

# **SFY 2007 Early Childhood Mental Health Consultation Program Report**

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Prepared for Ohio Children's Trust Fund



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## **Executive Summary of the SFY 2007 Early Childhood Mental Health Consultation Program Report**

Partnership and shared funding in SFY 2007 between the Ohio Department of Mental Health (ODMH) and the Ohio Children's Trust Fund (OCTF) resulted in the expanded capacity of Ohio's Early Childhood Mental Health resources for infants, toddlers and preschoolers and their families statewide. Ohio's Early Childhood Mental Health progress is nationally recognized by experts at the National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy at Georgetown University Child Development Center supported by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch of the Center for Mental Health and the Zero to Three Association for Early Childhood Programs.

Highlights of SFY2007 achievements are:

- **16,021** children in group settings received consultation services
- **6,951** families of young children received consultation services
- **6,186** infants, toddlers, and preschoolers received individual consultation services
- **3,469** early childhood providers received specialized early childhood consultation and training supports
- **1,029** early childhood programs sites and child-serving agencies received consultation on individual children and/or their social and emotional learning environments for young children

These achievements were financed by \$2.5 million in combined funds from ODMH and OCTF leveraging nearly \$1.4 million in local dollars invested in Ohio's early childhood mental health services and supports.

Qualitative and quantitative findings from a wide array of evaluative measures demonstrate that the SFY 2007 Early Childhood Mental Health Program is characterized by the following strengths:

**Ohio's early childhood mental health consultation services and training are flexible to meet the needs of parents, early childhood centers, community organizations and schools.**

**Ohio's early childhood mental health specialists are a knowledgeable, skilled, and stable manpower resource.**

**Ohio's early childhood mental health resources employ strength-based beliefs and practices.**

**Ohio's early childhood mental health programs are predominantly evidence-based.**

**Ohio's early childhood mental health rooted in long-standing and valued relationships with early childhood communities.**

## **What is Early Childhood Mental Health in Ohio?**

Early childhood mental health is the social, emotional, and behavioral well-being of children birth through five years of age and their families. It includes the developing capacity of the young child to:

- Experience, regulate, and express emotion;
- Form close, secure relationships; and
- Explore the environment and learn.

Early childhood mental health is influenced by the:

- Physical characteristics of the young child;
- Quality of the adult relationships in the child's life;
- Care-giving environments the child is in; and
- Community context in which the child and family lives.

A mental health system of care model for these young children and their families has been built on over two decades of system of care efforts in states and communities focusing on older children and youth with serious emotional disorders (SED). The SED system of care effort is grounded in values that includes family and child-centered practice and policy, cultural and linguistic competence, and based on a developmentally-sound body of knowledge and practices. This system of care model provides a cross-system, cross-agency infrastructure that sustains services and supports which:

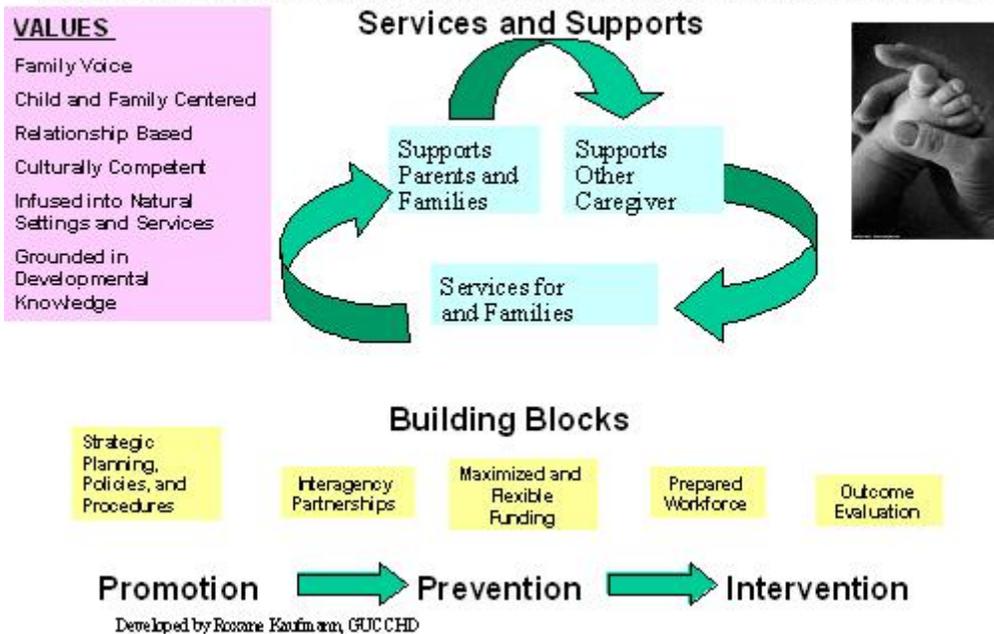
- Promote positive mental health;
- Prevent mental health problems in children and families; and
- Intervene for children and families impacted by mental health disorders.

