Developing an Infant and Early Childhood Mental Health Professional Development System in Maryland:

A Gap Analysis and Strategic Plan

Kelly Etter, Ph.D. and Jeffrey Capizzano

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Maryland State Department of Education

Cyndi La Marca Lessner
Branch Chief, Collaboration and Program Improvement
Division of Early Childhood
Maryland State Department of Education

Tresa Hanna
Grants Monitor/Director
Maryland State Head Start Collaboration Office
Division of Early Childhood
Maryland State Department of Education

Reviewers

Sarah Nadiv
Senior State Technical Assistance Specialist
Co-Director, Trauma-Informed Practices in Early Childhood Education
WestED

Margo Candelaria, Ph.D.
Co-Director of Parent, Infant, & Early Childhood Program (PIEC)
Institute for Innovation and Implementation
University of Maryland School of Social Work

Kate Wasserman
Co-Director of Parent, Infant, & Early Childhood Program (PIEC)
Institute for Innovation and Implementation
University of Maryland School of Social Work

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Paul Armstrong
Early Childhood Mental Health Coordinator
Prince George's Child Resource Center

Nancy Cahlink-Seidler, M.Ed.
Training Approval Coordinator
Office of Child Care
Division of Early Childhood
Maryland State Department of Education

Margo Candelaria, Ph.D.
Co-Director, Parent, Infant, & Early Childhood Program (PIEC)
The Institute for Innovation and Implementation
University of Maryland School of Social Work

Kari Gorkos
Senior Director, Public Education & Programs
Mental Health Association of Maryland

Latrice Gray, MSW, LCSW-C
Lower Shore Early Childhood Mental Health Consultation Program
Program Coordinator/MSW Intern Supervisor
Adjunct Faculty

Janette Guerra, M.Ed. ECSE
Section Chief, Early Childhood Intervention
Division of Early Intervention and Special Education Services
Maryland State Department of Education

Shay Gurry
Education Service Manager
Catholic Charities' Head Start of Baltimore City

Morgan Horvath
Director, Project Act
Abilities Network

Kelly Hunter, MSW
Executive Director
The Promise Resource Center

Kathy Kauffmann
Infant & Toddlers Program
Prince George's County Child Resource Center

Jennifer Nizer
Director, Office of Child Care
Division of Early Childhood
Maryland State Department of Education

Steve Rhode
Deputy Director
Resource & Referral Services
Maryland Family Network

Kate Wasserman, MSW, LCSW-C
Co-Director, Parent, Infant, & Early Childhood Program (PIEC)
The Institute for Innovation and Implementation
University of Maryland School of Social Work

D'Lisa Worthy
Co-Director, Center of Excellence in Infant and Early Childhood Mental Health
University of Maryland, School of Medicine, Department of Psychiatry

INTRODUCTION

Across the country, there is growing recognition of the importance of infant and early childhood mental health (IECMH). Research on the prevalence and consequences of adverse childhood experiences and toxic stress, in conjunction with studies that reveal high and racially disproportionate rates of preschool suspensions and expulsions, have sharpened the focus on understanding and supporting young children's social, emotional, and behavioral health. Currently, there is a national movement underway to provide children and families with comprehensive supports that focus on promoting foundational social–emotional competencies in young children, as well as effective prevention and intervention strategies for behavioral and mental health issues that can set children on a course for success in school and life.

To achieve social–emotional competencies, children must have access to adults who are knowledgeable about IECMH and can engage in the types of interactions and behaviors that are foundational to child and family mental health and well-being. To this end, it is critical that Maryland has a well-designed, effective system of IECMH professional development. This will ensure that the early care and education (ECE) workforce possesses the knowledge and skills necessary to promote social–emotional development and strong early childhood mental health.

While children's social–emotional development and mental health are critical, recent data suggests that nearly half (46 percent) of all kindergarteners in Maryland do not demonstrate readiness in important social foundations.[1] These foundations include social–emotional skills, approaches to learning, and executive functioning. Additionally, 19 percent of children under age 18 in Maryland have one or more emotional, behavioral, or developmental conditions.[2] Associated with these IECMH issues is a high rate of suspension and expulsion from ECE settings. While Maryland lacks statewide suspension and expulsion data across all early childhood settings, national data suggests that across private and public preschools in 2016, about 50,000 preschoolers were suspended at least once and at least 17,000 were expelled. These numbers translate to roughly 250 instances of a preschooler being suspended or expelled in an average school day.[3]

The consequences of suspension and expulsion are significant for young children and their families, as well as their teachers, peers, and the schools they will ultimately attend. For example, children who experience expulsion from an ECE program are up to 10 times more likely to fail a grade in school, hold negative school attitudes, drop out of high school, and face incarceration.[4] Suspensions and expulsions also negatively affect children's caregivers, leading to poorer parent-child and teacher-child relationships; missed work days and stress for families; and increased stress, burnout, and turnover for ECE staff.[5]

In 2017, these findings prompted the Maryland General Assembly to pass legislation to limit suspension and expulsion of prekindergarten through second grade students except in circumstances where the child would create an imminent risk of serious harm. To support implementation of the new law, the Maryland State Department of Education (MSDE) Division of Early Childhood issued a policy statement and guidance that defined suspension and expulsion; strongly recommended that ECE programs have a comprehensive policy and procedures to prevent suspensions and expulsions; and highlighted IECMH resources to support the ECE workforce.[6]

In order for the legislation and MSDE guidance to have the intended positive effects, Maryland will have to address the key drivers that lead to suspension and expulsion, including:

[1]Ready at Five & the Maryland State Department of Education (2018). Readiness matters, equity matters: *The 2017–2018 Kindergarten Readiness Assessment report*. Baltimore, MD: Author.

[2]The Annie E. Casey Foundation, KIDS COUNT Data Center (2017). 2015–2016 data on children who have one or more emotional, behavioral, or developmental conditions in Maryland.

[3]Malik, R. (2017, November 6). New data reveal 250 preschoolers are suspended or expelled every day. Retrieved from: https://www.americanprogress.org/issues/early-childhood/news/2017/11/06/442280/new-data-reveal-250-preschoolers-suspended-expelled-every-day/

[4]Meek, S. E., & Gilliam, W. S. (2016). *Prekindergarteners left behind: Expulsion rates in state kindergarten systems.* New Haven, CT: Yale University Child Study Center.

[5]Andujar, P., Fry, J., Wasserman, K., & Candelaria, M. (2019). *Maryland's Infant & Early Childhood Mental Health Consultation Project: 2019 legislative brief.* Baltimore, MD: Maryland State Department of Education and the University of Maryland School of Social Work, The Institute for Innovation and Implementation.

[6]Maryland State Department of Education, Division of Early Childhood Development (2017). Guidance for Preventing Suspension and Expulsion in Early Care and Education Programs. Baltimore, MD. The guidance can be found here: https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/guidence_final.pdf. MSDE's Division of Student Support, Academic Enrichment, and Educational Policy has also issued a policy statement on the prohibition of suspension or expulsion for students in grades prekindergarten to second grade, which can be found here: http://www.marylandpublicschools.org/about/Documents/DSFSS/SSSP/TA/GuidanceProhibitionSuspensionExpulsionStudentsGradesPreK2.pdf

- gaps in knowledge of developmentally appropriate practices and the expectations among the ECE workforce;
- the lack of understanding about the connection between children's experience of trauma and their behavior; and
- racial and gender disparities, as well as disparities concerning children with disabilities and dual-language learners, in classroom discipline practices.[7]

Currently, Maryland attempts to address these drivers of suspension and expulsion with a fragmented, disconnected, and underresourced set of supports for ECE providers and professionals. The state's institutes of higher education; quality rating and improvement system (QRIS), known as Maryland EXCELS; early childhood workforce and professional development system; and community-level initiatives are not working in a coordinated way to ensure that the ECE workforce can support children's social–emotional development and effectively respond to challenging behavior and other mental health needs.

This strategic plan provides for Maryland to enhance and coordinate its current system of IECMH professional development. This system is key to building the capacity and expertise of the ECE workforce to engage in the types of interactions and strategies that support social–emotional development and best address behavioral and mental health issues and family well-being. **The plan defines IECMH as "a child's capacity to form close and interpersonal relationships; experience, express and regulate emotions; and explore the environment and learn in the context of family, community, and cultural expectations."**[8] The plan focuses on the supports available to the ECE workforce in Maryland and has three goals:

1. To better understand and describe the resources that are currently available to the Maryland ECE workforce in supporting social–emotional development and addressing behavioral and mental health issues;
2. To capture the perspective of the ECE workforce regarding the IECMH supports in the state, how the supports are accessed

[7]McCann, C. (2018). Build Initiative. Retrieved from: http://www.buildinitiative.org/

[8]ZERO TO THREE (2001). Infant Mental Health Task Force: Definition of infant mental health. Retrieved from: http://www.zerotothree.org/imh.

and used, and other resources that may be necessary to help effectively foster the IECMH needs of children and families; and,

3. To develop recommendations for additional resources and better coordination of IECMH services in Maryland.

With the growing prevalence of IECMH issues and the implementation of new suspension and expulsion legislation in Maryland, it is important to create a clear plan for coordinating and increasing IECMH supports for the ECE workforce. It should be noted that although supporting ECE professionals in their work with children and families is critical—particularly in light of the suspension and expulsion legislation—this is only one piece of the puzzle to improve child and family IECMH outcomes. Supporting IECMH outcomes is complex work that involves a host of services, supports, and systems (e.g., K–12, early intervention/special education, health care, home visiting, social services, family support services, child mental health intervention, adult mental health and substance abuse services). This strategic plan provides an entry point to larger systems coordination and reform efforts, but is not meant to address issues across all Maryland programs and services beyond the ECE professional development system.

METHODS

The findings and recommendations outlined in this strategic plan are informed by two data collection efforts. The first is a resource inventory and mapping effort to survey the IECMH resources that are available in Maryland, as well as where and to whom they are available. The second data collection effort involved soliciting input from various ECE stakeholders—including the Maryland State Early Childhood Advisory Council, early childhood mental health consultants, and ECE providers—to better understand the experiences of those who are working within the system. These efforts are discussed in detail below.

Maryland IECMH Supports Inventory and Mapping

A scan was conducted of the different types of IECMH resources and supports available in Maryland. Given the broad range of potential supports, the scan focused on resources that:

1. serve as professional development tools for the ECE workforce (i.e., those working directly with children in the classroom or family child care setting);

2. apply to children ages 0 to 5;
3. are intended to help providers:
    a. support social–emotional development,
    b. partner with families around IECMH needs,
    c. implement effective classroom management strategies,
    d. manage challenging behaviors,
    e. understand the implications of toxic stress and provide trauma-informed care, and
    f. engage in self-care practices.
4. are Maryland-specific.[9]

The scan of available resources was conducted during summer 2018 through the following efforts:

- review of relevant websites (e.g., MSDE, Social Emotional Foundation for Early Learning (SEFEL) Pyramid Model,

[9]Given that strategic planning efforts can only address supports and services provided by Maryland agencies, institutions, and organizations, the focus was on Maryland resources only.

University of Maryland School of Social Work Institute for Innovation & Implementation, Children's Mental Health Matters, Maryland Learning Links, regional child care resource center websites);

- search of the Maryland Family Network's Statewide Training Clearinghouse and MSDE database for trainings that included content related to social–emotional development, partnering with families around IECMH needs, classroom management, toxic stress, trauma-informed care, teacher self-care, and addressing IECMH needs of children with disabilities/delays;
- review of course catalogs and syllabi for Maryland institutes of higher education offering early childhood degree programs (identified through the federal Department of Education's 2017 Title II Report of state-level teacher preparation data[10]) using content criteria listed above.
- feedback on the inventory of identified resources from state-level IECMH experts and stakeholders.

Stakeholder Focus Groups and Convenings

Six focus group sessions were held with a variety of stakeholder groups to better understand the IECMH needs and experiences of children, families, and ECE providers and the broader context in which this work is occurring. The different focus groups included:

ECE providers. A total of 20 of ECE providers participated in three focus group sessions. Participants included child care center, family child care, and pre-K teachers; ECE center directors; kindergarten teachers; and family engagement coordinators. During these sessions, participants were asked to describe common behavioral challenges and current strategies they use to support children's IECMH and connect with families around these issues (see **Appendix A** for the focus group questions used for the different stakeholder groups). Participants were also asked what IECMH resources they are aware of, how they learned about them, barriers and challenges to using and accessing these supports, and what qualities make IECMH supports effective.

IECMH consultants. Fifteen IECMH consultants representing 10 MSDE-funded regional IECMH consultation programs participated in a focus group. Consultants were asked to discuss challenges and barriers in their work; areas of strengths and weaknesses in providers' IECMH knowledge and skills; and what factors affect providers' awareness of, access to, and sustained use of effective IECMH practices. During the session, consultants also completed a survey (described in more detail below) in which they rated how much support they believe most ECE providers require to meet a set of IECMH competencies.

State-level stakeholders. At the beginning of the project, a presentation was given to the State Early Childhood Advisory Council describing the aims of the strategic planning process and soliciting feedback. A second session was held with 10 IECMH state-level stakeholders with representation from Catholic Charities' Head Start Baltimore City, Maryland Family Network, Mid-Atlantic Comprehensive Center, MSDE Division of Early Childhood Office of Child Care, MSDE Division of Early Intervention and Special Education Services, Prince George's Child Resource Center Inc., and the University of Maryland, Baltimore. During these meetings, a draft of the IECMH Supports Inventory and Map was shared and feedback and comments were solicited, specifically seeking input on additional resources that should be added.

The results of the IECMH Supports Inventory and the stakeholder meetings were used to answer the following questions concerning possible gaps in the IECMH system of supports:

- Are there supports of which ECE providers are not aware?
- Are there supports that providers know about but don't access for some reason?
- Are there supports that providers use but don't perceive to be effective?
- Are there gaps in supporting provider knowledge and skills where other resources or delivery methods need to be put in place?

The results of this gap analysis are presented below, including the current state of IECMH knowledge and practices within the ECE workforce, the current landscape of IECMH professional development system components, and ECE provider engagement with the IECMH professional development system. Implications of the findings of the gap analysis are used to provide a series of recommendations for the state as it continues to develop a professional development system to support IECMH.

Findings

Current IECMH Knowledge and Practices Within the ECE Workforce

Despite its important role, the Maryland ECE workforce as a whole appears to lack the supports necessary to effectively work with children to develop their social–emotional skills, support

[10]US Department of Education (2018). Maryland 2017 Title II Report. Retrieved from: https://title2.ed.gov/Public/Report/FullReport/FullReport.aspx?p=3_01

Table 1. IECMH Consultants' Ratings of Provider Support Required to Meet Specific Competencies

IECMH PROVIDER COMPETENCIES	LEVEL OF SUPPORT PROVIDERS REQUIRE
	VERY LITTLE SUPPORT — SOME SUPPORT — GREAT DEAL OF SUPPORT
	1 — 2 — 3 — 4 — 5
Supporting children's **emotional development and skills**.	
Supporting children's **psychological safety, attachment, and trust.**	
Establishing appropriate **expectations for behavior.**	
Engaging in effective **classroom management** strategies.	
Promoting children's **autonomy and self-regulation** skills.	
Encouraging children's **prosocial behaviors** through interactions and design of the learning environment.	
Proactively preventing and strategically responding to **challenging behaviors.**	
Facilitating **problem solving and conflict resolution** among children and adults.	
Initiating requests for support from behavioral/developmental specialists, early interventionists, and mental-health professionals.	
Communicating and partnering with families to address children's IECMH strengths, needs, and challenges.	
Engaging in culturally responsive practices around IECMH issues with children and families.	
Using teaching methods and practices that support the development of **executive function and self-regulation** skills.	
Using teaching methods and practices that support children and families experiencing **toxic stress and trauma.**	
Engaging in effective **self-care practices.**	
Effectively facilitating **group interactions** in the classroom.	
Demonstrating **respectful interactions** with children, families, and other adults.	

strong mental health, and deal with challenging behavioral issues. Indeed, a group of IECMH consultants (N = 15) was asked to rate how much support they believe most ECE providers require across 16 IECMH competencies (adapted from the *Maryland Knowledge and Competency Framework for Child and Youth Care Professionals*). On a scale from 1 (*very little support*) to 5 (*a great deal of support*), the majority of the competencies were rated a 4 or 5, suggesting that most ECE providers need a great deal of support in implementing effective IECMH practices. See **Table 1** for a list of the competencies and average ratings.[11]

Focus group findings from all three stakeholder groups (IECMH consultants, ECE providers, and state-level stakeholders) corroborated that most providers currently lack the knowledge and skills to effectively support the IECMH needs of children and families. Two themes repeatedly emerged from the focus groups. The first is that providers feel under-supported and under-resourced with regard to supporting children's IECMH issues. They often felt overwhelmed or at a complete loss when attempting to work with children with behavioral issues. The second is that providers at-

[11]It is important to note that there may be some selection bias influencing the scores on the support survey administered to the IECMH consultants and the IECHM consultants' focus group results. Since these consultants are called to specific programs to provide mental health supports, their experiences are based on a set of providers that are struggling with IECMH issues in their classrooms. The fact that the consultants are exposed to programs in this way may mean that their experiences are not representative of a typical early childhood classroom in Maryland.

ECE PROVIDERS' FEELINGS OF BEING UNDER-SUPPORTED

"I've been in education for 15 years and what I think I see more is instead of one or two children in a classroom, it's five and six and seven and we're being overwhelmed with the number of trauma issues coming in. When it was one or two, okay. You could give this child a little bit of extra attention and then this child, but when you have six children craving attention at the same time… And even with three people in the room, I feel like the numbers are overwhelming us."

"And from my background, we had two special education classes in college. You know, we weren't given…a training…we didn't have it when we got certified…you took one general special education class and then maybe one before you graduated. But we're seeing all of these things come in. And in larger numbers. We're being overwhelmed."

"…[L]ooking at it from a general educator standpoint, I have to tell you a lot of the things that are out there…are either for older kids… and it's not early-childhood appropriate, or it's autism, or kids [who need] verbal support, things like that. So for a general educator, when I'm just trying to look for something for my kiddo who's constantly calling out…if I just had something like a resource I could go to and pull for him… You know, or something I can read with him that shows what that means or even like a short video or something."

tributed the problems to family circumstances and parenting (see quotes below), feeling like they could have limited impact on the children given the circumstances they were returning to after a day with the provider. These themes underscore the important role families play in children's social–emotional development, and the need to train ECE providers to both support children's social–emotional development and collaboratively partner with families around IECMH issues.

