

External Evaluation of Maryland's Infant and Early Childhood Mental Health Consultation Project

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**CENTER FOR EARLY CHILDHOOD
EDUCATION AND INTERVENTION (CECEI)
AT THE UNIVERSITY OF MARYLAND,
COLLEGE PARK**

Executive Summary

The Infant and Early Childhood Mental Health (IECMH) Consultation Project is intended to improve the ability of staff, programs, and families to prevent, identify, treat, and reduce the impact of social, emotional and other mental health issues among children birth through 5 years old. The Project is both child/family and classroom/program focused, which allows IECMH Consultation Project Consultants to focus on child behaviors while working with teachers to improve the quality of the classroom environment.

The IECMH Consultation Project began as a pilot in 2002 and expanded as a state-wide initiative under the Maryland State Department of Education (MSDE) in 2006. The Division of Early Childhood administers and monitors the project. There are currently 11 regional IECMH Consultation Project programs throughout the state. The overall focus of IECMH is supporting child care providers and parents toward building children's social-emotional skills, thereby reducing suspensions and expulsions from child care centers, family child care homes, Head Start and school systems. The goals for the Project are as follows: strengthen availability and access; improve and support project quality; deepen family engagement; ensure successful transition experiences; expand and enhance workforce development; and improve systems for infrastructure, data and resource management. The MSDE is the grantor, and the 11 IECMH Consultation Project regional programs are grantees. Expertise, technical assistance, professional development and the online management system for the regional programs are provided through the Parent, Infant, Early Childhood Program (PIEC) in the Institute for Innovation and Implementation at University of Maryland Baltimore (UMB), under a grant from MSDE.

In 2021, the Maryland State Legislature, which allocates \$2,000,000 annually to support the IECMH Consultation Project, mandated an evaluation of the IECMH Consultation Project under House Bill (HB) 776. The legislation required MSDE to *evaluate Project services, capacity, and integration with existing programs, requiring that the Department report on progress toward completing certain recommendations, and requiring the Department to report its findings to the Governor and the General Assembly on or before January 1, 2022.*

The Center for Early Childhood Education and Intervention (CECEI) at the University of Maryland served as the external evaluator of the *Infant and Early Childhood Mental Health Consultation Project*. Christy Tirrell-Corbin, PhD was the Principal Investigator, and Brenda Jones Harden, PhD was the Co-Investigator.

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The CECEI team devised research questions to match the objectives outlined in HB776. The research team analyzed quantitative and qualitative data through primary data collection (i.e., surveys, focus groups and an in-depth interview with PIEC Co-Directors). Quantitative and qualitative data analyses were also conducted on data provided by MSDE from their files, as well as data from the IECMH Consultation Project online management system (OMS). The results of the evaluation are presented across five chapters focused on: Implementation, Participants, Impact, Integration into other Child Serving Systems, and Costs.

Implementation. Examination of relevant data indicates that a range of strategies are used to promote effective implementation of the IECMH Consultation Project throughout Maryland. Staffing of the project emerged as a critical strategy, particularly in terms of credentials (e.g., licensing) and background. Another key strategy pertained to the professional development opportunities (i.e., formal training, resources, monthly reflective meetings) and infrastructure provided by the PIEC team. Nonetheless, a formalized referral process was recommended, which included a range of recruitment sources, a tiered system of referrals, which included an “environmental consultation,” and explicit marketing strategies, especially for child care programs serving high-need areas.

Barriers and challenges were largely focused on the difficulties recruiting and retaining qualified staff who had both knowledge of early childhood education and expertise in early childhood mental health. Another challenge centered on having insufficient funding to hire the number of Consultants necessary to support more child care centers and to compensate Consultants at the level necessary to incentivize them to remain in their positions. There were also some challenges noted relative to the “buy-in” of child care center directors and teachers who can be resistant to making suggested classroom or curriculum changes. The timing of the referral process, being more reactive than preventative, was also identified as a challenge because Consultants are called in when the situation has escalated, potentially to the point of child dismissal.

A final challenge is related to the COVID-19 pandemic, which has resulted in fewer referrals than in previous years. This decrease was attributed to decreased enrollment in child care centers and center staff being overwhelmed with the stressors of managing a program during an ongoing pandemic.

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Future iterations of the IECMH Consultation Project should address these barriers and challenges in order to enhance this project, which in 15 years has matured from a pilot initiative to a well-established project throughout the entire state of Maryland.

Participants. Examination of data on IECMH Consultation Project (Actual and Potential) Participants indicated a strong need for IECMH Consultation Project throughout the state of Maryland. Based on the work of Fuchs and Deshler (2007), between 8,667 and 30,336 children in the state of Maryland need intensive and individualized interventions in order to remain in the classroom. Between 2018-2020, the IECMH Consultation Project served an average of 537 children each year, which is 6% of the lower range of the estimated population of young children in need of services.

The 11 regional IECMH Consultation Project programs employ 35 Consultants, 18 of whom are licensed, who visit an average of 343 classrooms per year. Data from a survey of center-based and family child care administrators indicated that 58% of respondents are unfamiliar with the Project, 82% have never requested support services, and 44% could not identify the IECMH Consultation Project that served their region. Whether or not they were familiar with the Project, 67% of child care directors were supportive of expanding the project and 87% indicated they were somewhat likely or likely to request assistance from the IECMH Consultation Project if Consultants were more available.

The majority of Early Childhood General and Special Education Coordinators were familiar or very familiar (69%) with the early childhood mental health project and indicated there was a high need (75%) or medium need (25%) for early childhood mental health services in their school district. In contrast, only 28% of School Psychology Coordinators were familiar or very familiar with the Project and only 37% could identify the Project serving their region by name.

The majority of children served by the IECMH Consultation Project are white, between the ages of 37-48 months and male. On average, 85% of consultation services are provided in child care centers and the majority (91%) of referrals were in response to child-specific and classroom consultations. Children and families with identified risk factors were a small percentage of those receiving service. More specifically, 30% of

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children served were in a single-parent household, 16% received public services, 11% received a child care subsidy/scholarship, and 11% had an Individual Family Service Plan (IFSP) or Individualized Education Program (IEP).

The majority of the support provided by the IECMH Consultants were direct support to providers (54%), followed by providing resources (25%) and direct support to families (14%). When requests for IECMH Consultation Project services were rejected, it was because the site was deemed unready for consultation (90%), followed by the requested service not being appropriate for an IECMH Consultation Project (5%) or assorted other reasons. In 2018, 580 referrals were accepted and 138 rejected. In 2019, 583 referrals were accepted and 123 rejected and in 2020, 448 referrals were accepted and 77 were rejected.

Impact of the IECMH Consultation Project. Data suggest the IECMH Consultation Project has made a significant impact on the children, families, and child care providers that it has served in the state of Maryland. Although there is still a stark need for increased access to the project's services, the project has enhanced Early Childhood Education (ECE) providers' skills at understanding and meeting the social-emotional and mental health needs of young children in their programs through improved classroom-based practices and appropriate strategies for individual children. As a result, children in these classrooms have shown improved social-emotional skills and have been less likely to be expelled. According to Satisfaction Surveys, child care providers, staff, and parents report that the project has benefited child care programs overall and assisted in reducing children's challenging behavior.

Considerable progress has been made since the publication of the most recent gap analysis, specifically in terms of creating a statewide governing entity and framework for the implementation of this project. Although there is still a need for a professional development "blueprint" and universal access to these professional development opportunities as identified in the gap analysis, the professional development provided to child care programs was identified by IECMH directors and consultants, ECE directors and staff, as well as parents, as critical to the improved outcomes noted in the IECMH Consultation Project. In particular, the professional development provided by the PIEC program has been instrumental in improving providers' skills and improving children's outcomes, through their provision of formal training, resources, and opportunities for clinical reflection.

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Nonetheless, the need for embedded professional development (e.g., practice-based coaching) and more and broader access to these opportunities is clear. Further, there is a need for increased efforts around engaging child care programs that serve higher risk communities, including programs that serve higher concentrations of children who receive scholarships or subsidies. Additionally, based on MSDE's stated goals for the IECMH Consultation Project, regional programs need to increase their attention to specific populations, including children with special needs, children in the child welfare system, and children experiencing extreme risks such as homelessness, drug exposure, and parental incarceration.

This evaluation underscores the need for increased funding to increase the reach of the project, but also to retain IECMH Consultation Project providers through increased compensation for Consultants. Finally, as identified in the gap analysis, there needs to be a stronger infrastructure of the project, which includes clearer accountability hierarchies and a more universal approach to service provision across the state. This infrastructure building should also include alignment and collaboration with other child-serving programs, such as early intervention to ensure that children with special needs receive services, and other human services programs that target children exposed to extreme risk factors. In this way, future iterations of the IECMH Consultation Project will become even more beneficial to children, families, and providers in the state of Maryland.

Integration of the IECMH Consultation Project into School Systems. House Bill 776 from the Maryland Legislature specifically required the evaluation to consider how the IECMH Consultation Project could be integrated into existing School Psychological Services and public funded PreKindergarten (PreK) programs. IECMH Consultation Project Regional Directors and Consultants, as well as school system Early Childhood General and Special Education Coordinators and PIEC Co-Directors largely deemed integration of the project into the school systems as feasible/very feasible. Only 43% of School Psychology Coordinators deemed integration as feasible/very feasible. Additional funding, personnel and buy-in were identified as necessary for such a change to occur.

In spite of said integration being viewed as feasible, there were varying interpretations of what was meant by the term "integrated", which could mean anything from the IECMH Consultation Project collaboration with the school system to absorption into the school system. In fact, there may be several possible models for the integration of the IECMH Consultation Project into School Psychological Services, which could include eliminating

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eliminating the 11 IECMH Regional Programs (to include terminating staff) or having the Regional Directors and Consultants become school system employees under School Psychological Services. The same would be true if the IECMH Consultation Project were integrated into public PreKindergarten (PreK). Moreover, integration could be at the system level or the building level. Regardless of the model, integration of IEMCH into public schools will have to be grounded in the overarching goal of the program, which is to reduce suspension and expulsions of children from birth to five in community based programs through increased social-emotional skills for children and developmentally appropriate learning experiences/environments provided by teachers.

In spite of not being clear on the definition of “integrated”, stakeholders were able to identify benefits and drawbacks to integration of the IECMH Consultation Project into School Psychological Services. School Psychologists believed a benefit was children’s records following children into the school system, decreasing children on the waitlist for services, and having access to licensed psychologists. Early Childhood General and Special Education Coordinators saw the benefit as children having access to licensed psychologists, followed by decreasing the number of children and/or classrooms on the waitlist without services. Just under half of the IECMH Consultation Project Consultants believed the approach would integrate the IECMH Consultation Project and School System perspectives more closely, as well as increase socioemotional skills and interventions to benefit children and families. PIEC Co-Directors also voiced support for integrating the IECMH Consultation Project into School Psychological Services, but through the existing crisis response model.

The identified drawbacks of integrating the IECMH Consultation Project into School Psychological Services were mostly focused around the “goodness of fit.” School Psychology Coordinators, who mostly reported very little or only some training working with young children, saw the drawback as school systems having insufficient resources to meet the demand and decreased time with elementary grade children. Early Childhood Coordinators saw the greatest drawback as school psychologists not being licensed to work (or experienced) with children birth to 5, which was a concern also shared by the IECMH Consultation Project Regional Directors.

If the IECMH Consultation Project was integrated into School Psychological Services, stakeholders indicated that resources, staff, and buy-in would all be essential ingredients for success. In addition, those working with children from birth through age five would need to have expertise in that area, which is not common for licensed school psychologists.

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In general, the responses to integrating the IECMH Consultation Project into public PreK were very similar to the perspectives shared above. Almost all Early Childhood General and Special Education Coordinators, IECMH Consultation Project Regional Directors and IECMH Consultation Project Consultants deemed it feasible/very feasible to integrate IECMH Consultation Project into Public PreK, with the exception of two IECMH Consultation Project Regional Directors who deemed it unfeasible to do so. Early Childhood Coordinators saw the potential benefits of integration as support for more children and families, the ability to address an increase in behavioral issues, and having access to mental health professionals and resources. IECMH Consultation Project Consultants identified benefits as the ability to support more educators and families, standardized IECMH Consultation Project strategies, the ability to reach more children, and reaching more children impacted by COVID-19.

Only one Early Childhood General and Special Education Coordinator identified a drawback of integrating the IECMH Consultation Project into PreK, which was concern about the lack of time, staff, and resources necessary to support the project. IECMH Consultation Project Consultants had a similar response, with 47% indicating nothing would be lost if the two programs were integrated. In contrast, the Regional Directors voiced concerns that the project would no longer focus on young children who were not part of the school system and the “different languages” spoken in child care and public school. The PIEC Co-Directors were less certain about the advisability of integrating mental health services into public PreK unless the focus was on prevention through professional development for teachers/staff.

In the event the IECMH Consultation Project was integrated into public PreK, success would be dependent upon buy-in from school administrators, teachers, and school psychologists. In addition, school personnel would need additional funding and professional development focused on the development of children from birth through five, as well as developmentally appropriate educational experiences for young children.

Costs. There is significant site variability regarding the costs of the IECMH Consultation Project project due to geographic region, number of children targeted, and the level of clinical expertise for staff. For the current complement of services for an average of 537 children per year, annual costs total approximately \$3,000,000, which includes \$1,985,000 from MSDE to all the sites across the state. The remainder of the funds come from private funders and county allocations. Based on the current level of funding, regional programs in total allocate \$2,650,000 for salaries of direct service staff, but again there is considerable

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variability by program. Funding the work of 38 full-time Consultants across the state would cost \$3,040,000 for school psychologists and \$2,280,000 for school social workers, using the regional model.

If the IECMH Consultation Project project was integrated into school systems, the costs would be \$5,760,000 for 3 school psychologists each or \$4,320,000 for 3 school social workers each in the 24 school systems in the state. Given the disparate size of Maryland's school systems, counties such as Montgomery would likely need far more than 3 licensed mental health professionals (as indicated in their current staffing model) to serve the estimated 1,534-5,370 children in need of early childhood mental health services. In contrast, smaller school systems, such as Garrett or Somerset would likely need less than 3 licensed mental health professionals to meet the needs of the children in their systems.

To fund 38 full-time Consultants who were paraprofessionals, the IECMH Consultation Project would have to allocate \$1,406,000 for direct service staff. However, there would need to be a full-time clinical supervisor at each site, necessitating an additional \$880,000 in supervisory staff salaries. Although there are clearly differences in the amount of funding necessary to support staff at different levels of clinical experience and credentialing, it is also important to consider that these staff would have very distinct supervisory and administrative support needs, which have to be factored into any cost analysis.

Finally, the aforementioned numbers only consider different staffing models and do not reflect any expansion in IECMH services to children, families or teachers/programs. Given that the estimated need for infant early childhood mental health services in Maryland was between 8,670 to 30,340 children before the COVID-19 pandemic, it is likely that staffing costs will be substantially higher than articulated in the aforementioned models if the goal is to increase the reach of the IECMH Consultation Project.

Conclusions. Overall, this evaluation reveals that the IECMH Consultation Project has become a critical resource for the child care community in the state of Maryland. Through its evolution from a small pilot project to a statewide project, it has provided increasing support to child care settings that has enhanced teachers' capacity to address children's social-emotional needs and has promoted children's positive behavior. A notable strength of Maryland's IECMH Consultation Project is the Parent, Infant, Early Childhood Program (PIEC) team in The Institute for Innovation & Implementation at the University of Maryland Baltimore.

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The professional development provided by the PIEC team has reportedly been instrumental in improving providers' skills and improving children's outcomes, including an enhanced focus on equity.

Nonetheless, the reach of the IECMH Consultation Project, in terms of children served, represents only about 6% of the children in the lower range of those estimated to be in need of services. Although Goals 1 and 2 of the IECMH Consultation Project focus on vulnerable families and increasing equity, a small percentage of the children and families who received IECMH Consultation Project services actually had identified risk factors and less than half of centers served were located in zip codes associated with high poverty communities. Furthermore, the project mostly supports center-based child care programs. It is important to note that 70% of licensed programs in the state fall within the category of family child care, which received only 6% of IECMH Consultation Project services. In contrast, center-based child care programs receive 85% of consultation services yet make up only 30% of licensed programs in Maryland.

The IECMH Consultation Project project regional programs face a number of challenges, most notably around funding and staffing. There are insufficient funds to hire all the necessary staff required to meet the need for IECMH, or to support their professional development once hired. The situation is worsened by the very small pool of individuals with backgrounds in both early childhood education and early childhood mental health who could be hired into consultant positions. This is, at least in part, because there is no "pipeline" for preparing professionals to work in the field of early childhood mental health. Maryland's Schools of Social Work and Clinical/School Psychology largely prepare their students for other contexts. When staff are hired, they often move on for positions with a higher rate of compensation.

The majority of survey responses (60%) from Regional Directors indicated that professional development of IECMH Consultation Project Consultants was only "adequate". Those data highlight the need for more embedded professional development for IECMH Consultation Project Consultants (e.g., practice-based coaching), IECMH prevention processes (e.g., classroom practices to prevent and reduce behavior problems), opportunities for clinical reflection, and a universal onboarding process for directors and consultants.

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House Bill 776 from the Maryland Legislature specifically required consideration of how the IECMH Consultation Project could be integrated into existing School Psychological Services and public funded PreKindergarten (PreK) programs. IECMH Consultation Project Regional Directors and Consultants, as well as school system Early Childhood General and Special Education Coordinators and School Psychology Coordinators, and PIEC Co-Directors largely deemed integration of the project into the school systems as feasible. However, funding, personnel, and buy-in were identified as necessary for such a change to occur.

In spite of said integration being feasible, there were varying interpretations of what was meant by the term “integrated”, which could mean anything from collaboration to absorption. In fact, there are multiple possible models for the integration of IECMH Consultation Project into School Psychological Services/Public PreK, including eliminating the 11 IECMH Regional Programs (to include terminating staff) or having the Regional Directors and Consultants become school system employees under School Psychological Services/Public PreK. Regardless of the model, integration of IECMH into the school systems would require school system personnel to focus on children from birth to Kindergarten within community child care centers, family child care homes, and Head Start programs, with the goal of increased social emotional skills that lead to retention in programs in schools.

Given that there are 11 regional IECMH Consultation Projects and 24 school systems, integration of the current IECMH Consultation Project into School Psychological Services/Public PreK would mean crossing school system boundaries, cultures and resources in the more rural portions of the state, such as the Lower Eastern Shore which includes three counties. Moreover, integration could be at the system level or at the building level. If IECMH Consultation Project staff were absorbed into the school system, there could be challenges aligning Consultant’s qualifications with those in school system contracts and pay bands.

It is also clear that such a change would be resource intensive in terms of staffing and professional development focused on early childhood development and developmentally appropriate practice for early childhood education settings for school system personnel. Although stakeholders identified benefits, drawbacks, and necessary resources of integrating IECMH Consultation Project into School Psychological Services and Public PreK, a clear definition of “integrated” is necessary to obtain informed perspectives on the feasibility and advisability of such an approach.

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Data from the UMB Online Management System (OMS) suggest that the IECMH Consultation Project has made a significant impact on children, families, and child care providers in the state of Maryland. More specifically, data indicated improvements in the classroom climate based on the Preschool Climate Scale. Additionally, in 2018 and 2019, there were significant decreases in teacher concerns about children's behavior (28% and 25% respectively) following consultations. However, in 2020, there was only a 6% decrease in teacher concerns, which may be explained by challenges associated with the COVID pandemic. Notably, OMS data indicate that 95% of children were retained in the child care centers who received IECMH Consultation Project. These data suggest that an important area identified in the gap analysis (i.e., increasing teachers' knowledge about developmentally appropriate practice) is being addressed through the IECMH Consultation Project.

However, the current infrastructure appears insufficient for the project to fully meet the IECMH Consultation Project goals articulated by the Maryland State Department of Education. While MSDE is the grantor and PIEC at UMB provides expertise, professional development and evaluation data, there is no centralized, licensed early childhood mental health professional who has oversight of the 11 regional programs, who is able to engage the regional directors in reflective supervision, or hold programs accountable for meeting the stated goals. Moreover, the 11 programs have very different structures, which make the provision of professional development and support more challenging for the PIEC team. While some unique features of a program are necessary to meet the needs of their communities, the lack of consistent structures across the regional programs is noteworthy.

Recommendations. Based on the data analyzed for this report, the CECEI research team has identified six categories of recommendations for enhancement and expansion of Maryland's Infant Early Childhood Mental Health Consultation Project, which are aligned with the stated IECMH Consultation Project goals. Those categories of recommendations are: Recruitment, Administrative Infrastructure, Staffing, Professional Development, Collaboration and Families.

Recruitment: IECMH Consultation Project *Goal 1: Strengthen availability and access* and *Goal 2: Improve and support program quality* are the foundation for the following recommendations.

Recommendation I: Dedicate (line item) resources toward recruiting center-based and family child care homes, which serve children at risk due to income, family configuration, and/or disability, into the IECMH consultations.

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Recommendation II: Expand services and target recruitment of child care programs to include prevention efforts, such as professional development on and implementation of the National Pyramid Model focused on Social Emotional Foundations of Learning, thereby changing the focus to supporting classrooms instead of responding to the behavioral needs of individual children.

Administrative Infrastructure: IECMH Consultation Project *Goal 2: Improve and support program quality* and *Goal 6: Improve systems for infrastructure, data and resource management* are the foundation for the following recommendations.

Recommendation III: Leverage funding to establish an infrastructure for the Maryland IECMH Consultation Project Regional Programs that includes clear accountability hierarchies, a licensed mental health professional with experience in early childhood education as the overall administrator of the regional programs, and a more universal approach to service provision across the state, which is all housed under MSDE and administered in the Division of Early Childhood.

Recommendation IV: Establish an infrastructure in alignment and collaboration with other child-serving programs, such as early intervention to ensure that children with special needs receive services, and other human services programs that target children exposed to extreme risk factors.

Recommendation V: Recommendation V: Leverage existing entities, such as the Local Early Childhood Advisory Councils and Judy Center Early Learning Hub to establish more formalized partnerships between IECMH Consultation Projects and public schools, notably in Title I communities.

Staffing: IECMH Consultation Project *Goal 1: Strengthen availability and access*, *Goal 2: Improve and support program quality* and *Goal 5: Expand and enhance workforce development* are the foundation for the following recommendations.

Recommendation VI: IECMH Consultation Project staff within each site should reflect both expertise in early childhood education to support classrooms and early childhood mental health, with at least one full-time credentialed mental health professional on the team, to meet the clinical needs of children and families.

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Recommendation VII: MSDE should partner with Institutes of Higher Education on the development of Social Work and Clinical Psychology programs focused on the development, learning and mental health needs of children between the ages of birth through age five. Recommendation VIII: Establish a minimum salary for IECMH Consultation Project Consultants, across programs, in line with industry standards for their credentials.

Professional Development: IECMH Consultation Project *Goal 2: Improve and support program quality* and *Goal 5: Expand and enhance workforce development* are the foundation for the following recommendation.

Recommendation IX: Increase funding for professional development activities, particularly in regard to embedded professional development (e.g., practice-based coaching), IECMH prevention processes (e.g., classroom practices to prevent and reduce behavior problems), opportunities for clinical reflection, and a universal onboarding process for directors and consultants.

Collaboration: IECMH Consultation Project *Goal 1: Strengthen availability and access*, *Goal 2: Improve and support program quality*, *Goal 4: Ensure successful transition experiences*, and *Goal 6: Improve systems for infrastructure, data and resource management* are the foundation for the following recommendations.

Recommendation X: MSDE should research the competencies and infrastructure of IECMH services in other states, notably those within their National Early Childhood Collaborative, to determine if there is a high-quality, evidence-based model that integrates IECMH Consultation Project into school systems with a focus on children birth to five in community based child care centers, family child care homes and Head Start.

Recommendation XI: Each regional IECMH Consultation Project Regional site should partner with their Local Early Childhood Advisory Council(s), which brings together stakeholders from the school system(s) served by the region, Part C and Part B of the Individuals with Disabilities Act, Head Start, center-based and family child care, Judy Center Early Learning Hub Coordinators, representatives from local mental health and other human service provider agencies, to identify priorities focused on the goal of improving young children's mental health and transitions.

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Families: IECMH Consultation Project *Goal 3: Deepen family engagement* and *Goal 4: Ensure successful transitions* are the foundation for the following recommendation.

Recommendation XII: Establish universal family outreach strategies, to include marketing the project, as well as educating parents on promoting young children's social-emotional skills, managing their children's behavioral challenges, and facilitating their transitions to and from formal child serving settings, including child care, preschool, and kindergarten.

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The Center for Early Childhood Education and Intervention (CECEI) conducts high quality research on early childhood education and early intervention programs in order to inform state and federal policy, to translate research into scalable education programs and best practices, to build capacity in schools and communities and to promote family engagement in their children's education.

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Glossary

The following is a list of common abbreviations and acronyms used in this report for the purpose of clarity and concision.