Over the past decade, an applied system of care model for young children and their families and caregivers has been developed through the leadership of Georgetown University's Center for Child and Human Development (GUCCHD) and the research and expertise available internationally in the early childhood field. Ohio has used the GUCCHD principles and concepts of Early Childhood Mental Health in a System of Care

The following diagram captures the comprehensive and interconnected building blocks, services, and supports that address the promotion, prevention and intervention for social and emotional health of young children and their families within a system of care model.

## EARLY CHILDHOOD MENTAL HEALTH IN A SYSTEM OF CARE

*Fosters the social and emotional well-being of all infants/toddlers, preschool-age children and their families*



Ohio implemented the Early Childhood Mental Health Consultation (ECMHC) Program in 2000. ECMHC became a critical component of Ohio’s Access to Better Care Initiative (ABC) in 2005. The ECMHC goal to increase knowledge, awareness, resources and skills necessary for communities to meet the behavioral health needs of young children and their families is the cornerstone. Building protective factors in young children, increasing the skills of parents and promoting the competencies of early childhood providers, especially for those youngsters, ages birth to six years, at risk for abuse, neglect and poor social and emotional health are the program’s objectives. ECMHC targets the healthy social and emotional development (i.e., good mental health) of all of Ohio’s young children ensuring they thrive and their readiness for school success is promoted.

Through the partnership efforts of ODMH and the OCTF, Ohio has increased its funding for trained early childhood mental health professionals to provide mental health consultation services to families of young children and early childhood providers. Additionally, this funding has facilitated the development of community early childhood mental health wellness and prevention activities targeting the healthy social and emotional development of infants, toddlers, young children and their families. These activities are building and sustaining the capacity of the local mental health resources to meet and support their communities’ early childhood needs. Funded services and activities include:

- Clinical consultation to early childhood programs such as mentoring, coaching, and classroom observation
- Training and educational sessions, as part of the consultation process, focused on problem identification, referral processes, classroom management strategies, the impact

of maternal depression, and implications of parental substance abuse, domestic violence, and other stressors on young children's well being

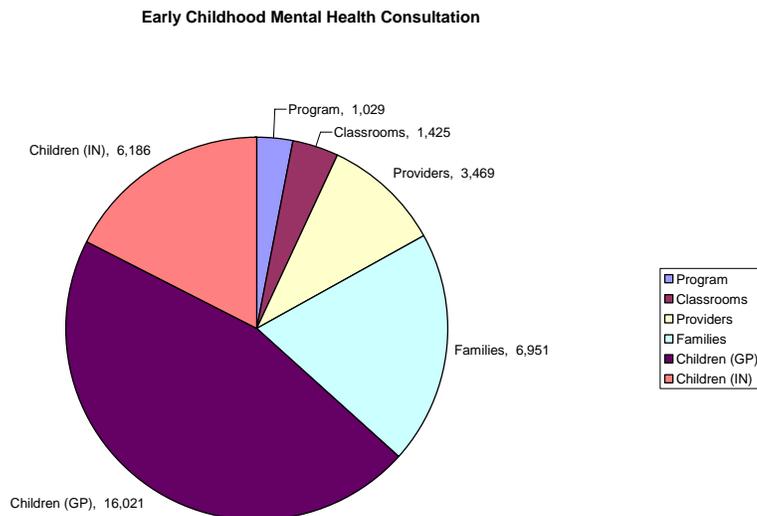
- Guidance to parents, other family members such as grandparents and other kinship caregivers, foster parents, as identified through the consultation process, and help them to enhance their ability to create strong, nurturing environments for and relationships with their young children

The funding distribution was calculated on the population of children ages birth to 6 years of age of each mental health board area with a \$35,000 base rate. For 16 boards participating in the ECMHC pioneer work, their allocations had a \$50,000 base amount. All 50 mental health boards were eligible to receive funding. Forty-nine of the boards participated and reported some level of achievement for SFY 2007. Actual accomplishment levels varied between boards. A small number were not able to fully implement the desired programs within their communities. Individual Board allocations were therefore modified accordingly with reallocation to other boards that were successfully able to utilize all available funding.

### SFY 2007 Early Childhood Mental Health Consultation Program Accomplishments

Ohio's achievements included:

- **16,021** children in group settings received consultation services
- **6,951** families of young children received consultation services
- **6,186** infants, toddlers, and preschoolers received individual services
- **3,469** early childhood providers received specialized early childhood consultation and training supports
- **1,029** early childhood programs sites and child-serving agencies received consultation on individual children and/or their social and emotional learning environments for young children



**1,029 Programs and Sites receiving consultation services were:**

Childcare Centers - 433  
Head Start and Early Head Start - 206  
Help Me Grow Programs - 41  
Public and Private Preschools - 156  
Family Childcare Homes – 15  
Public Children’s Services Agencies - 63  
Other – 115

**Education and Training for Parents and Early Childhood Staff counts more than doubled since SFY 2006 and totaled:**

**1,653** sessions held  
**3,597** parent participants  
**5,641** early childhood staff participated

In an effort to better align with an emergent early childhood professional development registry, topical sessions focused on:

418 trainings on behavior management of young children  
371 trainings on the observation and assessment of young children  
304 trainings on early childhood growth and development  
159 trainings on the social and emotional processes of young children  
77 trainings on family & community relations  
60 trainings on early childhood mental health professional development  
44 trainings on the learning environment and experiences of young children  
32 trainings on health, safety and nutrition needs of young children  
77 trainings on a wide spectrum of other topical areas

**Cross-Systems Training for Other Child-serving Professionals included**

- **375** trainings held
- **3066** professional participants

These numbers represent a very significant increase over the number of trainings and participants from last year. Professions represented at the trainings include: CASA workers, case managers, chemical dependency counselors, agency executives, children’s protective services workers, clinical counselors, community leaders, doctors, early childhood administrators, Early Head Start staffers, educators, family advocates, family and children first council coordinators., family service technicians, foster parents, Head Start administrators, Head Start staff, local health department nurses, Help Me Grow intervention specialists, county income maintenance workers, juvenile court diversion officers, allied medical paraprofessionals, county commissioners, mental health professionals, metropolitan housing authority staff, MR/DD staff, NAMI regional coordinators, occupational therapists, psychologists, public pre-school staff, residential workers,

RNs, special education coordinators, speech pathologists, teachers, wraparound Coordinators and YMCA staff.

Participant evaluations of all educational sessions and cross-system training sessions conducted by ECMH specialists were collected and compiled. Evaluation forms were developed by OCTF staff to capture consistent data. The ratings used for the training sessions were based on a 4 item scale from excellent to poor. The averages ranged from 3.69, usefulness and quality of materials to 3.84, knowledge of the trainer. The data showed positive evaluations of the training with an overall average satisfaction rate of almost 98%.

There were 166 Early Childhood Mental Health Specialists statewide providing consultation services during the fiscal year. It should be noted that without additional funding it is unlikely that this number will grow in SFY 2008.

The ten most frequent issues for consultation were identified. A compilation of these issues in order of prevalence are:

- 1) aggression and anger issues
- 2) typical development of children, behavioral and emotional development and developmental delays in young children
- 3) noncompliance to the directives of teachers and parents as well as working with oppositional children
- 4) inattentiveness and ADHD symptoms and identification
- 5) adjustment to traumatic life events (death, divorce, removal from home for abuse/neglect)
- 6) self-regulation, tantrums, impulse control and out of control behaviors
- 7) behavior problems in early childhood settings such as biting, acting out at transition times, and verbal and physical aggression
- 8) peer social skill problems and social skills training
- 9) engaging parents and family communication patterns
- 10) mood, anxiety, depression, and withdrawal

Evaluations by parents participating in child-specific consultation services were collected and compiled. Areas of feedback of the ECMH Specialist who provided services included: was easy to contact and schedule with; responsive to my needs and the needs of my child(ren); developed a positive working relationship with me; built a positive relationship with my child(ren); sensitive to cultural and individual differences; had a strong understanding of child development, emotional issues & behavior; offered support and encouragement; provided realistic and doable advice; had a broad awareness about community resources; and, provided services that helped me and/or my child(ren). Overall, parents were highly positive in the evaluations. Services were rated on a 5 degree scale of strongly agree to strongly disagree. Average scores ranged from 4.62 to 4.78 with “easy to contact and schedule” being the lowest and “offered support and encouragement” the highest rated item. As stated earlier, the most likely reason for the lowest score is the difficulty that some areas are experiencing with meeting demands with limited capacity. The data showed a 99.4% overall rate of satisfaction with the consultation services. The comments indicated increases in feeling better about their parenting skills as well as experiencing less stress regarding their children.

Evaluations by early childhood providers receiving consultation services were collected and compiled. Areas of feedback for the evaluation for each ECMH Specialist who provided services for the program included: was easy to contact and schedule with; responsive to our expressed needs; developed a positive working relationship with early childhood care staff; built positive relationships with the child(ren); built positive relationships with parent(s); demonstrated sensitivity to cultural differences; had a strong understanding of child development, behavior and mental health issues; had a good understanding of early childhood settings; offered support and encouragement; provided realistic and doable suggestions; and possessed a broad awareness about community resources. Services were rated on a 5 degree scale of strongly agree to strongly disagree. The evaluations from the early childhood providers were very positive with content items ranging from 4.62 “easy to contact and schedule” to 4.84 “had strong understanding of child development, behavior and mental health issues”. The most common comments from the providers stated that the consultants were very knowledgeable, accessible, flexible and extremely hard-working. The reported data showed an almost 97% overall rate of satisfaction with the consultation services provided.

Additionally, providers receiving consultation services indicated ECMH staff were accessible and professional. ECMH staff provided informal assessments to aid in classroom effectiveness and identify early indicators of need for referral to other services. Consultation services were provided within a wide scope of relevant information and were a valuable resource. Providers also were pleased that a strength-based approach was used. The comments reflected issues of the providers being overwhelmed and not totally invested in to making changes, especially for those providers newer to the consultation programs.

The reports indicated that child-specific consultations were provided for 1163 children at risk of removal from an early childhood setting. Of these, 1044 children that received consultation services, approximately 90%, were maintained in their setting. For those children that were not able to be maintained in a setting, the most common reasons given included:

- 1) children were removed by parents who then chose to care for the child at home or in relative care.
- 2) qualified for other programs specifically designed to meet special needs, or
- 3) enrolled in a different, and many times, a more appropriate setting to meet the children’s needs.

