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Supporting families and professionals through research, education, practice, and policy

Evaluation of the Infant/ Toddler Systems Building Initiative

Final Report for the Early Childhood Mental Health Consultation Program
June 2006-June 2008

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Executive Summary

This report summarizes key activities and contributions and offers recommendations for project operations. The pilot project was very successful in building a solid foundation for the Early Childhood Mental Health (ECMH) Consultation Program. Practitioners and other regional stakeholders clearly indicated that the project is providing a much needed and valued service. At a specific level, ECMH has met the needs of many young children, families, and practitioners through consultation, referrals, and sharing of resources. At a broader level ECMH has increased the awareness and access across regions through the development of resource libraries, provision of networking and educational opportunities, and participation in or facilitation of systems building efforts.

The pilot began by examining needs, gaps, and issues in the Northwest, South Central, and Southwest Regional Keys. Based on this information staff outlined criteria and procedures for service delivery and developed strategies to document consultation and outreach activities and issues. Over the course of the two year pilot, the seven member team served 226 children and 133 early learning programs. Programs most frequently sought help for children experiencing difficulties with self-regulation, aggression/acting out, and attachment or interaction issues. These findings were similar across Regional Keys and urban, suburban, and rural settings. As expected, early care and education programs at the STAR 1 level requested services most frequently. A surprising finding however was that STAR 4 programs that reached this designation through NAEYC accreditation requested consultation services at much higher rates than STAR 4 programs that reached this designation through Pennsylvania's Keystone STARS Performance Standards alone.

ECMH consultants referred 58% of their cases to other support services. Referrals were most frequently made to early intervention, however referrals were also made to STARS Technical Assistance (STARS TA), children's mental health agencies, and other supports such as pediatricians, child evaluation units, audiologists, and adult mental health agencies. On "average" ECMH consultation lasted for just under three months and was provided most often for older toddlers. Consultation ended for most cases (66%) because children met identified behavioral goals or because children or programs were referred to other services. It appears that consultants needed to provide services for longer periods of time when children had less well-developed social emotional skills/more challenging behaviors as reflected in their developmental screening scores. This relationship was statistically significant ($p<.01$). By the end of the pilot, 200 children were discharged from consultation services.

Many early care and education practitioners gave high praise for the program. They clearly valued working with ECMH consultants and saw on-site assistance as the most valued and helpful aspect of the program. Positive changes were noted in the perceptions, behaviors, and skills of staff as well as positive, though gradual, changes in the children's behaviors. Practitioners felt these changes were a direct result of their interactions with ECMH consultants. Survey findings indicated that while consultation facilitated the development of new skills, it primarily helped

practitioners meet the social emotional needs of children for whom support was requested. The following comment reflects this enthusiasm:

> *"It has been the most valuable resource I have experienced in my 10 years directing this center."*

Regional stakeholders felt that the project made valuable contributions to the State's infant toddler mental health system over the course of the two year pilot. The project increased awareness of children's mental health issues; increased knowledge of services, supports, and child development, AND increased access to educational materials, referrals, support services, training, and collaboration between child serving systems. The voices of stakeholders and the experiences of consultants clearly reflect that there is much work to be done. Many families, particularly in rural areas, still need information, education, and support in mental health issues and services and early care and education practitioners and administrators continue to need more resources, training, and networking opportunities to better address the mental health issues of young children and their families.

The pilot brought to light the importance of building an identity and developing procedures to align with the program's mission and identity. Staff found that the program's identity provided a framework to standardize an overall approach (who we serve, how we serve, the scope of services, etc.) and guide the development of program procedures. They also found that this "framework" needed to be flexible enough to allow consultants to individualize some procedures to meet specific needs within their Regional Keys. As the project moves out of the pilot phase, refinement of the program model is critical. The evaluators recommend that the project develop a detailed plan to identify goals, core program activities, and program outcomes. This plan should include establishing clear benchmarks for the implementation of program activities and the measurement of program outcomes. Measurement of program activities will help ensure fidelity to the model and highlight needed refinements and measurement of outcomes will establish program impacts.

The Early Childhood Mental Health Consultation Program

Contributions of the Pilot Project

> *"Looking is not seeing. Listening is not hearing. It is possible to miss so much that is right in front of us if we lack the categories and skills to notice. The greatest of these skills is, perhaps, to put aside our expectations, and to stay open to the actual."*[1]

The Early Childhood Mental Health (ECMH) Consultation Program listened to, informed, and supported the early childhood community through consultation, outreach, and systems building activities. Consultation focused on helping practitioners promote healthy social emotional development and provide support to young children and their families. Outreach activities were directed at increasing awareness of and access to area resources and systems building activities focused on encouraging collaboration and linkages between child serving entities across the State. The program's efforts have been broad and have made a difference in Pennsylvania.

This report provides an analysis of the pilot project's key contributions and impact, summarizes key lessons learned, and offers recommendations for continuing operations. The report's primary focus is on activities and initiatives conducted in the program's three pilot sites. These sites were located within the Northwest, South Central, and Southwest Regional Keys. Positioning the pilot within the Regional Keys was instrumental to the project's successful entrée into early care and education programs. The ECMH Consultation Program was formerly known as the Infant Toddler Mental Health (ITMH) Project. It is referred to as ECMH or "the project" throughout the report.

IDENTIFYING EARLY NEEDS AND ISSUES

ECMH staff and evaluators conducted surveys with early learning practitioners and regional stakeholders at the beginning of the pilot. Practitioner survey findings, which are highlighted to the right, revealed substantial child and staff-related issues. Similarly, regional stakeholders expressed numerous concerns when asked about gaps, issues, and needs within systems serving infants, toddlers and caregivers. Their concerns included inadequate funding; restrictive eligibility criteria; limited awareness, knowledge, and access; limited family-centered services; and a lack of comprehensive and coordinated services. Stakeholders felt these issues left young children's mental health needs under-

Practitioner Survey Findings

37-66% children in programs displayed atypical behaviors,

33-36% of children had been expelled [from infant / toddler programs],

25-39% of staff left programs because of children's behaviors, and

Up to 89% of practitioners requested some type of support around infant and toddler mental health issues.

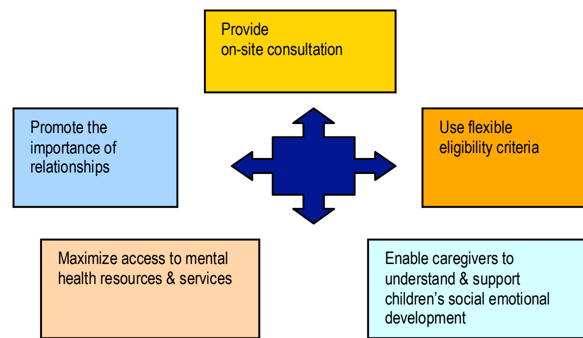
[1] Donald M. Berwick, from the foreword of Organizing for Quality: The Improvement Journeys of Leading Hospitals in Europe and the United States Taken from Rand Corporation Research Brief: Organizing for Quality Inside the "Black Box" of Health Care Improvement in Europe and the United States http://www.radcliffe-oxford.com/books/bookdetail.aspx?ISBN=1846191513

identified and misunderstood AND resulted in an under-utilization of existing services and a shortage of comprehensive, coordinated services. Three themes emerged from early surveys.

1. A need to raise awareness about young children's social emotional needs, challenges, and issues
2. A need to maximize access to early childhood mental health resources and services for children and caregivers
3. A need to provide flexible access to and funding of comprehensive and coordinated services. (See Appendix A for a complete list of early survey findings).

Issues, concerns, and early findings clearly pointed to the need for a multi-faceted service delivery model that could provide on-site consultation, use flexible eligibility criteria, promote the importance of relationships, maximize access to mental health, resources and services, and enable caregivers to understand and support children's social emotional development.