CECEI	Center for Early Childhood Education and Intervention
DECA	Devereaux Early Childhood Assessment
DEI	Diversity, Equity, and Inclusion
ECE	Early Care and Education
FAN	Facilitating Attuned INteraction
HB	House Bill
IECMH	Infant and Early Childhood Mental Health
IECMHSSP	Infant and Early Childhood Mental Health Support Services Program
IEP	Individualized Education Program
IFSP	Individual Family Service Plan
MSDE	Maryland State Department of Education
OMS	Online Management System
PIEC	Parent, Infant, Early Childhood Program
PreK	PreKindergarten
PD	Professional Development
SSW	School of Social Work
SFY	State Fiscal Year
SAMHSA	Substance Abuse and Mental Health Services Administration
TPOT	Teaching Pyramid Observation Tool
TPITOs	Teaching Pyramid Infant Toddler Observation Scale
UMB	University of Maryland, Baltimore
UMD	University of Maryland

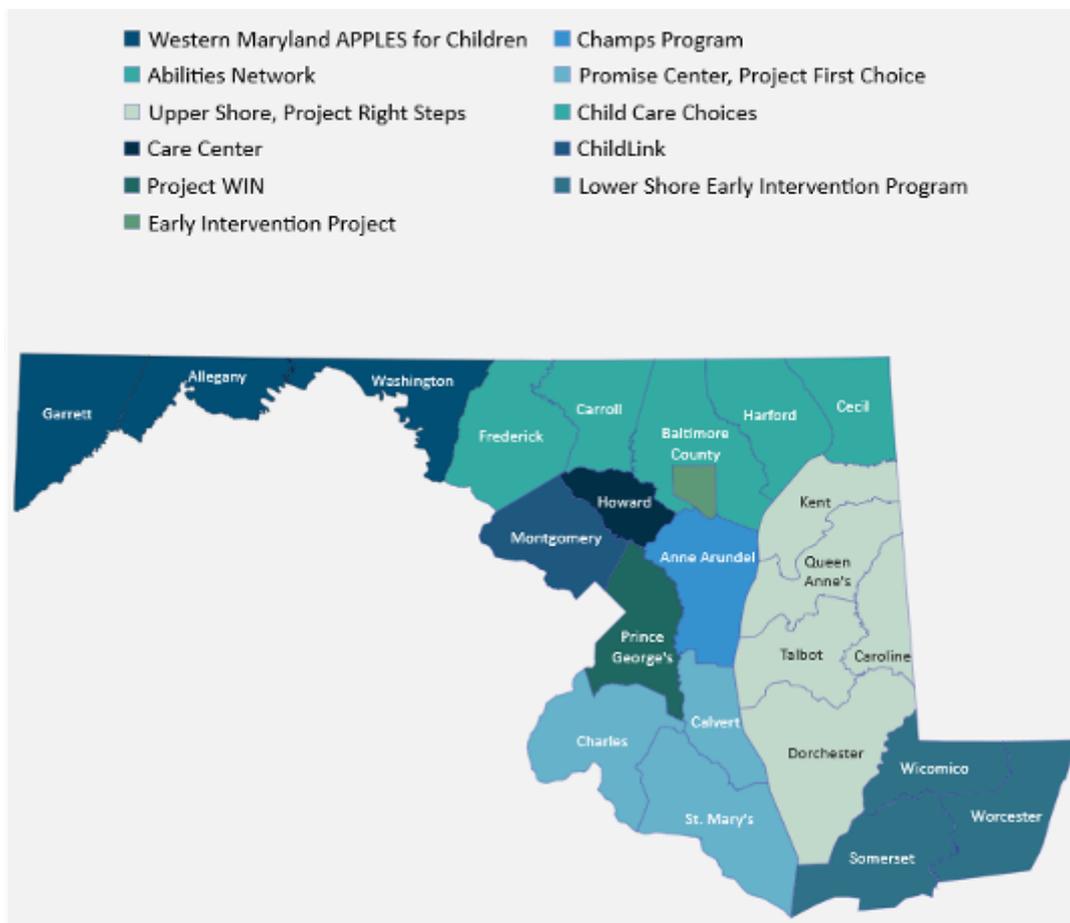
Chapter 1: Background on IECMH and House Bill 776

Background on the Infant and Early Childhood Mental Health Consultation Project

The Infant and Early Childhood Mental Health (IECMH) Consultation Project is intended to improve the ability of staff, programs, and families to prevent, identify, treat, and reduce the impact of social, emotional and other mental health problems among children birth through 5 years old. The IECMH Consultation Project began in 2002 as a three-year pilot project in Baltimore City and on the Eastern Shore. Based on the Project's success, the Maryland State Department of Education (MSDE) funded the expansion of the pilot project in 2006 to include statewide child care licensing regions.

As of 2021 there were 11 IECMH Consultation Project Regional Programs throughout the state, all situated with childcare resource centers. In some cases, an IECMH Consultation Project Regional Program covers only one, large county/school district, whereas other regional IECMH programs cover multiple, small counties/school districts. Figure 1.1 illustrates the areas covered by the 11 IECMH consultation programs.

Figure 1.1. IECMH Consultation Project Areas



Chapter 1: Background

The IECMH Consultation Project has been guided by Standards and Guidelines since 2006. The standards were revised in 2020 and, as part of that process, the Project was renamed the Infant and Early Childhood Mental Health Support Services Program (IECMHSSP), reflecting the tiered approach of the Project. However, to be consistent with the language in Maryland House Bill 776 (Appendix A), this evaluation report will refer to the project by the previous name “Infant and Early Childhood Mental Health (IECMH) Consultation Project.

In Maryland, the IECMH Consultation Project is both child/family and classroom/program focused. This hybrid model allows Consultants to focus on specific child behaviors, while working with teachers to improve the overall quality of the classroom environment. The overall focus of IECMH is supporting child care providers and parents toward building children’s social-emotional skills , thereby reducing suspensions and expulsions from child care centers, family child care homes, Head Start and school systems.

At its core, IECMH Consultation is intended to create fundamental shifts in early childhood professionals’ beliefs, attitudes, and practices to support more effective caregiving for all children, regardless of race, gender, class, or a myriad of other factors. The MSDE has identified the state-wide goals for the IECMH Consultation Project as:

1. **Strengthen availability and access** by increasing availability and choice for all families and especially vulnerable families, decreasing barriers, serving more children with special needs in inclusive settings, and improving coordination between Early Care and Education and health services.
2. **Improve and support program quality** by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infants’ and children’s mental health needs.
3. **Deepen family engagement** by increasing families’ awareness of high-quality programs, expanding two-generational programming, and enhancing families’ opportunities to engage.
4. **Ensure successful transition experiences** by strengthening institutional support for transitions, supporting families through transitions, and improving transition-focused professional development opportunities.

5. Expand and enhance workforce development by improving professional development opportunities, strengthening equity, coordination and alignment efforts, and improving compensation for Early Childhood Education (ECE) professionals.

6. Improve systems for infrastructure, data and resource management by improving coordination across agencies, modernizing the data system, using resources in ways that promote equity, and streamlining funding mechanisms.

Support for the IECMH Consultation Project

MSDE oversees the IECMH Consultation Project as the grantor. Staff in the Parent, Infant, Early Childhood Program (PIEC) at The Institute for Innovation & Implementation at University of Maryland Baltimore (UMB) provide technical assistance to the 11 regional programs in the form of expert knowledge, facilitating regular regional meetings for IECMH Consultation Project Regional Directors and Consultants, providing ongoing professional development in line with national standards, maintaining the Online Management System (OMS) where Regional Directors and Consultant input data, providing quarterly reports to MSDE, and preparing annual reports for the Maryland State Legislature. In SFY 22, MSDE awarded PIEC a grant for \$340,000 to provide support to the 11 IECMH Projects throughout Maryland.

Funding for IECMH Regional Programs

Funding for the regional IECMH Projects comes through grants from MSDE to the regional programs. Each year programs respond to a Request for Proposals, which details the parameters for grant funding for the forthcoming fiscal year. For State Fiscal Year 2022, the estimated average grant amount was listed as \$165,400.00. According to the MSDE State Fiscal Year (SFY) 2022 Request for Proposals, the grantees were to:

- Offer services, in all of the childcare regions of Maryland, consistent with the *Maryland IECMH Consultation Project: Practice Standards & Recommendations*, that build the capacity of young children's early care and education providers and family members to promote healthy social-emotional development for children through positive interactions and healthy relationships in a supportive environment;
- Provide support and intervention services for child care programs, children, and families during the COVID-19 crisis and during the recovery phase of the COVID-19 crisis;
- Promote Infant & Early Childhood Mental Health (IECMH) services in high need areas;

Chapter 1: Background

- Provide IECMH in a culturally and linguistically responsive way;
- Foster communication and collaboration between the home and early child care setting in ways that support child development;
- Increase community awareness of the importance of healthy social and emotional development of young children for school success; and
- Refer families and children requiring more intensive intervention services to high quality assessment and clinical intervention services.

Legislatively Mandated Evaluation of the IECMH Consultation Project

Since 2006, the Maryland State Legislature has allocated \$2,000,000 each year in support of the IECMH Consultation Project. In 2021, the Maryland State Legislature passed House Bill (HB) 776 requiring the Maryland State Department of Education to conduct a study of the Infant and Early Childhood Mental Health Consultation Project. HB 776 required *the State Department of Education to perform a thorough study, analysis, and evaluation of the Infant and Early Childhood Mental Health Consultation Project; requiring that the Department evaluate Project services, capacity, and integration with existing programs; requiring that the Department report on progress toward completing certain recommendations; and requiring the Department to report its findings to the Governor and the General Assembly on or before January 1, 2022.*

Chapter 2: Research Methodology

The Center for Early Childhood Education and Intervention (CECEI) at the University of Maryland served as the external evaluator of the *Infant and Early Childhood Mental Health Consultation Project* (IECMH Consultation Project). The evaluation was conducted by Christy Tirrell-Corbin, PhD (Principal Investigator), Brenda Jones Harden, PhD (Co-Investigator), Laura Jimenez Parra (Doctoral Candidate/Project Manager), Tiffany Martoccio, PhD (Data Analyst), and Kaylah Denis, MPS (Research Assistant).

Legislated Evaluation of the Infant and Early Childhood Mental Health Consultant Project

In 2021 the Maryland State Legislature passed HB 776 requiring the Maryland State Department of Education to conduct a study of the Infant and Early Childhood Mental Health Consultant Project, now known as the state's Infant and Early Childhood Mental Health (IECMH) Consultation Project. House Bill 776 (please see Appendix A for the complete bill) which required *the State Department of Education to perform a thorough study, analysis, and evaluation of the Infant and Early Childhood Mental Health Consultation Project; requiring that the Department evaluate Project services, capacity, and integration with existing programs; requiring that the Department report on progress toward completing certain recommendations; and requiring the Department to report its findings to the Governor and the General Assembly on or before January 1, 2022.* The stated objectives in House Bill 776 were as follows:

The stated objectives in House Bill 776 were as follows:

1. Review the goals of the Project and how effectively those goals have been met;
2. Assess the need for IECMH across the State and the capacity of existing Program services to meet that need;
3. Identify any areas in the State where Project services are insufficient or absent;
4. Evaluate the capacity of the Project to meet service gaps;
5. Examine the feasibility of Project expansion to fill gaps;
6. Assess the costs and benefits associated with current Project staffing qualifications and potential alternative qualification models, including the capacity for the Project to continue to provide needed services under alternative models;

Chapter 2: Methodology

7. Consider how the Project could be integrated with existing School Psychological Services;
8. Examine how the Project could be integrated with public funded PreKindergarten programs and with programs designed to prevent suspension and expulsion from under § 7-305.1 of the Education Article (Chapter 843 and 844 of 2017);
9. Calculate the costs required to expand Project services and achieve the goals identified by the study.

MSDE must report on any progress made toward completing the recommendations the project set forth in its most recent gap analysis. MSDE must consult with and seek input from relevant stakeholders as a part of its duties under the bill.

Current Law: Suspension and Expulsion of Young Children

Chapters 843 and 844 of 2017 prohibit students in public prekindergarten, kindergarten, or first or second grades from being suspended or expelled, except that:

- a student in those grades may be expelled if required by federal law (generally, for bringing a firearm to school); and
- a student in those grades may be suspended for up to five days if the school administration, in consultation with a school psychologist or other mental health professional determines that there is an imminent threat of serious harm to other students or staff that cannot be reduced or eliminated through interventions and supports”.

For students in PreKindergarten through grade 2 who are suspended or who commit an act that would otherwise be grounds for suspension, local school systems must provide intervention and support to address the student’s behavior. Intervention and support include (1) positive behavior interventions and supports; (2) a behavior intervention plan; (3) a referral to a student support team; (4) a referral to an individualized education program; and (5) a referral for appropriate community-based services. The school system must remedy the effect of a student’s behavior through appropriate intervention methods including restorative practices (Maryland House of Representative, 2021, p. 2-3).”

Research Questions

Based on the objectives identified in House Bill 776, the CECEI research team devised the following research questions within the categories of: Implementation, Participants, Impact, Integration into other Child Serving Systems, and Costs. The HB 776 objectives to which each question pertains are noted at the end of each research question.

1. IECMH Consultation Project Implementation

- a. What strategies have been used to meet the goals of the IECMH Consultation Project (objective 1)?
- b. What are the barriers and challenges in the implementation of the IECMH Consultation Project (objective 1)?
- c. What programmatic and administrative strategies allow for the effective implementation of the IECMH Consultation Project across the state (i.e., saturation) (objectives 4 and 5)?
- d. What are the characteristics of staff who deliver these services (objective 1)?

2. Participants (actual and potential) in IECMH Consultation Project

- a. What are the overall and regional needs for IECMH Consultation Project services (objective 2)?
- b. What is the reach of support/services in the IECMH Consultation Project overall and regionally (objective 3)?
- c. Who are the children and families who participate in the IECMH Consultation Project (objective 1)?

3. Impact of the IECMH Consultation Project

- a. To what extent has the IECMH Consultation Project achieved its objectives (objective 1)?
- b. To what extent has the IECMH Consultation Project addressed the need for pertinent services and supports in each county (and Baltimore City)(objective 4)?

4. Integration and staffing of IECMH Consultation Project into other child serving system

- a. What are IECMH staff (including administrators and service providers) and stakeholders' perspectives on the integration of the Project with existing school-based psychological services (objective 7)?
- b. What are IECMH staff (including administrators and service providers) and stakeholders' perspectives on the integration of the Project with public pre-kindergarten programs (objective 8)?

5. Cost of IECMH Consultation Project

- a. How much total funding is required to implement the current complement of services provided by the IECMH Consultation Project (objective 9)?
- b. How much funding for staff is required to implement the current complement of services provided by the IECMH Consultation Project (objective 6)?
- c. How much funding for staff is required to implement IECMH Consultation Project services with a different level of staff qualifications (e.g., paraprofessional, non-licensed professional) (objective 8)?

Methodology

In order to fulfill the objectives for the evaluation and answer the research questions, CECEI analyzed quantitative and qualitative data through primary data collection, (surveys, focus groups and interviews) and secondary data analysis. MSDE provided CECEI with 2018-2020 IECMH Consultation Project data, to include Request for Proposals, Proposals, Practice Standards, and a recent gap analysis report. MSDE also provided CECEI with 2018-2020 data from the Parent Infant Early Childhood Program at the Institute for Innovation and Implementation in the School of Social Work at the University of Maryland Baltimore. PIEC provides technical assistance and professional development to the IECMH Consultation Projects, administers the Online Management System, provides MSDE with quarterly reports and produces an annual legislative brief documenting the Project's accomplishments. The OMS also includes data from parent, staff and director satisfaction surveys, the results of which are presented in Chapter 5 of this report. Please see Table 2.1 for a complete listing of data sources used in this evaluation report.

Chapter 2: Methodology

Table 2.1. IECMH Consultation Project External Evaluation Data Sources

Data Source	Data Collected by CECEI	Data Provided by MSDE
Data for Chapter 3: Implementation		
IECMH Consultation Project Grant Proposals		X
Focus groups with Regional Directors	X	
Interview with PIEC Co-Directors	X	
Survey of Regional Directors	X	
Survey of IECMH Consultants	X	
Data for Chapter 4: Participants		
Survey of Center Directors	X	
Survey of Family Childcare Providers	X	
Focus group with Regional Directors	X	
Survey of Early Learning Coordinators	X	
Survey of School Psychologists	X	
OMS Data (Demographics)		X
Zip code data		X
Data for Chapter 5: Impact		
Focus group with Regional Directors	X	
Interview with PIEC Co-Directors	X	
OMS data (Child Outcomes & Satisfaction Surveys)		X
Survey of Regional Directors	X	
Survey of IECMH Consultants	X	
Survey of Center Directors	X	
Survey of Family Childcare Providers	X	
Data for Chapter 6: Integration		
Focus group with Regional Directors	X	
Interview with PIEC Co-Directors	X	
Survey of Regional Directors	X	
Survey of IECMH Consultants	X	
Survey of School Psychologists	X	
Survey of Early Learning Coordinators	X	
Data for Chapter 7: Cost		
Projected Budget modeling	X	
IECMH Consultation Project Grant Proposals		X
Survey of Regional Directors	X	

Chapter 2: Methodology

Focus Groups and Interviews. Drs. Tirrell-Corbin and Jones Harden (CECEI) conducted focus groups with 8 of the 11 Regional Directors of the IECMH Consultation Project to discuss their experiences, successes and challenges with the project, as well as their thoughts on staff qualifications, project expansion and the possible integration of the project into School Psychological Services and publicly funded PreKindergarten programs. Drs. Tirrell-Corbin and Jones Harden also conducted an in-depth interview with the IECMH Co-Directors, Margo Candelaria, PhD and Kate Sweeny, LCSW.

Surveys. CECEI researchers designed, disseminated and analyzed surveys for key stakeholders in the IECMH Consultation Project. Specially, surveys were developed and disseminated to:

- Center-based and Family Child Care Program Directors;
- The School Psychologist Coordinator/Supervisor in each school district;
- The Early Childhood General and Special Education Coordinators/Supervisors in each school district;
- IECMH Consultation Project Consultants; and
- IECMH Consultation Project Regional Directors.

CECEI Developed Surveys. Surveys to Center-based and Family Child Care program Directors were sent via email from Steven Hicks, Assistant State Superintendent for Early Childhood at MSDE. After 2 weeks, 867 completed surveys were received by the CECEI team. Surveys to the 24 School Psychologist Coordinators/Supervisors were disseminated by the CECEI research team and by Kimberly A. Buckheit, Section Chief, School Safety and Climate Specialist, School Completion and Alternative Programs at MSDE. After 4 weeks, 9/24 completed surveys were received by the CECEI team. The Early Childhood General and Special Education Coordinator surveys were sent by the CECEI team and by Judith Walker, Branch Chief for Early Childhood at MSDE. After 4 weeks, 16/48 completed surveys were received by the CECEI team. Table 2.2 provides an overview of respondents by jurisdiction/school district. Surveys to IECMH Consultation Project Consultants and Regional Directors were distributed by the CECEI research team and emails encouraging participation were sent by the IECMH Consultation Project Team at PIEC. Responses from 23/35 Consultants and 9/11 Regional Directors were received by the CECEI team. Table 2.3 represents IECMH Consultation Project survey respondents and focus group participants by region/program.

The results of the IECMH Consultation Project evaluation will be presented across five chapters of this report. The chapters align with the following categories of research questions: Implementation, Participants, Impact, Integration into other Child Serving Systems, and Costs. The report will conclude with a chapter on conclusions and recommendations.

Chapter 2: Methodology

Table 2.2. IECMH Consultation Project Director, Early Learning Coordinator, and School Psychologist Survey Respondents by Program and County

Program	County	Director						School Psychologist	
		Childcare Center Director		Family Childcare Director/Owner		Early Learning Coordinator		n	%
		n	%	n	%	n	%	n	%
Western Maryland APPLES for Children	Allegany	4	1.1	5	1.0	2	12.5	1	16.7
	Garrett	0	0	2	0.4	1	6.3	0	0
	Washington	10	2.7	19	3.8	0	0	0	0
Champs Program	Anne Arundel	41	11.1	43	8.6	1	6.3	0	0
Early Intervention Project	Baltimore City	33	8.9	44	8.8	1	6.3	0	0
Project ACT	Baltimore County	64	17.3	104	20.9	2	12.5	0	0
	Cecil	5	1.4	3	0.6	2	12.5	1	16.7
	Harford	12	3.3	29	5.8	1	6.3	0	0
Project First Choice	Calvert	4	1.1	7	1.4	0	0	1	16.7
	Charles	9	2.4	9	1.8	0	0	0	0
	Saint Mary's	3	0.8	11	2.2	1	6.3	0	0
Project Right Steps	Caroline	1	0.3	10	2.0	1	6.3	0	0
	Dorchester	2	0.5	9	1.8	0	0	0	0
	Kent	2	0.5	2	0.4	0	0	0	0
	Queen Anne's	6	1.6	13	2.6	0	0	1	16.7
	Talbot	6	1.6	5	1.0	0	0	0	0
PERKS	Carroll	11	3.0	5	1.0	0	0	1	16.7
	Frederick	21	5.7	18	3.6	1	6.3	0	0
Care Center	Howard	24	6.5	18	3.6	0	0	1	16.7
Montgomery County	Montgomery	57	15.4	59	11.8	1	6.3	0	0
Project WIN	Prince George's	42	11.4	65	13.1	0	0	0	0
Lower Shore Early Intervention Project	Somerset	0	0	5	1.0	1	6.3	0	0
	Wicomico	8	2.2	11	2.2	1	6.3	0	0
	Worcester	4	1.1	2	0.4	0	0	0	0
	Total	369	100	498	100	16	100	6	100

Chapter 2: Methodology

Table 2.3. IECMH Consultation Project Regional Director and Consultant Survey – Respondents by Program and County

Program	County	Regional Director	Consultant
		n	n
Western Maryland APPLES for Children	Allegany	1	2
	Garrett		
	Washington		
Champs Program	Anne Arundel	0	0
Early Intervention Project	Baltimore City	1	2
Project ACT	Baltimore County	1	4
	Cecil		
	Harford		
Project First Choice	Calvert	1	2
	Charles		
	Saint Mary's		
Project Right Steps	Caroline	1	1
	Dorchester		
	Kent		
	Queen Anne's Talbot		
PERKS	Carroll	1	2
	Frederick		
Care Center	Howard	1	2
Montgomery County	Montgomery	1	6
Project WIN	Prince George's	1	2
Lower Shore Early Intervention Project	Somerset	1	0
	Wicomico		
	Worcester		

Chapter 3: Implementation of the IECMH Consultation Project

The focus of this chapter is on the Implementation of the IECMH Consultation Project throughout the state of Maryland over the past three years. Thus, results in this section will answer the following research questions:

- What are the characteristics of staff who deliver these services (objective 1)?
- What strategies have been used to meet the goals of the IECMH Consultation Project (objective 1)?
- What programmatic and administrative strategies allow for the effective implementation of the IECMH Consultation Project across the state (i.e., saturation) (objectives 4 and 5)?
- What are the barriers and challenges in the implementation of the IECMH Consultation Project (objective 1)?

To address these research questions, the CECEI research team quantitatively and qualitatively analyzed primary and secondary data. Primary data consisted of CECEI designed and disseminated surveys to Center-based and Family Child Care Directors, IECMH Consultation Project Regional Directors and Consultants, as well as a qualitative analysis of the IECMH Consultation Project Regional Directors focus groups and an interview with the IECMH Consultation Project Co-Directors. Secondary data were obtained from the PIEC-III IECMH Consultation Project Online Management System Database and other project reports. The research team also reviewed MSDE-provided documents, including Request for Proposals, Proposals, and the Practice Standards document.

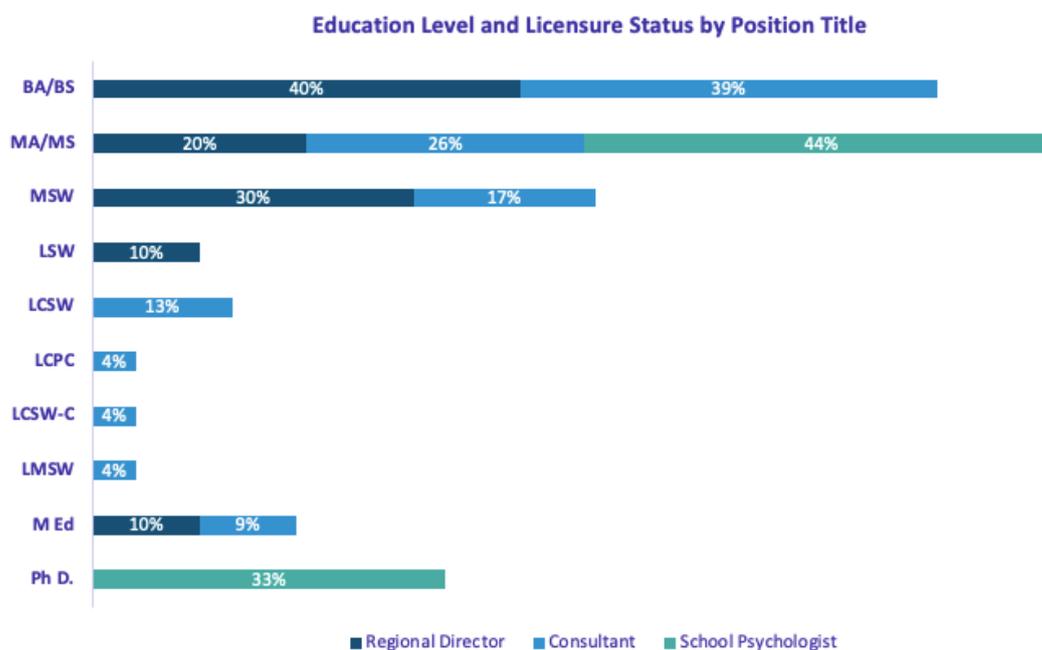
Characteristics of Staff of the IECMH Consultation Project

One of the key aspects of the effective implementation of any human service program is the type, quantity, and quality of staff who deliver it. According to the IECMH Consultation Project Practice Standards (MSDE, 2020), staff should be qualified to meet the 3 tiers of service delivery as delineated by the Substance Abuse and Mental Health Services Administration (SAMHSA) for IECMH practitioners (SAMHSA, 2014). For tiers 1 and 2, which focus on engaging with child care staff to support children's social-emotional development, a Bachelor's degree in social work, special education, or early education is required. However, tier 3 service providers are required to be Master's level mental health professionals due to their intervention with children, families, and classrooms with the highest needs (e.g., children with severe challenging behaviors).

Chapter 3: Implementation

The 11 IECMH Consultation Project programs in the state of Maryland vary considerably in terms of staffing (Figure 3.1). Of the 10 program Regional Directors who responded to a survey, 60% have Master’s level training, with 2 identifying as licensed mental health professionals. There are a total of 39 Consultants who provide IECMH Consultation Project services in the state of MD, ranging from 1 staff in the smallest program to 15 in the largest, with an average of 3 staff per program. The most recent state data indicate that staff work full-time (n=21), part-time (n=3), or as contractors (n=11). There are also 4 students who provide IECMH Consultation Project services. In the FY 2020 annual brief (Latta, Afkinich, Kane, Wasserman, & Candelaria, 2020), it was reported that out of the 38 IECMH Consultants state-wide, 18 were licensed mental health professionals (47%).

