EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

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https://va-ecmhc.org

Executive Summary

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

By UVA CASTL | Report for the Pilot Year 2021-2022

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.

VDOE allocated federal relief dollars to fund an ECMHC pilot in early care and education (ECE) classrooms during the 2021-2022 school year focused on the Greater Richmond area. 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 in partnership with the Virginia Department of Education (VDOE). The ECMHC pilot drew from recommendations made by a statewide workgroup studying the feasibility of developing an ECMHC program in Virginia; these recommendations are outlined in this House Joint Resolution 51 report passed by the Virginia General Assembly in the 2020 session.

ECMHC Pilot Three Key Objectives

- Provide assistance to 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 a statewide ECMHC model.

COVID-19 Impact

During the first year of the ECMHC pilot, **COVID-19 continued to exert a widespread, significant impact on the early childhood education system and communities.** Staffing challenges increased in the 2021-22 school year, resulting in unprecedented levels of stress among educators and program leaders (NAEYC, July 2021). As leaders were faced with onboarding new staff at higher rates than ever before, children experienced discontinuity in their care. Teachers often needed to work with different groups of children and shift classrooms to provide adequate care during staffing crises. In addition, periodic staffing shifts and temporary program closures due to COVID were a common occurrence.

COVID-19 also impacted ECMHC recruitment and service provision. Despite a variety of recruitment strategies, referral numbers were low in Fall 2021 and early Spring 2022. Programs were still struggling with COVID-related closures and staffing shortages, and teachers reported feeling stressed and at times unable to engage in consultation activities. Once services began, interruptions occurred when consultants or participating teachers became infected with COVID. This resulted in delays and interruptions to the rendering of ECMHC services throughout the year.

The Virginia Early Childhood Mental Health Consultation (ECMHC) Pilot

CDR and CASTL began collaborating in July 2021 to design a birth-5 ECMHC model, which VDOE approved in August 2021. Key components of the model include aligned infant/toddler and preschool services—with CDR serving infant/toddler classrooms and CASTL serving preschool classrooms—a centralized intake

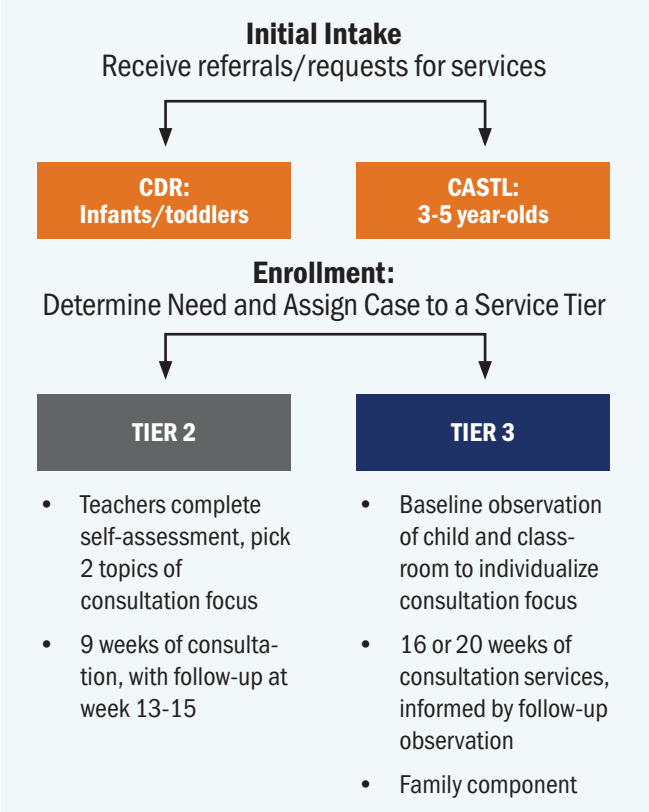
process, and multi-tiered services based on identified needs. Figure 1 below displays the birth-5 ECMHC model.

Tier 2 consultation aims to support teachers' use of culturally relevant teaching practices intended to benefit the social-emotional well-being of all children in a specific classroom.

Tier 3 consultation also aims to support teachers' culturally relevant teaching practices in supporting the social-emotional well-being of children; however, a central distinction from Tier 2 is that the referrals identify a particular child or two in the classroom with urgent social-emotional needs, with an added goal of preventing exclusion and expulsion of these children from learning opportunities.

