ECMHC

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

August 2024

ECMHC Executive Summary

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

By UVA CASTL | Report for the Pilot Year 2023-2024

Acknowledgments

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The Virginia ECMHC pilot worked 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 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.

Beginning in the 2021-2022 school year, the Virginia Department of Education (VDOE) allocated federal relief dollars to fund an ECMHC pilot in early care and education (ECE) classrooms (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 (pilot year 2) and the 2023-2024 (pilot year 3) school years. The ECMHC pilot drew from recommendations made by a statewide workgroup studying the feasibility of developing ECMHC program in Virginia; these recommendations are outlined in the HJ51 report.

Across all years (2021-2024) the ECMHC pilot has had three objectives:

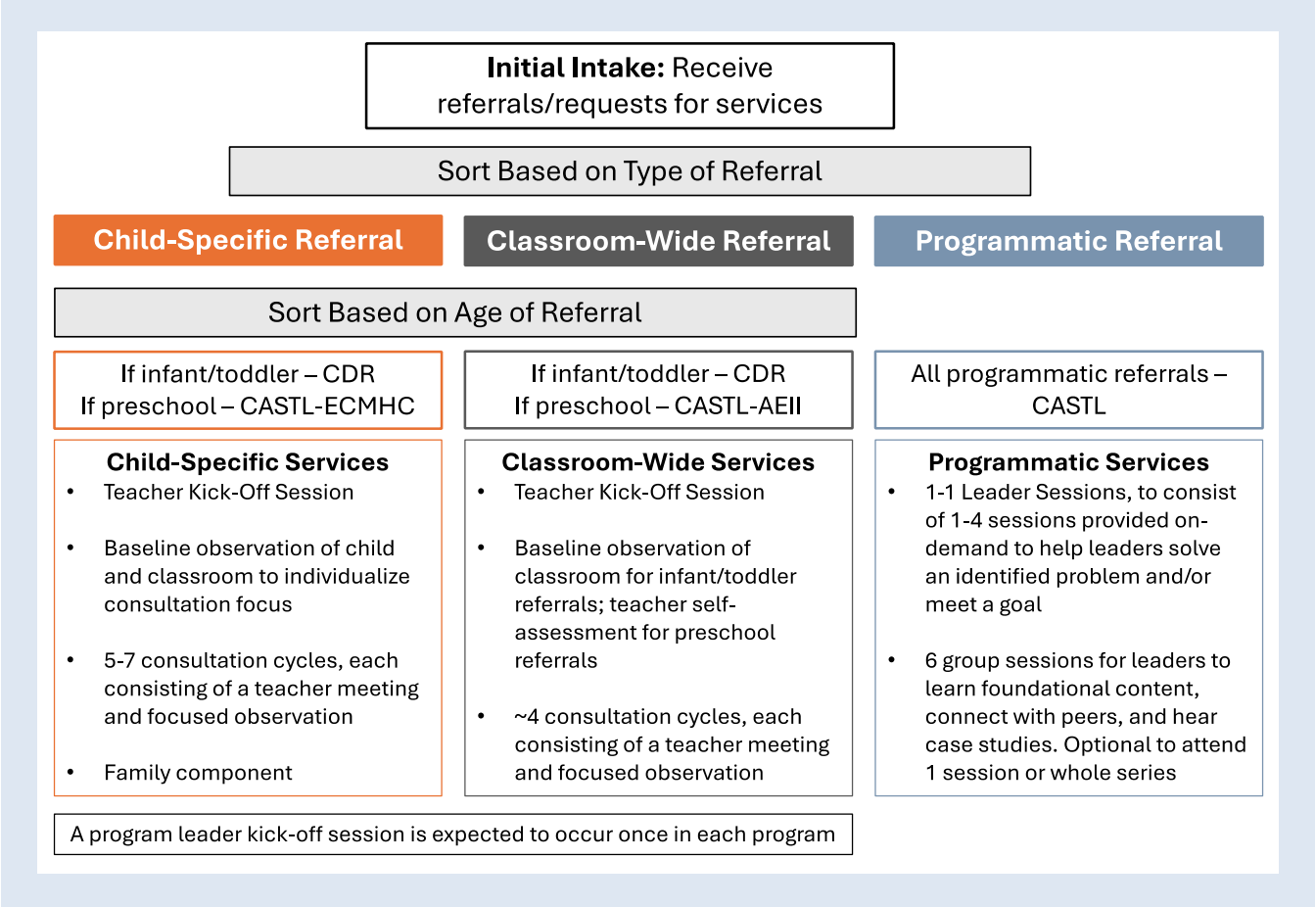
- Assist ECE teachers in supporting children's social-emotional needs in response to COVID-19.
- Prevent suspensions and expulsions of young children attending early care and education programs in Virginia.
- Explore the feasibility of expanding the pilot to an eventual statewide ECMHC model.

