

SFY 2008 Early Childhood Mental Health Consultation Program Report

July 1, 2007 – June 30, 2008



Submitted By:

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September 2008

Introduction

Compelling evidence from developmental research indicates that early relationships and experiences at home and in early care and education environments set the stage for how a child learns self-regulation skills, the ability to manage emotions and how to develop close relationships. Over the past eight years, the Ohio Department of Mental Health (ODMH) has provided cross-system leadership in the development of the early childhood mental health initiative. This initiative has supported evidence-based training to equip parents and caregivers of young children with knowledge and skills that enable them to help their children develop into mentally healthy individuals. Parents and teachers effectively nurturing, supporting and connecting to activities for young children, especially those experiencing social or emotional difficulty, can ameliorate future disabling problems. In addition to parent education activities it is imperative to identify and support families experiencing the effect of maternal depression through screening and referral to effective services.

The goal of the program is to increase knowledge, awareness, resources and skills necessary for communities to meet the behavioral health needs of young children and their families, especially those at risk for abuse, neglect and poor social and emotional health by building protective factors in young children and increasing competencies and skills of parents and early childhood providers.

The ECMHC program is aimed at promoting healthy social and emotional development (i.e., good mental health) of young children-those ages birth to six years. It focuses on ensuring that these children thrive, increasing their readiness for school and later school success by addressing their behavioral health care needs.

Allocations to local mental health boards have been used for early childhood mental health professionals trained to provide mental health consultation services to early childhood providers and families of young children. This program has additionally 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 focused on the development of needed early childhood mental health services, as well as building the capacity of the local mental health system to support local early childhood collaborative efforts. Services and activities were targeted to programs serving young children (birth to age 6) and families and included:

- Clinical consultation to early childhood programs, including mentoring, coaching, and classroom observation
- Training and educational sessions, as part of the consultation process, including problem identification, referral processes, classroom management strategies, the impact of maternal depression, substance abuse, domestic violence, and other stressors on young children's well being
- Work with parents/families/grandparents/foster parents, as identified through the consultation process, to enhance their ability to create strong, nurturing environments for and relationships with their young children

All 50 Mental Health Boards submitted reports for SFY 2008.

ECMH Program Strengths

Consistent themes emerged from the statewide evaluation feedback of the program.

- 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 accessibility to parents. They provide consultation services in the early childhood settings and are also able to visit families in their homes.
- Knowledge and skills of the ECMH specialists –These professionals, many who have been providing such services for 10-15 years or more, are highly qualified and are well trained in their field. They are seen as very dedicated to the children, families and providers that they serve. Many programs experience little turnover of providers so there is a great deal of stability of the staff. Families and funders voice the benefits of ECMH professionals and their knowledge and skills.
- Strength-based approaches – Recognizing positive attributes and behaviors with the strength-based philosophies and practices has a greater impact on achieving positive outcomes.
- The use of evidence-based programs – Offering both research and evidence-based programs accounted for success. The quality of the programs is well documented. They desire to improve on existing programs and maintain up-to-date practices.
- Strong community relationships – Many ECMH providers have long-standing positive relationships with the early childhood community and are familiar with the community culture. They are seen as key advocates and valued members of the local early childhood community. Strong support from the community has enhanced the actual programming areas. Tremendous growth of the local programs has occurred as awareness has increased.

Challenges

Challenges and barriers to implementation of the proposed activities also shared many of the same themes.

The most often cited obstacle was not being able to meet the demand for services due to constraints of insufficient funding and staff. There is simply not enough staff to provide the services that are needed. To address these challenges, programs developed triage plans and focused on those programs that were determined by the communities to be the most in need of consultation services. As several reports noted, it will be impossible to improve quality and quantity of services without additional funding and staff to serve all counties. While the programs enjoy the growth of the community awareness of the program, resources have not been able to keep up. The need outweighs the ability to provide adequate services in a timely manner for many programs.