Figure 3.1.



Strategies used to meet the goals of and effectively implement the IECMH Consultation Project

The staffing of the IECMH programs is critical for effective implementation. Respondents to the surveys and in focus groups consistently discussed the importance of staff who have a combination of skills, regarding *early childhood* mental health and positive classroom-based practice. This is a critical issue, given that in an analysis of Online Management System (OMS) data for the MD IECMH Consultation Project (Candelaria et al., 2021) documented that programs served by a licensed mental health professional showed significantly more positive changes in classroom mental health climate than those not served by a licensed mental health professional.

Chapter 3: Implementation

According to Regional Directors who participated in CECEI focus groups, the quality of staff extends beyond their educational and licensing credentials. They argued that having IECMH Consultants who have background and knowledge with respect to early childhood classrooms increases the “street credibility” of Consultants and the “buy-in” from teachers and center directors. They also suggested that the “tier” model calls for staff from varied backgrounds so that mental health professionals can target children with intensive mental health needs and early childhood professionals can focus on classroom-based preventive strategies.

A major strategy identified as prompting the effective implementation of the IECMH Consultation Project across the state was the professional development and infrastructure provided by the Parent, Infant, Early Childhood Program (PIEC) at The Institute for Innovation & Implementation at UMB. Regional Directors who participated in the focus group highlighted the support the PIEC team has provided to meet the Project's goals, particularly the regular training and meetings that occurred even throughout the pandemic. They also stated that the PIEC team helped expand the consolidation of multiple IECMH programs that ran very independently of each other into one program.

“I will say that one of the biggest benefits has been I think the addition of the PIEC team. I feel very heard by them. I think we all want to have a quality program and I think that keeping on top of making sure that there's training available to everyone and that they're available on a regular basis, because I think prior to that a lot of times our Consultants would come on and we would do the best we could here and then occasionally there'd be some training somewhere in the state that we grab ahold of. But I think there's much more consistency and uniformity of how we're training people and the expectations across the state, which I think is wonderful.”

The professional development and other services provided by the PIEC team has been key to promoting the quality of the IECMH Consultation Project. Having regular meetings to focus on IECMH standards and best practices has helped Consultants to gain skills particular to the IECMH national approach and to better meet the needs of child care centers and their families. The peer support and modeling that emanate from these monthly interactions allow individual sites to reflect on their goals and improve their services. On multiple occasions, the use of practice-based coaching, through which teachers receive facilitation and training while in the classroom on meeting children's social-emotional needs, was explicitly identified as a critical best practice.

Chapter 3: Implementation

Additionally, respondents in the focus groups stressed the benefit of using the Facilitating Attuned INteractions (FANI) model, a framework used to facilitate staff capacity to be reflective about their interactions with children and parents. In the focus groups, Regional Directors suggested that these approaches allowed them to “meet teachers where they were” and provide more individualized services. These practices have helped teachers and center directors “buy-in” to the IECMH services provided by the programs.

The PIEC Co-directors also underscored that situating the IECMH Consultation Project in the context of the child care resource and referral network was beneficial regarding implementation.

Co-Director: “I think the benefit of the current structure is that [all the programs] are built within the structure of the childcare resource and referral networks, meaning that from the childcare perspective, like if i’m a provider for young kids in any given region I only have to know a place to go and that they’re able to within their milieu of services say like, talk about whether it’s a resource and referral like you know TA licensing issue around like space, and you know and that sort of thing or if it’s more behavioral thing. They’re able to kind of offer a range of services once somebody just knocks on their door vs needing to know about this specific thing called mental health consultation and who does that in my region and how do I find them... So, you know in holding to the model of being regionally focused and having the childcare resource and referral network sort of being the soft entry into mental health consultation, you know it’s good for sort of local engagement, but it makes you know statewide initiatives around service and support hard.”

Regional Directors who participated in the focus groups also raised the import of strategies around the referral process in terms of effective implementation of the IECMH Consultation Project. Individual programs receive referrals from a variety of sources, including child care centers, parents, or other human service agencies. For example, focus group participants mentioned obtaining referrals through Child Find and local Judy Centers. They stressed the need to have a very streamlined referral process that would include an assessment of the center’s readiness for consultation as well as the status of the referred child (e.g., soft expulsion). Regional Directors articulated the importance of asking many open-ended questions during the referral process about the center (e.g., staff turnover) and the referred child (e.g., center’s decision about child) to inform the Consultants’ next steps with the centers.

Regional Directors in the focus groups also emphasized the use of the tiered model to manage referrals and eliminate the need for a waitlist. In particular, they raised the importance of conducting an “environmental consultation” so that teachers could be scaffolded to use developmentally appropriate practice, especially regarding classroom management, which may reduce children’s problem behavior. As part of this consultation, it was emphasized that Consultants are expected to empathize with teachers and support their well-being.

Finally, participants in the focus groups underscored the importance of devising marketing and advertising strategies to improve the referral process and engagement in the IECMH Consultation Project. Among possible strategies in this arena were infographics for providers and families, animated shorts, brochures and resources provided through the child care resource and referral network. They also have used “chat and chews” and other informational meetings for providers and families, for which food is always provided, that are implemented at community-based sites, including the child care resource and referral agency. Special marketing strategies for recruiting special populations, such as centers who served large numbers of scholarship/subsidy children, were also used.

Barriers and Challenges in Implementation of the IECMH Consultation Project

Despite the success of the IECMH Consultation Project across the state, respondents to the surveys and participants in the focus groups identified multiple barriers and challenges to its implementation. Among the barriers and challenges identified in the implementation of the IECMH Consultation Project were staffing issues, the need for more funding, difficulties getting teachers and center directors they serve to “buy-in” to the IECMH Consultation Project, referral processes including the issue of “soft expulsions”, and challenges related to the COVID-19 pandemic.

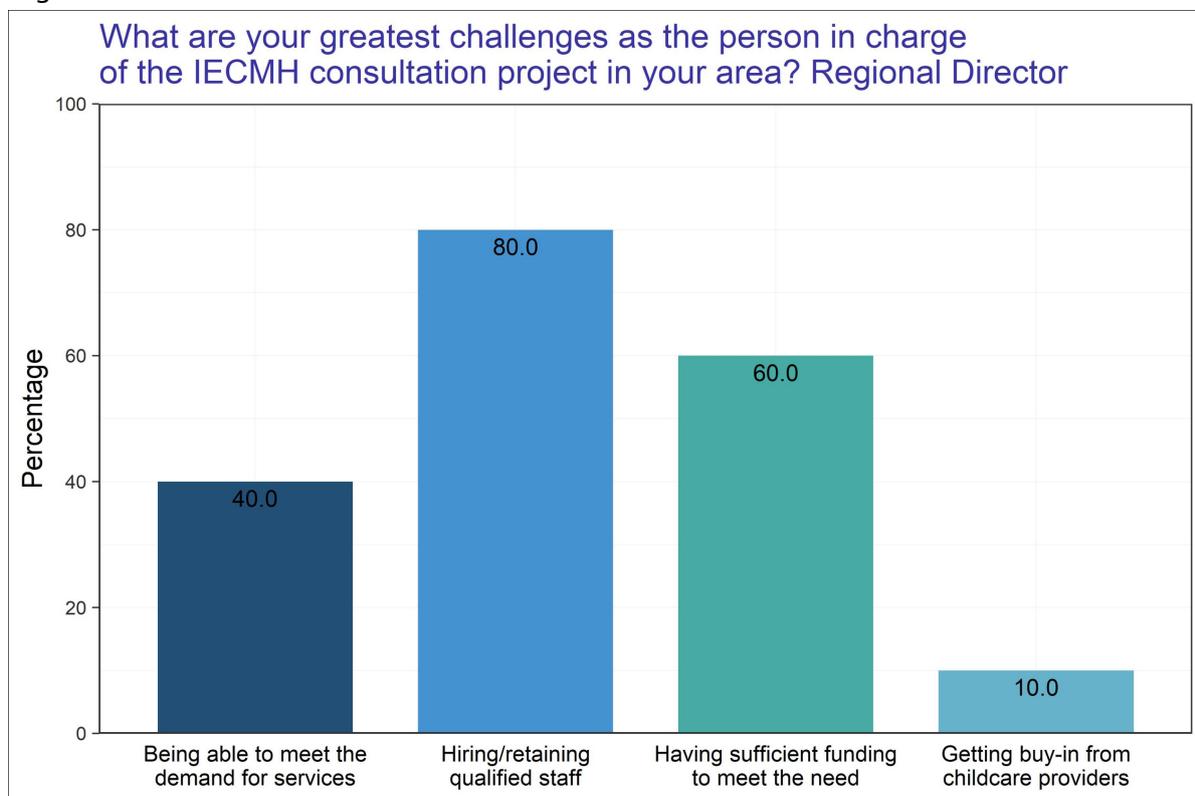
Staffing issues were paramount, including problems with retention of staff, inconsistent onboarding practices and training, and difficulties recruiting adequately trained and experienced staff. In fact, 80% of the IECMH Regional Directors who responded to the evaluation survey stated that hiring and retaining qualified staff was a major challenge for effective project implementation (Figure 3.2). In the context of the focus groups, some Regional Directors pointed to the lack of skilled professionals who have early childhood mental health experience. Others pointed to the low salaries and other demands (e.g., driving long distances in rural communities) as barriers to retention.

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Consistent with these responses, a PIEC Co-Director stated:

“Two years or three years ago we also surveyed all the Regional Directors about how long positions are vacant and how hard it is to retain people. The salaries are too low, so there’s a shortage of mental health providers. There’s certainly a shortage of mental health providers who have expertise in early childhood mental health. And they don’t pay enough to retain a licensed provider, so I actually think that’s probably a trend nationally. It’s probably an unrealistic expectation that every consultant in the country is a licensed provider.”

Figure 3.2.



Another challenge discussed related to onboarding and training practices. In the focus groups, Regional Directors argued for more standard onboarding practices for themselves and their staff. They also suggested that their work should be undergirded by the competencies that have been articulated in the IECMH field at large. Although they recognized that this universal approach would need to be modified to meet the needs of families and centers in different areas of the state, they recommended a universal operating standard for onboarding any new IECMH Consultation Project employees.

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This lack of a “standard operating procedure” may be related to the decentralized manner in which the IECMH Consultation Project is structured across the 11 grantees. These disparate infrastructures were identified as a major challenge to the implementation of the project. Often, the regional programs are situated in agencies with different missions (e.g., mental health or early care and education), so the focus of the programs may be different. Also, to meet the needs of their site-specific populations (e.g., rural v. urban v. suburban; race/ethnicity; socioeconomic status; risk factors), each site may have a different approach to providing the IECMH services. This detracts from a more universal project that is based on a set of characteristics and competencies that grounds each site’s services. As the PIEC Co-Director stated:

“I think the challenge of the Maryland model is that it funds 11 different programs to cover 24 different jurisdictions. And there are some consistencies and there are some distinct differences, based on programmatic leadership and again, ...some are situated within mental health agencies and some are situated within ...agencies that come from more of the child care world and so their orientations around responding to challenging behavior is different...they all use Pyramid Model... foundational principles... most of them use the TPOT /Teaching Pyramid Observation Tool/ or the TPITOs /Teaching Pyramid Infant Toddler Observation Scale/...some of the...standard child based observations that you see. But the actual procedural experience of going through a case has varied.”

Funding is a challenge not only for retaining qualified providers, but also for meeting the need for early childhood mental health consultation across the state. Focus group participants expressed some ambivalence in response to a question about increasing the licensing standards for Consultants. They recognized the value of having licensed staff doing the work, especially for the intensive cases, but raised concerns about whether funding would allow for a workforce of that caliber. They also indicated that it is quite challenging to locate licensed staff who have the early childhood background, the credibility with early care and education providers, and are willing to work for the salaries for which the funding allows.

A major challenge to the implementation of the IECMH Consultation Project pertains to the willingness of teachers to work with the IECMH Consultants – their “buy-in”. Directors in the focus group suggested that sometimes centers just want to show that they contacted the IECMH Consultation Project, but have already made a decision about the disposition of a particular case. In some cases, teachers don’t really want to change their strategies in working with children. In other cases, the center director wants to use the consultant as “the classroom police” to try to get a teacher to

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change her strategies. Other respondents discussed the failure of some teachers, who have had consultation before, to use any of the strategies to which they have been exposed. Often Consultants are called into specific centers regularly, and discover that teachers are having challenges with students because they have never changed their classroom practices. Finally, some Regional Directors pointed to the lack of buy-in by programs in underserved areas. Often these programs are not willing to allow IECMH providers into their settings due to lack of comfort with external entities or the stressors related to serving populations of children with higher needs.

Another challenge reported by respondents is the timing of referrals. The tiered system that is promulgated by national IECMH standards suggest that consultation should occur at multiple levels, including the delivery of high quality early childhood education and adapting the classroom environment to decrease behavior problems. Often the referrals come at a point when centers do not want to address classroom practices, but want the behaviors of a particular child addressed. By then, a child may have experienced a “soft expulsion” (e.g., child being sent to stay in the director’s office, parent being asked to only bring child in for a specific part of the day). As one director stated:

“Ultimately, I think we do a really good job helping prevent the expulsion. There’s a lot of factors that come into play. One very big factor is timing. You know, if they’re contacting us on the end of it—like they’ve already experienced this for four, five, six months and they’re worn out, then it’s harder. But if they’re calling us in the beginning when they’re first seeing them, we still have an opportunity to help, you know, develop strategies before the teacher is worn down and the other students’ parents are upset because of biting, hitting, whatever. So the timing of the referral is very important”

Finally, consistent with its impact on multiple facets of child care service provision, COVID-19 has affected the delivery of IECMH services. Because of the lower number of children attending child care centers, the number of children who have been referred for IECMH services has decreased. Child care settings are also understaffed which makes the engagement in any ancillary service more challenging. Additionally, it has been difficult to enter child care settings as many providers are uncomfortable with in-person visits. Some are not comfortable with technology or do not have adequate technological resources, which makes delivering virtual services challenging. These challenges are occurring when the need for mental health support for children, families, and providers is potentially elevated due to the stress that the pandemic has caused for young children and their caregivers.

Summary of Implementation of the IECMH Consultation Project

Overall, this evaluation documented a range of strategies that promoted the effective implementation of the IECMH Consultation Project. Staffing of the project emerged as a critical strategy, particularly in terms of credentials (e.g., licensing) and background. For example, respondents underscored the importance of including staff with both early childhood education and mental health backgrounds on IECMH Consultation Project teams to ensure the credibility of the team with ECE providers and to enable the team to address more intensive clinical needs of referred children. Another key strategy pertained to the professional development opportunities and infrastructure provided by the PIEC team. The formalized trainings, the resources from the field of IECMH, and the opportunity for monthly clinical and reflective meetings were specifically identified as strong components of the professional development activity. Finally, a formalized referral process was recommended, which included a range of recruitment sources, a tiered system of referrals which included an “environmental consultation”, and explicit marketing strategies, especially for child care programs serving high-need areas.

Similarly, there were multiple barriers and challenges that were identified. Specific staffing issues were identified, such as the inability to recruit and retain staff who had both early childhood education and early childhood mental health expertise. Another challenge raised was the need for more funding to hire more IECMH providers so that more child care programs could be supported. The need for more funding to retain skilled IECMH providers also emerged as a barrier given that the current salary structure may not incentivize them to remain in these positions. Another challenge that has emerged relates to the “buy-in” of child care programs and teachers. Often, they are resistant to making suggested changes, particularly regarding classroom management, or are so overwhelmed with their normal early childhood education (ECE) activities that they find it challenging to adapt their practice to what is recommended for individual children. The timing of the referral process was also listed as a challenge, given that some sites do not seek support when a problem is emerging with a child, but wait until the child’s challenging behavior has escalated.

A final current challenge is related to the COVID-19 pandemic. Sites are experiencing lower rates of referral, as child care programs have lower enrollments overall, or are overwhelmed with the additional stressors that come with managing their programs in the context of COVID. Addressing these barriers and challenges will enhance the quality of the IECMH Consultation Project which has matured from a pilot initiative to a well-established project in the state of Maryland.

Chapter 4: Participants (Actual and Potential) in the IECMH Consultation Project

The focus of this chapter is on the Participants (both actual and potential) in the IECMH Consultation Project throughout the state of Maryland over three years (2018-2020). Thus, results in this section will answer the following research questions:

- What are the overall and regional needs for IECMH Consultation Project services (objective 2)?
- What is the reach of support/services in the IECMH Consultation Project overall and regionally (objective 3)?
- Who are the children and families who participate in the IECMH Consultation Project (objective 1)?

In order to answer the aforementioned research questions, the CECEI research team quantitatively and qualitatively analyzed primary and secondary data. Primary data consisted of CECEI designed and disseminated surveys to Center-based and Family Child Care Directors, Early Childhood General and Special Education Coordinators and School Psychology Coordinators for Maryland's school systems, IECMH Consultation Project Regional Directors and Consultants, as well as a qualitative analysis of the IECMH Consultation Project Regional Directors focus groups. Secondary data consisted of the 2019 American Community Survey, and data from the IECMH Consultation Project Online Management System Database housed and administered at UMB.

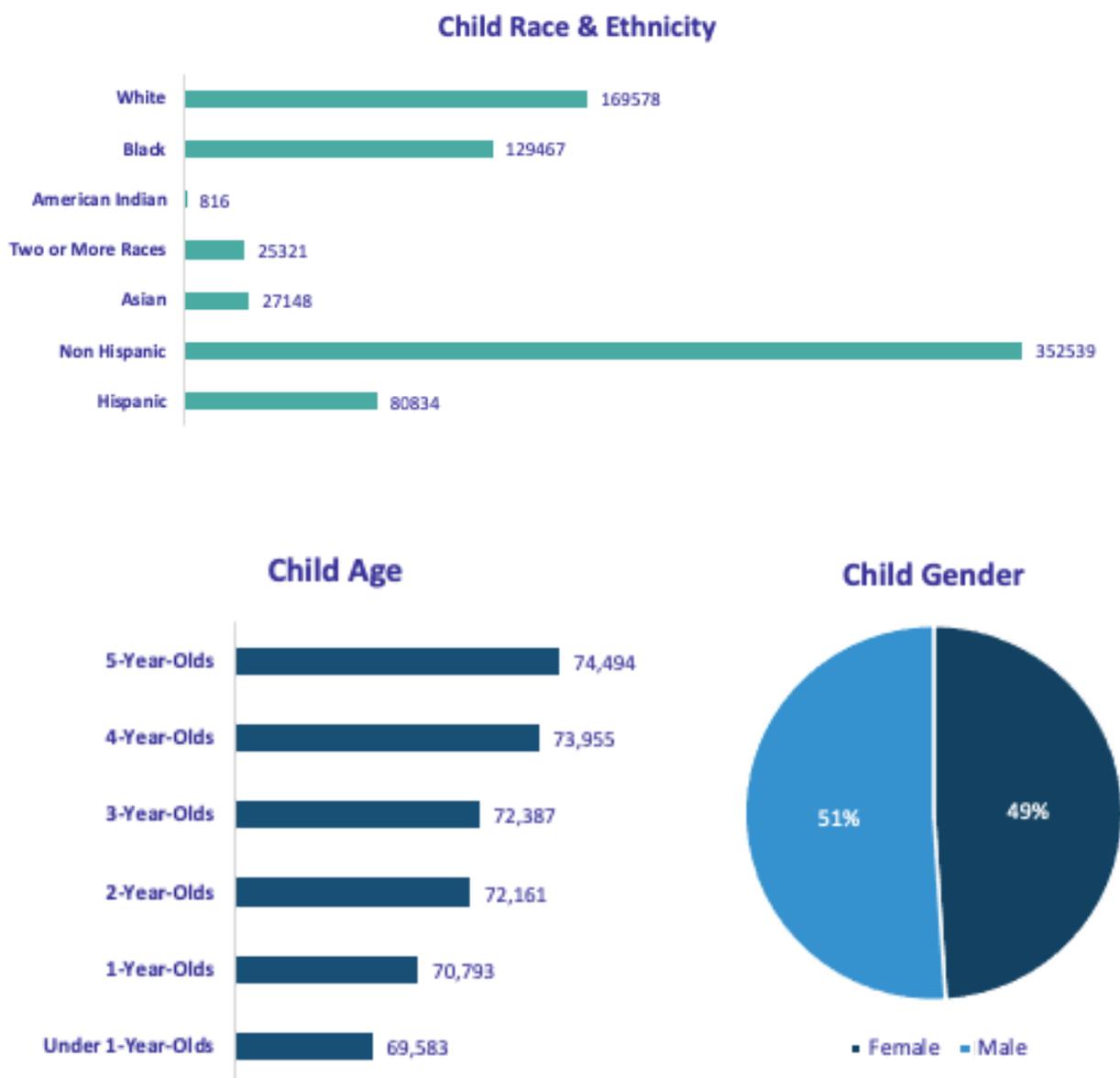
Overall and Regional Need for IECMH Consultation Project Services

According to the American Community Survey (U.S. Census Bureau, 2020), there were 433,373 children between the ages of birth and 5 in the state of Maryland in 2019 (Figure 4.1). Montgomery and Prince George's Counties had the largest populations of children five and under at 76,717 and 70,242 respectively. The majority of children in Maryland were white (169,578), followed by black (129,467) and Hispanic (80,834). They were almost evenly split between male (49%) and female (51%) and are slightly larger in number in the older age groups (74,494 five-year-olds, 73,955 four-year-olds, 72,387-three-year-olds, 72,161 two-year-olds, 70,793 one-year-olds and 69,583 under age one).

Figure 4.1. Maryland's Infant and Early Childhood Population

433,373

Children
Ages Birth-5



Chapter 4: Participants

Fuchs and Deshler (2007) estimated that between 2% and 7% of children need intensive and individualized (Response to Intervention Tier III) interventions in order to remain in the classroom. Based on that projection, the CECEI Research Team estimates that there are between 8,667 and 30,336 children in the state of Maryland, 1,534 to 5,370 in Montgomery County and 1,405 to 4,917 in Prince George’s County and 232 to 812 on the Lower Eastern Shore (Somerset, Wicomico and Worcester counties) who are in need of or would benefit from the IECMH Consultation Project. Table 4.1 details children in each IECMH Consultation Project area, to include the estimated number of children needing services. Fuchs and Deshler’s estimates for children needing intensive and individualized interventions were published in 2007, and therefore do not factor in the mental health consequences for young children who experienced the global and prolonged COVID-19 pandemic.

Table 4.1. Children in Each IECMH Consultation Project Service

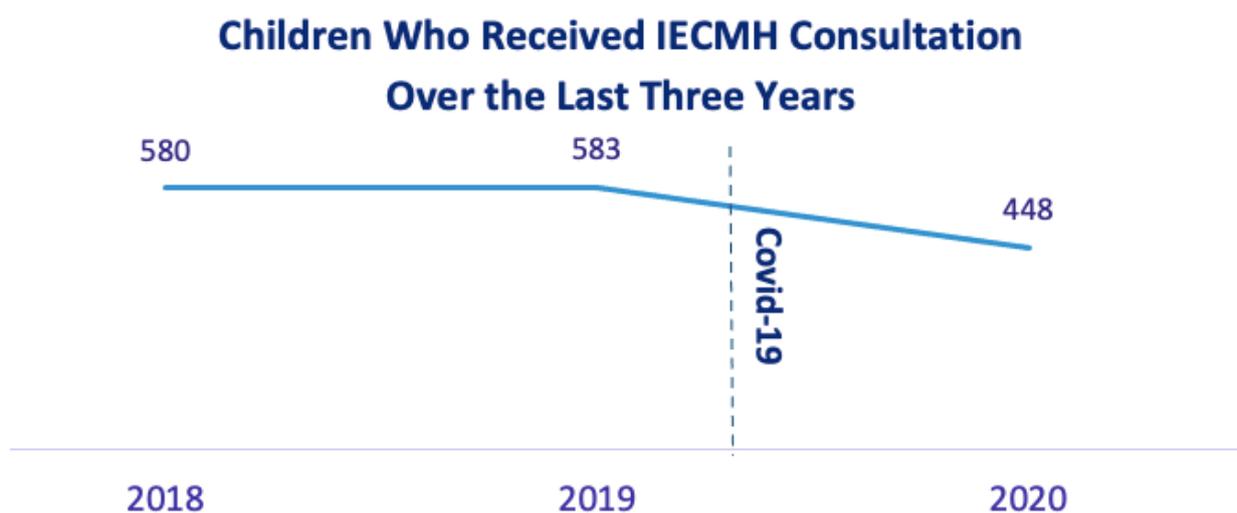
IECMH Consultation Program	Jurisdiction	Under 1-Year-Olds	1-Year-Olds	2-Year-Olds	3-Year-Olds	4-Year-Olds	5-Year-Olds	Total Children	Est. Children Needing IECMH* (2-7%)
Abilities Network	Baltimore, Cecil, & Harford	13350	13662	13808	13819	14108	14398	83,145	1663-5820
Care Center	Howard	3368	3541	3712	3948	4168	4424	23,161	463-1621
Champs Program	Anne Arundel	6722	6961	7118	7121	7339	7418	42,679	854-2988
Child Care Choices	Carroll & Frederick	4688	4823	4924	5176	5360	5402	30,373	607-2126
ChildLink	Montgomery	12066	12327	12766	12952	13223	13383	76,717	1534-5370
Early Intervention Project	Baltimore City	7426	7186	7082	6914	6909	6944	42,461	849-2972
Lower Shore Early Intervention Program	Somerset, Wicomico, & Worcester	1878	1860	1926	1891	2076	1969	11,600	232-812
Project WIN	Prince George's	11737	11729	12144	11809	11534	11289	70,242	1405-4917
Promise Center, Project First Choice	Calvert, Charles, St. Mary's	4055	4298	4276	4445	4669	4780	26,523	530-1857
Upper Shore, Project Right Steps	Caroline, Dorchester, Kent, Queen Anne's, & Talbot	1737	1803	1781	1774	1861	1788	10,744	215-752
Western Maryland APPLES for Children	Allegany, Garrett, & Washington	2556	2603	2624	2538	2708	2699	15,728	315-1101
All Programs	Statewide	69,583	70,793	72,161	72,387	73,955	74,494	433,373	8667-30336

*Estimated number of children needing services based on an average of 2% - 7% of students needing intensive and individualized (RTI Tier III) interventions to remain in classrooms (Fuchs & Deshler, 2007).

