

ECMHC Executive Summary

Excerpted from the Early Childhood Mental Health Consultation (ECMHC) Summative Report

By UVA CASTL | Report for the Pilot Year 2022-2023

Acknowledgments

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The Virginia ECMHC pilot works with teachers and families to support young children’s healthy social-emotional development and successful engagement in their learning environment.

Executive Summary

Early childhood mental health consultation (ECMHC) is an intervention strategy that pairs a mental health professional (i.e., “consultant”) with the adults (i.e., caregivers, teachers, and families) who work with infants and young children in the settings where they grow and learn. ECMHC aims to improve children’s social, emotional, behavioral, and mental health outcomes by building the capacity of the adults who interact with children and their families. States are increasingly investing in ECMHC to address children’s challenging behaviors, support their mental health and well-being, and prevent suspensions and expulsions from group-based early care and education settings.

The Virginia Department of Education (VDOE) allocated federal relief dollars to fund an [ECMHC pilot](#) in early care and education (ECE) classrooms starting in the 2021-2022 school year (pilot year 1). The ECMHC pilot brought together two partners—[Child Development Resources \(CDR\)](#) and the [University of Virginia’s Center for Advanced Study of Teaching and Learning \(CASTL\)](#)—to design, implement, and evaluate an ECMHC model for children from birth to five. VDOE re-allocated funding for CDR and CASTL to continue to implement and evaluate the ECMHC pilot in the 2022-2023 school year (pilot year 2).

ECMHC Pilot Three Key Objectives

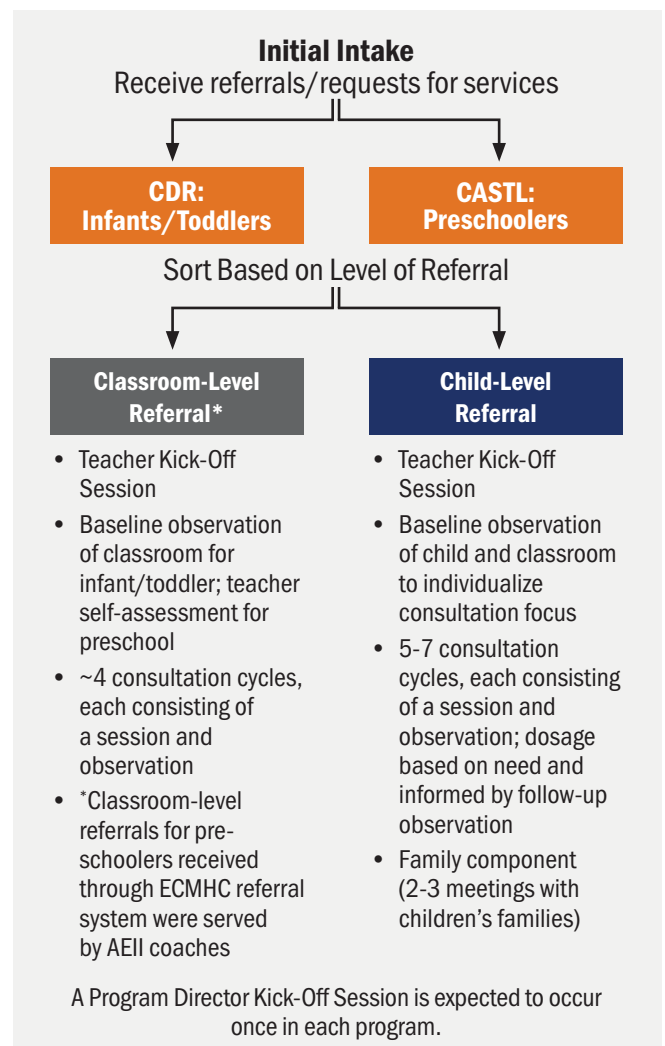
- **Assist ECE teachers in supporting children’s social-emotional needs in response to COVID-19.**
- **Prevent suspensions and expulsions of young children attending early care and education programs in Virginia.**

- **Explore the feasibility of expanding the pilot to an eventual statewide ECMHC model.**

The Virginia Early Childhood Mental Health Consultation (ECMHC) Pilot

At the beginning of the 2022-2023 pilot year, CDR and CASTL reflected upon the implementation findings from the 2021-2022 pilot year and refined the ECMHC birth-to-five model to be responsive to participants’ requests as well as address implementation challenges faced in the first pilot year. Key changes in 2022-2023 included adding a program director kick-off meeting to increase communications between consultants and program directors. Additionally, a family component was added so that consultants meet with families of all children referred for child-specific services (see Figure 1).

