Maryland’s Infant & Early Childhood Mental Health Consultation

Fiscal Year 2021 Brief

The National Model

Infant & Early Childhood Mental Health Consultation (IECMHC) is an evidence-informed intervention designed to build the capacity of early childhood professionals’ ability to nurture social and emotional development in infants and young children. IECMHC has been shown to successfully:

- Support children's social and emotional development.¹
- Address challenging behaviors in early learning and home environments.¹
- Improve classroom climate and child behaviors.²
- Reduce preschool suspensions and expulsions,² which is triple the expulsion rate of school-aged peers.³

At its core, IECMHC 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.

Maryland’s IECMHC Model

- 11 programs
- 36 consultants statewide, 15 of whom are licensed
- Statewide support provided through Maryland State Department of Education (MSDE)'s Division of Early Childhood and the Parent, Infant, Early Childhood (PIEC) Program at The Institute for Innovation & Implementation
  - Leadership meetings
  - Peer meetings
  - Professional development opportunities
  - Equity Coaching

- Implementation of Maryland IECMHC Practice Standards⁴, including:
  - Integration of IECMHC services and the National Pyramid Model
  - Tiered Model of IECMHC services
  - Ongoing Reflective Supervision/Consultation
  - Increased focus on Equity

This brief was prepared for MSDE Division of Early Childhood by Laura Latta, MHS, Jenny Afkinich, PhD, Whitney Smith, Angelique Kane, Kate Sweeney, MSW, LCSW-C, and Margo Candelaria, PhD of the Parent, Infant, Early Childhood Program at The Institute for Innovation & Implementation. This brief reflects data from Fiscal Year 2021.
In FY21, 237 IECMH consultation referrals were accepted and consultation services provided. Of the 237 referrals, 199 were for children exhibiting behavioral issues in the classroom, and 38 were for overall classroom or program support. Below is the demographic information for the child specific cases.

### Race/Ethnicity of Children Served

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>126</td>
<td>52%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>35</td>
<td>30%</td>
</tr>
<tr>
<td>Multi-racial</td>
<td>26</td>
<td>10%</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>9</td>
<td>3%</td>
</tr>
</tbody>
</table>

The race/ethnicity breakdown of children served through consultation services is comparable to the overall racial makeup of Maryland’s children under 5 years of age.\(^5\)

### Child Age at Time of Request

- 0-24 months: 3.8%
- 25-36 months: 12.7%
- 37-48 months: 39.5%
- 49-60 months: 35%
- 61+ months: 8.9%

75% of the children were between the ages of 3 and 5 years of age at the time of referral.

### Child Gender

- Male: 23%
- Female: 77%

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*“The help and guidance provided truly helped us focus on the needs of our child and gave us good direction to continue in the future.”*

- Parent

*“As an educator, watching this process unfold is valuable so that I may use similar strategies in the future. The consultant answered all of my questions and served as a wonderful collaborator for this case. She offered many resources that I will keep on hand in case a need arises with a future family.”*

- Child Care Provider

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IEMHC services have responded and adapted as the pandemic persists. The workforce has been creative and nimble in working with child care providers and families during these times. Services have shifted to providing whole program or classroom consultation more frequently to increase the capacity of providers to meet the needs of all children and families.

In FY21, IEMCH consultants reported 579 capacity building activities in addition to their formal caseloads. IEMCH Consultation capacity building activities to support providers in FY21 include:

### Capacity Building Activities for Child Care Providers
- 157 Contacts Focused on Specific Children
- 109 Contacts and/or Resources for overall classroom/program support
- 70 Trainings/Workshops for Child Care Providers
- 61 Provider Support Groups
- 9 Classroom Observations

### Capacity Building Activities for Families
- 74 Contacts/General Support for Families
- 23 Support Groups for Families

### General Outreach and Providing Resources
- 76 activities related to general outreach and resource sharing

IEMHC programs found creative ways to connect with and support child care providers. For example, one IEMHC program distributed over 200 social emotional activities, books, masks, and COVID tests through a socially distanced drive through event for providers.
Throughout this fiscal year, the PIEC team convened the IECMHC workforce and provided many ways for staff to engage in peer support, professional development, and personal growth. These included:

- **Monthly Facilitated Conversations** amongst IECMHC workforce and state leaders to discuss successes and challenges, the needs of childcare providers during COVID-19, and identifying how to address the inequities that show up in childcare settings.
- **Monthly Leadership Meetings** with IECMHC directors and program managers to discuss the pandemic’s effects on consultation services, statewide IECMHC guidelines, TA needs of staff, and training priorities.
- **Bi-Weekly Office Hours** for IECMHC providers to get more detailed technical assistance on topics such as conducting virtual classroom observations, reaching children and ECE providers in creative ways, resource sharing, and case discussions.
- **Regular Consultation with the IECMHC National Center of Excellence** to receive guidance on COVID-19 adaptations, evaluation activities, reflective supervision, and national standards and best practice.
- **Professional Development Opportunities**, including working with Dr. Walter Gilliam and the Yale Child Study Center to learn best classroom observation practices. 46 IECMH consultants and supervisors have been certified in the CHILD (The Climate of Healthy Interactions for Learning & Development) observation tool.
- **Furthering implementation of tiered model of services**, which recognizes the benefits provided by a multi-disciplinary team and ensures supports are universally available for all children.
- **Alignment with Maryland Ready, Maryland’s Path to School Readiness and Success Strategic Plan 2020-2025**. The PIEC team continues to improve and support program quality by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infant’s and children’s mental health needs.

**Equity Efforts**

Structural racism remains an ongoing and systemic concern, including within early childhood education. The PIEC team implemented a training and coaching initiative to address equity issues with IECMH. Through a partnership with Dr. Eva Marie Shriver at the Indigo Cultural Center, these equity efforts include:

- **Equity Retreat** for Maryland IECMH consultants, program directors, and representatives from MSDE and the PIEC team.
- **Monthly Small Group Facilitator (SGF) Coaching Sessions** from the Indigo Cultural Center to prepare IECMHC providers to facilitate conversations about equity.
- **Monthly Equity Leadership Meetings** with the Indigo Cultural Center to increase the IECMHC workforce's capacity to understand and address racial inequity within early childhood settings.
- **Evaluation and Assessment** of equity efforts and overall IECMHC with equity at the center.
The Maryland IECHMC workforce has also been involved in several additional activities related to program growth. These include:

1. **Part C Pilot**: In October 2021, the Part C Pilot program began in 4 counties, allowing IECMH Consultation providers to embed themselves within Part C early intervention teams. IECMHC providers can now serve children and families who may not be enrolled in formal licensed child care but who exhibit challenging behaviors that are causing conflict with their IFSP developmental goals.

2. **Reflective Supervision**: Because effective reflective supervision requires individuals with specialized knowledge of reflective models, early childhood development, and mental health and consultation, Maryland is working towards centralizing reflective supervision across the state.

3. **Standardized Onboarding**: We are creating a more standardized plan for how new IECMHC providers are trained for onboarding and ongoing professional development.

4. **Internship Pathways**: Across several graduate programs, we are formalizing internship opportunities to create a path for future IECMHC providers.

“Not only has the staff’s skill set grown, the overall interest in learning more about supporting social and emotional growth has greatly increased for the entire school.”

- Director of Child Care Center

**Dissemination Efforts:**


**References:**


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