Reach of the IECMH Consultation Project in Maryland and Regionally

Over the past three years, the average number of children served across the 11 regional IECMH Consultation Projects was 537. There were 580 children served in 2018, 583 children served in 2019 and 448 children served in 2020 (see figure 4.2). The decrease in the number of children served in 2020 had been attributed to the COVID-19 pandemic, which caused a marked decline in child care enrollments and attendance throughout the state of Maryland.

Figure 4.2.



Based on the work of Fuchs and Deshler (2007), the number of children needing services just on the Lower Eastern Shore (Somerset, Wicomico and Worcester) ranges from 232 to 812, the average (522) of those two numbers approximates the average number (537) of children served per year across the entire state of Maryland. Therefore, it appears that the need for IECMH Consultation Project is much greater than the current infrastructure can and does provide. Moreover, despite the large numbers of estimated children in need of IECMH services, the statewide average of 537 children represents only 6% of the lower range of the estimated population of young children in need of services according to Fuchs and Deshler (2007). Lastly, an analysis of zip code data for the child care programs receiving IECMH Consultation Project services from 2018-2020 indicates that, although not statistically significant, more services are provided to programs with zip codes not identified as having high poverty than in programs with zip codes in high poverty areas (Please see figures 4.3, 4.4, and 4.5).

Figure 4.3.

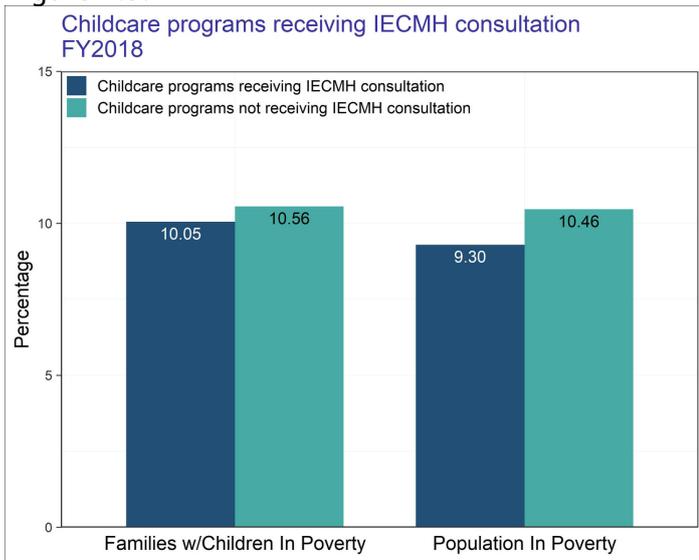


Figure 4.4.

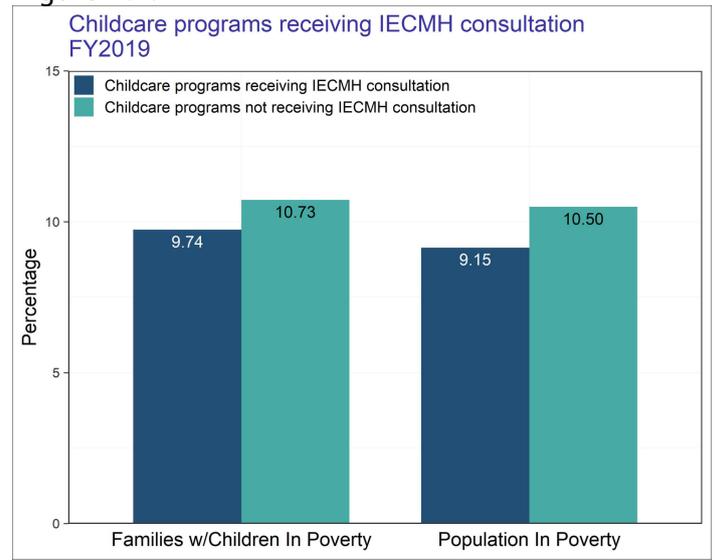
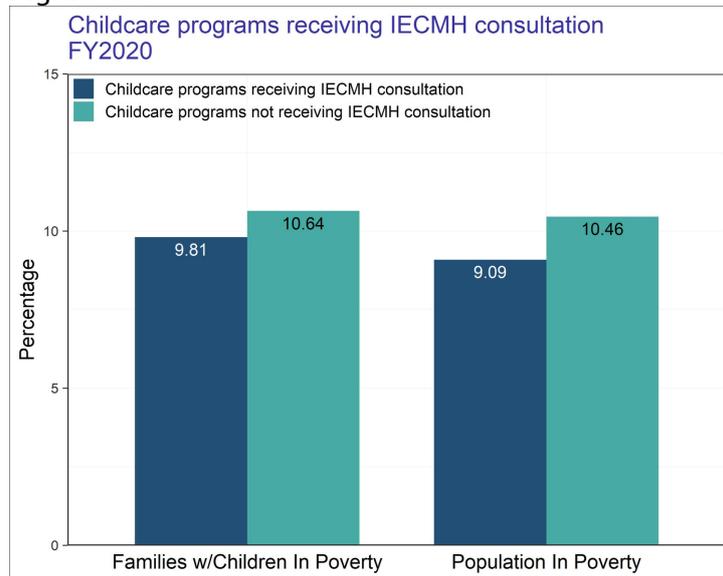


Figure 4.5.



The Regional IECMH Consultation Project Infrastructure. As of November 2021, the regional programs had four student interns and employed 35 IECMH Consultation Project Consultants, 21 of whom were full-time. Data from 2020 indicate there were 39 Consultants, 18 of whom were licensed. On average, IECMH Consultation Project Consultants support 343 classrooms per year. Regional Directors report that determination of a child’s eligibility for services largely falls to the IECMH Consultation Project Consultant (50%), followed by the Regional Director (20%) and then either acceptance of referrals that are submitted electronically or by the coordinator of the IECMH Consultation Project for that region. Only 20% of Regional Directors reported that their program maintained a waitlist, with 80% reporting that they do not have a referral waitlist for children. When there is a waitlist, on average there are two children on the waitlist.

Stakeholder Familiarity with the IECMH Consultation Project. Data from the CECEI administered survey of Center-Based and Family Child Care Directors indicated that prior to receiving the survey, 58% of respondents were unfamiliar with the Project. Across all respondents, 82% indicated they had never requested services from IECMH Consultation Project and 44% could not identify the regional IECMH Consultation Project serving their community.

School System Early Childhood General and Special Education Coordinators survey responses indicate that 69% of them are familiar or very familiar with the IECMH Consultation Project and 31% are unfamiliar with the project. All respondents were able to identify the regional IECMH Consultation Project serving their school system and 75% of respondents indicated there is a high need for IECMH Consultation Project services in their jurisdiction, with 25% indicating there is a medium need.

In contrast, School Psychology Coordinators who responded to the survey were mostly unfamiliar with the IECMH Consultation Project (71%), 14% indicated they were familiar and 14% indicated they were very familiar with the project. Respondents were mostly unfamiliar with/unable to identify the regional IECMH Consultation Project that served their school district (63%), with the remaining respondents (37%) identifying a regional program by name.

Child Care Directors' Receptiveness to IECMH Consultation Project. The IECMH Consultation Project Regional Directors indicated child care centers are very receptive (60%) or somewhat receptive (40%) to Consultants' services. The IECMH Consultation Project Consultants survey responses indicate that they perceive child care centers to have slightly lower levels of receptiveness with 52% reporting programs to be very receptive and 48% reporting them to be receptive. Neither the Regional Directors nor the Consultants indicated programs were "not at all receptive" to the services offered by the project.

Nonetheless, conversations during the focus groups with the IECMH Consultation Project Regional Directors indicated there are challenges around getting the "buy-in" of child care center directors. The lack of "buy-in" from child care center directors is perceived to both limit their reach and their impact. For example, "Some centers want to check the box and say, Yup! We contacted them, but in fact they already are going down a particular road anyway."

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In other instances, IECMH Consultation Project Regional Directors believe Consultants are called in to manage the teacher, “You know needing more support oftentimes when we are called in, we are called in to be and I don’t want to say, the classroom police, but we’re the one that is, the Director will say “You tell the teacher. You make her do this. You get her to do things.” And it’s like that’s not my role.” Lastly, they find that expulsions are happening without the IECMH Consultation Project even being aware of issues:

“And I like to say that I don’t even think that we understand the depth of the problem, because so many of the children are getting removed before they’re even being referred to us. And I only hear about it because we’re the child care resource center so we have providers who come in for trainings who are like oh yeah I’m not even dealing with this anymore so that’s kind of some of the ways we’re hearing this. I’ve had directors say I can’t afford to lose a staff member, I would rather lose the child than the staff member because of the shortage.”

In spite of the reported challenges around Director buy-in, 67% of Child Care Directors in the CECEI survey were supportive of expanding the project and 87% indicated they were somewhat likely or likely to request assistance from the IECMH Consultation Project if Consultants were more available.

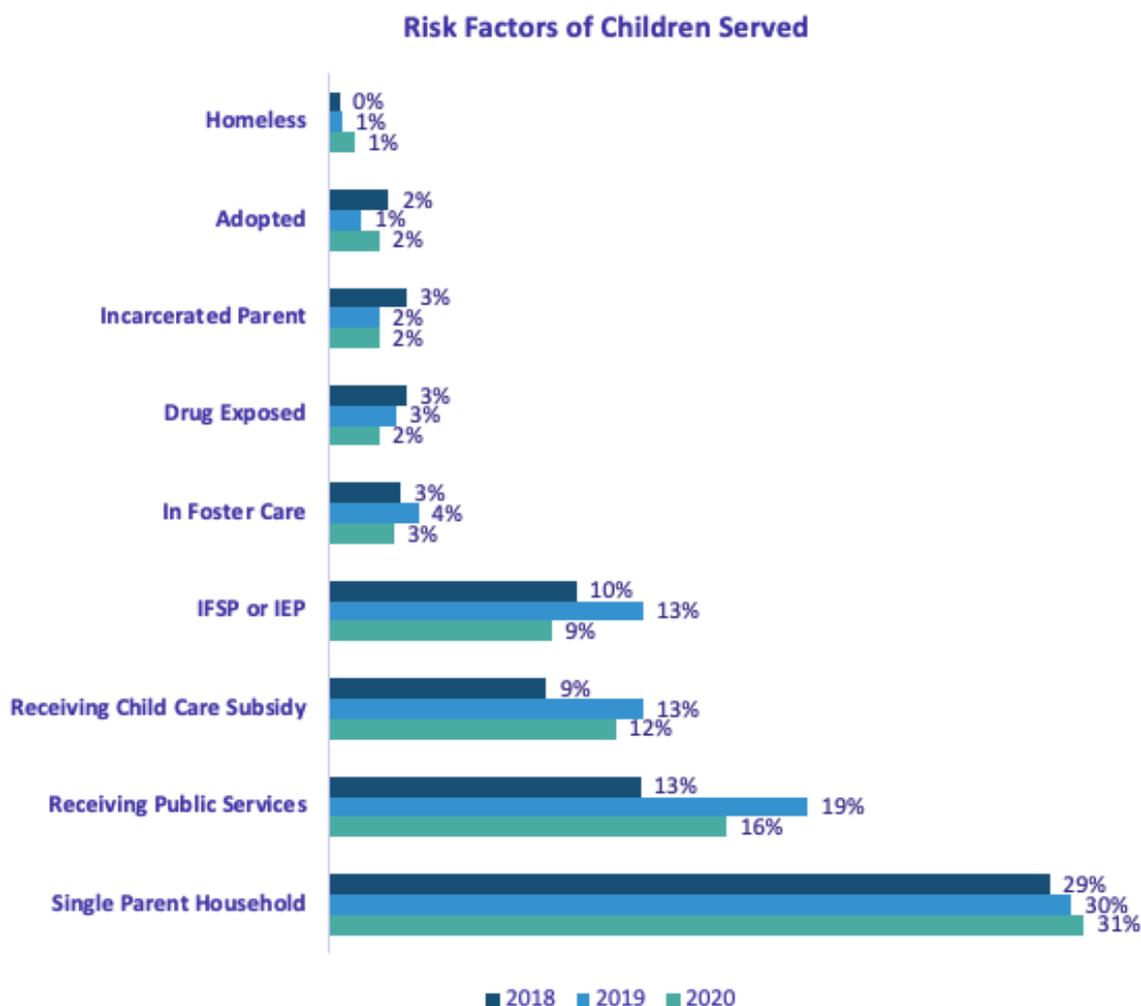
Children and Families Participating in the IECMH Consultation Project

The majority of the children served by the IECMH Consultation Project were white (averaging 50%), followed by black/African American (24%), and multi-racial (9%). The majority of children were between the ages of 37-48 months (40%), followed by those between the ages of 49-60 months (30%). Finally, the vast majority of IECMH Consultation Project services were provided to males, averaging 68% of cases over the past three years. On average, 85% of consultation services are provided in child care centers, followed by 6% to family child care, 4% to Head Start/Early Head Start and 4% to public schools. Most referrals were in response to child specific and classroom consultation (91%) or for program-wide support (9%).

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Over the past three years (2018-2020), children and families who received IECMH Consultation Project services presented a number of risk factors (Please see figure 4.6), including being in a single parent household (30%), receiving public services (16%), receiving a child care subsidy/scholarship (11%), on an Individual Family Service Plan (IFSP) or Individualized Education Program (IEP) (11%), in foster care (3%), drug exposed (3%), having an incarcerated parent (2%), being adopted (2%), and being homeless (1%). The majority of the supports provided by the IECMH Consultants were direct support to providers (54%), followed by providing resources (25%), direct support to families (14%), virtual classroom observations (4%), providing training (2%) and social media or radio events (1%). Requests for IECMH Consultation Project services were rejected because the site was deemed unready for consultation (90%), followed by the requested service not being appropriate for an IECMH Consultation Project consultation (5%) or assorted other reasons. In 2018, 580 referrals were accepted and 138 rejected, in 2019, 583 referrals were accepted and 123 rejected and in 2020, 448 referrals were accepted and 77 were rejected.

Figure 4.6.



Summary of the IECMH Consultation Project (Actual and Potential) Participants

In 2019 there were 433,000 children between the ages of birth and five in the state of Maryland and between 2% and 7% (8,670 and 30,340) of those children were likely to need intensive and individualized intervention in order to remain in their classrooms (Fuchs & Deshler, 2007). The average number of children served by Maryland's IECMH Consultation Project between 2018-2020 was 537. Based on the work of Fuchs and Deshler, 537 is 6% of the lower range of the estimated population of young children in need of services, which does not factor in the mental health consequences of young children experiencing a global and prolonged pandemic.

The eleven regional IECMH Consultation Project programs employ 35 Consultants, 21 of whom are full-time, and who support an average of 343 classrooms per year. CECEI survey data indicate that family and center-based child care directors are mostly unfamiliar (58%) with the IECMH Consultation Project and have not requested/used (82%) services. Moreover, 44% could not identify the IECMH Consultation Project project serving their community. Nonetheless, child care directors were supportive of expanding (67%) the IECMH Consultation Project and the majority of respondents (87%) indicated they were likely or somewhat likely to request IECMH Consultation Project assistance in their program. IECMH Consultation Project Regional Directors also perceive child care centers to be very receptive (60%) or somewhat receptive (40%) to the project. However, Regional Directors noted that it can be challenging to get "buy-in" from the child care community.

CECEI survey data from school system stakeholders was quite variable with 69% Early Childhood General and Special Education Coordinators indicating familiarity with the IECMH Consultation Project as compared to 28% of School Psychology Coordinators. All Early Childhood General and Special Education Coordinators were able to identify the IECMH Consultation Project that served their area, whereas only 37% of School Psychology Coordinators could name their regional program. Early Childhood Coordinators indicated there was a high (75%) to medium (25%) need for IECMH Consultation Project in their jurisdiction/district.

The majority of children served by the IECMH Consultation Project were white (averaging 50%), between the ages of 37-48 months (40%), male (68%) and received services in center-based child care centers (85%). The vast majority of the children served by IECMH Consultation Project are not identified as having "risk factors", with 30% coming from single-parent households, 16% receiving public services and 11% receiving child care subsidies/scholarships.

Chapter 5: Impact of the IECMH Consultation Project

The focus of chapter 5 is on the Impact of the IECMH Consultation Project throughout the state of Maryland over the past three years. Thus, results in this section will answer the following research questions:

- To what extent has the IECMH Consultation Project achieved its goals (objective 1)?
- To what extent has the IECMH Consultation Project addressed the need for pertinent services and supports in each county (and Baltimore City)(objective 4)?

In order to answer the aforementioned research questions, the CECEI research team quantitatively and qualitatively analyzed both primary and secondary data. Primary data consisted of CECEI designed and disseminated surveys to Center-based and Family Child Care Directors as well as IECMH Consultation Project Regional Directors and Consultants. The research team also conducted qualitative analysis of the IECMH Consultation Project Regional Directors focus group and the PIEC Co-Directors interview. Secondary data consisted of data from the PIEC IECMH Consultation Project Online Management System Database, including Satisfaction Surveys from directors, staff, and parents. The team also reviewed IECMH Consultation Project proposals and other documents, including the IECMH Gap Analysis for the state of Maryland (Etter & Capizzano, 2019).

Gap Analysis

In July 2019, the Policy Equity Group published a gap analysis (Etter & Capizzano, 2019) on infant and early childhood mental health service provision in the state of MD, funded by MSDE through its Preschool Development Supplemental grant. Entitled *Developing an Infant and Early Childhood Mental Health Professional Development System in Maryland: A Gap Analysis and Strategic Plan*, the gap analysis addressed three goals (pages 2-3): 1) to describe resources available to the Maryland ECE workforce in supporting social-emotional development and addressing behavioral and mental health issues; 2) to document the perspective of the ECE workforce regarding IECMH supports, how the supports are accessed and used, and other resources to foster the IECMH needs of children and families; and 3) to develop recommendations for resources and coordination of IECMH services in Maryland.

To address these goals, the Policy Equity Group conducted an IECMH resource inventory and mapping process and obtained input from ECE stakeholders (e.g., MD State Early Childhood Advisory Council, early childhood mental health consultants, and ECE providers) regarding their experiences of the IECMH system. Building on these findings and documented best practices in the IECMH field, the gap analysis proffered the following recommendations (pages 16-28), which have to some extent been addressed by the current IECMH system.

1. Create a governing entity which will implement the strategic plan, devise a comprehensive statewide framework that promotes cross-system coordination, and obtain funding for IECMH professional development system reform.
2. Design an IECMH professional development system that incorporates established IECMH practices in ECE settings and the professional development supports to enhance the IECMH-oriented skills of the ECE workforce.
3. Align the IECMH professional development system with principles of instructional design (e.g., online and hybrid models, coaching, professional learning communities, use of technology), the MSDE training approval process, IECMH classroom practices (e.g., Social Emotional Foundations of Early Learning, Know-See-Do-Reflect framework), and higher education course offerings.
4. Expand and enhance the IECMH professional development system infrastructure to increase awareness of and access to IECMH resources and supports (e.g., IECMH Consultation Project), and facilitate the application of IECMH practices into ECE (e.g., incorporating IECMH efforts into MD EXCELS, embedded professional development, scale up of innovative practices).
5. Establish a results framework to document IECMH outcomes regarding children, programs, and the professional development system.

IECMH Consultation Project Goals

As previously stated, MSDE identified six goals for the IECMH Consultation Project. These goals are delineated below, followed by a discussion of what the data suggest about the IECMH Consultation Project's achievement of these goals. Because MSDE must report on any progress made toward completing the recommendations the project set forth in the gap analysis, also included in this discussion is an exploration of progress made toward the recommendations of the gap analysis, incorporated into relevant descriptions of achievement of IECMH Consultation Project goals.

1. **Strengthen availability and access** by increasing availability and choice for all families and especially vulnerable families, decreasing barriers, serving more children with special needs in inclusive settings, and improving coordination between Early Care and Education and health services.
2. **Improve and support program quality** by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infants' and children's mental health needs.
3. **Deepen family engagement** by increasing families' awareness of high-quality programs, expanding two-generational programming, and enhancing families' opportunities to engage.
4. **Ensure successful transition experiences** by strengthening institutional support for transitions, supporting families through transitions, and improving transition-focused professional development opportunities.
5. **Expand and enhance workforce development** by improving professional development opportunities, strengthening equity, coordination and alignment efforts, and improving compensation for ECE professionals.
6. **Improve systems for infrastructure, data and resource management** by improving coordination across agencies, modernizing the data system, using resources in ways that promote equity, and streamlining funding mechanisms.

Achievement of IECMH Consultation Project Goals

Strengthen availability and access. As is discussed in chapter 4, the current iteration of the IECMH Consultation Project provides services to approximately 6% of the potential population of young children. According to the Maryland Family Network (2021) Child Care Demographics, there were 1,551 licensed child care centers (center-based) and 5,132 licensed family child care providers in MD in 2020. Given that the IECMH Consultation Project served 375 centers, they reached approximately 24% of center-based programs and about 0.7% for family child care providers. Further, the majority of child care providers, who responded to the CECEI developed survey, have not used the IECMH Consultation Project (82%) or are unfamiliar with it (55.8%). This reported lack of familiarity and access is consistent with the gap analysis report (Etter & Capizzano, 2019) which documents the need for a wider reach of the IECMH Consultation Project (also see chapter 4). However, Regional Directors report that when they do work with child care centers and homes, they are either very receptive (60%) or somewhat receptive (40%) to IECMH Consultation Project services. Taken together, these data suggest that there is limited availability to these services based on the current level of funding, but there is a great need and appreciation for these services.

With respect to IECMH Consultation Project services for vulnerable families, there is some indication of disparity related to project use by certain subpopulations. For example, focus group respondents disclosed that children and providers in the highest need areas were less likely to receive services. The zip code analysis (see Chapter 4) also suggested that the child care programs served by the IECMH Consultation Project had lower rates of poverty. Lastly, the OMS data indicated that the children served by the project had a reduced likelihood of receiving scholarship/subsidy payments (i.e., 9%, 13%, and 12% in 2018, 2019, and 2020 respectively).

Regarding children with special needs, there seems to be little attention to including those children in the project. For example, children with an Individualized Education Plan or Individualized Family Service Plan represented 10%, 13%, and 9% of the children served in 2018, 2019, and 2020, respectively. Further, less than 4% of the children served fell into specific risk categories over the 2018-2020 project years (i.e., foster care, adoption, incarcerated parent, homelessness, or drug-exposure). It should be noted that in the focus groups with Regional Directors, there was an emphasis on decreasing barriers to access of the IECMH Consultation Project for these subpopulations. Specifically, Regional Directors shared their attempts to increase the numbers of children from high-risk backgrounds whom they served through targeted outreach to child care directors and family engagement activities.

Improve and support project quality. This evaluation has identified several mechanisms by which project quality is being promoted. The PIEC team at the UMB Institute for Innovation and Implementation was identified by service providers as key to project quality. PIEC technical assistance, through monthly meetings, formal training experiences, and materials, has improved the knowledge and skill base of project administrators and providers across the state to improve young children's mental health needs. Respondents identified technical assistance regarding practice-based coaching and the Facilitating Attuned INteraction (FAN) approach as particularly helpful. The PIEC Co-Directors also shared a major emphasis on diversity, equity, and inclusion in their professional development activities to enhance providers' expertise in supporting children, families, and child care staff from minoritized groups.

Further, there seemed to be a positive impact of the project on the child care classrooms. For example, in CECEI surveys, 80% of the Regional Directors and 67% of the Consultants perceived the project to be very successful at educating teachers about developmentally appropriate practice (see Figures 5.1 and 5.2).

Figure 5.1.