Another barrier was the extent of early childhood staff turnover in the settings that receive consultation services. It makes it difficult to implement strategies in the classroom and maintain continuity. Caregiver turnover requires continuous training to make sure that new staff are empowered as soon as possible to maintain and improve environments for children. In one classroom there were 32 different teacher assistants over the year. Another classroom had 4 different lead teachers over less than 6 months and still another had 10 teachers between

November and June. There are also some providers that are unwilling to allow sufficient time to develop and implement an action plan before asking a child to leave a program.

Parent engagement and follow-up presented challenges for achieving positive impact for some programs. Transportation issues were also a factor as well as language barriers. In-home visits with the families helped to alleviate some of the problem as well as being flexible with time and location of services. Having an interpreter available as needed allowed services to be provided.

Additional challenges that were cited by the providers included the conflict may early childhood programs were having with being able to schedule training that they wanted and needed to serve the children with behavioral issues with the requirements of Step Up To Quality that do not co-exist. Many ECMH consultants have become approved trainers for SUTQ to provide approved training on social and emotional issues as requested.

Collaboration with other providers has been essential to meeting families' needs. Service coordination/case management linked families to services and supports, including "natural" supports. Inter-systems planning, education, and advocacy provided additional means for addressing these challenges.

Other Report Highlights

In addition to the \$2.5 million in funds from ODMH and OCTF, over \$2.1 million in local and other funds were dedicated to support local early childhood mental health programs.

The resource directory that lists all of the participating providers has been updated and shared with other agencies as appropriate.

Definition of Early Childhood Mental Health Consultation

A problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise or parenting responsibilities.

There are two basic forms of consultation implemented by most programs.

Child and Family-Centered Consultation

- Practiced as the most traditional form of mental health consultation
- Addresses a child's behavior and functioning through the collaborative development of a plan that can be implemented by the staff and family members that interact with the child.

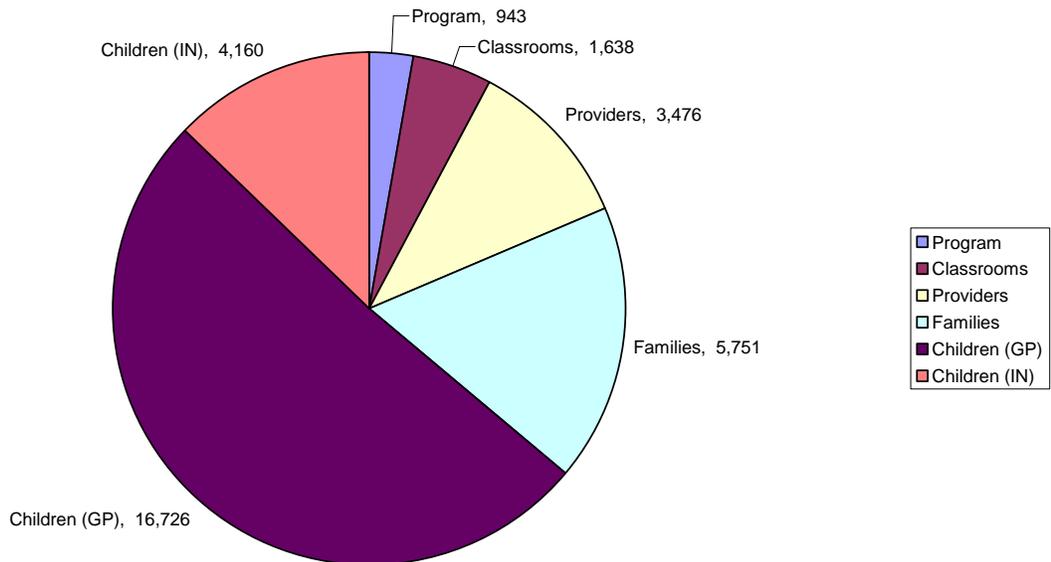
Programmatic Consultation

- Focuses on improving the overall quality of the program
- Assists the program in solving a specific issue that affects more than one child, staff member, or family
- Improves the capacity of the program to respond to the needs of all young children in their care