An illustration of a child not able to be maintained in a childcare setting cited in the evaluation materials gathered described:

*“The one child who was unable to be maintained had some physical behaviors that the daycare center felt was too much of a liability to continue to work with. The Center was receiving numerous complaints from other parents, and the director didn’t feel that they could continue to provide effective services to the child. The child was then placed in a private in-home daycare setting and received consultation there also. That placement has been maintained for the past 3 months.”*

Approximately 929 children were referred for further mental health intervention and other services as a result of consultation. The most common referral was for further mental health evaluations and ongoing mental health services. Additionally, referrals were also made to physicians, developmental pediatricians, children's hospitals, county job & family services departments, public children services agencies, special needs preschools and Help Me Grow. Children were referred for assessments for medical concerns, occupational therapy, speech and language intervention, fetal alcohol disorder and developmental testing. Many of these children have subsequently qualified for other programs as a result of having or being at risk of having a delay or disability. Through the consultation services, programs also reported that a number of parents were identified as being in need of behavioral health treatment and were referred.

A Consultant Profile report was first developed in 2001 providing descriptions of the early childhood mental health consultants' educational and professional backgrounds. At this time, the profile is in the process of being updated and will include the current cadre of consultants. Additionally, a resource directory of the participating providers has been developed. The Directory will be updated periodically and shared with other agencies statewide.

Other program development activities were achieved in SFY 2007 with community partners, during parent meetings, as a part of intervention meetings, during play groups, in planning meetings and counseling sessions. Examples of these miscellaneous other activities:

*“(the consultant) worked with kindergarten children (approximately 250) and teachers (12) after the death of a kindergarten teacher to cope with loss and grief “*

*“Community College Teacher Education Advisory Committee: member. This committee provides input and support to the ECE department and child care center at the college. Consultant also provides education/information to the other 15 professionals of this committee regarding mental health services available to the early childhood community.”*

*“Facilitated Parents of Young Children with ASD Support Group. Met monthly from September through June. Consultant provided behavioral consultation, but primarily supported engagement and sharing between and among parents. Childcare provided by trained Early Intervention staff.”*

### **Statewide Professional Workshop Events**

During FY 2007, ODMH provided numerous workshops that had been requested within FY 2006 reports. A total of 42.5 days of training was provided to 793 participants across Ohio. Requests for specific training and technical assistance for ECMH were also included in the FY 2007 reports. The following represents the varied needs in order of number of requests: DECA – 21; Incredible Years Programs – 17; Engaging parents – 9; ECMH Data collection – 6; Training for ECMH consultants – 3; Trauma Informed Care – 3; DC:0-3 – 2; Mentoring with other ECMH specialists/ regional meetings – 2; Maternal depression – 2; PDD & autism spectrum disorders – 2; Attachment and Bonding issues – 2; Engaging teachers – 2; Interventions with challenging behaviors; Assessments – 2; Fetal Alcohol Spectrum Disorders-1; Sensory integration-1; Peer support for

psychiatrists interested in ECMH; Building a support system of mentors and models for families; Aggression in young children; and parent-child interventions.

Plans have already been made or are being developed to provide training on many of these subjects. Regional networks have been formed to allow networking and peer coaching and mentoring for the ECMH specialists.

### **Ohio's Early Childhood Mental Health Program Strengths**

Consistent themes emerged from the statewide evaluative feedback of this program in SFY 2007. These strengths were affirmed:

- **ECMH programming and services are characterized by flexibility.**

Trainings/classes for parents were offered at either morning or evening sessions to accommodate work and family schedules. The classes were held at the local agency offices and/or at community-based organizations including schools for greater ease and accessibility to parents and families.

- **ECMH specialists are knowledgeable and skilled,**

Many specialists have been providing such services for 10-15 years or more. Most programs experience little to no turnover of providers. There is significant staff stability. Families and funders note and appreciate the benefits of ECMH provider staff stability.

- **Strength-based approaches are used.**

ECMH programming widely recognize positive attributes and behaviors associated with a strength-based philosophy. The adoption of strength-based practices has a great impact on achieving positive outcomes.

- **Evidence-based programs are employed.**

Offering researched, evidence-based programs accounts for the depth of Ohio's successful early childhood mental health consultative efforts. The validity, fidelity, effectiveness of the Ohio's early childhood program models are well documented.

- **Strong community relationships exist.**

Many ECMH providers have long-standing and valued relationships with their local early childhood communities. Strong support from these community resources enhances the actual quantity and quality of programming.

### **Ohio's Early Childhood Mental Health Program Barriers**

A primary barrier for the reporting period was the late notice and receipt of funding which delayed the start of the initiative's expanded programming. Some programs were unable to hire staff to provide services until very late in the fiscal year. Most all providers report staff have been hired, oriented and trained in their roles and responsibilities. Some services were initiated at the end of the fiscal year; most were fully functional for SFY 2007.