Tier 1 (universal) services, which include an array of educational and training experiences that build teachers' foundational knowledge in child development and effective educational practice, fall outside the scope of the ECMHC model. However, Tier 1 services and resources are currently offered by CDR, CASTL, and other agencies around the Commonwealth.

FIGURE 1: Birth-to-Five ECMHC Model



Recruitment and outreach began in September 2021. CDR and CASTL developed promotional materials and collaborated with early childhood stakeholders, including the Chesterfield and Henrico Preschool Development Grant B-5 (PDG) community leads and the ECMHVA advisory board, to spread the word about ECMHC. On November 1, 2021, the ECMHC pilot's centralized intake system to receive referrals went live, and consultation began in December 2021. When referral numbers from the Greater Richmond area alone remained low, recruitment efforts expanded to other parts of Virginia in January 2022.

Throughout the pilot year, implementation and outcome data were collected to understand the strengths and challenges of the ECMHC pilot. These data came from multiple sources (e.g., programs, teachers, families, consultants) and methods, including administrative information on referrals; consultation data; surveys; and interviews and focus groups.

Implementation Evaluation of the ECMHC Pilot in 2021-2022

Two aims guided the implementation evaluation of the **ECMHC pilot in 2021-2022:**

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 AND HIGHLIGHTS

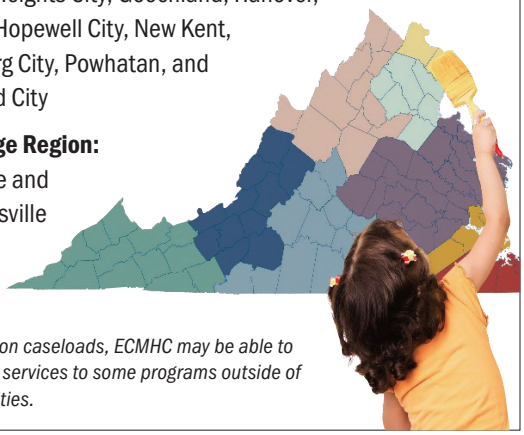
- The ECMHC pilot's accomplishments in year 1 include:
  - developing a working partnership between CDR, CASTL, and VDOE
  - creating a centralized referral and intake system
  - developing a tiered system of support
  - offering a combination of in-person and virtual services

ECMHC
EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Serving Select Localities Within Central and Blue Ridge Ready Regions

Central Region: Charles City, Chesterfield, Colonial Heights City, Goochland, Hanover, Henrico, Hopewell City, New Kent, Petersburg City, Powhatan, and Richmond City

Blue Ridge Region: Albemarle and Charlottesville City



Depending on caseloads, ECMHC may be able to offer virtual services to some programs outside of these localities.

  - gathering quantitative and qualitative data to use for improvement purposes

- ECMHC services were requested for 101 classrooms in pilot year 1. The majority of referrals (83%) requested support for a specific child, as opposed to classroom-wide support. Referrals for infant/toddler classrooms were more likely to request classroom-wide support, whereas referrals for preschool classrooms were more likely to request support for a specific child.
- ECMHC services were provided in 35 programs across 20 cities or counties. Many programs were located in Chesterfield County (20%) and Henrico County (11%), and the majority of programs served were childcare centers (54%).
- ECMHC services were provided to teachers in 54 classrooms, defined as having had at least an initial meeting, consultation session, or observation. Consultation services were not provided if the teacher was unresponsive after the referral was made; the child's family did not provide permission to participate; the child left the program before consultation began; or the teacher or program director declined consultation.
- ECMHC progressed beyond an initial meeting for teachers across 23 classrooms, as follows. Of these classrooms:
  - Dosage of consultation sessions:

    1-3 consultation sessions were held with teachers in 12 classrooms

    4 or more consultation sessions were held with teachers in 11 classrooms
  - Tier of support:

    Tier 2 support was provided in 12 classrooms

    Tier 3 support was provided in 11 classrooms
- Program participants expressed challenges to engaging in ECMHC including:
  - Timing of services
  - Communication between consultants and the program staff (for preschool programs)
  - Capacity issues: Overworked and underpaid teachers
  - Format of service delivery: Online vs. in-person
- Infant/toddler and preschool teachers reported improvements to their self-efficacy and knowledge of early childhood social-emotional development and effective teacher practice from before to after consultation.