Mental Health Consultation

- Total of **943** programs/sites received consultation services
- Total of **1638** classrooms received consultation services
- Total of **3476** early childhood providers received consultation services
- Total of **5751** families received consultation services
- Total of **16,726** children in group settings received consultation services
- Total of **4160** individual children received consultation services

Early Childhood Mental Health Consultation



- Programs/ Sites receiving consultation services
 - Childcare Centers - 326
 - Head Start and Early Head Start - 190
 - Public and Private Preschools – 147
 - Help Me Grow Programs - 48
 - Public Children’s Services Agencies - 48
 - Family Childcare Homes – 9
 - Other – 175

There were **160** Early Childhood Mental Health Specialists reported to be providing consultation services as part of this program during the fiscal year. Without additional funding, it is unlikely that this number will grow in SFY 2009.

A Consultant Profile report was first developed in 2001 that provided additional descriptions of the early childhood mental health consultants, including their educational and professional backgrounds. An update of this was completed for those providing consultation in FY 07. The report found:

- 80% of the ECMH professionals hold a Master's degree or higher, Psychology, Social Work and education as the most frequently cited disciplines.
- 77% are licensed professionals.
- 7 years average Mental Health experience with a range of 1 year to 37 years
- 87% have early childhood experience with an average of 4 years in the field

Logic Model Development

Two Next Steps meetings on the Logic Model process were held in December 2007 and attended by 70 participants. Beginning January 1, 2008, all data reporting was to be submitted in accordance with the Guidelines for the ECMH Consultation Comprehensive Evaluation drafted as part of the Logic Model development process.

Because this process was adopted in mid-year, data was collected in a different way than the first half of the year and there are significant variations in the data that was collected. Instead of reporting newly served recipients of services, outcome data was collected on children and programs that were no longer receiving consultation services. For the final report, the data submitted as part of the comprehensive evaluation as well as numbers collected during the first part of the fiscal year has been used to create a single end of year report.

Data began to be collected using spreadsheets that were developed for this purpose in April. Providers were given the option of using the spreadsheets or submitting the outcome forms. Work has begun on the development of a web-based data collection system to be ready by the second quarter of the next fiscal year.

Ben Kearney, Ph.D., Vice President and Chief Clinical Officer for Berea Children's Home & Family Services (BCHFS) has been responsible for the collection of data and reporting based on his work with the Logic Model and subsequent development of the comprehensive evaluation of ECMH consultation assisted by Lisa Potoma, MSM, Director of Quality and Knowledge Management, BCHFS.

As part of the Logic Model development process and subsequent data collection piece for evaluation of the ECMH consultation services, collection of data on numbers of children and parents with disabilities being served began January 1, 2008 as required by OCTF. We also have begun to collect other demographic information including race and ethnicity.

The data collected for the 4th quarter of FY 08 included the following demographics:

- The racial makeup of the classrooms included 72.45% white, 17.5% Black or African American, 3.4% multiple racial heritage, 1.3% Asian, and others accounting for less than 1% each. Race was not available for 4.8% of the respondents. The gender represented in the classrooms was 47.3% female and 52.7% male.
- BCHFS received child focused outcomes data from 38 different sites representing 1406 children. Of the 1406 children a total of 524 had a disability status which included 132

parent disabilities, 274 client-child disabilities, and 118 having another child in the family with a disability.

- The racial makeup of the individual children served included 87.9% white, 21.7% Black or African American, 9.2% race not available, 5.8% multiple racial heritage, and others accounting for less than 1% each. The gender represented was 65.3% male and 34.7% female. 88.9% of the children were not Hispanic or Latino, 8.1% were Hispanic or Latino, and 7.4% did not have ethnicity information available.