The demand for services exceeded the funding and staffing resources. To address this challenge, programs developed triage plans and focused on those programs that were determined by the communities to be the most in need of consultation services. Several reports noted it was not possible to improve quality and quantity of services without additional funding and staff to serve all counties requesting assistance. One report noted:

*“The lowest ranking was on the ECMHC 4.25 average out of 5 for the item- “was easy to contact & schedule”. This probably reflects the fact that there is only one ECMHC for the two county area. “*

Lack of funding for services and limited availability of some services, often prevented families from obtaining needed services for their young children. In some cases, effective coordination, collaboration, and shared funding among service providers were able to alleviate such barriers.

Another barrier was early childhood staff turnover in the settings that received consultation services. It makes it difficult to implement strategies in the classroom and maintain continuity with ever-changing caregivers. Caregiver turnover requires continuous training to assure that new staff are empowered as soon as possible to maintain and improve healthy social emotional environments for children.

Parent engagement and reinforcement contact presented challenges for achieving positive impact for some programs. Transportation was a critical factor. In-home visits with the families helped to alleviate some of this problem as well as being flexible with time and location of follow-up.

Additional challenges cited by the providers included: the multiple and complex problems faced by many families; the impact of poverty on families and children and the effect it had on parent-child relationships; parent mental health issues; engaging young mothers who had serious mental health, behavior, and/or substance abuse disorders; the impact of abuse and neglect on the emotional development and attachment of very young children, (this affected foster and kinship families who were as much in need of support as biological parents); and the growing number of children identified with multiple disabilities (mental health and rehabilitation needs).

In addition to specific barriers cited in Ohio’s providers’ program reports, “Promoting Social and Emotional Competence Training Modules” developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL), describe critical challenges to providing effective services to young children in early care and education settings as:

- Lack of knowledge of evidence-based practices
- Unfounded beliefs and attitudes about children, behavior, their families
- Lack of collaboration within programs, with families, and within the community
- Lack of adequate fiscal resources and procedures, such as not enough money for onsite technical assistance or providing substitute teachers while staff go to training; fiscal procedures such as insurance or Medicaid reimbursement procedures that do not allow for adequate service or family support approaches.

## Ohio's ECMH Logic Model Development

In collaboration with Build Ohio and OCCRRA, a series of 5 regional forums were held to mark the progress of early childhood mental health programs in Ohio. Titled “Building the Framework: Using Logic Models for Comprehensive Evaluation of Early Childhood Mental Health Programs”, the interactive program introduced the use of logic model and outcome tracking for early childhood mental health activities. Logic modeling for Ohio’s early childhood mental health programming lays the foundation for future State funding and accountability reporting. Participants were encouraged to examine how their programs produce tracked and measured consumer outcomes. The sessions were open to early childhood mental health consultants, treatment providers, and local family and children first council coordinators. Attendance by local leadership teams was strongly encouraged. A total of 93 participated in the initial 5 regional forums. Additional Logic Model follow-up sessions were held to share the results of the 5 regional forums and to gather qualitative comments. A corresponding report is being finalized. It will be used to inform future data collection used to provide evidence of ECMH effectiveness and constructive consumer outcomes. Excerpts from the report include the following measurement matrixes:

<b><u>Child or Family-Focused Consultation</u></b>		
<b>Input Measures—Child or Family-Focused Consultation</b> <ol style="list-style-type: none"> <li>1. Numbers of Referred Children</li> <li>2. Numbers of Referral Sources</li>   <li>3. Number of Unique Families</li> </ol>	<b>Process Measures--Child or Family-Focused Consultation</b> <ol style="list-style-type: none"> <li>1. Number and Ratio of Opened Clients</li> <li>2. Number and Ratio of Completed Assessments to Opened Clients</li>   <li>3. Number and Ratio of Completed Intervention Plans to Opened Clients</li> <li>4. Number and Ratio of Cases Referred for Further Services to Opened Clients</li> <li>5. Number and Ratio of Clients’ Matched Pretest/Posttests</li> <li>6. Number and Ratio of Completed Parents Satisfaction Surveys Compared to Closed Cases</li> </ol>	<b>Outcome Measures--Child or Family-Focused Consultation</b> <ol style="list-style-type: none"> <li>1. Number and Ratio of Clients Closed Successfully</li>   <li>2. Number and Ratio of Clients Maintained in Center at Closing</li> <li>3. Pretest/Posttest Outcome Assessment Measure Change—evaluated for Clinical and Significance Change</li> <li>4. Pretest/Posttest Subscores Outcome Assessment Measure Change--evaluated for Clinical and Significance Change</li> <li>5. Overall Satisfaction</li> </ol>