Figure 1: Refined Birth-to-Five ECMHC Model



Recruitment and outreach began in September 2022 and continued throughout the 2022-23 pilot year. CDR and CASTL focused recruitment within the Central and Blue Ridge Ready Regions—where in-person or hybrid services were available—however, some outreach activities were intended to reach the entire state as virtual services were available for programs outside of Central and Blue Ridge Ready Regions.

CDR and CASTL developed promotional materials, including a rack card, [a new website](#), and [promotional video](#). CDR and CASTL also collaborated with Central and Blue Ridge Ready Regions and presented on ECMHC at webinars, conferences, and other events or meetings.

Implementation Evaluation of the ECMHC Pilot in 2022-2023

Two aims guided the implementation evaluation of the ECMHC pilot in 2022-2023:

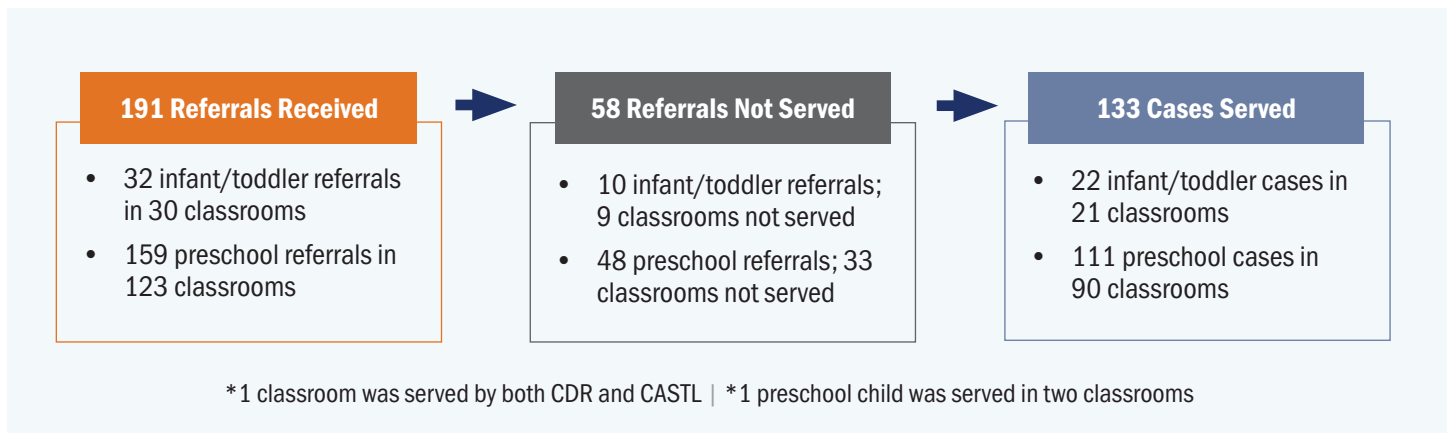
1. To describe implementation of the ECMHC model and receive feedback from key stakeholders
2. To understand the extent to which teacher and child outcomes changed over the course of consultation

Key findings:

- Accomplishments in year 2 include:
 - greater recruitment and outreach as compared to year 1

- refining the birth-to-five service model
 - implementing new components including a director kick-off meeting and family meetings for child-specific referrals
 - improving teacher engagement in services
 - gathering quantitative and qualitative data to use for improvement purposes.
- ECMHC services were requested for 191 referrals across 152 classrooms in pilot year 2 which was a substantial increase compared to year 1. The majority of referrals (77%) requested support for a specific child, as opposed to classroom-wide support. Figure 2 depicts a flowchart to illustrate the progression of cases from the point of referral to service (see Figure 2).
 - ECMHC services were provided in 61 programs across 29 cities or counties. As expected, programs were most frequently located in Henrico County (15%), Chesterfield County (11%), Richmond City (10%), Charlottesville City (10%), and Albemarle County (8%) where in-person services were available. Most programs served were childcare centers (64%).
 - ECMHC services were provided to teachers in 110 classrooms, defined as having had at least one teacher meeting, child or classroom observation, or provision of family support in a classroom.