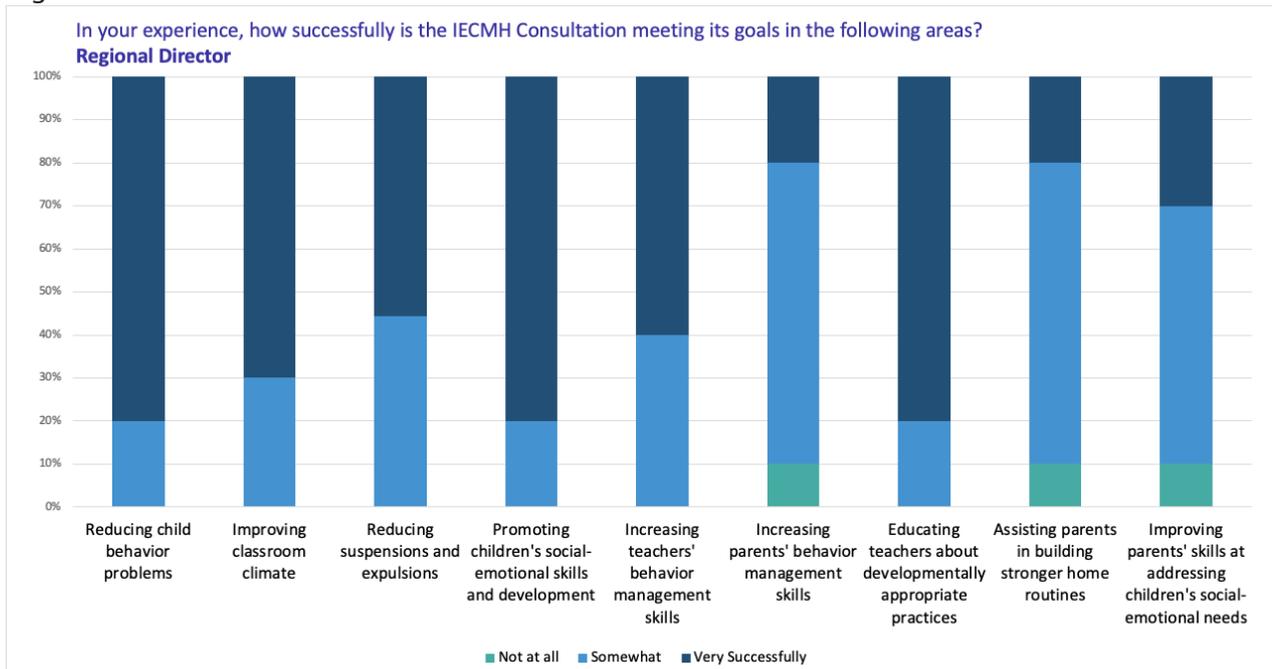
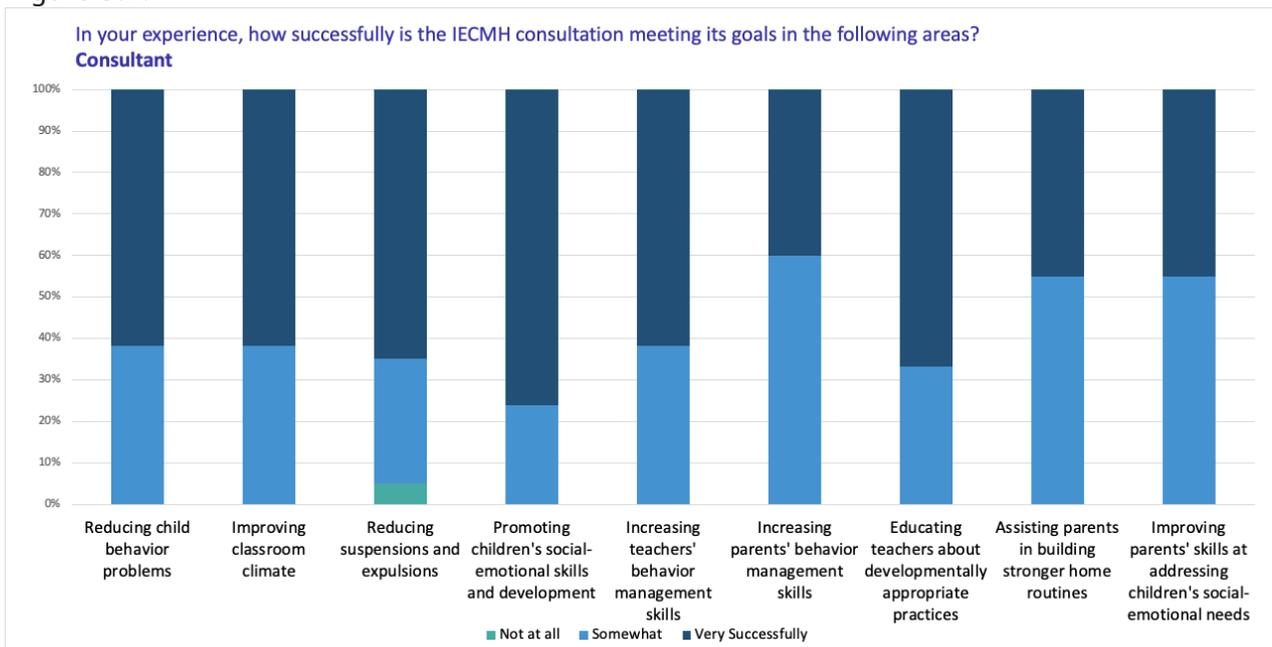


Figure 5.2.



Additionally, 70% of Regional Directors and 62% of Consultants reported that the project was very successful at improving classroom climate (see Figures 5.1 and 5.2). Based on OMS data, there were improvements in the classroom climate based on the Preschool Climate Scale.

Additionally, data from PIEC-administered Satisfaction Surveys were available through OMS. It is important to note that there were low response rates to these Satisfaction Surveys (i.e., 25% director responses, 28% staff responses, and 21% parent responses). Nevertheless, these data (see Tables 5.1 and 5.2) indicate that directors and teaching staff felt that the IECMH Consultation Project benefited their child care setting and improved teacher skill in understanding children’s feelings and experiences, modifying their environments, and identifying resources to meet children’s social-emotional needs.

Table 5.1. Satisfaction Survey Data for Directors (n=314)

Survey Question	M	SD	Range	
			Min	Max
I feel that the services provided to me by the Early Childhood Mental Health Consultation staff benefited my childcare setting. (scale ranges from 1 ‘strongly disagree’ to 5 ‘strongly agree’)	4.53	0.65	2	5
How responsive was the consultant to your questions and/or concerns? (scale ranges from 1 ‘not at all’ to 5 ‘substantially’)	4.82	0.45	3	5
I feel my staff has a better understanding of the possible meanings for a child’s behavior? (scale ranges from 1 ‘not at all’ to 5 ‘substantially’)	4.37	0.77	1	5
Since working with the Early Childhood Mental Health Consultant, I have seen improvement in my staff’s skills in working with children (e.g., improved staff/child interaction, improved confidence managing children’s behaviors? (scale ranges from 1 ‘not at all’ to 5 ‘substantially’)	4.26	0.85	1	5
As a result of consultation services, I know more about how to find local services for children and families. (scale ranges from 1 ‘not at all’ to 5 ‘substantially’)	3.99	1.10	1	5
Do you feel that you have gained skills from working with the consultant that will support you in the future when children present with challenging behaviors? (scale ranges from 1 ‘not at all’ to 5 ‘substantially’)	4.38	0.82	1	5

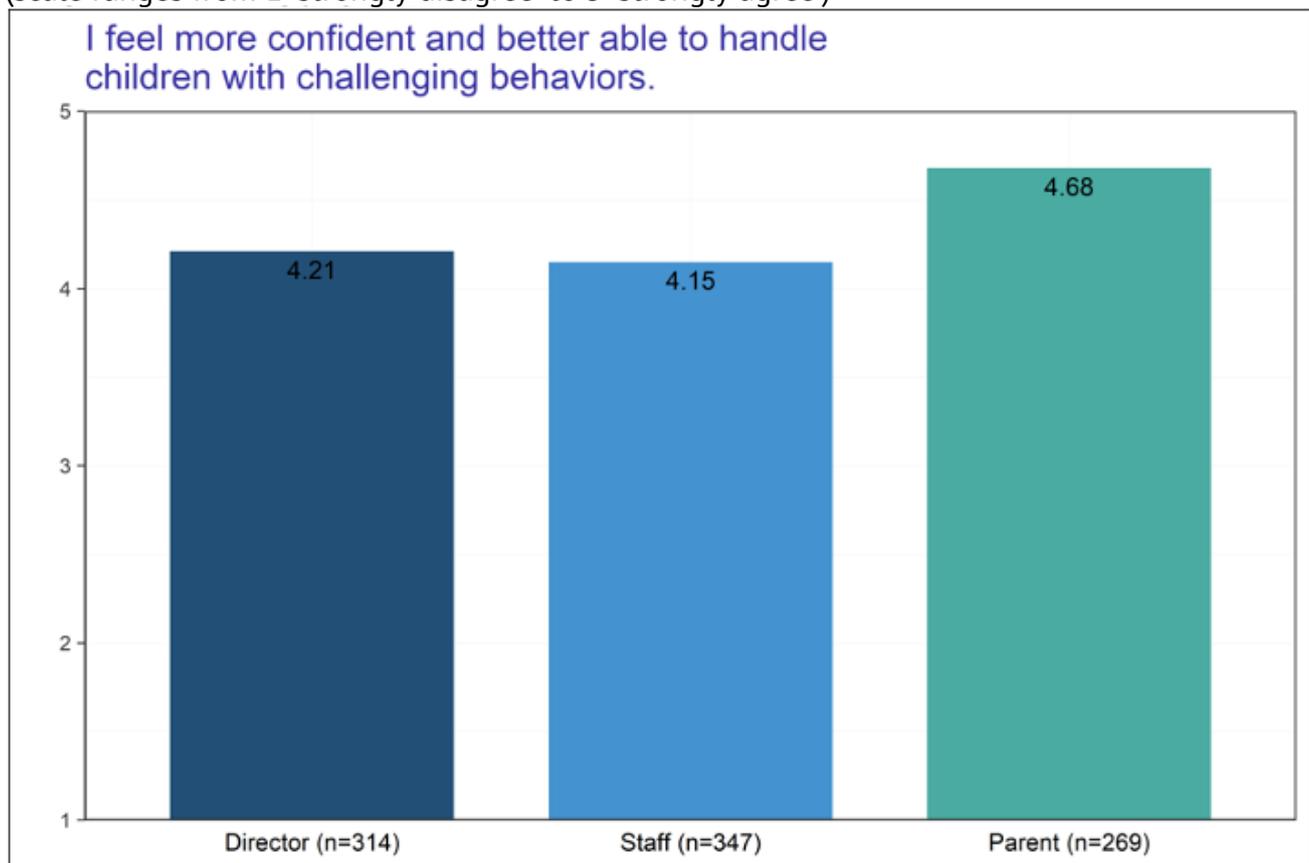
Table 5.2. Satisfaction Survey Data for Staff (n=347)

Survey Question	M	SD	Range	
			Min	Max
I feel that the services provided to me by the Early Childhood Mental Health Consultation staff benefited my childcare setting. (scale ranges from 1 ‘strongly disagree’ to 5 ‘strongly agree’)	4.41	0.78	1	5
I feel that my questions and concerns were dealt with in a timely, professional manner. (scale ranges from 1 ‘strongly disagree’ to 5 ‘strongly agree’)	4.57	0.74	1	5
The information that I gained improved my understanding of the child’s experience and feelings. (scale ranges from 1 ‘strongly disagree’ to 5 ‘strongly agree’)	4.36	0.82	1	5
I feel that the assistance given to me was helpful and understandable. (scale ranges from 1 ‘strongly disagree’ to 5 ‘strongly agree’)	4.48	0.73	1	5
Did the consultation help you maintain the child in your program?				
No	n=44			
Yes	n=303			
To what degree do you feel the consultation supported you in creating/modifying your environment to be responsive to the needs of all children? (scale ranges from 1 ‘not at all’ to 5 ‘substantially’)	4.19	0.94	1	5
To what degree are you able to take what you learned from the consultant and apply it to other children? (scale ranges from 1 ‘not at all’ to 5 ‘substantially’)	4.29	0.92	1	5
As a result of the services, I am more familiar with resources in the community for children and families. (scale ranges from 1 ‘strongly disagree’ to 5 ‘strongly agree’)	4.20	0.90	1	5

Chapter 5: Impact

Director and staff Satisfaction Survey responses reveal that they felt more confident in managing children's challenging behavior (see Figure 5.3). Moreover, in 2018 and 2019, there were significant decreases in teacher concerns about children's behavior (28% and 25% respectively). However, in 2020, there was only a 6% decrease in teacher concerns, which may be explained by challenges associated with the COVID pandemic. Notably, OMS data indicate that 95% of children were retained in the child care centers who received IECMH Consultation Project support.

Figure 5.3. Confidence in Handling Children with Challenging Behaviors by Respondents (scale ranges from 1 'strongly disagree' to 5 'strongly agree')



These data, along the MSDE statement on progress with respect to the gap analysis (see Table 5.3), suggest that important areas identified in the gap analysis are being addressed through the IECMH Consultation Project. Regarding the first recommendation, an Early Childhood Mental Health Steering Committee and an IECMH Framework Subcommittee have been formed to implement the strategic plan and to develop a comprehensive statewide framework. Further, the state is pursuing other funding sources to support IECMH services. Finally, professional development services are reaching many providers across the state, who report high levels of satisfaction with the project and improvements in classroom quality and teacher skill regarding IECMH.

Table 5.3. Gap Analysis Recommendations and MSDE’s Reported Progress as of December 2021.

Recommendations	Current Status	Progress
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.	In-progress	<ul style="list-style-type: none"> • Early Childhood Mental Health Steering Committee formed to carry out the strategic plan. • IECMH Framework Committee and Subcommittee formed to develop a comprehensive statewide framework. • The state has pursued other possible funding sources to support IECMH programs and services.
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.	In-progress	<ul style="list-style-type: none"> • Additional funding is needed to move this work forward. • Potential projects include collaborating with other branches to leverage state and federal dollars to develop a training site, inclusive of SEL, ECMH, Trauma Informed Care, Toxic Stress, and IECMH Framework.
3. Enhance the IECMH professional development system to more strongly align with principles of instructional design and the key IECMH classroom practices.	In-progress	<ul style="list-style-type: none"> • Additional funding is needed to move this work forward.
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.	In-progress	<ul style="list-style-type: none"> • Additional funding is needed to move this work forward.
5. Establish a results framework to measure progress.	In-progress	<ul style="list-style-type: none"> • This will occur upon completion of the statewide framework.

Deepen family engagement. Although increasing families’ awareness of and engagement in the IECMH Consultation Project is an explicit goal, the impacts on this outcome were not as pronounced as those related to child and teacher outcomes.

For example, focus group respondents did not explicitly identify family engagement as a benefit of the project. Moreover, the CECEI developed provider survey asked project Regional Directors and Consultants to report on how successful the project was at achieving specific parent outcomes. The results of the survey documented that 20 % of Regional Directors and 40% of Consultants stated the project was very successful at increasing parents' behavior management skills (see Figures 5.1 and 5.2). Similarly, 20% of Regional Directors and 45% of Consultants reported that the project was very successful in assisting parents in building stronger home routines (see Figures 5.1 and 5.2). Regarding improving parents' skills at addressing children's social-emotional needs, 30% of Regional Directors and 45% of Consultants stated that the project was very successful (see Figures 5.1 and 5.2).

Notably, OMS Satisfaction Survey data indicate that there was some decrease in parental concerns about children's behaviors in centers that received consultation (12%, 16% and 9% in 2018, 2019, and 2020 respectively). Also, OMS data include PIEC-administered parent Satisfaction Surveys, however, the response rates were low (24.5% in 2018, 26.2% in 2019, and 9.6% in 2020). Nevertheless, these data (see Table 5.4) indicate that overall parents were very satisfied with the IECMH services they received, felt that the consultants were helpful regarding their concerns about their children, developed a positive relationship with their families, and assisted them to identify services for their children.

Table 5.4. Satisfaction Survey Data for Parents (n=269)

Survey Question	M	SD	Range	
			Min	Max
The consultant helped me with my child/family concerns. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.71	0.54	2	5
The consultant listened and responded to my concerns about my child. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.83	0.44	2	5
The consultant developed a supportive relationship with my family and child. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.71	0.52	2	5
The consultant helped me to improve my understanding of my child's situation. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.59	0.66	1	5
The consultant provided referrals and resources to help my child or family get the services we needed. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.61	0.67	1	5
The consultant communicated with my family in a professional manner. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.88	0.35	3	5
The consultant included my family in the plan for services and support. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.79	0.49	2	5
How likely are you to recommend this service to a friend? (scale ranges from 1 'very unlikely' to 5 'very likely')	4.78	0.50	2	5
Overall, I was satisfied with the service my family received. (scale ranges from 1 'strongly disagree' to 5 'strongly agree')	4.76	0.55	1	5

Parent respondents to the Satisfaction Surveys also stated that they felt more confident in managing their children's challenging behavior (see Figure 5.3). As one parent stated:

"I don't see how we would have made it through the school year without the consultant's help. She has been instrumental in our child's success and ability to become a fully participating member of his class. We are so grateful!"

Ensure successful transition experiences. This area addresses strengthening institutional support for transitions, supporting families through transitions, and improving professional development opportunities that focus on transitions. However, Consultants and Regional Directors did not mention supporting families during transitions in either the CECEI-led focus groups or surveys. Further, professional development activities focusing on transitions were not documented. Lastly, there is no mention of transitions in the Parent Satisfaction Surveys, resulting in no available data to address this IECMH goal.

Expand and enhance workforce development. The IECMH Consultation Project implemented multiple activities related to some aspects of this goal. Specifically, there were several professional development opportunities that addressed workforce development including trainings on promoting a positive preschool climate and the Facilitating Attuned INteraction (FAN) framework. The PIEC team also held monthly reflection meetings as well as biweekly "office hours" through which staff could obtain clinical consultation, and co-sponsored a listening session on the effect of COVID on child care providers. Finally, the PIEC team worked to strengthen their focus on equity through infusing diversity, equity, and inclusion (DEI) principles through their training and technical assistance activities.

However, other objectives related to this goal did not receive as much attention. In particular, coordination and alignment efforts with public schools and other human service programs were not mentioned in surveys or focus groups. Further, funding, which was raised within all data sources analyzed in this report, is a critical need.

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Respondents in the focus groups, surveys, and interviews raised the need for funding to hire more IECMH Consultants to increase access to the project, funding to provide embedded professional development (e.g., practice-based coaching), funding to hire more credentialed staff to address the more intensive referrals, as well as funding to allow more and a broader range of ECE providers in child care centers to access the professional development opportunities provided by the project.

As mentioned in Chapter 3, professional development for IECMH Consultation Project personnel was provided by the PIEC team at UMB. Professional development includes formal, regular training that are focused on IECMH competencies, the provision of tools and materials to improve Consultants' expertise, and monthly meetings to reflect on quality service provision. As the PIEC team stated:

"It's always been a supportive role around, implementation and evaluation and sort of workforce development, and it has obviously changed over the years, depending on what was happening in the field, where the state was going, what was needed. You know, it went from three pilot sites to every county is now covered.... then over the years, [MSDE] has I think leaned on us heavily to help whenever they wanted training, or workforce development, or coaching or support from national experts.To place that into 3 large buckets, we handle a lot of the training and a lot of the fidelity measures and assessments that the Consultants do as well as a lot of just sort of guidance and professional development in their role..."

In the focus groups, Regional Directors indicated that training and professional development has been key to improving the skills of Consultants and, in turn, child care providers to meet the mental health needs of young children. However, in the CECEI developed survey, only 60% of Regional Directors believed that professional development of IECMH Consultation Project Consultants was adequate. The gap analysis (Etter & Capizzano, 2019) also highlighted the lack of access to professional development experiences for child care providers due to cost, location, and lack of infrastructure (e.g., substitute teachers, teacher assistant attendance in training) in child care programs for provider attendance and engagement in professional development opportunities. Also, the gap analysis (Etter & Capizzano, 2019) underscores the need for embedded professional development (e.g., practice-based coaching), which was also raised as an important gap by Regional Directors in the focus group.

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Another area for improvement identified by many Regional Directors was the need for a more formalized onboarding process for them and the IECMH Consultation Project Consultants. Directors thought that a more uniform and streamlined onboarding process would improve the quality of the project across sites. Similarly, Regional Directors in the focus groups felt more could be done to promote positive teacher practices in the classroom around behavior management. Relatedly, only 60% of Regional Directors and 62% of Consultants who responded to the surveys perceived the Project as successful in improving teachers' behavior management skills. However, Regional Directors and Consultants felt that in general teachers were open to learning. As one of the Regional Directors who participated in a focus group stated:

"The training that we are able to provide to them both one on one and as a whole, with multiple teachers has been greatly increasing their capacity and knowledge—they're eager to learn. It's in a profession that really needs support and so being able to offer that support has been very rewarding."

The Gap Analysis made three recommendations that are relevant for professional development (i.e., #s 2, 3, 4). The data from this evaluation suggest that there has been significant progress toward the second recommendation articulated in the Gap Analysis. For example, respondents to surveys and participants in the focus groups state that there has been a marked increase in teachers' knowledge about developmentally appropriate practice due to the professional development activities that are part of the project. However, further funding is needed to advance the work toward a professional development "blueprint" that was recommended in the gap analysis. Additionally, MSDE's statement of progress regarding the gap analysis states that more funding is needed to address recommendations 3 and 4, specifically to enhance the current IECMH professional development system and infrastructure so that it aligns more with innovation in instructional design and key best practices in the IECMH field, and so that it is accessible universally to ECE providers of all levels.

Improve systems for infrastructure, data and resource management. Although Regional Directors argued for more infrastructure for the IECMH Consultation Project (e.g., uniform onboarding, increased access to professional development opportunities) during the focus group conversation, they lauded the PIEC program as critical to move the project in this direction.

Activities conducted by the PIEC program have led to partial achievement of the second recommendation in the gap analysis. Specifically, the PIEC team is working toward developing an IECMH professional development system that delineates best IECMH practices in ECE settings. Although additional funding is needed to move this work forward, state and federal dollars can potentially be leveraged to develop training sites and to deliver professional development opportunities on Social-Emotional Learning, Trauma Informed Care, Toxic Stress, and an IECMH framework.

A key accomplishment in the infrastructure arena is the development of the Outcomes Monitoring System (OMS) by the PIEC team at UMB's Institute for Innovation and Implementation. The OMS system tracks data on what child care centers access the IECMH Consultation Project, the characteristics of children served, as well as the outcomes of the teachers and families served. It is important to note, however, that the response rate for the IECMH Consultation Project Satisfaction Surveys are low for directors (25%), staff (28%) and parents (21%) These data are used to inform how the Project can better serve children, families, teachers, and child care settings. As the PIEC team stated:

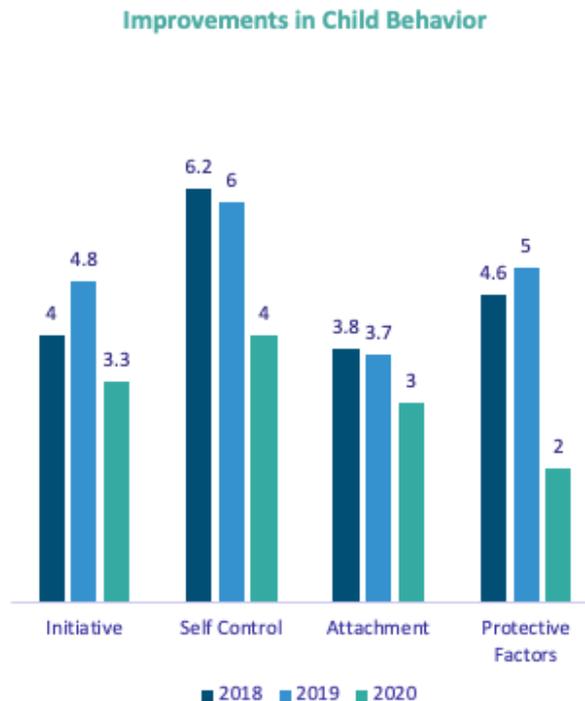
"... our online outcomes monitoring system, OMS is the web based portal where they enter the data, MSDE invested heavily in the institute running that to manage reporting outcomes ...And then it's a lot of... technical assistance with the Department of Education's division of early childhood and the consultation leadership around you know programmatic things so doing a CQI /continuous quality improvement/ process with data."

Relevant to the Outcome Monitoring System, the gap analysis recommended devising a results framework to measure outcomes. Progress is being made on this recommendation as well, which will be completed after establishing the statewide IECMH framework according to MSDE.

Promoting children's social-emotional functioning. Although this was not an explicitly delineated goal by MSDE, the identified goals were all designed to achieve higher levels of children's social-emotional functioning. Across data sources analyzed for this evaluation, enhancing children's social-emotional skills emerged as a paramount outcome of the IECMH Consultation Project. Based on OMS data regarding the Devereaux Early Childhood Assessment (DECA), children in classrooms which received consultation showed significant improvements in social-emotional skills (i.e., initiative, self-control, and attachment); notably these

improvements were not as pronounced in 2020, likely due to challenges related to the COVID epidemic (See Figure 5.4).

Figure 5.4.



In CECEI surveys, 80% of the Regional Directors and 76% of the Consultants stated that the project was very successful at promoting children’s social-emotional skills and development (see Figures 5.1 and 5.2). Similarly, 80% of Regional Directors and 62% of Consultants reported that the project was very successful at reducing child behavior problems (see Figures 5.1 and 5.2). To a lesser degree, the project was perceived as very successful at reducing suspensions and expulsions (i.e., 56% of Regional Directors and 65% of Consultants) (see Figures 5.1 and 5.2). Further, IECMH Regional Directors who participated in the focus groups felt the IECMH Consultation Project had been very successful at achieving its goals, particularly decreasing child behavior problems and the number of expulsions in their jurisdictions. As one Regional Directors said:

"... the need is out there. We're seeing this work. Like we see that us going in and intervening early enough, it will result in lasting changes both for that teacher, as well the classroom and the individual."

Summary of Impact

Overall, the data suggest the IECMH Consultation Project has made a significant impact on children, families, and child care providers in the state of Maryland. Since the completion of the gap analysis, much progress has been made regarding establishing a statewide governing body, framework, and professional development approach. Although there is still a stark need for increased access to the project's services, the project has enhanced ECE providers' skills at understanding and meeting the social-emotional and mental health needs of young children in their programs through improved classroom-based practices and appropriate strategies for individual children. The professional development provided by the PIEC program has been instrumental in improving providers' skills and improving children's outcomes, through their provision of formal training, resources, and opportunities for clinical reflection.

As a result, children in these classrooms have shown improved social-emotional skills and have been less likely to be expelled. According to Satisfaction Surveys, child care program directors, staff, and parents have reported being very satisfied with the IECMH Consultation project and feeling that the project has improved classroom quality as well as teacher capacity to understand and respond to children's social-emotional needs.

Nonetheless, the need for embedded professional development (e.g., practice-based coaching) and more, and broader, access to these opportunities is clear. Further, there is a need for increased efforts around engaging child care programs that serve higher risk communities, including programs that serve higher concentrations of children who receive subsidies/scholarships. Additionally, the IECMH Consultation Projects need to increase its attention to specific populations, including children with special needs, children in the child welfare system, and children experiencing extreme risks such as homelessness, drug exposure, and parental incarceration. This evaluation underscores the need for increased funding to expand the reach of the project, but also to retain IECMH Consultation Project providers through higher compensation for IECMH Consultation Project Consultants.

Finally, as identified in the gap analysis, there needs to be a stronger infrastructure within the project, which includes clearer accountability hierarchies and a more universal approach to service provision across the state. This infrastructure building should also include alignment and collaboration with other child-serving programs, such as early intervention, to ensure that children with special needs receive services, and other human services programs that target children exposed to extreme risk factors. In this way, future iterations of the IECMH Consultation Project will become even more beneficial to children, families, and providers in the state of Maryland.