Participants in the Early Childhood Mental Health Consultation Program were required to collect data for center focused outcomes, center focused satisfaction, child focused outcomes, child focused satisfaction, and training evaluation. **The following represent data collected for the 4th quarter reporting period and included cases that were closed between April 1, 2008 and June 30, 2008.**

Center Focused Outcomes

BCHFS received center focused outcomes data from 42 sites for 420 different centers representing 758 classrooms. The locations providing data include:

The 758 classrooms had a total of 1574 teachers (average of 2.07 teachers per classroom) and 12863 students (average of 17 students per classroom). Seventy – seven (0.60%) students were removed from the classrooms. The classrooms had a total of 1200 (9.33%) disabled students.

758 of the classrooms indicated their program type. The program types that were represented include:

<i>Type of Program</i>	<i>%</i>
Childcare Center	37.60%
Head Start	41.29%
Early Head Start	0.40%
ELI	9.23%
Public Preschool	3.43%
Private Preschool	4.49%
Family Childcare	0.40%
Other	3.17%

1276 children were referred and 3533 children were assessed for brief consultation services. Results were discussed and recommendations were offered to 1002 teachers.

There were 595 responses to the Intervention / Action Plan Implementation Status question, 230 responded yes to having a written plan and 365 responded no to having a written plan. Of the 230 yes responses, 14.8% had fully implemented the plan, 25.7% were at least 90%, 22.6% were at least 80%, and 14.4% were at least 70% implemented. 20.9% had implemented less than 70%.

585 classrooms provided initial scores and 482 classrooms provided closing scores for the Reflective Checklist for the Environment. 479 classrooms provided both initial and closing responses. Initial checklists showed 83.9% yes responses. Yes responses increased to 89.6% at closure/end of fiscal year.

Center Focused Satisfaction

BCHFS received a total of 705 **center focused satisfaction** surveys from 36 sites. The types of consultation included 377 case consultations, child specific; 330 case consultations, group focus; 249 administrative consultations, program focus; and 221 administrative consultations, staff focus. (Note: Some surveys reflected multiple types of consultation for one survey.)

The satisfaction survey was based on a 5 point scale with a range from 1 representing *strongly disagree* to 5 representing *strongly agree*. The responses to the satisfaction survey indicate an overall satisfaction rate of 89.25%. The satisfaction rate is based on the number of responses that specify agree or strongly agree.

Child Focused Outcomes

BCHFS received child focused outcomes data from 38 different sites representing 1406 children. 1170 of the children were referred for ECMH consultation services. The referral sources include:

Referral Source	%
Head Start	36.8%
Childcare Center	26.7%
Help Me Grow	10.3%
Early Head Start	0.5%
Public Preschool	0.0%
Private Preschool	6.7%
Family Child Care	0.1%
Parent	6.3%
Physician	0.5%
Pediatrician	0.2%
Early Childhood Education Center	0.7%
ELI	7.6%
Preschool Special Education	3.8%
Other	11.5%

There were 630 responses to the Intervention / Action Plan Implementation Status question. 454 responses indicated a plan was written during FY2008. Of the 454 responses indicating a plan was written in FY2008, 17.8% had fully implemented the plan, 18.1% were at least 90%, 21.3% were at least 80%, and 21.3% were at least 70% implemented. 21.4% had implemented less than 70%.

161 cases did not open following referral. The reasons the cases did not open included 2.5% of the families moved, 20.5% of the families did not want service, 13.0% of the children were withdrawn from the Center, 18.0% of the families could not be contacted, and 46.0% had other / unknown reasons for not opening after referral.

Included in the 4th quarter reports, there were 912 clients that had a documented status at closure. **85.5% were maintained in the Center** at closure, 6.7% were transferred during services, 5.7% were removed – not participating in childcare, and only **2.1% were expelled due to behavior**.

For the entire fiscal year, the reports indicated that child-specific consultations were provided for **1475** children at risk of removal from an early childhood setting. Of these, **1352** children that received consultation services, approximately **92%**, **were maintained in the 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 place in relative care.
- 2) Qualified for other programs specifically designed to meet special needs
- 3) enrolled in a different, and many times, a more appropriate setting to meet their needs

Approximately **1205** children were referred for further mental health and other services as a result of consultation in FY08. 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, Job & Family Services, public children services agencies, parenting groups, public children services agencies, special needs preschools and Help Me Grow. Children were referred for assessments for medical issues, occupational therapy, speech and language intervention, fetal alcohol disorders and developmental testing. Many of these children may 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 several parents were identified as being in need of mental health services and were appropriately referred.