Across focus groups, participants agreed that the largest area of IECMH concern is challenging behavior, specifically physically aggressive behavior, challenges with self-regulation, and non-compliance with requests. Some participants also noted that children who demonstrate internalizing behaviors (e.g., anxiety, withdrawal) are often overlooked.

When providers described their classroom practices, they reported using a patchwork of IECMH strategies, including many that they developed themselves or found online. Some reported using formal social–emotional curricula or SEFEL Pyramid Model tools, but often did not implement them with fidelity because they felt that they were not designed to reflect the realities of the classroom context. Most of the strategies ECE providers discussed were focused on what would be considered the secondary tier of the SEFEL Pyramid Model, targeted social–emotional supports (e.g., use of calm-down areas, breathing techniques, Tucker the Turtle, sensory bottles, squish balls). In contrast, there was relatively little focus on the use of the more preventive strategies found at the bottom of the SEFEL Pyramid or the more intensive individualized interventions represented at the top of the pyramid.

ECE PROVIDERS' PERCEPTIONS OF FAMILIES

"I can work all day with children, but if mom and dad have not had the support they need and the resources, it's just stuck, [there's] nothing I can do."

"…And with the parents…you kind of want to get them to tell you more about what's going on in their home life. The last three years, the ones that I struggled with, there [were] problems at home. Even sleep problems that were revealed….There's a disconnect there."

"We really tried. I really tried to enable my teachers and help them and give them supports to teach children to be nice. But then the problem…is…they're modeling what they see at home. Right? So, at what point can we reach out to the parents…?"

–ECE providers

DEVELOPMENTALLY INAPPROPRIATE PRACTICES AND EXPECTATIONS

"Every teacher tells me they're having a 15-minute or less circle and every single one is having a 30- or 35-, or 40-[minute circle] or something even longer than that where all of a sudden you have a young boy who can't sit still to begin with—where it's not tolerated that he's not sitting crisscross applesauce for the duration of a 35- or 40-minute thing… And that just happens over and over and over again…the teachers are just so ingrained in their habits and change is hard."

–IECMH consultant

"There's also a breakdown of what the teachers seem to understand or it's also that they're feeling the pressure from the parents—from what they think they're supposed to do to be kindergarten ready. And then if a kid isn't kindergarten ready, that's coming back on the preschool, which then comes back on the teacher and the teacher not doing their job. So…it becomes about educating everybody on… [the] social–emotional development and readiness that needs to lay the foundation before you can be academically ready for anything."

–IECMH consultant

"We've…pushed them towards 'you have to focus on academics, you have to focus on instruction.' And so we now have created a culture of educators who don't know how to do those things anymore. And so we're expecting them to do things that we've now taken the training out and so we have to, as a system, decide what's important to us, right?"

–State-level stakeholder

"And this is not kindergarten that I went to school for nor is it the early childhood program that I studied for because now we are doing Common Core. There's so much in the academics that the socialization is not there. So, we have very few children that are really prepared for what we're doing with them now. It's just sad to see how we have gone down instead of up."

–ECE provider

Consistent with ECE provider reports, IECMH consultants reported that although they are typically brought in to address concerns about an individual child's behavior, they often spend a great deal of time working with providers around more foundational issues such as understanding developmentally appropriate practices and expectations for children and using Tier 1 supports to improve classroom climate and proactively address challenging behavior. Consultants and other stakeholders attributed ineffective IECMH practices in ECE environments in part to a greater focus on high academic standards in kindergarten and the elementary grades. Stakeholders feel that this "academic push-down" occurs at the expense of emotional development supports, resulting in unrealistic expectations for children from ECE providers and parents as well as a lack of foundational IECMH knowledge and skills among ECE providers.

Focus group participants identified several content areas in which ECE providers are lacking sufficient foundational knowledge, including typical versus atypical social–emotional development, toxic stress and trauma-informed care, strategies to prevent challenging behavior, self-care for providers, and partnering with families around IECMH issues. In addition, participants noted a disconnect between the knowledge-building opportunities ECE providers receive in a training session (e.g., learning about developmental milestones or the importance of family partnerships) and opportunities to observe or practice specific skills, behaviors, or activities in an ECE environment and receive feedback.

LACK OF EMPHASIS ON APPLIED PRACTICE

"[Even in our master's program] we learned a lot about development and social–emotional milestones and parenting, but not like what you do in the classroom to help…like how you actually intervene."

–State-level stakeholder

"They touch on it in every training: we need to involve our parents. But no one really says how to do it."

–ECE provider

KEY TAKEAWAYS

- Many young children in Maryland experience IECMH challenges, which often manifest themselves in ECE classrooms as behavioral issues.
- The ECE workforce often has difficulty engaging in the types of behaviors that effectively support children's IECMH needs, as providers lack the foundational knowledge and skills to implement such practices.
- The current professional development system lacks meaningful opportunities for providers to build their skills to implement effective IECMH practices.

Current IECMH Professional Development System Components

Maryland has a strong history of supporting IECMH, including statewide implementation of the SEFEL Pyramid Model and an evidence-informed IECMH consultation program. State-approved trainings and higher education coursework also present opportunities to support ECE providers' IECMH work. The following section provides summaries of each of these IECMH professional development system components.

The inventory of identified supports and resources can be found in **Appendix B**. The resources are listed and presented as a map that visually depicts the landscape of Maryland's IECMH supports and the infrastructure through which they are connected and accessed. It should be noted that the inventory and map represent a snapshot of IECMH offerings identified through the above methods as of summer 2018. Although the immediate purpose of the inventory and map was to inform the gap analysis and strategic planning efforts, these resources may have significant value for Maryland as a live document that can be updated as IECMH supports are changed or added. Further discussion among state partners should occur to determine where this document might "live," whether it might be converted to a website or other format, how broadly it would be disseminated, and who would be in charge of keeping it current.

The major components of Maryland's IECMH professional development system are discussed below:

SEFEL Pyramid Model Professional Development and Resources

The SEFEL Pyramid Model (see **Figure 1**) is a framework that uses a tiered approach to promote all children's social–emotional development, prevent IECMH challenges through targeted supports, and provide more intensive intervention for children with greater IECMH needs. The foundation of the SEFEL Pyramid Model approach is an effective workforce. Maryland has been implementing the SEFEL Pyramid Model since 2007 across a broad range of ECE settings such as public school systems, libraries, higher education, and child care resource centers. This implementation effort has included statewide training, development of a cadre of coaches, and an active state leadership team led by the Institute for Innovation and Implementation at the University of Maryland's School of Social Work, and representing consultants, trainers, and providers. To this end, Maryland offers a comprehensive set of supports to promote SEFEL implementation. These include:

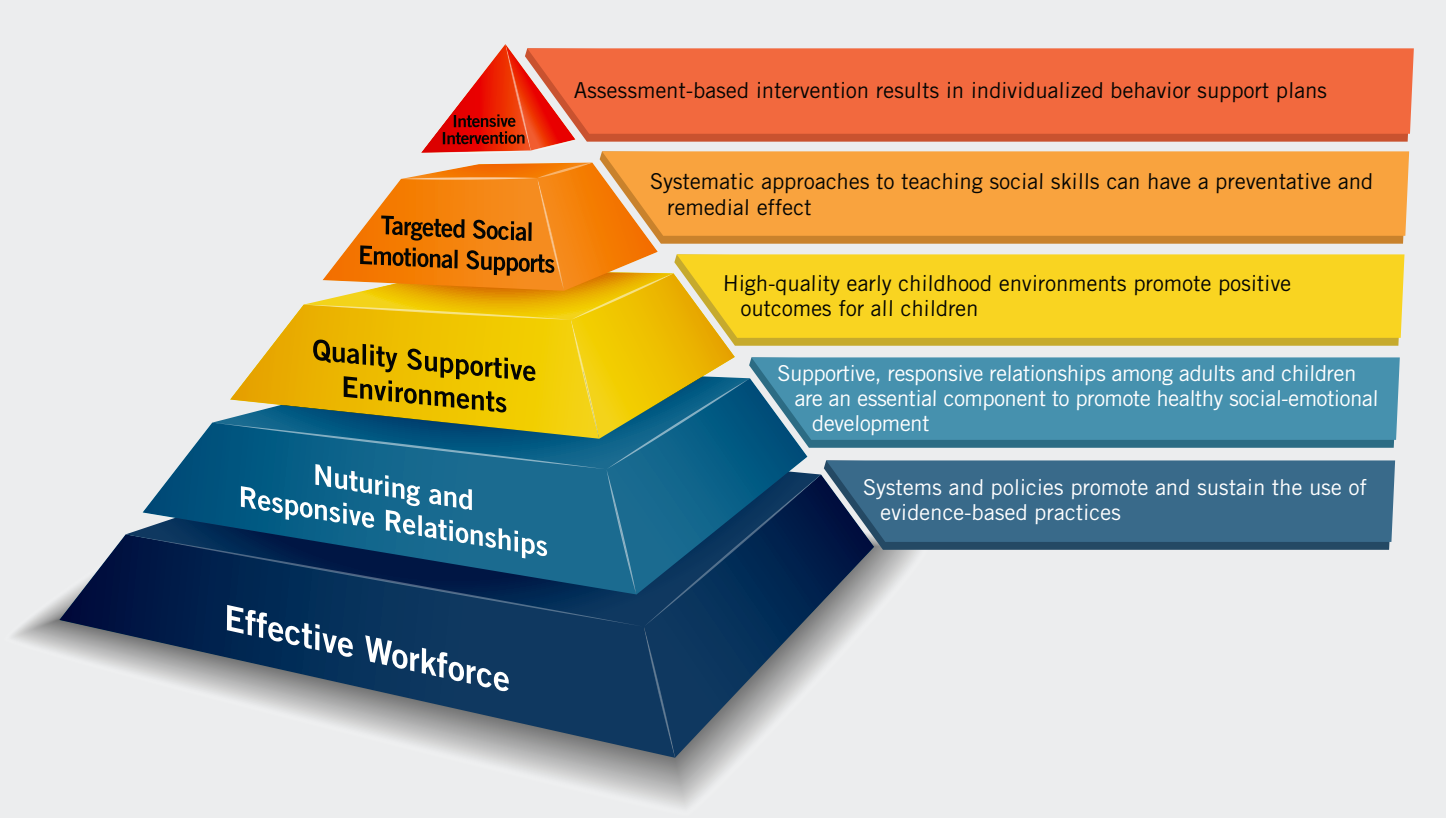
SEFEL Training Modules. In-person and online trainings are offered for providers working with infants and toddlers (three modules) and for those working with preschoolers (four modules). Topics covered in the modules include supporting social–emotional development through supportive relationships and environments, targeted social–emotional teaching strategies, and individualized interventions. An additional set of six modules covering trauma-informed care is available online. During the last half of 2018 (July 1–December 31), 21 SEFEL-related trainings, including train-the-trainer sessions, were delivered across the state to a variety of audiences including ECE providers, SEFEL trainers, SEFEL coaches, Part C early intervention providers, IECMH consultants, and graduate students.[12,13] Data is systematically collected from training participants through Impact of Training and Technical Assistance (IOTTA) evaluation activities. In general, IOTTA reports indicate high levels of satisfaction with trainings and a general expectation to use them to inform practice.[14]

[12]Candelaria, M., Wasserman, K., Andujar, P., Fehringer, A., Fry, J., Whitty, H., & Baullosa, T. (2018). *Social and Emotional Foundations for Early Learning (SEFEL) Pyramid Model & Outcomes Monitoring System (OMS) Quarterly Progress Report July 1, 2018 – September 30, 2018*. Baltimore, MD: University of Maryland, School of Social Work, The Institute for Innovation and Implementation, Parent, Infant, & Early Childhood Program.

[13]Candelaria, M., Wasserman, K., Andujar, P., Fehringer, A., Fry, J., Whitty, H., & Baullosa, T. (2019). *Social and Emotional Foundations for Early Learning (SEFEL) Pyramid Model & Outcomes Monitoring System (OMS) Quarterly Progress Report October 1, 2018 – December 31, 2018*. Baltimore, MD: University of Maryland, School of Social Work, The Institute for Innovation and Implementation, Parent, Infant, & Early Childhood Program.

[14]Ibid.

Figure 1. The SEFEL Pyramid Model



Trainings, evaluation results, and other outcomes are tracked through the SEFEL Outcomes Monitoring System (OMS). The goal of the OMS is to improve training and implementation efforts and provide data that helps programs implement SEFEL in a more standardized way.

SEFEL Pyramid Model Practice-Based Coaching. To complement the more didactic SEFEL trainings, Maryland uses a practice-based coaching model. Within this model, SEFEL coaches work with ECE providers to plan goals around SEFEL implementation, engage in observations of SEFEL practices, and share feedback about teaching practices. The OMS tracks the number of coaches and programs served and provides measures of coaching fidelity and classroom outcomes such as the *Teaching Pyramid Observation for Preschool Classrooms*™ (*T-POT*) and the *Teaching Pyramid Infant–Toddler Observation Scale*™ (*TPITOS*). By the end of 2018, there were 27 child care programs and four infant-and-toddler programs registered in the OMS that have a trainer approved by MSDE and a registered coach. Programs represent 13 of the 24 counties across the state. Although not all counties are represented, there is engagement from the Central, Western, Southern, and Eastern Shore regions of the state.[15] With technical assistance from the Pyramid Model Consortium, SEFEL implementation and evaluation is supported by the Parent, Infant, and Early Childhood (PIEC) team at the Institute for Innovation and Implementation. Although efforts to build out the practice-based coaching model are relatively new compared to other elements of SEFEL implementation in the state, its implementation and ongoing growth are vital to the success of the SEFEL Pyramid Model.

In 2018, Maryland established a SEFEL Pyramid Model Master Cadre of coaches. This group includes 30 members representing child care resource centers, IECMH consultants, Head Start and school system providers and administrators, Part C early intervention providers, and staff at institutes of higher education. The goal of this group is to develop a statewide network of experts in the SEFEL Pyramid Model and support SEFEL training and coaching implementation to fidelity in a range of settings and sites across the state. The Master Cadre engages in monthly convenings where members connect with and learn from each other as well as state and national experts.[16]

[15]Ibid.

[16]Maryland SEFEL Pyramid Model Master Cadre Overview. Accessed from: https://theinstitutecf.umaryland.edu/sefel/docs/highlights/SEFEL%20Master%20Cadre%20CoP%20Overview%20with%20objectives.pdf

Additional coaching efforts are supported and funded by the Division of Early Childhood Intervention and Special Education to deliver SEFEL Pyramid Model coaching to Part C and Part B 619 providers. Through jurisdictional lead coaches and state and local leadership teams, the PIEC team has developed a parallel process to support practice-based coaching for early intervention providers to apply to both colleagues and families.

SEFEL Pyramid Model Website and Newsletter. In addition to SEFEL Pyramid Model professional development opportunities, Maryland also has a dedicated SEFEL Pyramid Model website (revised and relaunched in May 2019).[17] The website includes resources for families, trainers, coaches, and providers. Resources for ECE providers include:

- specific tools and strategies (e.g., scripted stories, feelings posters, book lists);
- guidance on general practices (e.g., seeking outside help for children's behavior, choosing a social–emotional curriculum, giving positive praise);
- informational resources (e.g., social–emotional development milestones, a guide to toxic stress, the importance of social–emotional learning);
- an interactive tool that matches strategies/interventions with specific challenging behaviors, taking into account the classroom context and the child's developmental stage;
- a SEFEL community Pinterest board;
- links to state and national resources;
- links to the SEFEL OMS; and
- a library of the MD SEFEL Pyramid Model monthly newsletters, state leadership team activities, and links to social media accounts on Twitter, Facebook, and Instagram.

In addition, the new SEFEL Pyramid Model monthly newsletter, launched in 2018, contains information about Pyramid Model trainings, coaching sessions, and other related professional development opportunities; links to practical strategies related to IECMH; general early childhood news and updates; and additional resources related to health, wellness, and supporting families. At the end of 2018, the newsletter had 335 subscribers.

[17] www.mdpyramidmodelsefel.org

IECMH Consultation for ECE Programs

IECMH consultation is an evidence-informed approach in which consultants work collaboratively with children's caregivers to better understand children's needs and design interventions that alter the behaviors of caregivers with the goal of promoting children's social–emotional development and managing challenging behaviors. Maryland has utilized IECMH consultation for more than a decade and MSDE funds 11 IECMH consultation programs that serve ECE programs statewide. Individual children are referred to the program by parents, ECE providers, pediatricians, and other child- and family-serving agencies (e.g., Child Find, social services). In fiscal year 2018 (FY18), Maryland's IECMH consultation program served 575 children. IECMH consultation services were associated with significant increases in positive classroom climate indicators and measurable improvements in child behavior as reported by providers and parents. Within the cohort of children served during FY18, only 6 percent were formally reported as expelled after initiation of consultation services.[18] However, this only includes those cases where the ECE program self-reported expulsions. It does not include "soft expulsions"—cases in which parents elect to take children out due to multiple calls and complaints regarding behavior, program requests for alternative schedules, or programs counseling parents about the lack of fit between a child and their ECE program. Such scenarios are often not captured as formal expulsions.

IECMH consultation not funded by MSDE also occurs throughout the state. For example, Early Head Start and Head Start (EHS/HS) programs are required by federal regulations to secure mental health consultation services.[19] In contrast to the state-funded referral-based model described above, each EHS/HS program has an on-site and/or contractual mental health professional who is responsible for providing IECMH consultation, designing program practices to promote social–emotional development and address challenging behavior, providing education to staff and families about mental health issues, and making referrals for outside services in partnership with families.[20] This model is similar to the embedded model of consultation described later in this plan under Recommendation 4D.

In 2016 the MSDE Division of Early Childhood was selected as one of 14 pilot sites nationwide to receive expert mentorship through the SAMHSA-funded Center of Excellence for IECMH. A core Maryland IECMH consultation team met regularly to review and revise the 2009 IECMH standards with guidance from Center of Excellence experts.

MSDE-Approved Trainings Related to IECMH

In addition to the SEFEL Pyramid Model trainings, MSDE has over 250 titles in its database of approved trainings that relate to IECMH.[21] However, not all trainings are consistently available. For example, when IECMH supports were inventoried and

[18]Andujar, P., Fry, J., Wasserman, K., & Candelaria, M. (2019). *Maryland's Infant & Early Childhood Mental Health Consultation Project: 2019 Legislative Brief.* MSDE Division of Early Childhood.