This brief includes a summary of key activities accomplished in the ECMHC pilot's third year of implementation in 2023-2024, data and findings from the implementation evaluation of the third pilot year, a summary of lessons learned throughout the span of the entire three-year pilot, and recommendations for moving forward.

The Virginia Early Childhood Mental Health Consultation (ECMHC) Pilot Year 3 Activities

At the beginning of the 2023-2024 pilot year, CASTL and CDR reflected upon the implementation findings from the 2022-2023 pilot year and enhanced the ECMHC birth-to-five model. Figure 1 displays the refined birth-to-five ECMHC model. Refinements in pilot year 3 included (1) offering programmatic consultation to site leaders, (2) improving resources to increase teacher and family engagement, (3) focusing on the perceptions through which teachers view children and families, (4) overhauling the referral and data management system (switching from SmartSheet to HubSpot), and (5) increasing travel distances for hybrid consultants to provide in-person services to more programs.

Figure 1: Pilot Year 3 Birth-to-Five ECMHC Model



Recruitment and outreach for ECMHC services began in August 2023 and continued through spring 2024. CDR and CASTL focused recruitment efforts across Virginia with targeted efforts to reach priority sites (based on their VQB5 Practice Year 2 CLASS® scores and Site Ratings of 499 points or lower) and Ready Regions eligible to receive in-person or hybrid services (West, Southside, Central, and Blue Ridge). Recruitment and outreach activities included hosting eight Getting to Know ECMHC sessions; distributing approximately 2,400 informational flyers; and promotion of the ECMHC VA website. Recruitment for the newly offered programmatic consultation began in December 2023 and continued on a rolling basis throughout spring 2024.

Throughout the third 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.

Implementation Evaluation of the ECMHC Pilot Year 3 (2023-24)

Two aims guided the implementation evaluation of the ECMHC pilot in 2023-2024:

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, for child-specific and classroom-wide cases.

Key findings from pilot year 3 (2023-24):

- Accomplishments in year 3 included greater recruitment and outreach as compared to pilot years 1 and 2; implementing a new programmatic consultation series for leaders; reaching more families as part of child-specific services; and gathering quantitative and qualitative data to use for improvement purposes.