Child Focused Satisfaction

BCHFS received a total of 289 child focused satisfaction surveys from 38 different sites.

The satisfaction survey was based on a 5 point scale with a range from 1 representing *strongly disagree* to 5 representing *strongly agree*. The responses to the satisfaction survey indicate an overall satisfaction rate of 92.36%. The satisfaction rate is based on the number of responses that specify agree or strongly agree.

Training Evaluations

BCHFS received training evaluation data from 36 sites. The sites provided data for 1840 completed evaluations for Parent and Early Childhood Staff training and Cross Systems training.

Parent and Early Childhood Staff Training

The training evaluation survey was based on a 4 point scale with a range from 1 representing *poor* to 4 representing *excellent*.

The parents completing the survey indicated an overall satisfaction rate of 95.63% for the instructor and 95.85% for the learning objectives. The parents reported an understanding of the topic prior to training as 77.71% and an understanding of the topic after training as 98.80%.

The staff completing the survey indicated an overall satisfaction rate of 96.51% for the instructor and 93.29% for the learning objectives. The staff reported an understanding of the topic prior to training as 61.26% and an understanding of the topic after training as 97.82%.

Education and Training for Parents and Early Childhood Staff for FY 08

- **1357** sessions held
- **2979** parents participated
- **6260** early childhood staff participated

A strong relationship has been developed with the CDJFS Child Care division to coordinate training for child care providers in the community. The CDJFS was recently recognized as being 1 of the top providers of quality training for child care providers in the nation and our program provided a significant part of the training. This partnership has been effective in providing 7 trainings to over 200 child care providers over the past year and has received national recognition.

Cross Systems Trainings

The training evaluation survey was based on a 4 point scale with a range from 1 representing *poor* to 4 representing *excellent*.

The professionals completing the survey indicated an overall satisfaction rate of 96.54% for the instructor and 96.24% for the learning objectives. The professionals reported an understanding of the topic prior to training as 71.99% and an understanding of the topic after training as 99.14%.

Cross-Systems Training for Other Child-serving Professionals for FY08

- **176** trainings held
- **1912** professionals participated

Other Activities

- Program development with community partners, community health fairs, parent meetings, intervention meetings, play groups, observations, planning/development meetings and counseling were examples of programs that were reported.

One of our centers had a major trauma this year when the mother of two of the children in the center was shot and killed by the parent of former children from the center. The directors requested crisis intervention for children and center staff. The ECMH Program was able to arrange for the school crisis team to meet with center staff while the consultants met with children. However, the incident illustrated the need for a crisis response team that was trained to address the needs of young children. The ECMH program has decided to form a

crisis team for pre-schoolers. The staff will work on being trained and developing training directed to pre-school children for these situations during the coming year. (Hamilton)