[19]U.S. Department of Health and Human Services (2016). Head Start Program Performance Standards. (45 CFR Chapter XIII) Subchapter B, Part 1302.45. Accessed at: https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-45-child-mental-health-social-emotional-well-being

[20]National Center on Early Childhood Health and Wellness (n.d.) *Facilitating a referral for mental health services for children and their families within Early Head Start and Head Start (EHS/HS)*. Accessed at: https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/facilitating-referral-mental-health.pdf

[21]Personal communication with Nancy Cahlink-Seidler, MSDE Early Childhood Development Training Approval Coordinator (August 21, 2018). The MSDE training database was searched for titles that included content related to social–emotional development, partnering with families around IECMH needs, classroom management, toxic stress, trauma-informed care, teacher self-care, and addressing IECMH needs of children with disabilities/delays.

mapped as part of the gap analysis during summer 2018, only 52 titles were available (see **Appendix B**).[22] Trainings are administered primarily through the regional child care resource centers, which are administered through the Maryland Family Network. The majority of these trainings address general social–emotional development and classroom and behavior management, with fewer trainings devoted to toxic stress and trauma-informed care, ECE provider self-care, IECMH and families, and screening and assessment. All of these trainings are approved by MSDE and can contribute to the requirements of the Maryland Child Care Credential program and Maryland EXCELS. However, there are numerous other training requirements for these programs and state-level training staff estimated that IECMH content composes only 2 to 5 percent of the required training hours.

IECMH in Higher Education

Concerns were raised across focus groups about providers entering ECE settings with a lack of foundational knowledge about IECMH, leaving on-the-job professional development to "play catch-up." As part of the inventory and mapping process, course requirements and syllabi from universities and colleges across Maryland offering degrees in ECE were surveyed. The inventory of higher education courses (see **Appendix B**) indicated that most courses that did address IECMH were focused on social–emotional development in general, and often in the context of child and family development more broadly. Some schools did offer courses specifically addressing classroom and behavior management. Toxic stress, trauma-informed care, family partnerships around IECMH issues, and ECE provider self-care were largely under-represented in the higher education curriculum. Focus group participants largely corroborated these findings, reporting that where IECMH content is offered in higher education coursework, it is often a narrow piece of the curriculum with shallow coverage. This is especially true in programs that train providers to work with broad ranges of age groups (e.g., Pre-K–6th grade). Furthermore, participants noted that content tends to emphasize theory over practical strategies, leaving providers underprepared to apply their knowledge in real-world contexts with children.

KEY TAKEAWAYS

- Maryland has a strong foundation of IECMH resources and supports, particularly the research-based SEFEL model, which includes training opportunities (SEFEL modules), a practice-based coaching model (SEFEL coaching and Master Cadre), outcomes measures (*T-POT* and *TPITOS*), a data system (OMS), and a website.
- The IECMH Consultation Program is another critical component of Maryland's IECMH support system, using an evidence-based approach to produce significant documented improvements for children, families, and ECE programs.
- Although IECMH content is covered in MSDE-approved trainings and higher education coursework, these learning opportunities mostly focus on general social–emotional development and classroom management with lesser emphasis on toxic stress, working with families, individualizing interventions, and self-care for providers.

ECE Provider Engagement with the IECMH Professional Development System

In order for the IECMH professional development system to influence children's IECMH outcomes, it must have a meaningful effect on the provider behaviors that are associated with fostering children's social–emotional development and well-being. The behavior change model in **Figure 2** illustrates all the necessary steps that must occur in order for this to happen and the various "drop-off" points where the process can go awry.

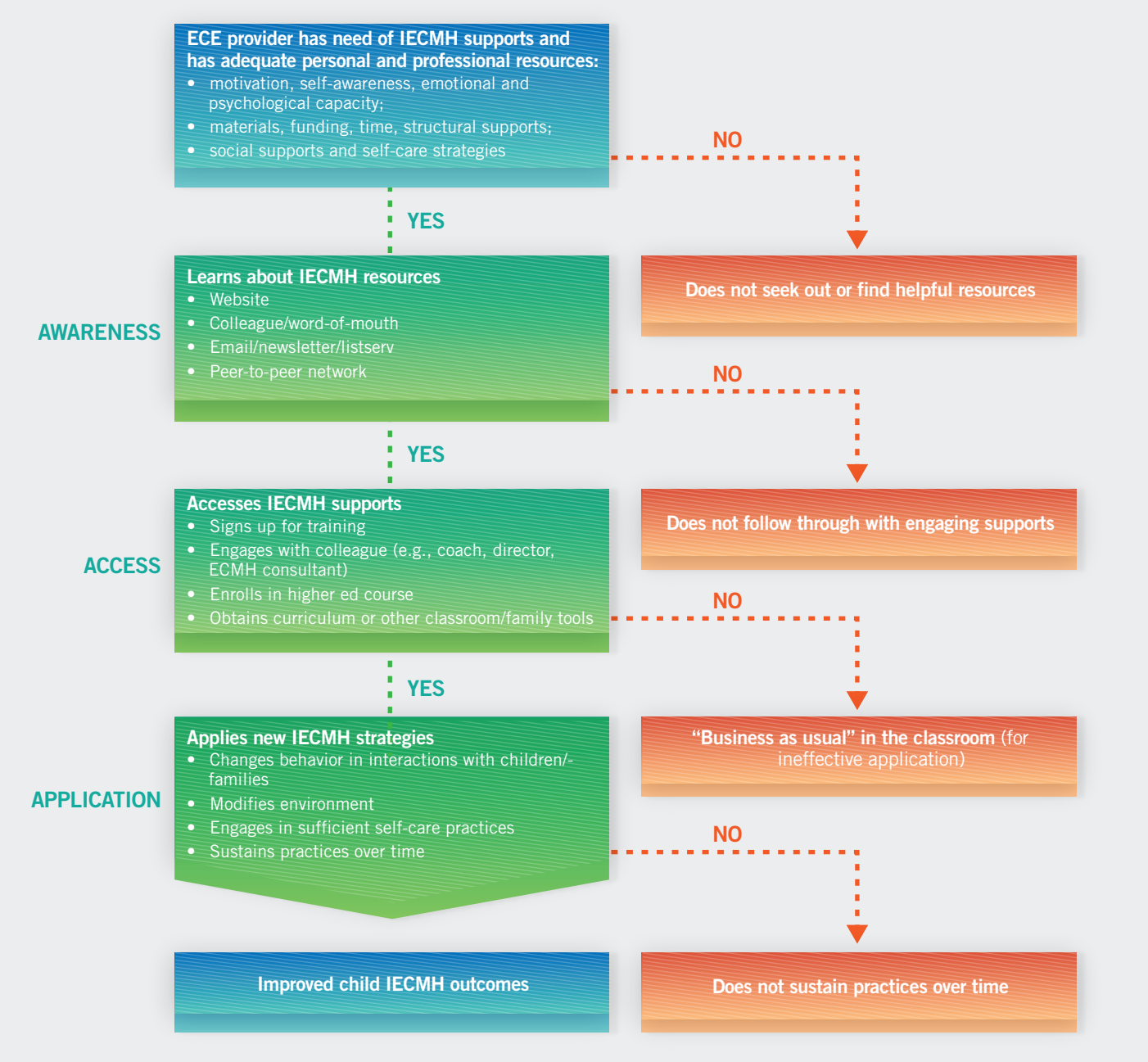
Despite Maryland's strong foundation of available IECMH resources and supports, disconnects remain when addressing providers' awareness of, access to, and use of these tools. The following section discusses ECE providers' patterns of engagement with Maryland's IECMH professional development system and identifies some of the key barriers to effectiveness.

Provider Awareness of IECMH Supports and Resources

Many of the ECE providers who participated in focus groups were unaware of the supports and resources within Maryland's IECMH support system. Most participants associated SEFEL with the website and not the training or coaching opportunities. Indeed, traffic to the website increased during 2018, likely due to communications efforts such as a monthly newsletter and promotion

[22] A search was conducted through the Maryland Family Network's *Statewide Training Clearinghouse* for available trainings, applying the criteria listed above.

Figure 2. Behavior change model for IECMH professional development system to influence ECE provider practices.



of the website at trainings throughout the state, including at the recent SEFEL Pyramid Model Training of Trainers.[23] However, as indicated by focus group participants, use of the website does not necessarily translate into awareness of or access to SEFEL's more intensive support resources such as training or coaching, which are necessary to implement the model effectively and with fidelity.

Despite growing awareness of the SEFEL website, providers generally reported using more informal tools and networks to find IECMH information and strategies such as Google searches, Pinterest, and Facebook. When asked about their preferred channels of communication for learning about new resources, supports, and learning opportunities, focus group participants had mixed responses about electronic communication such as email updates and newsletters. Although some reported these can be effective, many participants reported that they tend to ignore these types of communications due to the volume of emails they receive. A consistent theme in the focus groups was that a major source of information

[23]Candelaria, M., Wasserman, K., Andujar, P., Fehringer, A., Fry, J., Whitty, H., & Baullosa, T. (2019). *Social and Emotional Foundations for Early Learning (SEFEL) Pyramid Model & Outcomes Monitoring System (OMS) Quarterly Progress Report October 1, 2018 – December 31, 2018*. Baltimore, MD: University of Maryland, School of Social Work, The Institute for Innovation and Implementation, Parent, Infant, & Early Childhood Program.

HOW ECE PROVIDERS SEEK IECMH SUPPORTS AND RESOURCES

"Google. Google is my friend."

-ECE provider

"We know that they may need ECMH services. We know that they may need this particular training, but the fact is that their thinking is on such a [simpler] level: 'This child is driving me crazy. This is happening in my class. I want to get this child out of my classroom.' So that might be what they're looking for when they're going on the internet looking for a resource. So we need to make sure that it is easy for them to understand and actually maybe using the simplest terms to get them where we need them to go."

-State-level stakeholder

and support for providers around IECMH strategies, challenges, and learning opportunities is their colleagues (e.g., other teachers or providers, directors/principals, school counselors, coaches, program specialists, informal mentors). Many participants also noted that their "higher ups" (e.g., directors, training coordinators, other administrators) are key sources of information about resources as well as the decision-makers in the programs regarding access to trainings and other supports.

The inventory and mapping project conducted as part of this strategic planning effort revealed that there is no single access point for available IECMH resources and trainings within the state. Although the SEFEL website houses many resources, information about IECMH trainings that are not SEFEL-specific is accessed through regional child care resource centers or Maryland Family Network's Statewide Training Clearinghouse. Furthermore, there is not currently a place to find a comprehensive list of IECMH training opportunities. For example, IECMH or related terms such as *social–emotional development*, *challenging behavior*, *classroom management* are not included on the list of content areas in the search function of the Statewide Training Clearinghouse.

ECE Provider Access to IECMH Supports and Resources

Focus group participants revealed that there are many gaps in access to the IECMH professional development system and barriers that prevent all providers from benefiting from available resources. Providers' access to specific resources often depends on their location and program type. For example, trainings are primarily delivered through local child care resource centers, making the availability of certain trainings dependent on region. Furthermore, differences in program resources, supports, and provider roles can enable or restrict access to professional development opportunities. Teachers who work in public schools generally receive paid time off to attend professional development opportunities, whereas this is usually not the case for those in center-based and family child care settings. Due to funding constraints, teacher assistants rarely get the opportunity to participate in professional development, despite their roles as critical adults in children's lives and important parts of the classroom ecosystem.

Other factors that affect provider access to professional development include workload; availability of substitute teachers; and accessibility of resources such as a child or school psychologist, partnerships with local universities, or other community supports. Similar barriers (e.g., cost, time, work schedules, etc.) exist for ECE providers to access IECMH coursework within the higher education system. Furthermore, although the University of Maryland School of Medicine offers a high-quality, intensive, relationship-based IECMH Certificate Program, it is only available to individuals with a master's degree, precluding the large majority of the ECE workforce's access to the program. With regard to the IECMH consultation program,

BARRIERS TO ACCESSING IECMH SUPPORTS

"Some of these [trainings] are available in pockets of the state, but not everything's available everywhere."

-State-level stakeholder

"These are things that professionals have to provide for ourselves. There's nothing that the system is giving us any training in. We pay out of pocket."

-ECE provider

"We didn't get that far [in the IECMH consultation process] to meet with the parents. Unfortunately, we had to terminate the child before that happened…. The child was hurting people. Other parents were complaining…. We had no choice…. We were either going to terminate this child or lose five other families…. I think when we set up the initial phone call to have [the consultant] come out, they said it was going to be at least a minimum of three weeks before you hear from us. And that's just before you can even talk to them. Then you have the first and second assessment…that's maybe two or three weeks. That's a long time…."

-ECE provider

DISCONNECT BETWEEN LEARNING EXPERIENCES AND APPLIED PRACTICE

"I think we can all go to trainings, but I think there's the implementation piece so you can get the knowledge. But without coaching and without being shown how to use it, there's a disconnect. So, I can get all my hours, but if there's no one there to support me and help me in implementing it, you're not going to do it. Just simply a check in the box."

-IECMH consultant

"Sitting through a three-hour training isn't enough to know how to support children's psychological safety attachments."

-IECMH consultant

"It has to be reinforced in coaching and supervision because you can go to a great training, but in that moment when you're responding and stressed…it doesn't get applied."

-State-level stakeholder

"Online is good. But hands-on and in-person is better."

-ECE provider

KEY TAKEAWAYS

- Despite Maryland's strong foundation of IECMH resources and supports, there are disconnects in providers' awareness of, access to, and use of these supports.
- Many ECE providers are unaware of the IECMH supports available to them (e.g., SEFEL) and rely primarily on more informal resources (e.g., online resources, colleagues).
- Barriers to accessing IECMH supports include regional availability, program resources, challenges to accessing higher education, and the limited capacity of more intensive supports such as IECMH consultation and coaching.
- Many providers struggle with applying IECMH content covered in professional development opportunities, likely due to the current professional development system's skew toward traditional approaches (e.g., high-capacity models such as workshops) that are more efficient but less effective than more intensive and costlier relationship-based professional development approaches (e.g., coaching, consultation).

both ECE providers and IECMH consultants reported issues with program capacity, citing long waitlists and delayed response times to referral requests. Indeed, in FY18, 16 percent of children identified as in need were not served by the IECMH consultation program due to lack of available consultants.[24]

In addition, the referral process requires parental consent, which IECMH consultants reported can often be a challenge that ultimately prevents the child and ECE program from receiving services.

ECE Provider's Application of Knowledge and Skills from the IECMH System

Focus group participants expressed concerns that many of the current IECMH professional development opportunities fail to produce meaningful changes in ECE providers' behaviors because they focus too heavily on knowledge-building and not enough on skill development. This is consistent with research that suggests that isolated, one-day workshops and trainings are relatively ineffective at producing changes in provider behaviors.[25] In contrast, professional development is more effective when it is intensive and ongoing, includes a sequence of active learning experiences that build on each other, emphasizes specific skills and goals rather than general ones, provides opportunities for application and practice of newly acquired knowledge and skills, and incorporates feedback as well as reflection and self-assessment.[26] These features are characteristic of relationship-based professional development (RBPD) approaches such as the SEFEL practice-based coaching model and the IECMH

[24]Andujar, P., Fry, J., Wasserman, K., & Candelaria, M. (2019). Maryland's Infant & Early Childhood Mental Health Consultation Project: 2019 legislative brief. Baltimore,MD: Maryland State Department of Education and the University of Maryland School of Social Work, The Institute for Innovation and Implementation.

[25]Weber, R. & Trauten, M. (2008). *A review of the literature in the child care and early education profession: Effective investments.* Corvallis, OR: Oregon Child Care Research Partnership.

[26]Zaslow, M., Tout, K., Halle, T., Vick Whittaker, J., & Lavelle, B. (2010). *Toward the identification of features of effective professional development for early childhood educators.* Washington, D.C.: US. Department of Education. Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service.

consultation program. Unfortunately, due to limited capacity and access issues, the majority of ECE providers do not receive these types of IECMH professional development opportunities.

RECOMMENDATIONS

Based on the findings from the gap analysis and a review of best practices in the field, the following recommendations are made to inform Maryland's IECMH professional development system:

1. **Determine a governing body** responsible for carrying out the strategic plan, **develop a comprehensive statewide framework** that promotes coordination and alignment across IECMH services and systems, **and pursue additional funding** to implement IECMH professional development system reform efforts.
2. **Develop an IECMH professional development system "blueprint"** that establishes key IECMH practices in ECE settings and the types of professional development supports that are necessary to produce these changes in the ECE workforce.
3. **Enhance the IECMH professional development system** to more strongly align with principles of instructional design and the key IECMH classroom practices.
4. **Strengthen the current IECMH professional development system infrastructure** to increase awareness of resources, universal access to all supports, and support for ongoing application of providers' IECMH practices.
5. **Establish a results framework** to measure progress.

Each of these recommendations and their sub-components are discussed in more detail below.

RECOMMENDATION 1: Determine the state-level group responsible for carrying out the strategic plan, develop a comprehensive statewide framework that promotes coordination and alignment across IECMH services and systems, and pursue additional funding to implement IECMH professional development system reform efforts.

1A. Identify a state-level advisory group to guide and carry out the activities laid out in this plan.

The execution of the recommendations outlined in this plan will require the collaboration of individuals representing the many touchpoints that are involved in supporting providers in their IECMH work. Accordingly, a state-level IECMH governing body, such as a subcommittee of the State Early Childhood Advisory Council (ECAC), should be created to take responsibility for approving and implementing the strategic plan activities. **Table 2** provides the potential membership of this state-level advisory group. This governing body can operate like (and intersect with) Maryland's ECAC. The state should also consider whether a current IECMH state advisory body such as the ECMH Steering Committee (operated jointly through the Maryland Department of Health Behavioral Health Administration and MSDE) could be adapted for this role by increasing or modifying the Committee's membership, functions, and operations.