> "…she [consultant]…was amazing. Like, that's a resource that we can use… I definitely have used that resource [consultation services], especially for the social-emotional skills…."
>
> - Haley[1], Infant/Toddler Teacher

[1] All names have been changed to protect the identities of the research participants with their permissions.

- Although ECMHC's support around children's social-emotional development was timely for the challenges exacerbated by the COVID-19 pandemic, circumstances resulting from the pandemic, including classroom and program closures and teacher and staffing turnover, created barriers to provide the continuity of services needed for ECE programs, teachers, and families.
- Preliminary qualitative data analysis found that most of the teachers and family members we interviewed expressed satisfaction with the support and feedback that was provided by the ECMHC program.
- Areas for improvement include recruitment and outreach; communication of what is expected as part of the service delivery; moving referrals from intake to active engagement in consultation, especially when serving preschool settings; and family engagement.

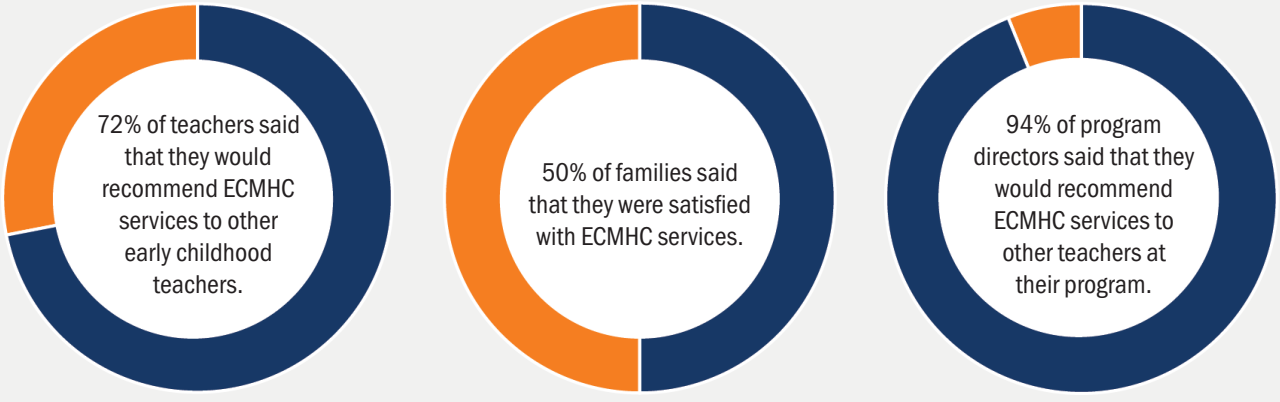
> "...it's really hard when you have... a child that needs that one-on-one, especially when you have a shortage of staff, as it is...if you have to have somebody [a teacher]...off, with a child like that consistently...you can't support it from a staffing standpoint...you're [the program] not set up to support that [one-on-one in-house services]."
>
> - Mindy, Program Director

Looking Ahead to 2022-2023

In 2022-2023, CDR and CASTL will make the following adaptations in response to the needs and feedback received from directors, families, teachers, and our consultant teams:

- **Enhance Recruitment and Outreach Efforts to Initiate Services Earlier.** Revised promotional materials will better clarify what ECMHC entails, use more appealing visuals and friendly language, and make it easier for teachers and leaders to learn more and request services. Recruitment and outreach efforts will also allow for more direct contact between ECMHC team members and program leaders and teachers via virtual and in-person Getting to Know ECMHC sessions and a virtual statewide webinar that provides an overview of available social-emotional supports, including ECMHC.