Figure1. Service Delivery



DEVELOPING A SERVICE DELIVERY MODEL

The pilot began by examining needs, gaps, and issues of early care and education practitioners and other stakeholders in the Northwest, South Central, and Southwest Regional Keys. This involved formal and informal discussions, interviews and surveys with regional stakeholders and the reviewing of relevant literature. Based on this information staff outlined criteria and procedures for service delivery and developed strategies to document consultation and outreach activities and issues. Careful documentation, feedback, and discussions allowed the ECMH team to identify effective and ineffective strategies, desirable refinements, and needed developments. Collaboration around these activities helped the program refine THEIR philosophy and approach to outreach, consultation, and referral; led to the development of standardized forms and procedures.

What is the Project's Approach to Consultation?

ECMH consultation focused on helping practitioners learn to effectively address the behavioral needs and challenges of their children. Consultants became resources to practitioners supporting them as they learned to address the complex issues of early childhood mental health. They did this by helping practitioners observe children's needs and create settings that nurtured healthy development, communicate child-related concerns to families, develop plans that address specific [children's] behavioral concerns, and access additional supports such as early intervention and mental health agencies. Furthermore, consultants partnered with families around children's needs. ECMH consultation,

1. Focuses on helping children remain and succeed in early learning settings,
2. Is child specific and is not restricted by eligibility criteria
3. Encourages and supports family involvement,
4. Brings services and resources to practitioners in their settings,
5. Provides services directly to practitioners on behalf of children, so that practitioners develop the knowledge, understanding, and skills necessary to work with children on an ongoing basis,
6. Is intended to be short-term, and
7. Refers children, families, and/or programs to specialized supports (such as mental health agencies, Early Intervention, and STARS Technical Assistance) when they are needed.

What is the Project's Approach to Outreach and Systems Building?

Defining outreach and systems building went hand in hand with defining consultation. The program's approach to outreach and systems building was multi-dimensional. It involved assessment, marketing, resource development and coordination, education, and systems support /

systems building. The first critical component was gathering, coordinating, and disseminating information. The second was helping to ensure that existing systems were being used, that services were being offered in integrated fashions, and that entities such as local interagency coordinating councils, CASSP advisory groups, and community engagement groups, had opportunities to collaborate. The third was supporting systems change by trouble shooting issues and keeping key agenda items "on the table" through meetings, materials, and other communications. Individualizing regional approaches proved to be an important aspect of effective outreach and relationship building, especially early in the pilot. Unlike consultation, the approach to outreach and systems building needed to be less standardized because of regional differences in geography, resources, and needs.

The team recognized early in the pilot the importance of developing a central or unified identity. Questions such as, "what services would be provided", "to whom services would be provided", and "how services would be provided" were subjects of many discussions. Shared approaches and experiences and a focus on standardizing ECMH policies and procedures guided the development of this identity. The team also recognized the importance of incorporating flexibility in its approaches and procedures. This flexibility enabled staff to address unique regional needs such as rural versus urban settings and new versus established contacts. **The development of a service delivery model that can be replicated across the State has been one of the most important contributions of the pilot project.** As the project moves forward, it will be important to refine the core elements and make sure that fidelity to these elements is maintained. It will be equally as important to allow enough flexibility to support the unique needs and demands of each Regional Key.

BUILDING CAPACITY IN REGIONAL PROGRAMS

"[*Lasting change] involves embedding early childhood mental health principles and staff in all relevant state offices to ensure a culture to support early childhood mental health in all young children*."

Excerpt from an ECMH staff interview; interview notes are located in Appendix A.

Building capacity among early learning providers and other partners in the region was a primary focus of the program's work. Consultation, outreach, and systems building provided the vehicles to build capacity, but thoughts like the above sentiment guided the team's spirit and commitment. **Over the course of the two year pilot, the seven member team served 226 children, 133 early learning programs and partnered with many agencies, departments, and state offices.**

Consultation Services

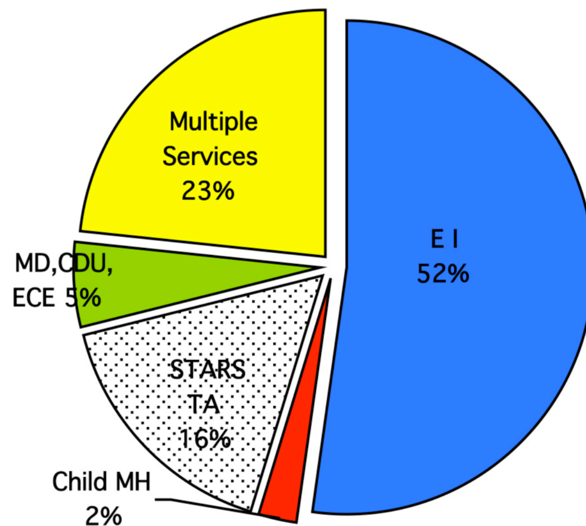
Consultation was requested for 226 children, from 133 different early learning programs. Consultants provided practitioners with strategies, advice, information, and support in three key areas. These areas were (1) addressing child and programmatic issues, (2) accessing specialized services and supports, and (3) promoting practices that nurture young children's social emotional development. Practitioners requested assistance most frequently for concerns around attachment/withdrawal, self-regulation, and aggression/acting out with services occurring most often in urban and suburban centers. Programs were somewhat different in their levels of program quality, but fairly similar in levels of staff education, and training. Most programs had either no staff (31%) or one staff (50%) with an Associates degree or higher and one to two staff members with recent professional development training on infants and toddlers (71%). A more complete summary of child and program characteristics is provided in Appendix C. However, a snapshot of "typical" ECMH case characteristics is provided below.

Table 1. Most Typical Characteristics of ECMH Cases

Case Characteristic	*Case Statistic*	*Based on information from*
Reason for requesting consultation	Attachment/interaction issues (25%) Self Regulation issues (29%) Acting Out/Aggression (29%)	*226 of 226 cases*
Average age of a child at the beginning of consultation	28 months *(Range: 6 weeks to 5½ years)*	*216 of 226 cases*
Early learning facility type and setting	ECE center in urban setting (36%) ECE center in suburban setting (47%)	*117 center-based programs*
Early learning centers' STARS level	STAR 1 (40%) Starting with STARS, STAR 2, STAR 3, and STAR 4/accreditation (13-16%)	*196 out of 226 cases*
Average length of case consultation	2 months and 27 days *(Range: 1 to 305 days)*	*192 of 200 discharged cases*
Reason for discharge from consultation	Children met identified goals (55%) Referred to another service (20%)	*192 of 200 discharged cases*

An early concern of some regional stakeholders was that ECMH consultants would duplicate the work of existing area programs. However [to the contrary], referring children, families, and programs to needed services and providing education about existing regional services/supports was and continues to be an important aspect of the mission. **ECMH consultants referred 58% of their cases (children/programs) for evaluation or assistance from additional support services. Additional referrals were most often made to early intervention (EI).** Referrals were also made to STARS Technical Assistance (STARS TA), children's mental health agencies, and other supports such as physicians and child development units. In addition, a small number of cases were referred to multiple services, e.g., EI and STARS TA; EI and a physician; and EI and adult mental health.

Figure 2. ECMH Consultants' Referrals



Outreach and Systems Building Activities

The team conducted numerous outreach activities and successfully engaged stakeholders in early care and education, early intervention, behavioral health, higher education, and health and human services. Stakeholders included practitioners, parents, coordinators, therapists, administrators, pediatricians, state officials, and educators. The vast majority of the outreach activities involved increasing awareness of ECMH and building linkages within regions and across the state. Staff used outreach efforts to establish the project's reputation as a source of education, consultation, and support to early learning facilities and agencies.

The team engaged in a variety of communication strategies designed to build relationships, increase awareness about ECMH services, coordinate and promote comprehensive services, and address gaps, needs, and issues within early childhood mental health. State level systems building activities included the Infant Toddler Mental Health Symposium, professional networking events and conferences, and the formation of committees and workgroups. The ECMH team provided over 120 trainings, professional development opportunities, and presentations; developed regional resource libraries and disseminated materials; assessed regional needs, perceptions, and resources; and identified and developed curricula. A few of the topics addressed in trainings and presentations included social emotional development, behavior management, responsive caregiving, consultation

and mentoring, and accessing support services. A snapshot of these activities is provided in Table 2; a complete list is located in Appendix B.