Evidence-based/Research-based/Promising Practices

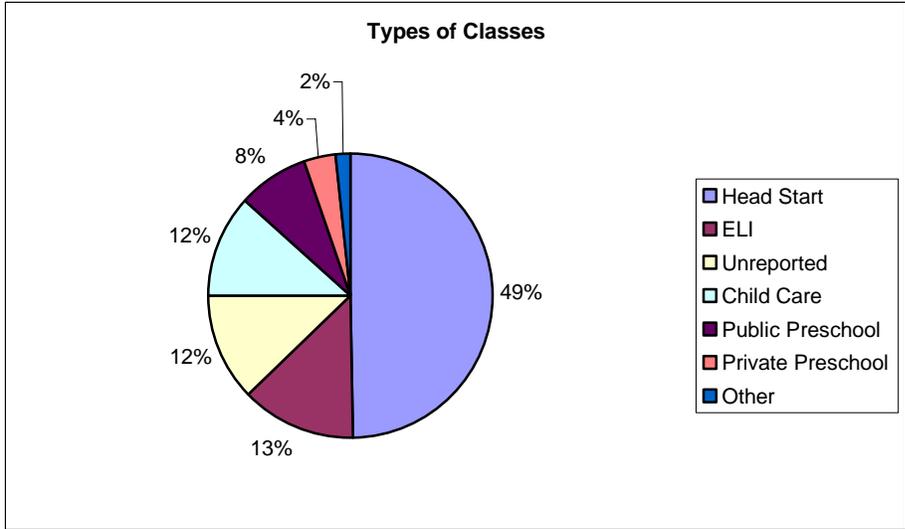
The ECMH professionals used several evidence-based/research-based/promising practices programs to enhance the services that they provide. The following programs were described:

Devereux Early Childhood Assessment Program (DECA)

The Devereux Early Childhood Assessment Program (DECA) is a program designed to enhance within-child protective factors while simultaneously decreasing behavioral concerns in young children. A strength based system designed to identify and strengthen children's protective factors and promote resilience in children ages 2-5, it includes an assessment tool, a standardized, norm-referenced behavior rating scale. Both the standard and clinical forms of the Devereux Early Childhood Assessment (DECA) have been developed as part of a program to focus on protective factors as well as risks and thereby provide early childhood professionals with empirically sound tools for assessing the strength of protective factors and the severity of behavioral concerns in preschoolers. Devereux has also released the Infant/Toddler version for ages birth to 3. Training was provided in SFY 2008 and providers began to use this version also. The Devereux Elementary Student Strength Assessment (DESSA) for children in grades K-8 is due to be available this fall. Once it is available, training will be scheduled and programs will be able to use this tool, as appropriate, especially for children entering kindergarten.

Devereux Early Childhood Assessments (DECA) are required to be administered to measure individual outcomes for each child receiving child-specific consultation services. Many programs also use the DECA in the classrooms. To facilitate the collection of statewide data, Devereux and Kaplan have worked with Ohio in tailoring the data collected through the e-DECA system to assist in creating reports that will inform both local communities as well as statewide. With this, we now have the capability of having data on every participating program using the DECA to get a statewide picture of the protective factors and behavioral concerns of thousands of young children in Ohio. As part of this initiative, ODMH has paid for an administrative license for each mental health board and a certain number of child administrations based upon the number of DECA administrations reported by the providers.

During the 2007/2008 school year, 21,237 administrations were recorded in e-DECA. Teachers provided 70% of the child ratings and the remaining 30% were provided by parents. The children receiving each administration of the DECA instrument were 52% male and 48% female with an average age of 4.4 years. The ratings occurred in a variety of early child care environments with Head Start programs predominating at 49%.



The Incredible Years Program for Parents, Teachers and Children

The Incredible Years is an award-winning parent training, teacher training, and child social skills training and has been selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as an "exemplary" best practice program and as a "Blueprints" program. The Incredible Years was selected as a "Model" program by the Center for Substance Abuse Prevention (CSAP). As such, the series has been subject to three quality evaluations by independent groups, evidenced excellent effectiveness, and attained high overall ratings. The American Psychological Division 12 Task force recommended the Incredible Years as a well-established treatment for children with conduct problems.

The Incredible Years Parents, Teachers, and Children Training Series has two long-range goals. The first goal is to develop comprehensive treatment programs for young children with early onset conduct problems. The second goal is the development of cost-effective, community-based, universal prevention programs that all families and teachers of young children can use to promote social competence and to prevent children from developing conduct problems. The program targets parents, caregivers and children, ages 2 to 12.

The Incredible Years was piloted in 12 counties as part of the ABC Initiative in FY 2007. For FY 2008, through an RFP process, this was increased to 23 counties. An additional 5 counties will participate for FY 2009, for a total of 28 counties. Thirty-seven (37) boards reported that they are currently using the Incredible Years as part of their ECMH services and several indicated they had plans to begin providing services in FY 09. When asked for training needs for FY 2008, there were 17 requests for Incredible Years Program training.