	<p>7. Number and Ratio of Completed Professional Satisfaction Surveys Compared to Number of Centers Where Child or Family-Focused Consultation Occurred.</p>	<p>Survey Results of Parents</p> <p>6. Individual Question Satisfaction Responses by Parents</p> <p>7. Overall Satisfaction Survey Results of Professionals were Child or Family-Focused Consultation Took Place.</p> <p>8. Individual Question Satisfaction Responses by Professionals</p>
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<b><u>Center-Focused Consultation</u></b>		
<p><b>Input Measures—Center-Focused Consultation</b></p> <ol style="list-style-type: none"> <li>1. Numbers of Centers Served</li> <li>2. Numbers of Classrooms Served</li> <li>3. Numbers of Teachers Served</li> <li>4. Numbers of Students Served</li>   <li>5. Numbers of Referral Sources</li> </ol>	<p><b>Process Measures—Center-Focused Consultation</b></p> <ol style="list-style-type: none"> <li>1. Number and Ratio of Completed Center Assessments to Centers Served</li> <li>2. Number and Ratio of Completed Classroom Assessments to Classrooms Served</li>   <li>3. Number and Ratio of Completed Classroom Intervention Plans to Classrooms Served</li> <li>4. Number and Ratio of Fully Implemented Classroom Intervention Plans to Classrooms Served</li> <li>5. Number and Ratio of Classroom/teacher Assessment Measure Matched Pretest/Posttests</li> <li>6. Number and Ratio of Completed Professional</li> </ol>	<p><b>Outcome Measures—Center-Focused Consultation</b></p> <ol style="list-style-type: none"> <li>1. Pretest/Posttest Classroom/teacher Assessment Measure Change—evaluated for Educational and Significance Change</li>   <li>2. Pretest/Posttest Subscores Classroom/teacher Assessment Measure Change--evaluated for Educational and Significance Change</li> <li>3. Number and Ratio of Clients Closed Successfully</li> <li>4. Number and Ratio of Clients Maintained in Center at Closing</li> <li>5. Overall Satisfaction Survey Results of Professionals were</li> </ol>

	Satisfaction Surveys Compared to Number of Centers Where Center-Focused Consultation Took Place	Center-Focused Consultation Took Place 6. Individual Question Satisfaction Responses by Professionals
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<b><u>Parent and Early Childhood Staff Trainings</u></b>		
<b>Input Measures</b>	<b>Outcome Measures</b>	
<ol style="list-style-type: none"> <li>1. Number of Key Topic Trainings</li> <li>2. Number of Classes Convened</li> <li>3. Number of Parents Present</li> <li>4. Number of Staff Present</li> </ol>	<ol style="list-style-type: none"> <li>1. Individual Training Evaluation Responses by Parents</li> <li>2. Overall Training Evaluation Responses by Parents</li> <li>3. Individual Training Evaluation Responses by Professionals</li> <li>4. Overall Training Evaluation</li> </ol>	

<b><u>Cross Systems Professional Trainings</u></b>		
<b>Input Measures</b>	<b>Outcome Measures</b>	
<ol style="list-style-type: none"> <li>1. Number of Key Topic Trainings</li> <li>2. Number of Classes Held</li> <li>3. Number of Professional Present</li> </ol>	<ol style="list-style-type: none"> <li>1. Individual Training Evaluation Responses by Professionals</li> <li>2. Overall Training Evaluation Responses by Professionals</li> </ol>	

In addition to these process measures, providers in the next reporting year will track the numbers of parents with disabilities, race and ethnicity and other pertinent demographic data.

### **Core Competencies**

At present, Build Ohio’s Social Emotional Workgroup is charged with developing core competencies for early childhood mental health professionals including those who provide consultation and treatment. This is a unique opportunity to lead the way for higher education curriculum revision and potential future credentialing and/or certification in this area. An infusion of substantial increases in state funding for early childhood programming in the SFY 2008-2009 Biennial Budget is anticipated to speed the adoption of core competencies and evidence-based practices for early childhood personnel.

**Evidence-based and Promising Practices Utilization**

The ECMH professionals used several evidence-based, research- proven, and promising practice programs to enhance the services that they provide. The following programs are widespread in Ohio:

Devereux Early Childhood Assessments (DECA)

DECA has had widespread acceptance and adoption in Ohio. DECA tools are required to be administered to measure individual outcomes for each child receiving child-specific consultation services. Aggregate results of the DECA assessments were reported as follows:

<b>PARENT</b>						
	Pre-Test			Post-Test		
	Strength	Typical	Concern	Strength	Typical	Concern
Initiative	10%	54%	36%	12%	65%	23%
Self-Control	9%	53%	38%	8%	66%	26%
Attachment	13%	53%	34%	28%	45%	27%
Behavior Concerns		38%	62%		58%	42%

<b>Providers</b>						
	Pre-Test			Post-Test		
	Strength	Typical	Concern	Strength	Typical	Concern
Initiative	13%	63%	24%	13%	67%	20%
Self-Control	18%	60%	22%	22%	66%	12%
Attachment	14%	65%	21%	18%	70%	12%
Behavior Concerns		65%	35%		72%	28%

There was an increase in protective factors and decrease in behavioral concerns between pre and post testing for both parents and providers. Of significance is the difference in how parents view their children and how early childhood providers view the children in terms of the percentage of children in the concern range pre and post. Most notable is the pre-test difference where 62% of the parents rated their child’s behavior in the concern range but only 35% of providers rated the children’s behavior in the concern range.