Table 2. Recommended composition of state-level IECMH Advisory Group

	STATE-LEVEL IECMH ADVISORY GROUP REPRESENTATION
Frontline IECMH Caregivers	• Infant, toddler, and preschool providers (e.g., Head Start, child care, family child care, Judy Centers, Pre-K/PDG)
Direct IECMH Caregiver Supports	• ECE program administrators (e.g., ECE directors, principals) • IECMH consultants • Coaches • Professional development providers (e.g., trainers, training developers) • Higher education faculty and staff
IECMH System Representatives	• Community-level supports (e.g., child care resource center staff, Maryland Infants and Toddlers Program, Social–Emotional EBP Implementation County Grantees) • State-level programs and agencies (e.g., Office of Child Care, Early Learning Branch, Collaboration and Program Improvement Branch, Maryland Infants and Toddlers Program, Preschool Special Education, Home Visiting) • Members of the state Early Childhood Advisory Council, Pyramid Model State Leadership Team, the Infant Mental Health Association for Maryland and DC, and other relevant groups • Groups representing other sectors such as health and behavioral health

This multidisciplinary, cross-sector group will delegate responsibilities for the implementation of the activities outlined in this strategic plan, provide feedback and guidance on the ongoing work, and serve to facilitate ongoing stakeholder engagement throughout the process.

1B. Develop a comprehensive statewide framework that supports coordination and alignment across services and systems that are IECMH touchpoints.

ECE settings are part of a much broader ecosystem of services, supports, and systems that influence child and family IECMH outcomes (e.g., K–12, early intervention/special education, health care, home visiting, social services, family support services, child mental health intervention, adult mental health and substance abuse services). However, there is currently a lack of coordination and alignment at the direct service- and system-levels, significantly weakening the potential impact of any individual efforts. It is recommended that a comprehensive statewide framework be developed that promotes coordination, collaboration, and integration across all IECMH touchpoints.

A model of this type of framework is *Maryland's Early Childhood Family Engagement Framework*. This guiding document was designed to support intentional thinking and action regarding the implementation of family engagement policies and practices both at the state level and among those who work directly with children and families. The development process, format, and communications and implementation strategies of the *Family Engagement Framework* could be used as a model to create a similar framework for coordinating efforts to support IECMH across the state. This IECMH framework would provide shared language and definitions of IECMH, put forth a set of common goals for IECMH across systems and services, and offer specific strategies for programs and direct-service providers and identify resources that support the implementation of those strategies.

The work conducted as part of the current strategic plan will be foundational to informing the development and implementation of the comprehensive framework. Among other benefits, it provides a sound methodology to establish key IECMH practices in other disciplines and design a comprehensive set of aligned professional development supports. The results framework could be expanded to include measures in key areas.

1C. Acquire additional funding to support implementation of the plan and IECMH system reform efforts.

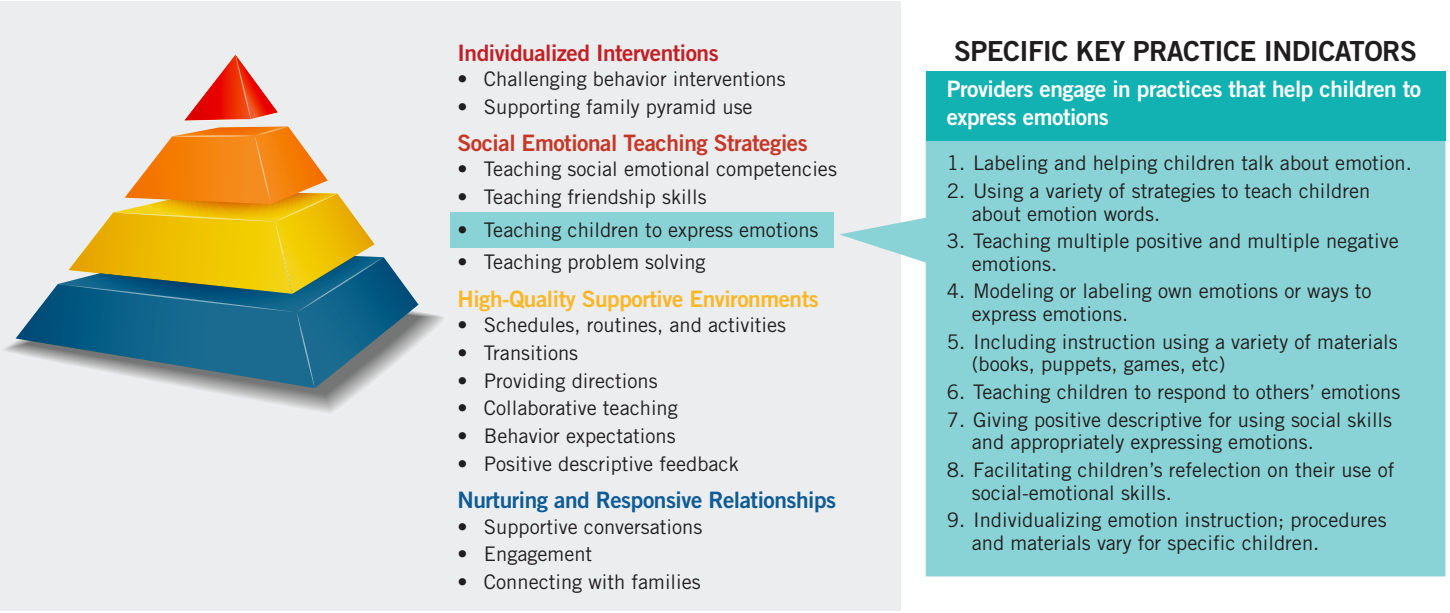
The long waitlist for IECMH consultant support, the gaps and barriers in the IECMH professional development system, and lack of foundational pre-service knowledge about IECMH all point to the need for greater funding of IECMH supports. Maryland could use increases in the state's Child Care and Development Block Grant (CCDBG) funding, as well as Preschool Development Grant Birth through Five (PDG B–5) renewal grant funding to support IECHM efforts. In 2018, Maryland received an increase of $28 million in CCDBG funds as a result of increased federal funding for the program. The funding increased an additional $700,000 in 2019. While the state is using these increases to cover reimbursement rates to providers and other initiatives, a portion of the quality set-aside allocation of future funding increases should be used to support IECMH efforts in the state. In addition, Maryland should consider making IECMH a key part of the state's PDG B–5 renewal application. The nine town hall meetings, conducted as part of the state's initial PDG B–5 needs assessment process, clearly highlighted the need for IECMH supports. The PDG B–5 renewal grant application, which will be based on the state's needs assessment and strategic plan, can allocate funding for IECMH as an early childhood quality initiative. The state should also consider giving additional funding to the Judy Center Early Learning Hubs and state-funded prekindergarten program to support IECMH services.

RECOMMENDATION 2: Develop an IECMH professional development system "blueprint" that establishes a set of key IECMH practices in ECE settings and the types of professional development supports that are necessary to produce these changes in the ECE workforce.

2A. Consider using the IECMH practices outlined in the *T-POT* and *TPITOS* (or similar tools) as the "guiding stars" of the IECMH professional development system.

Given that teacher behaviors and actions are the primary mechanism through which ECE experiences shape children's development, a set of IECMH skills and practices should be identified to serve as the ultimate goals of Maryland's IECMH professional development system. These key IECMH practices would serve as the "guiding stars" toward which all professional development efforts should align. This set of practices would differ from a set of teacher competencies in that its purpose would be to guide and hold accountable the professional development system rather than placing the impetus for achievement on providers.

Figure 3. Areas of key IECMH practices and examples of specific practice indicators identified in the *T-POT*™



Adapted from: Fox, L. K., Snyder, P., & Hemmeter, M. L. (2013). *Teaching Pyramid Observation Tool (TPOT™) for Preschool Classrooms.* Baltimore, MD: Paul H. Brookes Publishing Co.

It is recommended that the state consider using the *T-POT* and the *TPITOS* as the basis for the set of key IECMH practices. These tools have specific, behavior-oriented indicators; are tightly aligned to the SEFEL Pyramid Model and are used as Maryland's SEFEL fidelity tools across the state; and have national recognition as measures of high-quality practices that support children's social–emotional development and behavior. **Figure 3** provides an overview of the core areas covered by the T-POT across the levels of the SEFEL Pyramid Model and examples of specific practice indicators drawn from the "Teaching children to express emotions" subscale of the T-POT.

In establishing the IECMH key practices, the *T-POT/TPITOS* indicators should be examined carefully and adapted as needed, omitting or consolidating indicators as necessary for ease of use and adding any additional areas that are not adequately represented. For example, provider behaviors related to self-care may be added and the indicators related to engaging families may be expanded on, as these were identified as major areas of need in the field by Maryland stakeholders and providers. Other resources should also be reviewed and used as necessary, for example:

- The Inventory of Practices for Promoting Social Emotional Competence;
- The Maryland Knowledge and Competency Framework for Child and Youth Care Professionals;
- Using SEFEL Strategies to Promote Student Progress on the Social Foundations Strand of the Early Learning Assessment;
- Infant Mental Health Association for Maryland and DC Endorsement System; and
- the Relational Climate, Emotional and Behavior Support, Emotional Support, and Classroom Organization domains of the *Classroom Assessment Scoring System*® [*CLASS*].

2B. For each key IECMH practice, establish the necessary professional development inputs based on principles of instructional design.

Learning theory and research suggests that in order for individuals to develop new skills or change their behavior, they must experience opportunities to:

Know: Build foundational knowledge;

See: Understand what the desired behaviors look like in a setting similar to their own;

Do: Practice the behaviors over an extended period of time; and

Reflect: Receive feedback, engage in self-reflection, and sustain ongoing application.[27]

Figure 4 illustrates the general types of knowledge- and skill-building opportunities that should be included for each key IECMH practice.

Figure 5 below provides a sample theory of change for the professional development system components that would be necessary to support key IECMH practices in the area of "Providers engage in practices that help children to express emotions." For reference, this example also shows the child outcomes that the key IECMH practices in this area support (drawn from *The Maryland Early Learning Standards Birth–8 Years*). For each area of key IECMH practices, a set of necessary professional development components (like those in the yellow box in **Figure 5**) should be developed. These components should then be used to "map onto" the current professional development system to ensure that all of the necessary supports are present. Any gaps should be addressed by modifying existing supports or developing new resources (see Recommendation 3A for more detail and an example).

Figure 4. Professional development components necessary to support key IECMH practices.

RECOMMENDATION 3: Develop new or modify existing IECMH supports to ensure full coverage across key IECMH practices and Know-See-Do-Reflect professional development components.

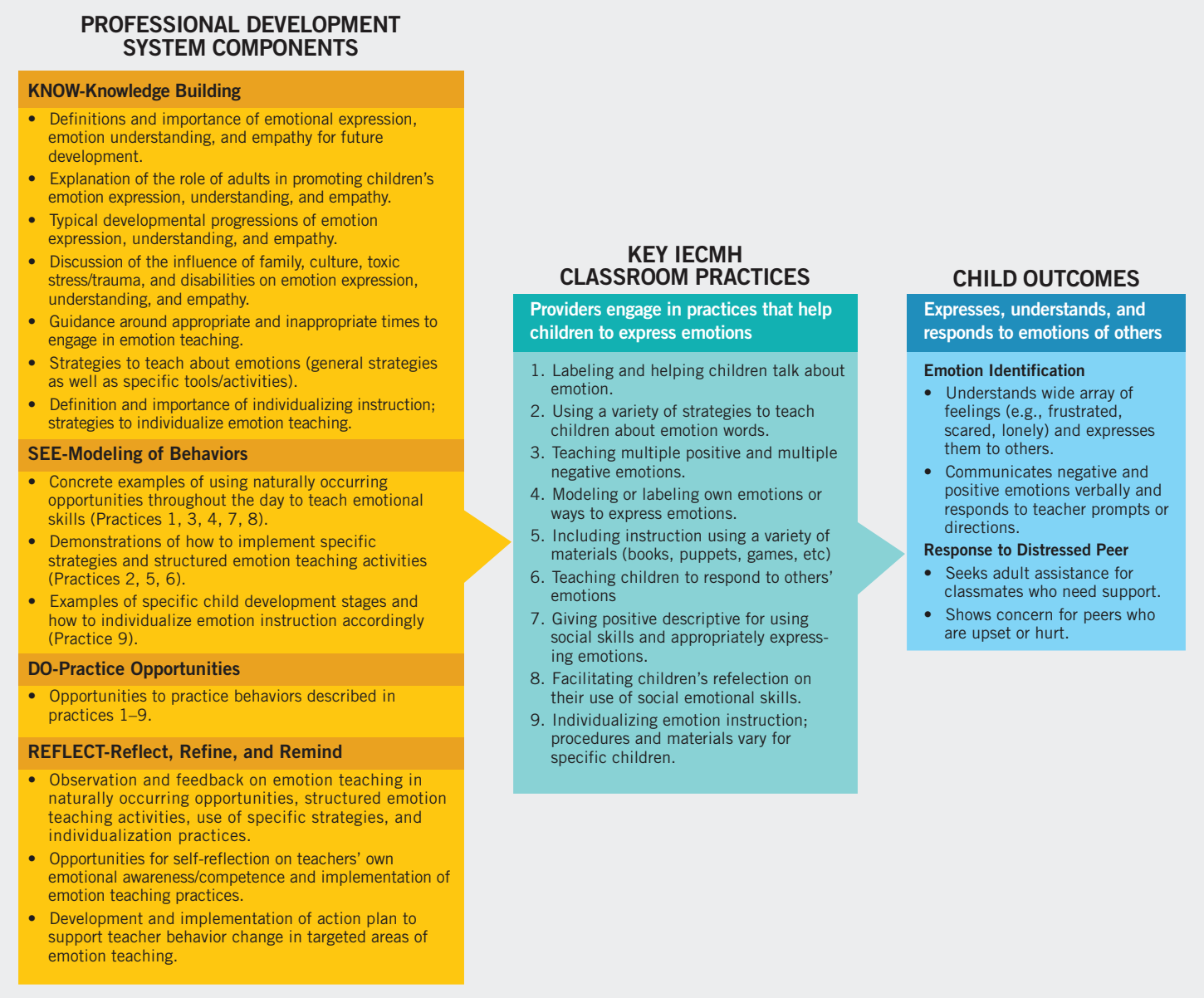
3A. Enhance existing SEFEL and other IECMH trainings to ensure full coverage of key IECMH practices content and Know-See-Do-Reflect framework.

Although the current infant/toddler, preschool, and trauma-informed SEFEL modules are already strong resources, they should be re-examined and modified to ensure that all key IECMH practices are covered and that learning opportunities are provided across the Know-See-Do-Reflect spectrum. **Figure 6** presents an example of a draft alignment between the sample key practices in the area of teaching emotion expression (see **Figure 5**) and the *SEFEL Pyramid Model Preschool Module 2*. As can be seen in this example, this in-person training opportunity skews more heavily toward knowledge-building through presentation of facts or information (the *know* component of the Know-See-Do-Reflect framework). Indeed, of the slides identified in this module that address teaching emotion expression, 90 percent fall into the *know* category, with the remaining 10 percent representing opportunities to observe modeling of behavior through videos or sample language (i.e., *see*); practice skills (i.e., *do*); and reflect, receive feedback, and sustain ongoing practice (i.e., *reflect*). It should be noted that some content pertaining to teaching emotion expression (e.g., discussing the influence of trauma on emotional development) may be found in other SEFEL training modules.

In order to better align with best practices in instructional design, these learning opportunities would need to be supplemented with other opportunities for providers to practice skills and receive feedback to fully develop their competencies in this area. Additional training activities, such as more concrete video examples and

[27]For a review see: Early Educator Central (n.d.). *Know-see-do-improve framework.* U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Offices of Child Care and Head Start. Accessed from: https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/know-see-do-framework.pdf

Figure 5. IECMH professional development system components necessary to support key practices in the area of emotion expression teaching.



Note: Key IECMH practices are the items from the "Teaching Children to Express Emotions" subscale of the *T-POT*; Fox, L. K., Snyder, P., & Hemmeter, M. L. (2013). *Teaching Pyramid Observation Tool* (*TPOT*™) for Preschool Classrooms. Baltimore, MD: Paul H. Brookes Publishing Co. Child outcomes are derived from the *Maryland Early Learning Standards Birth–8 Years* (indicators for 4-year-olds under "Expresses, Understands, and Responds to Feelings/Emotions of Others" within the "Initiates and Maintains Relations" standard of the Social Foundations Domain). The professional development system components were developed based on the Know-See-Do-Reflect framework.

modeling, role play, opportunities to practice strategies and activities with feedback, homework assignments of participants filming their own practice, and additional reflection and discussion experiences, might be incorporated into this and other SEFEL modules.

Similar alignments would be created for each of the key practices including:

- Connecting with families
- Engagement
- Supportive conversations
- Schedules, routines, and activities
- Transitions
- Providing directions
- Collaborative teaching
- Behavior expectations
- Positive descriptive feedback
- Teaching social–emotional competencies

- Teaching friendship skills
- Teaching problem solving
- Challenging behavior interventions
- Supporting family pyramid use

Some of the practices may be combined to reduce the number of alignments needed (e.g., connecting with families and supporting family pyramid use).

Additional content or modules may also be added based on the finalized key IECMH practices and needs of the field. For example, although family partnerships is addressed to some extent in most modules, a strong theme of the focus groups was a need for more in-depth guidance and practice communicating and collaborating with families around IECMH issues.

3B. Incorporate IECMH category and professional development components into the training approval process through the MSDE Division of Early Childhood and develop a system to track approved IECMH trainings.

Currently, the Division of Early Childhood offers approval of trainings in the following Core of Knowledge areas: child development; observation, screening, and other assessment; curriculum; health, safety, and nutrition; community; professionalism; and special needs. Although IECMH trainings largely fall into the category of child development, it may be helpful to create a special designation for trainings in this area. The key IECMH practices and Know-See-Do-Reflect framework could be integrated into the approval process for trainings in this area as well. It is recommended that a more formal system be developed for tracking the IECMH trainings offered—including which key IECMH practices they address, and whether they incorporate the Know-See-Do-Reflect learning opportunities—so that the state can have a comprehensive picture of where strengths and gaps are in IECMH professional development content. Furthermore, if coaching hours were counted the same as training hours, this would further incentivize the use of coaching, a critical component of the IECMH professional development system.

3C. Create a specific foundational IECMH college-level course that can be offered through Maryland's institutes of higher education.