Program Types	# of groups	# of total participants
Parent	269	1047
Teacher	30	183
Dina Classroom	377	3206
Dina Small Group Therapy	49	348

A more detailed report and evaluation of this program with data from the pilot will be completed as part of the ABC Initiative.

Maternal Depression

As part of the ABC Initiative in FY 2007, screening for maternal depression for mothers of infants 4-20 weeks of age was piloted through a collaborative effort of 6 local mental health boards and Help Me Grow programs. Through an RFP process, an additional 9 counties are participating for FY 80-09. Thirty-two (32) boards reported that as part of ECMH services or other initiatives within the board area, 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 the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3/R) is being used as part of the assessment process and as a method of better understanding the child and parent/child/caregiver-child functioning. In some areas, the DC: 0-3 is then utilized to cross walk to the DSM IV to diagnose for billing purposes.

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)
- Parent Child Interactive Therapy (PCIT)
- Facing The Challenge
- 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
- Child Adult Relationship Enhancement Training (CARE)
- Positive Behavior Supports (PBS) model
- Teaching Tools for Young Children with Challenging Behaviors (TTYC)
- Triple P
- PATHS Preschool curriculum (Promoting Alternative Thinking Strategies)

Positive Impact of the Early Childhood Mental Health Program

The Early Childhood Mental Health Program positively impacted 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. More referrals were coming in than ever before as the availability of services to young children became known in the community.

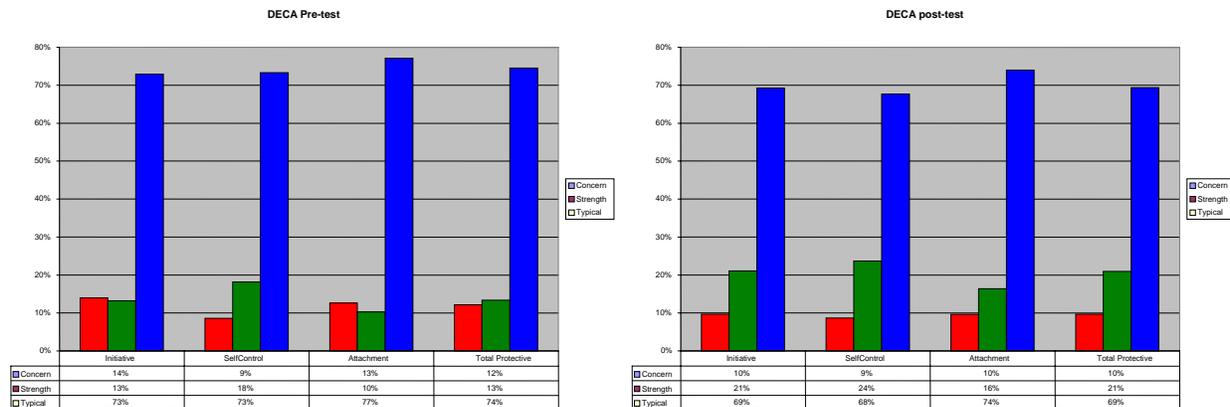
One of the most positive impacts is the fact that approximately 92% of the children who were at risk of removal were maintained in the setting as a result of consultation services. The maintaining of children in the childcare setting of their parent’s choice clearly benefits not only the child, in terms of stability, but also the family and center, as they are able to maintain work schedules and avoid turn over.