Evaluation reports also included a description of how the DECA program was used in consultation and other services, other than the DECA required for child specific consultation. A summary of any data collected, including aggregate results of the DECA assessments was requested in the report. Forty-five boards reported using the DECA program as an integral part of their consultation services for FY 2007 and completing 8,506 individual assessments. ODMH, in collaboration with Devereux and Kaplan are working to provide all boards with the ability to capture data electronically for FY 2008, thus permitting a statewide analysis of all data that are collected through the use of the DECA.

#### The Incredible Years Program for Parents, Teachers and Children

The Incredible Years psycho educational program was piloted in 12 counties as part of the ABC Initiative. Currently, 32 boards report that they are using the Incredible Years as part of their ECMH services. When asked for training needs for FY 2008, there were 17 requests for Incredible Years Program training.

#### Maternal Depression

As part of the ABC Initiative, screening for maternal depression for mothers of infants 4-12 weeks of age was piloted through a collaborative effort of 7 local mental health boards and Help Me Grow programs. In addition to this pilot effort, 28 boards reported that as part of ECMH services, mothers, and in a few areas fathers as well, are being routinely screened for signs of maternal depression.

#### DC: 0-3

Sixteen boards reported that they are using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3/R)

Other evidence-based/research-based/promising practices programs that were reported to have been implemented, other than those previously detailed include Therapeutic Interagency Preschool Program (TIP); The Developmental, Individual differences, Relationship-based (DIR) Model; Second Steps; I Can Problem Solve; 1-2-3 Magic; Trauma Focused Cognitive Behavioral Therapy (TF-CBT); Conscious Discipline; “Care” – Child Adult Relationship Enhancement Training; Positive Behavior Supports (PBS); and Teaching Tools for Young Children with Challenging Behaviors (TTYC).

#### **Peer Supervision and Mentoring**

Eleven ECMH professionals received training on the Collaborative Peer Supervision Group Model developed by Michael Thomasgard, MD, Janece Warfield, Psy.D. and Rosalind Williams, MSW, Ed.D. The model aims to improve communication between health and infant mental health professionals utilizing ongoing collaborative peer supervision (CPS) groups. The authors cite:

“Infant mental health clinicians rely heavily on the use of relationship-based inquiry, observation and intervention. Professional growth is promoted by increasing clinician knowledge of early child social-emotional development and of one’s own competencies and weaknesses. CPS groups can increase awareness of community resources, strengthen the ability to consult with

other professionals and enhance the power to discriminate between normal variations, transient disturbances and more serious psychiatric disorders. Support and guidance are provided to one’s colleagues within the context of an ongoing and trusted relationship in a way that mirrors the same empathy and guidance offered to the child and their family.”

Regional CPS monthly meetings have been scheduled and will be led by the trained ECMH professionals. All these mental health provider agencies are certified by ODMH and are accredited through CARF, COA or JCHAO. This assures quality peer review standards and mirrors what other states report as part of meeting the CBCAP requirements along with having regional meetings, offering technical assistance and mentoring, as needed.

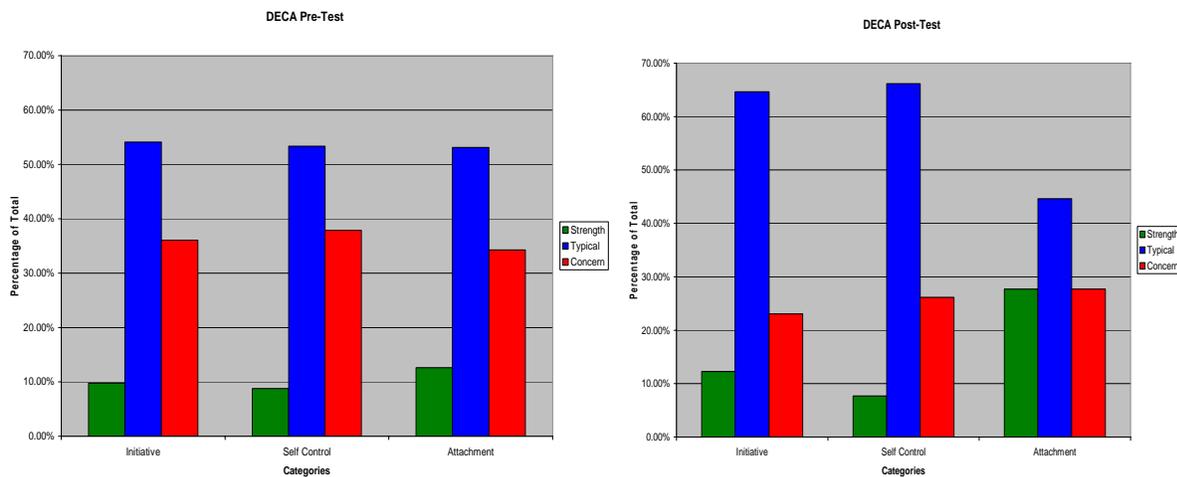
Five regional early childhood mental health consultants’ meetings were held in December and in June. Professionals/consultants funded by the ABC ECMH Initiative and their supervisors were the audience. Other ECMH professionals providing consultation services were also invited to attend. Over a hundred participated in the December meetings. ECMH Consultation training based on the Georgetown University Center for Child and Human Development Model was held for 132 participants in June. There will be follow-up training sessions held for others unable to attend previous regional series and for those who are newly hired during this current year.