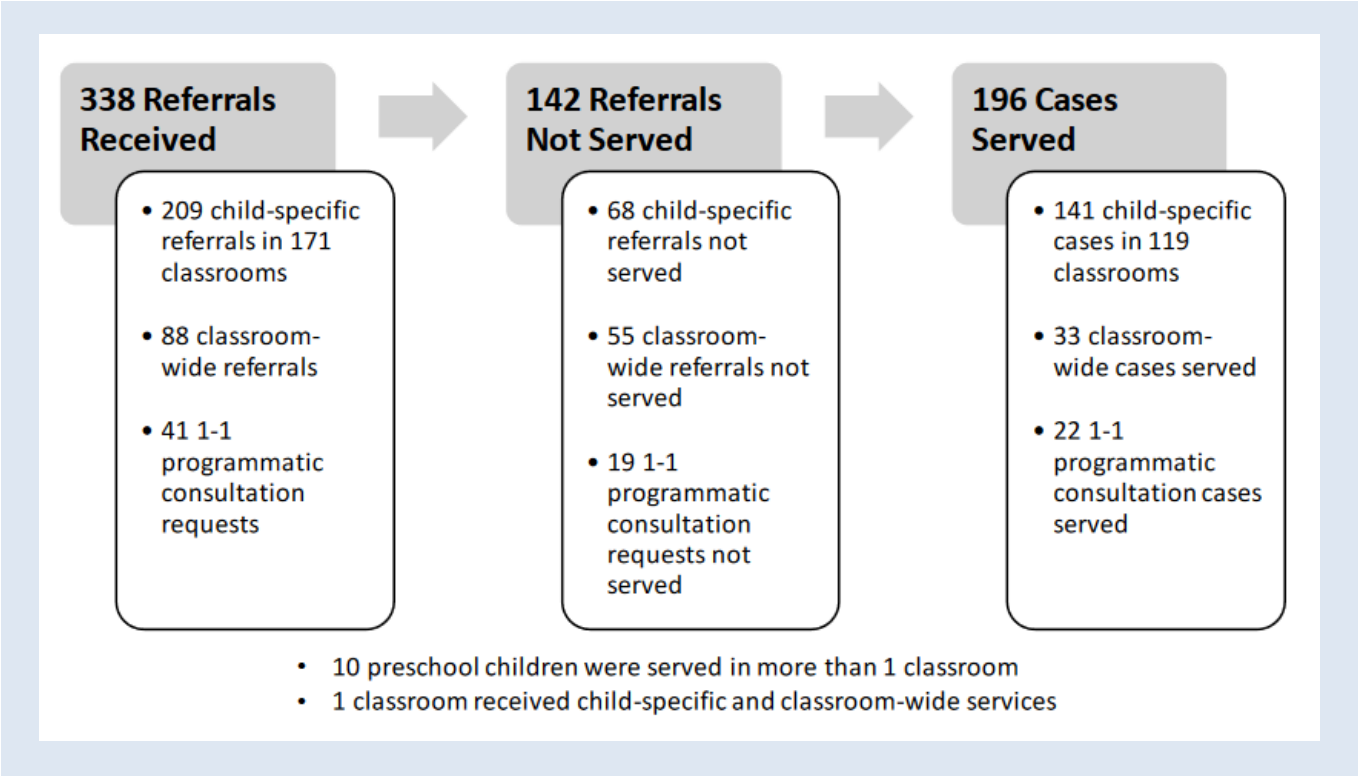
- ECMHC services were requested for 338 referrals in pilot year 3 (209 child-specific, 88 classroom-wide, and 41 1-1 programmatic consultation requests), a substantial increase compared to pilot years 1 and 2 (where we had 101 referrals in pilot year 1 and 191 referrals in pilot year 2). The majority of referrals (70%) requested support for a specific child, as opposed to classroom-wide support, consistent with years 1 and 2. Figure 2 depicts a flowchart to illustrate the progression of cases from the point of referral to service (see Figure 2 below).

- Child-specific, classroom-wide, and/or programmatic consultation was provided to teachers, leaders, and families in 121 sites across 49 cities and counties in Virginia. As expected and designed, sites were most frequently located in Chesterfield County (14%), Richmond City (9%), Charlottesville City/Albemarle County (8%), and Henrico County (7%) where in-person services were available. Virtual services were also provided, most commonly in Fairfax (9%) and Virginia Beach City (4%). Most programs receiving services were child care centers (65%).

- Child-specific and classroom-wide ECMHC services were provided to teachers in 151 classrooms, defined as having had at least one teacher meeting, child or classroom observation, or provision of family support in a classroom. Consultation services were not provided if the child left the program before consultation began (for child-specific referrals); the teacher was unresponsive after the referral was made; or the teacher or program leader declined consultation. A majority of infant/toddler child- and classroom-referrals (75%) were shifted to Infant Toddler Behavior Consultation (ITBC) while the ECMHC infant/toddler consultant position was being filled. Twenty-two leaders received at least one programmatic consultation session.

- Dosage of key ECMHC activities in 4 infant/toddler classrooms and 147 preschool classrooms was as follows:
    - Teachers in 141 classrooms (93% of served classrooms) participated in a teacher kick-off meeting.
    - Teachers receiving child-specific services had 4.35 teacher meetings (range 0-15) and 2.17 focused observations (range 0-10) on average, which was somewhat lower than the expected dosage of between 5-7 cycles of each activity, particularly for focused observations. Teachers in 49% of classrooms with child-specific cases received four or more teacher meetings and 23% received four or more focused observations, indicating adequate dosage.
    - Teachers receiving classroom-wide services had 4.12 teacher meetings (range 0-9) and 2.38 focused observations (range 0-6) on average with an expected dosage of four cycles of each activity. Teachers in 88% of classrooms with classroom-wide cases received at least two teacher meetings and 75% received at least two focused observations, indicating adequate dosage.

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



  - Although we expected a higher dosage of teacher meetings and focused observations for cases centered around a specific child, dosage was similar across child-specific and classroom-wide cases.
  - Consultants held at least one meeting with families of 114 children referred for child-specific services (81% of children served by the pilot), a substantial increase from year 2.

- Most families, teachers, and program leaders expressed satisfaction with the ECMHC services they received (see Figure 3 below).
  - Teachers felt supported by their consultants and appreciated that consultants were responsive to their needs and encouraged their voice in the process.
  - Teachers expressed a preference for in-person observations and virtual meetings.
  - Teachers desired more in-depth strategies, especially for physically aggressive behaviors.

