model that will include a type of programmatic consultation, which is intended both to improve the overall quality of the classroom environment, as well as to provide strategies to build staff capacity to address problematic behaviors or organizational problems that may be affecting multiple children. This will be accomplished by providing a core set of professional development modules, CSEFEL Preschool or Infant module 1 in order to build workforce effectiveness in a sample of sites where ECMHC is delivered.

Review of data collected by ECMH consultants indicated most requests for ECMH services are made for aggressive and/or externalizing behaviors. To gain additional understanding regarding teacher's perceptions and experiences of these behaviors, the ECMHC program will refine the ECMHC Request for Services form to include operational definitions for the "reason for request" categories. In addition, professional development targeted to the identification of social emotional disturbances prior to the exhibition of externalizing behaviors will be offered to the early care and education field.

During fiscal year 2012-2013 the ECMH consultation program will work to increase early childhood educators' understanding of social-emotional development of infants and toddlers, the importance of relationships in establishing a secure base from which children can explore the environment and express anxious behaviors, and to increase their ability to respond in a

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

Finally, the ECMH consultation program will continue to implement recommendations of the ECMH Advisory Committee that align with the program's goals and strategies.

Recommendations were made within three focus areas: Prevention and Intervention, Professional Workforce Development, and Communication and Collaboration. Key recommendations included:

- Supporting and promoting the use of existing screening instruments throughout programs serving young children (Prevention and Intervention)
- Increase capacity of mental health field to provide services to very young children and their families (Professional Workforce Development)
- Adoption and promotion of a set of early childhood mental health competencies for all professionals and across all levels of service provision for families with children from conception through age five (Professional Workforce Development)
- Development of a system to support Reflective Supervision practices in early care and education facilities. (Professional Workforce Development)

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