Figure 2: Birth-to-Five Referral Flowchart from Referred to Served



Consultation services were not provided if the child's family did not provide permission to participate (for child-specific referrals); the child left the program before consultation began (for child-specific referrals); the teacher was unresponsive after the referral was made; the teacher or program director declined consultation; or caseloads were full, in which case the referral was shifted to Infant Toddler Behavior Consultation (ITBC).

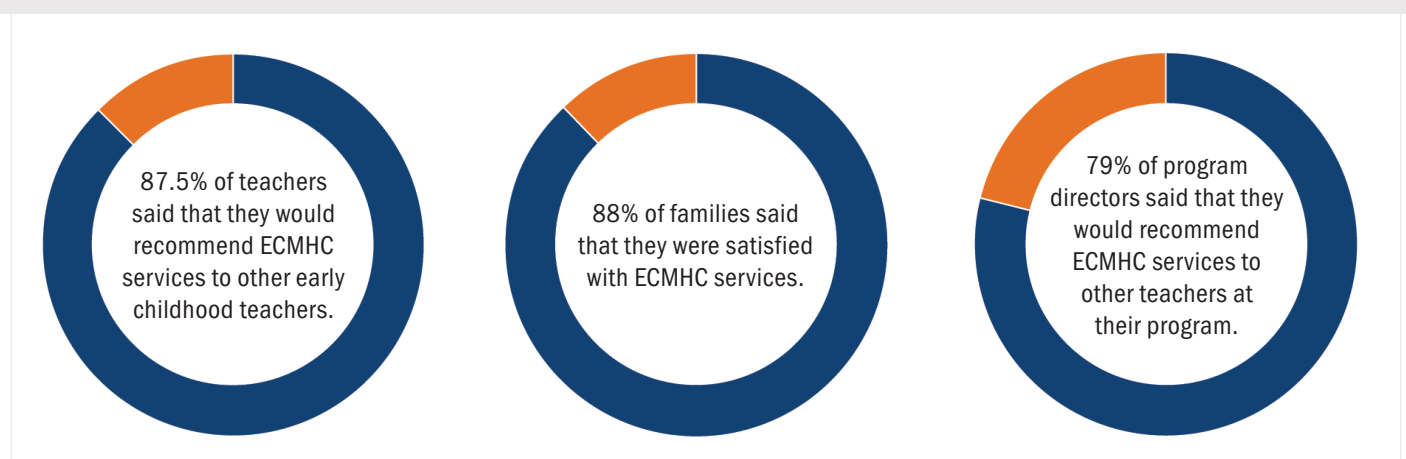
ECMHC is an excellent resource. My consultant is amazing. We look forward to her visits and engaging professional personality. She gives us practical and useful activities and information.

– Infant/Toddler Teacher

- Implementation data for preschool classroom-wide services (n = 13 classrooms) are reported in the Advancing Effective Interactions and Instruction (AEII) [2022-2023 report](#), so those data are not reported in detail in this brief. Dosage of key ECMHC activities in the 21 classrooms with infant/toddler cases and 77 preschool child-specific cases was as follows (one classroom was served by both CDR and CASTL):
 - o Teachers in 91 classrooms (93% of served classrooms) participated in a teacher kick-off meeting.