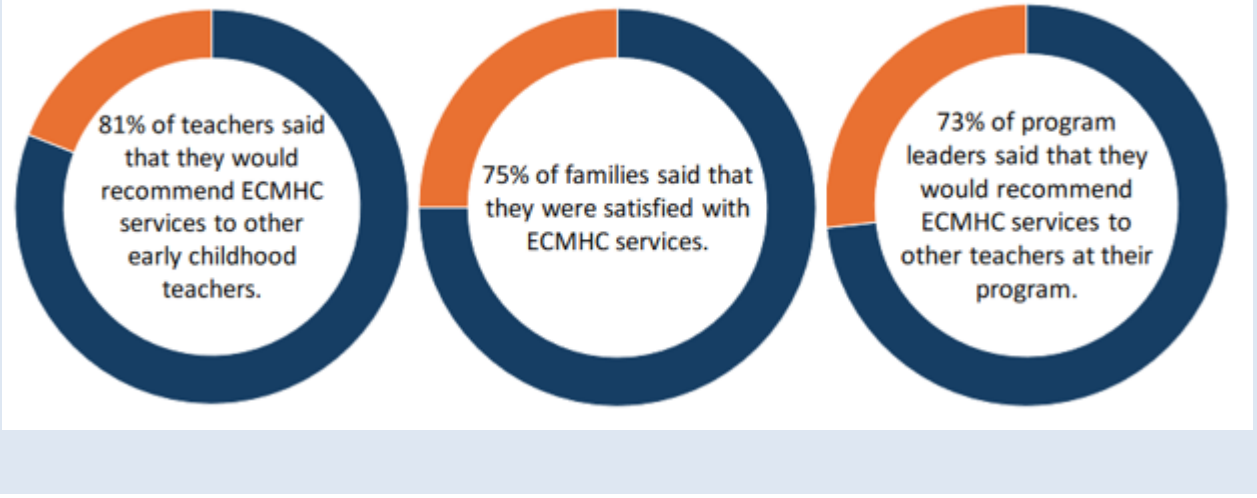
> The resources you guys offered were great and the consultations were not only helpful for us to understand the child, but I felt like your consultant also made us feel heard as a teacher, [she] didn't really push away our thoughts. She kind of made us feel valid in what we're thinking, which I thought that was good because sometimes other people don't really understand what we're going through. And even though she wasn't there all the time, she didn't really make us feel like what we were saying was not relevant. It was all relevant and she was also there to help us as teachers process what we are going through as well as what the student was going through, which was nice.
>
> - *Preschool Teacher*

- Teachers and consultants reported benefits to teachers' knowledge and practice and children's behaviors:
    - Teachers self-reported improvements to their knowledge of early childhood social-emotional development and effective teacher practice from before to after consultation.
    - Preschool teachers' use of social-emotional strategies in their classroom improved from pre- to post-consultation as observed by a consultant.
    - Teachers reported that children's challenging behavior decreased and that their risk for expulsion was lowered.
    - Consultants observed preschool children to engage more positively with their teachers and peers and to engage in less negative behavior at post-consultation, compared to before consultation began.

- Challenges to ECMHC implementation included high rates of child movement across classrooms and programs and teacher turnover. Additionally, as in prior years of the pilot, we received referrals at a point when suspension and/or expulsion were already being considered, and in some cases the child was expelled shortly after being referred for services.

> We're just incredibly grateful to have this opportunity. And I think it made a huge difference/ And so important to get all this stuff early because you can never go back in time. And so, to have had the ability and that experience now, I think is fantastic.
>
> - *Preschool Family Member*

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



Lessons Learned from the ECMHC Pilot

In 2020, a statewide workgroup convened after the Virginia General Assembly passed House Joint Resolution 51 (HJ51) in the 2020 legislative session. This legislation tasked a workgroup led by VDOE, the Virginia Department of Social Services (VDSS), and the Virginia Department of Behavioral Health and Developmental Services (VDBHDS) with studying the feasibility of adopting a statewide ECMHC model to support young children's social-emotional and behavioral needs. The workgroup's recommendations were outlined in the HJ51 report, submitted to the Governor and General Assembly in December 2020. After the HJ51 report was completed, VDOE funded an ECMHC pilot in ECE classrooms for 3 years, from 2021 to 2024. 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.