Given concerns about ECE providers' lack of foundational knowledge of IECMH upon entering the workforce, it is recommended that a specific course be developed that aligns with the key IECMH practices that could be offered at Maryland institutes of higher education. Several resources are already available that provide activities and assignments related to the preschool SEFEL modules that can be embedded into higher education coursework.[28] These could be used to design a complete course, which would also include infant/toddler content and the trauma-informed SEFEL content. Ideally, the higher education IECMH course would include some type of fieldwork placement to provide students with opportunities for applied practice accompanied by reflective supervision. This foundational course would provide students with an in-depth understanding of IECMH concepts and practices that could be built upon, as these themes are woven comprehensively throughout other courses within higher education curricula. A similar focus on IECMH could be integrated into the course content of master's of social work (MSW) or other master's-level programs. MSDE should consider collaborating with the state's Higher Education Consortium in these efforts or leveraging the members of the SEFEL Pyramid Model Master Cadre who are staff at institutes of higher education.

3D. Explore online and in-person hybrid models of IECMH professional development that combine more high-capacity didactic learning opportunities with individualized, ongoing follow-up support (e.g., coaching, technical assistance, professional learning communities).

As illustrated in **Figure 7**, different modes of professional development have different strengths in cultivating competencies across the Know-See-Do-Reflect spectrum. **High-capacity professional development** delivery modalities—such as workshops, online trainings, and higher education courses—can effectively and efficiently support *knowledge building*. These settings can also provide good opportunities for *modeling of behavior* through videos, vignettes, and in-person demonstrations, particularly when coupled with opportunities to analyze and discuss the practices observed. Although opportunities for *practice*, *feedback*, and *reflection* can occur in these types of settings (e.g., role-play, small group discussions), they are less effective as they are further removed

[28] https://theinstitutecf.umaryland.edu/sefel/index.cfm#resources

Figure 6: Draft alignment between the sample professional development system components in the area of teaching emotion expression and SEFEL Pyramid Model Preschool Module 2

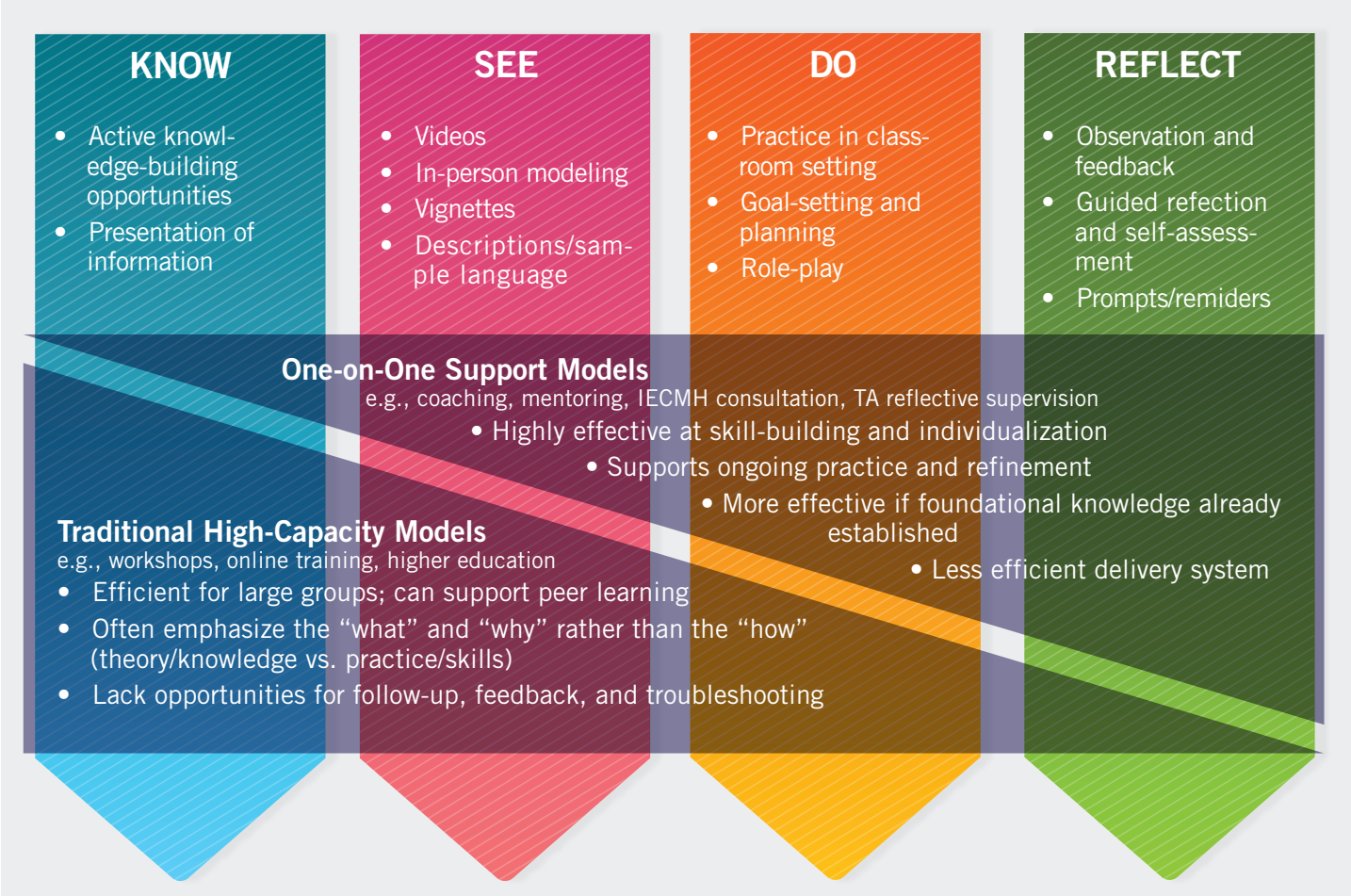
PROFESSIONAL DEVELOPMENT COMPONENTS	SEFEL PYRAMID MODEL PRESCHOOL MODULE 2
KNOW – Knowledge building	
• Definitions and importance of emotional expression, emotion understanding, and empathy for future development.	Slides 17, 19, 34–36, 45, 70
• Explanation of the role of adults in promoting children's emotion expression, understanding, and empathy.	Slides 20, 21, 30–33, 39
• Typical developmental progressions of emotion expression, understanding, and empathy.	Slides 18, 28, 29
• Discussion of the influence of family, culture, toxic stress, and disabilities on emotion expression, understanding, and empathy.	
• Guidance around appropriate and inappropriate times to engage in emotion teaching.	Slides 24, 25, 38
• Strategies to teach about emotions (general strategies and specific tools/activities).	Slides 22, 23, 40–42, 44, 47–60, 62–67, 69, 71
• Definition and importance of individualizing instruction; strategies to individualize emotion teaching.	Slides 104–106, 109, 111, 112
SEE – Modeling of behaviors	
• Concrete examples of using naturally occurring opportunities throughout the day to teach emotional skills (Practices 1, 3, 4, 6, 7, 8).	Slide 68
• Demonstrations of how to implement specific strategies and structured emotion teaching activities (Practices 2, 5, 6).	
• Examples of specific child developmental stages and how to individualize emotion instruction accordingly (Practices 9).	Slides 107, 110
DO – Practice opportunities	
• Opportunities to practice behaviors described in Practices 1–9.	Slide 44*
REFLECT – Reflect, refine, & remind	
• Observation of and feedback on emotion teaching in naturally occurring opportunities, structured emotion teaching activities, use of specific strategies, and individualization practices.	
• Self-reflection on own emotional awareness/competence and implementation of emotion teaching practices.	Slide 15
• Development and implementation of action plan to support provider behavior change in targeted areas of emotion teaching.	Slide 61

*Although this is only one slide, participants receive substantial time to participate in different stations creating items for use in the classrooms.

from an actual ECE environment and provide fewer opportunities for individualization and ongoing support.

In contrast, **one-on-one support models**—such as coaching, mentoring, technical assistance, IECMH consultation, and reflective supervision—are much more effective at supporting skill development, fidelity of implementation, and sustained practice. These models are often characterized as "relationship-based professional development" (RBPD) and are intensive and ongoing; structured around opportunities for application, practice, and troubleshooting; and individualized. Although RBPD approaches can be vehicles for *knowledge building* and *modeling behavior*, it is more efficient if providers have already built these core competencies through other training experiences to allow more time and resources to be spent on the strengths of one-on-one models—*feedback and reflection*.

Figure 7. Using diverse training modalities across the Know-See-Do-Reflect framework



In order to effectively and efficiently leverage the strengths of different modes of professional development, Maryland should explore ways to support and promote hybrid professional development models in which high-capacity, didactic learning opportunities (e.g., workshops, online trainings) are paired with individualized, ongoing follow-up support (e.g., coaching, technical assistance, professional learning communities). The combination of SEFEL training modules and SEFEL practice-based coaching is a good example of this model, though strategies should be explored to make the joint implementation of these practices more common. Other models that combine online trainings with web-based coaching and interactive learning opportunities (see *MyTeachingPartner*™ and the *EarlyEdU Alliance*® models for examples) could also be considered.

3E. Explore how technology and other innovative approaches might be leveraged to support providers' ongoing application of key IECMH practices and scalability of IECMH professional development.

The state should explore how technology might streamline the delivery and scalability of IECMH professional development. For example, although RBPD approaches such as coaching and consultation are critical to skill-building, cost and staff capacity can limit the reach of these programs. Telehealth approaches using video- and web-based tools to support in-person interactions and programs that have providers submit video examples of practices to coaches (see *MyTeachingPartner*™ and *EarlyEdU Alliance*®) might be considered. Indeed, a recently released report by the Buffett Early Childhood Institute concluded that an evidence base has been established demonstrating that the use of video technology can positively affect providers' practices and/or child outcomes. Specifically, the following practices have been shown to be effective:

- Viewing videos of high-quality teaching to use as a model,
- Discussing self-recorded video with a coach or peer,
- Using self-recorded video for self-reflection,
- Conducting coaching meetings via virtual conferencing, and
- Using online modules with video exemplars or assignments.[29]

Given that video can be integrated into multiple professional development modalities (e.g., in-person and online trainings, coaching, higher education), and has applications across the Know-See-Do-Reflect framework, this is a promising avenue for Maryland to explore as an IECMH professional development component. The state may consider developing a video library illustrating the key IECMH practices that can be incorporated into trainings and other professional development opportunities. This library could be compiled using footage from model sites and/or by creating a curated repository of videos submitted by coaches or training participants as assignments (with appropriate permissions).

Other applications of technology may also serve a role in the IECMH support system. For example, ECE providers participating in focus groups responded positively to the idea of on-demand technical assistance being provided through a help line or chat function where they could get immediate access to a mental health professional or coach for support. Finally, texting programs (e.g., Ready4K!, TEXT2COPE) and apps (e.g., ReadyRosie, Vroom) that provide parents with periodic tips and activities, information about child development, and "behavioral nudges" have shown positive effects in changing parenting behaviors and child outcomes.[30] A similar approach might be used with ECE providers to provide ongoing support and encourage maintenance of IECMH practices promoted in the IECMH professional development system. The video library discussed above could be incorporated into this approach (see ReadyRosie for an effective example of using video modeling and mobile technology).

It should be noted that ECE providers' access to and familiarity with technology varies widely, so these approaches may work well for some but not others. Maryland's forthcoming report on the technology capacity of the ECE sector should be informative in this regard.

RECOMMENDATION 4: Strengthen the current IECMH professional development system infrastructure to improve awareness, access, and application of IECMH supports.

4A. Improve awareness of IECMH resources—especially SEFEL and IECMH consultation—through new communications efforts and strategies.

A major barrier to providers' engagement with and utilization of the IECMH support system is their awareness of available resources. For example, many of the ECE providers in the focus groups were unaware of SEFEL or the Pyramid Model. A communications plan should be developed to improve ECE providers' awareness of IECMH supports. The first step of this plan might be to rebrand SEFEL given that many practitioners are unfamiliar with the acronym. Indeed, rebranding SEFEL is already under consideration by the Pyramid Model State Leadership Team and has shifted to "The Maryland SEFEL Pyramid Model." We urge the Leadership Team to consider a "brand" that would resonate strongly with providers and would clearly convey the key focus of the model (i.e., uses key terms like social–emotional well-being, child behavior, etc.)—for example, "The Pyramid Model to Promote Positive Behavior." Focus group participants agreed that providers are drawn to resources that speak to their most pressing needs, such as those that mention "managing challenging behavior." This is consistent with The National Center for Pyramid Model Innovations' move to their new website domain, www.challengingbehavior.org. Surveys or other forms of engagement with ECE providers might provide further insight into what resonates most with the field.

The larger communications effort to promote awareness of IECMH supports and resources should be a multi-pronged approach given providers' individual communication preferences, access to, and comfort levels with technology. Given that many focus group participants reported that in-person communication and relationships with colleagues and administrators are major sources of information and support regarding IECMH resources, multiple avenues should be explored in this area. For example, ECE directors and principals might be a key target audience. Other in-person "touchpoints" with ECE programs should also be considered, such as licensing specialists. The "Wellness Champions for Change" model implemented

[29]Esteraich, J. (2016) *Technology-supported early childhood professional development in Nebraska*. Retrieved from Buffett Early Childhood Institute website: http://buffettinstitute.nebraska.edu/resources/reports-publications.

[30]For examples, see: York, B. N., & Loeb, S. (2014). One step at a time: *The effects of an early literacy text messaging program for parents of preschoolers*. NBER Working Paper No. 20659; and Militello, L., Melnyk, B. M., Hekler, E. B., Small, L., & Jacobson, D. (2016). Automated Behavioral Text Messaging and Face-to-Face Intervention for Parents of Overweight or Obese Preschool Children: Results From a Pilot Study. JMIR mHealth and uHealth, 4(1), e21. doi:10.2196/mhealth.4398.

in many elementary and middle schools through the University of Maryland School of Medicine may also be worth considering. This model trains teachers to be Wellness Champions who serve as liaisons to link their school with health- and wellness-related resources and supports. A similar model might be applied for IECMH.

In addition to improving awareness of IECMH resources, the ways in which providers access IECMH supports should be considered. The SEFEL Pyramid Model website is a natural candidate to serve as providers' "one-stop shop" for IECMH resources and supports. The website was recently redesigned to be more user-friendly. As the website undergoes future revisions, focus groups, interviews, and surveys with ECE providers that have a "human-centered design" focus[31] will be important in better understanding providers' needs and how the SEFEL Pyramid Model website might best serve them. For example, participants in the focus groups conducted as part of this strategic planning effort suggested that instead of having all provider resources and strategies listed in one section, there might be prompts such as "I'm looking for resources to teach children about emotions" or "I need help with strategies for a child with aggressive behavior."

4B. Consider incorporating IECMH into revisions of Maryland EXCELS.

Maryland EXCELS is the state's QRIS system that promotes quality by awarding ratings and providing supports to child care centers, school-age child care programs, family child care homes, and public prekindergarten programs. In the next revision of Maryland EXCELS standards, the state should consider ways to incorporate an emphasis on IECMH as an important component of ECE program quality. In addition, Maryland EXCELS offers Achievement Badges to recognize child care and public prekindergarten programs that provide services above and beyond those outlined in the standards in areas such as cultural and linguistic competency, health and wellness, quality business practices, and others. These badges can be used as key marketing tools to inform parents' choices in selecting an ECE provider that aligns with their priorities and values. An additional badge could be added in the area of IECMH. Criteria for earning this badge could include:

- Staff participation in professional development trainings and/or academic coursework focused on building IECMH skills and knowledge.
- Program participation in IECMH consultation services and/or SEFEL coaching.
- Family engagement around supporting IECMH at home (e.g., offering trainings on parenting practices that support social, emotional and behavioral health; referrals and direct introductions [i.e., warm hand-offs] to other IECMH service agencies).
- Demonstration of the key IECMH practices (e.g., attainment of a certain threshold on tools aligned with the key IECMH practices such as the *TPOT/TPITOS* and/or *CLASS* scores on the Relational Climate, Emotional and Behavior Support, Emotional Support, and Classroom Organization dimensions).

4C. Expand the capacity of SEFEL coaching and IECMH consultation programs.

Maryland has a strong existing infrastructure for evidence-informed RBPD models that promote IECMH, including the IECMH consultation program and the SEFEL coaching model. These programs are well-designed and implemented and highly effective. However, there is a need to expand the capacity of both programs. For example, in FY18, 16 percent of children identified as in need were not served by the IECMH consultation program due to lack of available consultants.[32] These statistics likely underestimate the need for these services as not all eligible children are referred or receive parental consent for services. Although efforts to build out the practice-based coaching model are relatively nascent, its implementation and ongoing growth in terms of capacity and funding are critical to the success of the SEFEL Pyramid Model and the development of ECE providers' IECMH practices. The expansion of these programs would require additional funding and staffing but would likely have a high return on investment given their effectiveness.

4D. Explore potential restructuring of the IECMH consultation model from a child-centered, referral-based model to an "embedded model" of classroom/program consultation.

The current model of IECMH consultation is driven by referrals for individual children, which (pending parent consent) lead to IECMH consultants partnering with ECE providers and families to help promote the child's social–emotional development and reduce the likelihood of challenging behaviors. However, IECMH consultants report that the majority of their work is often directed toward building more foundational knowledge and skills among

[31]See for example, https://www.usertesting.com/blog/how-ideo-uses-customer-insights-to-design-innovative-products-users-love/

[32]Andujar, P., Fry, J., Wasserman, K., & Candelaria, M. (2019). Maryland's Infant & Early Childhood Mental Health Consultation Project: 2019 legislative brief. Baltimore, MD: Maryland State Department of Education and the University of Maryland School of Social Work, The Institute for Innovation and Implementation.

ECE providers that address general developmental expectations and classroom management practices. Some regional IECMH consultation programs have applied innovative approaches to improve the efficiency and effectiveness of their services. For example, one local program has piloted an "embedded consultation" model that focuses on improving IECMH practices at the classroom- and program-levels rather than only focusing on individual children. Consultants reported that the number of individual referrals has decreased dramatically over the years in programs receiving embedded consultation services. Other programs reported using capacity-building models that offer consultation to all staff, including teacher aides and administrators. One model focused on establishing a small group at each center composed of the director, assistant director, and other senior staff who would receive support from the consultant about how to mentor their staff, support the implementation and sustainability of IECMH practices, onboard new staff, and build capacity among their staff.