- o Consultants held at least one teacher meeting in 88 classrooms (90%) and at least one focused observation in 75 classrooms (77%).
 - Teachers in 70 classrooms (71%) received at least 3 teacher meetings, while teachers in 42 classrooms (43%) received at least 6 teacher meetings.
 - Teachers in 50 classrooms (51%) received at least 3 focused observations, while teachers in 23 classrooms (23%) received at least 6 focused observations.
- o Consultants held at least one meeting with families of 52 children referred for child-specific services (50% of children served by the pilot).
- Program participants shared their perspectives and experiences with us.
 - o Most families, teachers, and program directors expressed satisfaction with the ECMHC services they received (see Figure 3).
 - o Teachers have not recovered from the pandemic and continue to face challenges around burn-out, not feeling prepared to address challenging behaviors, and feeling overwhelmed by testing.
 - o Participants shared recommendations for how ECMHC can be improved and in particular expressed a preference for in-person services.

Figure 3: Teacher, Family, and Program Director Satisfaction with ECMHC



I was surprised that [my consultant] sat in on the meetings I had with the school... She provided notes to the school based on her observations...She coordinated and ran everything. She talked to me about how I felt and even stepped in where I wasn't sure what to ask for what I needed because I didn't know...she knew what to do. If I didn't have her knowledge, some things would have slipped through the cracks because I wouldn't have known to include them. She was very helpful not just in trying to help teachers do better, but checking in with us and working with the school system...the fact that she supported me was phenomenal.

– *Preschool Family Member*

- Teachers and consultants perceived benefits to teachers' knowledge and practice and children's behaviors:
 - Infant/toddler and preschool teachers reported improvements to their knowledge of early childhood social-emotional development and effective teacher practice from before to after consultation.
 - Infant/toddler teacher practice improved from pre- to post-consultation as observed by a consultant.
 - Teachers perceived decreases to preschool children's challenging behavior. Consultants also observed higher positive engagement and lower negative engagement for preschool children at post-consultation, compared to before consultation began.

Looking Ahead to 2023-2024

- **Continue to expand ECMHC services.** Programs in 29 cities/counties received services in 2022-2023. Services were provided primarily to programs in the Greater Richmond area and Charlottesville/

Albemarle but programs outside of these localities also requested and received services. In 2023-24, we will continue to expand services throughout Virginia by hiring 5 more consultants to provide ECMHC services. We will also develop and pilot programmatic consultation for leaders.

- **Build a more robust ECMHC referral management and data system that will support consultants to manage their caseload efficiently as well as accommodate the complexity of the ECMHC data at higher levels of scale.** In 2023-2024, ECMHC will implement HubSpot, a Customer Relationship Management (CRM) platform, to manage case-loads and implementation data in ways that are more efficient and automated than we had in years 1 and 2 of the pilot.
- **Continue to build a hybrid ECMHC model that is responsive to teacher preference.** Across future years, starting in 2023-2024, we recommend building out an ECMH consultant workforce that is primarily Virginia-based and plan to provide some in-person services to most cases. We will continue to provide fully virtual consultation to cases in localities too far for any consultants to drive to. Two of the newly hired consultants will focus on providing virtual consultation and developing best practices for this service format.
- **Improve uptake of preschool classroom-wide ECMHC services.** In 2023-2024, CASTL will have internal planning discussions around preschool classroom-wide referrals and how those referrals will best be served.
- **Provide ECMHC services in time to prevent children from being removed from early childhood programs.** During recruitment, our team will emphasize the importance of making referrals early on, rather than waiting until the teacher or program feels they are ready to suspend or expel the child. This will also be a topic for programmatic consultation sessions. In child-specific cases where a child leaves the classroom or program, we will work toward more

effective transitioning of services to the child's new teacher.

- **Reach more families.** Although much headway has been made in engaging families in consultation, we are still not reaching as many families as we would like. In 2023-2024, the ECMHC pilot will consult with an expert on family engagement and integrate best practices into the ECMHC model to improve connection with families.
- **Incorporate the issue of teacher turnover into ECMHC.** Because ECMHC targets the adults who care for and educate young children, it is disruptive to services when teachers leave the classroom or program. About 15% of the pool of teachers connected to an ECMHC referral turned over throughout the 2022-2023 school year. In 2023-2024, we will build in more teacher well-being supports, work toward more effective transitioning of services to the new teacher when turnover occurs, and work with program directors through programmatic consultation to better support their teachers. ■

To read the full report, please request a copy from Ann Partee, amp9as@virginia.edu.