Table 2. Examples of ECMH Outreach Activities

ECMH Staff Activities	*Examples*
Engaged in 372 meetings, calls, mailings, etc.	Contacts and partners included Infant and Early Childhood Mental Health Coalition, Chatham University, PA Department of Public Welfare, Early Intervention, Early Head Start, local pediatricians, Zero to Three, Local Interagency Coordinating Councils, and Capital Area Early Childhood Training Institute,.
Provided 68 trainings/ professional development opportunities	Topics included observation in infant/toddler classrooms, helping children manage anger, looking through different eyes at challenging behaviors, supporting children's social and emotional development, and building relationships with infants and toddlers.
Made 61 presentations	Audiences included Beginning with Books, Starting Early Together, Project Early Childhood Higher Education Opportunity, United for Children, PA Child Care Association, and STARS Technical Assistance and Mind in the Making.
Engaged in 53 resource development activities	Developed regional resource libraries, created educational materials, identified/reviewed curricula and assessment tools, compiled targeted resources for stakeholders, acquired community resource guides and developed county resource lists, and installed "AutoLibrarian" software.

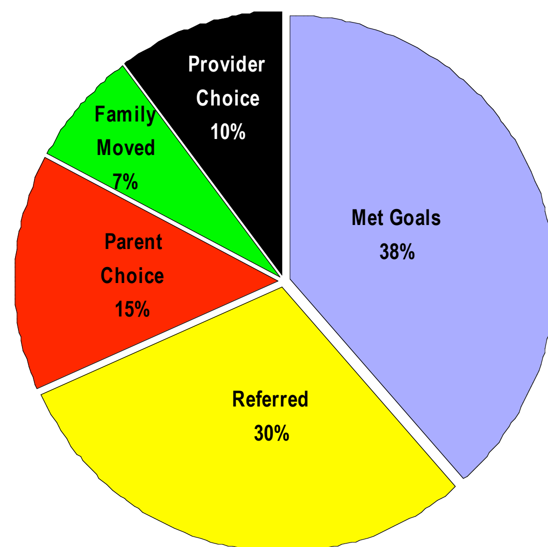
IS THE PROJECT MAKING A DIFFERENCE?

The Impact of Consultation

ECMH consultation helped many children receive needed supports both within and outside of the classroom. By the end of the pilot, most children (68%) were discharged from consultative services because their issues had ceased, had significantly decreased (i.e., they met their behavioral goals), or because they had been referred to other services.[2] In addition, consultants assisted a number of programs to obtain guidance and support around quality improvement issues through referrals to STARS TA. Consultation services ended for,

- 74 children (38%) because they met behavioral goals,
- 57 cases/children or programs (30%) because they were referred to another service(s)
- 28 children (15%) because of parental choice (e.g., chose to remove their child from the referring program, pursue other services),
- 13 families (7%) moved, and 20 children (10%) because of provider choice (e.g., expulsion or because the provider chose to discontinue consultation services – further explanations not provided.)

Figure 3. Reasons for Discharge from Consultation



Consultants supported practitioners for longer periods of time when children had less well-developed social emotional skills and/or more challenging behaviors. The finding is based on a very moderate relationship (r=.237, p<.01) between children's ASQ: SE scores and the length of consultation services.

Early learning practitioners offered very high praise of the program's services. They felt that interactions with ECMH consultants not only improved the perceptions, behaviors, and skills of early learning staff, but more importantly, helped staff meet the needs of children for whom support was requested AND meet the needs of other children enrolled in their programs. This is reflective of how the program is staying true to its mission of helping early learning facilities address the social emotional needs of children with concerning behaviors and as well as providing

[2] Eight children (4%) were excluded from the analysis due to missing information.

practitioners with support, information, and strategies that support early social emotional development more broadly. In the words of two practitioners,

> *"I would recommend this program to anyone. If it was not for [the ECMH consultant], this child would not be allowed to stay enrolled in our program."*
>
> *"It has been the most valuable resource I have experienced in my 10 years directing this center."*

*Table 3. Impact of ECMH Consultants on Practitioners' Skills**

Skill	*No Change*	*Somewhat or Greatly Improved*	*Already Proficient/No Change Needed*
Understanding child's history and current behavior	14%	**71%**	14%
Understanding family situation	14%	**64%**	21%
Making referrals for child	6%	**73%**	21%
Meeting socio-emotional needs of this child	6%	**80%**	14%
Meeting socio-emotional needs of other children	14%	**79%**	17%

*Based on responses from 50 practitioners

Consultation services appear to have been well-received and valued across the three regions. However, these findings represent feedback for only 25% (n=50) of all discharged cases in part because feedback surveys were developed later in the pilot (See Appendix D for a detailed report of findings). As the project moves forward, it will be important for consultants to send out feedback forms in a timely fashion and for the project to track the return of these forms.

The Impact of Outreach and Systems Building Activities

ECMH staff promoted education and collaboration across systems and across disciplines through their work in outreach and systems building. These impacts are a result of undertakings such as the Infant Toddler Mental Health Symposium, the development and coordination of regional resource libraries and participation in meetings, trainings, and presentations. **Regional stakeholders felt the ECMH Program made valuable contributions to the State's infant toddler mental health system over the course of the two year pilot.**[3] These contributions fell into one of three categories – increased awareness, increased knowledge/ understanding, and increased access. ECMH has changed the statewide early childhood mental health system by increasing awareness of children's mental health issues; increasing knowledge of services, supports, and child development, AND increasing access to educational materials, referrals, support services (e.g., EI, MH, medical services), training/professional development, and collaboration between child serving agencies.[4]

[3] Follow-up surveys were conducted with stakeholders at the end of the pilot. Conclusions are based on survey responses from 85 stakeholders in the Northwest, South Central, and Southwest Regional Keys.

[4] Themes are based on results representing the greatest percentage of stakeholders' responses to survey questions.

Important working relationships have been formed with regional and statewide partners. These partners include Chatham University, Capital Area Early Childhood Training Institute, Office of Child Development and Early Learning (OCDEL); Office of Mental Health and Substance Abuse Services (OMHSAS); Office of Children, Youth, and Families (OCYF); and Office of Medical Assistance Programs (OMAP).These collaborations brought and continue to bring interested parties "to the table" to share information and work together on solutions. One prime example of these efforts was the recent training of hundreds of early care and education directors on the Ages and Stages Questionnaires: Social Emotional [screener]. This training focused on promoting the importance of screening and greater understanding of referral processes. Another key example of these efforts was the sponsoring of 30 professionals in Chatham University's Infant Mental Health Certificate Program. Such collaborations are pivotal in enhancing education and mental health services at local, regional, and state levels.

Impact across Regional Keys

Increased awareness, knowledge, and understanding of,

- infant toddler mental health issues,
- typical and atypical child development,
- available services and supports.

Increased access to

educational materials,

mental health services

medical services,

referrals

opportunities for collaboration.

PLANNING AHEAD

Lessons Learned

The pilot brought to light the importance of building a core identity. Staff found that developing a "project identity" provided a framework to standardize their approach (who we serve, how we serve, the scope of services, etc.) and guide the development of policies and procedures. The needs of practitioners and other child serving systems were realized and met through the implementation and ongoing re-evaluation of project policies and procedures. The team also found that the "framework" needed to be flexible enough to allow consultants to individualize some strategies within their Regional Keys. Ongoing internal review and support helped the team forge their identity by keeping them "on the same page" in terms of philosophy, goals, and procedures. The importance of periodically revisiting procedures and issues cannot be overstated as this was essential for a unified approach to ECMH service delivery.

As part of the evaluation and as part of project procedures, the team developed a detailed data collection plan and worked hard to maintain project records. This task sometimes proved challenging in terms of staff time and/or skills and sometimes resulted in missing, delayed, and/or incorrect information. **Uniform, accurate, and timely data collection is essential to project operations.** Information about consultation and outreach activities (the process data) is needed to document what the program does and what the program needs. Outcome data, such as practitioner feedback surveys, is needed to document what differences project services make for young children and their caregivers. Taken together, these data can make the case for systems support and systems change – both important contributions for children, families, programs, and agencies across the State.