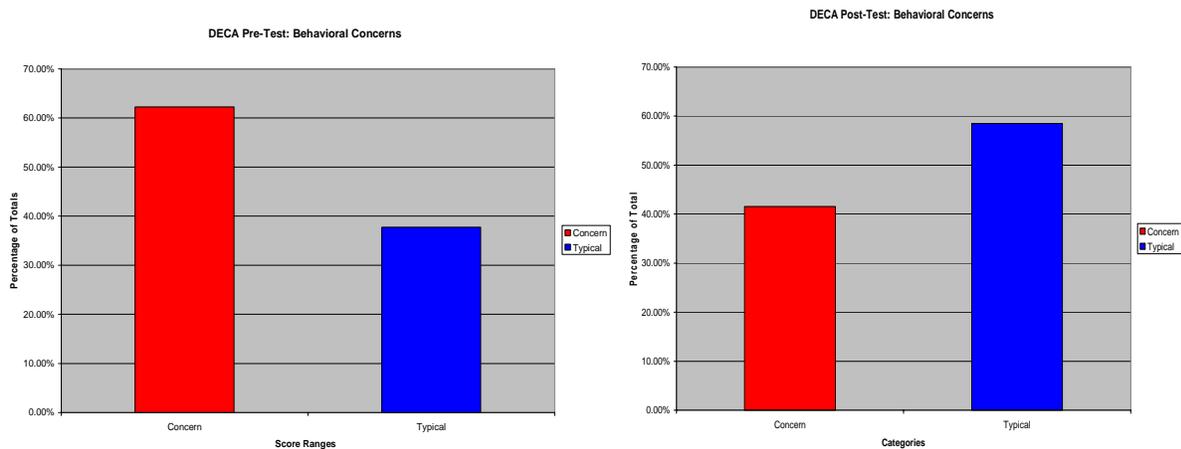
### Building Protective Factors

The overall impact of Ohio’s ECMH specialists on the goal of building protective factors and increasing competencies and skills of parents and providers to reduce child abuse/neglect was significant. The following narrative is a representative example.

*“The ECMH initiative has positively impacted children and families in many ways. Research shows that when children are able to manage and regulate their own emotions and actions and to interact in friendly ways with others, they are more likely to be successful in school and other activities. This is why focusing on mental health in the earliest years of a child’s life is so important.”*

There was an increase in protective factors and decrease in behavioral concerns between pre and post testing for both parents and providers as shown in the following charts.





## Collaboration Gains

One of the requirements for the FY 2006 proposals was to describe collaboration with early childhood programs in the community. Specifically the proposals were to:

*Provide a brief description of how the proposal was developed. Proposals should reflect joint planning and development among the Board, its providers, the early childhood community, and parents. Those participating from the early childhood community must be representative of all birth to six service providers. Include which agencies and organizations were involved and how. When determining the community(ies) and/or programs to be served, consideration must be given to the following criteria:*

- *Areas of high substantiated child abuse/neglect*
- *Low-performing child care centers as evidenced by ODJFS licensing standards*
- *Schools designated as academic emergency or academic watch*
- *Early Learning Initiative grantees*

Many new collaborations were formed as well as ongoing collaborations strengthened. The initiative has helped the ECMH specialists to form good working relationships with local early childhood service providers and allowed trust and respect to be gained. Many reported being members of the local Family and Children First Council (FCFC) Early Childhood Collaborative. Parents are also required members of the local FCFC and are involved in planning and implementation of programs in the community.

## Ohio's Early Childhood Mental Health Program Positive Impact Conclusion

Ohio's Early Childhood Mental Health Program has positively impacted thousands of children and their families. It allowed the ECMH specialists to provide much needed information regarding social and emotional development of young children to other providers in the community. One consistent theme was that this program has changed the opinion of mental health services for many families and professionals in the communities. It has shown that mental health services can make a very positive impact on children and their families. Services to

young children have been made available where in the past they had not. Providers reported that they were consistently receiving calls from someone who was told by someone else in the community “they’re really good with and know a lot about little kids.” More referrals were coming in than ever before as the availability of services to young children became known in the community. People were also reporting that they have heard about the services from a preschool teacher or a doctor but also from their neighbor who says that they “really helped with their sister’s kid”.

One of the most positive impacts is the fact that approximately 90% of the children who were at risk of removal were maintained in the setting as a result of consultation services. The maintaining of children in the childcare setting of their parent’s choice clearly benefits not only the child, in terms of stability, but also the family and center, as they are able to maintain work schedules and avoid turn over. To document the positive impact, many of the reports used data collected through the use of the DECA.

Examples shared in reports highlights:

*“Probably the best indicator of the positive impact has been the steady increase of requests for assistance as word gets out that these services are available.”*

*“There was a time when we would advise families and referring agencies and physicians that we did not take referrals of children until they were five years of age. In the past we had one mother who would bring her older children in for our services and point to her three-year-old and say, “Two more years and he is yours to fix.” We missed the opportunity and valuable years that we could have assisted in building protective skills along with parenting skills. Now we are able to offer services to meet the needs of the family regardless of the age of the child.”*