Chapter 6: Integration and Staffing of the IECMH Consultation Project into Other Child Serving Systems

The focus of chapter 6 is on the potential Integration and Staffing of the IECMH Consultation Project into School Psychological Services and/or Public PreK. Thus, results in this section will answer the following research questions:

- What are IECMH Consultation Project staff (including administrators and service providers) and stakeholders' perspectives on the integration of the Project with existing school-based psychological services (objective 7)?
- What are IECMH Consultation Project staff (including administrators and service providers) and stakeholders' perspectives on the integration of the Project with public pre-kindergarten programs (objective 8)?

House Bill 776 from the Maryland Legislature specifically asked how the IECMH Consultation Project could be integrated into existing School Psychological Services and public funded PreKindergarten (PreK) programs. In order to respond to objectives 7 and 8 in HB776 and to answer the aforementioned research questions, the CECEI research team quantitatively and qualitatively analyzed primary data collected by the CECEI research team. Primary data consisted of CECEI designed and disseminated surveys to Early Childhood General and Special Education Coordinators and School Psychology Coordinators for Maryland's school systems, IECMH Consultation Project Regional Director and Consultants, as well as a qualitative analysis of the IECMH Consultation Project Regional Directors focus groups and the PIEC Co-Directors interview.

Perspectives on IECMH Consultation Project Integration into School-Based Psychological Services

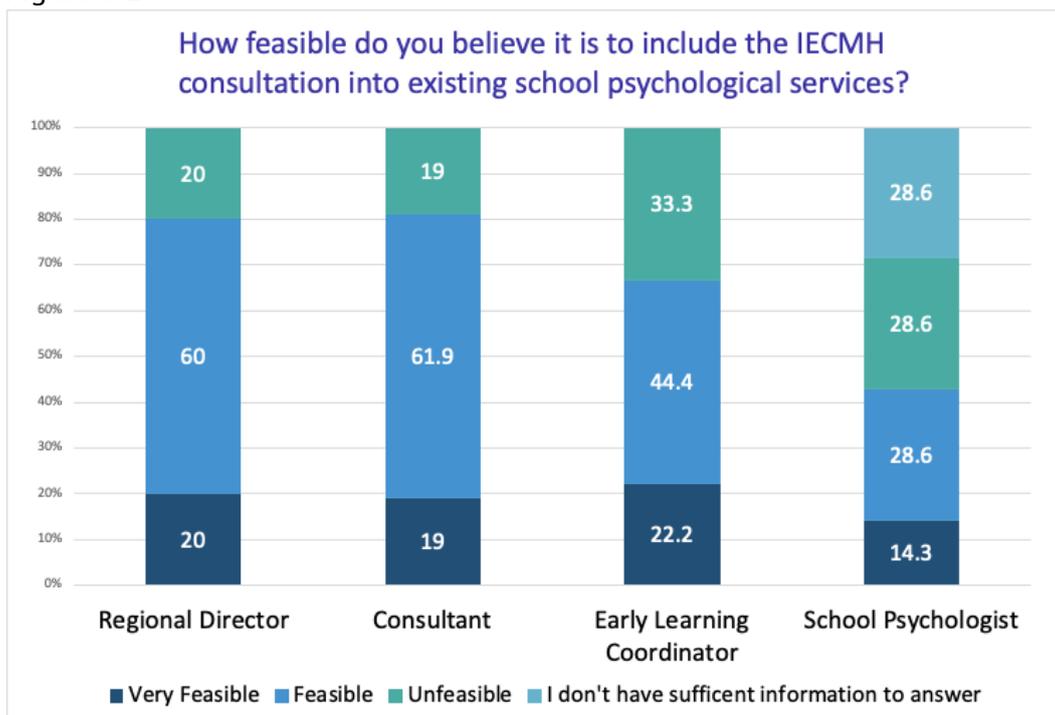
In order to determine perspectives on the integration of IECMH Consultation Project into School Psychological Services, the CECEI research team sought input from the School Psychology and Early Childhood General and Special Education Coordinators in each of the 24 school systems, as well as the IECMH Consultation Project Regional Directors and Consultants in the form of surveys. The CECEI team also conducted focus groups with the IECMH Consultation Project Regional Directors and an in-depth interview with the PIEC Co-Directors.

It is important to note that there was confusion about the definition of “integration” of IECMH Consultation Project into School Psychological Services. For some stakeholders, “integration” meant collaboration between IECMH regional programs and school psychologists. In other instances, “integration” meant potential absorption of IECMH into the school system. In spite of the varying definitions, stakeholders addressed the feasibility, benefits, drawbacks and necessary resources of integrating IECMH Consultation Project into School Psychological Services.

Feasibility of and Support for Integrating IECMH Consultation Project into School Psychological Services

Across respondent groups, except the School Psychology Coordinators, the consensus was that integrating IECMH Consultation Project into School Psychological Services was either feasible (average 55%) or very feasible (average 24%). See Figure 6.1 for a breakdown of responses by respondent role. The two groups that represent school systems, Early Childhood General and Special Education Coordinators and School Psychology Coordinators, reported integration as “unfeasible” at 33% and 29% respectively. In addition, 29% of the responses from School Psychology Coordinators indicated that they did not have sufficient information to make a determination. Hence, less than 50% of School Psychology Coordinators indicated integration of IECMH Consultation Project into existing School Psychological Services was feasible.

Figure 6.1.



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Of the school psychologists who responded to the survey, 57% indicated they were somewhat comfortable and 43% were very comfortable working with teachers in child care centers to address children's mental health needs. However, 14% indicated they had very little training specific to infant and early childhood mental health, while 71% reported some training and 14% reported a lot of training. Finally, 71% of respondents rated themselves as very knowledgeable and 29% as knowledgeable of developmentally appropriate practice in child care settings. It is important to note that respondents had oversight of School Psychological Services in their school district, which means the school psychologists in individual school buildings may reflect a different level of comfort and knowledge working with children ages birth to five.

During the IECMH Consultation Project focus groups, Regional Directors voiced little to no support for the integration of the project into existing School Psychological Services. While most thought it was feasible, as indicated in their survey responses, their support for integration of IECMH Consultation Project into School Psychological Services yielded very different responses. Regional Directors questioned how IECMH would be structured and emphasized that part of their success with families stemmed from their distance from the school system. Additionally, Regional Directors were concerned that the project would no longer target younger children in child care who are not yet part of the school system. Another common concern was that child care personnel and school system personnel "speak different languages", which could be a notable barrier. There was also a concern that school system integration would be intimidating to parents as school systems can be perceived as unwelcoming or as being in the business of labeling children. Lastly, one director voiced a COVID-19 related concern:

"I think the other thing that has to be thought about in this whole thing is childcare has been devastated in the past 18 months. And this support for a lot of those child care programs is critical. I know that we have made a huge difference, and I can only imagine that if we have, all other areas have as well. And so, if you look at that being pulled away or a focus away from the child care piece, I think that's just kind of one more nail in the coffin for child care. I mean child care providers feel very strongly and I'm speaking you know not only as an ECMH person here, but as the director of the resource center. They feel very strongly that they have been forgotten, pushed aside, an afterthought, and you know I would hate to see this type of support pulling from that because it's not just the children a lot of times it is that classroom support."

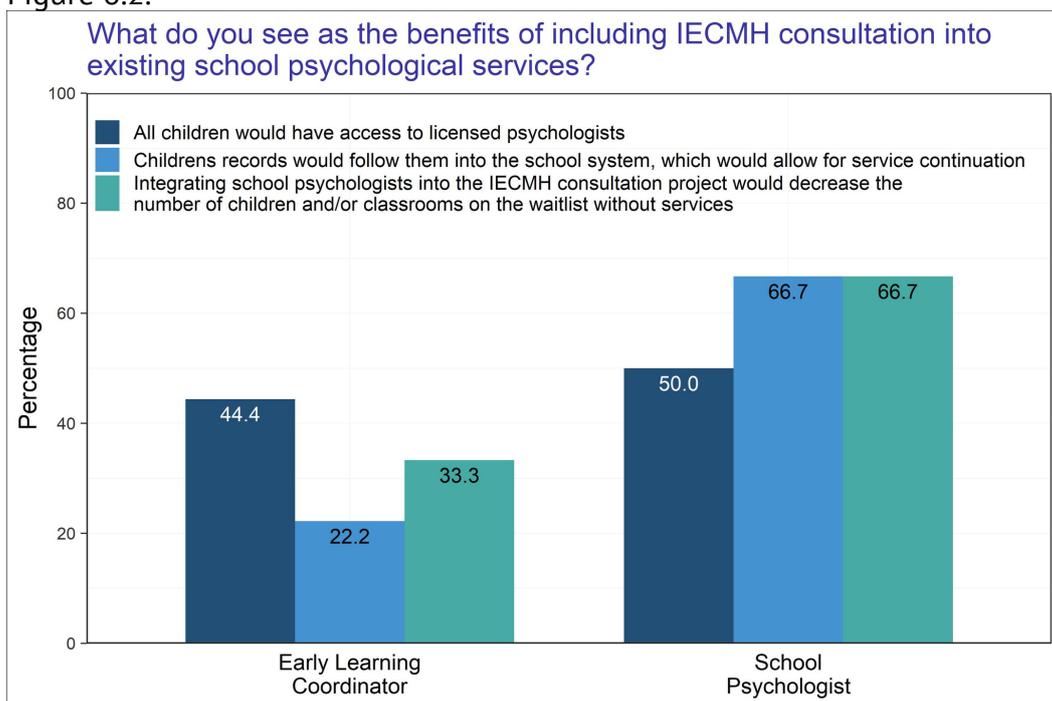
The PIEC Co-Directors voiced support for the integration of IECMH Consultation Project and School Psychological Services, although their recommendation was through the existing crisis response model rather than through integration into existing School Psychological Services. In their proposed model, MSDE would create six regional crisis response centers with two IECMH Consultation Project Consultants assigned to each of those regional centers.

In lieu of that model, they believe there should be a person in each school building dedicated to supporting the mental health needs of children in PreK through 2nd grade. They referenced the mental health challenges associated with the COVID-19 pandemic as justifying the expansion of school-based mental health supports. Finally, they believe it important for those who work with younger children to understand the development and learning of young children, who typically lie outside of the expertise of school psychologists.

Benefits of Integrating IECMH Consultation Project into School Psychological Services

School Psychologists identified the benefits of including IECMH into existing School Psychological Services (see Figure 6.2) as all children having access to licensed psychologists (67%) and children's records following them into the school system, which would allow for service continuation (67%). Early Childhood Coordinators indicated the benefit of integrating school psychologists into the IECMH Consultation Project would be all children having access to licensed psychologists and decreasing the number of children and/or classrooms on the waitlist without services.

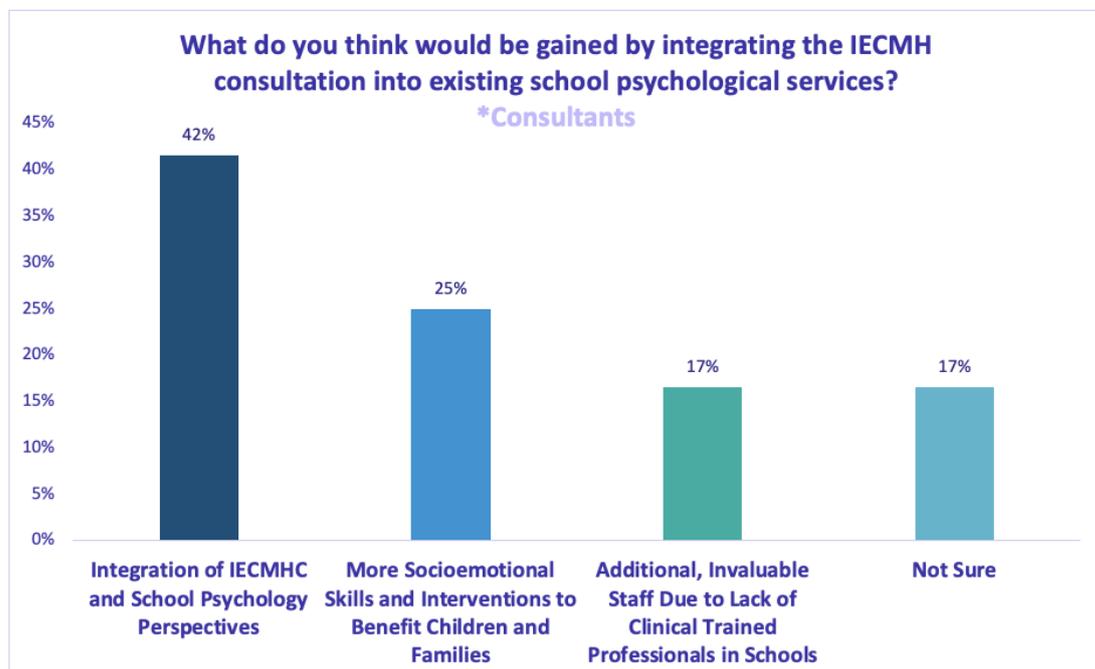
Figure 6.2.



Chapter 6: Integration

IECMH Consultants were asked what they believed would be gained by integrating IECMCH into existing School Psychological Services (See Figure 6.3). Consultants identified gains as the the integration of the IECMH Consultation Project and School Psychological Services, increased social emotional skills and interventions to benefit children and families, followed by additional, qualified staff in a school. One of the respondents stated, “IECMH programs and existing psychological services could share knowledge, resources, materials, and project goals. Exposure to new programs, goals, methods, and knowledge would benefit both types of programs.”

Figure 6.3.

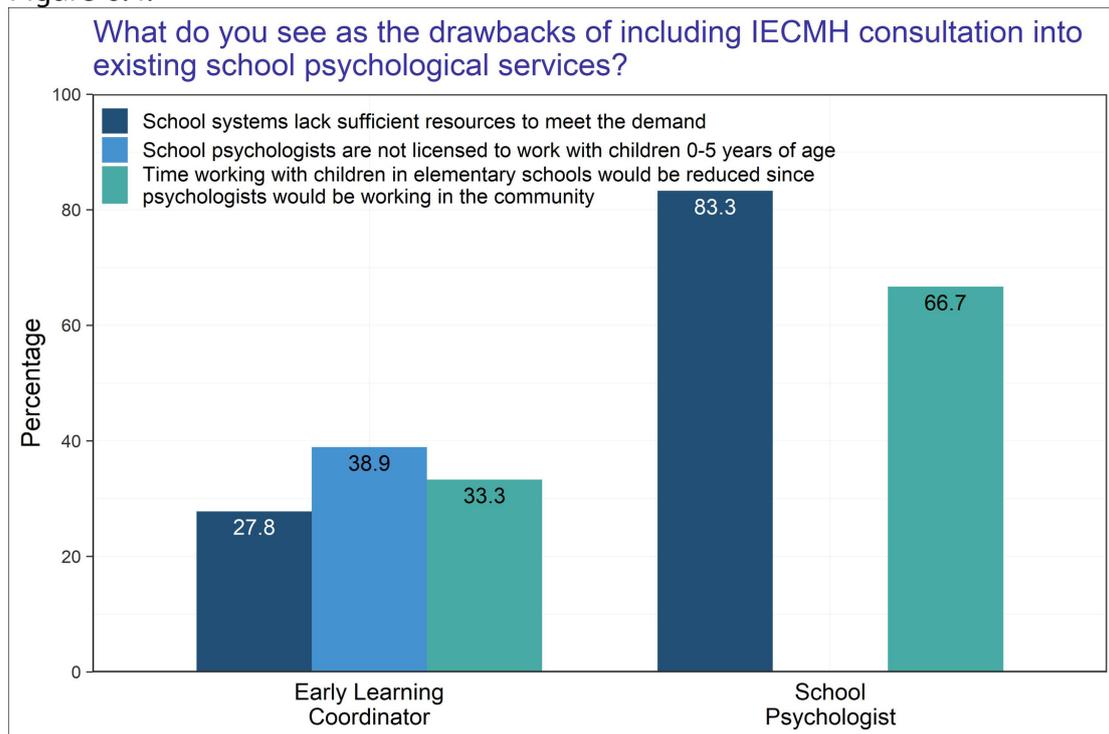


*Based on open-ended responses of 12 IECMH Consultants

Drawbacks of Integrating IECMH Consultation Project into School Psychological Services

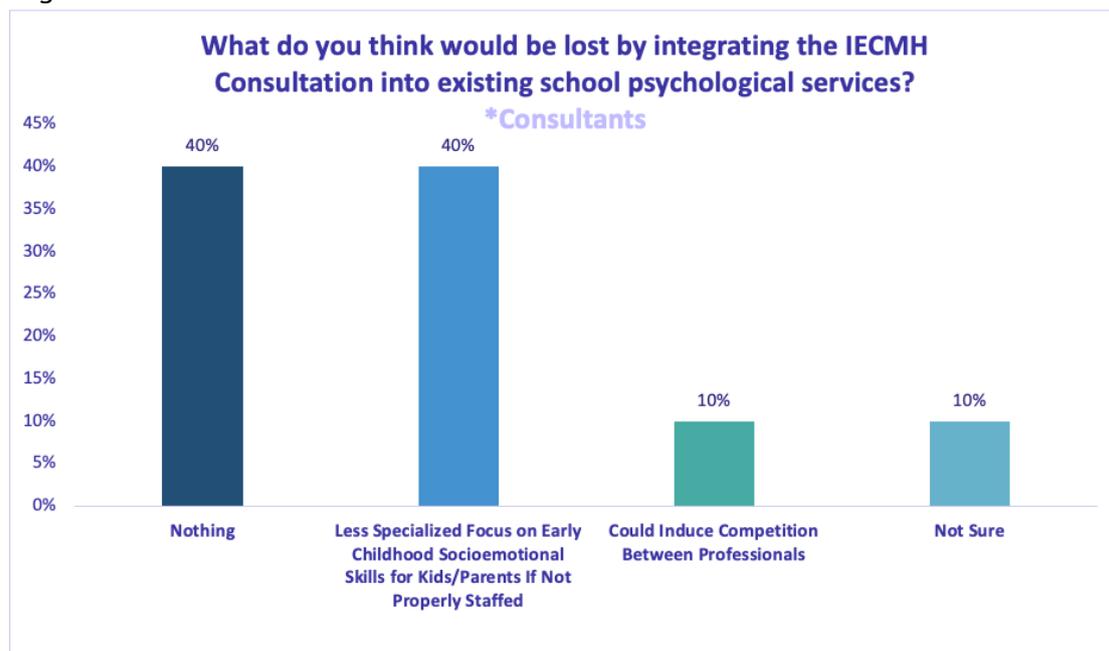
School Psychologists saw the greatest drawback of integrating the IECMH Consultation Project into School Psychological Services (see Figure 6.4) as school systems lacking sufficient resources to meet the demand (83%), followed by reduced time working with children in elementary schools since psychologists would be working in the community (67%). Early Childhood Coordinators saw the greatest drawback as school psychologists not being licensed to work with children birth to 5 (39%), followed by reduced time working with children in elementary schools since psychologists would be working in the community (33%) and the school system lacking sufficient resources to meet the demand (28%).

Figure 6.4.



Almost half (40%) of IECMH Consultants (see Figure 6.5) did not believe anything would be lost by the integration of the IECMH Consultation Project into School Psychological Services. However, another 40% were concerned that integration would result in a less specialized focus on early childhood and child care, followed by another 10% who believed integration could induce competition between professionals.

Figure 6.5.

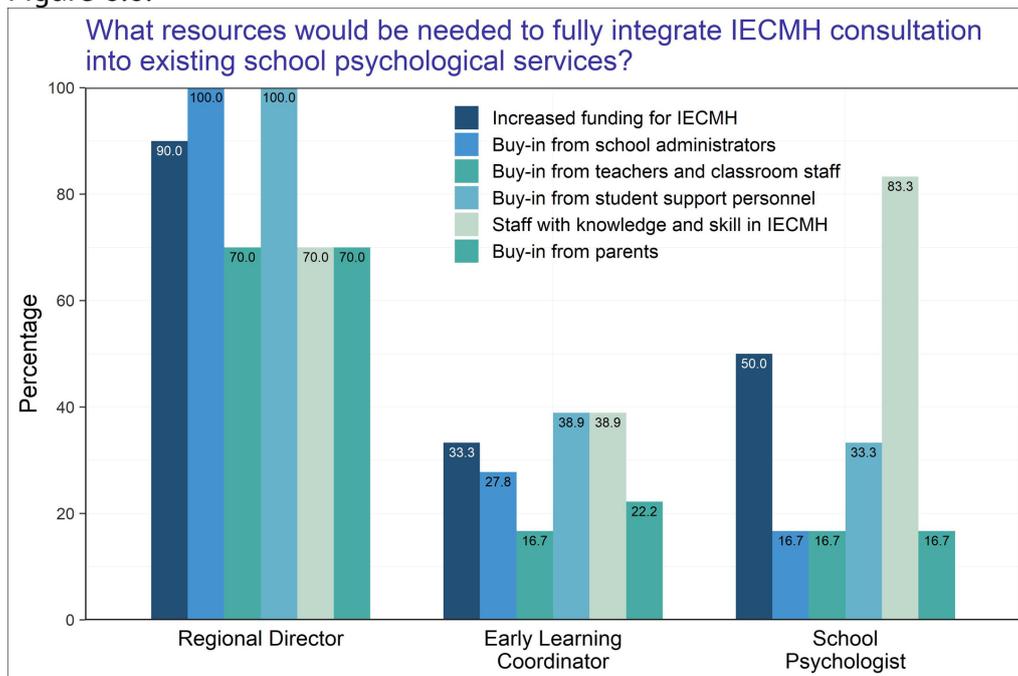


*Based on open-ended responses of 10 IECMH Consultants

Resources Needed to Integrate IECMH Consultation Project into School Psychological Services

If the IECMH Consultation Project was integrated into School Psychological Services, IECMH Consultation Project Regional Directors, Early Childhood Coordinators and the School Psychological Services Coordinators all identified a number of resources that would be needed for integration (see Figure 6.6). The Regional Directors all believed that buy-in from school administrators and student support personnel/school psychologists would be needed, followed by increased funding. Early Childhood Coordinators most often identified buy-in from support personnel and staff with knowledge and skill in IECMH as needed if the IECMH Consultation was integrated into existing School Psychological Services. The School Psychology Coordinators most often identified staff with knowledge and skill in IECMH, followed by increased funding for IECMH as being necessary for integration.

Figure 6.6.



Perspectives on IECMH Consultation Project Integration into Public Funded PreKindergarten

In order to determine stakeholders' perspectives on the integration of IECMH Consultation into public PreKindergarten (PreK), the CECEI research team sought input from the Early Childhood General and Special Education Coordinators in each school systems, and the IECMH Consultation Project Regional Directors and Consultants through surveys. The CECEI team also conducted focus groups with the IECMH Consultation Regional Directors and an in-depth interview with the PIEC Co-Directors.

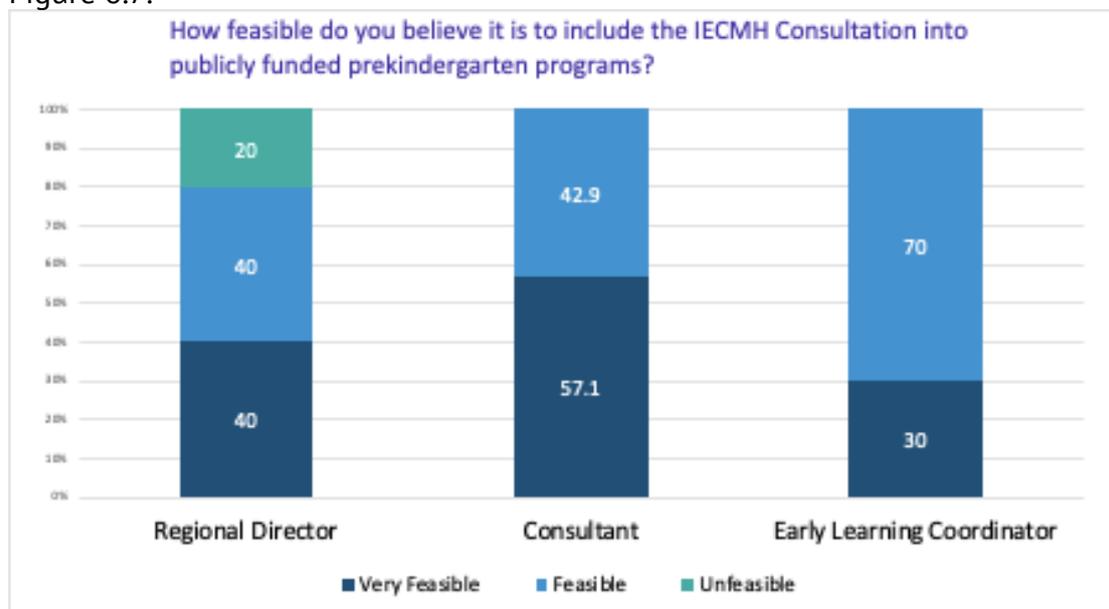
As previously stated there was confusion about the definition of “integration” of the IECMH Consultation Project into Public PreK. For some stakeholders, “integration” meant collaboration between IECMH regional programs and Public PreK. In other instances, “integration” meant the potential absorption of the IECMH Consultation Project into the school system. In spite of the varying definitions, stakeholders addressed the feasibility, benefits, drawbacks and necessary resources of integrating IECMH into Public PreK.

Feasibility of and Support for Integrating IECMH Consultation Project into Public PreK

Across all stakeholders, the majority believed that integrating the IECMH Consultation Project into Public PreK was either feasible or very feasible. Early Childhood General and Special Education Coordinators all believed the integration of the IECMH Consultation Project into public PreK was feasible (70%) or very feasible (30%). It is important to note that respondents had oversight of public PreK throughout their school district. Therefore, their responses may or may not reflect the perspectives of the administrators within individual school buildings.

As with the Early Childhood Coordinators, all IECMH Consultants believed the integration was feasible or very feasible. In fact, Consultants had the highest percentage (57%) marked as “very feasible” of all stakeholders who were surveyed. In contrast, 20% of the IECMH Consultation Project Regional Director’s responses indicated that integration of IECMH into Public PreK was unfeasible. See Figure 6.7 for a breakdown of responses by respondent role.

Figure 6.7.