The data[5] suggests that the ECMH Consultation Program is making a difference. However, the voices of stakeholders and the experiences of consultants clearly reflect that there is much work to be done. Many families, particularly in rural areas, still need information, education, and support in mental health issues and services. Consultation notes suggest that families still refuse available supports due to fears, concerns, and/or misconceptions about mental health labels and services. And early care and education practitioners and administrators continue to need more resources, training, and networking opportunities to better address the mental health issues of young children and their families.

Stakeholders' Needs
2008 Survey Findings

67% needed more educational materials for themselves and their families

62% needed more opportunities to network with practitioners and other professionals and

54% wanted more training on early childhood mental health.

When asked, "what would you change about the ITMH Project," the most common suggestions of stakeholders suggested increasing the projects' marketing efforts to "get the word

[5] Data such as the number of children served, the number of children discharged because goals were met or additional services were identified, and feedback from practitioners.

out," increasing the number of ECMH staff, expanding the age of children served to include preschoolers, and offering training for parents. Last but not least, ECMH staff offered suggestions when asked what they saw in the project's future. Some of their suggestions are provided below.

- *Consultations services to young children through age 5 years,*
- *Additional training for early care and education staff on mental health and family issues,*
- *Expanded education for legislators on the importance of social emotional development in young children,*
- *Directed outreach and marketing of the project to families especially in rural counties,*
- *A continuing education system and professional development opportunities for early care and education staff focusing on social emotional development, and*
- *Support for ECMH staff that includes regularly scheduled reflective supervision, and expansion of consultants' role to include systems building.*

Conclusions and Next Steps

The pilot enabled the team to lay a solid foundation for services that are making a difference across the State. Practitioners and other regional stakeholders clearly indicated that the project is providing a much needed and valued service. At a specific level, ECMH has met the needs of many young children, families, and practitioners through consultation, referrals, and sharing of resources. At a broader level ECMH has increased the awareness and access across regions through the development of resource libraries, provision of networking and educational opportunities, and participation in or facilitation of systems building efforts.

As the project moves out of the pilot phase, refinement of the program model is critical. **The evaluators recommend that the project develop a detailed plan to identify goals, core program activities, and program outcomes. This plan should include establishing clear benchmarks for the implementation of program activities and the measurement of program outcomes.** Measurement of program activities will help ensure fidelity to the model and highlight needed refinements and measurement of outcomes will establish program impacts. Care should be taken to closely review rating categories of key variables (for example "Reason for Discharge") to make sure needed information is being captured.

As the project moves to a web-based data collection system, the evaluators strongly encourage the program to provide ongoing, face-to-face training and technical support to staff to help ensure data integrity. Training should include data entry and editing procedures; expectations, guidelines, and tips for managing electronic case files; and strategies for identifying and correcting

data entry errors. It will be important for the program to consider how the new database can support reporting needs and may be helpful to develop a data report matrix [table] to outline these needs. Information to include in the matrix is report type, report audience, purpose, required information, and reporting frequency.

While numbers show that change is happening, the voices of families and providers show why the changes are important. Selective databasing of family, practitioners, and agencies' quotes and stories is suggested. This type of information can be a wonderful complement to the project's quantitative data. In addition, the evaluators recommend refining the documentation and measurement of outreach and systems building activities [and outcomes]. The team may wish to investigate strategies such as community asset mapping or systems change assessment tools. Evaluation of the project's activities and outcomes is critically needed to ensure fidelity of the model and clarity of project impacts.

Evaluation Questions to Consider in the Future

1. What do your indicators and outcomes say about the project's performance
2. How much change is indicative of success?
3. What other factors -- outside of the project – influence identified outcomes?
4. What are the implications of your results for future planning and implementation?

Appendix A
Summary of 2006/2007 Surveys and Interviews*

Table 4. Summary of 2006/2007 Surveys and Interviews

Report	Major Findings
ECE Directors' Surveys conducted by ECMH staff with ECE practitioners in Western (n=248) and South Central (n=90) Summer 2006	Results of the surveys by percentage of practitioners: With children displaying atypical behaviors—W=37%, SC=66% With children who have IFSP—W=25%, SC=40% With staff who left due to children's behavior—W=25%, SC=39% Who dismissed children due to behavior—W=36%, SC=33% Who approached parents—W=73%, SC=79% Who are comfortable offering parents guidance—W=86%, SC=78% Who need more IMH knowledge—W=82%, SC=74% Requesting supports— Training—W=33%, SC=72%, Resource guides—W=33%,SC=89%; TA—W=17%, SC=51%; Website—SC=56%, Support group—W=12%
A Qualitative Analysis of Stakeholders' Views of the Pennsylvania Infant Toddler Mental Health Project 42 stakeholders (MH, H, EI, and ECE)—from NW, SW, and SC. Fall 2006	The need to maximize access to ITMH resources and services—increased recognition will lead to increased seeking and utilization, a barrier to this is the narrow focus of ECE and MH/H practitioners The need for flexible access to comprehensive services---re-conceptualize ITMH to be more holistic and family-oriented as well as increase knowledge of ECE and MH/H practitioners on how to access services and supports and when to do so What ECMHC can do—lead community- and region-wide trainings and advocacy activities; disseminate info on typical development, MH issues, available resources, and importance of quality, socio-emotional environment; serve as liaison for ECE, EI, and MH practitioners; and provide info and support to families and ECE practitioners
CASSP Survey 87 participants of the 2007 Children's Interagency Training Conference of the CASSP Institute August and September 2007	56% worked with children 0-3 years and 71% worked with children 3-5 years Services provided by respondents included interventions in home or community (82%) followed by assessment/referral and service coordination both at 72%, interventions classroom (56%), and training and technical assistance (53%) 74% of respondents identified the need for ECMH services as mostly or always prevalent in their target population Barriers to training—lack of knowledge about the need for ITMH (89%), lack of knowledge about child development and typical behavior (80%), lack of trained professionals (78%), and other reasons cited by 18% of respondents included money for trainers and trainees, lack of available trainings on specific topics, and few competent trainers and evidence based curriculums. Access barriers to services—need for diagnosis to receive services (89%), lack of knowledge of services (88%), lack of transportation to services (71%), stigma related to receiving mental health services (69%), cost of services or lack of insurance coverage (67%), and other reasons cited by 18% of respondents were more systems barriers such as lack of coordination among systems and professionals serving the children, lack of available services, and waiting lists Systems barriers to services—lack of coordination among different systems serving infants/toddlers and their families (80%), high turn-over among TSS workers (75%), bureaucracy in getting services (69%), and long waiting lists for services (68%). 94% saw a need for increased professional development specific to ECMH Areas of interest included: autism, effects of trauma on child development, infant mental health, socio-emotional development and attachment, behavioral health, and various therapies including art, play, and dance. Consultation (52%), and play therapy/recreational therapy/social skills (50%) 54% would be interested in offering professional development training in their area 95% would like ECMHC to contact them for more information

Table 4. Summary of 2006/2007 Surveys and Interviews (cont'd.)