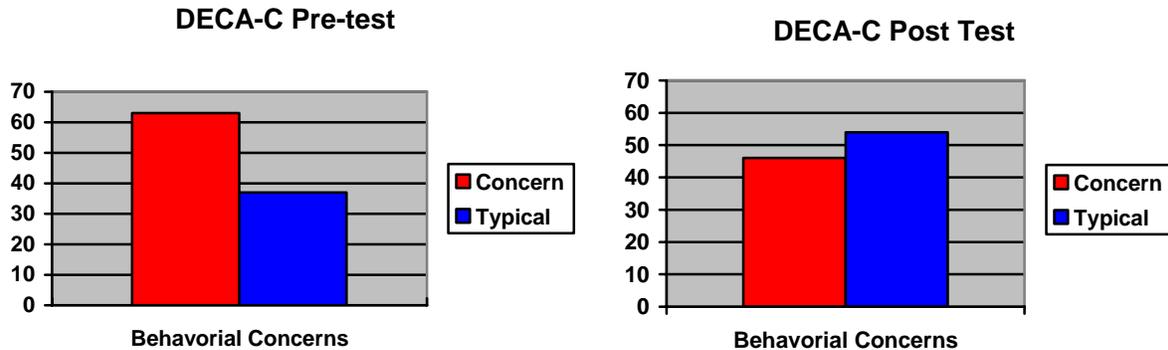
Consultation Examples

Respondents were asked to provide examples of consultation services and to include issues that were addressed, proposed solutions, and the effectiveness of these solutions in the narrative section of the final report. These descriptions provided insight into the process of mental health consultation as well as the diversity and complexity of the issues addressed through consultation services. In addition, the descriptions underscored the importance and value of the collaboration that occurred among professionals, parents, and agencies in generating solutions to problems and achieving positive outcomes for young children, families and/or child-serving staff. These descriptions serve as important illustrations of the highly complex and challenging nature of early childhood mental health consultation. One consistent message from the reports was that improvements in the behavior of children were seen most often when the teachers and the parents were both involved and consistent.

Building Protective Factors

The overall impact of 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. There was an increase in protective factors and decrease in behavioral concerns between pre and post testing as shown in the following charts.





Collaboration

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.

Training and TA

During FY 2008, ODMH was able to provide many trainings that had been requested as part of the FY 2006 reports. A total of 47 days of training was provided to 716 participants. Requests for specific training and technical assistance for ECMH were also included in the FY 2008 reports. 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.

Peer Supervision and Mentoring

Peer to Peer (P2P) Support groups began preparing to meet during the first quarter. The previously trained group facilitators sent out information to other ECMH consultants in their areas to recruit group members. Other groups that had been meeting under the auspices of Dr. Thomasgard's research project requested to be included as part of the ECMH P2P program. As part of the ECMHC program, regional Peer 2 Peer Support group monthly meetings are being scheduled and led by trained ECMH Professionals. There are currently 10 peer support groups around the state in the following areas:

- Ashland County
- Athens Area
- Central Ohio
- Cincinnati Area
- Cuyahoga
- Dayton Area
- Hancock County
- Lake County Area
- Mahoning, Portage Area
- Miami, Darke, Shelby Area

Regional Early Childhood Mental Health (ECMH) Consultants meetings were held in October, February and May. Attendance for the 5 regional meetings was 82 for October, 88 for February and 86 attended in May. In an attempt to provide information to encourage cross-system collaboration, the following were part of the meetings:

- October – 82 attendees
 - Representatives from OCCRRA attended and provided the orientation required to be an approved trainer as part of the Step Up To Quality professional development registry.
- February – 101 attendees
 - Representatives from Healthy Child Care Ohio Nurses and Infant/Toddler Specialists attended and provided information to initiate discussion on how all could collaborate in their local communities. There was also a presentation and discussion on engaging parents.
- May – 86 attendees
 - Step-Up to Quality presentation

Core Competencies

The social emotional workgroup of Build Ohio was charged with developing core competencies for early childhood mental health professionals, including those who provide consultation and treatment. Even though the Build Board dissolved, this work has continued. It is anticipated that the development will be completed by the end of the year. At the same time, Cleveland State University has developed and approved 5 courses that will lead to a certificate in early childhood mental health. Dr. Ben Kearney has been involved in this as well as the core competency work for ECMH providers. This work will help lead the way for higher education and possible credentialing and/or certification.