These approaches are similar to recommendations for best practice in IECMH consultation and research findings demonstrating the positive effects of more comprehensive models of IECMH consultation. In the seminal resource, *Early Childhood Mental Health Consultation: An Evaluation Toolkit*,[33] Hepburn and colleagues describe an "integrated model" of IECMH consultation that involves:

- **Child-centered consultation** offered to staff and families who interact directly with individual children in need of extra support;
- **Classroom/program-centered consultation** focused on improving the overall quality of care across the program;
- **Family-centered consultation** provided to staff and administrators to assist in their work with families (see **Appendix C** for more details on this model).

[33]Hepburn, K. S., Kaufmann, R. K., Perry, D. F., Allen, M. D., Brennan, E. M., & Green, B. L. (2007). *Early childhood mental health consultation: An evaluation tool kit.* Washington, DC: Georgetown University, Technical Assistance Center for Children's Mental Health; Johns Hopkins University, Women's and Children's Health Policy Center; and Portland State University, Research and Training Center on Family Support and Children's Mental Health.

Research shows that a combination of these approaches is effective in promoting changes across multiple systemic levels.[34] For example, one study found positive effects when classroom-centered consultation was used for the first two-thirds of the year and child-centered consultation for individual cases for the remaining one-third of the year.[35]

In addition, an embedded or integrated consultation model may result in more children who would have been referred actually receiving services. In the focus groups, IECMH consultants and ECE providers reported that the referral process is often a barrier to children receiving services due to parents not returning consent forms and long lag times to respond to referrals. A potential strategy to overcome these challenges, yet still obtain proper consent, would be to use an "opt-out" strategy, which has proven to be highly successful in improving participation in other types of initiatives. For example, when employers automatically enroll all employees in a 401(k) plan with an option to opt out, retirement savings participation increases by as much as 40 percent. Similarly, when registration for organ donation is presented as an "opt-out" policy rather than "opt-in," participation rates are dramatically higher.[36] If this model were applied to IECMH consultation, parents would be informed that consultants will be providing consultation to providers about classroom-/program- and child-level issues. If parents would prefer not to have their child discussed by the consultant and provider, they would submit the form; otherwise their inaction represents their consent. This strategy could significantly increase the number of children who are assisted by the IECMH consultation program while still respecting parents' choices.

Although it would take significant resources to shift away from the primarily child-centered, referral-driven consultation model currently used in Maryland, the return-on-investment could be significant and has proven to be effective at the community level. Alternatively, if SEFEL coaching were expanded more broadly, it might reduce the need for IECMH consultants to focus so heavily on the lower levels of the SEFEL pyramid that emphasize promotion and prevention and would allow consultants to engage more in the individual child-centered consultation model that reflects the current program design and structure. The IECMHC Center of Excellence recommends a similar tiered model where licensed clinicians are used to enhance capacity for issues at the top of the pyramid that require more intensive levels of intervention.

4E. Establish processes to share and scale-up innovative and effective regional practices at the state level.

The Maryland Child Care Resource Network is a strong asset to the state, comprised of 12 regional child care resource centers (CCRCs) that provide training and technical assistance to child care providers in every Maryland community. Part of the success of this regional delivery model is the ability of each CCRC to cater to the unique needs of their community and develop innovative approaches at the local level. However, this model also contributes to regional variation in access to IECMH services and supports. For example, the *Maryland IECMH Supports Inventory and Mapping Project* (see **Appendix B**) revealed that within the "snapshot" of trainings available during summer 2018, IECMH trainings offered through CCRCs varied widely, ranging from 1–13 training offerings per CCRC. Additionally, the IECMH consultation program is administered through 11 separate programs housed within the regional CCRCs. During the IECMH consultant focus group, a wide variety of promising practices were shared that are being implemented at the local level, including strategies to engage pediatricians in the referral process, embedded consultation models, administrator capacity-building training groups, and family engagement and home visiting approaches. To fully capitalize on the work that is being done at the local level, a more formalized infrastructure should be in place to share resources, increase access to supports, and scale effective practices across the state.

RECOMMENDATION 5: Move the work forward by establishing a results framework to measure progress.

5A. Develop a results framework that includes measures of child, program, and professional development system outcomes in the area of IECMH.

A results-based accountability (RBA) framework should be used to develop a set of goals and metrics to measure the progress and success of the IECMH professional development system. An RBA approach establishes three levels of outcomes:

[34]Grining, C. L., Raver, C. C., Champion, K., Sardin, L., Metzger, M., & Jones, S. M. (2010). Understanding and improving classroom emotional climate and behavior management in the "real world": The role of Head Start teachers' psychosocial stressors. *Early Education and Development*, *21*(1), 65-94. doi:http://dx.doi.org/10.1080/10409280902783509

[35]Raver, C. C., Jones, S. M., Li-Grining, C. P., Metzger, M., Champion, K. M., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. *Early Childhood Research Quarterly*, *23*, 10-26. doi:10.1016/j.ecresq.2007.09.001

[36]Gennetian, L., Darling, M., & Aber, J.L. (2016). Behavioral economics and developmental science: A new framework to support early childhood interventions. *Journal of Applied Research on Children: Informing Policy for Children at Risk*, *7*(2), 1–35.

- **Results:** The desired "ends" of the system (i.e., conditions of well-being or success for children, families, ECE providers)
- **Headline indicators:** Measures that help quantify the achievement of a result
- **System-performance measures:** Metrics of how well a program, agency, or service-system is functioning. These measures are generally framed as "How *much* are we doing?" and "How *well* are we doing it?" This level of the outcomes framework provides important information about system functioning, as headline indicators are often influenced by other factors as well (e.g., child outcomes are influenced by family and environmental factors as well as the ECE programs and services of interest).

Below are proposed metrics for the IECMH professional development results framework. This draft framework should be reviewed, amended, and approved by groups such as the ECMH Steering Committee.

CONCLUSION

Maryland's strong commitment to supporting IECMH is evident in its existing programs—such as statewide implementation of the SEFEL Pyramid Model and the evidence-informed IECMH consultation program—as well as the state's continuing efforts to improve and build upon the system. Recognizing that many ECE providers are underprepared to support children's social, emotional, and behavioral health, MSDE has put forth a bold vision to create a comprehensive system of supports. This vision includes the monetary and professional development resources necessary to address what is perhaps the most significant need among early childhood providers in the state. This strategic plan has outlined gaps in the current system and provided a set of recommendations to help Maryland move closer to a comprehensive IECMH system that meets the needs of providers, families, and children across the state. Maryland must continue to build on the foundation that it has in place to help children in the state meet their full potential.

RESULT 1: All children in Maryland will reach their full potential for social–emotional development, resilience, and mental and behavioral health.

INDICATORS AND MEASURES	
HEADLINE INDICATORS	Kindergarteners demonstrating readiness in the Social Foundations domain of the KRA (KRA annual reports)
	Children who have one or more emotional, behavioral, or developmental conditions (KIDS COUNT data center)
	Devereaux Early Childhood Assessment (DECA) scores* (OMS)
SYSTEM PERFORMANCE MEASURES	Children in programs with high *TPOT/TPITOS* scores and/or *CLASS* scores on the Relational Climate, Emotional and Behavior Support, Emotional Support, and Classroom Organization dimensions (EXCELS data; OMS)
	Children suspended or expelled from early childhood programs/percentage served by IECMH consultation program (OMS)
	Number of children served through IECMH consultation program (OMS)

*Only available by Division of Early Childhood-funded consultation programs for children who have accepted cases.

RESULT 2: All early childhood providers in Maryland use effective promotion, prevention, and intervention strategies to support children's social–emotional development, resilience, and mental and behavioral health.

INDICATORS AND MEASURES	
HEADLINE INDICATORS	Statewide TPOT/TPITOS scores (OMS)
	CLASS scores on the Relational Climate, Emotional and Behavior Support, Emotional Support, and Classroom Organization dimensions (EXCELS data)
	Inventory of Practices – Universal for Classrooms/0–3 Classrooms (OMS)
	Preschool Mental Health Climate Scales (PMHCS) (OMS)
SYSTEM PERFORMANCE MEASURES	Number of SEFEL trainings offered across the state (OMS)
	Number of programs/classrooms receiving SEFEL coaching services (OMS)
	Number of programs/classrooms receiving IECMH consultation services (OMS)
	Impact of Training and Technical Assistance (IOTTA) survey results (OMS)
	IECMH consultation program teacher satisfaction survey (OMS)
	Coaching fidelity metrics (OMS)
	Percentage of PD system components fully covered by IECMH support system

RESULT 3: There is an IECMH professional development system that the ECE workforce is familiar with and connected to and has adequate capacity and funding to meet the needs of those it serves.

INDICATORS AND MEASURES	
HEADLINE INDICATORS	Percentage of providers/programs who have participated in SEFEL trainings/SEFEL coaching/IECMH consultation
	Statewide number of SEFEL trainers/SEFEL coaches/IECMH consultants (OMS)
	Number of total referrals to IECMH consulting program/percentage served (OMS)
	Average waitlist times for IECMH referrals (OMS)
SYSTEM PERFORMANCE MEASURES	Total number of communication/outreach strategies employed around IECMH professional development
	SEFEL website usage data
	Total state and federal dollars funding IECMH professional development system
	Progress on bills presented in the Maryland State Legislature that support IECMH efforts

APPENDIX A. Focus Group Protocols

Introduction (Used for all groups)

Thank you all for taking the time to talk with me today. This focus group is part of a project funded by the Maryland State Department of Education that examines how the state might better help teachers and others who work with young children support the social–emotional wellness of children and families. An important part of this work is to understand the resources that are available and used by early childhood professionals and those that are needed to help early childhood professionals effectively respond to challenging behavior and other signs of mental health needs and to support their own social–emotional well-being. As one step of this project, we are conducting focus groups with early childhood providers and other stakeholders to better understand their needs and experiences. The goal of this focus group, and the project overall, is to capture your voice and experience in supporting the social, emotional, and behavioral health of young children.

To make sure we are all talking about the same thing, when we talk about "early childhood" during the focus group, we are talking about children from birth to age 5. And when we talk about children's "mental health" or "social, emotional, and behavioral health," we simply mean children's capacity to form close relationships, manage and express emotions, and explore the environment and learn.

Informed Consent (Used for all groups)

This conversation should last about an hour and a half and your participation in the focus group is voluntary. We are interested in your honest perspectives and experiences. We will record the focus group for the purposes of transcribing the notes. The information we gather from you during this focus group will be combined with information from other focus groups and the findings will inform recommendations to the state about how to make changes to better meet your needs. Our final report may use quotes from the focus groups or highlight specific examples, but no names will be used. Is everyone okay with this? Are there any questions?

In front of you is a participant information form. Please fill it out but do not put your name on it. The information from the form will help us understand who participated in the focus groups.

Let's start by doing a quick round of introductions. Please say your name, position (e.g., lead teacher), and the program or organization that you work with. [Start recording]

Questions for ECE Provider Group A

Priming Questions

1) **We would like to start by talking about your experiences in your classroom or program.**
   - What are some strategies you use to support children's social–emotional development?
     - *(SED=capacity for relationships; emotional expression, regulation, and understanding; self-awareness and self-concept)*
   - What are some of the common behavioral issues you encounter?
     - *May need to prompt about internalizing behaviors (e.g., child is shy, withdrawn, sad, anxious) as well as more obvious externalizing behaviors (e.g., physical or verbal aggression, oppositional behaviors)*
   - What has your experience been like partnering with families around children's social–emotional development and behavioral concerns?
2) **Now let's talk about why you might seek support in these areas** *(e.g., managing child behavior, desire to promote social–emotional development, meeting requirements/ mandates).*
   - What signals to you that it's time to seek more support (*e.g., frequency/severity of child behavior, lack of child progress in social–emotional development*)?

Activity

In an effort to learn more about the supports that you have available to you to address concerns about children's social, emotional, and behavioral issues, I'd like to try a quick activity with you.

We know that in order to support children's social, emotional, and behavioral health, teachers need a wide array of knowledge and skills including how to:

- promote **social–emotional development,**
- **partner with families** around children's behavioral and emotional needs,
- use effective **classroom and behavior management** strategies,
- understand **toxic stress and trauma-informed care**, and
- engage in **self-care** so they are physically and emotionally available to children.

You can see I have put these categories of supports on the pieces of chart paper around the room.

We'd like you to help us identify the supports and resources you've used or know of in each of these areas. These supports can take many forms such as:

- an in-person or online training;
- a higher education course;
- professional contacts (e.g., director, coach, ECMH consultant, colleague);
- classroom tools or family support strategies (e.g., a social–emotional curriculum or family engagement toolkit);
- a website or book;
- conference;
- peer-to-peer networks (e.g., SEFEL Pinterest page); or
- another form not mentioned here.

I've listed these different forms of support on chart paper here as a reminder.

Please take a few minutes to write on sticky notes different supports and resources you've used or know of in each of these areas (indicate chart papers around the room). It's okay if there end up being duplicates of the same resources listed.

[Allow 10 minutes for this activity. Transition back to whole group.]

Thank you. This work you've done will really help us map out what supports teachers are aware of and using and what gaps remain in meeting your needs. Now we'd like to better understand what's working and what's not working within the current system of supports. I'd like you to help walk me through how you learn about different supports, how you sign up for or obtain supports and resources, what it's like to apply new knowledge and skills in the classroom, and how these changes "stick" or don't stick over time.

It may help to think back to a time when you felt like you needed help supporting children's social, emotional, and behavioral health or to a specific support or resource that has been meaningful to you. However, you shouldn't feel limited to sharing about only this experience. Let's all take 20 seconds to reflect and gather our thoughts before we begin.

Key Questions

1) **We just took some time to identify the supports you use to support children's social, emotional, and behavioral health. Where do you usually find information about supports or strategies focused on children's social, emotional, and behavioral health?**
    - What information or communication channels are most effective in reaching you?
    - We know you spend most of your day in the classroom or program. When and where do you typically learn about supports (*e.g., staff meeting, personal time, planning time*)?
    - How often do you actively seek information/resources (*e.g., internet search, seek advice from someone*) versus passively learn about them (*e.g., newsletter/listserv*)?

2) **What motivates you to actually follow through and access a support** *(e.g., sign up for a training, purchase a new curriculum, request ECMH consultation)*?

- What characteristics make a support seem appealing, engaging, and relevant to you?
- What are barriers to accessing supports (*e.g., cost, schedule, capacity/availability, location*)?

3) **What factors influence whether you change something about your practice as a result of accessing a support?**

- Describe a specific resource or support that had a noticeable impact on your thinking or practices around supporting children's social, emotional, and behavioral health. How did your practices change (*e.g., different way of interacting with children/families; modifying the classroom environment, rules, or schedule*)?
- What makes a support or resource effective in helping you?
- What are triggers or reminders for you to do something different than "business as usual"?
- What are barriers to applying new knowledge/skills to your practice?

4) **What factors affect whether you keep using new strategies or practices over time?**

- Why might you stop using new practices (either consciously or unconsciously)?
- What additional follow-up supports do you need to help you maintain new strategies or practices?

Questions for ECE Provider Group B

We'd like to better understand what's working and what's not working within the current professional development system and other supports. I'd like you to help walk me through how you learn about different supports, how you sign up for or obtain supports and resources, what it's like to apply new knowledge and skills in the classroom, and how these changes "stick" or don't stick over time.

Awareness of Supports

1a. Let's start with the short survey you filled out. Which resources and supports had you heard of (regardless of if you've used them)?

- *SEFEL website*
- *SEFEL in-person training*
- *SEFEL online training*
- *SEFEL coaching*
- *Early Childhood Mental Health Consultation Program*
- *Maryland Family Network Events Calendar/Statewide Training Clearinghouse*

b. How did you find out about these resources?

c. Where else do you learn about information about supports *(e.g., trainings, resources, coaching)* **focused on children's social, emotional, and behavioral health?**

- We know you spend most of your day in the classroom. When and where do you typically learn about supports (*e.g., staff meeting, personal time, planning time*)?

d. What would be the most effective ways to communicate with you about resources and supports *(e.g., trainings, online resources, coaching opportunities)*?

- What types of communication channels are most effective in reaching you (*e.g., websites, newsletters, peers/colleagues, texts, apps, peer-to-peer networks such as Facebook, other*)?

Accessing Supports

2a. Going back to the survey, of these supports, which have you actually used? How often do you use them?

- *SEFEL website*
- *SEFEL in-person training*
- *SEFEL online training*

- *SEFEL coaching*
- *Early Childhood Mental Health Consultation Program*
- *Maryland Family Network Events Calendar/Statewide Training Clearinghouse*

b. Are there any other resources or supports that you use that help you in your work supporting children's social, emotional, and behavioral health *(e.g., trainings, curricula, etc.)***?**

c. What motivates you to actually follow through and access a support *(e.g., sign up for a training, access the SEFEL website, request ECMH consultation)***?**

- What characteristics make a support seem appealing, engaging, and relevant to you?
- What are barriers to accessing supports (*e.g., cost, time, schedule, capacity/availability, location*)? **Specifically ask about ECMH consultation/coaching.**

d. How many of you are familiar with the Maryland Child Care Credential? (Different levels of recognition for education, experience, and participation in professional development activities tied to incentives and supports)

- How many of you have/are participating? Why/why not?
- What is the likelihood you would pursue a specific credential specialization in social, emotional, and behavioral health expertise either as part of the existing Credential program or a similar model? Why/why not?

e. If there was one central one-stop-shop for resources and supports, what would you want it to look like/be located?

- How might this be different from current SEFEL website?

Application of Supports

3a. Returning to the survey, how helpful or effective have you found each of the supports that you have used?

- *SEFEL website*
- *SEFEL in-person training*
- *SEFEL online training*
- *SEFEL coaching*
- *Early Childhood Mental Health Consultation Program*
- *Maryland Family Network Events Calendar/Statewide Training Clearinghouse*

b. What makes a resource or support effective in helping you?

- Describe a specific resource or support that had a noticeable impact on your thinking or practices around supporting children's social, emotional, and behavioral health. How did your practices change *(e.g., different way of interacting with children/families; modifying the classroom environment, rules, or schedule)*?
- What are barriers to applying new knowledge/skills to your practice?

c. How likely would you be to use technology in supporting you in your social, emotional, and behavioral health work?

- Video/web-based coaching or consultation?
- A SEFEL app?
- "On-demand" support or TA through a chat function or phone?
- A texting program that sends you weekly tips and activities for supporting children's social, emotional, and behavioral health?

d. What are your dream resources/supports that would be available?