Report	Major Findings
CASSP Survey (cont'd.)	Trainings should be offered on-line, pay participants to attend, and center around topics such as communication, collaboration, and service delivery across agencies. Specific areas of training identified were Applied Behavior Analysis, assessments, accessing services, bridging from EI to AIU, child development, and PATHS. Cross trainings should bring together the following groups of professionals: MH & ECE; MH & Education; EI & ECE; EI & behavior therapists; and EI, MH & Pediatricians. Specialized areas of training respondents currently have include—behavior management (63%), assessment (60%), program consultation (52%), and play therapy/recreational therapy/social skills (50%) 54% would be interested in offering professional development training in their area 95% would like ITMHP to contact them for more information
ECMH Staff Interview and Surveys (Project Manager interview and web-based staff survey) September and October 2007	The ECMH project has changed the statewide ECMH system by increasing levels of discussion and awareness, training ECE staff in ECMH, building relationships across systems (OCDEL, OMHSAS, OCYF, and OMAP) serving infants/toddlers, increasing efficiency of referral process and intervention, and reducing the stigma related to ECMH. Barriers that hinder changes in ECMH system include lack of funds at state level for prevention and intervention, failure to qualify for services when only social emotional issues are present, limited access to services especially in rural counties, less developed systems to support ECMH in areas outside Pittsburgh and Philadelphia, and stigma related to ECMH. During the relationship building period, concerns and resistance developed among EI, some ECE facilities and other agencies that provide outpatient services. These concerns focused on confusion about the ECMH project's roles and misconceptions of ECMH as "taking over" the other agencies' roles. Though there are varying levels of acceptance of these changes in the ECMH system especially among EI, some ECE facilities, and agencies providing outpatient services. However, Mental Health has been very supportive and collaborative at both the state and regional levels. Suggestions to increase acceptance include meeting individually with specific agencies and ECE facilities around individual children; marketing ECMH system to gatherings of ECE practitioners; educating EI on how ECMH will compliment their work, address an unmet need, and increase EI referrals; and providing highly skilled parent/child therapy trainers in key areas around the state where there are low levels of acceptance. Lessons learned so far: it is hard to build systems—one must proceed with caution and continually reinforce relationships that have been forged, time spent prior to the first visit sending forms and building relationships and after a referral following up with a call—is time well spent, must involve parents in meaningful ways in the consultation process at the ECE facility, once you have worked with an ECE facility they will call back, and this takes tremendous energy to get a project up and running. The future of ECMH project will include consultations services for young children through the age of 5 years, additional training for ECE staff on MH and family issues, expanded education of legislators on the importance of social emotional development in young children, directed outreach about ECMH to families especially in rural counties, develop a system of continuing education for ECE staff focusing on social emotional development, increase professional development opportunities and support for ECMH staff including regularly scheduled reflective supervision, and expansion of consultant role to include systems building and possibly play therapy or parent/practitioner child interaction therapy while more professionals receive training in ECMH. . Challenges and barriers for the coming year include getting the new regions on board, having new region staff learning the ropes while doing consultation and systems building simultaneously, being asked to fill the need in 3, 4, and 5 year olds, and having the Regional Key Directors provide the necessary supports to the ECMH staff in their region Additional supports needed by ECMH director and staff are support and acceptance from Regional Key, state offices, and each other (mentoring), identification of the specific skill set needed for the consultant/coordinator job, development of a statewide ECMH focus now that all regions are involved, and embed ECMH principles and staff in all relevant state offices to ensure a culture of ECMH to support all young children.

Appendix B
Summary of Outreach and Systems Building Activities

ECMH staff used a variety of outreach techniques to increase understanding, facilitate skill development, and create linkages with stakeholders. Stakeholders were from early care and education, early intervention, intermediate units, behavioral health, and health and human service agencies. Staff attended 144 meetings, conducted 68 trainings and professional development opportunities, and gave 61 presentations. Topics for trainings and professional development included challenging behaviors, social emotional development, inclusion, interacting with infants, and attachment. ECMH staff helped organize the Infant Toddler Mental Health Symposium and presented at conferences such as the Infant Toddler Mental Health Conference and Lebanon County Early Years. They also gave presentations to a variety of local and state groups that included Beginning with Books, Stars Technical Assistance, Local Interagency Coordinating Councils, Community Engagement Groups, and visiting professionals from the United Kingdom. In addition to formal outreach activities, ECMH staff worked hard to build relationships in informal ways such as phone calls, emails, dissemination and sharing of materials, and linking staff from different agencies and organizations.

Listing of Outreach Activities in the Northwest, South Central, and Southwest Regional Keys

144 Meetings (25%) took place with various agencies and organizations including Mind in the Making, Zero to Three, Early Childhood Mental Health Advisory Committee, Local Interagency Coordinating Council, Alliance for Infants and Toddlers, PA Regional Keys, PA Department of Health, Capital Area Early Childhood Training Institute, STARS Managers, Basic Steps, Early Childhood Mental Health Consultation, Early Intervention, Director of Comprehensive Autism Evaluation, Child and Adolescent Service System Provider, Leadership Council of the PA Child Care Association, PA Office of Child Development and Early Learning, Perinatal Partnership Stakeholders' Task Force, Children's Services Task Force, County Community Engagement Groups, County Director's Roundtables, Court Teams, Office of Children, Youth, and Families, Butler County Integrated Access Unit, Crawford County Safe Kids, and Infant Toddler Mental Health.

228 Building/maintaining relationships (39%) activities occurred with Child and Adolescent Service System Provider, Early Childhood Mental Health Advisory Committee, Infant and Early Childhood Mental Health coalition, Preventing Child Abuse and Neglect, Pittsburgh Public School teen parenting program, Women Infant and Children, Allegheny County System of Care, Chatham University, World Association of Infant Mental Health, PA Department of Public Welfare, County Mental Health and Mental Retardation, Open Forum for Practitioners, Capital Area Early Childhood Training Institute, Born to Read, Directors Roundtables, Keystone Stars, PA Keys Professional Development, Early Care and Education practitioners, Intermediate Unit, North East Alliance, Family Foundations, Early Intervention,

Early Head Start, Mathilda Theiss Center, PA Department of Health, professional development instructors, Child Care Information Services, PA Training and Technical Assistance Network, Child Development Associates programs, and local pediatricians.

68 trainings/Professional Development (12%) were conducted including importance of social emotional development on school readiness, Ages and Stages Questionnaires: Social Emotional, inclusion, an overview of early childhood mental health, observation in infant/toddler classrooms, toddler workshop, attachment, challenging behaviors, helping children manage anger, interacting and responding to infants, looking through different eyes at challenging behaviors, communicating with young children, dealing with biting, behavior management, healthy social and emotional development of young children, infant toddler mental health, supporting children's social and emotional development, intervention on everyday settings, building relationships with infants and toddlers, responding to challenging behaviors in infants & toddlers, setting limits with children from birth to 5, and infant/toddler issues.

61 presentations (11%) were made to the following groups Beginning with Books, Starting Early Together team, Local Interagency Coordinating Council, Project Early Childhood Higher Education Opportunity, Greene County Perinatal Health Committee, Social Workers Professional Organization, United for Children, Pinnacle Health Infant Development Program, PA Child Care Association, STARS Technical Assistance, Lebanon County Early Years conference, Dr. Fienne and United Kingdom visiting professionals, United Way, Early Intervention, PA Training and Technical Assistance Network, County Community Engagement Groups, County Children and Youth staff, Northwest Regional Advisory, County home-based practitioners, and Crawford Safe Kids Coalition.

53 resource development (9%) activities were completed including developed regional resource libraries, identified curricula (Promoting First Relationships, Mind in the Making, Parenting Counts), explored Maryland's initiatives, compiled targeted resources for different stakeholders, utilized findings from Infant Toddler Build Task Force and Governors Commission for Children's Mental Health, reviewed assessment tools, created handouts on how to make a referral and what is infant mental health, acquired counties' community resource guides, developed resource list for counties, and installed "AutoLibrarian" software.

24 trainings (4%) were attended by ECMH staff. They included the Zero to Three Conference, Transition Toolkit, Infant and Early Childhood Mental Health Summit, Pittsburgh Association for the Education of Young Children Conference, Reflective Supervision, Mind in the Making Facilitator Training, Perinatal Depression Work Group, Supporting Adult Learners Implementing Routines Based Early Intervention, What Do You Do With The Mad That You Feel, Mind in the Making Professional Development, the Ounce Scale, Moving to a Collaborative Consultative Model for Service Delivery in Early Intervention, Positive Beginnings Modules for Challenging Behaviors, Building Relationships with Families, and The Young Child with Special Needs Conference.

<u>Outreach Activity Hours</u>: 952.75 hours total: 475.5 (50%) hours of direct contact, 352.8 (37%) hours of travel, 124.5 (13%) hours of communication

Appendix C
Summary of Consultation Records

Description of Children and Programs Using Consultation Services

The ECMH Project provided consultation services to early learning facilities seeking help for specific children in their programs. From September 20, 2006 to June 30, 2008, 133 programs requested assistance with children for whom they had social emotional or behavioral concerns. Consultation was provided for 226 children between the ages of 6 weeks and 5½ years. At the start of services, 82% of children were toddlers (12-35 months), 11% were preschoolers (≥ 36 months), and 6% were infants (≤12 months). Consultation was most frequently initiated for children between 29 and 35 months (29% of cases); and the mean age of children at the start of services was 28 months.