Teacher, family, and program director satisfaction with ECMHC



- **Sort Referrals Based on Type of Support Requested (Classroom-Wide or Child-Specific).** In lieu of child screeners used in 2021-2022 to assign cases to either lower intensive services (Tier 2) or higher intensive services (Tier 3), referrals in 2022-2023 will be sorted by the type of support requested (either classroom-wide or child-specific). Completion of the screeners held up starting ECMHC services in pilot year 1, so removing the screener will help streamline the intake process and facilitate minimal wait time between receiving a referral and initiating services.
- **Hold Director/Leader Kick-Off Meetings to Increase Communication with Programs.** In 2022-2023, consultants will meet with program directors/leaders during the intake process to facilitate communication with the program lead. This kick-off meeting will involve discussing a Collaborative Partnership Agreement that will clarify expectations and roles and responsibilities.
- **Individualize Service Length and Dosage to Best Meet Teachers' and Children's Needs.** The service length and amount of contact (dosage) will be more flexible in year 2, to be more responsive to the individual needs of teachers and children.
- **Implement a Hybrid Consultation Model.** CASTL will implement more in-person consultation options, including director and teacher kick-off sessions and live observations. CDR will implement more virtual consultation options to programs that request remote support.
- **Make Weekly Contact with Teachers to Increase Teacher Engagement.** Consultants will make weekly contact with teachers, at minimum, to maintain communication and engagement. Contacts will include meetings, observations, and/or engagement check-ins via text, email, or phone call on any weeks that do not include a meeting between the consultant and teacher.

- **Increase Communication with Families and Support Family-Teacher Collaboration.** In cases where program leaders or teachers choose not to accept or continue consultation services, consultants will contact families to notify them and provide any needed resources or referrals for alternative services. For ongoing consultation, consultants will initiate regular communication with families, including joint meetings with teachers and families whenever needed to promote collaboration as well as provide regular updates on their child's progress.
- **Enhance Protocols for Teachers and Consultants to Use the TORSH Video-Based Consultation System.** We will develop an enhanced plan for training and supporting teachers and consultants to use TORSH to promote positive outcomes in hybrid or virtual consultation formats.
- **Refine Consultant Training and Supervision.** Building on year 1 materials, consultant training and supervision will be enhanced in year 2 bwy expanding on strategies for virtual/hybrid consultation, using consultation fidelity data to support consultants in specific areas of need, and providing additional training in specific areas such as working with families and understanding trauma.

- **Situate the Birth-5 ECMHC Pilot Under the University of Virginia IRB.** Covering both infant/toddler and preschool consultation under one Institutional Review Board (IRB) will facilitate a more coordinated data collection strategy across the entire birth-5 model.

Additional Considerations for the Potential Scaling of ECMHC in Virginia

One objective of the ECMHC pilot was to explore the feasibility of expanding the pilot to an eventual statewide model. Should VDOE continue to implement and expand ECMHC in Virginia, CDR and CASTL have identified the following considerations to support successful scaling.

- **Begin Planning for an Expanded ECMHC Early.** Start holding regular meetings as soon as possible to develop a graduated, multiyear roll-out plan. Planning should include discussions to determine the staffing that would be required for each phase of the roll-out.
- **Manualize Consultant Training and Supervision Protocols and Materials.** Build from existing consultant training and supervision materials for use in statewide implementation. Develop a plan for how a larger number of consultants operating statewide would be trained and supervised, and by whom.
- **Adapt Consultant Manuals and Protocols for Scale.** Produce consultant manuals and protocols to ensure fidelity of implementation across a larger number of consultants operating statewide.
- **Invest in Developing a Data Collection and Management System Tailored to ECMHC.** Implementing ECMHC successfully at scale will require a robust and systematized data collection and management system. ECMHC needs a data management system that is tailored to Virginia's birth-5 service delivery model. An effective data management system would include data capture of referrals, uptake of consultation, and outcomes of the program. Data should also be linkable with other ECE data systems such as LinkB5 and Virginia Kindergarten Readiness Program (VKRP). Data should be easily accessible and used by ECMHC staff to inform decision-making and continuous improvement to the program.
- **Estimation of Consultation Costs.** CASTL will gather data to provide VDOE a cost estimate for ECMHC implementation. In coordination with VDOE, CASTL will calculate an estimate for consultation costs that includes an estimate of the recurring costs per case. Work will begin in February 2023, and CASTL will provide VDOE with an approach for calculating the estimate by April 1, 2023. The final estimates will be calculated by June 30, 2023.

These additional considerations and cost estimates should be utilized when assessing future scaling of ECMHC in Virginia.

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