Questions for IECMH Consultants and State-Level Stakeholders

Key Questions

Now we'd like to better understand what's working and what's not working within the current system of supports. I'd like you to help walk me through how teachers learn about different supports, sign up for or obtain supports and resources, what it's like for them to apply new knowledge and skills in the classroom, and how these changes "stick" or don't stick over time.

1) **We just took some time to identify supports teachers use to support children's social, emotional, and behavioral health. Where do teachers usually find information about supports or strategies focused on children's social, emotional, and behavioral health?**
    - What information or communication channels are most effective in reaching teachers?
2) **What are issues that come up for teachers actually accessing supports** *(e.g., even if they know about it, do they follow-through and sign up for a training, purchase a new curriculum, request ECMH consultation)***?**
    - Of the supports identified in the inventory, which seem to be most used/accessed?
    - What characteristics make a support seem appealing, engaging, and relevant to teachers?
    - What are barriers to accessing supports (*e.g., cost, schedule, capacity/availability, location*)?
3) **What are issues that affect teachers' fidelity in implementing strategies? What additional supports need to be in place?**
    - What makes a support or resource more effective in helping teachers change their practice?
    - What are examples of lack of fidelity in applying IECMH practices?
    - What are barriers to applying new knowledge/skills to your practice?
4) **What factors affect whether teachers keep using new strategies or practices over time?**
    - Why might they stop using new practices (either consciously or unconsciously)?
    - What additional follow-up supports do they need to maintain new strategies or practices?

Conclusion (used for all groups)

Thank you so much for being a part of this conversation. Before we close, are there other things that you wanted to talk about related to infant-early childhood mental health that I did not give you the opportunity to talk about?

Appendix B. Maryland IECMH Supports Inventory and Mapping Project

In-Person Trainings for Teachers About IECMH

Workshops and other in-person training opportunities to build teachers' IECMH knowledge and skills.

Support/Resource	Access Point(s)	Description
Social-Emotional Development		
***Addressing the Mental Wellness of Preschoolers**	Maryland Family Network; Prince George's Child Resource Center	Learn the milestones of social/emotional development and discover tips for averting disruptive/challenging behavior.
***From Stress to Resiliency: Why Children Struggle and Helping them Succeed**	Project ACT; Maryland Family Network	Participants will examine social emotional competence and how it impacts school readiness.This training provides and overview of current theory and research explains why children struggle and how to help them succeed in today's world.
I am Full of Emotions	Western Maryland APPLES for Children; Maryland Family Network	This workshop discusses the importance between emergent literacy, social emotional skills, and self-regulation skills. Participants will gain strategies to use in their programs that encourage their children to use positive behaviors and express themselves.
Essential Skills for School and Life	Lower Shore Child Care Resource Center; Maryland Family Network	Executive function skills are the foundation skills for life. Participants in this workshop will use Mind in the Making, by Ellen Galinsky to identify these executive function skills that children need to be successful; and will learn strategies to work on the development of these skills.
Infant Toddler SEFEL	Baltimore City Child Care Resource Center; Maryland Family Network	Principles of the social & emotional foundations for early learning will be explored. Discussion will center on intentional care giving that supports social and emotional development, the importance of environment, & the importance of positive interactions between caregivers and young children.
Let's get them ready for K! - Establishing Strong Social Foundations	Mental Health Association/Child Care Choices; Maryland Family Network	Come and join in the learning and discussions with both pre-kindergarten and kindergarten Frederick County Public School teachers to understand what you can do to help create strong social foundations for your young learners and prepare them for the kindergarten classroom.
***Mindfulness and Yoga for Young Children and Adults**	Arundel Child Care Connections; Baltimore City Child Care Resource Center; Maryland Family Network	You will identify mindfulness activities to help children focus, calm down & recognize their emotions. Learn poses that benefit the children. Learn activities and strategies that lessen your own stresses.
Planning Yoga Experiences for the Early Childhood Program	Baltimore City Child Care Resource Center; Maryland Family Network	Research is showing that practicing yoga with young children provides tools to help children develop self regulation skills. In this workshop strategies for adding yoga experiences to your daily routine will be shared.
Put on Your Thinking Cap: Executive Functions of the Mind in Early Childhood	Mental Health Association/Child Care Choices; Project ACT; Maryland Family Network	This training uses current research to increase the participant's knowledge of executive functions, the role that these cognitive processes play in self-regulation, and strategies to promote the development of executive functions and self-regulation skills in the early childhood classroom.
Rubber Band Man	Lower Shore Child Care Resource Center; Maryland Family Network	You may have heard that children are resilient. They can be. In this session, you will learn ways to help children gain self-awareness, make good choices, and establish confidence that helps them persevere.
Successful Relationships Begin with You	Mental Health Association/Child Care Choices; Maryland Family Network	Why are relationships so important? Think about how often you are able to give one on one attention to a child and what that means to them. In this class you will learn how to embed social interactions for children into their day. Discover strategies to teach social skills and how to develop safe, secure relationships with the children in your care.
Teaching Problem Solving Throughout the Day	Arundel Child Care Connections; Baltimore City Child Care Resource Center; Project ACT; Maryland Family Network	Participants will learn through group activities and video vignettes, the importance of being intentional when teaching children how to problem solve. Participants will also study the effects of understanding how to problem solve on social emotional development and the overall effects on success.
Understanding Temperament	Arundel Child Care Connections; Maryland Family Network	Through partner discussions, chart activities and case scenarios, participants will actively investigate the best ways to create an environment that will allow for differences in temperament. Temperament as it relates to children with special needs will be explored along with strategies to encourage peer-modeling and the building of social skills.
You've Got a Friend: Teaching Friendship Skills	Montgomery County Child Care Resource & Referral Center; Project ACT; Maryland Family Network	Throughout the day, children learn to share, solve problems, and collaborate. They also build friendships that promote positive social and emotional development. Our goal is to teach children appropriate social skills, so they can improve social behaviors for a lifetime.
Partnering with Families		
Working with Divorced Families	Arundel Child Care Connections; Maryland Family Network	This training will offer tips for childcare workers so they are equipped to recognize, understand and meet the developmental needs of children whose parents are facing divorce.
Classroom & Behavior Management		
***Addressing the Mental Wellness of Preschoolers**	Maryland Family Network; Prince George's Child Resource Center	Learn the milestones of social/emotional development and discover tips for averting disruptive/challenging behavior.
Ants in Their Pants: Teaching Children who Must Move	Project ACT; Maryland Family Network	We've all heard the saying that a child has ants in their pants; the child has a case of the wiggles. This workshop will discuss strategies to promote active learning while utilizing the movement of the child. All does not have to be lost when children can't stop the movement.
Classroom Schedules and Transitions: Tricks and Tips to Help Your Day Run Smoothly	Baltimore City Child Care Resource Center	Come to this workshop and learn some important tips that will make those difficult transitions become part of the overall learning experience.

* denotes supports listed in multiple categories

In-Person Trainings for Teachers About IECMH

Workshops and other in-person training opportunities to build teachers' IECMH knowledge and skills.

Support/Resource	Access Point(s)	Description
Infant and Toddler Behavior Management	The Promise Resource Center; Maryland Family Network	In this course, we will discuss infant and toddler development and the difference between misbehavior and a child communicating their needs.
I Won't and You Can't Make Me	Mental Health Association/Child Care Choices; Maryland Family Network	In this highly informative training, participants will be exposed to the differences in processing skills in children who display oppositional and explosive behaviors. The collaborative problem-solving approach developed by Drs. Ross Green and J. Stuart Ablon will be explained and participants will gain strategies to use in their early childhood setting to understand and support very challenging behaviors. This training includes 3 different vignettes to allow participants to use the collaborative problem-solving approach in a practical way.
Show Me What I Can't Hear	Lower Shore Child Care Resource Center; Mental Health Association/Child Care Choices; Maryland Family Network	Children often get tired of listening and tend to ignore what we say. Learn how to make visuals to give children the extra guidance that will help them accomplish the goals we have set for them. You will learn how to make and use visuals that will help you in your work.
The Tremendous Twos	The Promise Resource Center; Maryland Family Network	Two core of knowledge hours in the area of child development. We will discuss how to turn the terrible two's into tremendous two's by looking at environmental factors, behavior modification and age appropriate activities.
The Value of Positive Guidance... Using Maryland EXCELS Standards	Western Maryland APPLES for Children; Maryland Family Network	Through the development of policies that support positive guidance in early childhood, participants will gain a greater understanding of the components of positive guidance and strategies for implementation.
Time In: Understanding and Preventing Behavior	Mental Health Association/Child Care Choices; Project ACT; Maryland Family Network	We must first understand behavior before we can begin to prevent behavior issues. During this training, participants explore reasons for behavior and possible motivators of behaviors. Participants will utilize tools to help in identifying the reason for the behavior and ways to prevent future issues, so that they can provide a nurturing learning environment for all children. Participants will explore preventive strategies to implement in their classrooms and how these affect children's behavior.
Using a Positive Approach to Address Challenging Behaviors	Project ACT; Maryland Family Network	This interactive training will define the term, behavior and discuss the four main motivators for behaviors. This training will engage participants to discover how to redirect and shape behavior while encouraging positive social and emotional skill building in children.
Utilizing Principles of Applied Behavior Analysis in Preschool Classrooms	Project ACT; Maryland Family Network	During this workshop, participants will gain an understanding of the rationale for Applied Behavior Analysis (ABA as a behavior based classroom practice. Participants will have an opportunity to explore positive strategies that will promote active learning for children of all abilities. Participants will also discuss the importance of evidence based practices to best support students with autism while learning successful approaches to implementing ABA techniques within the preschool classroom.
Routines and Cultures	Howard County Child Care Resource Center; Prince George's Child Resource Center; Project ACT; Maryland Family Network	Cultural values are embedded in everyday routines of caregiving. Caregivers have a profound effect on the development of infants and toddlers because they engage in basic activities, toileting, feeding and napping. In this class, participants will consider these three routines and how culture influences each of them. Participants will have the opportunity to expand their understanding of what is comfortable for them and how different cultures treat these routines
CHECKup Training & Learning Community **Teacher-Child Interaction Training**	MSDE; Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)	CHECKup is designed to create a learning experience that offers the latest information and tools, and also supports providers' efforts to implement best practices, in compliance with national standards. This is funded by MSDE Race to the Top funds. It can be used as a self-guided training, with web resources to support training. It has content for primary care providers that would also be very useful for school nurses, Early Childhood Mental Health providers, as well as early childhood education providers. Videos are embedded in the Prezi presentations and soon stand-alone videos will be available.
Toxic Stress & Trauma-Informed Care		
Helping Children Cope: Recognizing and Responding to Childhood Trauma	Baltimore City Child Care Resource Center; Maryland Family Network	In this workshop we will look at the latest research on the impact of trauma on young children and explore concrete ways that we can help children develop coping skills to increase resilience.
Building Resilience in Young Children	Mental Health Association/Child Care Choices; Montgomery County Child Care Resource & Referral Center; Maryland Family Network	In this workshop participants will learn that warm and nurturing relationships between children and the adults in their lives are the most important factor in developing resilience and overcoming potential negative effects of daily stress.
***From Stress to Resiliency: Why Children Struggle and Helping them Success**	Project ACT; Maryland Family Network	Participants will examine social emotional competence and how it impacts school readiness.This training provides and overview of current theory and research explains why children struggle and how to help them succeed in today's world.
***Managing Stress at Any Age**	Project ACT; Maryland Family Network	This training can increase participants' knowledge of stress and how to manage its symptoms. This training introduces participants to good and bad stress as well as other types of stress. Participants will also examine the similarities and differences of stress in infants, toddlers, preschoolers.
What Happened to the World? Helping Children Cope	Arundel Child Care Connections; Mental Health Association/Child Care Choices; Maryland Family Network	This workshop is for providers or anyone working with children and families who are trying to make sense of a world where our sense of safety and security can disappear in an instant.
What's in Their Backpack? The Impact of Trauma	Arundel Child Care Connections; Mental Health Association/Child Care Choices; Western Maryland APPLES for Children; Maryland Family Network	This engaging workshop discusses the affects and impact that trauma can have on the brain. It not only affects children in the moment, but throughout life if gone untreated. By understanding the effects of trauma on the brain, we can gain insight into children's behavior.

* denotes supports listed in multiple categories

In-Person Trainings for Teachers About IECMH

Workshops and other in-person training opportunities to build teachers' IECMH knowledge and skills.

Support/Resource	Access Point(s)	Description
Child Abuse Prevention	Arundel Child Care Connections; Maryland Family Network	It is important that one can recognize child abuse signs & symptoms & understand reporting requirements. These are vital to the health & safety of all children. A childcare program must have a clear written policy about appropriate ways for staff, children and parents to interact with each other.
Self-Care		
Building Your Resiliency	Baltimore City Child Care Resource Center; Maryland Family Network	Participants will learn how to improve resilience in their personal and professional lives.
***Managing Stress at Any Age**	Project ACT; Maryland Family Network	This training can increase participants' knowledge of stress and how to manage its symptoms. This training introduces participants to good and bad stress as well as other types of stress. Participants will also examine the similarities and differences of stress in infants, toddlers, preschoolers.
***Mindfulness and Yoga for Young Children and Adults**	Arundel Child Care Connections; Baltimore City Child Care Resource Center; Maryland Family Network	You will identify mindfulness activities to help children focus, calm down & recognize their emotions. Learn poses that benefit the children. Learn activities and strategies that lessen your own stresses.
Success Over Stress: Gain Control of Your Life	Mental Health Association/Child Care Choices; Maryland Family Network	Working full time, providing quality child care and managing your personal life can lead to large amounts of stress. Learn how to recognize and manage stress triggers and gain control of your life.
Conflict Resolution Strategies	Mental Health Association/Child Care Choices; Maryland Family Network	The child care professionals will be introduced to conflict resolution strategies to develop professional and positive relationships with staff, children, families, and the community.
Screening/Assessment		
An Introduction to ASQ-3 and ASQ-3 Online	Arundel Child Care Connections; Maryland Family Network	Participants will learn about the features of the ASQ-3 and ASQ Online, including administration, scoring, referrals, and communicating results with families. Participants will identify the differences between different types of assessments and screening tools, including the limitations and benefits.
Child Care Developmental Screening Overview	MSDE	Online training through Thinkport
Special Education/Disabilities		
Autism: What You Need to Know	Lower Shore Child Care Resource Center; Maryland Family Network	Participants in this workshop will learn what autism is, how it affects a child's development, and how to adapt your program to meet the special needs of children with this diagnosis.
Developmental Delays	Project ACT; The Promise Resource Center; Maryland Family Network	This training provides participants with knowledge and strategies for teaching children with developmental delays. Participants will review characteristics of typical child development form birth through age five while discussing red flags. Developmental screening tools also reviewed.
Including All Children and the Americans with Disabilities Act	Arundel Child Care Connections; Baltimore City Child Care Resource Center; Chesapeake Child Care Resource Center; Howard County Child Care Resource Center; Lower Shore Child Care Resource Center; Mental Health Association/Child Care Choices; Prince George's Child Resource Center; Project ACT; The Promise Resource Center; Western Maryland APPLES for Children; Maryland Family Network	You will be presented with information, strategies, and resources on how to develop and implement an ECE environment that is inclusive to all children and families.
Positive Child Guidance and Effective Interactions	Arundel Child Care Connections; Mental Health Association/Child Care Choices	Differences between IFSP and IEP will be discussed as well as sharing of resources available to assist children, families, and providers.

* denotes supports listed in multiple categories

Online Trainings for Teachers About IECMH

Online modules, webinars, and other virtual training opportunities to build teachers' IECMH knowledge and skills.

Support/Resource	Access Point(s)
SEFEL Infant-Toddler Modules (3)	The Institute for Innovation & Implementation; SEFEL
I/T Module 1: Social Emotional Development within the Context of Relationships	
I/T Module 2: Responsive Routines, Environments, and Strategies to Support Social Emotional Development in Infants and Toddlers	
I/T Module 3: Individualized Intervention with Infants and Toddlers: Determining the Meaning of Behavior and Developing Appropriate Responses.	
SEFEL Pre-K Modules (4)	The Institute for Innovation & Implementation; SEFEL
Pre-K Module 1: Promoting Children's Success: Building Relationships and Creating Supportive Environments	
Pre-K Module 2: Social Emotional Teaching Strategies	
Pre-K Module 3A: Individualized Intensive Interventions	
Pre-K Module 3B: Individualized Intensive Interventions: Developing a Behavior Support Plan	
SEFEL Trauma-Informed Modules (6)	The Institute for Innovation & Implementation; SEFEL
Trauma-Informed SEFEL Module 1: An Overview of Trauma	
Trauma-Informed SEFEL Module 2: Building Positive Relationships	
Trauma-Informed SEFEL Module 3: Creating Supportive Environments	
Trauma-Informed SEFEL Module 4: Individual Strategies	
Trauma-Informed SEFEL Module 5: Referrals and Interventions	
Trauma-Informed SEFEL Module 6: Take Care of Yourself	
Supporting Social Emotional Wellness in Early Childhood	Children's Mental Health Matters; Maryland Behavioral Health Administration by the Center of Excellence for Infant and Early Childhood Mental Health

Relationship-Based Professional Development to Support Teachers

Opportunities to cultivate teacher IECMH knowledge and skills within the context of a relationship with a highly skilled professional (e.g., consultant, coach, mentor).

Support/Resource	Access Point(s)	Description
ECMH Consultation	ECMH Consultation Project Lower Shore Early Childhood Mental Health Consultation Program (LSECMHCP) [Somerset/Wicomico/Worcester Counties] Project WIN [Prince George's County] ChildLink [Montgomery County] Abilities Network [Baltimore/Harford/Cecil Counties] Southern Maryland Project First Choice [Charles/Calvert/St. Mary's Counties] Western Maryland APPLES for Children Champs Program [Anne Arundel] CARE Center [Howard County] Partnerships for Emotionally Resilient Kids (PERKS) [Frederick and Carroll Counties] Upper Shore Project Right Steps [Caroline/ Dorchester/Kent/Queen Anne's Counties] Early Intervention Project [Baltimore City]	The mental health consultants: - Train and coach childcare providers on how to create an environment that better supports children's social-emotional development and better address SEL needs; - Gather information on individual children from the provider, family, and through direct observation of the child in the care setting (including screening using the Devereux Early Childhood Assessment Preschool Program (DECA) and ASQ-SE2) to inform the development of a plan to meet the child's needs; and - Work with individual families and connect them to outside services and supports to prevent the child's expulsion from preschool. The consultants typically work with an agency or a family for a minimum of three months and a maximum of approximately one year.
SEFEL Coaching	SEFEL	Coaches support Pyramid Model implementation through: •Observing teachers during different daily routines. •Watching, listening, and learning about teachers' educational beliefs and values. •Focusing on teacher strengths, emerging skills, and individual professional goals for implementing the Pyramid Model. •Using a variety of tools to assess teachers' strengths. •Offering guidance and support that will address emerging skills identified on the TPOT and the Inventory of Practices. •Understanding teachers' unique learning style, to adapt coaching to their individual needs. •Supporting teachers in creating professional development plans in areas that they prioritize for growth.
Colleagues	Other teachers, director, school counselor, coach, ECMH consultant, program specialist	

Higher Education

College-level courses at Maryland institutions of higher education that have early childhood degree programs.