Practitioners evaluated children's social emotional skills on the Ages and Stages Questionnaires: Social Emotional (ASQ: SE) at the start of consultation. One hundred and thirty-eight ASQ: SE assessments were completed for children during the pilot. Children's skill levels ranged considerably, but "on average' children's scores reflected social emotional difficulties[6] **Consultants supported practitioners for longer periods of time when children had less well-developed social emotional skills and/or more challenging behaviors.** The finding is based on a very moderate relationship ($r=.237$, $p<.01$) between children's ASQ: SE scores and the length of consultation services.

Table 5. Practitioner Ratings of Children's Skills on the ASQ: SE and Consultant Ratings of Caregiver-Child Interactions on the CIS

	Children's social emotional skills *ASQ:SE Score*	*Quality of teacher-child interactions* *CIS Score*
Mean Score	**95**	**3.4**
Range of Scores	15 - 240	1 - 4
Standard Deviation	51	.5
Number of Assessments	138	126

[6] Mean "average" score = 95, median "50th percentile" score = 85, mode or "most frequent" score = 80, and standard deviation "averaged score variation" = 51.

ECMH consultants assessed the quality of interaction between children for whom services were requested and their teachers or family day care providers. The Caregiver Interaction Scale (CIS) was used for this purpose. The quality of interactions between caregivers and children ranged from low ratings of 1 to high ratings of 4. The "average" quality of interactions or mean CIS score was 3.4. No significant relationship was found between the quality of teacher child interaction and length of consultation services. As noted earlier, 133 programs requested assistance with children for whom they had social emotional or behavioral concerns. Services were provided primarily to center-based programs located in suburban (46%) and urban (37%) settings. Eighty-nine percent of the early care and education settings were centers, 8% were family day cares, 2% were nursery schools, and 1% were group homes. Most programs had either no staff (31%) or one staff with Associates degrees or higher (50%) and one to two staff with early childhood professional development training in the last three years (71%).

Primary Reasons for ECMH Consultation Services

Programs requested assistance for a variety of reasons. Consultants classified reasons into one of five categories, (1) attachment or interaction issues, (2) self-regulatory issues (over-activity, under-activity, irritability, etc.), (3) communication issues, (4) acting out/aggressive behaviors, and (5) other. **Help was most frequently sought for children experiencing difficulties with self-regulation (29%), aggression/acting out (29%), and attachment/interaction (27%).** A summary of findings is provided on the next page in Table 6. Programs varied slightly across regional keys, geographic settings, and programs.

- Practitioners most frequently sought help for,
  - aggression and acting out behaviors in the Northwest Regional Key,
  - attachment/interaction and self-regulation issues in the South Central Regional Key,
  - self-regulation issues in the Southwest Regional Key.

  The percentage of requests from practitioners in the South Central and Southwest Regional Keys was fairly similar across these areas (27-36%). Assistance with aggressive behaviors was requested most frequently by practitioners in the Northwest Key (55% of the time).

- Programs in the following settings most frequently sought help for,
  - attachment/interaction issues and aggression and acting out behaviors in urban settings,
  - attachment/interaction issues, self-regulation issues, and aggression and acting out behaviors in suburban settings, and
  - self-regulation issues in rural settings.

  Overall, the percentage of child concerns appeared somewhat similar (27-34%) across each setting.

- Help was most frequently sought by STAR 1 programs and least frequently by 'traditional' STAR 4 programs. A surprising finding was that STAR 4 programs that reached this

designation through NAEYC accreditation were much more likely to request consultation services than those that reached a STAR 4 designation through Pennsylvania's Keystone STARS Performance Standards (15 % vs. 2%).

- With the exception of STAR 4, programs tended to seek help for children with attachment/interaction issues, self-regulation issues and aggression and acting out behaviors. STAR 4 programs only requested ECMH services on four occasions; assistance was asked for around attachment and interaction.

Table 6. Primary Reason Programs Requested ECMH Consultation Services for Children

		*Primary Reason for Request of ECMH Services**				
	Percentages based on	Attachment / Interaction Issues	Self-Regulation Issues	Communication Issues	Acting Out/ Aggression	Other
Regional Keys						
NW, SC, & SW	223 cases	**27%**	**29%**	7%	**29%**	8%
Northwest	40 cases	25%	13%	5%	**55%**	3%
South Central	112 cases	**29%**	**31%**	9%	24%	7%
Southwest	61 cases	25%	**36%**	5%	21%	13%
Programs Settings	221 cases					
Urban	65 cases	**29%**	22%	8%	**34%**	8%
Suburban	116 cases	**27%**	**32%**	6%	**28%**	7%
Rural	40 cases	23%	**33%**	10%	25%	10%
STARS Level of Early Learning Programs	196 cases					
Starting with STARS	27 cases	22%	**33%**	3%	**33%**	7%
STARS Level 1	**79 cases**	20%	**35%**	10%	**30%**	4%
STARS Level 2	31 cases	**29%**	19%	10%	**29%**	13%
STARS Level 3	25 cases	**28%**	**28%**	4%	**28%**	12%
STARS Level 4/ accreditation	30 cases	20%	**30%**	3%	**33%**	13%
STARS Level 4	4 cases	**100%**	0%	0%	0%	0%

**226 children received services*

Referrals made by ECMH Consultants

ECMH consultants made referrals to other services for 58% of their cases (n =130). These services included early intervention, child and adult mental health, STARS TA, and other services such as pediatricians, audiologists, and other early learning programs. The majority of these referrals were to early intervention (48%) and STARS TA (16%) and in a notable number of cases (23%, n= 30) referrals were made to multiple support services. A summary of consultants' referrals is provided below.

EI	52%	EI & Child Mental Health	5%
STARS TA	16%	Child Mental Health	2%
EI & Other (docs, ECE's)	8%	EI & Adult Mental Health	1.5%
EI & STARS TA	7%	EI, STARS TA, & Other	1.5%
Other (docs, ECE's, etc.)	5%	EI, Child & Adult Mental Health	<1%

Most cases were discharged from ECMH services because consultation goals were achieved or referrals were made to another service such as early intervention or STARS TA. This finding was consistent across Regional Keys, geographic locations, and STARS designations. A summary of these findings is provided in Table 7.

Table 7. Reason for Discharge from ECMH Consultation Services

	Met Goals	Referred to Another Service	Family Choice	Provider Choice	Family Moved	Percentages based on
Regional Keys						
NW, SC, & SW	**39%**	30%	15%	10%	7%	192 cases
Northwest	**61%**	18%	15%	3%	3%	33 cases
South Central	26%	**41%**	10%	16%	7%	107 cases
Southwest	**50%**	14%	23%	4%	10%	52 cases
Geographic Location of Early Learning Programs						
Overall	**39%**	30%	15%	10%	7%	191 cases
Urban	**33%**	**35%**	18%	8%	6%	51 cases
Suburban	**37%**	27%	17%	12%	7%	105 cases
Rural	**51%**	31%	3%	6%	9%	35 cases
STARS Level of Early Learning Programs						170 cases
Starting with STARS	33%	**42%**	13%	8%	4%	24 cases
STARS Level 1	**34%**	**34%**	12%	16%	12%	67 cases
STARS Level 2	**36%**	29 %	18%	11%	7%	28 cases
STARS Level 3	**52%**	13%	26%	4%	4%	23 cases
STARS Level 4/ accreditation	**42%**	33%	17%	4%	4%	24 cases
STARS Level 4	0%	**50%**	25%	25%	0%	4 cases

Methodology

Consultants gathered information from early learning programs once requests were made for help with individual children. In addition to the nature of the request/child concerns, this information included program demographics and consultation activities. Program demographics consisted of contact information, staffing, education and recent professional development trainings, STARS level, and geographic region. Consultation activity records included initial observations, child and classroom screening scores, completion of service plans, referrals for other services, discharge date and reason, and additional notes as needed. On occasion, programs sought services for the same children a second time. In these instances, case data was gathered again. Consultants maintained records for 234 cases between September 2006 and June 2008. Eight records appear to be duplicates or errors and as such were excluded from all analyses. Updated case data was submitted by consultants to the ECMH Project Manager on a monthly basis.