Chapter 6: Integration

During the focus groups, Regional Directors voiced more support for the integration of the IECMH Consultation Project into Public PreK than they voiced for integration into existing School Psychological Services. However, the Regional Directors representing urban/suburban communities (e.g. Montgomery, Prince George's) were more hesitant to support the integration of the IECMH Consultation Project into Public PreK than those Regional Directors from the rural/suburban communities (e.g., Eastern Shore and Western Maryland regions). While most thought it was feasible, as indicated in their survey responses, they questioned how the project would be structured. Additionally, Regional Directors were concerned that the project would no longer target younger children in child care, the foundation of the IECMH Consultation Project, who are not yet part of the school system. A continued concern (from the discussion of integration with School Psychological Services) was that child care personnel and school system personnel "speak different languages", which was perceived as a barrier. Finally, the current separation between the IECMH Consultation Project and schools was again identified as a benefit of the current structure. As one Regional Director stated,

"I'll just start by saying one of the benefits of our program is not being connected to the school system. Often parents, whether it be true or not, believe that contacting us avoids their child being labeled in connection with their school record and it is less scary to be connected to us, than the school system."

The PIEC Co-Directors were less certain about the feasibility and advisability of integrating the IECMH Consultation Project into Public PreK than into School Psychological Services. One Co-Director recommended that the integration of IECMH into public PreK be focused on prevention versus crisis intervention, which would include the integration of PreK teachers into IECMH Consultation Project professional development at the start of the school year. This professional development would include a strong focus on the development of young children and the unique needs of children in Kindergarten and below. The other Co-Director noted that developmentally appropriate PreK practice means teachers having developmentally appropriate expectations for young children, which includes active (versus passive and quiet) engagement in learning experiences. Further, the IECMH Consultation Project is a dual generational project, focusing on the teachers/providers and the child. The Co-Director stated that many consultations are focused on supporting teachers/child care providers toward providing learning experiences that are appropriate for their ages and stages of

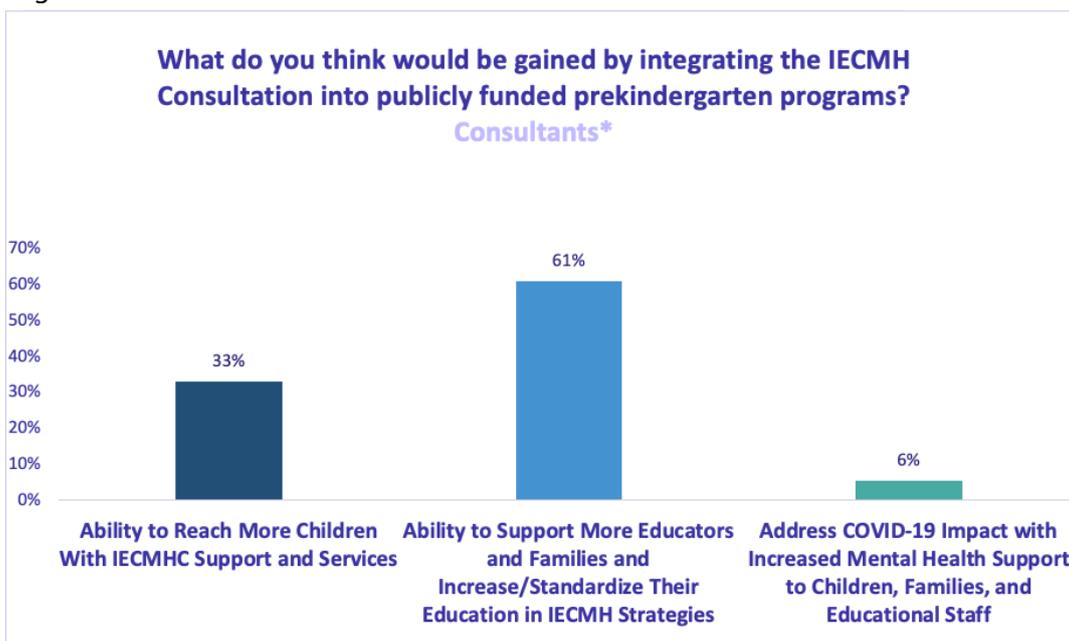
development, versus just addressing an individual child’s behavior. Lastly, the Co-Director mentioned that teachers/child care providers need to understand young children’s behaviors in order to interpret them correctly.

Benefits of integrating IECMH Consultation into Public PreK

Early Childhood Coordinators were asked an open ended survey question about the benefits of including the IECMH Consultation Project in Public PreK. While only four provided answers, their responses included: support for children and families, addressing increasing behavioral issues, increased access to mental health support professionals and resources for young children and families, and helping children learn to build their social skills.

IECMH Consultants were asked, “What would be gained by integrating the IECMH Consultation Project into publicly funded PreK programs?” Eighteen Consultants responded to the question, with 61% stating that a gain would be the ability to support more educators and families, as well as standardized IECMH Consultation Project strategies, 33% identified the ability to reach more children and 6% identified a gain as reaching more children impacted by COVID-19 (see Figure 6.8). One consultant noted, “The teachers would have continuous support to assist them in understanding emotional needs and would gain additional strategies to help children strengthen their social and emotional development.”

Figure 6.8.



*Based on open-ended responses of 18 IECMH Consultants

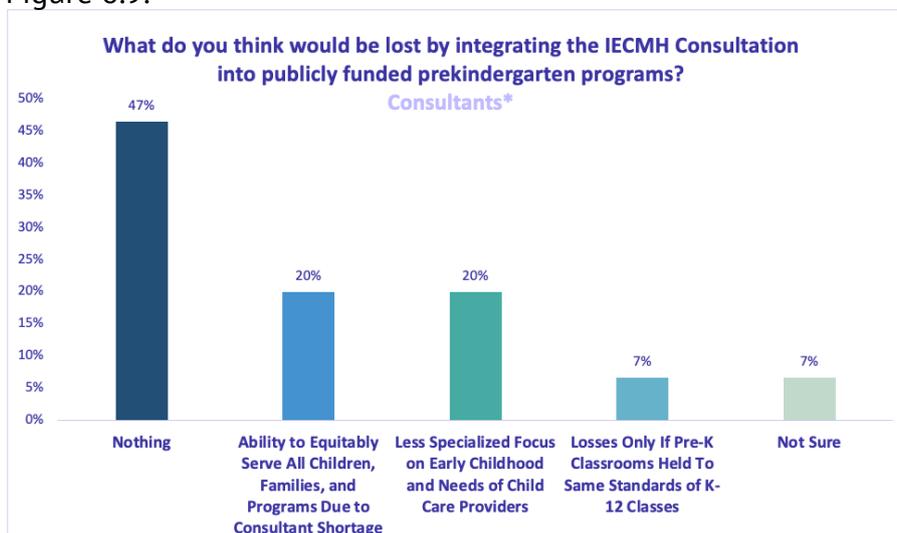
Drawbacks of integrating the IECMH Consultation Project into Public PreK

Early Childhood General and Special Education Coordinators provided five open-ended responses to the drawbacks of including IECMH Consultation Project in Public PreK. One indicated needing more information prior to providing an answer. Two respondents indicated there were no drawbacks to inclusion in Public PreK. The remaining respondents indicated that the lack of time, staff and resources were all drawbacks to the integration of IECMH Consultation Project.

IECMH Consultants were asked, “What would be lost by integrating IECMH Consultation Project into publicly funded PreK programs?” Just under half (47%) of respondents indicated that nothing would be lost through the integration of IECMH into publicly funded PreK. Some respondents (20%) were concerned about the ability to equitably serve all children and families due to a shortage of Consultants, while others (20%) were concerned about a less specialized focus on early childhood and the needs of child care providers. See Figure 6.9 for a breakdown of responses. Under the category of “equitably serving all children and families”, one consultant wrote,

“That depends on the level of services that would exist for our youngest community members through child care centers and family child care homes. If the funding is spread across the board and more funding is put towards hiring Consultants then we can equitably serve the entire IECMH community. However if funding is removed or reduced in the child care realm, then we miss the opportunity for the earliest possible intervention for young children. Which could possibly even lead to a shortage of workers due to provider burnout and lack of support.”

Figure 6.9.

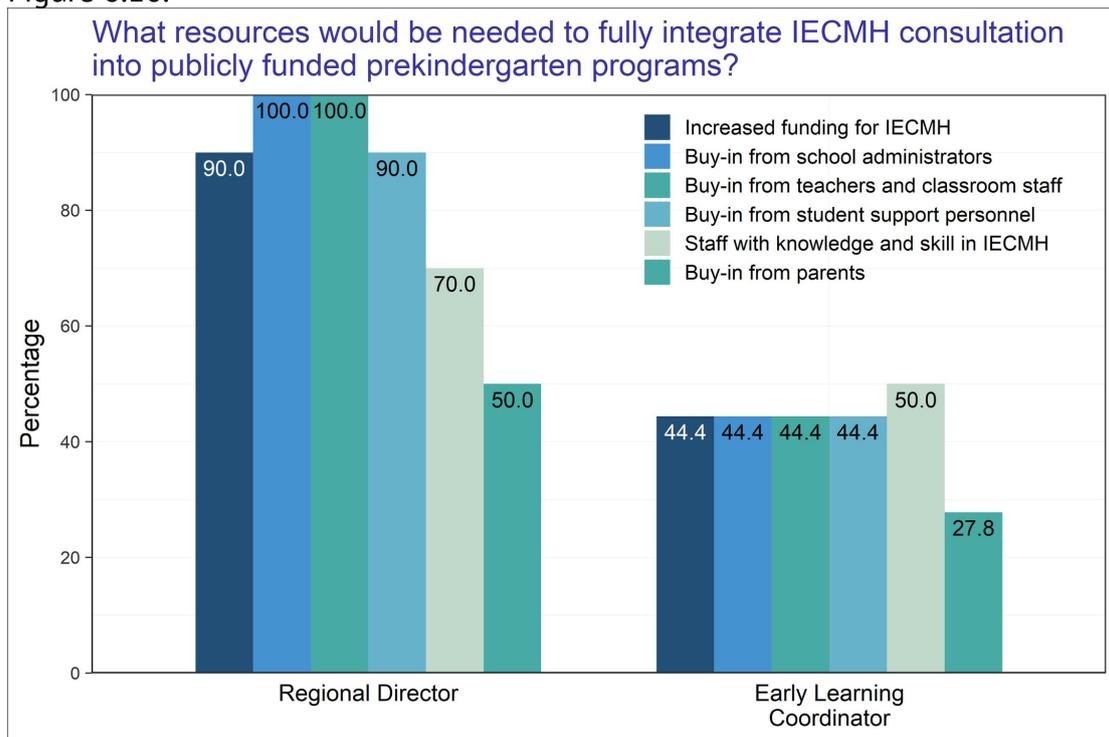


*Based on open-ended responses of 15 IECMH Consultants

Resources Needed to Integrate the IECMH Consultation Project into Public PreK

If the IECMH Consultation Project was integrated into Public PreK, IECMH Consultation Project Regional Directors and Early Childhood Coordinators identified a number of resources that would be needed for integration (see Figure 6.10). All Regional Director respondents indicated that buy-in from school administrators and teachers would be needed to fully integrate the IECMH Consultation Project into Public PreK. Moreover, 90% of Regional Directors indicated increased funding would be needed, as would buy-in from student support personnel/school psychologists in order to integrate IECMH into PreK. Early Childhood Coordinators most often (50%) identified staff with knowledge and skill in IECMH as needed for integration into PreK, followed by increasing funding (44%), buy-in from administrators (44%), buy-in from teachers (44%), buy-in from support personnel/school psychologists (44%) as needed if the IECMH Consultation Project was integrated into Public PreK.

Figure 6.10.



During the focus groups, Regional Directors stated that integration of IECMH Consultation Project into Public PreK, should be accompanied by a designated person to serve children ages three through five and not the entire elementary schools. The Regional Directors also thought there would need to be clear parameters and boundaries set up for the work. The issues of speaking the same language and having the same expectations for developmentally appropriate practices were also identified as being critical to the success of any integration between the IECMH Consultation Project and Public PreK.

Summary of Perspectives on IECMH Consultation Project Integration into School-Based Psychological Services

IECMH Consultation Project Regional Directors and IECMH Consultation Consultants, as well as School System Early Childhood General and Special Education Coordinators largely believed integration of the IECMH Consultation Project into existing School Psychological Services was either feasible or very feasible (79%). In contrast, less than 50% of School Psychological Services Coordinators thought integration was feasible, with 29% reporting it unfeasible and 21% saying they did not have enough information to make a determination.

Of the School Psychology Coordinators who responded to the survey, 57% indicated they were somewhat uncomfortable working with teachers in child care centers to address children's mental health needs. In addition, 85% of respondents indicated they had very little or only some training specific to infant and early childhood mental health. In contrast, 100% rated themselves as very knowledgeable to knowledgeable of developmentally appropriate practice in child care settings. School psychologists saw the benefits of including IECMH in school psychology as children having access to licensed psychologists (67%) and records following children into the school system (67%). They saw the drawbacks as school systems having insufficient resources to meet the demand, followed by reduced time working with elementary school children. School Psychologists believed that buy-in from school administrators and psychologists, as well as increased funding would be needed if the IECMH Consultation Project was integrated into existing School Psychological Services.

School system Early Childhood General and Special Education Coordinators mostly supported integration of the IECMH Consultation Project into School Psychological Services, but 33% of them reported the integration as unfeasible. Their most commonly (44%) cited benefit of integrating IECMH into School Psychological Services was access to a licensed psychologist and decreasing children and/or classrooms on the waitlist without services. Early Childhood Coordinators saw the drawbacks as school psychologists not being licensed to work with children birth to 5, reduced time working with children in elementary schools since psychologists would be working in the community and school systems lacking sufficient resources to meet the demand. Lastly, Early Childhood Coordinators identified buy-in from support personnel/school psychologists and having staff with knowledge and skills with IECMH as necessary resources if the IECMH Consultation Project were to be integrated into School Psychological Services.

Chapter 6: Integration

IECMH Regional Directors believed the integration of the IECMH Consultation Project into School Psychological Services was feasible (60%) or very feasible (20%). However, they voiced little to no support for the integration of the project into School Psychological Services during the focus group discussion. They questioned how the project would be structured under School Psychological Services, how the school system would respond to very young children and the “different languages” spoken in the child care community and school systems. IECMH Regional Directors were also concerned that school systems would be intimidating for families, which could be a barrier to them seeking services, and Regional Directors were worried that school systems would label children. In addition, one director felt that putting the IECMH Consultation Project under the umbrella of School Psychological Services would be another blow to the child care community, which had been hit so hard by the COVID-19 pandemic. If the IECMH Consultation Project was integrated under School Psychological Services, Regional Directors identify buy-in from school administrators and psychologists, followed by increased funding as necessary for integration of the project into the schools.

IECMH Consultants also believed the integration of the project into School Psychological Services was feasible (62%) or very feasible (19%). Those who identified integration of the IECMH Consultation Project into School Psychological Services as beneficial thought the sharing of information would be beneficial to both programs, as well as additional staff to support the overall project. While almost half did not think anything would be lost if the IECMH Consultation Project was integrated into School Psychological Services, there was concern that integration would result in a decreased focus on early childhood and child care centers and inequitable services to children and families due to insufficient staffing.

The PIEC Co-Directors voiced support for the integration of the IECMH Consultation Project and School Psychological Services, although their recommendation was through the existing crisis response model rather than through integration into existing School Psychological Services. If the programs were to be integrated, they recommended having a person in each school building who is focused on the mental health needs of children in PreK through 2nd grade. They also thought those who worked with the younger children would need to understand the development and learning of very young children, which is not typically the case for licensed school psychologists.

Summary of Perspectives on IECMH Consultation Project Integration into Public PreK

Across groups the consensus was that integration of the IECMH Consultation Project into public PreK was either feasible or very feasible. The only noteworthy exception was that 20% (n=2) of the IECMH Consultation Project Regional Directors deemed the integration as unfeasible. Early Childhood General and Special Education Coordinators all believed integration of the IECMH Consultation Project into Public PreK was feasible or very feasible. They identified benefits of this approach as support for children and families, ability to address increasing behavioral challenges, access to mental health professionals and additional resources, as well as children learning social skills. Although one person indicated needing more information in order to identify drawbacks to the integration, two said there were no drawbacks. One respondent indicated that the lack of time, staff and resources would be drawbacks to integration the IECMH Consultation Project into Public PreK. In the event the programs were integrated, Early Childhood Coordinators provided a number of resources as necessary to integrate the two programs: IECMH trained staff, funding, and buy-in from administrators and school psychologists.

While the majority of the IECMH Consultation Project Regional Directors believed it feasible to integrate the project into Public PreK, 20% deemed the integration unfeasible. During the focus groups, Regional Directors voiced more support for the integration of IECMH into Public PreK than into School Psychological Services. However, the Regional Directors from the larger, urban/suburban school districts/regions were less supportive of the integration than their rural/suburban counterparts. The Regional Directors questioned how the project would be structured and whether it would still focus on young children in child care centers who are not a part of the school system. They also voiced concerns about the “different languages” spoken in child care centers and in public schools. Finally, some thought the current separation between the school system and the IECMH Consultation Project was actually a positive element of the project. In the event the IECMH was integrated into Public PreK, they believed the “buy-in” from administrations, teachers and school psychologists would be necessary, as well as increased funding.

Chapter 6: Integration

All the IECMH Consultation Project Consultants who responded to the survey indicated that integration of the project into Public PreK was feasible, with 43% indicating that it was very feasible. Respondents identified gains as the ability to support more educators and families, as well as standardized IECMH Consultation Project strategies, the ability to reach more children and reaching more children impacted by COVID-19. Almost half (47%) of the Consultants believed nothing would be lost if the IECMH Consultation Project and Public PreK were integrated, but some were concerned about the potential for inequitable services to children and families if merged and others were concerned the focus on early childhood and child care would decrease or even be lost.

The PIEC Co-Directors were less certain about the feasibility and advisability of integrating the IECMH Consultation Project into Public PreK than they were about its integration into School Psychological Services. If the two were integrated, one Co-Director recommended that the IECMH Consultation Project focus on prevention versus crisis intervention, to include PD for public school teachers in the early childhood (PreK through 3rd) grades. One Co-Director was concerned about public preschool focusing too much on academics, which research shows to be developmentally inappropriate and leading to behavioral issues. She felt there would need to be a strong focus on helping teachers understand the development of young children, in order to interpret and respond to behaviors in an appropriate manner.

Chapter 7: Cost of the IECMH Consultation Project

The focus of chapter 7 is on the Costs associated with the IECMH Consultation Project . This section of the report will answer the following research questions:

- How much total funding is required to implement the current complement of services provided by the IECMH Consultation Project (objective 9)?
- How much funding for staff is required to implement the current complement of services provided by the IECMH Consultation Project (objective 6)?
- How much funding for staff is required to implement IECMH Consultation Project services with a different level of staff qualifications (e.g., paraprofessional, non-licensed professional) (objective 8)?

To answer the research questions, the CECEI research team examined MSDE documents regarding costs of the project, grant proposal budgets from the 11 IECMH Consultation Project Regional Programs, as well as county-level and other publicly available data on annual compensation for mental health professionals (e.g., school psychologists and social workers). It is important to note that what is reported herein is a descriptive account of costs based on available data and to maintain the IECMH Consultation Project at the current level of service (averaging around 550 children per year). A more thorough cost analysis would require resources beyond the scope of this evaluation (e.g., labor market analysis).

Description of Costs

Total funding for current complement of services. MSDE and UMB's Institute for Innovation and Implementation proposed an expansion of the IECMH Consultation Project to increase its reach (UMB SSW & MSDE, 2021). The proposal documents current costs for the current IECMH Consultation Project across the state. The stated total cost of IECMH is \$3,000,000, which includes funding directly provided by MSDE to regional programs (\$2,000,000), as well as funding from other sources (i.e., \$1,000,000 from grants, foundation, county funds, etc.). At this current level of funding, there are funds for a combination of 38 full- and part-time Consultants across the state who serve approximately 550 children per year, for an average of \$7,000 per child (note that currently there are 21 full-time, 3 part-time, and 11 contractual staff working in the IECMH Consultation Project). These funds also cover training, technical assistance, and outcomes monitoring/reporting (\$350,000 per year).

Although the proposal provides an overview of the IECMH Consultation Project in the state, it is important to note that there is wide variability in costs for the IECMH Consultation Project by site. For example, the Montgomery County site provides significant county funding for the project that allows them to hire 3 full-time Consultants and 10 contracting Consultants for a total budget of \$330,338 for FY22; approximately half of this budget comes from MSDE funding. In contrast, the site that covers Cecil and Harford Counties has a budget of \$106,870 with only 1 full-time inclusion specialist and 1 part-time mental health specialist covered. Relatedly, depending on the site, Consultants work full-time or part-time.

Funding for staff with current complement of services. Again, it is important to note that costs for this project vary by site, due to geographic region, number of children and centers targeted, and the level of clinical expertise of staff. Moreover, many programs employ both mental health and early childhood education (ECE) staff in order to make the consultation more credible in the eyes of early childhood educators. Based on the expansion proposal from University of Maryland Baltimore and the Maryland State Department of Education (UMB SSW & MSDE, 2021), \$2,650,000 is necessary to fund the current project staffing plan which would serve to maintain the current reach of the project at about 550 children per year (Table 7.1).

Table 7.1. Description of the IECMH Consultation Project Staffing Costs

Program Component	Estimated Cost
<i>Full Expansion of Existing Model (UMB SSW & MSDE, 2021)</i>	
38 additional consultants to serve children in grades Pre-K-2 (exact number of consultants will vary depending on the salary paid and licensure expectations)	\$2,650,000
<i>Individual Staff Levels^a</i>	
School psychologist (base salary: \$80,000) (National Association of School Psychologists, 2021)	\$3,040,00
Social work trained clinicians (i.e., Master’s level social workers) (base salary: \$60,000) (National Association of Social Workers, 2021)	\$2,280,000
Social and human services assistants (i.e., paraprofessionals) (base salary: \$37,000) and full-time clinical supervisor (base salary: \$80,000) ^b (Bureau of Labor Statistics, 2021)	\$2,286,000

Note: there is wide variability in costs for the IECMH Consultation Project by site.

^aTotals are calculated based on 38 staff.

^bOne full-time clinical supervisor for 11 sites.

Funding for staff with different levels of staff qualifications. The CECEI Research Team explored the distinct costs of the IECMH Consultation Project with staff of different levels of qualifications. The CECEI Research Team used a base of 38 Consultants, as was done in the UMB and MSDE expansion plan. However, it is important to note that because the CECEI team was unable to determine how many full- and part-time consultants are included in the current IECMH Consultation Project, all calculations are based on 38 full-time staff.

According to the National Association of School Psychologists (2021), in the northeast region where the state of MD falls, school psychologists earn an average salary of approximately \$80,000 per year (Table 7.1). Regarding social work trained clinicians (i.e., Master's level social workers), the National Association of Social Workers (2021) reports that social workers in school settings earn an average of \$60,000 per year (Table 7.1). Using these data, the work of 38 full-time Consultants across the state, using the current regional model, would cost \$3,040,000 for school psychologists and \$2,280,000 for school social workers.

If the IECMH Consultation Project was integrated into separate school districts, the cost would be a total of \$5,760,000 for 3 full-time school psychologists in each of 24 districts, and \$4,320,000 for 3 full-time school social workers. All these amounts are substantially higher than the \$1,851,102 that is currently allocated for direct services staff. Moreover, given the disparate size of Maryland's school systems, counties such as Montgomery would likely need far more than 3 licensed mental health professionals (as indicated in their current staffing model) to serve the estimated 1,534-5,370 children in need of services. In contrast, some of the smaller counties may need fewer than 3 licensed mental health professionals. Please see Table 4.1 for the estimated number of children in need of services by the counties in the IECMH Consultation Project regions.

At the other end of the spectrum, if paraprofessional staff were used, the costs would be significantly lower for the IECMH Consultation Project Consultants. According to the Bureau of Labor Statistics (2021), social and human services assistants (i.e., paraprofessionals) in the individual and family services field can earn on average \$37,000 per year (Table 7.1). Thus, to fund 38 full-time Consultants who were paraprofessionals, the IECMH Consultation Project would have to allocate \$1,406,000 for direct service staff.

This is somewhat less than the \$1,851,102 that is currently allocated for direct service staff; however, the current number reflects a mixture of non-clinical and clinical level staff. It is important to note here that due to the skill level of paraprofessional staff, higher levels of supervision would be required, thus increasing the amount of funding that would need to be allocated for clinical supervisory staff. Therefore, it seems infeasible to have all consultants be paraprofessionals. At the very least, there would need to be a full-time clinical supervisor at each site for a total of \$880,000 (i.e. 11 sites times \$80,000), bringing the total cost to \$2,286,000 to maintain the existing level of IECMH Consultation Project services (Table 7.1).

Summary of Costs

There is significant site variability regarding the costs of the IECMH Consultation Project due to geographic region, number of children targeted, and the level of clinical expertise for staff. For the current complement of services, annual costs total approximately \$3,000,000, which includes about \$2,000,000 from MSDE to all the sites across the state. The remainder of the funds come from private funders and county allocations. Based on the current level of funding, regional programs in total allocate \$2,650,000 for salaries of direct service staff, but again there is considerable variability by program. Funding the work of 38 full-time Consultants across the state would cost \$3,040,000 for school psychologists and \$2,280,000 for school social workers, using the regional model.

If the IECMH Consultation Project was integrated into school systems, the costs would be \$5,760,000 for 3 school psychologists or \$4,320,000 for 3 school social workers in the 24 school districts in the state. Given the disparate size of Maryland's school systems, counties such as Montgomery would likely need far more than 3 licensed mental health professionals (as indicated in their current staffing model) to serve the estimated 1,534-5,370 children in need of services. In contrast, smaller school systems, such as Garrett or Somerset would likely need less than 3 licensed mental health professionals to meet the needs of the children in their systems.

To fund 38 full-time Consultants who were paraprofessionals, the IECMH Consultation Project would have to allocate \$1,406,000 for direct service staff. However, there would need to be a full-time clinical supervisor at each site, necessitating an additional \$880,000 in supervisory staff salaries.