Support/Resource	Access Point(s)	Description
Social - Emotional Development		
EDUC224 Social-Emotional Development in Young Children	Montgomery College: Early Childhood Education Program	Enables the student to comprehend the process by which children develop social and emotional competence. The focus will be on the principles and techniques of a developmentally appropriate guidance approach, the role of adults and community in a child's social and emotional development, activity planning, and the ethical standards of the National Association for the Education of Young Children (NAEYC).
Social & Emotional Development PreK	PGCPS/Teach for America: Prekindergarten Program	This domain focuses on cooperating with classroom rules/routines, relating well with adults and peers, participating willingly in group situations, making transitions from one activity to another, resolving conflicts appropriately and showing appreciation, empathy and caring for others.
EDHD 402 Social Development	University of Maryland: Early Childhood/Early Childhood Special Education Program	In this course, we will begin with a review of major theoretical and research perspectives on the nature of social development. Next, we will examine the development of specific aspects of social processes (e.g., social cognition, gender identity, aggression) followed by a study of the socialization contexts and influences on development, such as the family, peer, and school settings. Throughout the course, we will consider the impact of diversity by examining ethnic, cultural and gender differences that may influence the outcome of an individual's social development.
*EDHD415 Promoting the Social-Emotional Competence of Young Children in Inclusive Classrooms	University of Maryland: Early Childhood/Early Childhood Special Education Program	Teachers must have knowledge and skill regarding how to appropriately manage the classroom so that all children, those with and without disabilities, will be able to learn from their school experiences. Classroom management extends beyond responding to student misbehavior to include a comprehensive approach to addressing the social/emotional competence of typically and atypically developing children. The goal of this course is to prepare early childhood teachers who are able to sensitively, responsively, and effectively manage a classroom of young students who are typically developing and those who have disabilities. Includes Field Experience.

* denotes supports listed in multiple categories

Higher Education

College-level courses at Maryland institutions of higher education that have early childhood degree programs.

Support/Resource	Access Point(s)	Description
EDU239 Quality Parent and School Partnerships	Anne Arundel Community College: Early Childhood Education/ Early Childhood Special Education Program	Explore the framework of comprehensive school, family and community partnerships. Examines strategies for targeting hard to reach families. Learn about practical applications for students' individual school or for a community agency.
ECED251 Collaboration & Cooperation in Early Childhood Communities	Salisbury University: Early Childhood Education Program	Emphasizes family-school-community partnerships that promote children's ability to develop and learn. Examines family systems and their roles in the development of young children. Explores many of the challenges faced by today's diverse families and identifies collaboration and involvement practices to meet their needs. Focuses on ethical behavior and professional responsibilities as they relate to young children, their families and communities.
Classroom & Behavior Management		
EDCED483 Early Childhood Classroom Management	Frostburg University: Early Childhood Educaiton Program	For the early childhood teacher: advanced teaching skills in nurturing the young child's social experiences, self-discipline, independence and creativity; arranging play experiences, organizing physical space, communicating with children, child study.
EDU347 Classroom & Management	Hood College: Early Childhood Education Program	A study of classroom management techniques appropriate for the general and special education classroom. Topics include behavior modification, interaction techniques, problem solving and group management strategies.
*ED874.526 Classroom Management: Methods for Students with Mild to Moderate Disabilities	John Hopkins: Early Intervention/ Preschool Special Education Program	This course reviews the theoretical foundations for developing practical interventions and management strategies to deal with inappropriate classroom behaviors, as well as strategies for individualized education program (IEP) development and implementation. Behavior modification, therapeutic strategies, social skills instruction, and communication principles are applied to the design and implementation of structured classroom management programs.
EDHD 442 Interventions for Children with Behavioral Challenges	University of Maryland: Early Childhood/Early Childhood Special Education Program	This course is intended to expand students' knowledge of and develop skills to address challenging behaviors in inclusive early childhood classrooms. Students examine the causes underlying challenging behaviors during the early childhood years, and identify appropriate resources and support services for working with families to develop a unified approach when responding to behavioral challenges. Includes Phase 1 field experience.

* denotes supports listed in multiple categories

Higher Education

College-level courses at Maryland institutions of higher education that have early childhood degree programs.

Support/Resource	Access Point(s)	Description
*EDHD415 Promoting the Social-Emotional Competence of Young Children in Inclusive Classrooms	University of Maryland: Early Childhood/Early Childhood Special Education Program	Teachers must have knowledge and skill regarding how to appropriately manage the classroom so that all children, those with and without disabilities, will be able to learn from their school experiences. Classroom management extends beyond responding to student misbehavior to include a comprehensive approach to addressing the social/emotional competence of typically and atypically developing children. The goal of this course is to prepare early childhood teachers who are able to sensitively, responsively, and effectively manage a classroom of young students who are typically developing and those who have disabilities. Includes Field Experience.
EDEC320 Positive Behavior Support Strategies in Early Childhood	Washington Adventist University: Early Childhood Education Pre-K to Grade 3/ Early Childhood Special Education Birth to Grade 3 Program	N/A
Self-Care		
EDHD220: Exploring Early Childhood General & Special Education	University of Maryland College Park: Early Childhood Program	Students who are considering a career in education will consider information about the teaching profession. Students reflect on their personal strengths, identify areas of growth, and examine their predisposition to work with young children with and without disabilities. They will discuss the nature of teaching, the moral and philosophic underpinnings that influenced their decision to enter into the teaching professions, as well as the roles and responsibilities of teachers and the characteristics and qualities for effective teachers (teaching styles and teacher's primary role in the classroom).
Disabilities & Special Ed		
SPED201 Introduction to Needs of Exceptional Individuals	Coppin University: Early Childhood Education Program	N/A

* denotes supports listed in multiple categories

Higher Education

College-level courses at Maryland institutions of higher education that have early childhood degree programs.

Support/Resource	Access Point(s)	Description
EDUC201 Introduction to Special Edcuation	Montgomery College: Early Childhood Education Program	Covers psychological, sociological, and medical characteristics of the exceptional learner: mental retardation, learning disabilities, emotional or behavioral disorders, communication disorders, hearing impairments, visual impairment, physical disabilities, and giftedness. Topics also include classroom practices, current issues and trends, history and legal aspects, multicultural and bilingual implications.
ED272 Principles of Special Education	Stevenson University: Early Childhood Education Program	Provides background in special education principles for the classroom teacher. This course includes information on the requirements of specific disabilities, and how to adapt the curriculum and environment to meet the needs of children with special needs. Teacher candidates examine state and federal legislation and survey-related services and resources.
EDUC432 Accommodating Special Needs in Early Childhood Education	University of Marlyand Baltimore County: Early Childhood Education Program	This course offers the history of early childhood education, the basic characteristics of various disabilities, child development, and addressing the needs of young children with disabilities in literacy, math, cognition, social development and play.
EDU214 Introduction to Special Education	Anne Arundel Community College: Early Childhood Education/ Early Childhood Special Education Program	Explore the categories of special education and the characteristics of special learners. Learn about the diverse needs of special education students and the application of appropriate instructional adaptations. Gain an historical overview of special education legislation and legal issues.
EDSP470 Early Childhood Special Education I	Washington Adventist University: Early Childhood Education Pre-K to Grade 3/ Early Childhood Special Education Birth to Grade 3 Program	N/A
EDSP476 Early Childhood Special Education II	Washington Adventist University: Early Childhood Education Pre-K to Grade 3/ Early Childhood Special Education Birth to Grade 3 Program	N/A

* denotes supports listed in multiple categories

Higher Education

College-level courses at Maryland institutions of higher education that have early childhood degree programs.

Support/Resource	Access Point(s)	Description
EDHD 443 Interventions for Children with Social and Communication Challenges	University of Maryland: Early Childhood/Early Childhood Special Education Program	Students will learn about the characteristics of children with autism spectrum disorder, pervasive developmental disorder, social communication disorder, and other related challenges and will be equipped to meet the needs of this group of children in the early childhood classroom. The utilization of Universal Design for Learning (UDL), Response to Intervention (RTI) and other early childhood special education approaches, as they apply to this specific group of children, will be addressed. Interventions designed to improve the functioning of children with autism spectrum disorders and related disorders will be reviewed. Includes Phase I field experience.
EDHD 498C: Special Problems in Education; Intervening in the Lives of Socially Anxious Children	University of Maryland: Early Childhood/Early Childhood Special Education Program	In addition to gaining hands-on research experience working on the Preschool Shyness Study (https://sites.google.com/site/umdlittleturtles/umd-preschool-shyness-study), you will be exposed to theories, research, and methods pertaining to interventions for children with anxiety disorders. The course will include discussions of the roles of biological processes, temperament and personality, parenting and parent-child relationships, and peer relationships in the development of behavioral inhibition, shyness, and social anxiety in group contexts. We will also discuss the translation from research to practice.

* denotes supports listed in multiple categories

Peer-to-Peer Networks for Teachers

Opportunities for teachers to connect with peers and share their experiences, questions, and ideas related to IECMH.

Support/Resource	Access Point(s)	Description
SEFEL Pinterest Page	SEFEL Website	Share your classroom ideas, tricks, and projects! If you have an idea you would like to share on the SEFEL Community Pinterest page, please send an image and/or URL showcasing your idea.
Maryland Learning Links Groups	Maryland Learning Links	Coming soon, join groups that are focused on the issues you care about.
Maryland Learning Links Share and Connect	Maryland Learning Links	Chat with peers, connect with others, and offer comments.

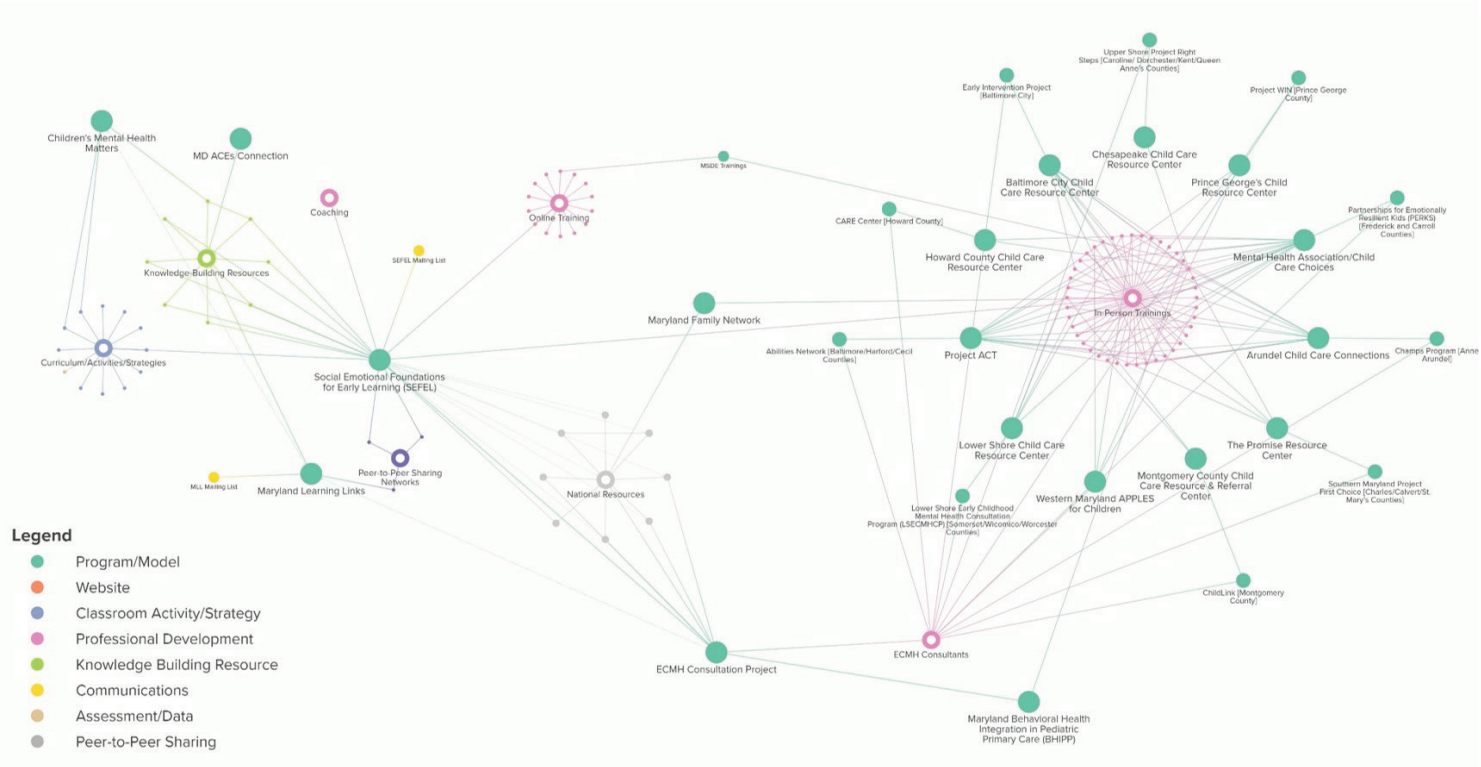
IECMH Classroom Tools & Family Support Strategies for Teachers

Specific activities or strategies that teachers can use to support children's social-emotional development/mental health and partner with families. These resources provide the "what" and "how" for teachers. These materials could include curricula, classroom activities, books, "tip sheets", interventions to address specific behaviors, etc.

Support/Resource	Access Point(s)
SEFEL Resources & Tools for Teachers & Providers	SEFEL
Book Nook	SEFEL
Scripted Stories	SEFEL
Health and Human Service Social Emotional Development Tips for Early Educators	SEFEL
Health and Human Service Social Emotional Development Milestones	SEFEL
Book List	SEFEL
Once I Was Very, Very Scared	SEFEL
Feelings Poster	SEFEL
Giving Positive Praise	SEFEL
Classroom Tools for Teaching Social-Emotional Skills	SEFEL
Using SEFEL Strategies to Promote Student Progress on the Social Foundations Strand of the Early Learning Assessment	SEFEL
When to Seek Outside Help for Children's Problem Behavior	SEFEL
How to Choose a Social-Emotional Curriculum	SEFEL
SEFEL Strategies for Teachers & Providers	SEFEL
Social Foundations Framework	SEFEL
ACEs Overview (Laura Porter)	SEFEL
Children's Mental Health Matters Resources	Children's Mental Health Matters
Children's Mental Health Matters Early Childhood Book List	Children's Mental Health Matters
Today I Feel Activity	Children's Mental Health Matters
Educator Resource Kit	Children's Mental Health Matters
Second Step	
Conscious Discipline	
PBIS	
Frog Street Curriculum	

Map of Maryland IECMH Resources

Snapshot as of Summer 2018



Appendix C: Integrated consultation model

	ACTIVITIES	THEORY OF CHANGE	OUTCOMES
Child Level	• Child and classroom observations • Child mental health screenings/referrals • Develop individualized child plans & interventions • Individual child case management/consultation • Provide 1:1 child support • Direct therapy/therapeutic play groups	• Early identification • 1:1 support allows children to practice prosocial skills • Assist staff with providing individual services that directly target specific internalizing and externalizing behaviors • Greater knowledge of children in context	• Decrease in frequency and intensity of problem behaviors • Improved socialization skills, peer relations, communication skills, emotional competence, adaptive skills • Increased referrals to intervention services
Family Level	• Provide parent training on ECMH topics • Refer parents for mental health services • Conduct home visits • Facilitate staff-family communication • Provide crisis intervention services for families • Family support groups	• Families who feel supported are more likely to share and communicate with staff • Parent knowledge of ECMH helps them to positively address child behaviors • Parents with knowledge of mental health are more likely to access ECMH services	• Improved communication between parents & staff about children's strengths and needs • Improved parent ability to cope with problem behaviors • Improved parent–child interactions • Decrease in parenting stress
Staff Level	• Evaluate learning environments • Model classroom management strategies • Provide staff training on ECMH topics • Support staff working with children with challenging behaviors and their families • Support staff capacity building • Participate in staff meetings • Provide staff support groups	• Teachers who are knowledgeable of classroom management strategies feel competent and able to address problem behaviors • When staff understand why children experience challenging behaviors > more sensitive, less harsh, more positive interactions; less blaming of parents, feel more competent to communicate with them	• Self-efficacy & competency • Recognition of meaning of child behavior • Classroom management • Teacher-child interactions • Teacher-parent relationships/communication • High job satisfaction • Decreased stress • Reduced burn-out
Program Level	• Provide mental health perspective in program planning & improvement • Identify and address program needs related to mental health policies and procedures • Assist program with setting goals for implementing mental health practices • Promote team building & staff wellness • Consult with director	• Staff feel they are part of a team > work together, communicate, & problem solve more effectively • Staff are knowledgeable of program mental health policies > more likely to utilize strategies that promote positive social-emotional development • Staff knowledge of ECMH > utilize classroom strategies that decrease challenging behaviors, decrease child expulsion, and increase attendance.	• Increased center communication • Increased staff teamwork • Increase in positive classroom environment • Decrease staff turnover • Improved center quality • Decreased child suspension & expulsion • Increase in program

Adapted from: Hepburn, K. S., Kaufmann, R. K., Perry, D. F., Allen, M. D., Brennan, E. M., & Green, B. L. (2007). *Early childhood mental health consultation: An evaluation tool kit*. Washington, DC: Georgetown University, Technical Assistance Center for Children's Mental Health; Johns Hopkins University, Women's and Children's Health Policy Center; and Portland State University, Research and Training Center on Family Support and Children's Mental Health.