Appendix D

Summary of Practitioners' Perspectives of ECMH Consultation Services

The project measured the impact of the ECMH consultation through Program Feedback Surveys collected from early care and education (ECE) practitioners. Results were very positive and respondents gave high praise for the project. Respondents clearly valued working with ECMH consultants and saw on-site assistance as the most valued and helpful aspect of the project. Respondents noted positive changes in the perceptions, behaviors, and skills of staff as well as positive, though gradual, changes in the children's behaviors. These changes were the direct result of programs' interactions with ECMH consultants. Programs reported that while consultation facilitated the development of new skills in many providers, it primarily helped practitioners meet the socio-emotional needs of children for whom support was requested. All respondents stated that they would recommend ECMH services to others (n=50, 100%). The following comments reflect their enthusiasm for the project:

> *"I would recommend this program to anyone. If it was not for [the ECMH consultant], this child would not be allowed to stay enrolled in our program."*

> *"[The ECMH Program] has been a Godsend to our center. We have received information and support for children in need. [The ECMH consultant] is terrific to work with."*

> *"It has been the most valuable resource I have experienced in my 10 years directing this center."*

Table 8. Helpfulness of ECMH Consultation Services

	How helpful was this service?				
Service	Not At All Helpful	Somewhat Helpful	Very Helpful	Extremely Helpful	Number of Respondents Using Service
On-site assistance		10%	20%	69%	49 out of 50
Support with child's family	5%	16%	26%	54%	43 out of 50
Referrals for child to other services	3%	7%	27%	63%	30 out of 48
Resource materials		28%	30%	43%	40 out of 50
Referrals for professional development		28%	36%	36%	25 out of 50

Respondents were asked to describe changes they observed in staff and in children as a result of working with the ECMH consultant. The majority of respondents observed positive changes in staff perceptions (n=39, 80%) and staff behavior/practices (n=41, 87%). One respondent commented on changes in staff perceptions stating, "[Staff] now realize that she is a child with special needs that we need to deal with differently than our other children." As a result of their interactions with ECMH consultants, respondents observed that staff became "less stressed," "stopped yelling," and "took more time with child(ren)."

Moreover, respondents observed positive changes in the behavior of the children with whom the ECMH consultant assisted (n=31, 72%). While most of the respondents conceded that improvements were gradual and required ongoing work, they recognized and were grateful for behavior changes such as fewer and shorter tantrums and less crying. One respondent commented that s/he felt the child "feels more accepted now and that we understand her better than before."

Despite working with an ECMH consultant, 10 children (20%) left the child care program they had been attending. However, it does not appear that the children left the program because of behavioral issues, but rather because of logistical issues such as the child's family moving.

Overall, most of the respondents described the quality of the assistance they received from the ECMH consultant as excellent (n=35, 70%) or very good (n=11, 22%). Most of the respondents described the ECMH consultant's assistance as extremely useful (n=33, 66%) or very useful (n=11, 22%). However, six respondents (12%) felt the ECMH consultant's assistance was only somewhat helpful. In one case, the respondent was hoping for someone to work directly with the child, rather than providing support for the provider and parent. In other cases, the respondents described the child as "very determined" or "would have liked more suggestions on different behavioral techniques" but conceded that "some of the information was useful."

Nearly all of the respondents felt that they will be able to use the information and strategies they gained from ECMH consultants to some extent (n=12, 25%) or quite a bit (n=34, 71%) with other children in their program. This indicates that the staff will apply the information and strategies they learned to other children in their program, thus expanding the impact of the consultation.

ECMH consultants offered a variety of assistance to providers, including on-site assistance, support with the child's family, referrals for the child to other services, resource materials, and professional development referrals for ECE staff. Respondents rated these services in terms of their usefulness and these ratings are listed below. Overall, the provision of on-site assistance appears to be the service that was most frequently taken advantage of by programs and was also the service that was most helpful to providers.

One of the goals of the ECMH Project is to increase providers' skills in understanding how children's history effects their current behavior, understanding family's current situations, making referrals for needed services for children, meeting the socio-emotional needs of children experiencing difficulties, and meeting the socio-emotional needs of other children in the provider

setting. Respondents were asked to rate how their skill level changed in each of these areas since working with the ECMH consultant; these ratings are listed in the table below. Overall, the majority of respondents felt that their work with the ECMH consultant somewhat or greatly improved their skill level in every area. This was especially true in the area of meeting the socio-emotional needs of the specific child for whom assistance was requested. In this case, 85% of the respondents felt their interaction with the ECMH consultant somewhat or greatly improved their skills to meet the specific child's socio-emotional needs.

Table 9. Practitioners' Skills after Working with ECMH Consultants

	How did the work with the consultant affect your skill level?			*Number of respondents engaged in building these skills?*
Skill	*No Change*	*Somewhat or Greatly Improved*	*Already Proficient*	
Understanding child's history and current behavior	14%	71%	14%	42 out of 50
Understanding family situation	14%	64%	21%	42 out of 50
Making referrals for child	6%	73%	21%	34 out of 50
Meeting socio-emotional needs of this child	6%	80%	14%	32 out of 50
Meeting socio-emotional needs of other children	4%	79%	17%	48 out of 50

Methodology

Beginning in June 2007, practitioners were asked to complete feedback surveys at the end of consultation[7]. Survey questions focused on the quality and usefulness of assistance received from ECMH consultants. Fifty individuals from provider settings in the South Central, Northwestern, and Southwestern regions completed surveys. Most surveys were completed by facility directors (n=29, 58%), while other respondents included teachers (n=11, 22%), assistant teachers (n=1, 2%), child care providers (n=7, 14%), and other staff (n=2, 4%). Between June 1, 2007 and June 30, 2008 approximately 145 children were discharged from services[8]. However, the number of feedback surveys sent by consultants to providers is unclear. As such, a survey response rate was not calculated.

[7] Program Feedback Surveys were developed at the end of Pilot Year One.
[8] Discharge dates missing for 8 cases.

Appendix E

Summary of Stakeholders' Perceptions of the ECMH Project's Impact on the Northwest, South Central, and Southwest Regional Keys

Based on feedback from the 85 key stakeholders, ECMH Project was successful in increasing awareness and access. The project made great strides in increasing awareness around infant toddler mental health including typical and atypical development, the need to address these issues in young children, and the available services and supports for families and practitioners with young children. The ECMH Project also increased access to educational materials, referrals, and mental health and medical services including on-site services for young children. However, more work needs to be done. Important issues to focus on, as rated by respondents, included training for staff and parents on child development and infant toddler mental health, support for quality early care and education programming, and better linkages between agencies that support and serve young children's mental health needs. Respondents identified three issues that need to be addressed first, the need for more on-site resources to support young children, for stronger linkages between systems that serve young children and more assistance for timely and appropriate referrals for young children with mental health issues. Respondents recognized a need for more ECMH staff to do the work and more marketing to "get the word out" about the ECMH Project. Lastly, respondents requested the following resources to better support young children in their own work, additional educational materials for self and families, more opportunities to network with other professionals around the issue of infant toddler mental health, and more training opportunities focusing on infant toddler mental health and child development.

Respondents rated the effect of the ECMH Project on both awareness and access in seven and nine areas, respectively. Respondents cited the ECMH Project as increasing awareness in 5 out of 7 (71%) areas including awareness of services and supports, patterns of typical and atypical development, how to identify mental health issues in young children, strategies to support social emotional development, and the need to address young children's mental health concerns. However, about half the respondents did not see any changes in awareness in the areas of "how to work through the barriers and constraints of the current infant toddler mental health system" and "mental health agencies' understanding parents' experiences with their policies, procedures, and services." See Table 10 for complete list of stakeholders' ratings.