Although there are clearly differences in the amount of funding necessary to support staff at different levels of clinical experience and credentialing, it is also important to consider that these staff would have very distinct supervisory and administrative support needs, which have to be factored into any cost analysis.

Finally, the aforementioned numbers only consider different staffing models and do not reflect any expansion in IECMH Consultation Project services to children, families or teachers/programs. Given that the estimated need for infant early childhood mental health services was between 8,670 to 30,340 children before the COVID-19 pandemic, it is likely that staffing costs will be substantially higher than articulated in the aforementioned models if the goal is to increase the reach of the IECMH Consultation Project.

Chapter 8: Conclusions and Recommendations

Conclusions

Overall, this evaluation reveals that the IECMH Consultation Project has become a critical resource for the child care community in the state of Maryland. Through its evolution from a small pilot project to a statewide project, it has provided increasing support to child care settings that has enhanced teachers' capacity to address children's social-emotional needs and has promoted children's positive behavior. Since the most recent gap analysis, the IECMH Consultation Project has progressed in many areas, particularly with respect to developing a statewide governing entity and framework for service delivery. However, the project continues to face many challenges to its effective implementation, largely the result of insufficient funding and staffing to deliver the IECMH Consultation Project to the number of children and programs in need throughout the state. This section summarizes the strengths and areas for improvement that were identified in the current evaluation of the IECMH Consultation Project.

Maryland's IECMH Consultation Projects utilize a range of strategies to promote the effective implementation of services to children, families, and providers throughout the state. As a result, the project has enhanced ECE providers' skills at understanding and meeting the social-emotional and mental health needs of young children in their programs through improved classroom-based practices and appropriate strategies for individual children. Regional Directors and Consultants perceived the project to be very successful at educating teachers about developmentally appropriate practice and effective environmental supports for the development of children's social-emotional skills. Additionally, they reported that the project was very successful at improving classroom climate. According to Satisfaction Surveys, child care directors, staff, and parents are very satisfied with the IECMH Consultation Project and feel that it has improved child care programs' capacity to address children's social-emotional needs.

OMS data also indicated improvements in the classroom climate, based on the Preschool Climate Scale. In 2018 and 2019, there were significant decreases in teacher concerns about children's behavior (28% and 25% respectively) after IECMH consultations. However, in 2020, there was only a 6% decrease in teacher concerns, which may be explained by challenges associated with the COVID-19 pandemic. Notably, OMS data indicate that 95% of children were retained in the child care centers who received IECMH consultation. Further, according to Satisfaction Surveys, child care

Chapter 8: Conclusions & Recommendations

directors, staff, and parents were more able to understand children's social-emotional needs and to manage their challenging behavior. These data suggest that an important area identified in the gap analysis (i.e., increasing teachers' knowledge about developmentally appropriate practice and skill at addressing children's mental health needs) is being addressed through the IECMH Consultation Project.

Nonetheless, an area of concern that emerged from this evaluation is how and when childcare directors and teachers utilized the IECMH Consultation Project services. Although prevention of child behavior challenges is clearly a goal of the project, providers typically did not request these services, which tend to focus on classroom-based strategies to promote children's social-emotional skills and reduce behavior problems. More often, they requested assistance for a child whose behavioral challenges had reached a level of intensity that had already peaked the distress of teachers, parents, and children. This has obvious implications for the resources of the project, services the project can provide, and outcomes for child care programs, families, and children.

As of November 2021, the 11 IECMH Consultation Project had 4 student interns and employed 35 IECMH Consultation Project Consultants, 21 of whom were full-time. On average, Consultants support 343 classrooms per year. CECEI survey data indicate that child care center directors were largely unfamiliar (58%) with the IECMH Consultation Project and the vast majority had never requested services (82%). School system Early Childhood Education General and Special Education Coordinators were largely familiar or very familiar (total of 69%) with the IECMH Consultation Project and indicated there was a high (75%) or medium (25%) need for mental health services for young children. In contrast, School Psychology Coordinators, who responded to our survey (n=9), were mostly unfamiliar (71%) with the project and were largely (63%) unable to identify the program serving their jurisdiction/school system. These data highlight the need to bolster outreach to and engagement with childcare centers and school psychology coordinators across the state, which can only serve to increase the number of children, programs and families that the IECMH Consultation Project is able to serve.

Additional noteworthy data to consider are the estimated number of young children in need of IECMH services in Maryland and the small percentage of young children who actually received such services. There were 433,400 children between the ages of birth and five in Maryland in 2019 (U.S. Census Bureau, 2020), an estimated 8,700 to 30,300 of whom are in need of intensive and individualized interventions in order to remain in

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in classrooms (Fuchs & Deshler, 2007), and that was before the mental health consequences of being born in and/or living through a global pandemic. Between 2018-2020, the 11 regional IECMH Projects served an average of 537 children per year. That number represents just 6% of the lower range of the estimated population of young children in need of services according to Fuchs and Deshler (2007).

Although Goals 1 and 2 of the IECMH Consultation Project focus on vulnerable families and increasing equity, a small percentage of the children and families who received IECMH Consultation Project services presented risk factors including living in a single parent household (30%), receiving public services (16%), receiving a child care subsidy/scholarship (11%), or having an Individual Family Service Plan (IFSP) or Individualized Education Program (IEP) (11%). Moreover, an analysis of zip code data for the child care programs receiving IECMH Consultation Project services from 2018-2020 indicates that more services are provided to programs with zip codes not identified as having high poverty than in programs with zip codes in high poverty areas. Consequently, there is a need for increased IECMH Consultation Project efforts around engaging child care programs that serve higher risk communities, including programs that serve higher concentrations of children who receive subsidies/scholarships. These data also highlight the need to bolster outreach to and engagement with childcare centers and school psychology coordinators across the state, which can only serve to increase the number of children, programs and families that the IECMH Consultation Project is able to serve. Additionally, the IECMH Consultation Projects need to increase their attention to specific populations, including children with special needs, children in the child welfare system, and children experiencing extreme risks such as homelessness, drug exposure, and parental incarceration. Increased attention should also be paid to family child care programs, which represent 70% of licensed programs in Maryland yet only receive an average of 6% of consultations from the regional IECMH Consultation Projects.

The IECMH regional programs face a number of challenges, most notably around funding and staffing. There are insufficient funds to hire all the necessary staff needed to meet the need for IECMH and there are not enough available individuals to hire with backgrounds in both early childhood education and early childhood mental health. Moreover, there is no “pipeline” for preparing professionals to work in the field of early childhood mental health as the Schools of Social Work and other educational programs in the state largely prepare their students for other contexts. When staff are hired, they often move on for positions with a higher rate of compensation.

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An additional challenge is getting the buy-in from child care center directors and teachers, specifically at a point early enough to prevent a child's dismissal from a program. In order to address the child care-based challenges, Regional Directors, as well as the PIEC Co-Directors, recommended a formalized referral process, which included a range of recruitment sources, a tiered system of referrals, which included an "environmental consultation", and explicit marketing strategies, especially for child care programs serving high-need areas.

A notable strength of Maryland's IECMH Consultation Project is the Parent, Infant, Early Childhood Program (PIEC) team in The Institute for Innovation and Implementation at the University of Maryland Baltimore. The professional development provided by the PIEC team has reportedly been instrumental in improving providers' skills and improving children's outcomes. Professional development includes formal, regular training that are focused on IECMH competencies, the provision of tools and materials to improve Consultants' expertise, and monthly meetings to reflect on quality service provision. Moreover, the PIEC team has placed a major emphasis on diversity, equity, and inclusion in their professional development activities to enhance providers' expertise in supporting children, families, and child care staff from minoritized groups. In addition, the PIEC team also held monthly reflection meetings as well as biweekly "office hours" through which staff could obtain clinical consultation, and co-sponsored a listening session on the effect of COVID on child care providers. However, the support of the PIEC team should not be a replacement for embedded professional development (e.g., practice-based coaching), IECMH prevention processes (e.g., classroom practices to prevent and reduce behavior problems), opportunities for clinical reflection, and a universal onboarding process for directors and consultants.

House Bill 776 from the Maryland Legislature specifically required the evaluation to consider how the IECMH Consultation Project could be integrated into existing School Psychological Services and public funded PreKindergarten (PreK) programs. IECMH Consultation Project Regional Directors and Consultants, as well as school system Early Childhood General and Special Education Coordinators and School Psychology Coordinators, and PIEC Co-Directors largely deemed integration of the project into the school systems as feasible. However, funding, personnel and buy-in were identified as necessary for such a change to occur.

In spite of said integration being feasible, there were varying interpretations of what was meant by the term "integrated", which could mean anything from collaboration to

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absorption. In fact, there are multiple models for the integration of IECMH Consultation Project into School Psychological Services/Public PreK, including eliminating the 11 IECMH Regional Programs (to include terminating staff) or having the Regional Directors and Consultants become school system employees under School Psychological Services/Public PreK.

Given that there are 11 regional IECMH Consultation Projects and 24 school systems, integration of the current IECMH Consultation Project into School Psychological Services/Public PreK would mean crossing school system boundaries, cultures and resources in the more rural portions of the state, such as the Lower Eastern Shore which includes three counties. Moreover, integration could be at the system level or at the building level. If IECMH Consultation Project staff were absorbed into the school system, there could be challenges aligning Consultant's qualifications with those in school system contracts and pay bands. It is also clear that such a change would be resource intensive in terms of staffing and require professional development focused on early childhood development and developmentally appropriate practice for early childhood education settings for school system personnel. Although stakeholders identified benefits, drawbacks and necessary resources of integrating IECMH Consultation Project into School Psychological Services and Public PreK, a clear definition of "integrated" is necessary to obtain informed perspectives on the feasibility of such an approach.

Data collected for this evaluation and from the UMB Online Management System suggest the IECMH Consultation Project has made a significant impact on children, families, and child care providers in the state of Maryland. However, the current infrastructure appears insufficient for the project to meet the needs or fulfill the IECMH Consultation Project goals articulated by the Maryland State Department of Education. Although there has been some progress made since the most recent gap analysis, considerable work needs to be done to leverage funds to create a statewide infrastructure for the project, particularly regarding professional development and universal access to the consultation services. While MSDE is the grantor and PIEC at UMB provides expertise, professional development and evaluation data, there is no centralized, licensed early childhood mental health professional who has oversight of the 11 regional programs, who is able to engage the regional directors in reflective supervision or hold programs accountable for meeting the stated goals. Moreover, the 11 programs have very different structures, which make the provision of professional development and support more challenging. While some unique features of a program are necessary to meet the needs of their communities, the lack of consistent structures across the regional programs is noteworthy.

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Recommendations

Based on the data analyzed for this report, the CECEI research team has identified seven categories of recommendations for enhancement and expansion of Maryland's Infant Early Childhood Mental Health Consultation Project, which are aligned with the stated project goals. The categories of recommendations are: Recruitment, Administrative Infrastructure, Staffing, Professional Development, Collaboration and Families.

Recruitment. Evidence suggests that the current IECMH Consultation Project model is reaching 6% of the lower estimate of children in need of intensive and individualized interventions needed to remain in a classroom. The children who are being served have few identified risk factors and are mostly enrolled in center-based care (representing 30% of licensed programs), which are more often located in zip codes that are not identified as high poverty. IECMH Consultation Project Goal 1: Strengthen availability and access and Goal 2: Improve and support program quality are the foundation for the following recommendations:

Recommendation I: Dedicate (line item) resources toward recruiting center-based and family child care homes, which serve children at risk due to income, family configuration, and/or disability, into the IECMH Consultation Projects.

Recommendation II: Expand services to children and families targeting recruitment of child care programs to include prevention efforts, such as professional development on and implementation of the National Pyramid Model focused on Social Emotional Foundations of Learning, thereby changing the focus to supporting classrooms instead of responding to the behavioral needs of individual children.

Administrative Infrastructure. Data suggest the 11 regional IECMH Consultation Projects provide important and impactful services to children, families and providers. However, they do so under the umbrella of different entities, through different models, without the benefit of reflective supervision for Regional Directors, and with limited accountability for meeting the stated project goals. *IECMH Consultation Project Goal 2: Improve and support program quality and Goal 6: Improve systems for infrastructure, data and resource management* are the foundation for the following recommendations: .

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Recommendation III: Leverage funding to establish an infrastructure for the Maryland IECMH Consultation Project Regional Programs that includes clear accountability hierarchies, a licensed mental health professional with experience in early childhood education as the overall administrator of the regional programs, and a more universal approach to service provision across the state, which is all housed under MSDE and administered in the Division of Early Childhood.

Recommendation IV: Establish an infrastructure in alignment and collaboration with other child-serving programs, such as early intervention to ensure that children with special needs receive services, and other human services programs that target children exposed to extreme risk factors.

Recommendation V: Leverage existing entities, such as the Local Early Childhood Advisory Councils and Judy Center Early Learning Hub to establish more formalized partnerships between IECMH Consultation Projects and public schools, notably in Title I communities.

Staffing. The 11 IECMH Consultation Projects utilize different staffing models and configurations based on funding, availability of qualified staff and community needs. While Regional Directors deemed it “ideal” to have only licensed mental health professionals in the role of IECMH Consultant, they also deemed it unrealistic given the shortage of qualified personnel and the low rate of compensation. Finally, Regional Directors stressed the importance of Consultants having knowledge of young children between birth and five, as well as developmentally appropriate practices for early childhood classrooms. IECMH Consultation Project *Goal 1: Strengthen availability and access*, *Goal 2: Improve and support program quality* and *Goal 5: Expand and enhance workforce development* are the foundation for the following recommendations:

Recommendation VI: IECMH Consultation Project staff within each site should reflect both expertise in early childhood education to support classrooms and early childhood mental health, with at least one full-time credentialed mental health professional on the team, to meet the clinical needs of children and families.

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Recommendation VII: MSDE should partner with Institutes of Higher Education on the development of Social Work and Clinical Psychology programs focused on the development, learning and mental health needs of children between the ages of birth through age five.

Recommendation VIII: Establish a minimum salary for IECMH Consultation Project Consultants, across programs, in line with industry standards for their credentials.

Professional Development. A strength of the IECMH Consultation Project is the professional development and support provided by the PIEC team at UMB. Nonetheless, 60% of Regional Directors identified professional development (PD) available for IECMH Consultation Project staff as only “adequate”. This rating is attributable, in part, to limited funding to support additional PD, as well as the lack of personnel within each IECMH Consultation Project Regional Program to provide embedded PD and reflective supervision. In addition, many voiced concerns about the lack of or inconsistent onboarding processes for new IECMH Consultation Project personnel. *Goal 2: Improve and support program quality* and *Goal 5: Expand and enhance workforce development* are the foundation for the following recommendations:

Recommendation IX: Increase funding for professional development activities, particularly in regard to embedded professional development (e.g., practice-based coaching), IECMH prevention processes (e.g., classroom practices to prevent and reduce behavior problems), opportunities for clinical reflection, and a universal onboarding process for directors and consultants.

Collaboration. Survey data suggest that School Psychology Coordinators and center-based and family child care directors are mostly unfamiliar with the IECMH Consultation Project in Maryland. At the same time, the school system Early Childhood General and Special Education Coordinators identified a high need for early childhood mental health services in their jurisdictions. OMS data indicate that most of the children who receive services do not present risk factors in the form of single parent families, receiving subsidies/scholarships, receiving public funding, having an IFSP or IEP, being in foster care, or being homeless. Therefore, *Goal 1: Strengthen availability and access*, *Goal 2: Improve and support program quality*, *Goal 4: Ensure successful transition experiences*, and *Goal 6: Improve systems for infrastructure, data and resource management* are the foundation for the following recommendations:

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Recommendation X: MSDE should research the competencies and infrastructure of IECMH services in other states, notably those within their National Early Childhood Collaborative, to determine if there is a high-quality, evidence-based model that integrates IECMH Consultation Project into school systems with a focus on children birth to five in community based child care centers, family child care homes and Head Start.

Recommendation XI: Each regional IECMH Consultation Project Regional Program should partner with their Local Early Childhood Advisory Council(s), which brings together stakeholders from the school system(s) served by the region, Part C and Part B of the Individuals with Disabilities Act, Head Start, center-based and family child care, Judy Center Early Learning Hub Coordinators, representatives from local mental health and other human service provider agencies, to identify priorities focused on the goal of improving young children's mental health and transitions.

Families. Those families who have received IECMH services for their children have reported high rates of satisfaction. However, in most cases, consultations are requested by child care programs late in the process, at a point when deepening family engagement may be too late. In addition, the data analyzed for this report showed little evidence of support for successful transitions between institutions. Therefore, Goal 3: Deepen family engagement and Goal 4: Ensure successful transitions are the foundation for the following recommendations:

Recommendation XII: Establish universal family outreach strategies, to include marketing the project, as well as educating parents on promoting young children's social-emotional skills, managing their children's behavioral challenges, and facilitating their transitions to and from formal child serving settings, including child care, preschool, and kindergarten.

An alignment of the twelve recommendations and stated goals for the IECMH Consultation Project can be found in Table 8.1. Please note that some recommendations address more than one goal and have been included in the table to reflect the goals most appropriate to that recommendation.

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Table 8.1. List of Project Goals and Their Accompanying Recommendations

IECMH Goals	Recommendation
<p>Goal 1: Strengthen availability and access by increasing availability and choice for all families and especially vulnerable families, decreasing barriers, serving more children with special needs in inclusive settings, and improving coordination between Early Education (ECE) and health services.</p>	<p>Recommendation I: Dedicate (line item) resources toward recruiting center-based and family child care homes, which serve children at risk due to income, family configuration, and/or disability, into the IECMH Consultations.</p> <p>Recommendation X: MSDE should research the competencies and infrastructure of IECMH services in other states, notably those within their National Early Childhood Collaborative, to determine if there is a high-quality, evidence-based model that integrates IECMH Consultation into school systems with a focus on children birth to five in community based child care centers, family child care homes and Head Start.</p>
<p>Goal 2: Improve and support program quality by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infants’ and children’s mental health needs.</p>	<p>Recommendation II: Expand services to children and families targeting recruitment of child care programs to include prevention efforts, such as professional development on and implementation of the National Pyramid Model focused on Social Emotional Foundations of Learning, thereby changing the focus to supporting classrooms instead of responding to the behavioral needs of individual children.</p> <p>Recommendation III: Leverage funding to establish an infrastructure for the Maryland IECMH Consultation Project Regional Programs that includes clear accountability hierarchies, a licensed mental health professional with experience in early childhood education as the overall administrator of the regional programs, and a more universal approach to service provision across the state, which is all housed under MSDE and administered in the Division of Early Childhood.</p>

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Table 8.1. List of Project Goals and Their Accompanying Recommendations

IECMH Goals	Recommendation
	<p>Recommendation VI: IECMH Consultation staff within each site should reflect both expertise in early childhood education to support classrooms and early childhood mental health, with at least one full-time credentialed mental health professional on the team, to meet the clinical needs of children and families.</p>
	<p>Recommendation IX: Increase funding for professional development activities, particularly in regard to embedded professional development (e.g., practice-based coaching), IECMH prevention processes (e.g., classroom practices to prevent and reduce behavior problems), opportunities for clinical reflection, and a universal onboarding process for directors and consultants.</p>
	<p>Recommendation XI: Each regional IECMH Consultation Project Regional site should partner with their Local Early Childhood Advisory Council(s), which brings together stakeholders from the school system(s) served by the region, Part C and Part B of the Individuals with Disabilities Act, Head Start, center-based and family child care, Judy Center Early Learning Hub Coordinators, representatives from local mental health and other human service provider agencies, to identify priorities focused on the goal of improving young children’s mental health and transitions.</p>

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Table 8.1. List of Project Goals and Their Accompanying Recommendations

IECMH Goals	Recommendation
<p>Goal 3: Deepen family engagement by increasing families’ awareness of high-quality programs, expanding two-generational programming, and enhancing families’ opportunities to engage.</p>	<p>Recommendation XII: Establish universal family outreach strategies, to include marketing the project, as well as educating parents on promoting young children’s social-emotional skills, managing their children’s behavioral challenges, and facilitating their transitions to and from formal child serving settings, including child care, preschool, and kindergarten.</p>
<p>Goal 4: Ensure successful transition experiences by strengthening institutional support for transitions, supporting families through transitions, and improving transition-focused professional development opportunities.</p>	<p>Recommendation X: MSDE should research the competencies and infrastructure of IECMH services in other states, notably those within their National Early Childhood Collaborative, to determine if there is a high-quality, evidence-based model that integrates IECMH Consultation into school systems with a focus on children birth to five in community based child care centers, family child care homes and Head Start.</p> <p>Recommendation XII: Establish universal family outreach strategies, to include marketing the project, as well as educating parents on promoting young children’s social-emotional skills, managing their children’s behavioral challenges, and facilitating their transitions to and from formal child serving settings, including child care, preschool, and kindergarten.</p>
<p>Goal 5: Expand and enhance workforce development by improving professional development opportunities, strengthening equity, coordination and alignment efforts, and improving compensation for ECE professionals.</p>	<p>Recommendation VII: MSDE should partner with Institutes of Higher Education on the development of Social Work and Clinical Psychology programs focused on the development, learning and mental health needs of children between the ages of birth through age five.</p>

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Table 8.1. List of Project Goals and Their Accompanying Recommendations

IECMH Goals	Recommendation
	<p>Recommendation IX: Increase funding for professional development activities, particularly in regard to embedded professional development (e.g., practice-based coaching), IECMH prevention processes (e.g., classroom practices to prevent and reduce behavior problems), opportunities for clinical reflection, and a universal onboarding process for directors and consultants.</p>
<p>Goal 6: Improve systems for infrastructure, data, and resource management by improving coordination across agencies, modernizing the data system, using resources in ways that promote equity, and streamlining funding mechanisms.</p>	<p>Recommendation IV: Establish an infrastructure in alignment and collaboration with other child-serving programs, such as early intervention to ensure that children with special needs receive services, and other human services programs that target children exposed to extreme risk factors.</p> <p>Recommendation V: Leverage existing entities, such as the Local Early Childhood Advisory Councils and Judy Center Early Learning Hub to establish more formalized partnerships between IECMH Consultations and public schools, notably in Title I communities.</p> <p>Recommendation VIII: Establish a minimum salary for IECMH Consultation Consultants, across programs, in line with industry standards for their credentials.</p>

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Table 8.1. List of Project Goals and Their Accompanying Recommendations

IECMH Goals	Recommendation
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Recommendation XI: Each regional IECMH Consultation Project Regional site should partner with their Local Early Childhood Advisory Council(s), which brings together stakeholders from the school system(s) served by the region, Part C and Part B of the Individuals with Disabilities Act, Head Start, center-based and family child care, Judy Center Early Learning Hub Coordinators, representatives from local mental health and other human service provider agencies, to identify priorities focused on the goal of improving young children’s mental health and transitions.

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Appendix A: HB776

HB 776

Department of Legislative Services
Maryland General Assembly
2021 Session

FISCAL AND POLICY NOTE

Third Reader - Revised

(Delegate Ebersole)

House Bill 776

Ways and Means

Education, Health, and Environmental Affairs

**State Department of Education - Infant and Early Childhood Mental Health
Consultation Project - Study and Report**

This bill requires the Maryland State Department of Education (MSDE) to conduct a study of the Infant and Early Childhood Mental Health (IECMH) Consultation Project. As part of the study, MSDE must, among other things, review the goals of the project, assess the need for new services, report on progress the project has made, and consider ways to integrate the project with other specified services. MSDE must report its findings to the Governor and the General Assembly on or before January 1, 2022. **The bill takes effect July 1, 2021.**

Fiscal Summary

State Effect: General fund expenditures increase by \$150,000 in FY 2022 to complete the study. Revenues not affected.

(in dollars)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	150,000	0	0	0	0
Net Effect	(\$150,000)	\$0	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: As part of the study of the IECMH Consultation Project, MSDE must:

- review the goals of the project and how effectively those goals have been met;
- assess the need for IECMH across the State and the capacity of existing project services to meet that need;
- identify any areas in the State where project services are insufficient or absent;
- evaluate the capacity of the project to meet service gaps;
- examine the feasibility of project expansion to fill gaps;
- assess the costs and benefits associated with current project staffing qualifications and potential alternative qualification models, including the capacity for the project to continue to provide needed services under alternative models;
- consider how the project could be integrated with existing school psychological services;
- examine how the project could be integrated with public funded prekindergarten programs and with programs designed to prevent suspension and expulsion from under § 7-305.1 of the Education Article (Chapter 843 and 844 of 2017); and
- calculate the costs required to expand project services and achieve the goals identified by the study.

MSDE must report on any progress made toward completing the recommendations the project set forth in its most recent [gap analysis](#). MSDE must consult with and seek input from relevant stakeholders as a part of its duties under the bill.

Current Law:

Suspension and Expulsion of Young Children

Chapters 843 and 844 of 2017 prohibit students in public prekindergarten, kindergarten, or first or second grades from being suspended or expelled, except that:

- a student in those grades may be expelled if required by federal law (generally, for bringing a firearm to school); and
- a student in those grades may be suspended for up to five days if the school administration, in consultation with a school psychologist or other mental health professional, determines that there is an imminent threat of serious harm to other students or staff that cannot be reduced or eliminated through interventions and supports.

For students in prekindergarten through grade 2 who are suspended or who commit an act that would otherwise be grounds for suspension, local school systems must provide intervention and support to address the student's behavior. Intervention and support include (1) positive behavior interventions and supports; (2) a behavior intervention plan; (3) a referral to a student support team; (4) a referral to an individualized education program; and (5) a referral for appropriate community-based services. The school system must remedy the effect of a student's behavior through appropriate intervention methods including restorative practices.

State Expenditures: General fund expenditures increase by an estimated \$150,000 for MSDE's Early Childhood Division to contract with a third party to complete the study, including the requirement to assess the costs and benefits associated with current project staffing qualifications and potential alternative qualification models, and required report within the six-month timeframe required by the bill.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland State Department of Education; Department of Legislative Services

Fiscal Note History: First Reader - February 11, 2021
rh/rhh Third Reader - March 29, 2021
Revised - Amendment(s) - March 29, 2021

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