During the three years of Virginia's ECMHC pilot, CASTL and CDR, in partnership with VDOE, made substantial progress implementing recommend-dations from the HJ51 report and offer the following lessons learned:

- **Early childhood leaders, teachers, and families in Virginia find ECMHC services valuable.** Across the pilot, we consistently heard that the majority of ECMHC participants found the service valuable and desired it to be continued. Teachers felt comfortable sharing their challenges with consultants and appreciated consultants' responsiveness to their needs. Families felt like consultants advocated for them and liked that ECMHC did not require children have a specific diagnosis or meet other criteria to receive services.

- **A three-tiered model of ECMHC services can be implemented statewide.** ECMHC services have been successfully scaled over the last three years, moving from a two-tier model in pilot years 1 and 2 (child- and classroom-focused) to a comprehensive three-tier model in pilot year 3 (child-, classroom, and program-focused). Across the pilot, the number of programs, teachers, and children/ families served grew each year. Specifically, referrals for services increased from 101 in 2021-2022, to 191 in 2022-2023, and 338 in 2023-24.

- **The majority of ECMHC referrals requested child-specific support.** In all three years of the pilot, the greatest demand was for child-specific services compared to classroom-wide or programmatic consultation. Child-specific services were requested in programs of both high and low overall quality based on CLASS® scores (i.e., referrals came from both VQB5 non-priority and priority sites). Children reported to display challenging behavior often struggle to thrive and experience exclusionary discipline practices even within programs identified as being high quality. ECMHC is needed to support specific children and reduce the use of exclusionary discipline due to challenging behavior.

- **Substantial effort must be allocated to recruitment and outreach to raise awareness of ECMHC.** We received consistent feedback throughout the ECMHC pilot that programs did not know about the service until later in the school year and wished they had known about the service earlier. Additionally, despite extensive recruitment and outreach efforts each year, some participants told us at the end of pilot year 3 that they did not think ECMHC was widely known to providers across Virginia.

- **Teachers prefer a hybrid model with some in-person services versus a fully virtual model.** Teachers reported a general preference for in-person or hybrid services and even declined services if a fully virtual format was the only available option.

Teachers felt like consultants got a better understanding of their classroom from conducting observations in-person rather than virtually. Some teachers appreciated the option to meet virtually with their consultant because it removed the challenge of having to ensure coverage of their classroom during their meeting time.

- **Data indicate that ECMHC services are linked to improved outcomes for teachers and children across the three pilot years.** In each year of the pilot, we saw promising improvements in teachers' classroom practices and children's behaviors. For example, teachers self-reported greater knowledge of early childhood social-emotional development and consultants observed improvements to teacher practice from pre- to post-consultation. Additionally, teachers reported that children displayed less challenging behavior and consultants observed children to interact more positively with their teachers and to engage in less negative behavior post-consultation compared to pre-consultation.

Recommendations for Virginia

CASTL and CDR recommend that Virginia build from the successes of the ECMHC pilot in the following ways and continue to make progress towards implementing the recommendations outlined in the HJ51 report.

- **Continue to support and fund ECMHC services with the goal of an eventual statewide model.** Around 23 states plus Washington, D.C. offer ECMHC services statewide to build the capacity of the early childhood workforce and promote children's social, emotional, and behavioral development. Virginia should build upon the success of their ECMHC pilot and work towards continued funding and growth of ECMHC services.

- **Continue to implement a comprehensive, three-tiered model that provides support at the child, classroom, and program levels.** Child-specific services are needed to prevent and reduce suspension and expulsion from early care and education settings and support teacher-family collaboration.

- **Continue to implement a hybrid ECMHC model that meets teachers' needs.** Virginia should continue to invest in hiring and training a geographically diverse consultant workforce that can provide hybrid services across the state.

- **Utilize the robust referral management and data system that was developed and refined over the course of the ECMHC pilot.** The referral management and data system efficiently tracks and displays a large amount of information to consultants in a user-friendly format. Additionally, the robust data system allows early childhood mental health stakeholders to understand ECMHC service implementation and effectiveness.

- **Implement an intensive recruitment and outreach strategy to reach more programs.** Despite significant recruitment and outreach efforts throughout the pilot, awareness of ECMHC is still not widespread across Virginia. Continue to spread awareness of ECMHC and highlight the pilot's success in supporting program leaders, teachers, children, and families.

- **Continue a robust evaluation of provided services.** Strong evaluation data such as those collected through the ECMHC pilot allow stakeholders to understand how investments are working. The data collected through this ECMHC pilot provided good evidence that ECMHC services resulted in improved teacher practice and improved child behavior putting children at lower risk for exclusionary discipline.