Table 10. Awareness of Infant Toddler Mental Health Issues

	Decreased Awareness	No change in Awareness	Increased Awareness	Don't know	Response Count
Services and supports for infants/toddlers with mental health issues	0.0% (0)	32.9% (26)	**49.4% (39)**	17.7% (14)	79
How early learning practitioners can identify mental health issues in young children	0.0% (0)	30.4% (24)	**46.8% (37)**	22.8% (18)	79
Patterns of typical and atypical child development	0.0% (0)	35.4% (28)	**46.8% (37)**	17.7% (14)	79
Developmentally appropriate strategies that support young children's social emotional development	0.0% (0)	32.9% (26)	**51.9% (41)**	15.2% (12)	79
Importance of addressing young children's mental health concerns earlier rather than later	0.0% (0)	21.5% (17)	**65.8% (52)**	12.7% (10)	79
How to work through the barriers and constraints of the current infant toddler mental health system	1.3% (1)	**50.0% (39)**	30.8% (24)	17.9% (14)	78
Mental health agencies' understanding of parents' experiences with their policies, procedures, and services	0.0% (0)	**51.3% (40)**	24.4% (19)	24.4% (19)	78

Respondents reported the project had affected slightly fewer areas in terms of access. Only two thirds (6 out of 9) of the areas pertaining to access were rating as having increased since the beginning of the ECMH project in July 2006. Areas identified by the respondents with increased access included Early Intervention and medical services, mental health services within the early learning facility, educational materials about infant toddler mental health, professional development focusing on infant toddler mental health, referral assistance, and support for collaborations between agencies serving young children and their families. The three areas respondents reported "no change" in access were "age appropriate mental health services," "infant toddler mental health assessments," and "assistance with referrals for infant toddler mental health services." See Table 11 for a complete list of stakeholders' ratings.

Table 11. Access to Infant Toddler Mental Health Resources

	Decreased Access	No change in Access	Increased Access	Don't know	Response Count
Age appropriate mental health services	2.7% (2)	**47.9% (35)**	28.8% (21)	20.5% (15)	73
Mental health services provided within the early learning facility	2.7% (2)	35.6% (26)	**46.6% (34)**	15.1% (11)	73
Other support services such as Early Intervention or medical services	2.7% (2)	28.8% (21)	**56.2% (41)**	12.3% (9)	73
Educational materials about infant toddler mental health	1.4% (1)	31.5% (23)	**54.8% (40)**	12.3% (9)	73
Infant toddler mental health assessments	1.4% (1)	**41.1% (30)**	35.6% (26)	21.9% (16)	73
Professional development opportunities in the area of infant toddler mental health	1.4% (1)	35.6% (26)	**45.2% (33)**	17.8% (13)	73
Assistance with referrals for infant toddler developmental services	2.7% (2)	35.6% (26)	**43.8% (32)**	17.8% (13)	73
Assistance with referrals for infant toddler mental health services	2.7% (2)	**39.7% (29)**	38.4% (28)	19.2% (14)	73
Support for collaborations between agencies serving young children and their families	2.7% (2)	32.9% (24)	**49.3% (36)**	15.1% (11)	73

In addition to measuring respondents' perception of increases in awareness and access, the web survey asked respondents to rate the importance of addressing issues in the areas of the childcare system, policy system, and relationships across systems. Issues were rated in terms of the importance of being addressed by the ECMH Project and the importance of being addressed overall. Ratings were based on a four point scale with 1 being "not at all important," 2 being "slightly important," 3 being "important," and 4 being "very important." Respondents rated ten issues in the childcare system with the resulting average ratings ranging from 3.27 to 3.59, five issues in the policy system with average ratings ranging from 2.9 to 3.59, and ten issues in relationships across systems with average ratings ranging from 2.87 to 3.48.

Table 12. Importance for Addressing Infant Toddler Issues

	Not at all Important	Slightly Important	Important	Very Important	Average Rating
Childcare System					
Increasing parental knowledge of child development and infant toddler mental health issues	3.0% (2)	1.5% (1)	28.8% (19)	**66.7% (44)**	3.59
Receiving on-site assistance while waiting for formal supports/services to begin	0.0% (0)	4.8% (3)	38.1% (24)	**57.1% (36)**	3.52
Receiving on-site resources	0.0% (0)	1.6% (1)	45.2% (28)	**53.2% (33)**	3.52
Policy System					
Promoting linkages between systems that serve young children	0.0% (0)	1.4% (1)	38.6% (27)	**60.0% (42)**	3.59
Supporting quality ECE programming	0.0% (0)	2.9% (2)	44.9% (31)	**52.2% (36)**	3.49
Increasing awareness of the depth and breath of infant toddler mental health issues	0.0% (0)	8.8% (6)	**47.1% (32)**	44.1% (30)	3.35
Relationships Across Systems					
Facilitating timely and appropriate referrals	0.0% (0)	4.3% (3)	43.5% (30)	**52.2% (36)**	3.48
Providing training for staff and parents around the issues of early childhood mental health	0.0% (0)	5.7% (4)	**48.6% (34)**	45.7% (32)	3.41
Supporting linkages between systems serving young children	0.0% (0)	0.0% (0)	**58.8% (40)**	41.2% (28)	3.40

The most important issue to be addressed by the ECMH Project in each of these areas was providing on-site resources, promoting linkages between child serving systems and facilitating timely and appropriate referrals.[9] Respondents' ratings for the top three childcare, policy, and cross-systems issues are summarized in the table above. Child care system issues that respondents identified as being important to address were "increasing parental knowledge of child development and infant toddler mental health issues," "receiving on-site resources," and "receiving

[9] These areas are bolded on the table.

onsite assistance while waiting for formal supports/services to begin." The top three issues in the policy system were "promoting linkages between systems that serve young children," "supporting quality ECE programming," and "increasing awareness of the depth and breadth of infant toddler mental health issues." The top three issues in the area of relationships across systems were "facilitating timely and appropriate referrals," "supporting linkages between systems serving young children," and "providing training for staff and parents around the issues of early childhood mental health." See Table 12 for summary of ratings for top issues.

When asked to comment on what they would change about the ECMH Project, forty respondents offered a variety of suggestions including expanding the age of children served to include preschoolers and offering training for parents. However, the two most common suggestions were increase marketing efforts and increase ECMH staff. A quarter of the respondents suggesting more marketing efforts were needed to raise awareness about the project especially in rural areas. One respondent suggested making a commercial about ECMH Project. The other popular suggestion given by 20% of the respondents was the need for more staff to expand the reach of the ECMH Project.

Lastly when asked to identify which of the eight listed resources their agency needed to better address infant/toddler mental health issues, 67% of the respondents chose "educational materials for self or to share with parents." Respondents also wanted "opportunities to network with practitioners or professionals who are concerned about infant toddler mental health issues." This was identified by 62% of the respondents and slightly more than half of the respondents (54%) asked for "training on infant toddler mental health or child development."

Methodology

Stakeholders were surveyed in the spring of 2008 to measure perceptions of the project's impact on changes in awareness of early childhood mental health issues and access to services. In addition, they were asked to identify key childcare, policy, and systems issues and they were asked to provide general feedback about the ECMH Project. The areas addressed in this survey were based on results from the initial stakeholders' survey, conducted in the fall of 2006[10].

ECMH staff identified stakeholders from the Northwest, South Central, and Southwest Regional Keys. Based on this list, 300 stakeholders were contacted via e-mail to participate in a web-based survey. Eighty-five respondents completed the survey[11]. Stakeholders responded from all counties across the three regions. The largest percentage of respondents were from Erie County (n=11, 41%) in the Northwest, Allegheny County (n=15, 94%) in the Southwest, and Lancaster County (n=18, 67%) in the South Central key. Seventy-one percent of respondents provided demographic information, 66% reported education as the subject of their professional training with half receiving their Bachelors' degrees and a quarter their Master's degree. There was a range of

[10] These results were summarized in a report issued in April 2007, referenced in the first year report, and are Table 4 in Appendix A of this report.
[11] This number corresponds to a response rate of 28%.

experience working with children from one to forty years with an average of twenty years. Slightly over half of the respondents (51%) work in early learning facilities and about 13% work in Early Intervention. Over three-quarters (78%) hold an administrator or owner position in their workplace. The respondents also reported various levels of contact with the ECMH Project including 35% attended a training or presentation on the project, 28% knew about the project but had no direct involvement, 27% received services from ECMH staff, 18% were interviewed by DARE for the first stakeholders report, and only 17% had no knowledge of ECMH Project prior to completing the survey.